

SERFF Tracking Number: GEFA-125545430 State: Arkansas
Filing Company: Genworth Life and Annuity Insurance Company State Tracking Number: 38429
Company Tracking Number: P1872 01/08
TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Product Name: Individual Single Premium Immediate Annuity
Project Name/Number: Individual SPIA - GLAIC/P1872 01/08

Filing at a Glance

Company: Genworth Life and Annuity Insurance Company

Product Name: Individual Single Premium Immediate Annuity SERFF Tr Num: GEFA-125545430 State: ArkansasLH

TOI: A05I Individual Annuities- Immediate Non- Variable SERFF Status: Closed State Tr Num: 38429

Sub-TOI: A05I.000 Annuities - Immediate Non- variable Co Tr Num: P1872 01/08 State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Brenda Bond Disposition Date: 03/21/2008
Date Submitted: 03/14/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Individual SPIA - GLAIC
Project Number: P1872 01/08
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Filing Status Changed: 03/21/2008
State Status Changed: 03/21/2008
Corresponding Filing Tracking Number:

Filing Description:

Genworth Life and Annuity Insurance Company
NAIC Group 350, Company 65536

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Filed in Virginia and approval is pending.
Market Type: Individual
Group Market Size:
Group Market Type:

Deemer Date:

P1872 01/08, Single Premium Immediate Annuity Contract

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Variable
Product Name: Individual Single Premium Immediate Annuity
Project Name/Number: Individual SPIA - GLAIC/P1872 01/08
P5392 01/08, Commutation Endorsement
43650 01/2008, Immediate Annuity Application

We are submitting these forms for your review and approval. These forms are new and will not replace any existing forms. These forms are also being submitted to Virginia, our domicile state.

The SPIA Contract provides an income stream to a Payee. The contract schedule pages will identify the annuity plan chosen by the Owner.

The Commutation Endorsement provides for the commutation of unpaid certain period payments. This is an optional endorsement and there is no charge to add this feature. This endorsement cannot be added after issue. This endorsement is also intended for use with new issues of any annuity contract approved by your state.

The application may be used with the SPIA contract or any other immediate annuity contract approved and available for use in your state.

This product will be marketed by licensed agents and brokers to individuals through traditional distribution systems as well as to customers of financial institutions. There is no special market intended. Issue ages will be 0 to 100. There is no underwriting for this product.

Similar forms (same content, different form number and company name), and the application as shown above, have been filed for approval under a separate filing for Genworth Life and Annuity Insurance Company.

Company and Contact

Filing Contact Information

Brenda Bond, Contract Analyst
6610 W Broad Street
Richmond, VA 23230

brenda.bond@genworth.com
(804) 922-5133 [Phone]
(804) 281-6916[FAX]

Filing Company Information

SERFF Tracking Number: GEFA-125545430 State: Arkansas
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Project Name/Number: Individual SPIA - GLAIC/P1872 01/08

Genworth Life and Annuity Insurance Company CoCode: 65536
6620 W Broad Street

Group Code: 350

State of Domicile: Virginia
Company Type: LifeHealth &
Annuity

Richmond, VA 23230
(804) 281-6600 ext. [Phone]

Group Name:
FEIN Number: 54-0283385

State ID Number:

SERFF Tracking Number: GEFA-125545430 State: Arkansas
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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 and Annuity Insurance Company	\$50.00	03/14/2008	18664635

SERFF Tracking Number: GEFA-125545430 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	03/21/2008	03/21/2008

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	AR Fee		Yes
Supporting Document	Variability		Yes
Form	Individual Single Premium Immediate Annuity Contract		Yes
Form	Commutation Endorsement		Yes
Form	Immediate Annuity Application		Yes

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Form Schedule

Lead Form Number: P1872 01/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	P1872 01/08	Policy/Contract	Individual Single Premium Immediate Annuity Contract	Initial		53	P1872_0108.pdf
	P5392 01/08	Policy/Contract	Commutation Fraternal Endorsement Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		53	P5392_0108.pdf
	43650 01/2008	Application/Enrollment Form	Immediate Annuity Application	Initial		50	43650_012508_gnw.pdf

SINGLE PREMIUM IMMEDIATE ANNUITY

Please read your Contract carefully. This single premium immediate annuity is a legal contract between the Owner (“you” or “your”) and Genworth Life and Annuity Insurance Company (the “Company,” “we,” “us,” or “our”). We agree to pay you Income Payments specified in the Data Pages, subject to Contract provisions.

Within 30 days after its delivery, the Owner may return this Contract by delivering it or mailing it to us or to any agent of ours. Immediately upon delivery or mailing, this Contract will be deemed void from the beginning. Any premium received by us, less any payments made, will be returned to the premium payor.

For Genworth Life and Annuity Insurance Company,



[Pamela S. Schutz]
President



[Thomas E. Duffy]
Secretary

GENWORTH LIFE AND ANNUITY INSURANCE COMPANY

**INDIVIDUAL SINGLE PREMIUM IMMEDIATE ANNUITY CONTRACT
ANNUITY PAYMENTS SPECIFIED IN DATA PAGE(S)
NONPARTICIPATING STOCK COMPANY
CUSTOMER SERVICE TELEPHONE [888 325.5433]
HOME OFFICE:
[6610 WEST BROAD STREET, RICHMOND, VIRGINIA 23230]
ADMINISTRATIVE OFFICE:
[700 MAIN STREET, LYNCHBURG, VIRGINIA 24505]**

Data Page(s)

Contract Number: [000000000]
Contract Issued In: [Anywhere, USA and Governed by its Laws]
Owner(s): [John Doe]
Contract Date: [June 08, 2008]
Annuitant: [John Doe]
 Date of Birth: [February 1, 1944]
 Age: [66]
[Joint Annuitant: Jane Doe]
 [Date of Birth: March 1, 1944]
 [Age: 66]

Income Start Date: [March 1, 2010]
Income Plan: [Life income with period certain]
 [Joint and Survivor life income period certain]

Single Premium: [\$ 250,000.00]

The Income Payments to be made under this Contract and to the Payee are as follows:

[The Income Payment is to be paid to the Payee each Modal Period beginning and ending on the dates specified and continues to be paid to the Payee each Modal Period after the Ending Date for as long as the Annuitant lives.]

