

FILED

OCT 28 2021

INSURANCE REGULATION
Docketed by: 



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 285944-21-CO

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
_____ /

CONSENT ORDER

THIS CAUSE came on for consideration upon the filing of a request by THE LINCOLN NATIONAL LIFE INSURANCE COMPANY (“LINCOLN”), which was formerly known as Lincoln Life Assurance Company of Boston (“Assurance”), to use previously approved Assurance forms with the new name without re-filing same for approval pursuant to Section 627.410, Florida Statutes. Following a complete review of the record, and upon consideration thereof, and being otherwise fully advised in the premises, the FLORIDA OFFICE OF INSURANCE REGULATION (“OFFICE”), hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter and the parties herein.
2. LINCOLN is a foreign life and health insurer domiciled in the state of Indiana and authorized to transact insurance business in Florida.
3. Effective October 1, 2021, Assurance merged with and into LINCOLN. All contractual obligations of Assurance under a Policy, Certificate, Contract, or Agreement previously issued in Florida will now be provided by LINCOLN. In all other respects, the coverage under a Policy, Certificate, Contract, or Agreement previously issued in Florida remains the same.

4. In conjunction with the request to use previously approved Assurance forms, LINCOLN has filed with the OFFICE a “Merger and Name Change Endorsement” (form number LLACB-END-2021), which reflects the merger of Assurance with and into LINCOLN. The endorsement is attached as Exhibit A.

5. As a material condition to approval of the above request, LINCOLN, by execution of this Consent Order, certifies to the OFFICE that all policy forms previously utilized by Assurance in Florida comply with applicable provisions of the Florida Insurance Code. LINCOLN further certifies that the only change required to achieve compliance prospectively is the substitution of the name LINCOLN in lieu of Assurance and the only change in the forms is the name, address, or logo. If the above certification is not correct, LINCOLN acknowledges that such misrepresentations may be considered willful and penalties assessed accordingly.

6. Attached as Exhibit B is the list of all policy forms LINCOLN will modify with the name change.

7. LINCOLN shall mail to each of its insureds a copy of the Merger and Name Change Endorsement. LINCOLN may continue to sell the old policy forms, with the Merger and Name Change Endorsement, for a period of 90 days after the date this Consent Order is executed by the OFFICE. During the 90-day time period allowed by this paragraph, LINCOLN shall reprint the policy forms contained in Exhibit B containing the new corporate name. After 90 days from the date this Consent Order is executed by the OFFICE, LINCOLN shall only sell policy forms containing the new company name is not authorized to sell previously approved policies containing the old information with a merger and name change endorsement affixed.

8. LINCOLN shall pay administrative costs in the amount of \$3,000 United States Dollars within 30 days of the date this Consent Order is executed by the OFFICE. LINCOLN shall send payment for the administrative costs to the payment address on the attached invoice.

9. LINCOLN shall continue to comply with all statutes and applicable rules of the OFFICE governing form filings and rate filings.

10. LINCOLN agrees that any deadlines, reporting requirements, other provisions, or requirements set forth in this Consent Order may be altered or terminated by written approval of the OFFICE. Such written approval by the OFFICE is subject to statutory or administrative regulation limitations.

11. LINCOLN agrees that, upon execution of this Consent Order, failure to adhere to one or more of the terms and conditions contained herein may result, without further proceedings, in the OFFICE suspending, revoking, or taking other administrative action as it deems appropriate upon LINCOLN's Certificate of Authority in this state in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

12. LINCOLN expressly waives a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings herein to which it may be entitled by law or rules of the OFFICE. LINCOLN hereby knowingly and voluntarily waives all rights of any kind to challenge or to contest this Consent Order in any forum available to it, now or in the future, including the right to any administrative proceeding, state or federal court action, or any appeal.

13. LINCOLN affirms that all requirements set forth herein are material to the issuance of this Consent Order.

14. Except as set forth in this Consent Order, each party to this section shall bear its own costs and fees.

15. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has executed a copy of this Consent Order bearing the signature of the authorized representative of LINCOLN, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. Further, LINCOLN agrees that the signature of its authorized representative, as affixed to the Consent Order, shall be under the seal of a Notary Public.

WHEREFORE, the agreement between THE LINCOLN NATIONAL LIFE INSURANCE COMPANY and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED, and the request to use the previously approved Lincoln Life Assurance Company of Boston forms, without re-filing same for approval pursuant to Section 627.410, Florida Statutes, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE AND ORDERED this 28 day of October, 2021.



David Altmaier

David Altmaier, Commissioner
Office of Insurance Regulation

By execution hereof, THE LINCOLN NATIONAL LIFE INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind THE LINCOLN NATIONAL LIFE INSURANCE COMPANY to the terms and conditions of this Consent Order.



THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

By: [Signature]

Print Name: James P. Kane

Title: AVP Product Compliance & Filing

Date: 10/26/2021

STATE OF NH

COUNTY OF Merrimack

The foregoing instrument was acknowledged before me by means of physical presence

or online notarization, this 26th day of October 2021, by James P. Kane

as Officer for The Lincoln National Life Insurance Company
(type of authority; e.g., officer, trustee, attorney in fact) (name of person) (company name)



Lori-Ann R. Saltmarsh
(Signature of the Notary)

Lori-Ann R. Saltmarsh
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification

Type of Identification Produced _____

My Commission Expires: 6/16/2026

COPIES FURNISHED TO:

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EXHIBIT A

The Lincoln National Life Insurance Company

Home Office: [Fort Wayne, Indiana]

[Telephone Number: (800) 423-2765

Email: email.address@email.com]

MERGER AND NAME CHANGE ENDORSEMENT

Merger Effective Date: October 1, 2021

On the Merger Effective Date shown above, Lincoln Life Assurance Company of Boston merged with The Lincoln National Life Insurance Company. As a result of the merger, The Lincoln National Life Insurance Company is responsible for all of Lincoln Life Assurance Company of Boston's legal obligations, including your policy, contract, or certificate. In addition, all references in the policy, contract, or certificate to Lincoln Life Assurance Company of Boston or Lincoln Life are changed to reflect the surviving company name of The Lincoln National Life Insurance Company or Lincoln.

The State of Domicile for The Lincoln National Life Insurance Company (the surviving company) is Indiana. As a result, any reference in the policy, contract, or certificate to New Hampshire as the State of Domicile or Home State is changed to reference Indiana.

All references to a New Hampshire Home Office location in the policy, contract, or certificate are changed to reference Indiana as the location of the Home Office.

Any references to an Administrative Office location in the policy, contract, or certificate remain unchanged.

[The Separate Account referenced in the policy, contract, or certificate is amended to read [name of new separate account] as established under the laws of Indiana.]

All of the other terms and benefits of your policy, contract, or certificate will remain unchanged.

The effective date of this endorsement is the Merger Effective Date as shown above, or your effective date under the policy, contract, or certificate, if later.

This endorsement is to be attached to and made a part of your policy, contract, or certificate.

Signed for The Lincoln National Life Insurance Company.

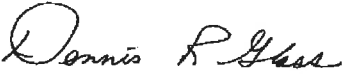

President

EXHIBIT B

Florida

Transfer Form Approvals from Lincoln Life Assurance Company of Boston (NAIC#: 65315; FEIN: 04-6076039) to
The Lincoln National Life Insurance Company (NAIC #: 65676; FEIN: 35-0472300)

Group Disability - Core [CDIS]

Form Number	Form Name/Description	Form Type	Approval Date	SERFF Tracking #	State Tracking #	Current Status if Pending
ADOC-1.6	Face Page	Form	12/23/1999	Paper Filing	N/A	
ADOC-2	Face Page	Form	12/23/1999	Paper Filing	N/A	
ADOC-AMENDMENT	Amendments	Form	12/23/1999	Paper Filing	N/A	
ADOC-DEF-1	Definitions	Form	12/23/1999	Paper Filing	N/A	
ADOC-DEF-10	Definitions	Form	12/23/1999	Paper Filing	N/A	
ADOC-DEF-2	Definitions	Form	12/23/1999	Paper Filing	N/A	
ADOC-DEF-4	Definitions	Form	12/23/1999	Paper Filing	N/A	
ADOC-DEF-5	Definitions	Form	12/23/1999	Paper Filing	N/A	
ADOC-DEF-6	Definitions	Form	12/23/1999	Paper Filing	N/A	
ADOC-DEF-9	Definitions	Form	12/23/1999	Paper Filing	N/A	
ADOC-ELG-1	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOC-ELG-10	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOC-ELG-2	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOC-ELG-3	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOC-ELG-4	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOC-ELG-5	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOC-ELG-6	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOC-ELG-7	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOC-ELG-8	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOC-ELG-9	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOC-EXC-1.40	Exclusions	Form	11/29/2017	n/a	FLH 17-21114	
ADOC-EXC-2.4	Exclusions	Form	12/23/1999	Paper Filing	N/A	
ADOC-EXC-3.5	Exclusions	Form	12/23/1999	Paper Filing	N/A	
ADOC-EXC-4.5	Exclusions	Form	12/23/1999	Paper Filing	N/A	
ADOC-EXC-5.5	Exclusions	Form	12/23/1999	Paper Filing	N/A	
ADOC-EXC-6.5	Exclusions	Form	12/23/1999	Paper Filing	N/A	
ADOC-EXC-7.5	Exclusions	Form	12/23/1999	Paper Filing	N/A	
ADOC-EXC-8.5	Exclusions	Form	12/23/1999	Paper Filing	N/A	
ADOC-EXC-9.5	Exclusions	Form	12/23/1999	Paper Filing	N/A	
ADOC-GNP-1.7	General Provisions	Form	12/23/1999	Paper Filing	N/A	
ADOC-GNP-2.9	General Provisions	Form	12/23/1999	Paper Filing	N/A	
ADOC-GNP-3.13	General Provisions	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-1	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	

