

SERFF Tracking Number: HRMN-125686244 State: Arkansas  
First Filing Company: Horace Mann Insurance Company, ... State Tracking Number: #7700215351 \$100  
Company Tracking Number: AR HOME EFT  
TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners  
Product Name: AR Homeowner EFT Removal  
Project Name/Number: AR HOME EFT/AR HOME EFT

## Filing at a Glance

Companies: Horace Mann Insurance Company, Teachers Insurance Company

Product Name: AR Homeowner EFT Removal SERFF Tr Num: HRMN-125686244 State: Arkansas  
TOI: 04.0 Homeowners SERFF Status: Closed State Tr Num: #7700215351 \$100  
Sub-TOI: 04.0003 Owner Occupied Homeowners Co Tr Num: AR HOME EFT State Status: Fees verified and received  
Homeowners Filing Type: Rule Co Status: Reviewer(s): Becky Harrington, Betty Montesi  
Author: Mindy Ballard Disposition Date: 06/18/2008  
Date Submitted: 06/13/2008 Disposition Status: Filed  
Effective Date Requested (New): 07/16/2008 Effective Date (New): 07/16/2008  
Effective Date Requested (Renewal): 07/16/2008 Effective Date (Renewal): 07/16/2008

State Filing Description:

## General Information

Project Name: AR HOME EFT Status of Filing in Domicile: Not Filed  
Project Number: AR HOME EFT Domicile Status Comments: N/A  
Reference Organization: N/A Reference Number: N/A  
Reference Title: N/A Advisory Org. Circular: N/A  
Filing Status Changed: 06/18/2008  
State Status Changed: 06/18/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
June 13, 2008

Arkansas Insurance Department  
Property & Casualty Division  
1200 West Third Street  
Little Rock, AR 72201-1904

*SERFF Tracking Number:* HRMN-125686244                      *State:* Arkansas  
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Attention: Julie Benafield Bowman  
Commissioner of Insurance

Regarding: Horace Mann Insurance Company NAIC #300-22578  
Teachers Insurance Company NAIC #300-22683  
Homeowners Program  
Rule Filing  
Company Filing Number: AR HOME EFT

Dear Commissioner Benafield Bowman,

Horace Mann Insurance Company and Teachers Insurance Company submit for your review the above noted homeowner rule filing.

With this filing, we will no longer be offering the option for our homeowner policyholders to pay premiums monthly via Electronic Funds Transfer. Therefore, we are removing Rule 4.10, Electronic Funds Transfer, from our Homeowner Rules Manual. We are also revising Rule 4.8, Payment Plans. There will be no minimum premium for the four-pay plan.

The effective date of this filing is July 16, 2008.

If I can be of further service or if additional information is needed, please do not hesitate to call me toll free at 877-272-0040 option 9, option 3. If you prefer e-mail, my address is melinda.ballard@horacemann.com. Thank you for your attention to this matter.

Sincerely,

Melinda Ballard  
Implementation Analyst

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Property and Casualty Division  
 Horace Mann Insurance Company  
 Teachers Insurance Company

## Company and Contact

### Filing Contact Information

Melinda Ballard, Actuarial Analyst I ballarm1@mail.horacemann.com  
 1 Horace Mann Plaza (217) 789-2500 [Phone]  
 Springfield, IL 62715 (217) 535-7171[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: \$100.00  
 Retaliatory? No  
 Fee Explanation: Filing fee for rule filing is \$50.00

Check mailed on 06/10/2008.  
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Horace Mann Insurance Company	\$0.00	06/13/2008	
Teachers Insurance Company	\$0.00	06/13/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
7700215351	\$100.00	06/10/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	06/18/2008	06/18/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	06/18/2008	06/18/2008	Mindy Ballard	06/18/2008	06/18/2008

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## Disposition

Disposition Date: 06/18/2008  
Effective Date (New): 07/16/2008  
Effective Date (Renewal): 07/16/2008  
Status: Filed  
Comment:

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	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty Filed		Yes
Supporting Document	Cover Letter	Filed	Yes
Rate	Homeowner Rules Manual	Filed	Yes
Rate	Homeowner Rules Manual	Filed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/18/2008

Submitted Date 06/18/2008

Respond By Date

Dear Melinda Ballard,

This will acknowledge receipt of the captioned filing.

