

SERFF Tracking Number: JPFC-126575336 State: Arkansas
Filing Company: Lincoln National Life Insurance Company State Tracking Number: 45391
Company Tracking Number: AE-236 (REV. 3/10)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: FA LTC Amendment
Project Name/Number: /

Filing at a Glance

Company: Lincoln National Life Insurance Company

Product Name: FA LTC Amendment SERFF Tr Num: JPFC-126575336 State: Arkansas
TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 45391
Variable and Variable Closed
Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: AE-236 (REV. 3/10) State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Authors: Tracy Jackson, David Disposition Date: 04/12/2010
Miceli, William Otten
Date Submitted: 04/09/2010 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 04/12/2010 Explanation for Other Group Market Type:
State Status Changed: 04/12/2010
Deemer Date: Created By: William Otten
Submitted By: William Otten Corresponding Filing Tracking Number:
Filing Description:
April 8, 2010

Hon. Jay Bradford
Commissioner of Insurance
Compliance-Life & Health
Attn: Joe Musgrove
1200 West Third Street

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Variable and Variable
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Project Name/Number: /
Little Rock, AR 72201-1904

Re: Individual Fixed Annuity Forms
AE-236 (Rev. 3/10) Contract Amendment for Long-Term Care Benefits

The Lincoln National Life Insurance Company
Group & NAIC #: 020-65676

Dear Mr. Musgrove:

We are submitting the above referenced amendment for your review and approval. This is a new form and will not replace any form previously approved by your Department. The form will only be used in conjunction with the issue and delivery of form 06-608 with rider AE-227 and endorsement AE-235 at this time, all 3 forms have been previously approved by your department. There may be a time when we determine that this form will be used with other fixed or fixed indexed annuity products in the future.

Form AE-236 (Rev. 3/10) is a contract amendment which must be signed and dated by the Contract Owner and received by the Company within 45 days of rider delivery. If the Contract Amendment is not returned, the Rider automatically terminates before any Rider Charges have been assessed. This amendment confirms eligibility criteria that is obtained from the client prior to rider issuance and is necessary to support the new business process for the issuance of the previously approved rider. We have no alternative or rated plan for customers who do not satisfy our eligibility criteria.

We have bracketed certain items in the form, indicating their status as variable information, because they may change for new issues of the form in the future. It is our understanding that changes to these items will not require a new form filing. We confirm that these brackets will not actually appear on the forms as issued to customers.

The enclosed form is submitted in final printed format and is subject only to minor modifications in paper stock, ink, and adaptation to computer printing.

This form contain no unusual or controversial features or language that deviate from normal insurance industry standards, and has a Flesch Readability Score of 50.67.

We trust that the information provided is satisfactory and look forward to your response. Should you require any additional information, please feel free to contact me directly at 1-800-258-3648 ext 5620 or via the email address provided below.

SERFF Tracking Number: JPFC-126575336 State: Arkansas
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 TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium
 Variable and Variable
 Product Name: FA LTC Amendment
 Project Name/Number: /

Sincerely,

William A. Otten
 Director, Product Compliance and State Filing
 Email: William.otten@lfg.com

Company and Contact

Filing Contact Information

William Otten, Director, Product Compliance william.otten@lfg.com
 One Granite Place 800-258-3648 [Phone] 5620 [Ext]
 PO Box 515 603-226-5128 [FAX]
 Concord, NH 03302-0515

Filing Company Information

Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana
 350 Church St. Group Code: 20 Company Type: Insurance
 Hartford, CT 06103 Group Name: State ID Number:
 (800) 458-5299 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

Fee Required? Yes
 Fee Amount: \$35.00
 Retaliatory? Yes
 Fee Explanation: \$35 per form filed
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln National Life Insurance Company	\$35.00	04/09/2010	35533184
Lincoln National Life Insurance Company	\$15.00	04/12/2010	35569465

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	04/12/2010	04/12/2010

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	Linda Bird	04/12/2010	04/12/2010	William Otten	04/12/2010	04/12/2010

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Disposition

Disposition Date: 04/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/12/2010
Submitted Date 04/12/2010
Respond By Date 05/12/2010

Dear William Otten,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Please refer to Arkansas Rule and Regulation 57 for Arkansas filing fees which were revised effective January 1, 2010. An additional filing fee of \$15.00 is due on this submission. We will hold your filing in a pending status until the fee is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/12/2010
Submitted Date 04/12/2010

Dear Linda Bird,

Comments:

Response 1

Comments: The additional filing fee has been submitted as requested.