Florida

Transfer Form Approvals from Lincoln Life Assurance Company of Boston (NAIC#: 65315; FEIN: 04-6076039) to
The Lincoln National Life Insurance Company (NAIC #: 65676; FEIN: 35-0472300)

Group Disability - Core [CDIS]

Form Number	Form Name/Description	Form Type	Approval Date	SERFF Tracking #	State Tracking #	Current Status if Pending
ADOC-LTD-10	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-11	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-12	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-14	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-15	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-16	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-17	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-18	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-19	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-2	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-20	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-22.3	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-23	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-25	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-26	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-27	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-3	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-4	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-5	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-6	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-7	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-8	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-LTD-9	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-SCH-1	Schedule of Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-SCH-2	Schedule of Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-SCH-3	Schedule of Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-SCH-4	Schedule of Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-STD-1	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-STD-10	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-STD-11	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-STD-12	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-STD-2	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-STD-3	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	

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Transfer Form Approvals from Lincoln Life Assurance Company of Boston (NAIC#: 65315; FEIN: 04-6076039) to
The Lincoln National Life Insurance Company (NAIC #: 65676; FEIN: 35-0472300)

Group Disability - Core [CDIS]

Form Number	Form Name/Description	Form Type	Approval Date	SERFF Tracking #	State Tracking #	Current Status if Pending
ADOC-STD-4	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-STD-5	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-STD-6	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-STD-7	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-STD-8.3	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-STD-9	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOC-TER-1	Termination Provision	Form	12/23/1999	Paper Filing	N/A	
ADOC-TER-2	Termination Provision	Form	12/23/1999	Paper Filing	N/A	
ADOC-TOC	Table of Contents	Form	12/23/1999	Paper Filing	N/A	
ADOP	Face Page	Form	12/23/1999	Paper Filing	N/A	
ADOP DEF-1	Definitions	Form	12/23/1999	Paper Filing	N/A	
ADOP DEF-10	Definitions	Form	12/23/1999	Paper Filing	N/A	
ADOP DEF-2	Definitions	Form	12/23/1999	Paper Filing	N/A	
ADOP DEF-4	Definitions	Form	12/23/1999	Paper Filing	N/A	
ADOP DEF-5	Definitions	Form	12/23/1999	Paper Filing	N/A	
ADOP DEF-6	Definitions	Form	12/23/1999	Paper Filing	N/A	
ADOP DEF-9	Definitions	Form	12/23/1999	Paper Filing	N/A	
ADOP-AMENDMENT	Amendments	Form	12/23/1999	Paper Filing	N/A	
ADOP-ELG-1	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOP-ELG-10	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOP-ELG-2	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOP-ELG-3	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOP-ELG-4	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOP-ELG-5	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOP-ELG-6	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOP-ELG-7	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOP-ELG-8	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOP-ELG-9	Eligibility & Effective Dates	Form	12/23/1999	Paper Filing	N/A	
ADOP-EXC-2.4	Exclusions	Form	12/23/1999	Paper Filing	N/A	
ADOP-EXC-3.5	Exclusions	Form	12/23/1999	Paper Filing	N/A	
ADOP-EXC-4.5	Exclusions	Form	12/23/1999	Paper Filing	N/A	
ADOP-EXC-5.5	Exclusions	Form	12/23/1999	Paper Filing	N/A	
ADOP-EXC-6.5	Exclusions	Form	12/23/1999	Paper Filing	N/A	

Florida

Transfer Form Approvals from Lincoln Life Assurance Company of Boston (NAIC#: 65315; FEIN: 04-6076039) to
The Lincoln National Life Insurance Company (NAIC #: 65676; FEIN: 35-0472300)

Group Disability - Core [CDIS]

