

**State:** Arkansas **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** 143851 10/29/12  
**Project Name/Number:** 143851 10/29/12/143851 10/29/12

## Filing at a Glance

Company: Genworth Life Insurance Company  
Product Name: 143851 10/29/12  
State: Arkansas  
TOI: L08 Life - Other  
Sub-TOI: L08.000 Life - Other  
Filing Type: Form  
Date Submitted: 12/06/2012  
SERFF Tr Num: GEFA-128797592  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 143851 10/29/12  
  
Implementation: On Approval  
Date Requested:  
Author(s): Brenda Bond, Ronald Jackson  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 12/11/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

State: Arkansas  
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other  
Product Name: 143851 10/29/12  
Project Name/Number: 143851 10/29/12/143851 10/29/12

Filing Company: Genworth Life Insurance Company

## General Information

Project Name: 143851 10/29/12  
Project Number: 143851 10/29/12  
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: 12/11/2012  
State Status Changed: 12/11/2012  
Created By: Brenda Bond  
Corresponding Filing Tracking Number:

Deemer Date:  
Submitted By: Brenda Bond

Filing Description:  
RE: Genworth Life and Annuity Insurance Company  
NAIC Group 350, Company 65536

Genworth Life Insurance Company  
NAIC Group 350, Company 70025

RE: 143851 10/29/12, Policy Conversion without evidence of insurability

Enclosed for your approval is the above referenced form. This is a new form and will not replace any existing form.

This form will be used for policy conversions that don't require evidence of insurability.

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

Sincerely,

Brenda Bond  
Product Development Analyst  
email: [brenda.bond@genworth.com](mailto:brenda.bond@genworth.com)  
Phone: (804) 922-5133

## Company and Contact

### Filing Contact Information

Brenda Bond, Contract Analyst  
6620 W Broad Street  
Product Compliance  
Richmond, VA 23230

[brenda.bond@genworth.com](mailto:brenda.bond@genworth.com)  
804-922-5133 [Phone]  
804-281-6057 [FAX]

**State:** Arkansas **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** 143851 10/29/12  
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**Filing Company Information**

Genworth Life Insurance Company	CoCode: 70025	State of Domicile: Delaware
6610 W Broad Street	Group Code: 4011	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: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Genworth Life Insurance Company	\$50.00	12/06/2012	65507411

State: Arkansas Filing Company: Genworth Life Insurance Company  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/11/2012	12/11/2012

SERFF Tracking #:

GEFA-128797592

State Tracking #:

Company Tracking #:

143851 10/29/12

State:

Arkansas

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

143851 10/29/12

Project Name/Number:

143851 10/29/12/143851 10/29/12

## Disposition

Disposition Date: 12/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Variability		Yes
Form	Policy conversion without evidence of insurability		Yes

SERFF Tracking #:

GEFA-128797592

State Tracking #:

Company Tracking #:

143851 10/29/12

State: Arkansas  
 TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other  
 Product Name: 143851 10/29/12  
 Project Name/Number: 143851 10/29/12/143851 10/29/12

Filing Company: Genworth Life Insurance Company

## Form Schedule

Lead Form Number: 143851 10/29/12

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Policy conversion without evidence of insurability	143851 10/29/12	AEF	Initial		50.000	143851_102912_statefile.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



# Policy Conversion without evidence of insurability

from Genworth Life and Annuity Insurance Company and  
Genworth Life Insurance Company

Genworth Life and Annuity  
Genworth Life

[PO Box 40016]  
[Lynchburg, VA 24506-4016]  
[Tel: 888 436.9678]  
[Fax: 877 300.1280]

**If more space is needed for special instructions, please attach a separate sheet of paper.**

**Insurer** (Select one):  Genworth Life and Annuity Insurance Company  Genworth Life Insurance Company

Policy number *Use only the spaces needed*

## Policy information

Insured name	Insured birth date	Insured SSN
▪ / /	▪ / /	▪ ( )
Insured complete address		Telephone number
▪		▪ ( )
Owner name	Owner birth/trust date	Owner SSN
▪	▪ / /	▪
Owner complete address		Telephone number
▪		▪ ( )

## Conversion information

Complete all sections that apply.

