

SERFF Tracking Number: HRMN-125382844 State: Arkansas
First Filing Company: Horace Mann Insurance Company, ... State Tracking Number: #7700197303 \$50
Company Tracking Number:
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: ISO PPC Update Pages thru 01-01-2008
Project Name/Number: /

Filing at a Glance

Companies: Horace Mann Insurance Company, Teachers Insurance Company

Product Name: ISO PPC Update Pages thru 01-01-2008 SERFF Tr Num: HRMN-125382844 State: Arkansas

TOI: 04.0 Homeowners SERFF Status: Closed State Tr Num: #7700197303 \$50

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

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

Author: Jeremy Learned Disposition Date: 12/26/2007

Date Submitted: 12/24/2007 Disposition Status: Filed

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

State Filing Description:

Effective Date (New):

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 01/02/2008

State Status Changed: 01/02/2008

Corresponding Filing Tracking Number:

Filing Description:

December 24, 2007

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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 January 1, 2008.

We propose January 1, 2008 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.

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Company and Contact

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 #
Teachers Insurance Company	\$0.00	12/24/2007	
Horace Mann Insurance Company	\$0.00	12/24/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
7700197303	\$50.00	12/17/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	01/02/2008	01/02/2008

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Disposition

Disposition Date: 12/26/2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Arkansas Code Annotated §23- 67-211(a)(1) requires every authorized insurer to file with the Commissioner all rates and supplementary rate information and all changes and amendments made by it for use in this State at least twenty (20) days before they become effective. Your filing was completed on the date above and cannot be effective for 20 days after that date.

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 Updates thru 01-01-2008	Filed	Yes

SERFF Tracking Number: *HRMN-125382844* *State:* *Arkansas*
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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 Updates thru 01-01-2008		New	AR PPC Updates 1-1-2008.pdf

**HORACE MANN INSURANCE COMPANY
TEACHERS INSURANCE COMPANY
COMMUNITY MITIGATION CLASSIFICATIONS
REVISION PAGES**

ARKANSAS (03)

-B- JURISDICTIONS

BEEBE

Eff. 12-04	R	County: WHITE	Class: 04
Footnotes: PRIMARY FIRE DEPARTMENT RESPONSE IS PROVIDED BY THE BEEBE FIRE DEPARTMENT. RECOGNIZED AUTOMATIC AID RESPONSE IS PROVIDED TO THE ENTIRE GRADED AREA BY THE MCRAE FIRE DEPARTMENT. HYDRANT DISTANCE REQUIREMENT DOES NOT APPLY DUE TO AN ALTERNATE, CREDITABLE WATER SUPPLY. BCEGS: PERS 99 COML 99 1997. NO RECOGNIZED BUILDING CODE ENFORCEMENT PROGRAM EXISTS.			

-D- JURISDICTIONS

DARDANELLE

Eff. 06-01	R	County: YELL	Class: 04
Footnotes: PRIMARY FIRE DEPARTMENT RESPONSE IS PROVIDED BY THE DARDANELLE FIRE DEPT BCEGS: PERS 99 COML 06 1997 BCEGS: PERS 07 COML 07 2007			

-E- JURISDICTIONS

E PULASKI CO FIRE DEPT

Eff. 01-08	R	County: LONOKE	Class: **
Footnotes: **SEE E PULASKI CO FIRE DEPT FDS AND E PULASKI CO FIRE DEPT FPSA.			

E PULASKI CO FIRE DEPT

Eff. 01-08	R	County: PULASKI	Class: **
Footnotes: **SEE E PULASKI CO FIRE DEPT FDS AND E PULASKI CO FIRE DEPT FPSA.			

E PULASKI CO FIRE DEPT FDS

Eff. 01-08	N	County: LONOKE	Class: 07\10
Footnotes: PRIMARY FIRE DEPARTMENT RESPONSE IS PROVIDED BY THE E PULASKI CO FIRE DEPT FIRE DEPARTMENT. RECOGNIZED AUTOMATIC AID RESPONSE IS PROVIDED TO THE ENTIRE GRADED AREA BY THE SCOTT FD FIRE DEPARTMENT. HYDRANT DISTANCE REQUIREMENT DOES NOT APPLY DUE TO AN ALTERNATE, CREDITABLE WATER SUPPLY. E PULASKI CO FIRE DEPT FIRE STATION 3 IS NOT RECOGNIZED.			

E PULASKI CO FIRE DEPT FDS

Eff. 01-08	N	County: PULASKI	Class: 07\10
Footnotes: PRIMARY FIRE DEPARTMENT RESPONSE IS PROVIDED BY THE E PULASKI CO FIRE DEPT FIRE DEPARTMENT. RECOGNIZED AUTOMATIC AID RESPONSE IS PROVIDED TO THE ENTIRE GRADED AREA BY THE SCOTT FD FIRE DEPARTMENT. HYDRANT DISTANCE REQUIREMENT DOES NOT APPLY DUE TO AN ALTERNATE, CREDITABLE WATER SUPPLY. E PULASKI CO FIRE DEPT FIRE STATION 3 IS NOT RECOGNIZED.			