Form Number	Form Name/Description	Form Type	Approval Date	SERFF Tracking #	State Tracking #	Current Status if Pending
ADOP-EXC-7.5	Exclusions	Form	12/23/1999	Paper Filing	N/A	
ADOP-EXC-8.5	Exclusions	Form	12/23/1999	Paper Filing	N/A	
ADOP-EXC-9.5	Exclusions	Form	12/23/1999	Paper Filing	N/A	
ADOP-GNP-1	General Provisions	Form	12/23/1999	Paper Filing	N/A	
ADOP-GNP-2.7	General Provisions	Form	12/23/1999	Paper Filing	N/A	
ADOP-GNP-3.9	General Provisions	Form	12/23/1999	Paper Filing	N/A	
ADOP-GNP-4	General Provisions	Form	12/23/1999	Paper Filing	N/A	
ADOP-GNP-5	General Provisions	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-1	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-10	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-12	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-13	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-14	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-15	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-16	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-17	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-18	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-2	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-21	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-22.3	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-23	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-24	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-25	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-3	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-4	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-5	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-6	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-7	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-8	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-LTD-9	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-PRE-1.2	Premiums	Form	12/23/1999	Paper Filing	N/A	
ADOP-PRE-2	Premiums	Form	12/23/1999	Paper Filing	N/A	
ADOP-SCH-1	Schedule of Benefits	Form	12/23/1999	Paper Filing	N/A	

Florida

Transfer Form Approvals from Lincoln Life Assurance Company of Boston (NAIC#: 65315; FEIN: 04-6076039) to
The Lincoln National Life Insurance Company (NAIC #: 65676; FEIN: 35-0472300)

Group Disability - Core [CDIS]

Form Number	Form Name/Description	Form Type	Approval Date	SERFF Tracking #	State Tracking #	Current Status if Pending
ADOP-SCH-2	Schedule of Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-SCH-3	Schedule of Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-SCH-4	Schedule of Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-STD-1	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-STD-10	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-STD-11	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-STD-2	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-STD-3	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-STD-4	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-STD-5	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-STD-6	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-STD-7.3	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-STD-8	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-STD-9	Disability Income Benefits	Form	12/23/1999	Paper Filing	N/A	
ADOP-TER-1	Termination Provision	Form	12/23/1999	Paper Filing	N/A	
ADOP-TER-2.4	Termination Provision	Form	12/23/1999	Paper Filing	N/A	
ADOP-TER-3.4	Termination Provision	Form	12/23/1999	Paper Filing	N/A	
ADOP-TER-4	Termination Provision	Form	12/23/1999	Paper Filing	N/A	
ADOP-TOC	Table of Contents	Form	12/23/1999	Paper Filing	N/A	
Form ADOP-EXC-1.40	Exclusions	Form	11/29/2017	n/a	FLH 17-21114	
GLU 306 R9 (FL)	Enrollment Form	Form	12/23/1999	Paper Filing	N/A	
GLU-128-R7 (FL)	Evidence of Insurability	Form	12/23/1999	Paper Filing	N/A	
GLU-443 R2 (FL)	Application	Form	12/23/1999	Paper Filing	N/A	
GL4A 20 FL	Evidence of Insurability	Form	5/11/2020	n/a	FLH 20-009864	
GL4A 20 SUPP FL	Evidence of Insurability Supplemer	Form	5/11/2020	n/a	FLH 20-009864	
GL4A 14 MIB NOTICE Rev.	Notice of Insurance Information Pr	Form	5/11/2020	n/a	FLH 20-009864	
GL4A 20 AUTH	Authorization for Release of Inform	Form	8/25/2020	n/a	FLH 20-018687	
GL4A 20 FL SP	Evidence of Insurability	Form	2/16/2021	n/a	FLH 21-002710	
GL4A 20 SUPP FL SP	Evidence of Insurability Supplemer	Form	2/16/2021	n/a	FLH 21-002710	
GL4A 14 AUTH Rev. SP	Authorization for Release of Inform	Form	2/16/2021	n/a	FLH 21-002710	
GL4A 14 MIB NOTICE Rev. :	Notice of Insurance Information Pr	Form	2/16/2021	n/a	FLH 21-002710	

Florida

Transfer Form Approvals from Lincoln Life Assurance Company of Boston (NAIC#: 65315; FEIN: 04-6076039) to
The Lincoln National Life Insurance Company (NAIC #: 65676; FEIN: 35-0472300)

Single Case Filing - Core Di [SCF:CDIS]

