

SERFF Tracking Number: GEFA-125293332 State: Arkansas  
 Filing Company: Genworth Life Insurance Company State Tracking Number: 36981  
 Company Tracking Number:  
 TOI: LTC04I Individual Long Term Care - Nursing Sub-TOI: LTC04I.002 Non Qualified  
 Home  
 Product Name: 3day  
 Project Name/Number: 3day/6394

## Filing at a Glance

Company: Genworth Life Insurance Company  
 Product Name: 3day SERFF Tr Num: GEFA-125293332 State: ArkansasLH  
 TOI: LTC04I Individual Long Term Care - Nursing Home SERFF Status: Closed State Tr Num: 36981  
 Sub-TOI: LTC04I.002 Non Qualified Co Tr Num: State Status: Approved-Closed  
 Filing Type: Rate Co Status: Reviewer(s): Marie Bennett, Harris Shearer  
 Authors: Brenda Bond, Ronald Jackson, June Lipscomb, Jeanette Mai Disposition Date: 06/11/2008  
 Date Submitted: 09/26/2007 Disposition Status: Approved  
 Implementation Date Requested: On Approval Implementation Date:  
 State Filing Description:

## General Information

Project Name: 3day Status of Filing in Domicile: Pending  
 Project Number: 6394 Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Group Market Size:  
 Overall Rate Impact: 8% Group Market Type:  
 Filing Status Changed: 06/11/2008 Deemer Date:  
 State Status Changed: 06/11/2008  
 Corresponding Filing Tracking Number:  
 Filing Description:

The referenced filing is a long-term care rate schedule change request submitted for your review.

These forms are existing individual and group policy forms providing facility coverage. The forms were issued during the time periods shown in the following table. They are no longer being marketed in any state. Outside of Arkansas, the

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last policies and certificates for these forms were issued in 1990.

Policy Form Issue Start Date Issue End Date

6328 7/1/83 8/1/86

6394 11/1/86 2/1/89

6465 8/1/87 7/1/89

The company is requesting the approval of a premium rate increase on the above listed forms. The increase is needed due to adverse experience. At this time, a premium rate increase of 8% is being requested for all policies and certificates issued in Arkansas on the above-referenced forms. The same increase is also being requested on the comparable forms to those listed above in each state in which business remains in force.

The company will offer insureds affected by the premium increase several options to change their benefits in order to provide the flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase.

The following electronic items are included in this submission:

- this cover letter;
- an Actuarial Memorandum and Rate Schedules.

The contact person for this filing is:

Jason B. Bushey, ASA, MAAA  
Pricing Actuary  
Genworth Life Insurance Company  
6620 West Broad Street Building 4  
Richmond, VA 23230  
(804)922-5781  
jason.bushey@genworth.com



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	06/11/2008	06/11/2008

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## Disposition

Disposition Date: 06/11/2008

Implementation Date:

Status: Approved

Comment: The requested 8% rate increase is approved to be implemented on or after this date subject to proper notification to policyholders.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Genworth Life Insurance Company	8.000%	\$1,194	32	\$467	%	%	8.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Cover Letter		Yes
Rate	Actuarial Memorandum		Yes

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**Rate Information**

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:**

Increase

**Overall Percentage of Last Rate Revision:**

8.000%

**Effective Date of Last Rate Revision:**

**Filing Method of Last Filing:**

No prior rate increases

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Cover Letter

09/17/2007

**Comments:**

**Attachment:**

3Day CL AR.pdf



6620 West Broad Street  
Building 4  
Richmond, VA 23230  
www.genworth.com

September 17, 2007

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Department of Insurance  
1200 W. Third Street  
Little Rock, Arkansas 72201-1904

RE: Genworth Life Insurance Company ("Genworth Life")

Company NAIC No: 70025

Policy Forms: Individual Facility Only Policy

6328 et al

Group Facility Only Policy

6394 et al

Group Facility Only Policy

6465 et al

Dear Commissioner Benafield Bowman:

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These forms are existing individual and group policy forms providing facility coverage. The forms were issued during the time periods shown in the following table. They are no longer being marketed in any state. Outside of Arkansas, the last policies and certificates for these forms were issued in 1990.

<b>Policy Form</b>	<b>Issue Start Date</b>	<b>Issue End Date</b>
6328	7/1/83	8/1/86
6394	11/1/86	2/1/89
6465	8/1/87	7/1/89

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Richmond, VA 23230  
(804)922-5781  
[jason.bushey@genworth.com](mailto:jason.bushey@genworth.com)

Thank you for your assistance in reviewing this filing.

Respectfully,

A handwritten signature in cursive script that reads "Tyree S. Wooldridge".

Tyree S. Wooldridge  
Senior VP & Chief Actuary

TW/mil

Enclosures