

SERFF Tracking Number: GEFA-126295190 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 43439
Company Tracking Number: GL102E-0709
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Exchange Endorsement - GLIC
Project Name/Number: Exchange Endorsement - GLIC/GL102E-0709

Submitted for your approval is the above-referenced form. This is a new form and will not replace any forms previously approved. It is being filed for Genworth Life Insurance Company. Under separate cover, it is also being filed for Genworth Life and Annuity Insurance Company.

This endorsement will be used with
GL1002-0709 AR, Flexible Premium Adjustable Life Insurance Policy, approved 9/3/09 under state file 43105
GL1000-0609 AR, Flexible Premium Adjustable Life Insurance Policy, approved 6/23/09 under state file 42698
GLIULLR110807 AR, Flexible Premium Adjustable Life Insurance Policy, approved 10/29/07 under state file 37084

This endorsement provides the option to exchange an existing universal life policy for another UL policy on a different form without evidence of insurability. It also waives any surrender charges otherwise required under the existing policy. This option has been developed as an endorsement to allow the company to discontinue the offer for new policies in the future should we determine that experience will not support this option.

This form is being filed with the Delaware Department of Insurance (our domicile state).

Applicable certifications, filing forms and fees, if any, are enclosed.

Thank you for your assistance with this filing.

Sincerely,

Brenda Bond
Contract Analyst
email: brenda.bond@genworth.com
Phone: (804) 922-5133

Company and Contact

Filing Contact Information

Brenda Bond, Contract Analyst brenda.bond@genworth.com
6610 W Broad Street 804-922-5133 [Phone]
RI&I - 3rd Floor 804-281-6916 [FAX]
Richmond, VA 23230

Filing Company Information

Genworth Life Insurance Company CoCode: 70025 State of Domicile: Delaware

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6610 W Broad Street **Group Code: 350** **Company Type: LifeHealth &**
Richmond, VA 23230 **Group Name:** **Annuity**
(804) 281-6600 ext. [Phone] **FEIN Number: 91-6027719** **State ID Number:**

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	09/04/2009	30361129

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/14/2009	09/14/2009

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Form Schedule

Lead Form Number: **GL102E-0709**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GL102E-0709	Policy/Cont Exchange ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.600	GL102E-0709.pdf

Genworth Life Insurance Company

Service Center Address: [3100 Albert Lankford Drive, Lynchburg, VA 24501]

EXCHANGE ENDORSEMENT

Insured [John Doe]

Policy Number [SPECIMEN]

The policy identified above is endorsed to add the following Exchange Option:

Within the first [5] Policy Years, you may exchange this policy for a new policy without evidence of insurability provided:

- this policy is in effect;
- the Insured has not reached Attained Age 75 as defined in this policy;
- at least [6] Policy Months have elapsed since the Policy Date;
- we receive your notice electing exchange within the first [5] Policy Years; and
- you return this policy to us.

After the first [5] Policy Years, you may exchange this policy for a new policy by providing evidence of insurability satisfactory to us provided:

- this policy is in effect;
- the Insured has not reached Attained Age 75 as defined in this policy; and
- you return this policy to us.

We will waive any surrender charge otherwise required under this policy when an exchange is made.

We will require evidence of insurability satisfactory to us for any riders that you request to be included with the new policy.

If you elect exchange within the first [5] Policy Years and do not request riders to be included with the new policy, the date of exchange will be the beginning of the Policy Month closest to the date we receive the notice electing exchange. For all other elections, the date of exchange will be the beginning of the Policy Month closest to the date we assign the Premium Class of the new policy and determine whether or not the riders, if any, will be included with the new policy.

The new policy will be a life insurance policy that we make available for this purpose.

The Policy Date of the new policy including any riders, except when the policy is backdated, will be the date of exchange.

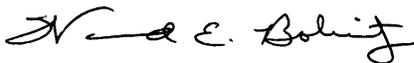
The Specified Amount of the new policy may not exceed the Specified Amount of this policy as of the date of exchange. The Specified Amount of the new policy may not be less than the minimum Specified Amount we allow for the new policy.

We will determine the premiums for the new policy based on:

- the risk rates in effect for the new policy as of the Policy Date of the new policy;
- the Insured's sex and age on the Policy Date of the new policy;
- the Premium Class of the new policy.

If evidence of insurability is not required, the new policy will have the same Premium Class as the Premium Class of this policy on the date of exchange if that Premium Class is available. If that Premium Class is not available, we will assign the new policy with a Premium Class that in our sole discretion is comparable to the Premium Class of this policy. If evidence of insurability is required, we will assign the Premium Class of the new policy based on the evidence of insurability reviewed by us.

Insurance under this policy will terminate immediately before the date of exchange.

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Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
ARcomp_glic.pdf		
glic_flesch.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not required on this endorsement filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: Not a health filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: 11-83 Certification		
Comments:		
Attachment:		
AR 11-83 Certification_glic.pdf		

	Item Status:	Status Date:
Satisfied - Item: Fee form		
Comments:		

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Attachment:
ARfee_glic.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Variability

Comments:

Attachment:

SOV_generic.pdf

ARKANSAS CERTIFICATION

GL102E-0709, Exchange 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 Rule and Regulation 34 (Universal Life Insurance).

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

A Flesch score readability certification is included with this filing.

For Genworth Life Insurance Company

A handwritten signature in black ink that reads "Paul Loveland". The signature is written in a cursive, flowing style.

Paul Loveland
Vice President Product Compliance

**GENWORTH LIFE INSURANCE COMPANY
FLESCH SCORE CERTIFICATON**

I hereby certify that this filing meets the policy language simplification (readability) requirements of the insurance laws of your state.

Using a computer software program, the Flesch reading ease test score is:

<u>Form No.</u>	<u>Title</u>	<u>Score</u>
GL102E-0709	Exchange Endorsement	50.6



By: _____
Vice President, Product Compliance

BULLETIN 11-83

EXHIBIT A (REVISED)

**CONSENT TO SUBMIT RATES AND/OR
COST BASES FOR APPROVAL**

The *Genworth Life Insurance Company* (“Company”) of *Richmond, VA* does hereby consent and agree
(Company Name) (City and State)

A) that all premium rates and/or cost bases both “maximum” and “current or projected,” used in relation to policy form number *GAI02E-0709* must be filed with the Insurance Commissioner for the State of Arkansas (“Commissioner”) at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

or

B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

Genworth Life Insurance Company
(Company Name)



By
(Name)

Vice President
(Title or Position)

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: Genworth Life Insurance Company

Company NAIC Code: Group 350, Company 70025

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. _ 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 X \$20= **\$50.00 **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=

Statement of Variability
 Genworth Life Insurance Company and Genworth Life and Annuity Insurance Company
 September 8, 2009

Variable Data	Explanation
GA102E-0709; GL102E-0709	
Service Center Address	Accommodates changes in servicing location and postal address.
Insured	Insured's name will appear
Policy Number	Policy number will appear
Within first [5] Policy Years	Policy Years could range from 2 - 30
At least [6] Policy Months	Policy Months could range from 3-12
Within first [5] Policy Years	Policy Years could range from 2 - 30
After the first [5] Policy Years	Policy Years could range from 2 - 30
Officer Signature	Accommodates changes of corporate officer.