

SERFF Tracking Number: GEFA-125740754 State: Arkansas
 Filing Company: Genworth Life Insurance Company State Tracking Number: 39767
 Company Tracking Number: GNW6221 05/08
 TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.003 Single Premium
 Product Name: Waiver of Surrender Charge
 Project Name/Number: Waiver of Surrender Charge/GNW6021 05/08

Filing at a Glance

Company: Genworth Life Insurance Company
 Product Name: Waiver of Surrender Charge SERFF Tr Num: GEFA-125740754 State: ArkansasLH
 TOI: A02I Individual Annuities- Deferred Non- Variable SERFF Status: Closed State Tr Num: 39767
 Sub-TOI: A02I.003 Single Premium Co Tr Num: GNW6221 05/08 State Status: Approved-Closed
 Filing Type: Form Co Status: Reviewer(s): Linda Bird
 Authors: Brenda Bond, Ronald Jackson Disposition Date: 08/01/2008
 Date Submitted: 07/29/2008 Disposition Status: Approved
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Waiver of Surrender Charge Status of Filing in Domicile: Pending
 Project Number: GNW6021 05/08 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: Being filed in Delaware concurrently.
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 08/01/2008
 State Status Changed: 08/01/2008 Deemer Date:
 Corresponding Filing Tracking Number:
 Filing Description:
 Genworth Life Insurance Company
 NAIC Group 350, Company 70025
 GNW6221 05/08, Waiver of Surrender Charge – Terminal Illness or Confinement to a Medical Care Facility
 Endorsement

SERFF Tracking Number: GEFA-125740754 State: Arkansas
 Filing Company: Genworth Life Insurance Company State Tracking Number: 39767
 Company Tracking Number: GNW6221 05/08
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
 Variable
 Product Name: Waiver of Surrender Charge
 Project Name/Number: Waiver of Surrender Charge/GNW6021 05/08

Company and Contact

Filing Contact Information

Ronald N. Jackson, Contract Analyst ronald.jackson@genworth.com
 Product Compliance (804) 289-6725 [Phone]
 Richmond, VA 23261-7601 (804) 281-6916[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

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$20.00	07/29/2008	21643979

SERFF Tracking Number: GEFA-125740754 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 39767
Company Tracking Number: GNW6221 05/08
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: Waiver of Surrender Charge
Project Name/Number: Waiver of Surrender Charge/GNW6021 05/08

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/01/2008	08/01/2008

SERFF Tracking Number: GEFA-125740754 State: Arkansas
 Filing Company: Genworth Life Insurance Company State Tracking Number: 39767
 Company Tracking Number: GNW6221 05/08
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
 Variable
 Product Name: Waiver of Surrender Charge
 Project Name/Number: Waiver of Surrender Charge/GNW6021 05/08

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Variability		Yes
Supporting Document	Fee		Yes
Form	Waiver of Surrender Charge - Terminal Illness or Confinement to a Medical Care Facility Endorsement		Yes

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 Variable
 Product Name: Waiver of Surrender Charge
 Project Name/Number: Waiver of Surrender Charge/GNW6021 05/08

Form Schedule

Lead Form Number: GNW6221 05/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GNW6221 05/08	Policy/Cont	Waiver of Surrender Charge - Terminal Illness or Certificate: Confinement to a Amendmen Medical Care Facility t, Insert Endorsement Page, Endorseme nt or Rider	Initial		50	GNW6221_0508.pdf

**GENWORTH LIFE INSURANCE COMPANY
WAIVER OF SURRENDER CHARGE - TERMINAL ILLNESS OR
CONFINEMENT TO A MEDICAL CARE FACILITY ENDORSEMENT**

For purposes of this endorsement, if no Owner or Joint Owner is a natural person, then “you” means the Annuitant and/or Joint Annuitant.

The Contract Values section is amended by adding the following:

Waiver of Surrender Charge in the Event of Terminal Illness

We will waive the surrender charge for one or more withdrawals up to a maximum amount that is a percentage of the Contract Value as shown on the Contract Data Pages subject to the following conditions:

- you have been diagnosed with a terminal illness by a licensed physician; and
- a licensed physician certifies your medical condition is expected to result in death within 12 months of such certification; and
- the diagnosis is supported by clinical, radiological, laboratory or other evidence of the medical condition; and
- the diagnosis was made at least [90 days] after the Effective Date; and
- we receive satisfactory proof that you have a terminal illness; and
- the withdrawal occurs after receipt of satisfactory proof.

