

SERFF Tracking Number: STNA-125873491 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: EFT \$50
Company Tracking Number: SN2008AR06CA
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: L 1140 04 08 - Loss Control Inspection Notice
Project Name/Number: L 1140 04 08 - Loss Control Inspection Notice/SN2008AR06CA

Filing at a Glance

Company: State National Insurance Company Inc.

Product Name: L 1140 04 08 - Loss Control Inspection Notice SERFF Tr Num: STNA-125873491 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0003 Other

Co Tr Num: SN2008AR06CA

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Rebecca VanderKolk

Disposition Date: 10/31/2008

Date Submitted: 10/31/2008

Disposition Status: Approved

Effective Date Requested (New): 12/01/2008

Effective Date (New): 12/01/2008

Effective Date Requested (Renewal): 12/01/2008

Effective Date (Renewal):
12/01/2008

State Filing Description:

General Information

Project Name: L 1140 04 08 - Loss Control Inspection Notice

Status of Filing in Domicile: Authorized

Project Number: SN2008AR06CA

Domicile Status Comments: N/A

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 10/31/2008

State Status Changed: 10/31/2008

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

Lincoln General Insurance Company, on behalf of State National Insurance Company, would like to file form L 1140 04 08 – Inspection Notice for all Commercial Auto coverages. This form is being filed in all states and replaces form L 1140 01 99.

L 1140 04 08 provides contact information for the Lincoln General Insurance Company Loss Control Department to

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policyholders in regards to inspection notice questions and concerns.

We have bracketed the revision date, mailing address, and contact department, respectfully requesting an exemption from filing this form in the future when the only revisions that occur are the revision date, mailing address, and contact department.

Company and Contact

Filing Contact Information

Phyllis Rakittke, prakittke@lincolngeneral.com
 150 Northwest Point Blvd. (847) 700-8594 [Phone]
 Elk Grove Village, IL 60007-1015

Filing Company Information

State National Insurance Company Inc. CoCode: 12831 State of Domicile: Texas
 8200 Anderson Boulevard Group Code: 93 Company Type: Property & Casualty
 Fort Worth, TX 76120 Group Name: State ID Number:
 (800) 877-4567 ext. [Phone] FEIN Number: 75-1980552

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 FORM FILING AT \$50 EACH
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State National Insurance Company Inc.	\$50.00	10/31/2008	23635095

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/31/2008	10/31/2008

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Disposition

Disposition Date: 10/31/2008

Effective Date (New): 12/01/2008

Effective Date (Renewal): 12/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Supporting Document	Letter of Filing Authorization	Approved	Yes
Form	Inspection Notice	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Inspection Notice	L 1140	04 08	Disclosure/ Replaced Notice	Replaced Form #:0.00 L 1140 01 99 Previous Filing #: 102189		L 1140 04 08 Final.pdf

INSPECTION NOTICE

An investigation may be made regarding you and/or your company with respect to general reputation, business ethics and practices, as well as the condition of any property or operations we insure for you, including information regarding any "autos" used in your business and the motor vehicle records of those drivers operating the insured "autos". This investigation may also include information concerning your partners, officers and employees.

You may request information on the nature and scope of a report completed in connection with this policy by writing to:

STATE NATIONAL INSURANCE COMPANY

Administered by

LINCOLN GENERAL INSURANCE COMPANY

[3501 Concord Rd, PO Box 3709]

[York, Pennsylvania 17402]

[Attention: Commercial Underwriting Department]

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/31/2008

Comments:

Attachment:

Transmittal (replaces 99).pdf

Satisfied -Name: Explanatory Memo **Review Status:** Approved 10/31/2008

Comments:

Attachment:

EXPLANATORY MEMO (replaces 01 99).pdf

Satisfied -Name: Letter of Filing Authorization **Review Status:** Approved 10/31/2008

Comments:

Attachment:

CA FAL Letter AR 10-30-2008-4.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

EXPLANATORY MEMO

Lincoln General Insurance Company, on behalf of State National Insurance Company, would like to file form **L 1140 04 08 – Inspection Notice** for all Commercial Auto coverages. This form is being filed in all states and replaces form **L 1140 01 99**.

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October 30, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

**Re: Letter of Filing Authorization
State National Insurance Company, Inc.
NAIC # 0093-12831; FEIN # 75-1980552
Commercial Auto
Forms Filing**

Dear Ladies/Gentlemen:

This letter will certify that Lincoln General Insurance Company has been given full authorization to submit the captioned filing on behalf of State National Insurance Company, Inc. This authorization extends to all correspondence related to the referenced filing only. It does not apply to any subsequent filings made after the approval of the referenced filing.

Please direct all correspondence in relation to this filing directly to Phyllis Rakittke, Lincoln General Insurance Company, 3501 Concord Road, York, PA 17402. Should you have any questions concerning this filing, please contact Phyllis at (800) 700-8594 or by email at phyllis.rakittke@lincolngeneral.com. Should you need to contact an insurance company representative concerning this filing, please contact State National Insurance Company, Inc., 8200 Anderson Blvd., Fort Worth, Texas 76120 or contact Debbie VanSanford at (817) 265-2000 x 1230 or by email at dvansanford@statenational.com

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Cleff", written over a white background.

David M. Cleff
Senior Vice President and General Counsel

Cc: File (Avalon)