Form Number	Form Name/Description	Form Type	Approval Date	SERFF Tracking #	State Tracking #	Current Status if Pending
ADOC-ELG-7.6	Certificate Section 3 Eligibility and	Form	11/27/2017	n/a	FLH 17-21170	
ADOC-LTD-7.15	Disability Income Benefits	Form	11/27/2017	n/a	FLH 17-21170	
ADOC-LTD-8.6	Disability Income Benefits	Form	11/27/2017	n/a	FLH 17-21170	
ADOC-LTD-9.11	Disability Income Benefits	Form	11/27/2017	n/a	FLH 17-21170	
Form ADOP-ELG-7.6	Policy: Section 3 - Eligibility and Eff	Form	11/27/2017	n/a	FLH 17-21170	
Form ADOP-LTD-5.14	Disability Income Benefits	Form	11/27/2017	n/a	FLH 17-21170	
Form ADOP-LTD-6.6	Disability Income Benefits	Form	11/27/2017	n/a	FLH 17-21170	
Form ADOP-LTD-7.11	Disability Income Benefits	Form	11/27/2017	n/a	FLH 17-21170	
Form ADOP-LTD-11	Disability Income Benefits	Form	4/10/2020	n/a	FLH 20-007169	
ADOC-LTD-13	Disability Income Benefits	Form	4/10/2020	n/a	FLH 20-007169	
ADOC-DEF-3.27	Definitions	Form	7/18/2018	n/a	FLH 19-122785	
ADOC-DEF-7.28	Definitions	Form	7/18/2018	n/a	FLH 19-122785	
ADOC-DEF-8.18	Definitions	Form	7/18/2018	n/a	FLH 19-122785	
ADOC-EXC-1.55	Exclusions	Form	7/18/2018	n/a	FLH 19-122785	
ADOC-LTD-24.30	Disability Income Benefits	Form	7/18/2018	n/a	FLH 19-122785	
ADOC-LTD-28.18	Disability Income Benefits	Form	7/18/2018	n/a	FLH 19-122785	
ADOC-LTD-29.9	Disability Income Benefits	Form	7/18/2018	n/a	FLH 19-122785	
Form ADOP-DEF-3.29	Definitions	Form	7/18/2018	n/a	FLH 19-122785	
Form ADOP-DEF-7.28	Definitions	Form	7/18/2018	n/a	FLH 19-122785	
Form ADOP-DEF-8.18	Definitions	Form	7/18/2018	n/a	FLH 19-122785	
Form ADOP-EXC-1.55	Exclusions	Form	7/18/2018	n/a	FLH 19-122785	
Form ADOP-LTD-20.20	Disability Income Benefits	Form	7/18/2018	n/a	FLH 19-122785	
Form ADOP-LTD-26.18	Disability Income Benefits	Form	7/18/2018	n/a	FLH 19-122785	
Form ADOP-LTD-27.9	Disability Income Benefits	Form	7/18/2018	n/a	FLH 19-122785	
Conversion	[CDIS]					
Form Number	Form Name/Description	Form Type	Approval Date	SERFF Tracking #	State Tracking #	Current Status if Pending
CDC (10/20) RI	LTD Conversion Certificate	Form	6/11/2021	n/a	FLH 21-014224	
GLU-701 (10/20) RI	LTD Conversion Application	Form	6/11/2021	n/a	FLH 21-014224	
GLU-128 (10/20) (LTD Con	LTD Conversion E of I	Form	6/11/2021	n/a	FLH 21-014224	
CDC (10/20) FL END	Endorsement	Form	6/11/2021	n/a	FLH 21-014224	

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**Transfer Form Approvals from Lincoln Life Assurance Company of Boston (NAIC#: 65315; FEIN: 04-6076039) to
The Lincoln National Life Insurance Company (NAIC #: 65676; FEIN: 35-0472300)**

Group Term Life - Core [CLIFE]

