

SERFF Tracking Number: GEFA-126377420 State: Arkansas
Filing Company: Genworth Life and Annuity Insurance Company State Tracking Number: 44040
Company Tracking Number: 599L2-1109
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: SUL Application
Project Name/Number: SUL Application/599L2-1109

Filing at a Glance

Company: Genworth Life and Annuity Insurance Company

Product Name: SUL Application SERFF Tr Num: GEFA-126377420 State: Arkansas
TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 44040
Adjustable Life Closed
Sub-TOI: L09I.002 Joint (Last Survivor) Co Tr Num: 599L2-1109 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Authors: Brenda Bond, Ronald Jackson, Camisha Jones Disposition Date: 11/13/2009
Date Submitted: 11/12/2009 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: SUL Application Status of Filing in Domicile: Not Filed
Project Number: 599L2-1109 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: Group Market Type:
Filing Status Changed: 11/13/2009 Explanation for Other Group Market Type:
State Status Changed: 11/13/2009
Deemer Date: Created By: Camisha Jones
Submitted By: Camisha Jones Corresponding Filing Tracking Number:
Filing Description:
Re: Genworth Life and Annuity Insurance Company
NAIC# 4011-65536 FEIN# 54-0283385

Form Number:
599L2-FW-1109 Application for Joint Life Insurance – Part I

SERFF Tracking Number: GEFA-126377420 State: Arkansas
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Submitted for your approval is the above-referenced form. This form is a new form and will not replace any existing forms.

This application will be used with joint life insurance policies that are currently approved by your department including GLAULLTD0408 AR, Last Survivor Flexible Premium Adjustable Life Policy, approved on 5/22/08. It may also be used with any joint life insurance policies that are approved by your department in the future.

Form No. GEFA-504 et al, Part II Medical History, previously approved 5/30/00, will continue to be completed for the Proposed Insured and the Additional Proposed Insured.

The marketing names and optional riders have been bracketed to allow for their inclusion when they are made available with the products referenced in this application. None of the optional riders will be offered unless they have been approved by your department and/or are in use in accordance with the laws in your state. The Owner will choose these optional riders. These riders will be administered in a uniform, non-discriminatory manner.

We thank you in advance for your review of this filing.

Sincerely,

Camisha Jones

Email: camisha.jones@genworth.com

Phone: (804)484-7044

Company and Contact

Filing Contact Information

Camisha Jones, Compliance Analyst Camisha.Jones@genworth.com
6610 W. Broad Street 804-484-7044 [Phone]
Bldg 2, 5th Floor 804-281-6057 [FAX]
Richmond, VA 23230

Filing Company Information

Genworth Life and Annuity Insurance Company CoCode: 65536 State of Domicile: Virginia
6620 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: 54-0283385

SERFF Tracking Number: GEFA-126377420 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? Yes
Fee Explanation: 1 form x \$20.00 = \$20.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life and Annuity Insurance Company	\$20.00	11/12/2009	31986300

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/13/2009	11/13/2009

SERFF Tracking Number: GEFA-126377420 *State:* Arkansas
Filing Company: Genworth Life and Annuity Insurance Company *State Tracking Number:* 44040
Company Tracking Number: 599L2-1109
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: SUL Application
Project Name/Number: SUL Application/599L2-1109

Disposition

Disposition Date: 11/13/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Form	Application For Joint Life Insurance-Part I		Yes

SERFF Tracking Number: GEFA-126377420 State: Arkansas
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Form Schedule

Lead Form Number: 599L2-FW-1109

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	599L2-FW-1109	Application/ Enrollment Form	Application For Joint Life Insurance-Part I	Initial		51.800	599L2-FW-1109.pdf

APPLICATION FOR JOINT LIFE INSURANCE - PART I



Genworth Life and Annuity Insurance Company
700 Main Street, Lynchburg, VA 24504

PROPOSED INSURED

1. General Information

Please print all answers.

a. Full Name (First, Middle, Last. Include maiden name in parentheses.)	b. Sex <input type="radio"/> F <input type="radio"/> M	c. Date of Birth Mo. Day Yr. / /	d. State/Country of Birth	e. Social Security Number
f. Home Address (Number, Street, City, State, and Zip Code.)			g. How Many Years at Address?	h. U.S. Citizenship <input type="radio"/> Yes <input type="radio"/> No If "No," complete Resident Alien Supplement.
i. Any previous addresses within the past 5 years? <input type="radio"/> Yes <input type="radio"/> No (If "Yes," list Number, Street, City, State and Zip Code.)				
j. Driver's License Number	k. Driver's License State	l. Marital Status <input type="radio"/> M <input type="radio"/> S <input type="radio"/> W <input type="radio"/> D	m. Home Phone Number	n. Work Phone Number
o. Occupation (Include duties.)		p. Employer Name and Address		q. How Many Years w/ Employer?

