

SERFF Tracking Number: LCNC-125777715 State: Arkansas  
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 39957  
Company Tracking Number: AR-522 7/08  
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium  
Variable and Variable  
Product Name: AR-522 7/08 Bi/Uni Lateral Amendments  
Project Name/Number: AR-522 7/08 Bi/Uni Lateral Amendments/AR-522 7/08

## Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: AR-522 7/08 Bi/Uni Lateral Amendments SERFF Tr Num: LCNC-125777715 State: ArkansasLH

Amendments

TOI: A02.1G Group Annuities - Deferred Non- Variable and Variable SERFF Status: Closed State Tr Num: 39957

Sub-TOI: A02.1G.002 Flexible Premium

Co Tr Num: AR-522 7/08

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Shirley Gordon, Omayra Vega, Renee Gardner

Disposition Date: 08/21/2008

Date Submitted: 08/15/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: AR-522 7/08 Bi/Uni Lateral Amendments

Project Number: AR-522 7/08

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: These forms are exempt from filing in our domicile State of Indiana effective April 7, 1999.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/21/2008

State Status Changed: 08/21/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: Form AR-522 7/08 – Group Annuity Amendment

Form AR-522-U 7/08 – Group Annuity Amendment

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Deemer Date:

*SERFF Tracking Number:* LCNC-12577715 *State:* Arkansas  
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Variable and Variable  
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*Project Name/Number:* AR-522 7/08 Bi/Uni Lateral Amendments/AR-522 7/08

The above captioned forms are submitted by The Lincoln National Life Insurance Company for your review and approval. The enclosed forms do not replace any forms that are currently on file with your Department. These forms are exempt from filing in our domicile State of Indiana effective April 7, 1999.

These forms do not contain any unusual or possibly controversial items that deviate from normal company and industry standards. We certify that no assumptions or provisions unfairly discriminate in availability, rates, benefits, or any other way for prospective insureds. They are submitted in final printed form and are subject only to minor modification in paper stock, ink, and adaptation to computer printing.

These forms are intended for use with both new and existing business under our previously approved deferred annuity contract forms (See Attachment 1). They have been structured for use with any future contract we may file with the Department, if permitted by the product design. They are to serve as a vehicle to amend sections and provisions that were filed as bracketed items to indicate variability (i.e. contract holder name, plan name, employer name, fees and charges).

These forms will never change variability that would expand the scope of the item being changed

Form AR-522-U 7/08 is for unilateral use only. This will be used when client acceptance is not required and/or the amendment is used for one or more blocks of business. It will never be used to adversely affect the terms of a form that has been previously issued.

Form AR-522 7/08 is for bi-lateral use only. It will be used when client acceptance is required for changes requested by a client or changes agreed upon by the client (increase to fees/charges). These changes are not implemented until the amendment has been returned and accepted by the client.

Thank you for your consideration and review of this submission. Please let me know if you need further clarification to facilitate your review process.

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## Company and Contact

### Filing Contact Information

Shirley Gordon, Contract Analyst Shirley.Gordon@lfg.com  
 350 Church Street (860) 466-1577 [Phone]  
 Hartford, CT 06103-1106 (860) 466-1348[FAX]

### Filing Company Information

The Lincoln National Life Insurance Company	CoCode: 65676	State of Domicile: Indiana
350 Church Street - MPM1	Group Code: 20	Company Type: Life
Hartford, CT 06103-1106	Group Name:	State ID Number:
(860) 466-2899 ext. [Phone]	FEIN Number: 35-0472300	
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$0.00  
 Retaliatory? No  
 Fee Explanation: IN Domicile State exempt from Filing.  
 2 Amendments X \$20.00 = \$40.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$40.00	08/15/2008	21966921

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/21/2008	08/21/2008

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Variable and Variable  
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## **Disposition**

Disposition Date: 08/21/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	Group Annuity Amendment		Yes
<b>Form</b>	Group Annuity Amendment		Yes

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## Form Schedule

Lead Form Number: AR-522 7/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AR-522-U 7/08	Policy/Cont	Group Annuity ract/Fratern Amendment al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	AR-522uni- lateral.final.pd f
	AR-522 7/08	Policy/Cont	Group Annuity ract/Fratern Amendment al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	AR-522-bi- lateral final.pdf

