

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Filing at a Glance

Company: Genworth Life Insurance Company
Product Name: 2020 Choice_Round 7 (RS)
State: Virginia
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Form/Rate
Date Submitted: 10/19/2020
SERFF Tr Num: GEFA-132466768
SERFF Status: Closed-Approved
State Tr Num: GEFA-132466768
State Status: Approved
Co Tr Num: 2020 CHOICE_ROUND 7 (RS)
Effective: On Approval
Date Requested:
Author(s): Richard Cromwell, Ronald Jackson, Camisha Jones
Reviewer(s): Colleen Moore (primary), Elsie Andy, Greg Smith
Disposition Date: 05/04/2022
Disposition Status: Approved
Effective Date:

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

General Information

Project Name: 2020 Choice_Round 7 (RS) Status of Filing in Domicile: Authorized
Project Number: 2020 Choice_Round 7 (RS) Date Approved in Domicile: 08/18/2020
Requested Filing Mode: Review & Approval Domicile Status Comments: N/A.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: 62.9% Filing Status Changed: 05/04/2022
State Status Changed: 05/04/2022
Deemer Date: 05/22/2022 Created By: Ronald Jackson
Submitted By: Ronald Jackson Corresponding Filing Tracking Number: GEFA-132466769
State TOI: LTC03I Individual Long Term Care

Filing Description:

RE:Genworth Life Insurance Company (GLIC)
Company NAIC No: 70025
Policy Forms: 7035J

The referenced filing is a Long Term Care (LTC) rate schedule change request submitted for your review and applies to the referenced policy forms.

In this filing, GLIC requests a premium rate increase of 72% for policies with lifetime benefits and 55% for policies with limited benefits on the above-mentioned policy forms. In the submitted actuarial memorandum, we include detailed rate increase justification and we demonstrate that this premium rate increase satisfies Long Term Care regulatory requirements of Virginia and the Rate Stability regulation.

GLIC will offer insureds affected by the premium increase several alternative options to change their benefits in order to maintain a premium rate level reasonably similar to what they were paying prior to the rate increase. The benefit and rate combinations are consistent with the rate tables approved by the Virginia Bureau of Insurance. GLIC has also invested in developing new alternatives that mitigate all or part of the proposed premium increase while still providing meaningful protection. One of these new alternatives, included in this filing for policy forms 7035J, is called the Lifetime Stable Premium Option. Details on the available alternative options are presented in section 6 of the Actuarial Memorandum.

Thank you for your assistance in reviewing this filing.

Company and Contact

Filing Contact Information

Ronald N. Jackson, Contract Analyst ronald.jackson@genworth.com
Product Compliance 804-289-6725 [Phone]
P O Box 27601 804-281-6916 [FAX]
Richmond, VA 23261-7601

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

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:

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
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Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Filing Company: Genworth Life Insurance Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Colleen Moore	05/04/2022	05/04/2022

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Colleen Moore	04/29/2022	04/29/2022
Info has been requested from company	Colleen Moore	04/04/2022	04/04/2022
Disapproved	Elsie Andy	03/31/2022	04/01/2022
Info has been requested from company	Colleen Moore	03/17/2022	03/17/2022
Disapproved	Elsie Andy	02/18/2022	02/18/2022
Info has been requested from company	Colleen Moore	11/03/2021	11/03/2021
Info has been requested from company	Colleen Moore	10/13/2021	10/13/2021
Info has been requested from company	Colleen Moore	09/14/2021	09/14/2021
Info has been requested from company	Colleen Moore	05/25/2021	05/25/2021
Info has been requested from company	Colleen Moore	03/02/2021	03/02/2021
Info has been requested from company	Colleen Moore	01/11/2021	01/11/2021

Response Letters

Responded By	Created On	Date Submitted
Richard Cromwell	05/02/2022	05/02/2022
Ronald Jackson	04/22/2022	04/22/2022
Ronald Jackson	04/07/2022	04/07/2022
Ronald Jackson	03/18/2022	03/18/2022
Ronald Jackson	03/11/2022	03/11/2022
Ronald Jackson	11/09/2021	11/09/2021
Ronald Jackson	10/25/2021	10/25/2021
Ronald Jackson	09/28/2021	09/29/2021
Ronald Jackson	06/07/2021	06/07/2021
Ronald Jackson	03/17/2021	03/17/2021
Ronald Jackson	02/10/2021	02/10/2021

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Colleen Moore	01/11/2021	01/11/2021
Info has been requested from company	Colleen Moore	11/22/2020	11/24/2020

Response Letters

Responded By	Created On	Date Submitted
Ronald Jackson	02/10/2021	02/10/2021
Ronald Jackson	12/28/2020	12/28/2020

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Removed	Ronald Jackson	02/16/2022	02/16/2022
Supporting Document	Variability Statement	Ronald Jackson	02/16/2022	02/16/2022
Supporting Document	Sample Policyholder Notifications	Ronald Jackson	02/16/2022	02/16/2022
Supporting Document	Sample Policyholder Notifications	Ronald Jackson	08/23/2021	08/26/2021
Supporting Document	Variability Statement	Ronald Jackson	08/23/2021	08/26/2021
Supporting Document	Response Letter (2/10/21 - Objection 3)	Ronald Jackson	02/23/2021	02/23/2021
Supporting Document	Sample Policyholder Notifications	Ronald Jackson	11/05/2020	11/05/2020
Supporting Document	Sample Policyholder Notifications (LSPO)	Ronald Jackson	11/05/2020	11/05/2020

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Actuarial Opinion Letter	Reviewer Note	Colleen Moore	04/04/2022	
RRS	Reviewer Note	Colleen Moore	01/14/2021	

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Disposition

Disposition Date: 05/04/2022

Effective Date:

Status: Approved

Comment: In approving this filing, the Company is reminded that pursuant to 14VAC5-200-153 D, it is required to provide updated experience reports for the next 3 years comparing the actual results to the results that the company projected in justifying the rate increase. We would expect the first of the three experience report filings to be made no later than 15-18 months after implementation, capturing a full 12 months of experience following the rate implementation, and including updated data through the most recent year end.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Genworth Life Insurance Company	62.900%	62.900%	\$476,051	323	\$756,854	72.000%	55.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	Lifetime Stable Premium Option Endorsement	Approved	Yes
Form (revised)	LSPO Schedule	Approved	Yes
Form	Lifetime Stable Premium Option Endorsement	Withdrawn	No
Form	Lifetime Stable Premium Option Endorsement	Withdrawn	No
Form	LSPO Schedule	Withdrawn	No
Rate (revised)	Rate Tables	Approved	Yes
Rate (revised)	Stable Premium Option Rate Table	Approved	Yes
Rate	Rate Tables	Withdrawn	No
Rate	Rate Tables	Withdrawn	No
Rate	Stable Premium Option Rate Table	Withdrawn	No
Rate	Stable Premium Option Rate Table	Withdrawn	No
Supporting Document (revised)	Certification of Compliance/Readability	Received & Acknowledged	Yes
Supporting Document (revised)	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	L&H Readability - Health	Received & Acknowledged	Yes

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Filing Company: Genworth Life Insurance Company

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter	Received & Acknowledged	Yes
Supporting Document (revised)	Current Rate Tables	Received & Acknowledged	Yes
Supporting Document	Experience Exhibits and Filing Status	Received & Acknowledged	Yes
Supporting Document (revised)	Variability Statement	Received & Acknowledged	Yes
Supporting Document (revised)	Removed	Withdrawn	No
Supporting Document (revised)	Sample Policyholder Notifications	Received & Acknowledged	Yes
Supporting Document (revised)	Removed	Withdrawn	No
Supporting Document	Response Letter (2/10/21)	Received & Acknowledged	Yes
Supporting Document	Experience Projection Exhibits	Received & Acknowledged	Yes
Supporting Document (revised)	Response Letter (2/10/21 - Objection 3)	Received & Acknowledged	Yes
Supporting Document	Experience Projections (for Objection 3)	Received & Acknowledged	Yes
Supporting Document	Experience Exhibits and Filing Status (for Objection 4)	Received & Acknowledged	Yes
Supporting Document	Response Letter (6/7/21)	Received & Acknowledged	Yes
Supporting Document (revised)	Forms Samples	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance/Readability	Withdrawn	No
Supporting Document	Product Checklist	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Current Rate Tables	Withdrawn	No
Supporting Document	Current Rate Tables	Withdrawn	No
Supporting Document	Variability Statement	Withdrawn	No
Supporting Document	Variability Statement	Withdrawn	No
Supporting Document	Variability Statement	Withdrawn	No
Supporting Document	Variability Statement	Withdrawn	No
Supporting Document	Sample Schedule Page (LSPO)	Withdrawn	No
Supporting Document	Sample Policyholder Notifications	Withdrawn	No

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Sample Policyholder Notifications	Withdrawn	No
Supporting Document	Sample Policyholder Notifications	Withdrawn	No
Supporting Document	Sample Policyholder Notifications	Withdrawn	No
Supporting Document	Variability Statement	Withdrawn	No
Supporting Document	Sample Policyholder Notifications (LSPO)	Withdrawn	No
Supporting Document	Response Letter (2/10/21 - Objection 3)	Withdrawn	No
Supporting Document	Forms Samples	Withdrawn	No

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/29/2022
Submitted Date	04/29/2022
Respond By Date	05/29/2022

Dear Ronald N. Jackson,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Variability Statement (Supporting Document)

Comments: Please update the variability statement for the PH notifications to reflect the final version dated April 2022.