Payee	Income Payment	Beginning Date	Ending Date	Income Mode
Jane Doe	\$500.00	05/25/05	05/25/15	Monthly

[ENDORSEMENT(S)/RIDER(S)]

<u>Form Number</u>	<u>Title</u>	<u>Effective Date</u>
Form XXXX	Endorsement XXX	XX/XX/XXXX]

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Copies of any riders and endorsements follow page 9.

DEFINITIONS

Administrative Office – Our Administrative Office that is located at the address shown on the Contract cover page.

Age – An Annuitant’s age as of the birthday nearest to the Contract Date. Age is shown on the Data Pages.

Annuitant – The individual named on the Data Pages whose Age and, if applicable, gender are used in determining the amount of the Income Payments. The Annuitant cannot be changed.

Beneficiary – An individual or entity you designate to succeed to ownership after the death of the last Owner.

Contract – This single premium immediate annuity.

Contract Date – The date this Contract became effective as shown on the Data Pages.

Company – Genworth Life and Annuity Insurance Company (also referred to as “we,” “us,” or “our”).

Income Date – The date on which an Income Payment is scheduled to be made. The Income Payment is shown on the Data Pages.

Income Mode – The frequency at which Income Payments will be made.

Income Payments – The series of periodic payments that are scheduled to begin on the Income Start Date.

Income Plan – The Income Plan shown on the Data Pages.

Income Start Date – The first day of the first Modal Period. The Income Start Date is shown on the Data Pages.

Joint Annuitant – The individual named on the Data Page(s) whose Age and, if applicable, gender are used in combination with the Annuitant’s Age and gender in determining the amount of the Income Payments. The Joint Annuitant cannot be changed.

Modal Period – The period during which an Income Payment is scheduled to be made. The length of a Modal Period is based on the Income Mode. The Income Mode for each Income Payment is shown on the Data Pages.

Notice – A written notice received at the Company's Administrative Office in a form acceptable to us.

Owner – The individual or entity named on the Data Page. "You" or "your" in the Contract refers to the Owner. If you die, any Joint Owner or Beneficiary, as applicable, will be entitled to exercise the rights under this Contract.

Payee – An individual or entity designated to receive Income Payments. Payees whose respective shares have not been designated will share equally.

Spouse – Except as provided in the death of owner provision, the individual lawfully married to the Owner as determined under the laws of the jurisdiction in which the Owner is then domiciled.

GENERAL PROVISIONS

Assignment

You may assign ownership of this Contract with our prior consent. Any change in ownership of this Contract must be in writing and approved by us. Only an authorized officer of the Company can give our approval. A request for an assignment must be in writing and sent to our Administrative Office. Assignments will not be approved and recorded until our Administrative Office receives sufficient direction from you and the assignee regarding the proper allocation of Contract rights. Once our Administrative Office approves and records the assignment, it will become effective as of the date the Notice was signed.

We are not responsible for the validity or tax consequences of any assignment. We are not liable to the assignee for any payment or settlement made under this Contract before the assignment is recorded.

Entire Contract

This Contract is a legal contract between the named Contract Owner and us. The entire Contract consists of this Contract together with any attached riders and endorsements. An agent cannot change this Contract. Any change to the Contract must be in writing and approved by us. Only an authorized officer of the Company can give our approval. This Contract will be construed according to the laws of the jurisdiction this Contract was issued in as shown on the Data Pages.

Evidence of Death, Age, Marital Status or Survival

We will require with respect to any individual, due proof of death, age, marital status or survival and any other required forms. We will not act on Contract provisions that require such documentation until it is received in our Administrative Office in a form satisfactory to us.

Governing Law

This Contract is a legal contract between you and us and is governed by the law of the state in which the Contract was issued, as shown on the Data Pages.

Incontestability

This Contract is incontestable.

Information – Records

You agree to furnish all information that we reasonably require for the administration of this Contract. We will not be liable for the fulfillment of any duty until we receive, in a form acceptable to us, all requested information needed to perform that duty.

Misstatement

If an Annuitant's or Joint Annuitant's age or sex has been misstated, we will adjust the amount payable to that amount which the single premium paid would have purchased based on the correct information. We will recover overpayments from any remaining Income Payments. Income Payments, if any, will resume after the overpayment is made up. If an overpayment amount remains after Income Payments have ended, you will be liable to us for that amount. We may also recover overpayments from Payees.

Underpayments will be paid immediately. There shall be no interest payable on overpayments or paid on underpayments.

If you notify us that purchase payments were made in incorrect amounts, we will refund purchase payments or accept additional purchase payments to correct the error(s) as applicable. We will reissue this Contract to reflect the correct purchase payment.

Nonparticipating

This Contract does not share in any distribution of surplus. No dividends are payable.

Spendthrift Trust

Income Payments are held in trust for Payees and, to the extent permitted by law, are not subject to the claims of a Payee's creditors or to any legal process against the Payee. Any payment to be made to a Payee may not be assigned, transferred, commuted, or encumbered by the Payee except as specifically stated in this Contract.

Payments

All Income Payments are specified in the Data Pages. Income Payments may not be advanced, accelerated, or commuted except as specifically stated in this Contract. Income Payments will not be made in amounts less than [\$100.00] per Payee. We may use a less frequent Income Mode to make Income Payments at least equal to this minimum.

We will make all Income Payments in U.S. dollars. We reserve the right to refuse to send Income Payments to an address other than a U.S. address if prohibited by federal law.

You assume all responsibility for claims against us arising out of any Income Payments made as directed by you. You will hold us harmless and will indemnify and defend us for such claims.

Anyone who receives Income Payments that should not have been made will be liable to us for the amount of those payments.

Proof of the death of an Annuitant, Joint Annuitant, or Payee must be furnished to the Administrative Office. We have the right before making each Income Payment to require proof that an Annuitant, Joint Annuitant or Payee is alive on the Income Date.

With respect to any life contingent Income Payments, no payment will be made for the period between the date of the last surviving Annuitant's death and the Income Date that immediately preceded the date of death.

If the Income Plan is period certain, Income Payments were determined without regard to an Annuitant; therefore, any language or information in this Contract regarding an Annuitant is not applicable when this Contract is issued on that Income Plan.

We are not required to verify the validity or effect of a trust, the scope of a trustee's authority, or a trust's use of payments according to the terms of the trust agreement. Payment made to a trust will release us of all contractual obligations to the extent of the payment.

This Contract has no cash surrender value.

