

State: Arkansas **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: 7040END-CNF 090112
Project Name/Number: /7040END-CNF 090112

Filing at a Glance

Company: Genworth Life Insurance Company
Product Name: 7040END-CNF 090112
State: Arkansas
TOI: LTC03G Group Long Term Care
Sub-TOI: LTC03G.001 Qualified
Filing Type: Form
Date Submitted: 12/26/2012
SERFF Tr Num: GEFA-128822444
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation
Date Requested:
Author(s): Brenda Bond, June Lipscomb, Lisa Davis
Reviewer(s): Donna Lambert (primary)
Disposition Date: 01/02/2013
Disposition Status: Approved
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: 7040END-CNF 090112
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General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: 7040END-CNF 090112 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 01/02/2013 Deemer Date:
State Status Changed: 01/02/2013 Submitted By: June Lipscomb
Created By: June Lipscomb
Corresponding Filing Tracking Number:

Filing Description:

RE: Genworth Life Insurance Company
NAIC Group 350, Company 70025

7040END-CNF 090112, Contingent Nonforfeiture Benefit Endorsement

The above form is being submitted for your review and approval. This form is new and will not replace any previously approved form.

Genworth Life Insurance Company is filing an inforce rate increase on a single-case group long term care policy. This group policy will be closed to new enrollees prior to implementing any rate increase. After approval, this endorsement will be provided to certificateholders affected by the resulting rate increase that are eligible for the contingent nonforfeiture benefit.

There are bracketed items appearing in this endorsement. A variability certification is included to clarify these items.

If there are any questions you may contact me using the information provided below.

Sincerely,

June Lipscomb
Product Development Analyst

Company and Contact

Filing Contact Information

June Lipscomb, Contract Analyst june.lipscomb@genworth.com
6630 W Broad Street 804-922-5638 [Phone]
Bldg 4 804-281-6057 [FAX]
Richmond, VA 23230-1700

State: Arkansas **Filing Company:** Genworth Life Insurance Company
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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? Yes
 Fee Explanation: \$50 per form
 Per Company: No

| Company | Amount | Date Processed | Transaction # |
|---------------------------------|---------|----------------|---------------|
| Genworth Life Insurance Company | \$50.00 | 12/26/2012 | 66025914 |

SERFF Tracking #:

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Donna Lambert | 01/02/2013 | 01/02/2013 |

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Disposition

Disposition Date: 01/02/2013

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--------------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | Approved | Yes |
| Supporting Document | Application | Approved | Yes |
| Supporting Document | Health - Actuarial Justification | Approved | Yes |
| Supporting Document | Outline of Coverage | Approved | Yes |
| Supporting Document | Statement of Variability | Approved | Yes |
| Form | Contingent Nonforfeiture Endorsement | Approved | Yes |

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Form Schedule

Lead Form Number: 7040END-CNF 090112

| Item No. | Schedule Item Status | Form Name | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments |
|----------|------------------------|--|---------------------------|-----------|-------------|----------------------|-------------------|---------------------------|
| 1 | Approved 01/02/2013 | Contingent Nonforfeiture Endorsement | 7040END- CNF 090112 | CERA | Initial | | 50.700 | 7040END CNF 090112.pdf |

Form Type Legend:

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

GENWORTH LIFE INSURANCE COMPANY

A Delaware domiciled stock insurance company (herein called We, Us and Our)
Administrative Office: [3100 Albert Lankford Drive], [Lynchburg, VA 24501]

Insured: [insured name1]
[insured name2]

Certificate Number: [123456789]

CONTINGENT NONFORFEITURE BENEFIT ENDORSEMENT

This Endorsement is to be attached to, and adds the following to, the above identified Certificate.

CONTINGENT NONFORFEITURE BENEFIT

The Benefit

This Benefit allows You to convert to a Shortened Benefit Period, as described below, if We make a substantial increase in Your contributions for the Certificate.

How This Benefit Works

If We make a substantial increase in Your contribution amount, as determined by the following Table, We will do all of the following at least 31 days prior to the date the contribution increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that your contributions for the Certificate are not increased;
- offer to convert the Certificate to a paid-up status with a Shortened Benefit Period as described below. This option may be elected at any time during the 120-day period following the date of the contribution increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the contribution increase will be deemed to be the election of the preceding offer to convert. A default or lapse is Your failure to pay the required contribution within the Grace Period.