Objection 1

- Homeowner Rules Manual (Rate)

Comment: How many insureds will be affected by the change?

Please feel free to contact me if you have questions.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 06/18/2008

Submitted Date 06/18/2008

Dear Becky Harrington,

### Comments:

#### Response 1

Comments: Dear Ms. Harrington,

This is in response to the objection letter dated 6/18/08. You asked how many insureds will be affected by the changes to Rules 4.8 and 4.10. No insureds will be affected by these changes. Have a good day.

Melinda Ballard

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Implementation Analyst

**Related Objection 1**

Applies To:

- Homeowner Rules Manual (Rate)

Comment:

How many insureds will be affected by the change?

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Mindy Ballard

*SERFF Tracking Number:*      *HRMN-125686244*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Horace Mann Insurance Company, ...*                      *State Tracking Number:*      *#7700215351 \$100*  
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*Product Name:*                      *AR Homeowner EFT Removal*  
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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 Number:	Attachments
Filed	Homeowner Rules Manual	Index, Page 1	Replacement	AR-PC-05-013396	Index, Page 1.pdf
Filed	Homeowner Rules Manual	Replace Rule 4.8 & Withdraw Rule 4.10, Page 9	Replacement	AR-PC-05-013396	Rules 4.8, 4.10, Page 9.pdf

**HORACE MANN INSURANCE COMPANY  
TEACHERS INSURANCE COMPANY  
ARKANSAS  
HOMEOWNER RULES**

INDEX	<u>Page Number</u>	<u>Rule Number</u>
<a href="#">Actual Cash Value</a> .....	4	2.1.4
<a href="#">Additional Benefits Endorsement</a> .....	19	10.2
<a href="#">Additional Coverage Endorsement</a> .....	16	7.15
<a href="#">Additional Interests</a> .....	6	3.4
<a href="#">Additional Living Expense</a> .....	14	7.7
<a href="#">Additional Locations</a> .....	18	9.0
<a href="#">Additional Residence Premises - Rented to Others</a> .....	17	8.1
<a href="#">Assignment</a> .....	6	3.5
<a href="#">Calculation of Premium</a> .....	7	4.1
<a href="#">Cancellation</a> .....	6	3.7
<a href="#">Claim Record/Persistency Rating Plan</a> .....	11	6.11
<a href="#">Condominium Supplemental Coverages</a> .....	16	7.17
<a href="#">Continuous Renewal Plan</a> .....	6	3.3
<a href="#">Co-owner Occupancy</a> .....	3	1.4
Coverage C (see Personal Property)		
<a href="#">Credit Level Rating</a> .....	11	6.10
<a href="#">Deductibles</a> .....	10	5.0
<a href="#">Dwellings Under Construction</a> .....	3	1.5
<a href="#">Earthquake</a> .....	12	7.1
<a href="#">Electronic Data Processing Equipment</a> .....	15	7.13
<a href="#">Eligible Occupancy</a> .....	3	1.0
<a href="#">Federal Flood Insurance Program Credit</a> .....	11	6.6
<a href="#">Fire Department Service Charge</a> .....	14	7.9
<a href="#">Fire Resistive Construction</a> .....	9	4.5
<a href="#">Glass</a> .....	15	7.11
<a href="#">Home-Buyer Loyalty Credit</a> .....	11	6.8
<a href="#">Homeowner First Mortgage Disaster</a> .....	15	7.14
<a href="#">Identity Fraud Advocacy Services</a> .....	19	10.3
<a href="#">Inception Time</a> .....	5	3.1
<a href="#">Ineligible Occupancies</a> .....	3	1.7
<a href="#">Inflation Guard Coverages</a> .....	12	7.2
Liability		
<a href="#">Changes in Limits</a> .....	8	4.2
<a href="#">Credit for</a> .....	19	9.2
<a href="#">Mandatory Coverages</a> .....	5	2.2
<a href="#">Medical Payments to Others</a> .....	5	2.2
<a href="#">Optional Coverages</a> .....	17	8.0
<a href="#">Other Exposures</a> .....	8	4.3
<a href="#">Personal</a> .....	5	2.2
<a href="#">Reductions</a> .....	6	3.7
Loss Assessment		
<a href="#">Homeowners</a> .....	16	7.16

**HORACE MANN INSURANCE COMPANY  
TEACHERS INSURANCE COMPANY  
ARKANSAS  
HOMEOWNER RULES**

**4.4.2** Changes which result in return or additional premium of \$3 or less will not be billed or returned to the insured unless requested in writing.

