

<i>SERFF Tracking Number:</i>	<i>PERR-125342517</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln General Insurance Company</i>	<i>State Tracking Number:</i>	<i>#101400 \$50</i>
<i>Company Tracking Number:</i>	<i>LGIC-CP-TRIA-AR-07-01-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>LGIC-CP-TRIA-AR-07-01-F</i>		
<i>Project Name/Number:</i>	<i>LGIC-CP-TRIA-AR-07-01-F/LGIC-CP-TRIA-AR-07-01-F</i>		

Filing at a Glance

Company: Lincoln General Insurance Company

Product Name: LGIC-CP-TRIA-AR-07-01-F	SERFF Tr Num: PERR-125342517	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: #101400 \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: LGIC-CP-TRIA-AR-07-01-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Thomas Yoo, Addy Anggelico	Disposition Date: 11/08/2007
	Date Submitted: 11/06/2007	Disposition Status: Approved
Effective Date Requested (New): 05/01/2008		Effective Date (New): 05/01/2008
Effective Date Requested (Renewal): 05/01/2008		Effective Date (Renewal): 05/01/2008

General Information

Project Name: LGIC-CP-TRIA-AR-07-01-F	Status of Filing in Domicile: Pending
Project Number: LGIC-CP-TRIA-AR-07-01-F	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/08/2007	
State Status Changed: 11/08/2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

On behalf of Lincoln General Insurance Company ("Company"), we are submitting this form filing to revise the commercial property filing in your jurisdiction. Please see the enclosed memorandum for additional details.

Please note the corresponding rule filing is exempt from filing requirements per 23-67-206.

The Company respectfully requests that the proposed forms be implemented for all policies effective on and after May 1,

SERFF Tracking Number: PERR-125342517 State: Arkansas
 Filing Company: Lincoln General Insurance Company State Tracking Number: #101400 \$50
 Company Tracking Number: LGIC-CP-TRIA-AR-07-01-F
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: LGIC-CP-TRIA-AR-07-01-F
 Project Name/Number: LGIC-CP-TRIA-AR-07-01-F/LGIC-CP-TRIA-AR-07-01-F

2008.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing along with the explanatory memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)
 Thomas Yoo, State Filings Project Coordinator
 881 Alma Real Drive, Suite 205 (888) 201-5123 [Phone]
 Pacific Palisades, CA 90272 () -[FAX]

Filing Company Information

Lincoln General Insurance Company	CoCode: 33855	State of Domicile: Pennsylvania
881 Alma Real	Group Code: 1326	Company Type: Property & Casualty
#205		
Pacific Palisades, CA 90272	Group Name: Kingsway America	State ID Number:
	Group	
(888) 201-5123 ext. 139[Phone]	FEIN Number: 23-2023242	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	AR charges \$50 per form filing.

SERFF Tracking Number: PERR-125342517 *State:* Arkansas
Filing Company: Lincoln General Insurance Company *State Tracking Number:* #101400 \$50
Company Tracking Number: LGIC-CP-TRIA-AR-07-01-F
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Product Name: LGIC-CP-TRIA-AR-07-01-F
Project Name/Number: LGIC-CP-TRIA-AR-07-01-F/LGIC-CP-TRIA-AR-07-01-F
Per Company: No

SERFF Tracking Number: PERR-125342517 State: Arkansas
Filing Company: Lincoln General Insurance Company State Tracking Number: #101400 \$50
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TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
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Project Name/Number: LGIC-CP-TRIA-AR-07-01-F/LGIC-CP-TRIA-AR-07-01-F

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln General Insurance Company	\$0.00	11/06/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
101400	\$50.00	10/31/2007

SERFF Tracking Number: PERR-125342517 State: Arkansas
Filing Company: Lincoln General Insurance Company State Tracking Number: #101400 \$50
Company Tracking Number: LGIC-CP-TRIA-AR-07-01-F
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: LGIC-CP-TRIA-AR-07-01-F
Project Name/Number: LGIC-CP-TRIA-AR-07-01-F/LGIC-CP-TRIA-AR-07-01-F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/08/2007	11/08/2007

SERFF Tracking Number: PERR-125342517 *State:* Arkansas
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Product Name: LGIC-CP-TRIA-AR-07-01-F
Project Name/Number: LGIC-CP-TRIA-AR-07-01-F/LGIC-CP-TRIA-AR-07-01-F

Disposition

Disposition Date: 11/08/2007

Effective Date (New): 05/01/2008

Effective Date (Renewal): 05/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125342517 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Memorandum & Letter of Authorization	Approved	Yes
Form	Important Notice To Policyholder	Approved	Yes
Form	Notice of Terrorism Coverage	Approved	Yes