Notice

All Notices, including proof of death and any required forms, must be sent to our Administrative Office. All Notices must include Owner's name and the Contract number. We will not be responsible for any actions taken prior to our receipt of a valid change request. We will send correspondence relating to this Contract to your last known address.

OWNER, PAYEE AND BENEFICIARY

Rights of Owner

You have the right to change the designations of Owner, Payee and Beneficiary while this Contract is in effect. A joint Owner may be named. Any joint Owner has the same ownership rights as the Owner. Either the Owner or the joint Owner may act independently without the consent of the other. This right is subject to the consent of any irrevocable Payee or Beneficiary and to the terms of any collateral assignment.

Rights of Succession

When the Owner dies, any surviving Owner will succeed to the ownership rights. If no Owner survives:

- each surviving Beneficiary will become an Owner. If no Beneficiaries survive or are named, then
- the estate or successors of the last Owner to die will become the Owner.

Each Beneficiary, estate or successor who becomes an Owner will also become a Payee, subject to any irrevocable terms established by the previous Owner and to the terms of any collateral assignment.

If more than one Owner dies and there is insufficient evidence to establish who died first, the Owners will be deemed to have died at the same time.

Designation Changes

Any change in designation of an Owner, a Payee, or a Beneficiary requires Notice. If an Owner designation is changed, any existing revocable Payee and Beneficiary designations are automatically revoked. The new Owner will be the Payee unless otherwise designated. Any new Beneficiaries must be named by the new Owner. The new designation will take effect as of the date the Notice was signed.

A change does not affect any payment made or other action taken by us before the Notice is received.

COMPLIANCE

Death of Owner – Compliance with I.R.C. Section 72(s)

This Contract is intended to qualify for tax treatment as an annuity contract under Section 72 of the Code. If an Owner dies, the death provisions included in the Contract satisfy Section 72(s). The Contract provisions will be interpreted to preserve the intended tax treatment. We reserve the right to amend this Contract as needed to maintain its tax status under the Code. We will send you a copy of any amendment.

Death Before Income Starting Date

If an Owner dies before the Income Start Date, the entire interest in this Contract must be paid within five years after the date of that Owner's death. However, each individual who is or becomes an Owner in accordance with the Rights of Succession section may elect to have his or her interest paid as follows with payments beginning within one year after the date of death:

- over his or her lifetime; or
- over a period not exceeding his or her life expectancy.

If this individual is the Spouse and becomes the sole Owner, he or she may also elect to continue this Contract. For purposes of spousal continuation only, the term "spouse" is defined under U.S. federal law.

If an Owner is not an individual and an Annuitant or any Joint Annuitant dies before the Income Start Date, the entire interest in this Contract must be paid within five years after the date of death.

Proof of the death of an Owner, an Annuitant, Joint Annuitant, or Payee must be furnished to the Administrative Office.

Death On or After Income Start Date

If an Owner (or the Annuitant or any Joint Annuitant if an Owner is not an individual), dies on or after the Income Start Date, any remaining Income Payments will be made under the Contract at least as rapidly as when that individual died.

General

This Contract is intended to comply with the following:

- the laws of the state in which it was delivered; and
- Section 72 of the Code.

SINGLE PREMIUM IMMEDIATE ANNUITY

**GENWORTH LIFE AND ANNUITY
INSURANCE COMPANY**

**GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
COMMUTATION ENDORSEMENT**

This endorsement modifies the specified provisions of your Contract.

The first paragraph of the **Payments** provision under the GENERAL PROVISIONS section is deleted and replaced with the following:

All Income Payments are specified in the Data Pages. Income Payments may not be advanced, accelerated or commuted except as specifically stated below.

We will pay the amount of full or partial commutation after we have received the following documents in a form acceptable to us:

- Written request for commutation signed by all Owners;
- Written approval of this commutation payment from all irrevocable Payees and irrevocable Beneficiaries;
- Written approval from any collateral assignee of this Contract; and
- Any other information required by us.

The date of commutation will be the business date the last required document or information required by us is received at our Administrative Office.

Multiple Owners will receive a share of the lump sum equal to the proportion of income he or she controls.

At any time after the [5th] Contract anniversary, and prior to us making the final Income Payment within the period certain, Owners can select full commutation once, or partial commutation twice, during the life of the Contract.

- Full commutation will equal 100% of the commuted value. This value is defined below. After full commutation the Contract will terminate. No further Income Payments will be made.
- Partial commutation may equal [30% to 70%] of the commuted value. This value is defined below. After partial commutation, Income Payments will be reduced by the same percentage as the partial commutation.

The commuted value equals the greater of (a) and (b), where:

- (a) is 100% of the single premium paid for this Contract less any Income Payments and partial commutation amounts previously paid, less a [9%] surrender charge; and
- (b) is 100% of the cost of a Contract that would provide Income Payments equal to the unpaid period certain payments. To calculate this cost the Company will use its Single Premium Immediate Annuity rates in effect on the date of commutation less a [9%] surrender charge.

Following commutation no further Income Payments will be made.

Once the period certain is over, commutation is no longer available.

After the Death of the Annuitant or Joint Annuitant, if any:

If the Annuitant and Joint Annuitant, if any, dies before the period certain is over:

- (a) The remainder of the unpaid period certain payments will be paid as specified in the Contract;
- (b) Owners may commute the unpaid period certain payments to a lump sum:
 - (1) The commuted lump sum will equal 100% of the cost of a Contract that would provide Income Payments equal to the unpaid period certain payments. To calculate this cost the Company will use its Single Premium Annuity rates in effect on the date of commutation less a [9%] surrender charge;
 - (2) The lump sum must be requested within 60 days after the death of the Annuitant and Joint Annuitant, if any.

Income Payments will not be made in amounts less than [\$100.00] per Payee. We may use a less frequent Income Mode to make Income Payments at least equal to this minimum.

The last sentence of the **Payments** provision under the GENERAL PROVISIONS section is deleted.

For Genworth Life and Annuity Insurance Company,



Pamela S. Schutz
President



Genworth[®]
Financial

Genworth Life & Annuity

Genworth Life

Tel: xxx xxx.xxxx

Fax: xxx xxx.xxxx

SecureLivingSM Income Provider immediate annuity application

from Genworth Life and Annuity Insurance Company
and Genworth Life Insurance Company

Page 1 of [7]

Send completed form, proof of birth date for each annuitant and the illustration used to:

Regular mail:
P.O. Box 85093
Richmond, VA 23285

Overnight delivery:
6610 West Broad Street
Richmond, VA 23230

1. Owner information

Genworth Life & Annuity and Genworth Life are referred to as "the Company" in this document.

