

SERFF Tracking Number: LCNC-126775521 State: Arkansas  
Filing Company: Lincoln Life and Annuity Company of New York State Tracking Number: 46698  
Company Tracking Number: LFF10006 ETAL  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Financial Supplements LFF10006 & LFF10007  
Project Name/Number: Financial Supplements LFF10006 & LFF10007/LFF10006 & LFF10007

## Filing at a Glance

Company: Lincoln Life and Annuity Company of New York

Product Name: Financial Supplements SERFF Tr Num: LCNC-126775521 State: Arkansas  
LFF10006 & LFF10007

TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 46698  
Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: LFF10006 ETAL State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird

Authors: Jeanine Taylor, Raymond Fortier, James Kane

Disposition Date: 09/03/2010

Date Submitted: 09/02/2010 Disposition Status: Approved-Closed

Implementation Date Requested: 10/25/2010

Implementation Date:

State Filing Description:

## General Information

Project Name: Financial Supplements LFF10006 & LFF10007

Project Number: LFF10006 & LFF10007

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/03/2010

Deemer Date:

Submitted By: James Kane

Filing Description:

Re. Individual Life Application Forms

LFF10006 Financial Supplement for Business Insurance

LFF10007 Financial Supplement for Personal Insurance

Lincoln Life & Annuity Company of New York

Group & NAIC #: 0107-62057

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 09/03/2010

Created By: Jeanine Taylor

Corresponding Filing Tracking Number:

Dear Mr. Musgrove:

SERFF Tracking Number: LCNC-126775521 State: Arkansas  
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We are submitting the required number of copies of the above-referenced forms for your review and approval. The supplements are new forms and are not intended to replace any previously approved forms.

Upon approval, the supplements will be used in applying for our individual life insurance products sold by properly licensed agents/representatives. The two supplements will be used in conjunction with the Application for Reinstatement or Change LFF06363, which was approved on 08/11/2009 under file # 43170, when additional information is required, as applicable, and will constitute a part of the application for life insurance.

We have bracketed several items within the forms as variable information to allow for flexibility in the content of the form. These items include: company names, the Service Office addresses and form page number references. These forms are multi-company forms. In the event that one of our underwriting companies referenced in the forms chooses to stop using a form, it is our intent to remove the company name from the form without re-filing the form. As the forms are multi-company, we are submitting filings similar to this one for each of the companies listed on the forms. It is our understanding that changes to the bracketed items for new issues will not require a new filing of these forms. We confirm that the brackets will not actually appear on the forms at issue.

These forms appear in final printed format as issued from a laser printer. Upon approval, we reserve the right to change the format of a form without altering the approved language, though it is possible page numbers may change.

We reserve the right to have these supplements completed using a telephone application process and also to make these forms available electronically subject to compliance with the Uniform Electronic Transactions Act, and to the extent applicable, the Federal E-SIGN Act.

The forms received the following Flesch scores: Financial Supplement for Business Insurance 50.00, and Financial Supplement for Personal Insurance 51.00. This filing has been submitted concurrently to our Home State of Indiana and is pending approval. If applicable, the appropriate certifications, transmittals, checklists and filing fees are included. This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards. To the best of our knowledge and belief, these forms comply with all the applicable laws and regulations of your state.

We trust the information provided will be satisfactory and we look forward to your response. Should you require any additional information, please feel free to contact me toll-free at 1-800-258-3648, extension 5426, or via the fax number or e-mail address shown below.