2. Tobacco and Nicotine Use

a. Have you ever used or are you currently using tobacco or any other product that contains nicotine? Yes No
If "Yes," please complete for past or present use. Specify type if "Other."

Type of Product	Quantity	Frequency	Number of Years	Date Last Used
<input type="radio"/> Cigarettes	pack(s)	<input type="radio"/> per day <input type="radio"/> per month <input type="radio"/> per year	year(s)	
<input type="radio"/> Cigars	cigar(s)	<input type="radio"/> per day <input type="radio"/> per month <input type="radio"/> per year	year(s)	
<input type="radio"/> Other:		<input type="radio"/> per day <input type="radio"/> per month <input type="radio"/> per year	year(s)	
<input type="radio"/> Other:		<input type="radio"/> per day <input type="radio"/> per month <input type="radio"/> per year	year(s)	

3. Insurance Needs (Complete either the Personal or Business section. Explain "Yes" answers in REMARKS.)

a. **Personal:** Income Replacement Debt Repayment Estate Conservation Other

1. Personal Finances: Gross Annual Income \$ Total Assets \$ Total Liabilities \$

2. Within the past 5 years, have you filed for bankruptcy or had any judgments, liens or collection actions filed against you? Yes No

i. If "Yes" for bankruptcy, under what Chapter of the Bankruptcy Code did your bankruptcy proceed? Chapter 7 11 12 13

ii. Has the bankruptcy been discharged? Yes No
If "Yes," provide date of discharge. _____ (If "No," provide details in **REMARKS.**)

b. **Business:** Buy-Sell Key Employee Secure Credit Other

1. Business Finances: Total Assets \$ Total Liabilities \$ Net Worth \$

2. What percentage of the business do you own? % 3. Your Gross Annual Salary (include bonus) \$

4. Is business insurance applied for or in force on other key members of the business? (Explain either answer in **REMARKS.**) Yes No

5. Are you employed by a business that, within the past five years, has filed for bankruptcy or had any judgments, liens or collection actions filed against it? Yes No

i. If "Yes" for bankruptcy, under what Chapter of the Bankruptcy Code did the bankruptcy proceed? Chapter 7 11 12

ii. Has the bankruptcy been discharged? Yes No
If "Yes," provide date of discharge. _____ (If "No," provide details in **REMARKS.**)

PROPOSED INSURED (CONTINUED)

4. Existing Insurance/Replacement (Explain "Yes" answers in REMARKS.)

- a. Do you have existing or pending life insurance or annuities? Yes No
 (If "Yes," you will be required to complete, sign and date replacement forms in some states, including Louisiana.)
- b. Has there been or will there be replacement of any existing life insurance or annuities by reason of this application? Yes No
 (If "Yes," you will be required to complete, sign and date replacement forms in most states.)
- c. If the answer to question 4.a. or 4.b. is "Yes," complete the table below.

Name of Insurance Company	Policy #	Amount	Issue Year	Check All Applicable											
				Policy Type		Indiv/Group		Purpose		Pending		Replace		1035 Exch	
				Life	Annuity	Indiv	Grp	Bus	Pers	Yes	No	Yes	No	Yes	No
				<input type="radio"/>											
				<input type="radio"/>											
				<input type="radio"/>											
				<input type="radio"/>											

5. History (Explain "Yes" answers in REMARKS.)

- a. Do you have any other application, informal inquiry, or trial application for life insurance pending with any company, society or organization? Yes No
- b. Have you ever had an application or reinstatement request for life or disability insurance refused, postponed, limited or cancelled, or have you ever withdrawn an application or been asked to pay a higher premium rate? Yes No
- c. Have you ever been convicted of a felony? Yes No
- d. Excluding a pregnancy-related payment, have you ever requested or received disability income benefits such as payments from a disability income insurance company, employer-sponsored disability income plan, Worker's Compensation or Social Security Disability? Yes No
- e. In the past 5 years, have you: had your driver's license denied, revoked or suspended; had three or more moving violations; been convicted of an alcohol or drug related driving offense; been involved in 2 or more auto accidents? Yes No
- f. In the past 5 years have you flown, or do you intend to fly, as a pilot, student pilot, or crew member other than for a scheduled commercial airline? (If "Yes," complete Aviation Supplement.) Yes No
- g. In the past 2 years have you engaged in, or do you intend to engage in, hang gliding, ultra-light flying, hot-air ballooning, mountain, rock, or ice climbing, motor vehicle or boat racing, or scuba or sky diving? (If "Yes," complete appropriate activities Supplement(s).) Yes No
- h. Within the next 2 years, do you intend to travel outside of the United States on vacation? Yes No
 If "Yes," give location(s) and duration(s): _____
- i. Within the next 2 years, do you intend to travel or reside outside of the United States other than for vacation? Yes No
 (If "Yes," please complete the Foreign Residence/Travel Supplement.)