The owner(s) address must be a physical U.S. address, and not a P.O. box.

If any owner is not a U.S. citizen, attach IRS W-9 form; if non-resident alien, attach appropriate W-8 series form instead.

Joint owners are allowed on non-qualified contracts only.

Owner type *Select one*

Individual Trust* Custodial Corporation** Partnership***

*Certification of trustee powers form required

**Corporate resolution required

***Partnership agreement required

Owner/Trust name *First, M.I., Last*

Birth/trust date

Male
 Female
 Entity

Address

Telephone number

City

State

Zip

Country of citizenship *If non-U.S. citizen*

Social Security/Tax ID Number

Joint owner name *First, M.I., Last*

Birth/trust date

Male
 Female
 Entity

Address

Telephone number

City

State

Zip

Relationship to owner

Social Security/Tax ID Number

Country of citizenship *If non-U.S. citizen*

2. Annuitant information

The annuitant is the person on whose life expectancy any life contingent income payments are based.

The annuitant(s) cannot be changed after the contract has been issued.

For IRA contracts the owner must be the annuitant.

You must include a copy of proof of birth date for each annuitant. Some examples include driver's license, passport, military I.D.

Annuitant *If different than owner shown above*

Name *First, M.I., Last*

Birth date

Male
 Female

Social Security/Tax ID Number

Relationship to owner

Joint annuitant

Name *First, M.I., Last*

Birth date

Male
 Female

Social Security/Tax ID Number

Relationship to owner

If two annuitants are named, income payments will continue upon death of the first annuitant.

Select one payment reduction below.

Payments will not reduce

Payments will reduce to % upon death of the primary annuitant only

Payments will reduce to % upon death of either annuitant

3. Payee information

The total for all payees must be 100%.

Payments cannot be made directly to a minor.

Additional payees can be specified in section 10 on page [5].

If no payee is indicated, we will assume equal distribution among all contract owners.

For all IRA contracts the owner must be the sole payee, except for qualified charitable distributions after age 70.

Payee(s)	Percentage of payment
<input type="radio"/> The owner(s) <i>Shown on page 1</i>	%
<input type="radio"/> Other payee <i>Complete information below</i>	%
Other payee name	Birth date
.....
Address	
.....	
City	State Zip
.....
Social Security/Tax ID Number	Telephone number
.....

4. Beneficiary information

If you do not name a beneficiary, the Company will default to your estate. If you wish to name more than three beneficiaries, consider naming your estate.

Additional beneficiaries and any irrevocable beneficiary designations can be specified in section 10 on page [5].

For each beneficiary type selected, income payment designations must total 100%.

If any beneficiary is not a U.S. citizen, attach IRS W-9 form; if non-resident alien, attach appropriate W-8 series form instead.

Primary beneficiary	Percentage of annuity payment
Beneficiary name <i>First, M.I., Last</i>	% <input type="radio"/> Male
.....	Birth/trust date <input type="radio"/> Female
Relationship to owner <input type="radio"/> Entity
.....	Social Security/Tax ID Number
.....

Beneficiary type <i>Select one</i>	Percentage of annuity payment
<input type="radio"/> Primary beneficiary	%
<input type="radio"/> Contingent beneficiary <input type="radio"/> Male
Beneficiary name <i>First, M.I., Last</i>	Birth/trust date <input type="radio"/> Female
..... <input type="radio"/> Entity
Relationship to owner	Social Security/Tax ID Number
.....

Beneficiary type <i>Select one</i>	Percentage of annuity payment
<input type="radio"/> Primary beneficiary	%
<input type="radio"/> Contingent beneficiary <input type="radio"/> Male
Beneficiary name <i>First, M.I., Last</i>	Birth/trust date <input type="radio"/> Female
..... <input type="radio"/> Entity
Relationship to owner	Social Security/Tax ID Number
.....

Beneficiary type <i>Select one</i>	Percentage of annuity payment
<input type="radio"/> Primary beneficiary	%
<input type="radio"/> Contingent beneficiary <input type="radio"/> Male
Beneficiary name <i>First, M.I., Last</i>	Birth/trust date <input type="radio"/> Female
..... <input type="radio"/> Entity
Relationship to owner	Social Security/Tax ID Number
.....

5. Premium and plan information

The minimum premium amount accepted is [\$5,000].

Total amount submitted with application
\$

Estimated amount from 1035 Exchange or Transfer *Attach transfer authorization form*
\$

Contract type and source of funds *Complete non-qualified or qualified, not both*

Non-qualified contract

Indicate all sources that apply.

Source of funds *Indicate all that apply*

- 1035 exchange
- Transfer from money market account/certificate of deposit/mutual fund
- Cash with application

Qualified contract

Type of contract desired *Select one and enter benefit amount if applicable*

- IRA
- Roth IRA
- Defined benefit plan Benefit amount \$
- Pension* Benefit amount \$
- Profit sharing/401(k)* Benefit amount \$
- Other qualified plan

*Investment only

Source of funds *Indicate all that apply*

- Transfer by owner
- Transfer by owner's beneficiary
- Customer rollover
- Conversion/reconversion
- Direct rollover from
 - 401(a)
 - 401(k)
 - TSA/403(b)
 - Gov't 457 plan
 - Other

6. Annuity payment period

All payment types may not be available in all states.

Payment options *Select one and enter any necessary detail*

- Certain period only guaranteed for..... years.....months *From 5 to 50* years*
- Lifetime only
- Lifetime with certain period for..... years.....months *From 5 to 50* years*
- Lifetime with cash refund
- Lifetime with installment refund

* *Company approval is required when the guarantee period plus any annuitant's age exceeds 100 on non-qualified contracts. A guarantee past life expectancy cannot be provided on an IRA or other qualified contracts. For Roth IRA contracts, a guarantee past the beneficiary's life expectancy should ordinarily not be selected. Life expectancy is based on applicable IRS tables.*

Optional endorsements and rider

All endorsements and/or riders may not be available in all states or with all payment types.