**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY**  
**GROUP ANNUITY AMENDMENT [NO. [1]]**

**Attached to and made part of Group Annuity Contract Number:** [AA 12345]

**[Contractowner]:** [ABC Company]]

**Effective Date of this amendment:** [August 1, 2008]

**IT IS HEREBY AGREED:**

**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY**

  
By \_\_\_\_\_  
President

**Dated at Fort Wayne, Indiana this [1st] day of [August, 2008]**

*Any questions concerning this Amendment should be directed to our Servicing Office at (800) [234-3500]*

**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY**  
**GROUP ANNUITY AMENDMENT [NO. [1]]**

**Attached to and made part of Group Annuity Contract Number:** [AA 12345]

**[Contractowner]:** [ABC Company]

\*

**Effective Date of this amendment:** [August 1, 2008]

**IT IS HEREBY AGREED:**

**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY**

( Dennis R Glass )  
President  
By \_\_\_\_\_

**Dated at Fort Wayne, Indiana this [1st] day of [August, 2008]**

If this amendment is not accepted and returned to the Home Office of The Lincoln National Life Insurance Company by the [Contractowner] within 60 days from the date of signature for The Lincoln National Life Insurance Company hereon, it will automatically be void from its effective date.

**Accepted by:** \_\_\_\_\_  
[(Contractowner)]

**Date:** \_\_\_\_\_ **By:** \_\_\_\_\_ ]  
Signature and Title

*Any questions concerning this Amendment should be directed to our Servicing Office at (800) [234-3500].*



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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 08/15/2008  
**Comments:**  
**Attachment:**  
Arkansas Reg. 19.pdf

### Review Status:

**Satisfied -Name:** Statement of Variability 08/15/2008  
**Comments:**  
**Attachment:**  
NW SOV.pdf

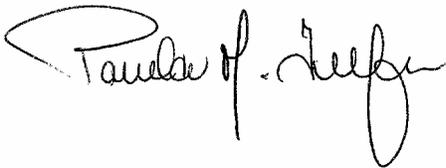
**ARKANSAS**

**CERTIFICATE OF COMPLIANCE**

*The Lincoln National Life Insurance Company*

**Re: Forms AR-5227/08, AR-522-U 7/08**

To the best of my knowledge and belief, the policy form listed above complies with the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

A handwritten signature in black ink, appearing to read "Pamela Telfer". The signature is written in a cursive style with a large initial "P" and a long, sweeping tail.

Pamela Telfer, AVP  
Product Compliance

Date: August 15, 2008

# STATEMENT OF VARIABILITY

## Form Numbers

AR-522-U 7/08 – Group Annuity Amendment (Bi-lateral)

AR-522 7/08 – Group Annuity Amendment (Uni-lateral)

This statement shows the particular sections and provisions in the above noted form that contain bracketed items to indicate variability. The bracketed variable items are highlighted and followed by a text box with the corresponding explanation for each.

No item identified as variable with a zero entry will be omitted from these forms.

No change in variability will be made which in any way expands the scope of the item being changed.

## GROUP ANNUITY AMENDMENT [NO. [1]]

**[Explanation:** The Amendment No. prints only when used for a single case for amending contracts at the request of our client for such changes as: Contractowner Name, Plan Name, etc., reduced asset charge , reduced account charge.

**[Contractowner]:** [ABC Company]]

### **[Explanation:**

This line prints only when used for a single case for amending contracts at the request of our client for such changes as: Contractowner Name, Plan Name, reduced asset charge , reduced account charge, etc.

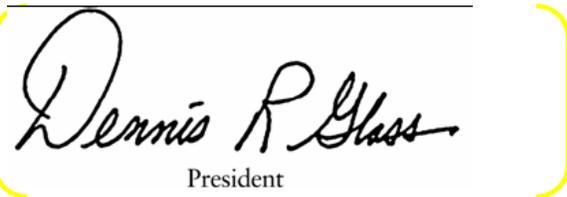
### **[Contractowner]**

Variable range = Contractowner or Contract Owner

Explanation: varies by product amended .

[ABC Company]

Variable range = John Doe information



Dennis R. Glass  
President

**[Explanation:** The Amendment will be signed by either the Company's current President or Secretary.