Objection 2

- Sample Policyholder Notifications (Supporting Document)

Comments: Please update the sample policyholder letter template to reflect the final version dated 4/14/22.

Objection 3

Comments: Please attach a copy of the sample LSPO endorsement which will be included in the PH notification package under supporting documentation (7035END-LSPO VA SAMPLE).

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/04/2022
Submitted Date	04/04/2022
Respond By Date	05/03/2022

Dear Ronald N. Jackson,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

Comments: The company has indicated these forms will use the policyholder notifications in GEFA-132466777 and GEFA-132466767. Please provide John Doe versions of the policyholder notifications indicating how the forms are intended to be used with this filing.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 03/31/2022
Submitted Date 04/01/2022
Respond By Date

Dear Ronald N. Jackson,

Introduction:

Genworth Life Insurance Company

SERFF Tracking No: GEFA-132466768

Form Nos.: 7035 END-LSPO VA 0322 and 7035 Schedule LSPO VA

We continued our review of the forms in this filing and found the remaining concerns.

Objection 1

- Lifetime Stable Premium Option Endorsement, 7035END-LSPO VA 0322 (Form)

Comments: Form number 7035 END-LSPO VA 0322 is inconsistent with the form number identified in the Form Schedule.

Please note that the number appearing in the Form Schedule must mirror that appearing in the form including dashes, slashes and spacing. Please advise which form number is correct. If the form number appearing in the lower left-hand corner on the first page of the form is correct, please revise the Form Schedule to display the correct form number. If the Form Schedule is correct, please provide us with a revised form.

Objection 2

- LSPO Schedule, 7035 Schedule Revised LSPO VA (Form)

Comments: 14 VAC 5-101-60 2 provides that the full licensed name of the company shall appear in prominent print at the top of the form. The current licensed name should appear on the form.

Objection 3

- LSPO Schedule, 7035 Schedule Revised LSPO VA (Form)

Comments: The schedule of benefits lists the Restoration of Benefits rider as a potential benefit rider. Once the lifetime stable premium option endorsement has been selected would restoration of benefits remain a viable benefit option?

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Elsie Andy
Manager, Forms and Rates
Life and Health Division
(804) 371-9072

Sincerely,

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Elsie Andy

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/17/2022
Submitted Date	03/17/2022
Respond By Date	04/16/2022

Dear Ronald N. Jackson,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Variability Statement (Supporting Document)
- Sample Policyholder Notifications (Supporting Document)

Comments: Please provide the SERFF filing number, date of approval and a copy of any forms which will be used to update or amend the policy as a result of an insured's decision to reduce benefits.

Objection 2

- Sample Schedule Page (LSPO) (Supporting Document)

Comments: Please provide the SERFF number for the filing where this schedule has been approved.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	02/18/2022
Submitted Date	02/18/2022
Respond By Date	03/18/2022

Dear Ronald N. Jackson,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

The form included within the submission was found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Lifetime Stable Premium Option Endorsement, 7035END-LSPO VA 0920 (Form)

Comments: The endorsement changes the policy renewability from guaranteed renewable to noncancellable. The provision states that premiums are not subject to change except Where a change to your premium or the amount of premium you pay is required by the terms of the policy. Please provide us with examples of policy terms that may require the premium to increase.

Objection 2

- Lifetime Stable Premium Option Endorsement, 7035END-LSPO VA 0920 (Form)

Comments: Please advise how the term Equal applies to automatic compound inflation protection provision.

Objection 3

- Lifetime Stable Premium Option Endorsement, 7035END-LSPO VA 0920 (Form)

Comments: For compliance with § 38.2-5207 4 of the Code of Virginia, and 14 VAC 5-200-70 H, the Conformity with Internal Revenue Code provision must state that the policy is (as opposed to intended to be) a qualified long-term care insurance contract under §7702B (b) of the Internal Revenue Code of 1986, etc.

Objection 4

- Variability Statement (Supporting Document)

Comments: Please update the Statement of Variability (SOV) General Guidelines section to identify page numbers as being variable.

Objection 5

- Variability Statement (Supporting Document)

Comments: The SOV should describe how the fields Equal and Compound are subject to change.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection and request for information is expected within 30 days. Thank you for your courtesy and consideration in this matter.

Sincerely,
Elsie Andy
Manager, Forms and Rates

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Life and Health Division
(804) 371-9072

Sincerely,
Elsie Andy

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/03/2021
Submitted Date	11/03/2021
Respond By Date	12/03/2021

Dear Ronald N. Jackson,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Stable Premium Option Rate Table, [7035END-LSPO VA 0920] (Rate)

Comments: Please confirm if there should be a separate set of nonforfeiture rider rates which correspond to the Lifetime Stable Premium Option and attach a rate sheet if necessary.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/13/2021
Submitted Date	10/13/2021
Respond By Date	11/12/2021

Dear Ronald N. Jackson,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Rate Tables, [7035J, 62172, 62274F, 62275, 62276, 62277, 62278] (Rate)

Comments: Please confirm the NFO rates for Joint 2920 x daily payment maximum on page 9. They still appear to be the previously approved rates, without the 55% rate increase.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please confirm that the actuarial memorandum includes a statement for compliance with 14VAC5-200-153 B.3.d, as indicated in the response to Objection 3, submitted 9/29/21.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 09/14/2021
Submitted Date 09/14/2021
Respond By Date 10/14/2021

Dear Ronald N. Jackson,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Rate Tables, [7035J, 62172, 62274F, 62275, 62276, 62277, 62278] (Rate)

Comments: 1) The NFO rates for Joint, pages 6 - 10 are labeled Individual. Please update the rates sheets.

2) The Base + NFO rates for Joint on pages 16 - 20 are also labeled as Individual. Please revise accordingly.

2) Please confirm the NFO rates for Joint, 2,920 x daily payment maximum (page 9). They appear to be the previously approved rates, without the 55% rate increase.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: We note that the certification in Section 17 does not meet the requirements of 14VAC5-200-153.B.2. Please revise the certification in the Actuarial Memorandum for compliance.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please update the Actuarial Memorandum to include a statement for compliance with 14VAC5-200-153 B.3.d.

Objection 4

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The purpose of the LTC Rate Request Summary is to provide a clear explanation of the justification for the rate increase to the public, in language which would be easily understood by individuals with little to no insurance background. This should be fairly high level and not drill down deep into the details - the technical discussion is included in the actuarial memorandum.

The existing narrative includes technical terms and abbreviations which the average long term care policyholder would not understand. Please revise the Rate Request Summary to be in more consumer friendly language and delete the final paragraph as it is not pertinent to the increases requested in this filing.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

*Colleen Moore
Senior Insurance Market Examiner*

*Sincerely,
Colleen Moore*

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/25/2021
Submitted Date	05/25/2021
Respond By Date	06/24/2021

Dear Ronald N. Jackson,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please update the policy form number on page 1 to be consistent with the form numbers included on the Rate/Rule Schedule.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Will all policyholders be offered the Stable Premium Option?

2) What percentage of policyholders are anticipated to trigger the contingent benefit upon lapse?

Objection 3

- Rate Tables, [7035J, 62172, 62274F, 62275, 62276, 62277, 62278] (Rate)

Comments: Please update the form number on the rate sheets to reflect the full approved form number (7035J).

Objection 4

- Rate Tables, [7035J, 62172, 62274F, 62275, 62276, 62277, 62278] (Rate)

Comments: In the previous filing, GEFA-131306458, the Nonforfeiture and Base + Nonforfeiture rates were submitted for approval under the Rate/Rule Schedule. Please attach the proposed rates under the Rate/Rule Schedule.

Objection 5

- Stable Premium Option Rate Table, [7035END-LSPO VA 0920] (Rate)

Comments: 1) Please revise the form number on the rate sheet to reflect the full form number (7035END-LSPO VA 0920.)

We also note that there appears to be a typo in the document name.

2) Please explain in detail, for actuarial review, the pricing methodology used to develop the rates for the Lifetime Stable Premium Option.

3) We note that the pricing for this option is the same in GEFA-132466768 and GEFA-132466769, but substantially different in GEFA-132466777. Please address the inconsistency in pricing between filings.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/02/2021
Submitted Date	03/02/2021
Respond By Date	04/01/2021

Dear Ronald N. Jackson,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Response Letter (2/10/21 - Objection 3) (Supporting Document)

Comments: 1.The Company indicated in its last response that it is unable to provide the information requested in item 3.d. due to system limitations. However, in the prior filing (GEFA-131306458), the Company submitted an exhibit (Attachment 8.g.) which supplied the requested information at that time. Please explain why it cannot be supplied at this time.

2.Exhibit III referenced in our prior objection item 6. was referring to the Status of Filings as of July 31, 2020 exhibit. Please provide an update for this exhibit.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/11/2021
Submitted Date	01/11/2021
Respond By Date	02/10/2021

Dear Ronald N. Jackson,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

Comments: 1. Since only a sample of voluntary lapse rates is supplied, please provide the average ultimate voluntary lapse rates under current assumptions versus the original assumptions for this block of business.

2. For all projections requested in the next question, the baseline should comply with the following:

- a. Any policies issued as limited-pay which are now in paid-up status should be removed, both from historical experience and future projections.
- b. For this post-stability block, assumptions may include appropriate margins for moderately adverse conditions.
- c. Premiums should be at the Virginia rate level for both historical and projected future.
- d. Please use the appropriate maximum valuation interest rate for accumulation and discounting of this block. It would appear that 4.5% would be the appropriate rate for 2003-2004 issues rather than 4.0%.