Waiver of Surrender Charge in the Event of Confinement to a Medical Care Facility

We will waive the surrender charge for one or more withdrawals up to a maximum amount that is a percentage of the Contract Value as shown on the Contract Data Pages subject to the following conditions:

- you enter a state-licensed facility providing medically necessary in-patient care (the “Facility”). The confinement must be prescribed by a licensed physician in writing and be based on limitations that prohibit daily living in a non-institutional environment; and
- you have spent at least 30 consecutive days in the Facility; and
- the confinement began at least [90 days] after the Effective Date; and
- you provide proof of such confinement; and
- we receive the request for the withdrawal in our Administrative Office while you are confined or within 90 days after the discharge from the Facility.

Termination of Endorsement

If the Owner or any Joint Owner of record on the Effective Date is changed, this endorsement and all benefits are terminated.

For purposes of this endorsement, if no Owner or Joint Owner is a natural person, and the Annuitant and/or Joint Annuitant of record on the Effective Date has changed, this endorsement and all benefits are terminated.

The Written Notice provision under the General Provisions section is amended by adding the following:

Written Notice

Satisfactory proof will include a properly completed claim form and a written statement from a licensed physician. The licensed physician must be someone other than you or your relative. We reserve the right to obtain a second opinion at our expense and to contest whether the illness is terminal or the confinement is medically necessary.

For Genworth Life Insurance Company,

[

Pamela S. Schutz]
President

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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 07/21/2008
Comments:
Attachment:
 ARcomp.pdf

Review Status:
Bypassed -Name: Application 07/21/2008
Bypass Reason: Not applicable to this endorsement filing.
Comments:

Review Status:
Satisfied -Name: Life & Annuity - Acturial Memo 07/21/2008
Comments:
Attachment:
 Term III-NH Actuarial Memo.pdf

Review Status:
Satisfied -Name: Variability 07/28/2008
Comments:
Attachment:
 VarStmt.pdf

Review Status:
Satisfied -Name: Fee 07/28/2008
Comments:
Attachment:
 ARfee.pdf

ARKANSAS CERTIFICATION

GNW6221 05/08, Waiver of Surrender Charge – Terminal Illness or Confinement to a Medical Care Facility Endorsement

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.

For Genworth Life Insurance Company

A handwritten signature in cursive script, reading "Paul Loveland".

Paul Loveland
Vice President Product Compliance

GENWORTH LIFE INSURANCE COMPANY
Actuarial Memorandum for
Endorsement Form GNW6221 05/08

The following endorsement may be attached to any individual annuity contract including Single Premium Deferred Annuity contract GEC6008 2-03. There are no explicit charges for this endorsement.

Form GNW6221 05/08, Terminal Illness or Confinement to a Medical Care Facility Endorsement

The endorsement waives surrender charges on withdrawals made during a specified time period if the owner is in a nursing home.

The endorsement also waives surrender charges on withdrawals made during a specified time period if the owner has been diagnosed with a terminal illness.

The above endorsement, combined with SPDA contract form (currently GEC6008 2-03), will comply with the standard nonforfeiture law for deferred annuities.

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

Kim Mason, ASA, MAAA
Actuary
Genworth Life Insurance Company
July 24, 2008

CERTIFICATION OF VARIABILITY

RE: GNW6221 05/08, Waiver of Surrender Charge – Terminal Illness or Confinement to a Medical Care Facility Endorsement

Bracketing will indicate the Company may concurrently make multiple versions of the same form number available using different values within the range provided. We certify that the ranges for bracketed items will be as follows:

Terminal Illness:

The diagnosis was made no less than 90 days and no more than 365 days after the Effective Date.

Confinement to a Medical Care Facility:

The confinement must have begun no less than 90 days and no more than 365 days after the Effective Date.

Officer Signature

We have bracketed the name and signature as this information may change due to leadership changes.

None of these items will be bracketed upon issuance of the contract to the owner. We hereby certify that any change will be done so in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

For Genworth Life Insurance Company,



Paul Loveland
Vice President, Product Compliance

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 #: Ronald N. Jackson (804) 289-6725

* 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. _ X \$ 50= **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. 1 filing X \$20= \$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=