SERFF Tracking Number: PERR-125342517 State: Arkansas
 Filing Company: Lincoln General Insurance Company State Tracking Number: #101400 \$50
 Company Tracking Number: LGIC-CP-TRIA-AR-07-01-F
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Important Notice To Policyholder	L 7022 1007	10/07	Disclosure/ New Notice		0.00	L 7022 1007 - Important Notice To Policy Holder.pdf
Approved	Notice of Terrorism Coverage	L 7023 1007	10/07	Disclosure/ New Notice		0.00	L 7023 1007 - Notice of Terrorism Coverage.pdf

This Notice pertains to the following quotation issued by Lincoln General Insurance Company. If you have more than one Lincoln General policy, you will receive individual notice(s) for each policy to which the Terrorism Risk Insurance Extension Act of 2005 applies.

Mailing Date

Insured Name
Mailing Street Address
Mailing City, State, Zip

Policy Type	Policy Number	Effective Date	Underwriting Company

IMPORTANT NOTICE TO POLICYHOLDER TERRORISM RISK INSURANCE ACT OF 2002

You are hereby notified that pursuant to the Terrorism Risk Insurance Act of 2002 (the "Act") effective November 26, 2002, we are making available to you insurance for losses arising out of certain acts of terrorism. Terrorism is defined as any act certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States Mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that the insurance provided by your policy for losses caused by acts of terrorism is partially reimbursed by the United States of America under the formula set forth in the Act. Under this formula, the United States of America pays 90% in 2006 and 85% in 2007 of covered terrorism losses that exceed the statutorily established deductible to be paid by the insurance company providing the insurance. The portion of your annual premium that is attributable to insurance for such acts of terrorism is:

For Property _____

If your policy provides commercial property insurance in a jurisdiction that has a statutory standard fire policy, the premium shown above includes an amount attributable to the insurance provided pursuant to that statutory standard fire policy, which cannot be rejected. That amount is \$ _____

Under the Act, you have thirty (30) days from the date of this notice to consider whether or not you wish to obtain insurance for terrorism losses covered by the Act.

This Notice pertains to the following quotation issued by Lincoln General Insurance Company. If you have more than one Lincoln General policy, you will receive individual notice(s) for each policy to which the Terrorism Risk Insurance Extension Act of 2005 applies.

Mailing Date

Insured Name
Mailing Street Address
Mailing City, State, Zip

Policy Type	Policy Number	Effective Date	Underwriting Company

Rejection of terrorism insurance:

I hereby reject terrorism insurance for (please place an "X" next to those coverages for which you reject terrorism insurance):

_____Property

and elect to have a terrorism exclusion, sublimit or other limitation included in my policy. I understand that I will have no, or limited, coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Name: _____

Policyholder/Applicant's Signature: _____

Date: _____

IMPORTANT INFORMATION

NOTICE - OFFER OF TERRORISM COVERAGE NOTICE - INFORMATION REGARDING DISCLOSURE OF PREMIUM

The Terrorism Risk Insurance Act established a federal program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The program was scheduled to terminate on December 31, 2005, but was extended through December 31, 2007, by the Terrorism Risk Insurance Extension Act of 2005 ("TRIEA").

TRIEA applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. TRIEA provides that, to be certified, an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest to coerce the government or population of the United States.

In accordance with TRIEA, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program. The policy's other provisions will still apply to such an act. The premium for this coverage is included as part of the terrorism premium charge shown separately on your policy Declarations, and is also included in the total premium.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES:

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 90% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. This federal share will decrease to 85% in 2007. If the federal program is extended beyond 2007, the applicable percentage will be shown separately on your Policy Declarations at that time.

LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses):

The provisions of the TRIEA can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under TRIEA, determine that payment above the cap will be made.

IN THE EVENT OF TERMINATION OR MODIFICATION OF THE FEDERAL PROGRAM:

All of these same conditions will apply if the Terrorism Risk Insurance Act is extended by the federal government to continue past December 31, 2007. However, if the program is not extended, or the program is modified to increase our statutory percentage deductible, reduce the federal government's statutory percentage, or redefine terrorism subject to provisions or requirements different from those that apply to other types of events or occurrences under this policy, coverage for terrorism will still be provided. There may be no federal participation in payment of terrorism losses that occur after that date. Also, there may be no cap placed on the aggregate of all losses the Company may be required to pay for all covered losses resulting from single or multiple acts of terrorism.

Account Name:

NOTICE OF TERRORISM COVERAGE AND DISCLOSURE OF PREMIUM

In accordance with the Terrorism Risk Insurance Act of 2002, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program. The policy's other provisions will still apply to such an act. The premium for this terrorism coverage is \$_____* and is shown on the quote proposal provided by your agent.