Related Objection 1

Comment:

Please refer to Arkansas Rule and Regulation 57 for Arkansas filing fees which were revised effective January 1, 2010. An additional filing fee of \$15.00 is due on this submission. We will hold your filing in a pending status until the fee is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

David Miceli, Tracy Jackson, William Otten

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Form Schedule

Lead Form Number: AE-236 (Rev 3-10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AE-236(Rev 3/10)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Contract Amendment Initial			50.670	AE-236 (3-10).pdf

CONTRACT AMENDMENT FOR LONG-TERM CARE BENEFITS

Effective upon the date signed by the Owner (and the Covered Life, if different), this Contract Amendment for Long-Term Care Benefits ("Contract Amendment") becomes a part of the Annuity Contract ("Contract") to which it is attached.

Signed for The Lincoln National Life Insurance Company (the "Company")



Charles A. Brawley III, Secretary

I, the Owner, acknowledge that the Long-Term Care Benefits Rider that describes long-term care benefits along with the Contract shall be terminated and void from the beginning if this Contract Amendment is not: (1) signed and dated by me (and the Covered Life, if different); and (2) received by the Company within [45] days of the effective date of such Rider.

I, the Owner (and the Covered Life, if different), hereby affirm and agree that all the following statements are true to the best of my knowledge and belief. I understand that eligibility for long-term care coverage under the Contract is established by this Contract Amendment. I acknowledge that if any of the following statements are not true, the Covered Life is not eligible for long-term care coverage under the Contract. I acknowledge that if I knowingly and intentionally misrepresent the truthfulness of any of the following statements, which are relevant facts relating to the health of the Covered Life, the provisions of the Contract that relate to Long-Term Care Benefits may be void from the beginning pursuant to the Incontestability clause of the Long-Term Care Benefits Rider.

1. In the past 5 years, the Covered Life has **not**;
 - a. Applied for any long-term care insurance, or annuity or life insurance with long-term care benefits and been either: (i) declined; or (ii) offered coverage on a rated or modified risk classification basis.
 - b. Resided in, nor been recommended by a Licensed Health Care Practitioner to reside in, a Nursing Home or Assisted Living Facility as defined in the Long-Term Care Coverage Endorsement.
 - c. Received Home Health Care, Maintenance or Personal Care Services or Adult Day Care, as defined in the Long-Term Care Coverage Endorsement, for more than a total of 14 days.
 - d. Received or applied for any form of disability benefits, including but not limited to, disability insurance, Worker's Compensation and Social Security Disability Insurance.
 - e. Had any impairment, mental or physical, for which the Covered Life needed or received assistance or supervision with the Activities of Daily Living (Bathing, Continence, Dressing, Eating, Toileting or Transferring) as defined in the Long-Term Care Coverage Endorsement.
 - f. Used or been advised by a Licensed Health Care Practitioner to use: oxygen, catheter, dialysis machine or other health-related mechanical device.
 - g. Been told by a Licensed Health Care Practitioner to limit alcohol intake.
 - h. Been advised by a Licensed Health Care Practitioner to have any surgery which has not been completed.
 - i. Been issued a permanent handicap parking placard, plate or sticker, unless issued for use pursuant to qualification of someone other than the Covered Life as handicapped.

Arkansas

READABILITY CERTIFICATION

The Lincoln National Life Insurance Company

Re: AE-236 (Rev 3/10)

We hereby certify that the attached Form(s) is (are) in compliance with the Rules and Regulation requirements regarding Life, Annuities, and Accident and Sickness Insurance Language Simplification Standards and has (have) achieved a Flesch Reading Ease score of:

Form Number:

AE-236 (Rev 3/10)

Flesch:

50.67



Pamela M. Telfer, Assistant Vice President
Product Compliance

Date: April 8, 2010