Options 1 and 2 may not be selected in combination with each other

- 1. I elect the commutation endorsement *Not available with Lifetime only payment option*
- 2. I elect the restrictions endorsement *Income Advance is not available with this option*
- 3. I elect the Income Booster rider
- 4. Consider my contract for impaired risk underwriting. I understand that I must submit medical records for the annuitant(s) to my agent. *The impaired risk feature is for annuitants under age 85 who have a serious medical condition that may reduce their life expectancy by 25% or more. Income advance is not available with impaired risk underwriting.*

7. Payment detail

This section is typically completed with the assistance of a previously obtained quote or illustration.

Payment frequency *Select one*

- Monthly Quarterly Semi-annually Annually

Optional cost of living adjustment *Indicate a percentage and select compound or simple*

% From [1.0% to 6.0%]

- [Compound Simple]

Select one *If you leave this section blank, payments will start one month from date all premium is received*

I will specify payment amount *The Company will determine start date*

Payment amount

\$

I will specify income start date *The Company will determine payment amount*

Income start date

8. Payment method choice *Select one*

Electronic funds transfer

If selecting this option, enter the payee's account information.

Direct deposit authorization

I authorize the Company to automatically transfer payments into my account. I further authorize the Company to make any necessary adjustments to my account and notify me or my agent. I authorize the named institution to complete the transaction specified herein. This authorization will remain in effect until I notify the Company in writing.

Account owner name

Institution name for deposit

Bank routing number

Account number for deposit

- Savings Checking
 Money market (brokerage account)

If selecting a brokerage account, enter additional information below.

Brokerage firm

Brokerage routing number

Broker name

Broker account number

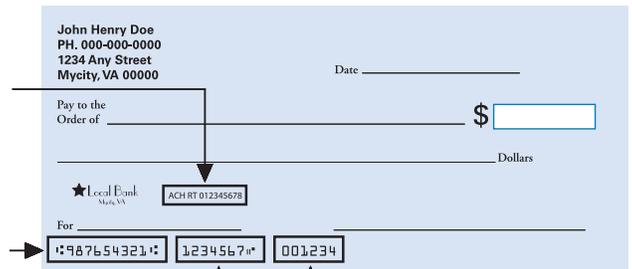
This is an example of a personal check. A business check may be different.

To find the routing and account number:

For checks with an ACH RT (Automated Clearing House Routing) number, please use this routing number.

For all other checks, use the nine-character **bank routing number**, which appears between the **||** symbols, usually at the bottom left corner of the check.

The **account number** is 5-22 characters long and appears next to the **||** symbol at the bottom of the check and usually to the right of the bank routing number.



Do not use your check number, usually located here.

Check

Checks will be sent to the payee(s) in section 3.

9. Income tax withholding

Federal tax

If you leave this section blank, we will proceed with withholding of federal tax.

Do you want federal income tax withheld?

Yes No

If yes, answer federal W-4P questions below.
If you live in GA, you must answer the W-4P questions whether or not you have federal tax withheld.

W-4P questions

1. Marital status

Single Married Married, but withhold at higher Single rate

2. Number of withholding allowances:.....

3. Additional withholding

Enter additional amount, if any, you would like deducted from each payment.

\$

State tax

- If you live in [DE, KS, NE, OK or VT] and you have federal income tax withheld, **state withholding will be based on state tax rates and your responses to the W-4P questions above.** In [KS, NE, or OK] you may check "No" below to avoid state withholding that would otherwise be required based on your federal Form W-4P.
- If you live in [CA, IA, MA, ME, NC, OR or VA] **you must complete state withholding if you have federal income tax withheld.**
- **You must specify state withholding** if you do not have federal tax withheld but want [AZ, CA, CT or OR] income tax withheld.
- If you live in any state other than [PA and HI] you may specify an amount or percentage for us to withhold from each annuity payment.

Do you want state income tax withheld?

Yes No

If yes, enter dollar amount or percentage.

\$

..... %

- In the following states you must specify the amount or percentage of state tax to withhold: [AL, AR, CO, DC, ID, IL, IN, KY, LA, MD, MI, MN, MO, MT, NJ, NY, NM, OH, SC, UT, WI, or WV.]

Tax information

- Withholding will apply only to the portion of each payment that is subject to federal income tax.
- Even if you elect not to have state income taxes withheld from your annuity payments, you are liable for payment of, if applicable, state income taxes on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. You may be able to avoid quarterly tax payments by having enough tax withheld from your annuity payments.
- It is important that you provide us with the proper Social Security or taxpayer identification number. If you do not supply this number, we will proceed with automatic withholding of any required state taxes.
- If applicable, the state withholding certificate may state special rules and conditions for withholding state income tax from your annuity payments.
- Consult your personal tax advisor regarding the tax status of distributions from your annuity.

10. Additional information *Please print clearly*

Use this section to specify any additional annuitant, beneficiary or payee information, or for special instructions.

For each beneficiary type, income payment designations must total 100%

.....

.....

.....

.....

.....

.....

.....

11. State notices

ARIZONA, PLEASE NOTE: RIGHT TO EXAMINE Upon written request, the Company will provide to the Contract Owner within a reasonable time, factual information on the benefits and provisions of this Contract. If for any reason the Contract Owner is not satisfied, the Contract may be returned to the Company or agent within 30 days after delivery and the Contract will be voided. Any premium received by the Company, less any payments made by the Company, will be returned to the premium payor.

ARKANSAS, KENTUCKY, LOUISIANA, NEW MEXICO, OHIO, AND PENNSYLVANIA, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

COLORADO, PLEASE NOTE: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA, WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA, PLEASE NOTE: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

MAINE, TENNESSEE, VIRGINIA, WASHINGTON, PLEASE NOTE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NEW JERSEY, PLEASE NOTE: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OKLAHOMA, WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

ALL OTHER STATES, PLEASE NOTE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

12. Owner signature

Owners, you must answer the two questions to the right.

In accordance with the Patriot Act, owner(s) must provide the broker/agent with a valid photo identification.

