

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Life Conditional Receipts  
**Project Name/Number:** /

## Filing at a Glance

Company: Horace Mann Life Insurance Company  
Product Name: Life Conditional Receipts  
State: Arkansas  
TOI: L04I Individual Life - Term  
Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
Filing Type: Form  
Date Submitted: 08/15/2012  
SERFF Tr Num: HRCN-128624874  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: IL-L38400  
  
Implementation: On Approval  
Date Requested:  
Author(s): Rita Rowe  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 08/21/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
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## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 08/21/2012
	State Status Changed: 08/21/2012
Deemer Date:	Created By: Rita Rowe
Submitted By: Rita Rowe	Corresponding Filing Tracking Number:

**Filing Description:**  
 IL-L38400 Conditional receipt for premium deposit  
 IL-L38500 Conditional receipt for premium deposit

The above captioned forms are being submitted for your consideration and approval. Form IL-L38400 will replace IL-L36600 and form IL-L38500 will replace IL-L35700.

These forms will be used with individual life applications approved by your department. These forms are in final printed form.

## Company and Contact

### Filing Contact Information

Rita Rowe, Sr. Product Development & Compliance Coordinator	rower1@horacemann.com
1 Horace Mann Plaza	217-788-5703 [Phone]
Springfield, IL 62715-0001	217-535-7197 [FAX]

### Filing Company Information

Horace Mann Life Insurance Company	CoCode: 64513	State of Domicile: Illinois
1 Horace Mann Plaza	Group Code: 300	Company Type: Life,
Springfield, IL 62715-0001	Group Name:	Accident/Health, Annuity,
(217) 789-2500 ext. [Phone]	FEIN Number: 37-0726637	Credit
		State ID Number:

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	50 X 2 = 100
Per Company:	No

Company	Amount	Date Processed	Transaction #
Horace Mann Life Insurance Company	\$100.00	08/15/2012	61697765

SERFF Tracking #:

HRCN-128624874

State Tracking #:

Company Tracking #:

IL-L38400

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L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/21/2012	08/21/2012

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## Disposition

Disposition Date: 08/21/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Conditional receipt for premium deposit		Yes
Form	Conditional receipt for premium deposit		Yes

State: Arkansas

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Horace Mann Life Insurance Company

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## Form Schedule

Lead Form Number: IL-L38400

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		IL-L38400	OTH	Conditional receipt for premium deposit	Initial:	50.030	IL-L38400 Conditional receipt 08-08-2012.pdf
2		IL-L38500	OTH	Conditional receipt for premium deposit	Initial:	50.030	IL-L38500 Conditional receipt for short form app 08-08-2012.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

## Horace Mann Life Insurance Company

A Stock Company  
[1 Horace Mann Plaza  
Springfield, Illinois 62715  
800-999-1030  
horacemann.com]

### Conditional receipt for premium deposit

Horace Mann Life Insurance Company (hereinafter referred to as “the company”) has received an initial premium deposit in connection with an application for life insurance on Proposed Insured #1 and any others named in the application (if applicable, Proposed Insured #2 and children named in the application whom coverage is applied for under the Children’s Level Term Insurance Rider).

This conditional receipt does not automatically provide life insurance coverage. Any life insurance coverage under this receipt is limited as provided in this receipt and will only become effective if all of the conditions specified in this receipt are met.

Any life insurance coverage under this receipt will be payable according to the terms of the application for life insurance and the policy applied for, subject to the requirements and limitations of this receipt.

#### Conditions for coverage under this receipt

Coverage under this receipt is subject to the following conditions:

- The company has received payment of the initial premium deposit in a form that is honored when presented.
- The company has received the application for life insurance associated with this receipt in a form acceptable to the company’s underwriter.
- All proposed insureds (including any children under the Children’s Level Term Insurance Rider) have taken all medical examinations and tests and provided all other information required by the company’s published underwriting rules, or required in the judgment of the company’s underwriter.
- The company is satisfied that all proposed insureds (including any children under the Children’s Level Term Insurance Rider), are acceptable risks to the company and will be offered the coverage for which that person has applied at standard rates.

If one or more of the above conditions has not been met, there shall be no liability on the part of the company at any Proposed Insured’s or child’s death, except to return the required premium deposit.

If all of the conditions of this receipt are met, insurance under this receipt will become effective on the later of:

- the date this receipt is signed; or
- the date all proposed insureds (including any children under the Children’s Level Term Insurance Rider) have taken all medical exams and tests and provided all information required by the company’s underwriter.

#### Maximum amount of life insurance under this receipt

If all of the conditions of this receipt have been met, life insurance and any additional benefits in the amount applied for on the application for life insurance associated with this receipt, and any other pending applications by the Proposed Insured(s) for life insurance with the company, cannot exceed \$100,000.