3. To assist the Bureau in its review, for each of the six subsets of the business corresponding to the combinations of (limited/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following six projections on a nationwide basis:

- a. current assumptions and current rates
- b. current assumptions with the proposed rate increase
- c. current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception
- d. original assumptions and original premiums from inception
- e. a projection showing all premiums at the original premium scale from inception (documenting past and future PV of premium for use in the 58/85 Test)

Projections a-e can be separate tabs or combined into separate columns on the same exhibit.

4. For each of the six subsets of the business above, please provide the active life reserves balance as of the projection date on a nationwide basis.

5. Please provide the 58/85 Test separately for Limited and Lifetime benefit periods using data from the projections above.

6. Please update Exhibit III with current rate increase approvals.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Upon subsequent review, other concerns may require attention.

IMPORTANT! PLEASE NOTE: A response to this objection (or request for information if more applicable) is expected within 30 days.

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/11/2021
Submitted Date	01/11/2021
Respond By Date	02/10/2021

Dear Ronald N. Jackson,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. What steps have been taken to minimize rate increases on this block of business?

2. How reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse?
3. Are there any partnership policies outstanding in the Virginia block?
4. If the company cannot certify that no further rate increases are anticipated in accordance with 14VAC5-200-153 B 2, then what loss ratio does the company intend to target for these forms?
5. Please state the lifetime loss ratio anticipated in the original filing.
6. Please provide all projections and data elements required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach.
7. Please revise the actuarial memorandum for compliance with 14VAC5-200-153 B.3.b and c.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Upon subsequent review, other concerns may require attention.

IMPORTANT! PLEASE NOTE: A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/24/2020
Submitted Date	11/24/2020
Respond By Date	12/24/2020

Dear Ronald N. Jackson,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Experience Exhibits and Filing Status (Supporting Document)
- L&H Actuarial Memorandum (Supporting Document)

Comments: We note that the Actuarial Memorandum and many of the exhibits are labeled Confidential. As noted in the SERFF filing instructions, information filed with the Life and Health Insurance Forms and Rates Section is publicly available upon submission. Questions should be directed to Bob Grissom at bob.grissom@scc.virginia.gov.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The form numbers listed in the Actuarial Memorandum, the Rate Request Summary and the Rate/Rule Schedule should match. Please update the Actuarial Memorandum and Rate Request Summary to include both the base rates and the riders.

Objection 3

Comments: Please confirm if the company has submitted Annual Rate Report filings for this block for compliance with 14VAC5-200-125, and provide the filing number for the most recently filed report.

Objection 4

- Sample Policyholder Notifications (Supporting Document)
- Sample Policyholder Notifications (LSPO) (Supporting Document)

Comments: Please confirm if the company intends to use policyholder notification documents which have previously been approved. If so, provide the SERFF filing number(s) for the approved letter(s). Any forms which have not previously been approved should be attached under the Form Schedule tab for review and approval.

Objection 5

- Product Checklist (Supporting Document)

Comments: Please attach a signed copy of the current version of the LTC Rate Review Checklist which can be found at: <https://scc.virginia.gov/getattachment/f261515d-6543-4c5e-aada-cadf5fe5f14f/Long-Term-Care-Rate-Revision-Checklist.pdf>.

Objection 6

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please complete the Outlook for Future Rate Increases section and attach a narrative summarizing the key information used to develop the rates, in clear, easy to understand, language.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Upon subsequent review, other concerns may require attention.

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

IMPORTANT! PLEASE NOTE: A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Response Letter

Response Letter Status

Submitted to State

Response Letter Date

05/02/2022

Submitted Date

05/02/2022

Dear Colleen Moore,

Introduction:

Response 1

Comments:

The final version of the variability statement for the PH notifications has been submitted in SERFF as Supporting Documentation.

Related Objection 1

Applies To:

- Variability Statement (Supporting Document)

Comments: Please update the variability statement for the PH notifications to reflect the final version dated April 2022.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes

Satisfied - Item:	Variability Statement
Comments:	
Attachment(s):	7035 VA Lifetime Stable Premium SOV March 18 2022.pdf SOV.VA_Lifetime SPO Policyholder Notification April 2022.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Variability Statement</i>
Comments:	
Attachment(s):	<i>SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf 7035 VA Lifetime Stable Premium SOV March 18 2022.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Variability Statement</i>
Comments:	
Attachment(s):	<i>SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf 7035 VA Lifetime Stable Premium SOV March 2022.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Variability Statement</i>
Comments:	
Attachment(s):	<i>7035 VA Lifetime Stable Premium SOV 092020.pdf SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Variability Statement</i>
Comments:	
Attachment(s):	<i>7035 VA Lifetime Stable Premium SOV 092020.pdf</i>

Response 2**Comments:**

The final version of the policyholder letter template has been submitted in SERFF as Supporting Documentation.

Related Objection 2

Applies To:

- Sample Policyholder Notifications (Supporting Document)

Comments: Please update the sample policyholder letter template to reflect the final version dated 4/14/22.

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Filing Company: Genworth Life Insurance Company

Supporting Document Schedule Item Changes

Satisfied - Item:	Sample Policyholder Notifications
Comments:	
Attachment(s):	Jack Doe Sample VA Choice 1 LSPO Policyholder Letter 042022.pdf Jack Doe Sample VA Choice 1 Policyholder Not On Claim NQ Letter 042022.pdf Jack Doe Sample VA Choice 1 Policyholder On Claim NQ Letter 042022.pdf Jim Doe Sample VA Choice 1 Standard Policyholder Letter 042022.pdf Lifetime SPO Policyholder Letter Template 041422.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Sample Policyholder Notifications</i>
Comments:	
Attachment(s):	<i>Lifetime SPO Policyholder Letter Template 021622.pdf</i> <i>Jack Doe Sample VA Choice 1 LSPO Policyholder Letter 042022.pdf</i> <i>Jack Doe Sample VA Choice 1 Policyholder Not On Claim NQ Letter 042022.pdf</i> <i>Jack Doe Sample VA Choice 1 Policyholder On Claim NQ Letter 042022.pdf</i> <i>Jim Doe Sample VA Choice 1 Standard Policyholder Letter 042022.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Sample Policyholder Notifications</i>
Comments:	
Attachment(s):	<i>Lifetime SPO Policyholder Letter Template 021622.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Sample Policyholder Notifications</i>
Comments:	
Attachment(s):	<i>Standard Policyholder No Quote Letter Template 081221.pdf</i> <i>Lifetime SPO Policyholder Letter Template 081221.pdf</i> <i>John Doe Sample Lifetime SPO Policyholder Letter 081221.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Sample Policyholder Notifications</i>
Comments:	
Attachment(s):	<i>165224NQ VA Cover Letter.pdf</i> <i>165239 VA Important Information Regarding This Premium Increase.pdf</i> <i>SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf</i>

Response 3

Comments:

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

The sample LSPO endorsement, 7035END-LSPO VA SAMPLE, has been submitted in SERFF as Supporting Documentation.

Related Objection 3

Comments: Please attach a copy of the sample LSPO endorsement which will be included in the PH notification package under supporting documentation (7035END-LSPO VA SAMPLE).

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Forms Samples
Comments:	
Attachment(s):	134613VA 062916_Contingent Benefit Upon Lapse Endorsement.pdf 158271_101713_OLB Endorsement.pdf 165935 VA 111716 Coverage Amendment Rider.pdf 7035END-LSPO VA SAMPLE.pdf
<i>Previous Version</i>	
Satisfied - Item:	Forms Samples
Comments:	
Attachment(s):	134613VA 062916_Contingent Benefit Upon Lapse Endorsement.pdf 158271_101713_OLB Endorsement.pdf 165935 VA 111716 Coverage Amendment Rider.pdf

Conclusion:

Sincerely,
Richard Cromwell

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/22/2022
Submitted Date	04/22/2022

Dear Colleen Moore,

Introduction:

In reply to comments received April 4:

Response 1

Comments:

John Doe versions of the policyholder notifications showing how the forms are intended to be used are attached.

Related Objection 1

Comments: The company has indicated these forms will use the policyholder notifications in GEFA-132466777 and GEFA-132466767. Please provide John Doe versions of the policyholder notifications indicating how the forms are intended to be used with this filing.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes**Satisfied - Item:** Sample Policyholder Notifications**Comments:****Attachment(s):**

Lifetime SPO Policyholder Letter Template 021622.pdf
 Jack Doe Sample VA Choice 1 LSPO Policyholder Letter 042022.pdf
 Jack Doe Sample VA Choice 1 Policyholder Not On Claim NQ Letter 042022.pdf
 Jack Doe Sample VA Choice 1 Policyholder On Claim NQ Letter 042022.pdf
 Jim Doe Sample VA Choice 1 Standard Policyholder Letter 042022.pdf

*Previous Version***Satisfied - Item:** *Sample Policyholder Notifications***Comments:****Attachment(s):** *Lifetime SPO Policyholder Letter Template 021622.pdf**Previous Version***Satisfied - Item:** *Sample Policyholder Notifications***Comments:****Attachment(s):**

Standard Policyholder No Quote Letter Template 081221.pdf
Lifetime SPO Policyholder Letter Template 081221.pdf
John Doe Sample Lifetime SPO Policyholder Letter 081221.pdf

*Previous Version***Satisfied - Item:** *Sample Policyholder Notifications***Comments:****Attachment(s):**

165224NQ VA Cover Letter.pdf
165239 VA Important Information Regarding This Premium Increase.pdf
SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf

Conclusion:

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

Email: ronald.jackson@genworth.com

Phone #: (804) 289-6725

Fax #: (804) 922-8513

Sincerely,

Ronald Jackson

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/07/2022
Submitted Date	04/07/2022

Dear Colleen Moore,

Introduction:

This letter is in response to the comments received in your objection letter, dated March 31, 2022, to Genworth Life Insurance Company's (GLIC's) 2020 Choice 1 rate increase filing request.