Your signature indicates you have read and understand all sections of this form. **If you are a Trustee, Attorney-in-Fact, Guardian, Conservator or other Fiduciary, you must sign in your capacity (e.g. Jane Smith, Trustee) and attach relevant legal documentation.**

- 1. Do you have any existing life insurance policy(ies) or annuity contract(s)?** Yes No
2. Will the proposed annuity replace and/or change any existing annuity or insurance contract(s)? Yes No

The undersigned hereby apply to the Company for an annuity contract in accordance with the information contained in this application. The undersigned understand that upon acceptance of this application by the Company, they will be bound by the provisions and entitled to the benefits of the annuity. The undersigned represent to the best of their knowledge that all statements set forth in this application are full, complete, and true as written and are correctly recorded. The undersigned have read and understand the appropriate fraud and disclosure statements. The undersigned also acknowledge that they have been strongly advised to consult with a tax professional concerning the taxation of their income payments. The undersigned believe this contract will meet their insurance needs and financial objectives.

The undersigned hereby acknowledge if Lifetime Only payout is selected, payments will continue for the life of the annuitant(s) and will end upon the death of the annuitant(s).

Owner signature *And capacity, if applicable*

X

Name of state where signed		Date of signature	
.	.	.	.
Type of photo ID provided	ID issued by	Issue date	Expiration date
.	.	.	.

Joint owner signature *And capacity, if applicable*

X

Name of state where signed		Date of signature	
.	.	.	.
Type of photo ID provided	ID issued by	Issue date	Expiration date
.	.	.	.

13. Agent signature

Agents, you must answer the two questions to the right.

- 1. Does the applicant have any existing life insurance policy or annuity contract(s)?** Yes No
2. Do you have reason to believe that the proposed annuity will replace any existing annuity or insurance contract(s)? Yes No

If the answer to either question above is yes, replacement forms and/or additional forms may be required. Check for specific state requirements.

By signing, I certify that the above signature(s) are genuine and that all information contained in this application is true to the best of my knowledge and belief. I have verified the owner(s) identification information above.

Agent name <i>Please print</i>	Licensing number <i>Required in FL</i>	
.	.	
Social Security or Agent Number	Telephone number	
.	.	
Broker/dealer/BGA name	BGA Telephone number	
.	.	
Agent address		
.	.	
City	State	Zip
.	.	.
Email address	Fax number	
.	.	
Agent signature	Date of signature	
.	.	

Commission option *Select one*

NT T UT 0

For split commissions, indicate additional agent information and split percentages on a separate sheet of paper.

SERFF Tracking Number: GEFA-125545430 State: Arkansas
Filing Company: Genworth Life and Annuity Insurance Company State Tracking Number: 38429
Company Tracking Number: P1872 01/08
TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Product Name: Individual Single Premium Immediate Annuity
Project Name/Number: Individual SPIA - GLAIC/P1872 01/08

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 03/14/2008
Comments:
Attachment:
ARcomp.pdf

Review Status:
Satisfied -Name: Application 03/14/2008
Comments:
Application is being filed under this submission.

Review Status:
Satisfied -Name: Life & Annuity - Acturial Memo 03/14/2008
Comments:
Attachments:
ActMemoP1872.pdf
ActMemo Exhibit 1R.pdf

Review Status:
Satisfied -Name: AR Fee 03/14/2008
Comments:
Attachment:
ARfee.pdf

Review Status:
Satisfied -Name: Variability 03/14/2008
Comments:
Attachment:
CertofVarP1872.pdf

ARKANSAS CERTIFICATION

P1872 01/08, Single Premium Immediate Annuity Contract
P5392 01/08, Commutation Endorsement
43650 01/2008, Immediate Annuity Application

The Company certifies that we will maintain compliance with Rule and Regulation 19 (Unfair Sex Discrimination).

The Company certifies that we will maintain compliance with Rule and Regulation 49 (Life and Health Guaranty Association Notices).

The Company certifies that we will maintain compliance with requirements on Consumer Information Notices.

We certify the Flesch score readability is 58.8.

For Genworth Life and Annuity Insurance Company

A handwritten signature in cursive script that reads "Paul Loveland".

Paul Loveland
Vice President Product Compliance

ACTUARIAL MEMORANDUM

SINGLE PREMIUM IMMEDIATE ANNUITY

FORMS P1872 01/08, P5392 01/08

GENWORTH LIFE AND ANNUITY INSURANCE COMPANY

1. PRODUCT SUMMARY

This product is a fixed single premium immediate annuity. The minimum single premium is generally \$5,000. The Company provides a scheduled amount of fixed annuity income to the contract owner on each Annuity Income Date. This benefit will be funded through the Company's General Account.

The first Annuity Income Date is chosen at the time of purchase by the contract owner and may be up to one year plus one mode after the Contract Date. At the time that a contract is issued, the contract owner chooses the frequency of Annuity Income Dates. Currently, we offer the following frequencies: monthly, quarterly, semi-annual, and annual.

The income options that are currently available under the contract are as follows:

- a) Single Life
- b) Joint and Survivor
- c) Joint and Survivor with Reduced Income to Survivor
- d) Joint and Contingent
- e) Single Life with Installment Refund
- f) Joint and Survivor with Installment Refund
- g) Single Life with a Cash Refund
- h) Joint and Survivor with a Cash Refund
- i) Annuity Income for a Guaranteed Number of Years

Options (a) - (d) are available with a guarantee period. For options (c) and (d), any applicable benefit reduction will not take place until the death of the applicable measuring life. An option to increase annuity income at a predetermined percentage annually is available on all income options above. There may be some limitations placed on the availability of some guarantee periods to meet various requirements of the Internal Revenue Code.

The product is generally available to persons aged 100 and younger. There is a standard 30-day Free Look period, during which time the contract may be returned for a refund at least equal to the single premium. After the Free Look period expires, the contract may not be surrendered.

Impaired risk will not be offered with this product.

This product is non-participating.

Commission and benefit structure can be built differently for each group contract.

2. RESERVES

Reserves for the annuity benefits will be maintained in the General Account. Reserves will comply with the Standard Valuation Law and will be based on the CARVM method. The mortality assumption will be at least as conservative as the mortality valuation standard at the time that the contract is issued. The interest assumption of the fixed portion will be the statutory valuation interest rate for immediate annuities unless a more conservative assumption is indicated by the Valuation Actuary (through the periodic cash flow testing required by the valuation law and actuarial standards of practice.) See exhibit I for a detailed reserve calculation.

3. COMMUTATION ENDORSEMENT

This contract contains a commutation endorsement that allows for payment of a commuted value. While the contract owner(s), if applicable, are alive, the commuted value is equal to the larger of the premium paid less annuity payments less previous commutations, and the cost of providing an annuity contract that provides annuity payments equal to the unpaid certain period payments less a 9% surrender charge. After the death of the contract owner(s), if applicable, the commuted value is the cost of providing an annuity contract that provides annuity payments equal to the unpaid certain period payments less a 9% surrender charge.

