

SERFF Tracking Number: GEFA-126952847 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 47545
Company Tracking Number: UND23 02/01/10
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: UND23 02/01/10
Project Name/Number: UND23 02/01/10/UND23 02/01/10

Filing at a Glance

Company: Genworth Life Insurance Company
Product Name: UND23 02/01/10
TOI: L09I Individual Life - Flexible Premium
Adjustable Life
Sub-TOI: L09I.001 Single Life
Filing Type: Form

SERFF Tr Num: GEFA-126952847 State: Arkansas
SERFF Status: Closed-Approved- State Tr Num: 47545
Closed
Co Tr Num: UND23 02/01/10 State Status: Approved-Closed
Reviewer(s): Linda Bird
Disposition Date: 01/04/2011
Authors: Brenda Bond, Ronald Jackson
Disposition Status: Approved-Closed
Date Submitted: 12/17/2010
Implementation Date:

Implementation Date Requested: On Approval
State Filing Description:

General Information

Project Name: UND23 02/01/10
Project Number: UND23 02/01/10
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 01/04/2011
State Status Changed: 01/04/2011
Created By: Brenda Bond
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Brenda Bond
Filing Description:
Re: Genworth Life and Annuity Insurance Company
NAIC# 4011-65536 FEIN# 54-0283385

Genworth Life Insurance Company
NAIC# 4011-70025 FEIN# 91-6027719

UND-23 02/01/10, Supplement Regarding Good Health and Continued Insurability

SERFF Tracking Number: GEFA-126952847 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 47545
Company Tracking Number: UND23 02/01/10
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: UND23 02/01/10
Project Name/Number: UND23 02/01/10/UND23 02/01/10

The referenced form is enclosed for your review and approval. This is a new form and will not replace any existing form.

This supplement is typically used when the Part 2 application (GEFA-504, which is completed in conjunction with a paramedical examiner) is greater than 3 months old. However, it can be used at other times at the underwriter's discretion.

If there are any questions, please contact me using the information provided below.

Sincerely,

Brenda Bond
Contract Analyst
email: brenda.bond@genworth.com
Phone: (804) 922-5133
Fax: (804) 281-6057

Company and Contact

Filing Contact Information

Brenda Bond, Contract Analyst
6610 W Broad Street
RI&I - 3rd Floor
Richmond, VA 23230

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

Filing Company Information

Genworth Life Insurance Company
6610 W Broad Street
Richmond, VA 23230
(804) 281-6600 ext. [Phone]

CoCode: 70025
Group Code: 350
Group Name:
FEIN Number: 91-6027719

State of Domicile: Delaware
Company Type: LifeHealth &
Annuity
State ID Number:

SERFF Tracking Number: GEFA-126952847 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 47545
Company Tracking Number: UND23 02/01/10
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: UND23 02/01/10
Project Name/Number: UND23 02/01/10/UND23 02/01/10

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$50.00	12/17/2010	43042268

SERFF Tracking Number: GEFA-126952847 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 47545
Company Tracking Number: UND23 02/01/10
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: UND23 02/01/10
Project Name/Number: UND23 02/01/10/UND23 02/01/10

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/04/2011	01/04/2011

SERFF Tracking Number: GEFA-126952847 State: Arkansas
 Filing Company: Genworth Life Insurance Company State Tracking Number: 47545
 Company Tracking Number: UND23 02/01/10
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: UND23 02/01/10
 Project Name/Number: UND23 02/01/10/UND23 02/01/10

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	Fee		Yes
Form	Supplement Regarding Good Health and Continued Insurability		Yes

SERFF Tracking Number: GEFA-126952847 State: Arkansas
 Filing Company: Genworth Life Insurance Company State Tracking Number: 47545
 Company Tracking Number: UND23 02/01/10
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: UND23 02/01/10
 Project Name/Number: UND23 02/01/10/UND23 02/01/10

Form Schedule

Lead Form Number: UND23 02/01/10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UND23 02/01/10	Application/ Supplement Enrollment Form	Regarding Good Health and Continued Insurability	Initial		50.000	UND23_020110_gnw.pdf

SUPPLEMENT REGARDING GOOD HEALTH AND CONTINUED INSURABILITY



Genworth Life Insurance Company
 Service Center
 P.O. Box 10720, Lynchburg, VA 24506-0720
 888 325.5433

Genworth Life and Annuity Insurance Company
 Service Center
 P.O. Box 10720, Lynchburg, VA 24506-0720
 888 325.5433

Proposed Insured (s)

Policy Number

Declaration of Understanding and Agreement

I understand that insurance under the terms of the Policy cannot become effective until all requirements for the delivery of the Policy are fulfilled, including the completion of this Supplement Regarding Good Health and Continued Insurability Application.

Representations

- A. As of today's date, are any answers and statements given in response to the requests for information in Application - Parts I and II and any supplements different from those given when you completed these forms? Yes No
- B. Since the date on which you signed the Application - Part II and any supplements, have you consulted or been examined or treated by a physician or other medical practitioner? Yes No
- C. As of today's date, have you made any appointment for a visit to a health-care treatment facility of health-care provider? Yes No

If you answered, "Yes" to one or more of questions A., B., and C., please complete the "Additional Information" section below, providing the details for each "Yes" answer.

Additional Information	Date	Name/Address of Care Provider or Treatment Facility

Representation and Agreement

I represent that the statements and answers given in the Supplement Regarding Good Health and Continued Insurability are true, complete, and correctly recorded to the best of my knowledge and belief.

I agree, if one or more of the three Representations made above were answered "Yes," that no insurance coverage shall be effective and that the Policy shall not be delivered and must be returned to the Company.

 Signature of Proposed Insured (s)

 Date (MM/DD/YYYY)

 Signature of Owner (if other than Proposed Insured)
 Include title if signing for business or trust

 Date (MM/DD/YYYY)

 Signature of Parent or Guardian (if minor)

 Date (MM/DD/YYYY)

SERFF Tracking Number: GEFA-126952847 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 47545
Company Tracking Number: UND23 02/01/10
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: UND23 02/01/10
Project Name/Number: UND23 02/01/10/UND23 02/01/10

Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

ARcomp1.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Fee

Comments:

Attachment:

ARfee.pdf

ARKANSAS CERTIFICATION

UND23 02/01/10, Supplement Regarding Good Health and Continued Insurability

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.

Flesch score, when scored with the underlying policy, exceeds state requirements.

For Genworth Life 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

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 \$50= \$50** **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=