6. REMARKS (For explanations and special requests. Identify applicable item number and letter. If additional space is needed, use an overflow form.)

ADDITIONAL PROPOSED INSURED

7. General Information

Please print all answers.

a. Full Name (First, Middle, Last. Include maiden name in parentheses.)	b. Sex <input type="radio"/> F <input type="radio"/> M	c. Date of Birth Mo. Day Yr. / /	d. State/Country of Birth	e. Social Security Number
f. Home Address (Number, Street, City, State, and Zip Code.)	g. How Many Years at Address?		h. U.S. Citizenship <input type="radio"/> Yes <input type="radio"/> No If "No," complete Resident Alien Supplement.	
i. Any previous addresses within the past 5 years? <input type="radio"/> Yes <input type="radio"/> No (If "Yes," list Number, Street, City, State and Zip Code.)				

j. Driver's License Number	k. Driver's License State	l. Marital Status <input type="radio"/> M <input type="radio"/> S <input type="radio"/> W <input type="radio"/> D	m. Home Phone Number	n. Work Phone Number
o. Occupation (Include duties.)		p. Employer Name and Address		q. How Many Years w/ Employer?

8. Tobacco and Nicotine Use

a. Have you ever used or are you currently using tobacco or any other product that contains nicotine? Yes No
If "Yes," please complete for past or present use. Specify type if "Other."

Type of Product	Quantity	Frequency	Number of Years	Date Last Used
<input type="radio"/> Cigarettes	pack(s)	<input type="radio"/> per day <input type="radio"/> per month <input type="radio"/> per year	year(s)	
<input type="radio"/> Cigars	cigar(s)	<input type="radio"/> per day <input type="radio"/> per month <input type="radio"/> per year	year(s)	
<input type="radio"/> Other:		<input type="radio"/> per day <input type="radio"/> per month <input type="radio"/> per year	year(s)	
<input type="radio"/> Other:		<input type="radio"/> per day <input type="radio"/> per month <input type="radio"/> per year	year(s)	

9. Insurance Needs (Complete either the Personal or Business section. Explain "Yes" answers in REMARKS.)

a. **Personal:** Income Replacement Debt Repayment Estate Conservation Other

1. Personal Finances: Gross Annual Income \$ Total Assets \$ Total Liabilities \$

2. Within the past 5 years, have you filed for bankruptcy or had any judgments, liens or collection actions filed against you? Yes No

i. If "Yes" for bankruptcy, under what Chapter of the Bankruptcy Code did your bankruptcy proceed? Chapter 7 11 12 13

ii. Has the bankruptcy been discharged? Yes No
If "Yes," provide date of discharge. _____ (If "No," provide details in **REMARKS.**)

b. **Business:** Buy-Sell Key Employee Secure Credit Other

1. Business Finances: Total Assets \$ Total Liabilities \$ Net Worth \$

2. What percentage of the business do you own? % 3. Your Gross Annual Salary (include bonus) \$

4. Is business insurance applied for or in force on other key members of the business? (Explain either answer in **REMARKS.**) Yes No

5. Are you employed by a business that, within the past five years, has filed for bankruptcy or had any judgments, liens or collection actions filed against it? Yes No

i. If "Yes" for bankruptcy, under what Chapter of the Bankruptcy Code did the bankruptcy proceed? Chapter 7 11 12

ii. Has the bankruptcy been discharged? Yes No
If "Yes," provide date of discharge. _____ (If "No," provide details in **REMARKS.**)

ADDITIONAL PROPOSED INSURED (CONTINUED)

10. Existing Insurance/Replacement (Explain "Yes" answers in REMARKS.)

- a. Do you have existing or pending life insurance or annuities? Yes No
 (If "Yes," you will be required to complete, sign and date replacement forms in some states, including Louisiana.)
- b. Has there been or will there be replacement of any existing life insurance or annuities by reason of this application? Yes No
 (If "Yes," you will be required to complete, sign and date replacement forms in most states.)
- c. If the answer to question 10.a. or 10.b. is "Yes," complete the table below.

