

SERFF Tracking Number: HRMN-125363104 State: Arkansas
First Filing Company: Horace Mann Insurance Company, ... State Tracking Number: #? \$50
Company Tracking Number:
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: ISO PPC Pages thru 11-01-2007
Project Name/Number: /

Filing at a Glance

Companies: Horace Mann Insurance Company, Teachers Insurance Company

Product Name: ISO PPC Pages thru 11-01-2007 SERFF Tr Num: HRMN-125363104 State: Arkansas

TOI: 04.0 Homeowners SERFF Status: Closed State Tr Num: #? \$50

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations Co Tr Num: State Status: Fees verified

Filing Type: Rate Co Status: Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Author: Jeremy Learned Disposition Date: 11/27/2007

Date Submitted: 11/20/2007 Disposition Status: Filed

Effective Date Requested (New): On Approval Effective Date (New):

Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/27/2007

State Status Changed: 11/27/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

November 20, 2007

Arkansas Insurance Department

1200 West Third

Little Rock, Arkansas 72201

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Attention: Alexa Grissom
Sr. Rate and Form Analyst

Subject: Horace Mann Insurance Company NAIC# 300-22578
Teachers Insurance Company NAIC # 300-22683
Homeowner Program Rate Filing
Public Protection Classification Update Pages

Dear Ms. Grissom,

Horace Mann and Teachers Insurance Companies submit for your review and approval the above-noted public protection classification rate filing. This update includes all previous updates through Novmeber 1, 2007.

We propose Upon Your Approval as the effective date of this filing.

If I can be of further assistance or if additional information is needed, please call me at 217-789-2500, ext. 5429, fax me at 217-788-5161, or e-mail me at learnej1@mail.horacemann.com.

Sincerely,

Jeremy Learned
Actuarial Technician
Property and Casualty Division
The Horace Mann Insurance Companies

Enc.

Company and Contact

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Filing Contact Information

Jeremy Learned, Actuarial Technician learnej1@mail.horacemann.com
 1 Horace Mann Plaza (217) 789-2500 [Phone]
 Springfield, IL 62715 (217) 788-5161[FAX]

Filing Company Information

Horace Mann Insurance Company CoCode: 22578 State of Domicile: Illinois
 1 Horace Mann Plaza Group Code: 300 Company Type: Insurance
 Company
 Springfield, IL 62715 Group Name: State ID Number:
 (217) 789-2500 ext. [Phone] FEIN Number: 59-1027412

Teachers Insurance Company CoCode: 22683 State of Domicile: Illinois
 1 Horace Mann Plaza Group Code: 300 Company Type: Insurance
 Company
 Springfield, IL 62715 Group Name: State ID Number:
 (217) 789-2500 ext. [Phone] FEIN Number: 23-1742051

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Horace Mann Insurance Company	\$0.00	11/20/2007	
Teachers Insurance Company	\$0.00	11/20/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
7700194423	\$50.00	11/20/2007

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Disposition

Disposition Date: 11/27/2007
Effective Date (New):
Effective Date (Renewal):
Status: Filed
Comment: Effective 20-days hence.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines		No
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		No
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Rate	ISO PPC Pages thru 11-01-2007	Filed	Yes

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	ISO PPC Pages thru 11-01-2007		Replacement	AR PPC Pages.pdf

**HORACE MANN INSURANCE COMPANY
TEACHERS INSURANCE COMPANY**

(03) ARKANSAS

11/1/2007 PAGE 1

1. THESE PAGES LIST CLASSIFICATIONS AND SHOW:
 - NAME OF COMMUNITY OR CLASSIFIED AREA.
 - COUNTY IN WHICH LOCATED.
 - CLASSIFICATION NUMBER.
2. WHERE CLASSIFIED AREAS ARE PUBLISHED WITH A SINGLE CLASSIFICATION NUMBER, PROPERTIES WITHIN THE CLASSIFIED AREA SHOULD RECEIVE THAT CLASSIFICATION NUMBER.
3. WHERE CLASSIFIED AREAS ARE PUBLISHED WITH A SPLIT CLASSIFICATION (E.G., 6/9), THE CLASSIFICATION NUMBER IS DETERMINED BY THE "PROTECTED SUBURBAN INSTRUCTIONS, PAGE 1" LOCATED WITH THE RATE PAGES IN THE MANUAL.
4. CLASS 10 APPLIES TO ALL AREAS NOT LISTED.
5. REFER TO THE RATE PUBLICATION FOR THE PROTECTION CLASS OF SPECIFICALLY - RATED PROPERTIES.
6. SUBSCRIPTION TYPE FIRE DEPARTMENTS ARE INDICATED BY A FOOTNOTE. CLASS 10 APPLIES TO PROPERTIES WHICH ARE NOT SUBSCRIBERS.
7. ** COMMUNITIES WITH (**) AS PROTECTION CLASS ARE PROTECTED BY FIRE PROTECTION DISTRICTS. SEE THE APPROPRIATE FIRE PROTECTION DISTRICT NAME.