The cost of providing an annuity contract is found by using the single premium immediate annuity factors in effect at the time of commutation. For example, assume an original contract is purchased for a 30-year certain period with a \$1,000 benefit payment. Upon death of the contract owner(s) after 10 years of annuity payments, the commuted value would be the gross premium required for a 20-year certain where the annuity payments were equal to \$1,000, calculated using rates as of the date of commutation, less a 9% surrender charge.

The factors that are used in determining the commuted value are the number of remaining annuity payments, the dollar amount of remaining annuity payments, the level of the guaranteed floor (gross premium less annuity payments and commutations previously made) if applicable, the annuity factors/rates (converts future benefits to gross premium) in effect on the date of commutation, and the surrender charge. To find the commuted value, all future remaining certain period annuity payments are discounted to the date of commutation using annuity factors in effect on the date of commutation. A 9% charge is applied and the resulting value would be compared to the guaranteed floor, if applicable, with the higher value being paid as the commuted value.

The 9% surrender charge is designed to cover expenses or risks from three sources: recovery of issue expenses incurred at sale of contract, a charge for the floor guarantee, and lastly, an adjustment to commute the net single premium rather than the gross premium.

The first is intended to recover the average amount of expenses that have not yet been recovered through the pricing spread. These expenses would be items such as commission and other acquisition expenses.

The second item is needed to cover the estimated cost of providing the guaranteed floor (premium less annuity payments made). If interest rates spike when we pay a commutation at

the floor, we would have to sell the assets at a reduced value, which would be less than the commuted value.

Finally, the intent is for us to pay the present value of remaining benefits at a current market interest rate. This value would be represented by the net single premium for an immediate annuity. The formula that we chose to use, due to its simplicity, actually calculates the commuted value as the gross single premium. In other words, the current factors that are applied to the remaining benefits upon commutation convert the stream to a gross premium rather than a net premium. The difference between the gross premium and the net premium is about 4%. Thus, almost half of the 9% charge is to adjust the commuted value so that we are commuting the net present value rather than gross present value of an equivalent immediate annuity.

A handwritten signature in cursive script that reads "Kim Mason".

Kim Mason, ASA, MAAA
Actuary
January 22, 2008

Exhibit I
Actuarial Memorandum
Policy Form #P1872 01/08

Issued to a Male age 70
Issue Date: 12/1/2007
First Income Date: 1/1/2008
SPIA Valuation Rate (*) 5.50%
Valuation Mortality: Annuity 2000 Mortality Table, ANB
Annual Benefit: \$10,000
Guarantee Period 0

Reserve at 12/31/2007: \$ 106,794

Date	Age	t (years)	Benefit	Mortality Table (Qx)	tPx	v ^t	Benefit *tPx*v ^t
12/31/2007							
1/1/2008	70	0	10,000	0.016979	1.000000	1.0000	10,000
1/1/2009	71	1	10,000	0.018891	0.983021	0.9479	9,318
1/1/2010	72	2	10,000	0.020967	0.964451	0.8985	8,665
1/1/2011	73	3	10,000	0.023209	0.944229	0.8516	8,041
1/1/2012	74	4	10,000	0.025644	0.922314	0.8072	7,445
1/1/2013	75	5	10,000	0.028304	0.898663	0.7651	6,876
1/1/2014	76	6	10,000	0.031220	0.873227	0.7252	6,333
1/1/2015	77	7	10,000	0.034425	0.845965	0.6874	5,815
1/1/2016	78	8	10,000	0.037948	0.816842	0.6516	5,323
1/1/2017	79	9	10,000	0.041812	0.785845	0.6176	4,854
1/1/2018	80	10	10,000	0.046037	0.752987	0.5854	4,408
1/1/2019	81	11	10,000	0.050643	0.718322	0.5549	3,986
1/1/2020	82	12	10,000	0.055651	0.681944	0.5260	3,587
1/1/2021	83	13	10,000	0.061080	0.643993	0.4986	3,211
1/1/2022	84	14	10,000	0.066948	0.604658	0.4726	2,857
1/1/2023	85	15	10,000	0.073275	0.564177	0.4479	2,527
1/1/2024	86	16	10,000	0.080076	0.522837	0.4246	2,220
1/1/2025	87	17	10,000	0.087370	0.480971	0.4024	1,936
1/1/2026	88	18	10,000	0.095169	0.438948	0.3815	1,674
1/1/2027	89	19	10,000	0.103455	0.397174	0.3616	1,436
1/1/2028	90	20	10,000	0.112208	0.356084	0.3427	1,220
1/1/2029	91	21	10,000	0.121402	0.316129	0.3249	1,027
1/1/2030	92	22	10,000	0.131017	0.277750	0.3079	855
1/1/2031	93	23	10,000	0.141030	0.241360	0.2919	704
1/1/2032	94	24	10,000	0.151422	0.207321	0.2767	574
1/1/2033	95	25	10,000	0.162179	0.175928	0.2622	461
1/1/2034	96	26	10,000	0.173279	0.147396	0.2486	366
1/1/2035	97	27	10,000	0.184706	0.121856	0.2356	287
1/1/2036	98	28	10,000	0.196946	0.099348	0.2233	222
1/1/2037	99	29	10,000	0.210484	0.079782	0.2117	169
1/1/2038	100	30	10,000	0.225806	0.062989	0.2006	126
1/1/2039	101	31	10,000	0.243398	0.048766	0.1902	93
1/1/2040	102	32	10,000	0.263745	0.036896	0.1803	67
1/1/2041	103	33	10,000	0.287334	0.027165	0.1709	46
1/1/2042	104	34	10,000	0.314649	0.019360	0.1620	31
1/1/2043	105	35	10,000	0.346177	0.013268	0.1535	20
1/1/2044	106	36	10,000	0.382403	0.008675	0.1455	13
1/1/2045	107	37	10,000	0.423813	0.005358	0.1379	7
1/1/2046	108	38	10,000	0.470893	0.003087	0.1307	4
1/1/2047	109	39	10,000	0.524128	0.001633	0.1239	2
1/1/2048	110	40	10,000	0.584004	0.000777	0.1175	1
1/1/2049	111	41	10,000	0.651007	0.000323	0.1113	0
1/1/2050	112	42	10,000	0.725622	0.000113	0.1055	0
1/1/2051	113	43	10,000	0.808336	0.000031	0.1000	0
1/1/2052	114	44	10,000	0.899633	0.000006	0.0948	0
1/1/2053	115	45	10,000	1.000000	0.000001	0.0899	0