Response 1

Comments:

1) The form number identified in the Form Schedule is what should be used. The revised endorsement has been submitted in SERFF.

Related Objection 1

Applies To:

- Lifetime Stable Premium Option Endorsement, 7035END-LSPO VA 0322 (Form)

Comments: Form number 7035 END-LSPO VA 0322 is inconsistent with the form number identified in the Form Schedule. Please note that the number appearing in the Form Schedule must mirror that appearing in the form including dashes, slashes and spacing. Please advise which form number is correct. If the form number appearing in the lower left-hand corner on the first page of the form is correct, please revise the Form Schedule to display the correct form number. If the Form Schedule is correct, please provide us with a revised form.

Changed Items:

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Lifetime Stable Premium Option Endorsement	7035END-LSPO VA 0322	POLA	Initial		50.000	7035END-LSPO VA 0322.pdf	Date Submitted: 04/07/2022 By: Ronald Jackson
<i>Previous Version</i>								
1	Lifetime Stable Premium Option Endorsement	7035END-LSPO VA 0322	POLA	Initial		50.000	7035 END-LSPO VA 0322.pdf	Date Submitted: 03/11/2022 By: Ronald Jackson
<i>Previous Version</i>								
1	Lifetime Stable Premium Option Endorsement	7035END-LSPO VA 0920	POLA	Initial		50.000	7035 END-LSPO VA 0920.pdf	Date Submitted: 10/19/2020 By: Ronald Jackson

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2**Comments:**

2) The schedule has been updated with the current licensed name and submitted in SERFF.

Related Objection 2

Applies To:

- LSPO Schedule, 7035 Schedule Revised LSPO VA (Form)

Comments: 14 VAC 5-101-60 2 provides that the full licensed name of the company shall appear in prominent print at the top of the form. The current licensed name should appear on the form.

Changed Items:

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	LSPO Schedule	7035 Schedule Revised LSPO VA	SCH	Initial			7035 Schedule Revised LSPO VA.pdf	Date Submitted: 04/07/2022 By: Ronald Jackson
<i>Previous Version</i>								
1	LSPO Schedule	7035 Schedule Revised LSPO VA	SCH	Initial			7035 Schedule Revised LSPO VA.pdf	Date Submitted: 03/18/2022 By: Ronald Jackson

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 3

Comments:

3) If the policyholder is still paying for the Restoration of Benefits rider, it would continue to be a benefit on their policy after selection of the Lifetime Stable Premium Option.

Related Objection 3

Applies To:

- LSPO Schedule, 7035 Schedule Revised LSPO VA (Form)

Comments: The schedule of benefits lists the Restoration of Benefits rider as a potential benefit rider. Once the lifetime stable premium option endorsement has been selected would restoration of benefits remain a viable benefit option?

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

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

Email: ronald.jackson@genworth.com

Phone #: (804) 289-6725

Fax #: (804) 922-8513

Sincerely,

Ronald Jackson

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 03/18/2022
 Submitted Date 03/18/2022

Dear Colleen Moore,

Introduction:

In response to comments received March 17:

Response 1

Comments:

1) The following forms are attached under the Supporting Documentation tab:

- Form 165935 VA 11/17/16 - Coverage Amendment Rider - SERFF # GEFA-131296443 pending approval;
- Form 134613VA 06/29/16 - Contingent Benefit Upon Lapse Endorsement - SERFF # GEFA-129136848 approved 12/22/2016; and
- Form 158271 10/17/13 - Optional Limited Benefit Endorsement - SERFF # GEFA-129292365 approved 5/8/14.

Related Objection 1

Applies To:

- Variability Statement (Supporting Document)
- Sample Policyholder Notifications (Supporting Document)

Comments: Please provide the SERFF filing number, date of approval and a copy of any forms which will be used to update or amend the policy as a result of an insured's decision to reduce benefits.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	Forms Samples
Comments:	
Attachment(s):	134613VA 062916_Contingent Benefit Upon Lapse Endorsement.pdf 158271_101713_OLB Endorsement.pdf 165935 VA 111716 Coverage Amendment Rider.pdf

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Response 2**Comments:**

2) The Schedule is attached under the Form Schedule tab for your review. The Schedule has been updated for use with the Lifetime Stable Premium Option. The Schedule was originally approved with policy form 7035J which was originally submitted as a paper filing under Submission No. 0070000014648 and approved on July 25, 2002.

Related Objection 2

Applies To:

- Sample Schedule Page (LSPO) (Supporting Document)

Comments: Please provide the SERFF number for the filing where this schedule has been approved.

Changed Items:

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Removed
Comments:	Sample Schedule Page (LSPO) moved to Form Schedule tab as requested.
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	Sample Schedule Page (LSPO)
Comments:	
Attachment(s):	7035 Sample_LSPO_SPO_Schedule_072020.pdf

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes

Satisfied - Item:	Removed
Comments:	Sample Schedule Page (LSPO) moved to Form Schedule tab as requested.
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Sample Schedule Page (LSPO)</i>
Comments:	
Attachment(s):	<i>7035 Sample_LSPO_SPO_Schedule_072020.pdf</i>
Satisfied - Item:	Variability Statement
Comments:	
Attachment(s):	SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf 7035 VA Lifetime Stable Premium SOV March 18 2022.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Variability Statement</i>
Comments:	
Attachment(s):	<i>SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf 7035 VA Lifetime Stable Premium SOV March 2022.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Variability Statement</i>
Comments:	
Attachment(s):	<i>7035 VA Lifetime Stable Premium SOV 092020.pdf SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Variability Statement</i>
Comments:	
Attachment(s):	<i>7035 VA Lifetime Stable Premium SOV 092020.pdf</i>

Conclusion:

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

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

Regards,

Pam Asbury, Vice President

Genworth Financial

Sincerely,

Ronald Jackson

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/11/2022
Submitted Date	03/11/2022

Dear Colleen Moore,

Introduction:

This letter is in response to the comments received in your objection letter, dated February 18, 2022, to Genworth Life Insurance Company's (GLIC's) 2020 Choice 1 rate increase filing request.

Response 1

Comments:

1) The various situations that could trigger a change (not necessarily an increase) to the premiums owed on this policy are generally:

- a) you claim and your premium is waived;
- b) you have a Shared policy with Joint Waiver and your spouse claims, waiving your premium;
- c) you qualify for Survivorship benefits and your spouse dies;
- d) you elect to reduce your benefits; and
- e) you elect to lapse your policy.

Related Objection 1

Applies To:

- Lifetime Stable Premium Option Endorsement, 7035END-LSPO VA 0920 (Form)

Comments: The endorsement changes the policy renewability from guaranteed renewable to noncancellable. The provision states that premiums are not subject to change except Where a change to your premium or the amount of premium you pay is required by the terms of the policy. Please provide us with examples of policy terms that may require the premium to increase.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

2) This is a variable where either including all prior Automatic Equal 5% Benefit Increases or including all prior Automatic Compound 5% Benefit Increases will print depending on which the policyholder has prior to the election of Lifetime Stable Premium option. The variable has been revised on the endorsement and explained in the SOV.

Related Objection 2

Applies To:

- Lifetime Stable Premium Option Endorsement, 7035END-LSPO VA 0920 (Form)

Comments: Please advise how the term Equal applies to automatic compound inflation protection provision.

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Lifetime Stable Premium Option Endorsement	7035END-LSPO VA 0322	POLA	Initial		50.000	7035 END-LSPO VA 0322.pdf	Date Submitted: 03/11/2022 By: Ronald Jackson
<i>Previous Version</i>								
1	Lifetime Stable Premium Option Endorsement	7035END-LSPO VA 0920	POLA	Initial		50.000	7035 END-LSPO VA 0920.pdf	Date Submitted: 10/19/2020 By: Ronald Jackson

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes	
Satisfied - Item:	Variability Statement
Comments:	
Attachment(s):	SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf 7035 VA Lifetime Stable Premium SOV March 2022.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Variability Statement</i>
Comments:	
Attachment(s):	<i>7035 VA Lifetime Stable Premium SOV 092020.pdf SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Variability Statement</i>
Comments:	
Attachment(s):	<i>7035 VA Lifetime Stable Premium SOV 092020.pdf</i>

Response 3

Comments:

3) The endorsement has been revised to state that the policy is a qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191).

Related Objection 3

Applies To:

- Lifetime Stable Premium Option Endorsement, 7035END-LSPO VA 0920 (Form)

Comments: For compliance with § 38.2-5207 4 of the Code of Virginia, and 14 VAC 5-200-70 H, the Conformity with Internal Revenue Code provision must state that the policy is (as opposed to intended to be) a qualified long-term care insurance contract under §7702B (b) of the Internal Revenue Code of 1986, etc.

