

SERFF Tracking Number: GEFA-125832354 State: Arkansas  
Filing Company: Genworth Mortgage Insurance Corporation State Tracking Number: #? \$100  
Company Tracking Number: GNW-1008-FCC  
TOI: 06.0 Mortgage Guaranty Sub-TOI: 06.0000 MG Sub-TOI Combinations  
Product Name: Commitment/Certificates  
Project Name/Number: /

## Filing at a Glance

Company: Genworth Mortgage Insurance Corporation

Product Name: Commitment/Certificates	SERFF Tr Num: GEFA-125832354	State: Arkansas
TOI: 06.0 Mortgage Guaranty	SERFF Status: Closed	State Tr Num: #? \$100
Sub-TOI: 06.0000 MG Sub-TOI Combinations	Co Tr Num: GNW-1008-FCC	State Status: Fees verified
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Angela Daniel	Disposition Date: 09/26/2008
	Date Submitted: 09/25/2008	Disposition Status: Approved
Effective Date Requested (New): 11/03/2008		Effective Date (New): 11/03/2008
Effective Date Requested (Renewal): 11/03/2008		Effective Date (Renewal): 11/03/2008

State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/26/2008	
State Status Changed: 09/26/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are receiving loans that are outside our guidelines for insurance in our delegated underwriting (EXCEL Program) and our reduced documentation (EasySubmit®) channels. We have coded our system to prevent most of these loans from being submitted for insurance. However, we are unable to systematic code all guidelines due to the nature of some of the guidelines.

Currently, if a loan outside our guidelines is submitted and a commitment/certificate is issued, we do not have the ability to cancel at the commitment phase. We have to wait until the certificate is activated and rescind the loan if the

<i>SERFF Tracking Number:</i>	<i>GEFA-125832354</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Mortgage Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>#? \$100</i>
<i>Company Tracking Number:</i>	<i>GNW-1008-FCC</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Commitment/Certificates</i>		
<i>Project Name/Number:</i>	<i>/</i>		

submitting lender will not consent to the commitment being cancelled.

In this filing, we are adding the following language to Commitment/Certificates for these programs:

Company reserves right to terminate/rescind Commitment/Certificate if loan is ineligible for coverage based upon Company's published underwriting guidelines.

The new language would give us the ability to proactively cancel commitments for loans that we will not insure. This would benefit lenders as well because they will be notified earlier in the process that a loan will not be insured and it will allow the lenders time to find alternative insurance.

## Company and Contact

### Filing Contact Information

Angela Daniel, Asst Vice President	angela.daniel@genworth.com
6601 Six Forks Road	(919) 846-4123 [Phone]
Raliegh, NC 27615-6514	(919) 846-4359[FAX]

### Filing Company Information

Genworth Mortgage Insurance Corporation	CoCode: 38458	State of Domicile: North Carolina
6601 Six Forks Road	Group Code: 4011	Company Type: Mortgage Insurance
Raleigh, NC 27615	Group Name:	State ID Number:
(919) 846-4100 ext. [Phone]	FEIN Number: 31-0985858	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50 for each certificate.
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Mortgage Insurance Corporation	\$0.00	09/25/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
10689456	\$100.00	09/22/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/26/2008	09/26/2008

*SERFF Tracking Number:*      *GEFA-125832354*                      *State:*                      *Arkansas*  
*Filing Company:*              *Genworth Mortgage Insurance Corporation*      *State Tracking Number:*      *#? \$100*  
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*TOI:*                      *06.0 Mortgage Guaranty*                      *Sub-TOI:*                      *06.0000 MG Sub-TOI Combinations*  
*Product Name:*              *Commitment/Certificates*  
*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 09/26/2008

Effective Date (New): 11/03/2008

Effective Date (Renewal): 11/03/2008

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

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 Product Name: Commitment/Certificates  
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo and Comparison	Approved	Yes
Form	EXCEL Commitment and Certificate of Insurance	Approved	Yes
Form	EasySubmit Commitment and Certificate of Insurance	Approved	Yes

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 Product Name: Commitment/Certificates  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	EXCEL Commitment and Certificate of Insurance	EXCEL	(11/08)	Certificate	Replaced	Replaced Form #:0.00 EXCEL(12/96) Previous Filing #: App. 12-13-96	0.00	EXCEL (11_08) CommitCert. pdf
Approved	EasySubmit Commitment and Certificate of Insurance	CC	(11/08)	Certificate	New		0.00	CC ES (11_08).pdf

Attn:

From:

Date:

### EXCEL® COMMITMENT AND CERTIFICATE OF INSURANCE

PLEASE VERIFY THAT ALL INFORMATION ON THIS COMMITMENT/CERTIFICATE MEETS YOUR REQUIREMENTS PRIOR TO REMITTING PREMIUM.