Name of Insurance Company	Policy #	Amount	Issue Year	Check All Applicable												
				Policy Type		Indiv/Group		Purpose		Pending		Replace		1035 Exch		
				Life	Annuity	Indiv	Grp	Bus	Pers	Yes	No	Yes	No	Yes	No	
				<input type="radio"/>												
				<input type="radio"/>												
				<input type="radio"/>												
				<input type="radio"/>												

11. History (Explain "Yes" answers in REMARKS.)

- a. Do you have any other application, informal inquiry, or trial application for life insurance pending with any company, society or organization? Yes No
- b. Have you ever had an application or reinstatement request for life or disability insurance refused, postponed, limited or cancelled, or have you ever withdrawn an application or been asked to pay a higher premium rate? Yes No
- c. Have you ever been convicted of a felony? Yes No
- d. Excluding a pregnancy-related payment, have you ever requested or received disability income benefits such as payments from a disability income insurance company, employer-sponsored disability income plan, Worker's Compensation or Social Security Disability? Yes No
- e. In the past 5 years, have you: had your driver's license denied, revoked or suspended; had three or more moving violations; been convicted of an alcohol or drug related driving offense; been involved in 2 or more auto accidents? Yes No
- f. In the past 5 years have you flown, or do you intend to fly, as a pilot, student pilot, or crew member other than for a scheduled commercial airline? (If "Yes," complete Aviation Supplement.) Yes No
- g. In the past 2 years have you engaged in, or do you intend to engage in, hang gliding, ultra-light flying, hot-air ballooning, mountain, rock, or ice climbing, motor vehicle or boat racing, or scuba or sky diving? (If "Yes," complete appropriate activities Supplement(s).) Yes No
- h. Within the next 2 years, do you intend to travel outside of the United States on vacation? Yes No
 If "Yes," give location(s) and duration(s): _____
- i. Within the next 2 years, do you intend to travel or reside outside of the United States other than for vacation? Yes No
 (If "Yes," please complete the Foreign Residence/Travel Supplement.)

12. REMARKS (For explanations and special requests. Identify applicable item number and letter. If additional space is needed, use an overflow form.)

OWNER, BENEFICIARY AND PLAN INFORMATION

13. Ownership (Complete even if the Owner is the Proposed Insured or the Additional Proposed Insured. If trust, give full name of trust and date of trust agreement.)

a. Owner: (Full Name and Address)	b. Relationship to Proposed Insureds	c. SSN or TIN	d. Date of Birth/Trust Mo. Day Yr. / /
e. Owner: (Full Name and Address)	f. Relationship to Proposed Insureds	g. SSN or TIN	h. Date of Birth/Trust Mo. Day Yr. / /

i. Owner is: Trust Individual Partnership Corporation Other (Specify):

j. Contingent Owner: (Full Name and Address)	k. Relationship to Proposed Insureds	l. SSN or TIN	m. Date of Birth/Trust Mo. Day Yr. / /
----------------------------------------------	--------------------------------------	---------------	----------------------------------------------

n. Contingent Owner is: Trust Individual Partnership Corporation Other (Specify):

14. Beneficiary (If percentage shares are not given, they will be equal. Use REMARKS to name additional Beneficiaries.)

a. Primary: (Full Name and Address)	b. % Share	c. Relationship to Proposed Insureds	d. SSN or TIN	e. Date of Birth/Trust Mo. Day Yr. / /
f. Primary: (Full Name and Address)	g. % Share	h. Relationship to Proposed Insureds	i. SSN or TIN	j. Date of Birth/Trust Mo. Day Yr. / /
k. Primary: (Full Name and Address)	l. % Share	m. Relationship to Proposed Insureds	n. SSN or TIN	o. Date of Birth/Trust Mo. Day Yr. / /

15. Contingent Beneficiary (If percentage shares are not given, they will be equal. Use REMARKS to name additional Beneficiaries.)

a. Contingent: (Full Name and Address)	b. % Share	c. Relationship to Proposed Insureds	d. SSN or TIN	e. Date of Birth/Trust Mo. Day Yr. / /
f. Contingent: (Full Name and Address)	g. % Share	h. Relationship to Proposed Insureds	i. SSN or TIN	j. Date of Birth/Trust Mo. Day Yr. / /
k. Contingent: (Full Name and Address)	l. % Share	m. Relationship to Proposed Insureds	n. SSN or TIN	o. Date of Birth/Trust Mo. Day Yr. / /

16. REMARKS (For explanations and special requests. Identify applicable item number and letter. If additional space is needed, use an overflow form.)

