

SERFF Tracking Number: ARLH-128108909 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number:  
Company Tracking Number:  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Rescission Report  
Project Name/Number: /

## Filing at a Glance

Company: Genworth Life Insurance Company  
Product Name: Rescission Report SERFF Tr Num: ARLH-128108909 State: Arkansas  
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num:  
For Informational Purposes  
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: State Status: Filed-Closed  
Filing Type: Form Reviewer(s): Donna Lambert  
Author: Disposition Date: 02/22/2012  
Date Submitted: 02/22/2012 Disposition Status: Accepted For  
Informational Purposes  
Implementation Date Requested: Implementation Date: 02/22/2012  
State Filing Description:

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Domicile Status Comments: 2011 Rescission  
Report - No rescissions.  
Explanation for Combination/Other: Market Type:  
Submission Type: Overall Rate Impact:  
Filing Status Changed: 02/22/2012  
State Status Changed: 02/22/2012 Deemer Date:  
Created By: Donna Lambert Submitted By: Donna Lambert  
Corresponding Filing Tracking Number:  
Filing Description:  
Genworth Life Insurance Company, NAIC 70025  
2011 Rescission Report - No rescissions.

## Company and Contact

### Filing Contact Information

NA NA, NA@NA.COM  
NA, NA 123-555-4567 [Phone]  
LITTLE ROCK, AR 00000

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### Filing Company Information

Genworth Life Insurance Company CoCode: 70025 State of Domicile: Delaware  
2711 Centre Road Group Code: Company Type:  
Wilmington, DE 19805 Group Name: State ID Number:  
(888) 322-4629 ext. [Phone] FEIN Number: 91-6027719  
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### Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Donna Lambert	02/22/2012	02/22/2012

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## Disposition

Disposition Date: 02/22/2012

Implementation Date: 02/22/2012

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		Yes
<b>Supporting Document</b>	Outline of Coverage		Yes

RESCISSION REPORTING FORM FOR  
LONG-TERM CARE POLICIES  
FOR THE STATE OF ARKANSAS  
FOR THE REPORTING YEAR 2011

Company Name:

- Genworth Life Insurance Company, NAIC # 70025
- RiverSource Life Insurance Company, NAIC # 65005
- MetLife Insurance Company of Connecticut (formerly The Travelers Insurance Company), NAIC # 87726
- Continental Life Insurance Company, NAIC # 68500

Address: **Long Term Care Division  
6620 West Broad St.  
Richmond, VA 23230**

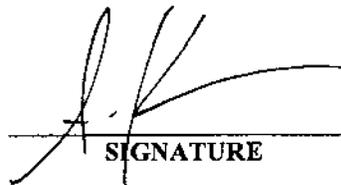
Phone Number: **(804) 281-6926**

**Instructions:**

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

POLICY FORM NO.	POLICY AND CERTIFICATE NO.	NAME OF INSURED	DATE OF POLICY ISSUANCE	DATE(S) CLAIMS SUBMITTED	DATE OF RESCISSION

Detailed Reason for Rescission: **NONE**

  
SIGNATURE

ALLISON KUSEL  
COMPLIANCE MANAGER  
LONG TERM CARE CLAIMS  
Name & Title (Please Type)

Date: 1.25.12

**RECEIVED**

FEB 17 2012

LIFE AND HEALTH  
ARKANSAS INSURANCE DEPARTMENT

SERFF Tracking Number: ARLH-128108909

State: Arkansas

Filing Company: Genworth Life Insurance Company

State Tracking Number:

Company Tracking Number:

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## Supporting Document Schedules

**Item Status:**  
**Status Date:**

**Unsatisfied - Item:** Flesch Certification  
**Comments:**

**Item Status:**  
**Status Date:**

**Unsatisfied - Item:** Application  
**Comments:**

**Item Status:**  
**Status Date:**

**Unsatisfied - Item:** Health - Actuarial Justification  
**Comments:**

**Item Status:**  
**Status Date:**

**Unsatisfied - Item:** Outline of Coverage  
**Comments:**