(*) Using SPIA rate for year 2007 issues

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: Genworth Life and Annuity Insurance Company

Company NAIC Code: Group 350, Company 65536

Company Contact Person&Telephone #: Brenda Bond (804) 922-5133

* INSURANCE DEPARTMENT USE ONLY *

* * *

* ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____ *

ALL FEES ARE PER EACH INSURER. PER ANNUAL STATEMENT LINE OF BUSINESS UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. 1 X \$ 50= \$50.00
**Retaliatory

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer. * X \$ 50=
**Retaliatory

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. X \$20=
**Retaliatory

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. * X \$ 25=
**Retaliatory

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority. * X \$400=

Filing to amend Certificate of Authority. *** X \$100=

CERTIFICATION OF VARIABILITY

March 7, 2008

P1872 01/08, Single Premium Immediate Annuity
P5392 01/08, Commutation Endorsement
43650 01/2008, Application

We have bracketed certain information within the above-mentioned forms to indicate variability. We certify that these forms will never reflect a lesser benefit or amount than what your state mandates. We certify that the ranges for the bracketed items contained in the contract, endorsement and application are as follows:

P1872 01/08, Single Premium Immediate Annuity

Officer Signature

Our current officer's signatures will appear.

Home Office – Administrative Office – Customer Service Telephone Number

Current home office and administrative addresses and customer service telephone number at issue will appear.

Contract Number

Contract number will appear.

Contract Issued In

State of issue will appear.

Owner

Contract Owner's name will appear.

Contract Date

The date the Contract is issued will appear.

Annuitant

Named annuitant along with their date of birth and age will appear.

Joint Annuitant

This line will print only if a joint annuitant has been named. It will show the annuitant's name, date of birth and age.

Income Start Date

The date income payments are scheduled to begin will appear.

Income Payment Plan

The income payment plans available under the Contract will appear. The available income payment plans are as follows:

- (a) **Period Certain Only** – The Income Payment is to be paid to the Payee each Modal Period beginning and ending on the dates specified.
- (b) **Lifetime Only** – The Income Payment is to be paid to the Payee beginning on the date specified if the Annuitant(s) is alive on such date and continues to be paid each Modal Period after such date for as long as the Annuitant(s) lives.

- (c) **Lifetime with Period Certain** – The Income Payment is to be paid to the Payee each Modal Period beginning and ending on the dates specified (the period certain) and continues to be paid to the Payee each Modal Period after the Ending Date for as long as the annuitant(s) lives.
- (d) **Lifetime with Cash Refund** – The Income Payment is to be paid to the Payee each Modal Period beginning and ending on the dates specified and continues to be paid to the Payee each Modal Period after the Ending Date for as long as the Annuitant(s) lives. If the Annuitant(s) dies prior to the Ending Date, the remaining Income Payments due through the Ending Date will be paid in one lump sum to the Payee upon receipt of Notice of due proof of death of the Annuitant(s).
- (e) **Lifetime with Installment Refund** – The Income Payment is to be paid to the Payee each Modal Period beginning and ending on the dates specified (period during which the Income Payments equal the single premium) and continues to be paid to the Payee each Modal Period after the Ending Date for as long as the Annuitant(s) lives.

Single Premium

The actual amount of premium received will appear.

ENDORSEMENT(S)/RIDER(S)

If any endorsements and/or riders are issued with the Contract, this section will appear to include each endorsement's and/or rider's Form Number, Title, and Effective Date. If no endorsements and/or riders are issued with the Contract, this section will not appear.

P53923 01/08, Commutation Endorsement

This endorsement modifies the specified provisions of the Contract. (page 1)

At any time no sooner than the 1st and no later than the 10th Contract anniversary, and prior to us making the final Income Payment within the period certain, an Owner has the right to receive a commuted value.

Partial Commutation (page 1)

Partial commutation may equal no less than 10% and no more than 90% of the commuted value.

Committed Value (page 1)

The surrender charge will never be less than 1% or more than 15%.

Death Before Period Certain is Over

The surrender charge will never be less than 1% or more than 15%.

Payments (page 2)

The minimum will never be less than \$10 and will never be more than \$1,000.

43650 01/2008, Immediate Annuity Application

[SecureLiving Income Provider]

The current marketing name for our product will appear.

Page Numbers

Page numbers may change due to additions of more optional riders, endorsements or due to not offering all options (i.e. no qualified contacts etc.)

Telephone Numbers

Our current telephone numbers will print.

Mailing Instructions

Our current addresses will print.

Section 5.

Premium and Plan Information: Minimum premium amounts accepted will never be less than \$1,000 and never more than \$100,000,000.

Qualified Contract

This section is bracketed as we may offer only in non-qualified market.

Section 6.

Annuity Payment Period: Lifetime Only, Lifetime with Period Certain, Installment Refund, Period Certain Only and Cash Refund income payment options will appear if available for this product.

Optional Endorsements and Riders: Bracketed to allow for new or deleted options. Impaired risk bullet will not print if this is not applicable to product.

Section 7. Payment Detail

Optional cost of living adjustment: The minimum will never be less than 1% and the maximum will never be more than 6%.

Compound/Single: Cost of living adjustment may be calculated by compound or simple interest percentage. We may wish to limit to just one or the other, or no COL.

Section 9. Income tax withholding

State Tax: specific states have been bracketed to allow for future changes with regard to each state as they may happen.

Section 12. Owner Signature

We have bracketed the Patriot Act information (type of photo ID provided, etc.) to allow for any changes that may occur upon finalization of the Patriot Act requirements.

Section 13. Agent Signature

The commission options for the product will print.

None of the above mentioned items will be bracketed when the contract is issued. Any change in the text that is marked as variable will only be effective for future issues. We certify that our use of variability will be administered in a uniform and non-discriminatory manner and will not result in unfair discrimination.

For Genworth Life Insurance Company

A handwritten signature in cursive script, reading "Paul Loveland", is written in black ink. To the right of the signature is a vertical red line.

Paul Loveland, Vice President Product Compliance