

SERFF Tracking Number: LCNC-126087461 State: Arkansas  
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 41979  
Company Tracking Number: AR-527 3/09  
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other  
Product Name: Group Annuity Amendment  
Project Name/Number: Group Annuity Amendment/AR-527 3/09

## Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Group Annuity Amendment

SERFF Tr Num: LCNC-126087461 State: Arkansas

TOI: A10 Annuities - Other

SERFF Status: Closed-Approved-  
Closed State Tr Num: 41979

Sub-TOI: A10.000 Annuities - Other

Co Tr Num: AR-527 3/09

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Shirley Gordon

Disposition Date: 03/27/2009

Date Submitted: 03/26/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Group Annuity Amendment

Status of Filing in Domicile: Authorized

Project Number: AR-527 3/09

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This form is  
exempt from filing in our domicile State of  
Indiana effective April 7, 1999.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 03/27/2009

Explanation for Other Group Market Type:

State Status Changed: 03/27/2009

Deemer Date:

Created By: Omayra Vega

Submitted By: Omayra Vega

Corresponding Filing Tracking Number:

Filing Description:

Lincoln National Life Insurance Company, NAIC #65676, FEIN# 35-0472300

RE: AR-527 3/09 – Group Annuity Amendment

The above captioned form is submitted by The Lincoln National Life Insurance Company for your review and approval.

The enclosed form does not replace any form that is currently on file with your Department. This form is exempt from filing in our domicile State of Indiana effective April 7, 1999.

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This form does 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. It is submitted in final printed form and is subject only to minor modification in paper stock, ink, and adaptation to computer printing.

This form is intended for use with existing business under our previously approved deferred annuity contract forms (See Attachment 1). It has been structured for use with any future contract we may file with the Department, if permitted by the product design. This form is intended in the event of a plan termination when there are assets remaining in the contract because there are participants that have not taken distributions. It gives the Contractowner the right to change only the Contractowner Name.

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

Sincerely

Shirley Gordon, Contract Analyst  
800-238-6252, ext 61577 or 860-466-3192  
FAX: 860-466-1348  
E-mail: Shirley.gordon@lfg.com

## Company and Contact

### Filing Contact Information

omayra vega, contract analyst omayra.vega@lfg.com  
350 Church St 860-466-3192 [Phone]  
Hartford, CT 06103 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

SERFF Tracking Number: LCNC-126087461 State: Arkansas  
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Fee Required? Yes  
Fee Amount: \$35.00  
Retaliatory? Yes  
Fee Explanation: Retaliatory fee is \$35.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$35.00	03/26/2009	26711485

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/27/2009	03/27/2009

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## Disposition

Disposition Date: 03/27/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Attachment 1		Yes
Form	Group Annuity Amendment		Yes

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## Form Schedule

**Lead Form Number: AR-527 3/09**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AR-527 3/09	Policy/Cont Group Annuity ract/Fratern Amendment al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.100	AR-527.pdf

**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY**  
**GROUP ANNUITY AMENDMENT**

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

**Contractowner:** [ABC Company]

**Effective Date of this amendment:** [March 1, 2009]

IT IS HEREBY AGREED: Pursuant to its 403(b) plan termination, the Contractowner agrees to release to the participants all rights and interests in the above listed contract except for the right to change the name of the Contractowner. This is intended to be treated in the same manner as a fully paid individual insurance annuity contract.

**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY**

(  )  
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

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## Supporting Document Schedules

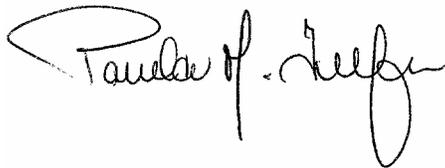
	Item Status:	Status Date:
<p><b>Satisfied - Item:</b> Flesch Certification  <b>Comments:</b>  <b>Attachments:</b>            Certificate of Readability.pdf            Arkansas Reg. 19.pdf</p>		
<p><b>Bypassed - Item:</b> Application  <b>Bypass Reason:</b> not applicable for this type of filing.  <b>Comments:</b></p>		
<p><b>Satisfied - Item:</b> Statement of Variability  <b>Comments:</b>  <b>Attachment:</b>            NW Statement of Variability.pdf</p>		
<p><b>Satisfied - Item:</b> Attachment 1  <b>Comments:</b>  <b>Attachment:</b>            Attachment 1.pdf</p>		

## Certificate of Readability

I hereby certify that the following form(s) submitted herewith is (are) in compliance with the statutory/regulatory readability requirements.

The Flesch Reading Ease Score for the form(s) is (are):

<u>Form Number</u>	<u>Score</u>
AR-527 3/09	52.1



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Pamela M. Telfer, AVP  
Product Compliance

Date: March 26, 2009

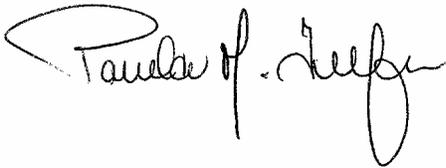
**ARKANSAS**

**CERTIFICATE OF COMPLIANCE**

*The Lincoln National Life Insurance Company*

**Re: Form AR-527 3/09**

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 underline.

Pamela Telfer, AVP  
Product Compliance

Date: March 26, 2009

# STATEMENT OF VARIABILITY

## Form Numbers

AR-527 3/09 – Group Annuity Amendment

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.

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

Contractowner: [ABC Company]

Effective Date of this amendment: [March 1, 2009]

### **Explanation:**

[Number: AA 12345]  
[ABC Company]  
[March 1, 2009]

Variable range = John Doe information

  
President

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

# Attachment 1

**Pre-Approved Group Annuity forms to be  
issued with AR-527 3/09**

96-101  
96-103  
96-103VAR  
28866 05/04  
28866-SV20 05/04  
28866-SV90 05/04  
28866 4/98  
28866 8/99  
28866-SV 01/01  
28883 5/99  
28884 5/99  
28890 5/99