Changed Items:

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Lifetime Stable Premium Option Endorsement	7035END-LSPO VA 0322	POLA	Initial		50.000	7035 END-LSPO VA 0322.pdf	Date Submitted: 03/11/2022 By: Ronald Jackson
<i>Previous Version</i>								
1	<i>Lifetime Stable Premium Option Endorsement</i>	<i>7035END-LSPO VA 0920</i>	<i>POLA</i>	<i>Initial</i>		<i>50.000</i>	<i>7035 END-LSPO VA 0920.pdf</i>	<i>Date Submitted: 10/19/2020 By: Ronald Jackson</i>

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 4

Comments:

4) Page numbers is included in the 2nd paragraph of the General Guidelines.

Related Objection 4

Applies To:

- Variability Statement (Supporting Document)

Comments: Please update the Statement of Variability (SOV) General Guidelines section to identify page numbers as being variable.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Filing Company: Genworth Life Insurance Company

Supporting Document Schedule Item Changes

Satisfied - Item:	Variability Statement
Comments:	
Attachment(s):	SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf 7035 VA Lifetime Stable Premium SOV March 2022.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Variability Statement</i>
Comments:	
Attachment(s):	<i>7035 VA Lifetime Stable Premium SOV 092020.pdf SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Variability Statement</i>
Comments:	
Attachment(s):	<i>7035 VA Lifetime Stable Premium SOV 092020.pdf</i>

Response 5

Comments:

5) The SOV now describes the Equal and Compound variability.

Related Objection 5

Applies To:

- Variability Statement (Supporting Document)

Comments: The SOV should describe how the fields Equal and Compound are subject to change.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State: Virginia

Filing Company: Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes	
Satisfied - Item:	Variability Statement
Comments:	
Attachment(s):	SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf 7035 VA Lifetime Stable Premium SOV March 2022.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Variability Statement</i>
Comments:	
Attachment(s):	<i>7035 VA Lifetime Stable Premium SOV 092020.pdf SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Variability Statement</i>
Comments:	
Attachment(s):	<i>7035 VA Lifetime Stable Premium SOV 092020.pdf</i>

Conclusion:

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

Email: ronald.jackson@genworth.com

Phone #: (804) 289-6725

Fax #: (804) 922-8513

Sincerely,

Ronald Jackson

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/09/2021
Submitted Date	11/09/2021

Dear Colleen Moore,

Introduction:

In response to the comments received in your objection letter, dated November 3, 2021, regarding Genworth Life Insurance Company's (GLIC's) Choice I Rate Stability Virginia rate increase request:

Response 1

Comments:

GLIC can confirm there are NFO Rider rates for the Lifetime Stable Premium Option.

Please see VA Choice I RS LSPO NFO Rider Rate Tables.pdf for the requested rates.

Related Objection 1

Applies To:

- Stable Premium Option Rate Table, [7035END-LSPO VA 0920] (Rate)

Comments: Please confirm if there should be a separate set of nonforfeiture rider rates which correspond to the Lifetime Stable Premium Option and attach a rate sheet if necessary.

Changed Items:

No Form Schedule items changed.

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Stable Premium Option Rate Table	7035END-LSPO VA 0920, 62274F	New		VA Choice I RS Rate Tables Appendix C 20210604.pdf, VA Choice I RS LSPO NFO Rider Rate Tables.pdf,	11/09/2021 By: Ronald Jackson
<i>Previous Version</i>						
1	Stable Premium Option Rate Table	7035END-LSPO VA 0920	New		VA Choice I RS Rate Tables Appendix C 20210604.pdf,	06/07/2021 By: Ronald Jackson
<i>Previous Version</i>						
1	Stable Premium Option Rate Table	7035END-LSPO VA 0920	New		VA Choice I RS Rate Tables Appendix C 20201016.pdf,	10/19/2020 By: Ronald Jackson

No Supporting Documents changed.

Conclusion:

Regards,

Matthew E. Haladay, FSA, MAAA

AVP & Actuary, In-Force Pricing

Sincerely,

Ronald Jackson

State: Virginia**Filing Company:**

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified**Product Name:** 2020 Choice_Round 7 (RS)**Project Name/Number:** 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/25/2021
Submitted Date	10/25/2021

Dear Colleen Moore,

Introduction:

In response to the comments received in your objection letter, dated October 13, 2021, regarding Genworth Life Insurance Company's (GLIC's) Choice I Rate Stability Virginia rate increase request:

Response 1

Comments:

1) GLIC confirms that the NFO rates for Joint 2920 x daily payment maximum on page 9 of VA Choice I RS NFO Rates Appendix B.pdf provided with Objection 1 submitted on 9/29/21 include the 55% rate increase. However, also provided in the previous response was VA Choice I RS NFO Rates Appendix A.pdf, which did not include the rate increases.

Related Objection 1

Applies To:

- Rate Tables, [7035J, 62172, 62274F, 62275, 62276, 62277, 62278] (Rate)

Comments: Please confirm the NFO rates for Joint 2920 x daily payment maximum on page 9. They still appear to be the previously approved rates, without the 55% rate increase.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

2) Please see attached VA Choice I RS Confidential Memo.pdf for revised Actuarial Certification in Section 17 as required by 14VAC5-200-153.B.3.d.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Comments: Please confirm that the actuarial memorandum includes a statement for compliance with 14VAC5-200-153 B.3.d, as indicated in the response to Objection 3, submitted 9/29/21.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo 20210604.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo 20210210.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo 20201224.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Choice I RS Confidential Memo 20201016.pdf VA Choice I RS Memo Exhibits 20201016.xlsx</i>

Conclusion:

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Regards,

Matthew E. Haladay, FSA, MAAA

AVP & Actuary, In-Force Pricing

Sincerely,

Ronald Jackson

State: Virginia**Filing Company:**

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified**Product Name:** 2020 Choice_Round 7 (RS)**Project Name/Number:** 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/28/2021
Submitted Date	09/29/2021

Dear Colleen Moore,

Introduction:

In response to the comments received in your objection letter, dated September 14, 2021, regarding Genworth Life Insurance Company's (GLIC's) Choice I Rate Stability Virginia rate increase request:

Response 1

Comments:

- 1.1) Please see attached VA Choice I RS NFO Rates Appendix A.pdf and VA Choice I RS NFO Rates Appendix B.pdf for revised labels on pages 6-10 in each rate sheet.
- 1.2) Please see attached VA Choice I RS NFO Rates Appendix A.pdf and VA Choice I RS NFO Rates Appendix B.pdf for revised labels on pages 16-20 in each rate sheet.
- 1.3) Please see page 9 in VA Choice I RS NFO Rates Appendix A.pdf for corrected rates.

Related Objection 1

Applies To:

- Rate Tables, [7035J, 62172, 62274F, 62275, 62276, 62277, 62278] (Rate)

Comments: 1) The NFO rates for Joint, pages 6 - 10 are labeled Individual. Please update the rates sheets.

- 2) The Base + NFO rates for Joint on pages 16 - 20 are also labeled as Individual. Please revise accordingly.
- 2) Please confirm the NFO rates for Joint, 2,920 x daily payment maximum (page 9). They appear to be the previously approved rates, without the 55% rate increase.

Changed Items:

No Form Schedule items changed.

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	7035J, 62172, 62274F, 62275, 62276, 62277, 62278	Revised	Previous State Filing Number: GEFA-131306458 Percent Rate Change Request: 62.9	VA Choice I RS Rate Tables_Appendix B.pdf, VA Choice I RS NFO Rates Appendix B.pdf,	09/29/2021 By: Ronald Jackson
<i>Previous Version</i>						
1	Rate Tables	7035J, 62172, 62274F, 62275, 62276, 62277, 62278	Revised	Previous State Filing Number: GEFA-131306458 Percent Rate Change Request: 62.9	VA Choice I RS Rate Tables_Appendix B.pdf, VA Choice I RS NFO Rates_Appendix B.pdf,	06/07/2021 By: Ronald Jackson
<i>Previous Version</i>						
1	Rate Tables	7035J, 62172, 62274F, 62275, 62276, 62277, 62278	Revised	Previous State Filing Number: GEFA-131306458 Percent Rate Change Request: 62.9	VA Choice I RS Rate Tables Appendix B 20201016.pdf,	10/19/2020 By: Ronald Jackson

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Filing Company: Genworth Life Insurance Company

Supporting Document Schedule Item Changes

Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	VA Choice I RS Rate Tables_Appendix A.pdf VA Choice I RS NFO Rates Appendix A.pdf
<i>Previous Version</i>	
Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	VA Choice I RS Rate Tables_Appendix A.pdf VA Choice I RS NFO Rates_Appendix A.pdf
<i>Previous Version</i>	
Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	VA Choice I RS Rate Tables Appendix A 20201016.pdf

Response 2

Comments:

2) GLIC is not able to certify under requirements of 14VAC5-200-153.B.2. Our current request is less than what is justified by rate stability regulations. GLIC has been requesting rate increases on this product based on the Multi-Year Rate Action Plan (MYRAP) that was developed prior to the 2017 rate increase filings. The current request is phase 2 of a 3 year implementation proposal. GLIC anticipates additionally rate increases in the future, as described in the memorandum. GLIC has updated the Actuarial Memorandum to include the amount that would need to be requested in order to make that certification.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: We note that the certification in Section 17 does not meet the requirements of 14VAC5-200-153.B.2. Please revise the certification in the Actuarial Memorandum for compliance.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes**Satisfied - Item:** L&H Actuarial Memorandum**Comments:****Attachment(s):** VA Choice I RS Memo Exhibits 20201016.xlsx
VA Choice I RS Confidential Memo.pdf*Previous Version***Satisfied - Item:** *L&H Actuarial Memorandum***Comments:****Attachment(s):** *VA Choice I RS Memo Exhibits 20201016.xlsx*
*VA Choice I RS Confidential Memo 20210604.pdf**Previous Version***Satisfied - Item:** *L&H Actuarial Memorandum***Comments:****Attachment(s):** *VA Choice I RS Memo Exhibits 20201016.xlsx*
*VA Choice I RS Confidential Memo 20210210.pdf**Previous Version***Satisfied - Item:** *L&H Actuarial Memorandum***Comments:****Attachment(s):** *VA Choice I RS Memo Exhibits 20201016.xlsx*
*VA Choice I RS Confidential Memo 20201224.pdf**Previous Version***Satisfied - Item:** *L&H Actuarial Memorandum***Comments:****Attachment(s):** *VA Choice I RS Confidential Memo 20201016.pdf*
*VA Choice I RS Memo Exhibits 20201016.xlsx***Response 3****Comments:**

3) Please see attached VA Choice I RS Confidential Memo.pdf for revised Actuarial Certification in Section 17 as required by 14VAC5-200-153.B.3.d.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Comments: Please update the Actuarial Memorandum to include a statement for compliance with 14VAC5-200-153 B.3.d.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo 20210604.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo 20210210.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo 20201224.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Choice I RS Confidential Memo 20201016.pdf VA Choice I RS Memo Exhibits 20201016.xlsx</i>

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Response 4**Comments:**

4) Attached VA Long Term Care Insurance Rate Request Summary.pdf has been updated as requested.

Related Objection 4

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The purpose of the LTC Rate Request Summary is to provide a clear explanation of the justification for the rate increase to the public, in language which would be easily understood by individuals with little to no insurance background. This should be fairly high level and not drill down deep into the details - the technical discussion is included in the actuarial memorandum.

The existing narrative includes technical terms and abbreviations which the average long term care policyholder would not understand. Please revise the Rate Request Summary to be in more consumer friendly language and delete the final paragraph as it is not pertinent to the increases requested in this filing.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Long Term Care Insurance Rate Request Summary.pdf
<i>Previous Version</i>	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Long Term Care Insurance Rate Request Summary 20201224.pdf
<i>Previous Version</i>	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Long Term Care Insurance Rate Request Summary 20201016.pdf

Conclusion:

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Regards,

Matthew E. Haladay, FSA, MAAA

AVP & Actuary, In-Force Pricing

Sincerely,

Ronald Jackson

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/07/2021
Submitted Date	06/07/2021

Dear Colleen Moore,

Introduction:

In response to the comments received in your objection letter, dated May 25, 2021, to Genworth Life Insurance Company's (GLIC's) Choice I RS Virginia rate increase request:

Response 1

Comments:

1) Please see page 1 in the attached VA Choice I RS Confidential Memo 20210604.pdf for updated form numbers.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please update the policy form number on page 1 to be consistent with the form numbers included on the Rate/Rule Schedule.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Filing Company: Genworth Life Insurance Company

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo 20210604.pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo 20210210.pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo 20201224.pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Choice I RS Confidential Memo 20201016.pdf VA Choice I RS Memo Exhibits 20201016.xlsx

Response 2

Comments:

2.1) The Stable Premium Option would be offered to most policyholders. A few exceptions are policyholders on claim, paid up policies, limited pay policyholders, and policyholders who have less than a years worth of benefits remaining on their policy. The offer would be presented to eligible policyholders in the policyholder correspondence providing notification that a rate increase will be implemented on his or her policy along with other options for changing coverage to mitigate the impact of the increase.

2.2) As a result of the requested rate increase in this filing, 323 Virginia policyholders would become eligible for the contingent nonforfeiture benefit. This accounts for approximately 100% of the total policyholders currently in-force in Virginia for this product. The table in the attached letter shows the policyholders eligible for contingent nonforfeiture benefit, broken down by issue age.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State: Virginia

Filing Company: Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Comments: 1) Will all policyholders be offered the Stable Premium Option?

2) What percentage of policyholders are anticipated to trigger the contingent benefit upon lapse?

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	VA_Certification of Compliance_14_5_101_110.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>VA_Compliance Certification.pdf</i>

Supporting Document Schedule Item Changes

Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	VA_Certification of Compliance_14_5_101_110.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	
Attachment(s):	<i>VA_Compliance Certification.pdf</i>

Satisfied - Item:	Response Letter (6/7/21)
Comments:	
Attachment(s):	VA Choice I RS Objection 5 Response 20210604.pdf

Response 3

Comments:

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

3) Please see attached VA Choice I RS Rate Tables_Appendix A.pdf and VA Choice I RS Rate Tables_Appendix B.pdf rate tables for the updated form number.

Related Objection 3

Applies To:

- Rate Tables, [7035J, 62172, 62274F, 62275, 62276, 62277, 62278] (Rate)

Comments: Please update the form number on the rate sheets to reflect the full approved form number (7035J).

Changed Items:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	7035J, 62172, 62274F, 62275, 62276, 62277, 62278	Revised	Previous State Filing Number: GEFA-131306458 Percent Rate Change Request: 62.9	VA Choice I RS Rate Tables_Appendix B.pdf, VA Choice I RS NFO Rates_Appendix B.pdf,	06/07/2021 By: Ronald Jackson
<i>Previous Version</i>						
1	Rate Tables	7035J, 62172, 62274F, 62275, 62276, 62277, 62278	Revised	Previous State Filing Number: GEFA-131306458 Percent Rate Change Request: 62.9	VA Choice I RS Rate Tables Appendix B 20201016.pdf,	10/19/2020 By: Ronald Jackson

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State: Virginia

Filing Company: Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes	
Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	VA Choice I RS Rate Tables_Appendix A.pdf VA Choice I RS NFO Rates_Appendix A.pdf
<i>Previous Version</i>	
Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	VA Choice I RS Rate Tables Appendix A 20201016.pdf

Response 4

Comments:

4) Proposed Nonforfeiture and Base + Nonforfeiture rates VA Choice I RS NFO Rates_Appendix B.pdf has been moved to the Rate/Rule Schedule Section and VA Choice I RS NFO Rates_Appendix A.pdf has been placed on the Supporting Documentation tab.

Related Objection 4

Applies To:

- Rate Tables, [7035J, 62172, 62274F, 62275, 62276, 62277, 62278] (Rate)

Comments: In the previous filing, GEFA-131306458, the Nonforfeiture and Base + Nonforfeiture rates were submitted for approval under the Rate/Rule Schedule. Please attach the proposed rates under the Rate/Rule Schedule.

Changed Items:

No Form Schedule items changed.

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	7035J, 62172, 62274F, 62275, 62276, 62277, 62278	Revised	Previous State Filing Number: GEFA-131306458 Percent Rate Change Request: 62.9	VA Choice I RS Rate Tables_Appendix B.pdf, VA Choice I RS NFO Rates_Appendix B.pdf,	06/07/2021 By: Ronald Jackson
<i>Previous Version</i>						
1	Rate Tables	7035J, 62172, 62274F, 62275, 62276, 62277, 62278	Revised	Previous State Filing Number: GEFA-131306458 Percent Rate Change Request: 62.9	VA Choice I RS Rate Tables Appendix B 20201016.pdf,	10/19/2020 By: Ronald Jackson

No Supporting Documents changed.

Response 5**Comments:**

5.1) Please see attached VA Choice I RS Rate Tables Appendix C 20210604.pdf for the updated form number. The typo in the document name has been corrected to Stable Premium Option Rate Table (Rate).

5.2) The Lifetime SPO was priced to achieve the same future loss ratio (FLR) as Genworths MYRAP. The MYRAP for Choice 1 consists of a future cumulative rate increases of 203%/134% for lifetime and limited BP respectively nationwide. The table in the attached letter compares projected and historical amounts between the Lifetime SPO designs and Genworths MYRAP. Note that on the basis of modeling and assumptions as of the point of pricing, all options result in a future loss ratio of approximately 120.7%.

Note that the premium impact on policyholders would vary depending in the policyholders current benefit level. Policyholders with rich benefits would be more likely to mitigate the proposed rate increase or even see their premiums decrease.

5.3) The Stable Premium Option is priced to be actuarially equivalent to our MYRAP for each product independently on a future loss ratio basis. The experience, current premiums and ultimate MYRAP rate levels are different between these two policy forms, resulting in a different SPO premium.

Related Objection 5

Applies To:

State: Virginia**Filing Company:**

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified**Product Name:** 2020 Choice_Round 7 (RS)**Project Name/Number:** 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

- Stable Premium Option Rate Table, [7035END-LSPO VA 0920] (Rate)

Comments: 1) Please revise the form number on the rate sheet to reflect the full form number (7035END-LSPO VA 0920.) We also note that there appears to be a typo in the document name.

2) Please explain in detail, for actuarial review, the pricing methodology used to develop the rates for the Lifetime Stable Premium Option.

3) We note that the pricing for this option is the same in GEFA-132466768 and GEFA-132466769, but substantially different in GEFA-132466777. Please address the inconsistency in pricing between filings.

Changed Items:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Stable Premium Option Rate Table	7035END-LSPO VA 0920	New		VA Choice I RS Rate Tables Appendix C 20210604.pdf,	06/07/2021 By: Ronald Jackson
<i>Previous Version</i>						
1	<i>Stable Premium Option Rate Table</i>	<i>7035END-LSPO VA 0920</i>	<i>New</i>		<i>VA Choice I RS Rate Tables Appendix C 20201016.pdf,</i>	<i>10/19/2020 By: Ronald Jackson</i>

No Supporting Documents changed.