Form Number	Form Name/Description	Form Type	Approval Date	SERFF Tracking #	State Tracking #	Current Status if Pending
GLC-1	Face Page	Form	7/24/2000	Paper Filing	N/A	
GLC-2	Face Page	Form	7/24/2000	Paper Filing	N/A	
GLC-ADD-1	Accidental Death & Dismem	Form	7/24/2000	Paper Filing	N/A	
GLC-ADD-10	Accidental Death & Dismem	Form	2/28/2007	Paper Filing	N/A	
GLC-ADD-11	Accidental Death & Dismem	Form	2/28/2007	Paper Filing	N/A	
GLC-ADD-12	Accidental Death & Dismem	Form	2/28/2007	Paper Filing	N/A	
GLC-ADD-13	Accidental Death & Dismem	Form	2/28/2007	Paper Filing	N/A	
GLC-ADD-2	Accidental Death & Dismem	Form	7/24/2000	Paper Filing	N/A	
GLC-ADD-3	Accidental Death & Dismem	Form	7/24/2000	Paper Filing	N/A	
GLC-ADD-4	Accidental Death & Dismem	Form	7/24/2000	Paper Filing	N/A	
GLC-ADD-5	Accidental Death & Dismem	Form	7/24/2000	Paper Filing	N/A	
GLC-ADD-6	Accidental Death & Dismem	Form	7/24/2000	Paper Filing	N/A	
GLC-ADD-7	Accidental Death & Dismem	Form	2/28/2007	Paper Filing	N/A	
GLC-ADD-8	Accidental Death & Dismem	Form	2/28/2007	Paper Filing	N/A	
GLC-ADD-9	Accidental Death & Dismem	Form	2/28/2007	Paper Filing	N/A	
GLC-AEX-1	Exclusions	Form	7/24/2000	Paper Filing	N/A	
GLC-AMENDMENT	Amendments	Form	7/24/2000	Paper Filing	N/A	
GLC-CON-1	Continuation of Coverage	Form	7/24/2000	Paper Filing	N/A	
GLC-DEF-1	Definitions	Form	7/24/2000	Paper Filing	N/A	
GLC-DEF-2	Definitions	Form	7/24/2000	Paper Filing	N/A	
GLC-DEF-3	Definitions	Form	7/24/2000	Paper Filing	N/A	
GLC-DEF-4	Definitions	Form	7/24/2000	Paper Filing	N/A	
GLC-DEF-5	Definitions	Form	7/24/2000	Paper Filing	N/A	
GLC-DEF-6	Definitions	Form	7/24/2000	Paper Filing	N/A	
GLC-DEP-1.2	Dependent Life Insurance	Form	7/24/2000	Paper Filing	N/A	
GLC-ELG-1	Eligibility & Effective Dates	Form	7/24/2000	Paper Filing	N/A	
GLC-ELG-2	Eligibility & Effective Dates	Form	7/24/2000	Paper Filing	N/A	
GLC-ELG-3	Eligibility & Effective Dates	Form	7/24/2000	Paper Filing	N/A	
GLC-ELG-4	Eligibility & Effective Dates	Form	7/24/2000	Paper Filing	N/A	
GLC-GNP-1.13	General Provisions	Form	3/31/2010	Paper Filing	N/A	
GLC-GNP-2.7	General Provisions	Form	7/24/2000	Paper Filing	N/A	

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**Transfer Form Approvals from Lincoln Life Assurance Company of Boston (NAIC#: 65315; FEIN: 04-6076039) to
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Group Term Life - Core [CLIFE]

Form Number	Form Name/Description	Form Type	Approval Date	SERFF Tracking #	State Tracking #	Current Status if Pending
GLC-GNP-3.13	General Provisions	Form	3/31/2010	Paper Filing	N/A	
GLC-GNP-4	General Provisions	Form	7/24/2000	Paper Filing	N/A	
GLC-LEX-1.4	Exclusions	Form	3/31/2010	Paper Filing	N/A	
GLC-LIF-1.1	Employee Life Insurance	Form	7/24/2000	Paper Filing	N/A	
GLC-LIF-2.12	Employee Life Insurance	Form	8/1/2007	Paper Filing	N/A	
GLC-LIF-3.10	Employee Life Insurance	Form	8/1/2007	Paper Filing	N/A	
GLC-SCH-1	Schedule of Benefits	Form	7/24/2000	Paper Filing	N/A	
GLC-SCH-2	Schedule of Benefits	Form	7/24/2000	Paper Filing	N/A	
GLC-SCH-3	Schedule of Benefits	Form	7/24/2000	Paper Filing	N/A	
GLC-SCH-4.14	Schedule of Benefits	Form	3/31/2010	Paper Filing	N/A	
GLC-SCH-5	Schedule of Benefits	Form	7/24/2000	Paper Filing	N/A	
GLC-TER-1	Termination Provision	Form	7/24/2000	Paper Filing	N/A	
GLC-TOC	Table of Contents	Form	7/24/2000	Paper Filing	N/A	
GLC-WOP-1	Waiver of Premium	Form	7/24/2000	Paper Filing	N/A	
GLC-WOP-2	Waiver of Premium	Form	7/24/2000	Paper Filing	N/A	
GLP	Face Page	Form	7/24/2000	Paper Filing	N/A	
GLP-ADD-1	Accidental Death & Dismemberment	Form	7/24/2000	Paper Filing	N/A	
GLP-ADD-10	Accidental Death & Dismemberment	Form	2/28/2007	Paper Filing	N/A	
GLP-ADD-11	Accidental Death & Dismemberment	Form	2/28/2007	Paper Filing	N/A	
GLP-ADD-12	Accidental Death & Dismemberment	Form	2/28/2007	Paper Filing	N/A	
GLP-ADD-13	Accidental Death & Dismemberment	Form	2/28/2007	Paper Filing	N/A	
GLP-ADD-2	Accidental Death & Dismemberment	Form	7/24/2000	Paper Filing	N/A	
GLP-ADD-3	Accidental Death & Dismemberment	Form	7/24/2000	Paper Filing	N/A	
GLP-ADD-4	Accidental Death & Dismemberment	Form	7/24/2000	Paper Filing	N/A	
GLP-ADD-5	Accidental Death & Dismemberment	Form	7/24/2000	Paper Filing	N/A	
GLP-ADD-6	Accidental Death & Dismemberment	Form	7/24/2000	Paper Filing	N/A	
GLP-ADD-7	Accidental Death & Dismemberment	Form	2/28/2007	Paper Filing	N/A	
GLP-ADD-8	Accidental Death & Dismemberment	Form	2/28/2007	Paper Filing	N/A	
GLP-ADD-9	Accidental Death & Dismemberment	Form	2/28/2007	Paper Filing	N/A	
GLP-AEX-1	Exclusions	Form	7/24/2000	Paper Filing	N/A	
GLP-AMENDMENT	Amendments	Form	7/24/2000	Paper Filing	N/A	