The Terrorism Risk Insurance Act of 2002 establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from certain future acts of terrorism and in the case of workers' compensation coverage, acts of war. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest to coerce the government or population of the United States.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 90% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses)

The provisions of the Terrorism Risk Insurance Act of 2002 can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

- This premium is included in, not in addition to, the premium shown in the Account Premium

SERFF Tracking Number: *PERR-125342517* *State:* *Arkansas*
Filing Company: *Lincoln General Insurance Company* *State Tracking Number:* *#101400 \$50*
Company Tracking Number: *LGIC-CP-TRIA-AR-07-01-F*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *LGIC-CP-TRIA-AR-07-01-F*
Project Name/Number: *LGIC-CP-TRIA-AR-07-01-F/LGIC-CP-TRIA-AR-07-01-F*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125342517 State: Arkansas
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Project Name/Number: LGIC-CP-TRIA-AR-07-01-F/LGIC-CP-TRIA-AR-07-01-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 11/08/2007

Comments:

Attachments:

FFS.pdf
PCTD.pdf

Satisfied -Name: Memorandum & Letter of Authorization **Review Status:** Approved 11/08/2007

Comments:

Attachments:

Filing Memo- Forms.pdf
LOA-P&K.pdf

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	LGIC-CP-TRIA-AR-07-01-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state

01	Important Notice To Policyholder	L 7022 1007 Ed. 10/07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Notice of Terrorism Coverage	L 7023 1007 Ed. 10/07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
11			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
12			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="text-align: center;">New Business</td> <td style="width: 50px;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	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	
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3. Group Name	Group NAIC #
Kingsway America Group	1326

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Lincoln General Insurance Company	PA	33855	23-2023242	

5. Company Tracking Number	LGIC-CP-TRIA-AR-07-01-F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Thomas Yoo 881 Alma Real Drive, Ste 205 Pacific Palisades, CA 90272	Filing Analyst	888-201-5123 x151	310-230-8529	doi@perrknight.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Thomas Yoo

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

9. Type of Insurance (TOI)	01.0000 Property
10. Sub-Type of Insurance (Sub-TOI)	01.0001 Commercial Property
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Commercial Property TRIA
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 05/01/2008 Renewal: 05/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	November 5, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	LGIC-CP-TRIA-AR-07-01-F
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

On behalf of Lincoln General Insurance Company (“Company”), we are submitting this form filing to revise the commercial property filing in your jurisdiction. Please see the enclosed memorandum for additional details.

Please note the corresponding rule filing is exempt from filing requirements per 23-67-206.

The Company respectfully requests that the proposed forms be implemented for all policies effective on and after May 1, 2008.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing along with the explanatory memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company’s response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

22. Filing Fees (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]
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Check #: 101400

Amount: \$50.00

**LINCOLN GENERAL INSURANCE COMPANY
COMMERCIAL PROPERTY
Form Filing**

FILING MEMORANDUM

On Behalf of Lincoln General Insurance Company (the "Company") we are submitting a commercial property form filing. This filing is being submitted to introduce the forms and policy holder disclosure notices that will be used with the company's new rating rule when an insured elects terrorism coverage. The rule has been filed with this filing or concurrently under separate cover in those states that require forms and rules to be filed separately.

Currently on file in your state, the Company has a terrorism exception page that waives the premium for terrorism for commercial property. With the associated terrorism rule filing, this waiver of premium is being withdrawn.

The Company has not experienced any terrorism claims to date, however, the Company's primary target market is Commercial Trucking. The Company has historically written commercial property on an accommodation basis. At this time the Company is planning to actively market their commercial property insurance and to grow this line of business. In expanding the Company's commercial property business, the Company's exposure to terrorism will also be expanded when compared to previous years. For this reason, the Company wishes to implement a charge for commercial property terrorism.

We are requesting that the forms contained in this filing be implemented with policies effective on or after May 1, 2008.



July 6, 2007

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule and form filings on behalf of Lincoln General Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf, as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department
Perr&Knight, Inc.
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Phone: (310) 230-9339
Fax: (310) 230-1061

Please contact me if you have any questions regarding this authorization.

Sincerely,

Jim Stephens
VP – Pricing and Regulatory Compliance
Lincoln General Insurance Company
877-717-5442, ext 8585

Claims

P.O. Box 3608
York, PA 17402-0628
Phone: 800-395-7489
FAX: 717-751-0144

Retail Underwriting

P.O. Box 12008
York, PA 17402-0608
Phone: 800-876-3350
FAX: 717-751-0165

Program Underwriting

P.O. Box 12009
York, PA 17402-0609
Phone: 800-876-3350
FAX: 717-757-7916

All Other Departments

P.O. Box 3709
York, PA 17402-0136
Phone: 800-876-3350
FAX: 717-751-0165