Conclusion:

Regards,

Matthew E. Haladay, FSA, MAAA

AVP & Actuary, In-Force Pricing

Sincerely,

Ronald Jackson

State:	Virginia	Filing Company:	Genworth Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2020 Choice_Round 7 (RS)		
Project Name/Number:	2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/17/2021
Submitted Date	03/17/2021

Dear Colleen Moore,

Introduction:

In response to the comments received in your objection letter, dated March 2, 2021, to Genworth Life Insurance Company's (GLIC's) Choice I RS Virginia rate increase request:

Response 1

Comments:

1) An external actuarial consulting firm provided the projections for the prior filing referenced by the Department. Since then an original pricing model was developed internally. During the transfer from the consulting firm to the internal modeling we lost the ability to split the data to the requested level of granularity. Please see Attachments 1a and 1b in VA Choice RS Objection 4 Attachments.xlsx for projections based on original assumptions and original premiums from inception split by lifetime and limited benefit periods.

However, since the request is for the original assumptions and original premiums and those assumptions are static, please see Attachments 2a 2c in VA Choice RS Objection 4 Attachments.xlsx for the requested projections from the previous filing restated as of 2019 valuation date.

2) Please see Attachment 3 in VA Choice RS Objection 4 Attachments.xlsx for the Status of Filings exhibit updated as of 1/31/2021.

Related Objection 1

Applies To:

- Response Letter (2/10/21 - Objection 3) (Supporting Document)

Comments: 1. The Company indicated in its last response that it is unable to provide the information requested in item 3.d. due to system limitations. However, in the prior filing (GEFA-131306458), the Company submitted an exhibit (Attachment 8.g.) which supplied the requested information at that time. Please explain why it cannot be supplied at this time.

2. Exhibit III referenced in our prior objection item 6. was referring to the Status of Filings as of July 31, 2020 exhibit. Please provide an update for this exhibit.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes

Satisfied - Item:

Experience Exhibits and Filing Status (for Objection 4)

Comments:

Attachment(s):

VA Choice RS Objection 4 Attachments.xlsx

Conclusion:

Regards,

Matthew E. Haladay, FSA, MAAA

AVP & Actuary, In-Force Pricing

Sincerely,

Ronald Jackson

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/10/2021
Submitted Date	02/10/2021

Dear Colleen Moore,

Introduction:

In reply to the second set of comments received January 11,2021:

Response 1

Comments:

We ask you to review the response letter and the attached exhibits.

Related Objection 1

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Comments: 1.Since only a sample of voluntary lapse rates is supplied, please provide the average ultimate voluntary lapse rates under current assumptions versus the original assumptions for this block of business.

2.For all projections requested in the next question, the baseline should comply with the following:

a.Any policies issued as limited-pay which are now in paid-up status should be removed, both from historical experience and future projections.

b.For this post-stability block, assumptions may include appropriate margins for moderately adverse conditions.

c.Premiums should be at the Virginia rate level for both historical and projected future.

d.Please use the appropriate maximum valuation interest rate for accumulation and discounting of this block. It would appear that 4.5% would be the appropriate rate for 2003-2004 issues rather than 4.0%.

3.To assist the Bureau in its review, for each of the six subsets of the business corresponding to the combinations of (limited/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following six projections on a nationwide basis:

a.current assumptions and current rates

b.current assumptions with the proposed rate increase

c.current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception

d.original assumptions and original premiums from inception

e.a projection showing all premiums at the original premium scale from inception (documenting past and future PV of premium for use in the 58/85 Test)

Projections a-e can be separate tabs or combined into separate columns on the same exhibit.

4.For each of the six subsets of the business above, please provide the active life reserves balance as of the projection date on a nationwide basis.

5.Please provide the 58/85 Test separately for Limited and Lifetime benefit periods using data from the projections above.

6.Please update Exhibit III with current rate increase approvals.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Experience Projections (for Objection 3)
Comments:	
Attachment(s):	VA Choice RS Objection 3 Attachments.xlsx

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes

Satisfied - Item:	Experience Projections (for Objection 3)
Comments:	
Attachment(s):	VA Choice RS Objection 3 Attachments.xlsx
Satisfied - Item:	Response Letter (2/10/21 - Objection 3)
Comments:	
Attachment(s):	VA Choice I RS Objection 3 Response 20210210.pdf

Conclusion:

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

Email: ronald.jackson@genworth.com

Phone #: (804) 289-6725

Fax #: (804) 922-8513

Sincerely,

Ronald Jackson

State: Virginia**Filing Company:**

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified**Product Name:** 2020 Choice_Round 7 (RS)**Project Name/Number:** 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/10/2021
Submitted Date	02/10/2021

Dear Colleen Moore,

Introduction:

In reply to the first set of comments received January 11,2021:

Response 1**Comments:**

We ask you to review the attached response letter and the associated exhibits.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. What steps have been taken to minimize rate increases on this block of business?

2. How reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse?
3. Are there any partnership policies outstanding in the Virginia block?
4. If the company cannot certify that no further rate increases are anticipated in accordance with 14VAC5-200-153 B 2, then what loss ratio does the company intend to target for these forms?
5. Please state the lifetime loss ratio anticipated in the original filing.
6. Please provide all projections and data elements required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach.
7. Please revise the actuarial memorandum for compliance with 14VAC5-200-153 B.3.b and c.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes

Satisfied - Item:	Response Letter (2/10/21)
Comments:	
Attachment(s):	VA Choice I RS Objection 2 Response 20210210.pdf

Supporting Document Schedule Item Changes

Satisfied - Item:	Response Letter (2/10/21)
Comments:	
Attachment(s):	VA Choice I RS Objection 2 Response 20210210.pdf

Satisfied - Item:	Experience Projection Exhibits
Comments:	
Attachment(s):	VA Choice I RS Objection 2 Attachments.xlsx

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes

Satisfied - Item:	Response Letter (2/10/21)
Comments:	
Attachment(s):	VA Choice I RS Objection 2 Response 20210210.pdf
Satisfied - Item:	Experience Projection Exhibits
Comments:	
Attachment(s):	VA Choice I RS Objection 2 Attachments.xlsx
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo 20210210.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo 20201224.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Choice I RS Confidential Memo 20201016.pdf VA Choice I RS Memo Exhibits 20201016.xlsx</i>

Conclusion:

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

Email: ronald.jackson@genworth.com

Phone #: (804) 289-6725

Fax #: (804) 922-8513

Sincerely,

Ronald Jackson

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/28/2020
Submitted Date	12/28/2020

Dear Colleen Moore,

Introduction:

In response to the comments received in your objection letter, dated November 24, 2020, to Genworth Life Insurance Company's (GLIC's) Choice I Rate Stability Virginia rate increase request:

Response 1

Comments:

1) We continue to believe that the following portions of this Actuarial Memorandum should be treated as confidential and exempt from disclosure under Virginia Public Records Law:

Section 3, 8, 14, Exhibits Ia, Ib, Ic, Exhibits IIa, IIb, IIc, and Exhibit III of the Actuarial Memorandum and all Additional Exhibits.

We are aware that this filing is made public upon submission unless the Department reconsiders its position.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)
- Experience Exhibits and Filing Status (Supporting Document)

Comments: We note that the Actuarial Memorandum and many of the exhibits are labeled Confidential. As noted in the SERFF filing instructions, information filed with the Life and Health Insurance Forms and Rates Section is publicly available upon submission. Questions should be directed to Bob Grissom at bob.grissom@scc.virginia.gov.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes**Satisfied - Item:** L&H Actuarial Memorandum**Comments:****Attachment(s):** VA Choice I RS Memo Exhibits 20201016.xlsx
VA Choice I RS Confidential Memo 20201224.pdf*Previous Version***Satisfied - Item:** L&H Actuarial Memorandum**Comments:****Attachment(s):** VA Choice I RS Confidential Memo 20201016.pdf
VA Choice I RS Memo Exhibits 20201016.xlsx**Response 2****Comments:**

2) Please see VA Choice I RS Confidential Memo 20201224.pdf and VA Long Term Care Insurance Rate Request Summary 20201224.pdf for updated base and rider form numbers.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The form numbers listed in the Actuarial Memorandum , the Rate Request Summary and the Rate/Rule Schedule should match. Please update the Actuarial Memorandum and Rate Request Summary to include both the base rates and the riders.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo 20201224.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Choice I RS Confidential Memo 20201016.pdf VA Choice I RS Memo Exhibits 20201016.xlsx</i>

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo 20201224.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Choice I RS Confidential Memo 20201016.pdf VA Choice I RS Memo Exhibits 20201016.xlsx</i>

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Long Term Care Insurance Rate Request Summary 20201224.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA Long Term Care Insurance Rate Request Summary 20201016.pdf</i>

Response 3

Comments:

3) The filing number for the most recently filed Annual Rate Report is SERFF # GEFA-132551161.

State: Virginia**Filing Company:**

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified**Product Name:** 2020 Choice_Round 7 (RS)**Project Name/Number:** 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)**Related Objection 3**

Comments: Please confirm if the company has submitted Annual Rate Report filings for this block for compliance with 14VAC5-200-125, and provide the filing number for the most recently filed report.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 4**Comments:**

4) The policyholder notification documents have been attached under the Form Schedule tab for review and approval under the PCS II - Round 7 filing: SERFF Tracking number - GEFA-132466777. The Statement of Variability document has been attached under the Supporting Documentation tab. As the same policyholder notification documents will be used for the Virginia PCS II, Choice I Loss Ratio, and Choice I Rate Stability filings, GLIC is attaching the documents for review and approval under only one of the filings.

