

SERFF Tracking Number: GEFA-125931809 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 41069  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: LTC Partnership-Individual  
Project Name/Number: LTC Partnership-Individual/7042REV et al

## Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: LTC Partnership-Individual

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Form

SERFF Tr Num: GEFA-125931809 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 41069

Co Tr Num:

State Status: Filed-Closed

Co Status:

Reviewer(s): Marie Bennett, Harris Shearer

Authors: June Lipscomb, Jeanette

Disposition Date: 12/11/2008

Mai, Camisha Jones

Date Submitted: 12/08/2008

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: LTC Partnership-Individual

Project Number: 7042REV et al

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/11/2008

State Status Changed: 12/11/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

We are submitting a completed Issuer Certification (Long Term Care Partnership Program) form, to certify the listed policies as qualified Partnership Policies under the Arkansas Long Term Care Partnership Program. We will use your state's Solicitation Disclosure (Appendix A) form at point of sale and Policy Disclosure (Appendix B) form at point of issue. For individuals who do not qualify for Partnership, we will use our Disclosure form, FPDISC-NON-STD 04/01/08.

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The policies include the following optional inflation protection in the form of Automatic Benefit Increases:

5% Compound (all ages); 5% Simple (ages 61 and above)  
 3% Compound (all ages); No Benefit Increases (age 76 and above)

Should you have any questions or comments regarding this submission, please feel free to contact me.

## Company and Contact

### Filing Contact Information

Camisha Jones, Compliance Analyst Camisha.Jones@genworth.com  
 6630 W. Broad Street (804) 281-6182 [Phone]  
 Richmond, VA 23230 (804) 281-6285[FAX]

### Filing Company Information

Genworth Life Insurance Company CoCode: 70025 State of Domicile: Delaware  
 6610 W Broad Street Group Code: 350 Company Type: LifeHealth &  
 Annuity  
 Richmond, VA 23230 Group Name: State ID Number:  
 (804) 281-6600 ext. [Phone] FEIN Number: 91-6027719  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$50.00	12/08/2008	24383284

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Harris Shearer Informational Purposes		12/11/2008	12/11/2008

*SERFF Tracking Number:*      *GEFA-125931809*                      *State:*                      *Arkansas*  
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*Project Name/Number:*      *LTC Partnership-Individual/7042REV et al*

## **Disposition**

Disposition Date: 12/11/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

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>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		Yes
<b>Supporting Document</b>	Outline of Coverage		Yes
<b>Supporting Document</b>	Cover Letter		Yes
<b>Supporting Document</b>	Issuer Certification		Yes

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Bypassed -Name:** Certification/Notice 12/04/2008  
**Bypass Reason:** N/A  
**Comments:**

**Review Status:**  
**Bypassed -Name:** Application 12/04/2008  
**Bypass Reason:** N/A  
**Comments:**

**Review Status:**  
**Bypassed -Name:** Health - Actuarial Justification 12/04/2008  
**Bypass Reason:** N/A  
**Comments:**

**Review Status:**  
**Bypassed -Name:** Outline of Coverage 12/04/2008  
**Bypass Reason:** N/A  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Cover Letter 12/08/2008  
**Comments:**  
**Attachment:**  
 AR PRT COVER Letter \_7042Rev\_.pdf

**Review Status:**  
**Satisfied -Name:** Issuer Certification 12/08/2008  
**Comments:**  
**Attachment:**  
 Issuer Certification (7042Rev).pdf



6620 West Broad Street  
Building 4  
Richmond, VA 23230  
[www.genworth.com](http://www.genworth.com)

December 8, 2008

Arkansas Division of Insurance

**Re: GENWORTH LIFE INSURANCE COMPANY  
Group Long Term Care Insurance  
NAIC # 70025                      FEIN 91-6027719**

**Description  
Long Term Care Insurance Partnership Program**

Dear Sirs:

We are submitting a completed Issuer Certification (Long Term Care Partnership Program) form, to certify the listed policies as qualified Partnership Policies under the Arkansas Long Term Care Partnership Program. We will use your state's Solicitation Disclosure (Appendix A) form at point of sale and Policy Disclosure (Appendix B) form at point of issue. For individuals who do not qualify for Partnership, we will use our Disclosure form, FPDISC-NON-STD 04/01/08.

The policies include the following optional inflation protection in the form of Automatic Benefit Increases:

5% Compound (all ages); 5% Simple (ages 61 and above)  
3% Compound (all ages); No Benefit Increases (age 76 and above)

Should you have any questions or comments regarding this submission, please feel free to contact me.

Sincerely,

*Camisha Jones*

Camisha Jones  
Contracts Analyst  
Long Term Care Contracts Division  
[Camisha.Jones@genworth.com](mailto:Camisha.Jones@genworth.com)  
804-281-6182

**APPENDIX C  
ISSUER CERTIFICATION FORM**

(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

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**I. GENERAL INFORMATION**

**A. Name, address and telephone number of issuer:**

**Genworth Life Insurance Company  
6620 West Broad St.  
Richmond, VA 23230  
888-436-9678**

**B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:**

**Camisha Jones  
6620 West Broad St.  
Richmond, VA 23230  
804-281-6182**

**C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):**

7042Rev et al and 7044Rev et al

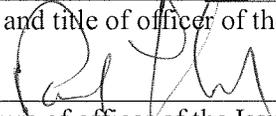
Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

**II. CERTIFICATIONS**

- A. I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B. I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on Genworth Life Insurance Company's behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C. I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

12/5/2008  
Date

Paul Loveland, VP  
Name and title of officer of the Issuer

  
Signature of officer of the Issuer