Table Indicating a Substantial Contribution Increase*

| Issue Age | Increase Over Initial Contribution | Issue Age | Increase Over Initial Contribution | Issue Age | Increase Over Initial Contribution |
|------------------|---|------------------|---|------------------|---|
| 29 and under | 200% | 66 | 48% | 79 | 22% |
| 30 – 34 | 190% | 67 | 46% | 80 | 20% |
| 35 – 39 | 170% | 68 | 44% | 81 | 19% |
| 40 – 44 | 150% | 69 | 42% | 82 | 18% |
| 45 – 49 | 130% | 70 | 40% | 83 | 17% |
| 50 – 54 | 110% | 71 | 38% | 84 | 16% |
| 55 – 59 | 90% | 72 | 36% | 85 | 15% |
| 60 | 70% | 73 | 34% | 86 | 14% |
| 61 | 66% | 74 | 32% | 87 | 13% |
| 62 | 62% | 75 | 30% | 88 | 12% |
| 63 | 58% | 76 | 28% | 89 | 11% |
| 64 | 54% | 77 | 26% | 90 and over | 10% |
| 65 | 50% | 78 | 24% | | |

* Percentage increase is cumulative from date of original issue. It does NOT include any increases attributed to later changes or Your election of additional or increased benefit levels.

Shortened Benefit Period

If You convert in accordance with the above, the Certificate will continue with a reduced Total Lifetime Benefit. It will have the same Benefits, Elimination Period requirements and other payment limits that were in effect at the time of lapse or election to convert. These limits will not be affected by any Benefit Increases provision. The amount of reduced Total Lifetime Benefit will be the greater of:

- 100% of all premium paid for the Certificate, excluding any waived contributions; or
- the maximum amount in effect at the time of default or lapse for one month (30 days) under the Nursing Home Benefit.

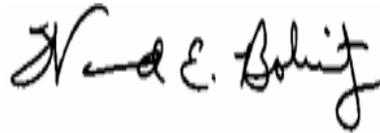
It will not be reduced by any Benefits previously paid under the Certificate.

Payment Limitations

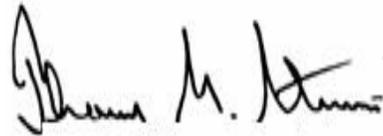
Payment is subject to the limits determined above for the Shortened Benefit Period plan. In addition, the total amount payable under this Benefit and the Certificate, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the Certificate had remained in contribution paying status. This Benefit will not apply if the Certificate is continued in accordance with any other Nonforfeiture Benefit.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for Genworth Life Insurance Company,



Secretary



President and CEO, Long Term Care Division

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GEFA-128822444

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Supporting Document Schedules

| | | Item Status: | Status Date: |
|-------------------|----------------------|---------------------|---------------------|
| Satisfied - Item: | Flesch Certification | Approved | 01/02/2013 |
| Comments: | | | |
| Attachment(s): | | | |
| FleschScore.pdf | | | |

| | | Item Status: | Status Date: |
|------------------|-------------|---------------------|---------------------|
| Bypassed - Item: | Application | Approved | 01/02/2013 |
| Bypass Reason: | N/A | | |

| | | Item Status: | Status Date: |
|------------------|----------------------------------|---------------------|---------------------|
| Bypassed - Item: | Health - Actuarial Justification | Approved | 01/02/2013 |
| Bypass Reason: | N/A | | |

| | | Item Status: | Status Date: |
|------------------|---------------------|---------------------|---------------------|
| Bypassed - Item: | Outline of Coverage | Approved | 01/02/2013 |
| Bypass Reason: | N/A | | |

| | | Item Status: | Status Date: |
|---------------------|--------------------------|---------------------|---------------------|
| Satisfied - Item: | Statement of Variability | Approved | 01/02/2013 |
| Comments: | | | |
| Attachment(s): | | | |
| SOV_7040END_CNF.pdf | | | |

FLESCH SCORE CERTIFICATION

We certify that to the best of our knowledge and belief, the Flesch Score of the below referenced forms meet any readability requirements in effect in your state. The Flesch Scores are:

FORM NUMBER**FLESCH SCORE**

7040END-CNF 090112

50.7

For Genworth Life Insurance Company,

By:



Paul Loveland
Vice President, Product Compliance

CERTIFICATION OF VARIABILITY
September 26, 2012

RE: 7040END-CNF 090112, Contingent Nonforfeiture Benefit Endorsement

We certify that the ranges bracketed will be as follows:

Administrative Office Address

- The administrative office address at issue will appear.

Insured/Certificate Number

- Any "John Doe" specific information regarding the actual name of the Insured and the certificate number will be shown..

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.

For Genworth Life Insurance Company



Paul Loveland, Vice President Product Compliance