Sincerely,

James P. Kane

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Analyst, State Filing  
 E-mail: James.Kane@LFG.com  
 Fax: 1-603-226-512

## Company and Contact

### Filing Contact Information

James Kane, Analyst, Product Compliance james.kane@lfg.com  
 One Granite Place 603-226-5426 [Phone]  
 Concord, NH 03301

### Filing Company Information

Lincoln Life and Annuity Company of New York CoCode: 62057 State of Domicile: New York  
 350 Church Street Group Code: 107 Company Type: Life  
 Hartford, CT 06103 Group Name: State ID Number:  
 (800) 238-6252 ext. [Phone] FEIN Number: 22-0832760

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: 2 forms filed x \$50.00 per form = \$100.00 TOTAL.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Life and Annuity Company of New York	\$100.00	09/02/2010	39200009

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/03/2010	09/03/2010

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## Disposition

Disposition Date: 09/03/2010

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
Form	Financial Supplement for Business Use		Yes
Form	Financial Supplement for Personal Use		Yes

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## Form Schedule

### Lead Form Number: LFF10006

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LFF10006	Application/ Financial Enrollment Supplement for Form Business Use	Initial		50.000	LFF10006 Generic Bracketed.pdf
	LFF10007	Application/ Financial Enrollment Supplement for Form Personal Use	Initial		51.000	LFF10007 Generic Bracketed.pdf



Please check appropriate underwriting company:

- [The Lincoln National Life Insurance Company], [Service Office: PO Box 21008, Greensboro, NC 27420-1008]
- [Lincoln Life & Annuity Company of New York], [Service Office: PO Box 21008, Greensboro, NC 27420-1008]
- [First Penn-Pacific Life Insurance Company], [Service Office: PO Box 21008, Greensboro, NC 27420-1008]  
(hereinafter referred to as "the Company")

**FINANCIAL SUPPLEMENT FOR BUSINESS INSURANCE**

Proposed Insured (please print name) \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

**1. Business Financial Information**

<b>Assets</b>		<b>Liabilities</b>	
Cash and Cash Equivalents	\$ _____	Accounts Payable	\$ _____
Accounts Receivables	\$ _____	Current Income Tax Liabilities	\$ _____
Inventories	\$ _____	Bank Loans	\$ _____
Prepaid Expense	\$ _____	Other Tax Liabilities	\$ _____
Investments held for trading	\$ _____	Issued Debt Securities	\$ _____
Property, Plant and Equipment	\$ _____	Deferred Tax Liabilities	\$ _____
Goodwill	\$ _____	Minority Interest and Equity	\$ _____
Other intangible fixed assets	\$ _____	Other Liabilities	\$ _____
Deferred Tax Assets	\$ _____	<b>TOTAL LIABILITIES</b>	\$ _____
<b>TOTAL ASSETS</b>	\$ _____	<b>NET WORTH</b>	\$ _____
Net Income for last tax fiscal year	\$ _____	Retained Earnings/Stockholders Equity	\$ _____
Net Income after tax current fiscal year	\$ _____	Estimated Market Value of Business	\$ _____

**2. Additional Business Financial Information:**

Type of Business  C Corp  S Corp  Partnership  Sole Proprietorship  LLC  LLP

Number of Employees \_\_\_\_\_ Year firm established \_\_\_\_\_ Description of Business (mfg, retail, etc.) \_\_\_\_\_

Purpose of Insurance  Key Person  Buy/Sell  Stock Redemption  Loan  Deferred Comp  Other \_\_\_\_\_

If Buy/Sell coverage, complete the following:

List names of all partners, % of business owned and amount of buy-sell insurance inforce and applied for

_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

If Key Person, are all other key persons covered by or applying for comparable amounts of insurance?  Yes  No If "No", explain: \_\_\_\_\_

If Loan, provide loan amount \$ \_\_\_\_\_ and purpose of loan \_\_\_\_\_

Any Bankruptcy (include dates of discharge, type and details) \_\_\_\_\_

Is firm involved in any judgements, lawsuits or pending court proceedings?  Yes  No If "Yes", please provide details: \_\_\_\_\_

Explain the basis for the requested face amount in your application for insurance. \_\_\_\_\_

I have read or have had read to me the completed Financial Supplement for Business Insurance before signing below. All statements and answers in this Financial Supplement are correctly recorded and are full, complete and true. I agree that this Financial Supplement constitutes a part of my application for insurance. I understand that any false statements or material misrepresentations may result in the loss of coverage under the policy. The financial disclosures listed above are for the purpose of establishing financial insurability in connection with my application for insurance.

