

SERFF Tracking Number: STNA-125882337 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: EFT \$25
Company Tracking Number: SN2008AR08CF
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Delay Adoption ISO Commercial Property Form Filing
Project Name/Number: Delay Adoption ISO Commercial Property/SN2008AR08CF

Filing at a Glance

Company: State National Insurance Company Inc.

Product Name: Delay Adoption ISO SERFF Tr Num: STNA-125882337 State: Arkansas

Commercial Property Form Filing

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Co Tr Num: SN2008AR08CF

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Cathy Ruppel

Disposition Date: 10/31/2008

Date Submitted: 10/31/2008

Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New): 12/01/2009

Effective Date (New): 12/01/2009

Effective Date Requested (Renewal): 12/01/2009

Effective Date (Renewal):

12/01/2009

State Filing Description:

General Information

Project Name: Delay Adoption ISO Commercial Property

Status of Filing in Domicile:

Project Number: SN2008AR08CF

Domicile Status Comments:

Reference Organization: ISO

Reference Number: CF-2007-OFR07

Reference Title: COMMERCIAL PROPERTY COVERAGE PART MULTISTATE REVISION

Advisory Org. Circular: LI-CF-2008-059

Filing Status Changed: 10/31/2008

State Status Changed: 10/31/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

As a participating member of the Insurance Services Office (ISO), Lincoln General Insurance Company on behalf of State National Insurance would like to adopt the Commercial Property Forms submitted under ISO filing CF-2007-OFR07.

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The company chosen effective date is December 1, 2009.

Company and Contact

Filing Contact Information

Cathy Ruppel, State Filings Analyst cruppel@lincolngeneral.com
 PO Box 3709 (800) 876-3350 [Phone]
 York, PA 17402-0136

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:	\$25.00
Retaliatory?	No
Fee Explanation:	Reference filings of advisory organization policy forms and endorsements require a filing fee of \$25.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State National Insurance Company Inc.	\$25.00	10/31/2008	23639974

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Llyweyia Rawlins Informational Purposes		10/31/2008	10/31/2008

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Disposition

Disposition Date: 10/31/2008

Effective Date (New): 12/01/2009

Effective Date (Renewal): 12/01/2009

Status: Accepted For Informational Purposes

Comment: Delay Adoption ISO Commercial Property.

The Commercial Property Forms submitted under ISO filing CF-2007-OFR07.

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	Accepted for Informational Purposes	Yes
Supporting Document	Authorization Letter	Accepted for Informational Purposes	Yes

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Accepted for Informational Purposes 10/31/2008

Comments:
please see attached

Attachment:
Transmittal.pdf

Satisfied -Name: Authorization Letter
Review Status: Accepted for Informational Purposes 10/31/2008

Comments:
please see attached

Attachment:
CP FAL Letters AR 10-23-2008 2.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 #	
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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]
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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 #:
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.)**

PC TD-1 pg 2 of 2



October 23, 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 Property
ISO Adoption**

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 light blue horizontal line.

David M. Cleff
Senior Vice President and General Counsel

Cc: File (Avalon)