In consideration of the premium hereafter set forth and in reliance upon the representations and certifications made in the EXCEL Transmittal form, the Company hereby issues this Commitment and Certificate for the mortgage loan herein described subject to the terms and conditions for your EXCEL Master Policy identified below. Company reserves right to terminate/rescind Commitment/Certificate if loan is ineligible for coverage based upon Company's published underwriting guidelines.

TERM OF COVERAGE	EXPIRATION DATE	EFFECTIVE DATE	MASTER POLICY NUMBER	COMMITMENT NUMBER	
INSURED'S NAME AND ADDRESS:			BORROWER NAME AND PROPERTY ADDRESS:		
LOAN TYPE	INSURED AMOUNT	SALES PRICE	APPRAISED VALUE	TERM OF LOAN	COVERAGE
LTV/OCCUPANCY	INITIAL PREMIUM RATE	RENEWAL RATE	RENEWAL TYPE	INITIAL PREMIUM	INITIAL TOTAL DUE

**PREMIUM SCHEDULE** •

**SERVICING TRANSFER DATA** (complete only if servicing has been transferred):

New Servicer's Name (Please print): \_\_\_\_\_

New Servicer's Loan Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Servicer's Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Instructions to Lenders:** Insurance coverage as set forth above shall become effective as of the loan closing date or such later date as mutually agreed to by you and the Company. Any revision or modification of the terms and conditions as set forth in this Commitment/Certificate, or failure to satisfy any Special Conditions specified above, without prior written consent of the Company, or any material change in circumstance occurring before coverage becomes effective resulting in the failure of the loan to qualify for insurance will invalidate this Commitment/Certificate and the related insurance coverage.

**Insured's Certification:** By tender of premium, or in case of "Zero Monthly" mortgage insurance, by submission of the date on which the referenced loan has closed, the Original Insured accepts the Company's offer set forth above and represents and certifies that the above Loan transaction has been consummated, in accordance with the loan documents provided to the Company by the Insured and the Original Insured understands and acknowledges that this Loan is covered by and subject to the terms and conditions of the Policy.

LENDER'S LOAN NUMBER	LOAN CLOSING DATE	PREMIUM REMITTED	DATE OF SIGNATURE

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE OF LENDER

\_\_\_\_\_  
TELEPHONE NUMBER

EXCEL(11/08)

  
PRESIDENT

  
SECRETARY

Attn:

From:

Date:

**EASYSUBMIT® COMMITMENT AND CERTIFICATE OF INSURANCE**

PLEASE VERIFY THAT ALL INFORMATION ON THIS COMMITMENT/CERTIFICATE MEETS YOUR REQUIREMENTS PRIOR TO REMITTING PREMIUM.

In consideration of the premium hereinafter set forth and in reliance upon the statements made in the application, the Company hereby issues this Commitment and Certificate of Insurance for the mortgage loan herein described subject to the terms and conditions of your Master Policy identified below, and subject to any Special Conditions that may be set forth below. Company reserves right to terminate/rescind Commitment/Certificate if loan is ineligible for coverage based upon Company's published underwriting guidelines.

TERM OF COVERAGE	EXPIRATION DATE	EFFECTIVE DATE	MASTER POLICY NUMBER	COMMITMENT NUMBER	
INSURED'S NAME AND ADDRESS:			BORROWER NAME AND PROPERTY ADDRESS:		
LOAN TYPE	INSURED AMOUNT	SALES PRICE	APPRAISED VALUE	TERM OF LOAN	COVERAGE
LTV/OCCUPANCY	INITIAL PREMIUM RATE	RENEWAL RATE	RENEWAL TYPE	INITIAL PREMIUM	INITIAL TOTAL DUE

**PREMIUM SCHEDULE •**

**SPECIAL CONDITIONS •**

**SERVICING TRANSFER DATA** (complete only if servicing has been transferred):

New Servicer's Name (Please print): \_\_\_\_\_

New Servicer's Loan Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Servicer's Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Instructions to Lenders:** Insurance coverage as set forth above shall become effective as of the loan closing date or such later date as mutually agreed to by you and the Company. Any revision or modification of the terms and conditions as set forth in this Commitment/Certificate, or failure to satisfy any Special Conditions specified above, without prior written consent of the Company, or any material change in circumstance occurring before coverage becomes effective resulting in the failure of the loan to qualify for insurance will invalidate this Commitment/Certificate and the related insurance coverage.

**Insured's Certification:** By tender of premium, or in case of "Zero Monthly" mortgage insurance, by submission of the date on which the referenced loan has closed, the Original Insured accepts the Company's offer set forth above and represents and certifies that the above Loan transaction has been consummated, in accordance with the loan documents provided to the Company by the Insured and the Original Insured understands and acknowledges that this Loan is covered by and subject to the terms and conditions of the Policy.