E PULASKI CO FIRE DEPT FPSA

Eff. 01-08	N	County: LONOKE	Class: 05\09
Footnotes: PRIMARY FIRE DEPARTMENT RESPONSE IS PROVIDED BY THE E PULASKI CO FIRE DEPT FIRE DEPARTMENT. RECOGNIZED AUTOMATIC AID RESPONSE IS PROVIDED TO THE ENTIRE GRADED AREA BY THE SCOTT FD FIRE DEPARTMENT. E PULASKI CO FIRE DEPT FIRE STATION 3 IS NOT RECOGNIZED.			

**HORACE MANN INSURANCE COMPANY
TEACHERS INSURANCE COMPANY
COMMUNITY MITIGATION CLASSIFICATIONS
REVISION PAGES**

E PULASKI CO FIRE DEPT FPSA

Eff. 01-08	N	County: PULASKI	Class: 05\09	
Footnotes: PRIMARY FIRE DEPARTMENT RESPONSE IS PROVIDED BY THE E PULASKI CO FIRE DEPT FIRE DEPARTMENT. RECOGNIZED AUTOMATIC AID RESPONSE IS PROVIDED TO THE ENTIRE GRADED AREA BY THE SCOTT FD FIRE DEPARTMENT. E PULASKI CO FIRE DEPT FIRE STATION 3 IS NOT RECOGNIZED.				

-H- JURISDICTIONS

HELENA

Eff. 01-08	W	County: PHILLIPS	Class: 05	
Footnotes: Reason for Withdrawal: **SEE HELENA WEST HELENA.				

HELENA OPA

Eff. 01-08	W	County: PHILLIPS	Class: 05\09	
Footnotes: Reason for Withdrawal: **SEE HELENA WEST HELENA OPA.				

HELENA WEST HELENA

Eff. 01-08	N	County: PHILLIPS	Class: 04	
Footnotes: PRIMARY FIRE DEPARTMENT RESPONSE IS PROVIDED BY THE HELENA WEST HELENA FIRE DEPARTMENT.				

HELENA WEST HELENA OPA

Eff. 01-08	N	County: PHILLIPS	Class: 05\09	
Footnotes: PRIMARY FIRE DEPARTMENT RESPONSE IS PROVIDED BY THE HELENA WEST HELENA FIRE DEPARTMENT.				

-R- JURISDICTIONS

RISON

Eff. 12-07	R	County: CLEVELAND	Class: 05	
Footnotes: PRIMARY FIRE DEPARTMENT RESPONSE IS PROVIDED BY THE RISON FIRE DEPARTMENT. BCEGS: PERS 99 COML 99 1998. NO RECOGNIZED BUILDING CODE ENFORCEMENT PROGRAM EXISTS.				

RISON OPA

Eff. 01-08	R	County: CLEVELAND	Class: 06\09	
Footnotes: PRIMARY FIRE DEPARTMENT RESPONSE IS PROVIDED BY THE RISON FIRE DEPARTMENT.				

-S- JURISDICTIONS

SHERWOOD

Eff. 12-07	R	County: PULASKI	Class: 02	
Footnotes: PRIMARY FIRE DEPARTMENT RESPONSE IS PROVIDED BY THE PULASKI CO FD NO 5 FIRE DEPARTMENT. BCEGS: PERS 08 COML 08 1999 BCEGS: PERS 99 COML 99 2006 JURISDICTION HAS DECLINED TO PARTICIPATE IN THE BCEGS PROGRAM.				

**HORACE MANN INSURANCE COMPANY
TEACHERS INSURANCE COMPANY
COMMUNITY MITIGATION CLASSIFICATIONS
REVISION PAGES**

ARKANSAS (03)

-V- JURISDICTIONS

VILONIA

Eff. 11-98	R	County: FAULKNER	Class: 06
Footnotes: PRIMARY FIRE DEPARTMENT RESPONSE IS PROVIDED BY THE VILONIA FIRE DEPARTMENT. BCEGS: PERS 99 COML 07 1998. PERSONAL LINES BUILDING CODE PROGRAM EXISTS, BUT IS OUTSIDE THE SCOPE OF THE BCEGS PROGRAM. BCEGS: PERS 99 COML 09 2007 NO RECOGNIZED PERSONAL LINES BUILDING CODE ENFORCEMENT PROGRAM EXISTS.			

-W- JURISDICTIONS

W HELENA

Eff. 01-08	W	County: PHILLIPS	Class: 06
Footnotes: Reason for Withdrawal: **SEE HELENA WEST HELENA.			

W HELENA OPA

Eff. 01-08	W	County: PHILLIPS	Class: 06\09
Footnotes: Reason for Withdrawal: **SEE HELENA WEST HELENA OPA.			

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Filed 01/02/2008

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 #	01012008
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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
---	---

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	01012008
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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	12/24/2007
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 # 01012008

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 01-01-2008.

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 #: 7700197303
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.)