<b>Policy to convert</b> <i>Select one</i>	<b>Amount</b> <i>Select one</i>	<b>Balance of policy</b> <i>*Required</i>
<input type="radio"/> Basic Policy	<input type="radio"/> All	<input type="radio"/> Continue: \$ _____
<input type="radio"/> Term rider: _____ <i>(list Rider Insured's name)</i>	<input type="radio"/> \$ _____ <i>*</i>	<input type="radio"/> Discontinue
	<i>(Indicate whether to continue or discontinue the balance of policy)</i>	
New plan name: _____		Other instructions: _____

## Replacement information

*The owner and agent must answer this question.*

A replacement form may be required in some states.	Is this change to the policy intended to replace or change the existing insurance or annuity in any company or society?	<b>Owner</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Agent</b> <input type="radio"/> Yes <input type="radio"/> No
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## Agent information

*If you aren't working with an agent, we will assign an agent to service your policy.*

Agent name	Agent number
▪	▪
Agent telephone	Agent email
▪ ( )	▪

## Electronic Funds Transfer (EFT) authorization

*Use this section to begin automatic draft for the converted policy.*

\*For most products, there is an additional cost if you pay premiums more often than annually.

\*\*We may initially draft two payments to make sure your coverage is up to date.

<input type="radio"/> Use bank information from existing policy		
Bank account owner name(s) List all	Bank account owner mailing address	
▪	▪	
Financial institution name	Routing number	Checking account number
▪	▪	▪
Payment frequency <i>*Select one</i>	<input type="radio"/> <b>Monthly</b> ** <input type="radio"/> <b>Quarterly</b> <input type="radio"/> <b>Semi-Annually</b> <input type="radio"/> <b>Annually</b>	
Initial payment authorized up to \$ _____	(Optional)	

## Signature(s)

*The bank account owner must also sign to authorize EFT if different than policy owner.*

By signing, you (the bank account owner) understand and accept these terms and conditions: you authorize us to withdraw the scheduled premium payments from your account; a premium is only considered paid if the draft is honored by your financial institution; we may discontinue withdrawals at any time and bill you directly; you must contact us at least three business days before a scheduled withdrawal to change or cancel this authorization; you must notify us within 60 days of any mistakes in an Electronic Funds Transfer.

<b>Owner</b> Required	Date	<b>Capacity</b> <i>If applicable</i>
X	▪ / /	<input type="radio"/> Trustee <input type="radio"/> Attorney-in-fact <input type="radio"/> Title/officer:
<b>Joint owner</b> <i>If applicable, required</i>	Date	<b>Capacity</b> <i>If applicable</i>
X	▪ / /	<input type="radio"/> Trustee <input type="radio"/> Attorney-in-fact <input type="radio"/> Title/officer:
<b>Other required signature</b> <i>If applicable, required</i>	Date	<b>Capacity</b> <i>If applicable</i>
X	▪ / /	<input type="radio"/> Trustee <input type="radio"/> Attorney-in-fact <input type="radio"/> Title/officer:
<b>Bank account owner</b> <i>If applicable</i>	Date	
X	▪ / /	

SERFF Tracking #:

GEFA-128797592

State Tracking #:

Company Tracking #:

143851 10/29/12

State:

Arkansas

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

143851 10/29/12

Project Name/Number:

143851 10/29/12/143851 10/29/12

## Supporting Document Schedules

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

		Item Status:	Status Date:
Satisfied - Item:	Variability		
Comments:			
Attachment(s):			
143851_Variability.pdf			

**ARKANSAS CERTIFICATION**

143851 10/29/12, Policy Conversion without underwriting

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.

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Paul Loveland  
Vice President Product Compliance

**CERTIFICATION OF VARIABILITY**  
**Genworth Life and Annuity Insurance Company**  
**Genworth Life Insurance Company**  
**December 2012**

**RE: 143851 10/29/12, Policy Conversion without Underwriting**

We have bracketed certain information within the above form to indicate variability.

**Addresses**

Accommodates changes in the mailing and service center address and telephone numbers.

**Marketing Names**

We have bracketed the marketing name as names may change due to discontinuing a product or adding a new product.

Brackets will not appear 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.



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Paul Loveland  
Vice President, Product Compliance