LENDER'S LOAN NUMBER	LOAN CLOSING DATE	PREMIUM REMITTED	DATE OF SIGNATURE

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE OF LENDER

\_\_\_\_\_  
TELEPHONE NUMBER

  
PRESIDENT

  
SECRETARY

*SERFF Tracking Number:*      *GEFA-125832354*                      *State:*                      *Arkansas*  
*Filing Company:*              *Genworth Mortgage Insurance Corporation*      *State Tracking Number:*      *#? \$100*  
*Company Tracking Number:*      *GNW-1008-FCC*  
*TOI:*                      *06.0 Mortgage Guaranty*                      *Sub-TOI:*                      *06.0000 MG Sub-TOI Combinations*  
*Product Name:*              *Commitment/Certificates*  
*Project Name/Number:*      /

## **Rate Information**

Rate data does NOT apply to filing.

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Product Name: Commitment/Certificates  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 09/26/2008

**Comments:**

**Attachment:**

Uniform trans AR.pdf

**Satisfied -Name:** Filing Memo and Comparison **Review Status:** Approved 09/26/2008

**Comments:**

**Attachments:**

Filing Memo.pdf

EXCEL(11\_08) Compare.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>
Genworth Financial	4011

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Genworth Mortgage Insurance Corporation	NC			

<b>5. Company Tracking Number</b>	GNW-1008-FCC
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Angela Daniel 6601 Six Forks Road Raleigh, NC 27615	Asst. VP & Asst. Sec.	919-846-4123	919-846-4359	Angela.Daniel@genworth.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Angela Daniel		

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	6.0 Mortgage Guaranty
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Commitment/Certificate
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 11/03/2008      Renewal: 11/03/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved



## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>GNW-1003-FCC</b>
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	None
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	EXCEL Commitment and Certificate of Insurance	EXCEL (11/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	App. 12-13-96	
02	EasySubmit Commitment and Certificate of Insurance	CC ES (11/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**Genworth Mortgage Insurance Corporation**  
**Filing Memorandum**

We are receiving loans that are outside our guidelines for insurance in our delegated underwriting (EXCEL Program) and our reduced documentation (EasySubmit®) channels. We have coded our system to prevent most of these loans from being submitted for insurance. However, we are unable to systematic code all guidelines due to the nature of some of the guidelines.

Currently, if a loan outside our guidelines is submitted and a commitment/certificate is issued, we do not have the ability to cancel at the commitment phase. We have to wait until the certificate is activated and rescind the loan if the submitting lender will not consent to the commitment being cancelled.

In this filing, we are adding the following language to Commitment/Certificates for these programs:

Company reserves right to terminate/rescind Commitment/Certificate if loan is ineligible for coverage based upon Company's published underwriting guidelines.

The new language would give us the ability to proactively cancel commitments for loans that we will not insure. This would benefit lenders as well because they will be notified earlier in the process that a loan will not be insured and it will allow the lenders time to find alternative insurance.

Form EXCEL (11/08) will replace Form EXCEL(12/96) and is used with our EXCEL First Lien Residential Master Policy, MP601(Rev.2) previously approved by your department.

We are creating a new EasySubmit® Commitment/Certificate for our EasySubmit program. This form will be used with our First Lien Residential Mortgage Master Policy, MP201(Rev.1). The new form will be identical to the currently approved commitment/certificate, CC (12/96) with the addition of the above language. Form CC (12/96) will continue to be used for loans that are underwritten by the Company.

Attn:

From: GENWORTH MORTGAGE INSURANCE CORPORATION

Date:

**EXCEL® COMMITMENT AND CERTIFICATE OF INSURANCE**

PLEASE VERIFY THAT ALL INFORMATION ON THIS COMMITMENT/CERTIFICATE MEETS YOUR REQUIREMENTS PRIOR TO REMITTING PREMIUM.

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INSURED'S NAME AND ADDRESS:			BORROWER NAME AND PROPERTY ADDRESS:		
LOAN TYPE	INSURED AMOUNT	SALES PRICE	APPRAISED VALUE	TERM OF LOAN	COVERAGE
LTV/OCCUPANCY	INITIAL PREMIUM RATE	RENEWAL RATE	RENEWAL TYPE	INITIAL PREMIUM	INITIAL TOTAL DUE

**PREMIUM SCHEDULE**

**SERVICING TRANSFER DATA (complete only if servicing has been transferred):**

New Servicer's Name (Please print): \_\_\_\_\_  
 New Servicer's Loan Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 New Servicer's Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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LENDER'S LOAN NUMBER	LOAN CLOSING DATE	PREMIUM REMITTED	DATE OF SIGNATURE

\_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE OF LENDER

\_\_\_\_\_  
 TELEPHONE NUMBER

EXCEL(11/08)

  
 PRESIDENT

  
 SECRETARY