

*SERFF Tracking Number:* STNA-125958815      *State:* Arkansas  
*Filing Company:* State National Insurance Company Inc.      *State Tracking Number:* EFT \$25  
*Company Tracking Number:* SN2008AR10CF  
*TOI:* 01.0 Property      *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)  
  
*Product Name:* Delay Adopt ISO Multistate Water Exclusion  
*Project Name/Number:* Delay Adopt ISO Multistate Water Exclusion/SN2008AR10CF

## Filing at a Glance

Company: State National Insurance Company Inc.

Product Name: Delay Adopt ISO Multistate Water Exclusion      SERFF Tr Num: STNA-125958815      State: Arkansas

Water Exclusion

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: SN2008AR10CF

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Llyweyia Rawlins, Brittany Yielding

Authors: Denise Stump, Cathy Ruppel

Disposition Date: 12/29/2008

Date Submitted: 12/23/2008

Disposition Status: Approved

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

Effective Date (New): 12/01/2008

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

Effective Date (Renewal): 12/01/2008

State Filing Description:

## General Information

Project Name: Delay Adopt ISO Multistate Water Exclusion

Status of Filing in Domicile: Pending

Project Number: SN2008AR10CF

Domicile Status Comments: n/a

Reference Organization: ISO

Reference Number: CL-2008-OWEFO

Reference Title: Multistate Water Exclusion

Advisory Org. Circular: LI-CF-2008-215

Filing Status Changed: 12/29/2008

State Status Changed: 12/29/2008

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 CL-2008-OWEFO.

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The company chosen effective date is December 1, 2009.

## Company and Contact

### Filing Contact Information

Denise Stump, State Filing Analyst      dstump@lincolngeneral.com  
 3501 Concord Rd      (800) 876-3350 [Phone]  
 York, PA 17402

### 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	
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## Filing Fees

Fee Required?      Yes  
 Fee Amount:      \$25.00  
 Retaliatory?      No  
 Fee Explanation:      \$25 to delay adopt ISO filing  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State National Insurance Company Inc.	\$25.00	12/23/2008	24686322

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/29/2008	12/29/2008

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## **Disposition**

Disposition Date: 12/29/2008

Effective Date (New): 12/01/2008

Effective Date (Renewal): 12/01/2008

Status: Approved

Comment: Adopt the Commercial Property Forms submitted under ISO filing CL-2008-OWEFO.

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Filing Authorization	Approved	Yes

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 12/29/2008

**Comments:**  
please see attached

**Attachment:**  
P&C Transmittal.pdf

**Satisfied -Name:** Filing Authorization **Review Status:** Approved 12/29/2008

**Comments:**  
please see attached

**Attachment:**  
FAL AVA AR CP 12-22-2008.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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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<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</b>	
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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 type="text"/> Renewal: <input 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.)

PC TD-1 pg 2 of 2



December 22, 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 Cathy Ruppel, Lincoln General Insurance Company, 3501 Concord Road, York, PA 17402. Should you have any questions concerning this filing, please contact Cathy at (800) 876-3350 x 6540 or by email at [cruppel@lincolngeneral.com](mailto:cruppel@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](mailto:dvansanford@statenational.com)

Thank you for your assistance in this matter.

Sincerely,

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

David M. Cleff  
Senior Vice President and General Counsel

Cc: File (Avalon)