**4.5 Specifically Rated Dwellings - Forms 1, 2, 3**

The premium for specifically rated dwellings of fire resistive or fireproof construction is 85% of the applicable brick or masonry premium.

The applicable fire and extended coverage rates shall be used for other specifically rated dwellings when written under a homeowner policy.

**4.6 Row and Townhouses**

The premium for an eligible one or two family owner-occupied dwelling in a townhouse or row house is determined as shown in the State Rate Pages.

An eligible two family owner-occupied dwelling is considered two individual units when determining the number of family units within a fire division.

**4.7 Reserved for Future Use**

**4.8 Payment Plans**

A payment plan is available if:

a. the policy meets minimum premium requirements listed below:

<u>Plan</u>	<u>Minimum Premium</u>
Full	None
Two Pay	\$100
Three Pay	\$200
Four Pay	None

b. the policy is not a mortgagee pay policy.

Refer to State Rate pages for installment fees.

**4.9 Non-Sufficient Funds**

Policyholders' checks for payment of premium that are returned due to non-sufficient funds (NSF) in the account from which the check was written will result in a service charge per occurrence.

Refer to State Rate Pages for NSF fees.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**  
Filed 06/18/2008

**Comments:**

**Attachment:**

AR HO EFT Filing Transmittal Document.pdf

**Satisfied -Name:** Cover Letter

**Review Status:**  
Filed 06/18/2008

**Comments:**

Manual pages are located on the rate and rule tab.

**Attachment:**

AR HO EFT Filing Cover Letter.pdf

**Property & Casualty Transmittal Document**

<b>1. Reserved for Insurance Dept. Use Only</b>
---

<b>2. Insurance Department Use only</b>	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>
Horace Mann Educators	300

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Horace Mann Insurance Company	IL	22578	59-1027412	12
Teachers Insurance Company	IL	22683	23-1742051	12

<b>5. Company Tracking Number</b>	AR HOME EFT
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Horace Mann Insurance Co. 1 Horace Mann Plaza Springfield, IL 62715	Implementation Analyst	877-272-0040 option 9 option 3	217-535-7171	melinda.ballard@horacemann.com
<b>7. Signature of authorized filer</b>	<i>Melinda Ballard</i>			
<b>8. Please print name of authorized filer</b>	Melinda Ballard			

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

<b>9. Type of Insurance (TOI)</b>	04.0 Homeowners
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	04.0003 Owner Occupied Homeowners
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	N/A
<b>12. Company Program Title (Marketing title)</b>	N/A
<b>13. Filing Type</b>	<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 (give description)
<b>14. Effective Date(s) Requested</b>	New: 07/16/2008    Renewal: 07/16/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

16.	<b>Reference Organization</b> (if applicable)	N/A
17.	<b>Reference Organization # &amp; Title</b>	N/A
18.	<b>Company's Date of Filing</b>	06/13/2008
19.	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

20.	<b>This filing transmittal is part of Company Tracking #</b>	AR HOME EFT
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Horace Mann Insurance Company and Teachers Insurance Company submit for your review a homeowner rule filing.

With this filing, we will no longer be offering the option for our homeowner policyholders to pay premiums monthly via Electronic Funds Transfer. Therefore, we are removing Rule 4.10, Electronic Funds Transfer, from our Homeowner Rules Manual. We are also revising Rule 4.8, Payment Plans. There will be no minimum premium for the four-pay plan.

The effective date of this filing is July 16, 2008.

22.	<b>Filing Fees</b> (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 #:** 7700215351  
**Amount:** \$100.00

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

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

June 13, 2008

Arkansas Insurance Department  
Property & Casualty Division  
1200 West Third Street  
Little Rock, AR 72201-1904

Attention: Julie Benafield Bowman  
Commissioner of Insurance

Regarding: Horace Mann Insurance Company      NAIC #300-22578  
Teachers Insurance Company      NAIC #300-22683  
Homeowners Program  
Rule Filing  
Company Filing Number: AR HOME EFT

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Sincerely,



Melinda Ballard  
Implementation Analyst  
Property and Casualty Division  
Horace Mann Insurance Company  
Teachers Insurance Company