Representations and Agreement

Insurer Genworth Life and Annuity Insurance Company

As the Proposed Owner, I submit my Application and request that the Insurer rely on it to issue the life insurance policy I have applied for on the lives of the Proposed Insureds. The Application includes the Application for Joint Life Insurance — Part I, the Application for Life Insurance-Part II Medical History, and all other supplemental forms and amendments that the Insurer specifically designates as parts of the Application by attaching copies of them to any policy delivered to the Proposed Owner.

As the Proposed Owner and Proposed Insureds, we represent the following: (1) the statements and answers given in the Application are true, complete, and correctly recorded; (2) the Proposed Owner has an insurable interest in the life of each Proposed Insured; and (3) the insurance being applied for is suitable to the Proposed Owner's insurance needs.

In addition, we agree to the following: (1) we will notify the Insurer directly in writing if (a), (b) or (c) changes prior to a policy being delivered to the Proposed Owner: (a) the health or insurability of either Proposed Insured; (b) any statement or answer given in the Application; and (c) the insurable interest of the Proposed Owner; and (2) any such notice given must be given to the Insurer (merely giving such a notice to a licensed insurance agent will have no effect on the Insurer unless such notice actually reaches the Insurer prior to policy delivery).

We further agree that no insurance coverage will begin unless all of the following conditions are met at the time the policy is delivered to and accepted by the Proposed Owner: (1) all Proposed Insureds are living and in the same condition of health and insurability as set forth in the Application; (2) the answers to all questions contained on the Application remain true, complete and correctly recorded as of the date of delivery; and (3) the first modal premium is paid in funds that are collectable upon presentation of the medium used by the Proposed Owner to pay that first modal premium.

We understand that each licensed insurance agent who is soliciting or processing our Application has very limited power to represent the Insurer. That power is limited to the following: (1) assisting us in our completion of the Application; (2) taking our initial premium payment; and (3) delivering any policy to us only as set forth below. Specifically, a licensed insurance agent is not authorized to: (1) make or modify the policy or contract; (2) waive any information about: (a) changes in the health or insurability of a Proposed Insured; (b) the necessity or procedure for updating the statements and answers given in any part of the Application; or (c) changes in the insurable interest of the Proposed Owner; (3) waive any rights or requirements of the Insurer; or (4) deliver any policy if changes have occurred that would require us to give direct written notice to the Insurer as set forth above, unless the Insurer specifically authorized delivery after receiving our direct written notice of change.

FRAUD WARNING: A person who knowingly and with intent to defraud conceals material facts or submits an insurance application or a claim statement containing materially false information commits a crime of insurance fraud.

State in which
Owner Signed Application

State in which Policy
will be Delivered

Signature of Proposed Insured

Date

Signature of Additional Proposed Insured

Date

Signature of Proposed Owner if other than Proposed Insured

Date

Signature of Licensed Insurance Agent

Signature of Licensed Insurance Agent

Licensed Insurance Agent's Printed Name

Licensed Insurance Agent's Printed Name

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: ARcomp.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: N/A the application is listed under the Forms schedule for review and approval.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: N/A to this application filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: N/A to this application filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: SOV_generic_10-8.pdf		

ARKANSAS CERTIFICATION

RE: 599L2-FW-1109, Application for Joint Life Insurance – Part I

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.

The Flesch score readability is 51.8.

For Genworth Life and Annuity Insurance Company

A handwritten signature in cursive script that reads "Paul Loveland". The signature is written in black ink and is positioned above a horizontal line.

Paul Loveland
Vice President Product Compliance

Statement of Variability
Genworth Life and Annuity Insurance Company
November 10, 2009

Variable Data	Explanation
599L2-1109: Page 1	
Address	Accommodates changes in servicing location address.
599L2-1109: Page 6	
Plan and Amount of Insurance: Marketing Names	Reflects changes in marketing names of approved contracts with which the application will be used. If a product is not available, it may not print.
Plan and Amount of Insurance: Optional Rider for this Plan	Reflects information on any available optional riders selected by the Owner. If none are available, this section may not print.