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Transfer Form Approvals from Lincoln Life Assurance Company of Boston (NAIC#: 65315; FEIN: 04-6076039) to
The Lincoln National Life Insurance Company (NAIC #: 65676; FEIN: 35-0472300)

Group Term Life - Core [CLIFE]

Form Number	Form Name/Description	Form Type	Approval Date	SERFF Tracking #	State Tracking #	Current Status if Pending
GLP-CON-1	Continuation of Coverage	Form	7/24/2000	Paper Filing	N/A	
GLP-DEF-1	Definitions	Form	7/24/2000	Paper Filing	N/A	
GLP-DEF-2	Definitions	Form	7/24/2000	Paper Filing	N/A	
GLP-DEF-3	Definitions	Form	7/24/2000	Paper Filing	N/A	
GLP-DEF-4	Definitions	Form	7/24/2000	Paper Filing	N/A	
GLP-DEF-5	Definitions	Form	7/24/2000	Paper Filing	N/A	
GLP-DEF-6	Definitions	Form	7/24/2000	Paper Filing	N/A	
GLP-DEP-1.2	Dependent Life Insurance	Form	7/24/2000	Paper Filing	N/A	
GLP-ELG-1	Eligibility & Effective Dates	Form	7/24/2000	Paper Filing	N/A	
GLP-ELG-2	Eligibility & Effective Dates	Form	7/24/2000	Paper Filing	N/A	
GLP-ELG-3	Eligibility & Effective Dates	Form	7/24/2000	Paper Filing	N/A	
GLP-ELG-4	Eligibility & Effective Dates	Form	7/24/2000	Paper Filing	N/A	
GLP-ELG-5	Eligibility & Effective Dates	Form	7/24/2000	Paper Filing	N/A	
GLP-GNP-1.14	General Provisions	Form	3/31/2010	Paper Filing	N/A	
GLP-GNP-2	General Provisions	Form	7/24/2000	Paper Filing	N/A	
GLP-GNP-3.4	General Provisions	Form	7/24/2000	Paper Filing	N/A	
GLP-GNP-4.14	General Provisions	Form	3/31/2010	Paper Filing	N/A	
GLP-GNP-5	General Provisions	Form	7/24/2000	Paper Filing	N/A	
GLP-LEX-1.4	Exclusions	Form	3/31/2010	Paper Filing	N/A	
GLP-LIF-1.2	Employee Life Insurance	Form	7/24/2000	Paper Filing	N/A	
GLP-LIF-2.12	Employee Life Insurance	Form	8/1/2007	Paper Filing	N/A	
GLP-LIF-3.10	Employee Life Insurance	Form	8/1/2007	Paper Filing	N/A	
GLP-PRE-1	Premiums	Form	7/24/2000	Paper Filing	N/A	
GLP-PRE-2	Premiums	Form	7/24/2000	Paper Filing	N/A	
GLP-SCH-1	Schedule of Benefits	Form	7/24/2000	Paper Filing	N/A	
GLP-SCH-2	Schedule of Benefits	Form	7/24/2000	Paper Filing	N/A	
GLP-SCH-3	Schedule of Benefits	Form	7/24/2000	Paper Filing	N/A	
GLP-SCH-4.14	Schedule of Benefits	Form	3/31/2010	Paper Filing	N/A	
GLP-SCH-5	Schedule of Benefits	Form	7/24/2000	Paper Filing	N/A	
GLP-TER-1	Termination Provision	Form	7/24/2000	Paper Filing	N/A	
GLP-TER-2	Termination Provision	Form	7/24/2000	Paper Filing	N/A	

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Transfer Form Approvals from Lincoln Life Assurance Company of Boston (NAIC#: 65315; FEIN: 04-6076039) to The Lincoln National Life Insurance Company (NAIC #: 65676; FEIN: 35-0472300)

Group Term Life - Core [CLIFE]

