

SERFF Tracking Number: GEFA-127622942 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 49771
Company Tracking Number: 126797 08/24/11
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 126797_Amendment of App for Reinstatement
Project Name/Number: 126797_Amendment of App for Reinstatement/126797 08/24/11

Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: 126797_Amendment of App for SERFF Tr Num: GEFA-127622942 State: Arkansas

Reinstatement

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 49771

Sub-TOI: L08.000 Life - Other

Co Tr Num: 126797 08/24/11

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Brenda Bond, Ronald
Jackson

Disposition Date: 09/16/2011

Date Submitted: 09/13/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 126797_Amendment of App for Reinstatement

Status of Filing in Domicile: Pending

Project Number: 126797 08/24/11

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 09/16/2011

State Status Changed: 09/16/2011

Deemer Date:

Created By: Brenda Bond

Submitted By: Brenda Bond

Corresponding Filing Tracking Number:

Filing Description:

RE: Genworth Life and Annuity Insurance Company

NAIC Group 350, Company 65536

Genworth Life Insurance Company

NAIC Group 350, Company 70025

126797 08/24/11, Amendment of Application for Reinstatement of Insurance Policy

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We are submitting this form for your review and approval. This is a new form and will not replace any existing forms. It is being submitted for approved under Genworth Life and Annuity Insurance Company and Genworth Life Insurance Company.

This form will be used to amend applications for reinstatements.

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

Sincerely,

Brenda Bond
Product Development 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
6610 W Broad Street Group Code: 4011 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: \$50.00
Retaliatory? No

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Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$50.00	09/13/2011	51537593

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/16/2011	09/16/2011

SERFF Tracking Number: *GEFA-127622942* *State:* *Arkansas*
Filing Company: *Genworth Life Insurance Company* *State Tracking Number:* *49771*
Company Tracking Number: *126797 08/24/11*
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Disposition

Disposition Date: 09/16/2011

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	Variability		Yes
Supporting Document	Fee		Yes
Form	Amendment of Application for Reinstatement of Insurance Policy		Yes

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Form Schedule

Lead Form Number: 126797 08/24/11

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	126797 08/24/11	Other	Amendment of Application for Reinstatement of Insurance Policy	Initial		50.000	126797_0824 11_statefile_g nw.pdf



Genworth
Financial

Genworth Life Insurance Company
Genworth Life and Annuity Insurance Company
[3100 Albert Lankford Dr.
P.O. Box 10720
Lynchburg, VA 24506-0720]

Amendment of Application for Reinstatement of Insurance Policy

Insured: [John Doe]

Policy Number: [#####]

The application for reinstatement of this policy is amended as follows:

[Amend Application for Reinstatement – To show insured’s social security number as 000-00-0000]

The undersigned accept(s) the reinstated policy as herein amended.

Signed at _____ this _____ day of _____, _____
(City, State) (Month) (Year)

(Witness)

(Signature of Insured)

(Witness)

(Signature of Policy Owner)

DO NOT ALTER THIS FORM. If this amendment is unacceptable, contact our Customer Service Department at [888 325.5433]. Until an amendment is signed and the other conditions for reinstatement are met, the policy remains lapsed and there is no coverage.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: ARcomp1.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not a policy filing. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Variability Comments: Attachment: COV_126797.pdf		

	Item Status:	Status Date:
Satisfied - Item: Fee Comments: Attachment: ARfee.pdf		

ARKANSAS CERTIFICATION

126797 08/24/11, Amendment of Application for Reinstatement of Insurance Policy

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, appearing to read "Paul Loveland".

Paul Loveland
Vice President Product Compliance

CERTIFICATION OF VARIABILITY
Genworth Life and Annuity Insurance Company
Genworth Life Insurance Company
September 13, 2011

126797 08/24/11, Amendment of Application for Reinstatement of Insurance Policy

We have bracketed certain information within the above-mentioned forms to indicate variability. We certify that any change shall be limited to only new issue and shall not apply to in force contracts.

Company Address	Accommodates changes in servicing location address.
Insured	Name of insured will appear.
Policy Number	Policy number will appear.
Amend Application for Reinstatement.....	Reason for amendment will be shown.
Customer Service Department telephone number	Accommodates changes in customer service department telephone number.

We hereby certify the final form issued to the consumer will not contain brackets denoting variable text. Any variable text included in this Statement of Variability will be effective only for future issues. The use of variable text will be administered in a uniform and non-discriminatory manner and will not result in unfair discrimination. Only text included in this Statement will be allowed to be used on the referenced forms received by consumers. Any changes to variable text or permissible range of values will be submitted for approval prior to implementation.



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=