

SERFF Tracking Number: HNST-125979464 State: Arkansas
Filing Company: Lincoln General Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: 2009AR01CM
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Inland Marine delay adoption of ISO forms
Project Name/Number: Inland Marine delay adoption of ISO forms/2009AR01CM

Filing at a Glance

Company: Lincoln General Insurance Company

Product Name: Inland Marine delay adoption of SERFF Tr Num: HNST-125979464 State: Arkansas

ISO forms

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: 2009AR01CM

State Status: Fees verified and received

Filing Type: Form

Co Status: Denise Stump

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Denise Stump

Disposition Date: 01/13/2009

Date Submitted: 01/12/2009

Disposition Status: Approved

Effective Date Requested (New): 06/01/2009

Effective Date (New): 06/01/2009

Effective Date Requested (Renewal): 06/01/2009

Effective Date (Renewal):
06/01/2009

State Filing Description:

General Information

Project Name: Inland Marine delay adoption of ISO forms

Status of Filing in Domicile:

Project Number: 2009AR01CM

Domicile Status Comments:

Reference Organization: ISO

Reference Number: CM-2008-OWEFO

Reference Title:

Advisory Org. Circular: LI-CM-2008-129

Filing Status Changed: 01/13/2009

State Status Changed: 01/13/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Inland Marine delay adoption of ISO forms

As a participating member of the Insurance Services Office (ISO), Lincoln General Insurance Company would like to adopt the Commercial Inland Marine Forms submitted under ISO filing CM-2008-OWEFO.

The company chosen effective date is June 1, 2009.

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Company and Contact

Filing Contact Information

Denise Stump, State Filing Analyst denise.stump@lincolngeneral.com
 PO Box 3709 (800) 876-3350 [Phone]
 York, PA 17402-0136 (717) 757-7917[FAX]

Filing Company Information

Lincoln General Insurance Company CoCode: 33855 State of Domicile: Pennsylvania
 P.O. Box 3709 Group Code: 1326 Company Type: Property & Casualty
 3501 Concord Rd
 York, PA 17402 Group Name: Kingsway Financial State ID Number:
 Group
 (717) 757-0000 ext. [Phone] FEIN Number: 23-2023242

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: \$25 per ISO refernce filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln General Insurance Company	\$25.00	01/12/2009	24953160

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/13/2009	01/13/2009

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Disposition

Disposition Date: 01/13/2009

Effective Date (New): 06/01/2009

Effective Date (Renewal): 06/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *HNST-125979464* State: *Arkansas*
 Filing Company: *Lincoln General Insurance Company* State Tracking Number: *EFT \$25*
 Company Tracking Number: *2009AR01CM*
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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	Explanatory Memo	Accepted for Informational Purposes	Yes

SERFF Tracking Number: *HNST-125979464* *State:* *Arkansas*
Filing Company: *Lincoln General Insurance Company* *State Tracking Number:* *EFT \$25*
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Accepted for Informational Purposes 01/13/2009

Comments:
Transmittal Doc

Attachment:
P&C Transmittal.pdf

Satisfied -Name: Explanatory Memo
Review Status: Accepted for Informational Purposes 01/13/2009

Comments:
Explanatory memo

Attachment:
Explanatory Memo - Form (LG).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 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

Explanatory Memorandum

As a participating member of the Insurance Services Office (ISO), Lincoln General Insurance Company would like to adopt the Commercial Inland Marine Forms submitted under ISO filing CM-2008-OWEFO.

The company chosen effective date is June 1, 2009.