Form Number	Form Name/Description	Form Type	Approval Date	SERFF Tracking #	State Tracking #	Current Status if Pending
GLP-TOC	Table of Contents	Form	7/24/2000	Paper Filing	N/A	
GLP-WOP-1	Waiver of Premium	Form	7/24/2000	Paper Filing	N/A	
GLP-WOP-2	Waiver of Premium	Form	7/24/2000	Paper Filing	N/A	
GLU-443 R2 (FL)	Special Application	Form	7/24/2000	Paper Filing	N/A	
GL4A 20 FL	Evidence of Insurability	Form	5/11/2020	n/a	FLA 20-011400	
GL4A 20 SUPP FL	Evidence of Insurability SuJ	Form	5/11/2020	n/a	FLA 20-011400	
GL4A 14 MIB Notice Rev.	Notice of Insurance Inform	Form	5/11/2020	n/a	FLA 20-011400	
GL4A 20 AUTH	Authorization for Release c	Form	8/17/2020	n/a	FLA 20-018688	
GL4A 20 FL SP	Evidence of Insurability	Form	2/16/2021	n/a	FLA 21-002712	
GL4A 20 SUPP FL SP	Evidence of Insurability SuJ	Form	2/16/2021	n/a	FLA 21-002712	
GL4A 14 Auth Rev. SP	Authorization for Release c	Form	2/16/2021	n/a	FLA 21-002712	
GL4A 14 MIB NOTICE Rev.	Notice of Insurance Inform	Form	2/16/2021	n/a	FLA 21-002712	

General Basis Filing - Core [GBF:CLIFE]

Form Number	Form Name/Description	Form Type	Approval Date	SERFF Tracking #	State Tracking #	Current Status if Pending
LLACB 2019 Life SOV	Statement of Variability	Form	10/23/2019	n/a	FLA 19-135898	
LLACB 2020 Life SOV	Statement of Variability	Form	1/24/2020	n/a	FLA 20-002518	
GLC-ELG-5.2	Eligibility & Effective Dates	Form	3/31/2010	n/a	FLA 10-05946	
GLC-ELG-6.1	Eligibility & Effective Dates	Form	3/31/2010	n/a	FLA 10-05946	
GLP-ELG-6.1	Eligibility & Effective Dates	Form	3/31/2010	n/a	FLA 10-05946	
GLP-ELG-7.1	Eligibility & Effective Dates	Form	3/31/2010	n/a	FLA 10-05946	

Portability [PTL-13]

Form Number	Form Name/Description	Form Type	Approval Date	SERFF Tracking #	State Tracking #	Current Status if Pending
GLC-PTL-13	Replacement Page – Sectio	Form	1/22/2014	n/a	FLA 14-00855	
GLP-PTL-13	Replacement Page – Sectio	Form	1/22/2014	n/a	FLA 14-00855	
PTL-13-CERT-0001 (FL)	Portable Group Term Life I	Form	5/13/2014	n/a	FLA 14-08643	
PTL-13-CERT-0002	Portable Group Term Life I	Form	5/13/2014	n/a	FLA 14-08643	
PTL-13-CERT-0003	Portable Group Term Life I	Form	5/13/2014	n/a	FLA 14-08643	
PTL-13-CERT-0004 (FL)	Portable Group Term Life I	Form	5/13/2014	n/a	FLA 14-08643	
PTL-13-CERT-0005 (FL)	Portable Group Term Life I	Form	5/13/2014	n/a	FLA 14-08643	
GLU-PTL-13-INC (FL)	Evidence of Insurability Inc	Form	5/13/2014	n/a	FLA 14-08643	
GLU-PTL-13-PRF (FL)	Evidence of Insurability FoI	Form	5/13/2014	n/a	FLA 14-08643	

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**Transfer Form Approvals from Lincoln Life Assurance Company of Boston (NAIC#: 65315; FEIN: 04-6076039) to
The Lincoln National Life Insurance Company (NAIC #: 65676; FEIN: 35-0472300)**

Portability [PTL-13]

Form Number	Form Name/Description	Form Type	Approval Date	SERFF Tracking #	State Tracking #	Current Status if Pending
PTL-13-APP (FL)	Application for Portable Cc Form	Cc Form	5/13/2014	n/a	FLA 14-08643	
PTL-13-CONT APP (FL)	Application To Continue Cc Form	Cc Form	5/13/2014	n/a	FLA 14-08643	
GLU-PTL-20-INC FL	Evidence of Insurability	Form	5/8/2021	n/a	FLA 21-014413	
GLU-PTL-20-PRF FL	Evidence of Insurability	Form	5/8/2021	n/a	FLA 21-014413	
PTL-20-APP FL	Application	Form	5/8/2021	n/a	FLA 21-014413	
PTL-20-CONT-APP FL	Application	Form	5/8/2021	n/a	FLA 21-014413	