EXPLANATORY NOTES APPLYING TO THE CLASSIFICATION OF A JURISDICTION'S BUILDING CODE ADOPTION AND ENFORCEMENT (BCEGS) :

1. BCEGS CLASSIFICATIONS FOR PERSONAL LINES ARE INDICATED NEXT TO "PERS" (PERSONAL LINES) AND ARE APPLICABLE TO PERSONAL LINES PROPERTIES WITH COMPLETED CONSTRUCTION THE YEAR OF OR THE YEAR(S) FOLLOWING THE YEAR INDICATED.
2. BCEGS CLASSIFICATION FOR COMMERCIAL LINES ARE INDICATED NEXT TO "COML" (COMMERCIAL) LINES AND ARE APPLICABLE TO COMMERCIAL LINES PROPERTIES WITH COMPLETED CONSTRUCTION THE YEAR OF OR THE YEAR(S) FOLLOWING THE YEAR INDICATED.
3. WHERE A JURISDICTION IS PUBLISHED WITH MULTIPLE YEARS, THE BCEGS CLASSIFICATION NUMBER APPLIES TO THE CORRESPONDING DATE (RANGE) OF COMPLETE CONSTRUCTION. FOR EXAMPLE, IN A JURISDICTION THAT HAS BCEGS CLASSIFICATION PUBLISHED AS A 7 IN 1995, A 5 IN 1997 AND A 4 IN 1998, PROPERTIES WITH A COMPLETED CONSTRUCTION DATE OF 1995 AND 1996 ARE ELIGIBLE FOR BCEGS CLASSIFICATION OF CLASS 7, PROPERTIES WITH CONSTRUCTION COMPLETED IN 1997 RECEIVE A CLASS 5 AND ANY PROPERTIES WITH CONSTRUCTION COMPLETED IN 1998 AND BEYOND ARE ELIGIBLE FOR A CLASS 4.
4. PROPERTIES WITH COMPLETED CONSTRUCTION PRIOR TO THE EARLIEST PUBLISHED BCEGS DATE ARE NOT ELIGIBLE FOR INCLUSION IN THE BCEGS PROGRAM. EXCEPTION: FOR INDIVIDUAL PROPERTY RECOGNITION REFER TO RULES FOR COVERAGE TYPE.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Filed 11/27/2007

Comments:

Attachments:

AR Rate and Rule Filing Schedule - New.pdf

AR Transmittal Document - New.pdf

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #	11012007
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Overall percentage rate impact for this filing	N/A
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4.	Effect of Rate Filing – Written premium change for this program	N/A
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5.	Effect of Rate Filing – Number of policyholders	N/A
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6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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7.	Rate Change by Company		
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Company Name	Percentage Change For this program	# of policyholders for this program	Written premium for this program
Horace Mann Ins. Co.	N/A	N/A	N/A
Teachers Ins. Co.	N/A	N/A	N/A
HM Prop & Cas Ins. Co.	N/A	N/A	N/A

8.	Overall percentage of last rate revision	N/A
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9.	Effective Date of last rate revision	N/A
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10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A
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11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

GFORM UT Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only 	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
Horace Mann Educators	300

4. Company Name(s)	Domicile	NAIC #	FEIN #
Horace Mann Insurance Company	IL	22578	59-1027412
Teachers Insurance Company	IL	22683	23-1742051

5. Company Tracking Number	11012007
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jeremy Learned	Implementation Analyst	217-789-2500 ext. 5429	217-788-5161	Learnej1@mail.horacemann.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Jeremy Learned

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	04.0 Homeowners
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New: Upon approval Renewal: Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	11/20/2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 11012007

21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

Public Protection Classification pages through 11-01-2007.

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: 7700194423
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)