#### Termination of coverage under this receipt

If life insurance coverage is provided under this receipt, such coverage will end on the earlier of the following:

- when the policy is delivered; or
- 60 days after the insurance under this receipt becomes effective.

#### Disapproval of application; material misrepresentation; suicide

The company may disapprove the application by:

- offering to issue a policy with an extra rating;
- offering to issue a policy other than as applied for; or
- declining to issue a policy.

If the company disapproves the application, there will have been no coverage under this receipt, and the company’s liability under this receipt will be limited to the return of the premium deposit.

Any life insurance coverage under this receipt is subject to the terms and conditions of the policy that may be issued by the company, but further subject to the conditions of this receipt. This receipt will be void and the company’s liability is limited to return of the premium deposit, if:

- the application contains any material misrepresentation; or
- the Proposed Insured(s) die by suicide.

The owner(s) understand and agree to the conditions and limitations contained in this receipt.

**No agent or company representative may waive or change the answer to any question in the application for life insurance or change any conditions or terms of this receipt.**

This receipt is void if a check or other form of payment you provided is not honored or is declined by your financial institution.

Received from \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
by personal or business check or Electronic Funds Transfer  
(including ACH, credit card, debit card or ATM card)

authorization, the sum of \$ \_\_\_\_\_  
as an initial premium deposit for life insurance on the life  
or lives of:

\_\_\_\_\_  
Name of Proposed Insured (1)

\_\_\_\_\_  
Name of Proposed Insured (2)

\_\_\_\_\_  
Owner(s) signature

\_\_\_\_\_  
Agent's/Insurance Producer's signature

\_\_\_\_\_  
Date



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A Stock Company  
[1 Horace Mann Plaza  
Springfield, Illinois 62715  
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horacemann.com]

### Conditional receipt for premium deposit

Horace Mann Life Insurance Company (hereinafter referred to as “the company”) has received an initial premium deposit in connection with an application for life insurance on Proposed Insured #1 and any others named in the application (if applicable, Proposed Insured #2).

This conditional receipt does not automatically provide life insurance coverage. Any life insurance coverage under this receipt is limited as provided in this receipt and will only become effective if all of the conditions specified in this receipt are met.

Any life insurance coverage under this receipt will be payable according to the terms of the application for life insurance and the policy applied for, subject to the requirements and limitations of this receipt.

### Conditions for coverage under this receipt

Coverage under this receipt is subject to the following conditions:

- The company has received payment of the initial premium deposit in a form that is honored when presented.
- The company has received the application for life insurance associated with this receipt in a form acceptable to the company’s underwriter.

If one or more of the above conditions has not been met, there shall be no liability on the part of the company at any Proposed Insured’s death, except to return the required premium deposit.

If all of the conditions of this receipt are met, insurance under this receipt will become effective on the date this receipt is signed.

### Termination of coverage under this receipt

If life insurance coverage is provided under this receipt, such coverage will end on the earlier of the following:

- when the policy is delivered; or
- 60 days after the insurance under this receipt becomes effective.

Any life insurance coverage under this receipt is subject to the terms and conditions of the policy that may be issued by the company, but further subject to the conditions of this receipt.

The owner(s) understand and agree to the conditions and limitations contained in this receipt.

**No agent or company representative may waive or change the answer to any question in the application for life insurance or change any conditions or terms of this receipt.**

This receipt is void if a check or other form of payment you provided is not honored or is declined by your financial institution.

Received from \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
by personal or business check or Electronic Funds Transfer  
(including ACH, credit card, debit card or ATM card)  
authorization, the sum of \$ \_\_\_\_\_  
as an initial premium deposit for life insurance on the life  
or lives of:

\_\_\_\_\_  
Name of Proposed Insured (1)

\_\_\_\_\_  
Name of Proposed Insured (2)

\_\_\_\_\_

\_\_\_\_\_  
Owner(s) signature

\_\_\_\_\_  
Agent’s/Insurance Producer’s signature

\_\_\_\_\_  
Date

SERFF Tracking #:

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Readability Certification.pdf			

A. Option Selected

1. Application and its related policy forms are scored for the Flesch reading ease test as one unit and the combined score is 50.03.
2. Policy and its related forms are scored separately for the Flesch reading ease test. Score for the policy and each form are indicated below.

Forms and Form Numbers to which Certification is Applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
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B. Test option selected

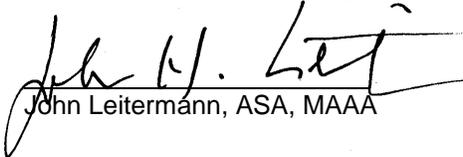
1. Test was applied to entire policy form(s).
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standard for Certification

A checked block indicates the standard has been achieved.

1. The policy text achieves a higher than the minimum score as required by state regulations on the Flesch reading ease test in accordance with the option chosen in Section A above.
2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

This certification must be signed by an officer of the insurer.

  
John Leitermann, ASA, MAAA

Vice President  
Officer's Title