Signed in \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ (state) (month) (year)

\_\_\_\_\_  
**Signature of Proposed Insured** (Parent or Guardian if under 14 years of age)

\_\_\_\_\_  
**Signature of CPA / CFO / Attorney and Title**

\_\_\_\_\_  
**Print Name of CPA / CFO / Attorney**

\_\_\_\_\_  
**CPA / CFO / Attorney Address**

\_\_\_\_\_  
**CPA / CFO / Attorney Phone Number**



Please check appropriate underwriting company:

- [The Lincoln National Life Insurance Company], [Service Office: PO Box 21008, Greensboro, NC 27420-1008]
- [Lincoln Life & Annuity Company of New York], [Service Office: PO Box 21008, Greensboro, NC 27420-1008]
- [First Penn-Pacific Life Insurance Company], [Service Office: PO Box 21008, Greensboro, NC 27420-1008]  
(hereinafter referred to as "the Company")

**FINANCIAL SUPPLEMENT FOR PERSONAL INSURANCE**

Proposed Insured (*please print name*) \_\_\_\_\_ Date of Birth (*mm/dd/yy*) \_\_\_\_\_

**1. Assets and Liabilities**

<b>Assets</b>		<b>Liabilities</b>	
Cash (checking, savings, CDs)	\$ _____	Accounts and Notes Payable	\$ _____
Accounts, Loans, and Notes Receivable	\$ _____	Real Estate Mortgages for Liens	\$ _____
US Government and Marketable Securities	\$ _____	Other Liabilities (describe)	\$ _____
Real Estate (market value)	\$ _____	<b>TOTAL LIABILITIES</b>	\$ _____
Personal Property (auto, furniture, etc.)	\$ _____		
Other Assets (describe)	\$ _____		
<b>TOTAL ASSETS</b>	\$ _____	<b>NET WORTH</b>	\$ _____

Description of Other Assets: \_\_\_\_\_

Description of Other Liabilities: \_\_\_\_\_

**2. Proposed Insured's Income and Source for past two years**

	Last Completed Tax Year _____ (yy)	Prior Tax Year _____ (yy)
Annual Salary		
Bonus and Commissions		
Dividends and Interest		
Pension/Annuity		
Real Estate Income		
Other Income (describe)		
<b>TOTAL</b>		

Description of Other Income including source: \_\_\_\_\_

**3. Explain the basis for the requested face amount in your application for insurance.** \_\_\_\_\_

I have read or have had read to me the completed Financial Supplement for Personal Insurance before signing below. All statements and answers in this Financial Supplement are correctly recorded and are full, complete and true. I agree that this Financial Supplement constitutes a part of my application for insurance. I understand that any false statements or material misrepresentations may result in the loss of coverage under the policy. The financial disclosures listed above are for the purpose of establishing financial insurability in connection with my application for insurance.

Signed in \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ (state) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

\_\_\_\_\_  
**Signature of Proposed Insured** (Parent or Guardian if under 14 years of age)

\_\_\_\_\_  
**Signature of CPA / Attorney and Title**

\_\_\_\_\_  
**Print Name of CPA / Attorney**

\_\_\_\_\_  
**CPA / Attorney Address**

\_\_\_\_\_  
**CPA / Attorney Phone Number**

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## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

Please refer to the Flesch Certification attached below.

**Attachment:**

AR\_LLANY\_Readability.pdf

Arkansas

READABILITY CERTIFICATION

*Lincoln Life & Annuity Company of New York*

Re: LFF10006 – Financial Supplement for Business Insurance  
LFF10007 – Financial Supplement for Personal Insurance

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:

<u>Form Number:</u>	<u>Flesch:</u>
LFF10006	50.00
LFF10007	51.00



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Pamela M. Telfer, Assistant Vice President  
Product Compliance

Date: August 13, 2010