Related Objection 4

Applies To:

- Sample Policyholder Notifications (Supporting Document)
- Sample Policyholder Notifications (LSPO) (Supporting Document)

Comments: Please confirm if the company intends to use policyholder notification documents which have previously been approved. If so, provide the SERFF filing number(s) for the approved letter(s). Any forms which have not previously been approved should be attached under the Form Schedule tab for review and approval.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 5**Comments:**

5) Please see attached Long-Term-Care-Rate-Revision-Checklist RS.pdf.

Related Objection 5

State: Virginia Filing Company: Genworth Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2020 Choice_Round 7 (RS)
 Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Applies To:

- Product Checklist (Supporting Document)

Comments: Please attach a signed copy of the current version of the LTC Rate Review Checklist which can be found at: <https://scc.virginia.gov/getattachment/f261515d-6543-4c5e-aada-cadf5fe5f14f/Long-Term-Care-Rate-Revision-Checklist.pdf>.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA Choice I RS NAIC Filing Checklist 20201016.pdf Long-Term-Care-Rate-Revision-Checklist RS.pdf
<i>Previous Version</i>	
Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA Choice I RS NAIC Filing Checklist 20201016.pdf VA Individual LTC Review Requirements Checklist 20201016.pdf

Response 6

Comments:

6) Please see VA Long Term Care Insurance Rate Request Summary 20201224.pdf for the requested updates.

Related Objection 6

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please complete the Outlook for Future Rate Increases section and attach a narrative summarizing the key information used to develop the rates, in clear, easy to understand, language.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Long Term Care Insurance Rate Request Summary 20201224.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA Long Term Care Insurance Rate Request Summary 20201016.pdf</i>

Conclusion:

Regards,

Matthew E. Haladay, FSA, MAAA
AVP & Actuary, In-Force Pricing

Sincerely,
Ronald Jackson

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Amendment Letter

Submitted Date:

02/16/2022

Comments:

The documentation within this submission is being updated pursuant to changes made in this and other pending filings.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes**Satisfied - Item:**

Removed

Comments:

The appropriate variability statements are attached above.

Attachment(s):*Previous Version***Satisfied - Item:***Variability Statement***Comments:****Attachment(s):***SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf*
*SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf**Previous Version***Satisfied - Item:***Sample Policyholder Notifications (LSPO)***Comments:****Attachment(s):***165224SPO VA Cover Letter.pdf*
165226SPO VA Coverage Options.pdf
165239SPO VA Important Information Regarding This Premium Increase.pdf
SPO-COTC.pdf
*SOV.VA_Lifetime SPO Policyholder Notification_November 2020.pdf***Satisfied - Item:**

Variability Statement

Comments:**Attachment(s):**7035 VA Lifetime Stable Premium SOV 092020.pdf
SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf*Previous Version***Satisfied - Item:***Variability Statement***Comments:****Attachment(s):***7035 VA Lifetime Stable Premium SOV 092020.pdf***Satisfied - Item:**

Sample Policyholder Notifications

Comments:**Attachment(s):**

Lifetime SPO Policyholder Letter Template 021622.pdf

*Previous Version***Satisfied - Item:***Sample Policyholder Notifications***Comments:****Attachment(s):***Standard Policyholder No Quote Letter Template 081221.pdf*
Lifetime SPO Policyholder Letter Template 081221.pdf

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

*John Doe Sample Lifetime SPO Policyholder Letter 081221.pdf**Previous Version***Satisfied - Item:***Sample Policyholder Notifications***Comments:****Attachment(s):***165224NQ VA Cover Letter.pdf**165239 VA Important Information Regarding This Premium Increase.pdf**SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf*

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Amendment Letter

Submitted Date: 08/26/2021

Comments:

The documentation within this filing is being updated pursuant to conversations with the Department. Please note the "No Quote letter templates were filed for approval under SERFF # GEFA-132466767 and the Lifetime SPO letter templates were filed for approval under SERFF # GEFA-132466777. Let us know if there are any questions.

Regards,

Ronald N. Jackson, Sr. Contract Analyst

Email: ronald.jackson@genworth.com

Phone #: (804) 289-6725

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Supporting Document Schedule Item Changes**Satisfied - Item:** Sample Policyholder Notifications**Comments:****Attachment(s):**Standard Policyholder No Quote Letter Template 081221.pdf
Lifetime SPO Policyholder Letter Template 081221.pdf
John Doe Sample Lifetime SPO Policyholder Letter 081221.pdf*Previous Version***Satisfied - Item:** *Sample Policyholder Notifications***Comments:****Attachment(s):***165224NQ VA Cover Letter.pdf*
165239 VA Important Information Regarding This Premium Increase.pdf
*SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf***Satisfied - Item:**

Variability Statement

Comments:**Attachment(s):**SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf
SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf*Previous Version***Satisfied - Item:** *Sample Policyholder Notifications (LSPO)***Comments:****Attachment(s):***165224SPO VA Cover Letter.pdf*
165226SPO VA Coverage Options.pdf
165239SPO VA Important Information Regarding This Premium Increase.pdf
SPO-COTC.pdf
SOV.VA_Lifetime SPO Policyholder Notification_November 2020.pdf

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Amendment Letter

Submitted Date:

02/23/2021

Comments:

Genworth is providing an update to the Objection 3 Response Letter submitted on February 10, 2021.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response Letter (2/10/21 - Objection 3)
Comments:	
Attachment(s):	VA Choice I RS Objection 3 Response 20210210.pdf VA Ch I RS Note to Reviewer 20210223.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response Letter (2/10/21 - Objection 3)</i>
Comments:	
Attachment(s):	<i>VA Choice I RS Objection 3 Response 20210210.pdf</i>

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Amendment Letter

Submitted Date: 11/05/2020

Comments:

Attached are the documents that would be provided to the policyholder as notification of the proposed rate change (with and without the Lifetime Stable Premium Option/LSPO).

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Sample Policyholder Notifications
Comments:	
Attachment(s):	165224NQ VA Cover Letter.pdf 165239 VA Important Information Regarding This Premium Increase.pdf SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf
Satisfied - Item:	Sample Policyholder Notifications (LSPO)
Comments:	
Attachment(s):	165224SPO VA Cover Letter.pdf 165226SPO VA Coverage Options.pdf 165239SPO VA Important Information Regarding This Premium Increase.pdf SPO-COTC.pdf SOV.VA_Lifetime SPO Policyholder Notification_November 2020.pdf

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Reviewer Note

Created By:

Colleen Moore on 04/04/2022 08:46 AM

Last Edited By:

Colleen Moore

Submitted On:

05/04/2022 11:06 AM

Subject:

Actuarial Opinion Letter

Comments:

Final Actuarial Opinion Letter

JOHN T. CONDO, FSA, MAAA, PHD
ROBERT B. CROMPTON, FSA, MAAA
DAVID E. NEVE, FSA, MAAA, CERA
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SHAWN D. PARKS, FSA, MAAA
NAZNEE RIAS, FSA, MAAA, CERA
NICOLE L. RUSSO, ASA, MAAA
LORNE W. SCHINBEIN, FSA, MAAA

June 9, 2021

Life and Health Division
Bureau of Insurance
State Corporation Commission
P. O. Box 1157
Richmond, VA 23218

Subject: **SERFF Tracking #GEFA-132466768**
Choice 1 Rate Increase (Post-Stability)

At the request of the Virginia SCC Bureau of Insurance (the “Bureau”), I have reviewed the filing for the above captioned submission from **Genworth Life Insurance Company** (the “Company”). This is a rate increase filing for a block of Individual Long Term Care Insurance.

Recommendation

My review of this filing was performed according to the provisions of 14VAC5-200-153. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, “Long-Term Care Insurance” and Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans”. After review of the Company’s submission, I believe that the Company has demonstrated compliance with the laws and regulations.

Other Extra-Regulatory Considerations

In addition to the regulatory analysis referenced above, I have reviewed a series of extra-regulatory tests that the Bureau considers for LTC rate filings. The maximum rate increase allowed under each of those tests is shown in the chart below:

Requested Increase	55%/72%
Compliant Increase under 14VAC5-200	56%/136%
Additional Test	Max Allowed
PV Future Loss	25%/30%
Prospective PV	102%/175%
If-Knew/Makeup	129%/166%
State Equity	28%/40%



History and Details of Request

These forms were issued in Virginia from October 2003 through April 2004 and include 323 post-stability policies as of 12/31/2019, representing about 1.4% of the nationwide inforce. In 2012, the Bureau approved one previous rate increase of 60% for lifetime benefit periods and 44% for limited benefit periods. In 2018, the first round of the Company’s proposed Multi-Year Rate Action Plan was implemented with increases of 72% and 55% as shown below:

		Past	Past	Curr	Fut	2020-2023
Benefit Period	Lives	2012	2018	2020	2023	Alternative
Limited	205	44%	55%	55%	51%	109%
Lifetime	118	60%	72%	72%	76%	165%

The Company is currently requesting the second (2020) increase of 55%/72%. The Alternative rate increase shown above is the amount that the Company states would be the equivalent one-time increase in lieu of the two separate 2020 and 2023 increases.

The Company cites the key driver for this increase is lower than expected active life terminations.

In addition to the typical reduced benefit options, the Company would also like to offer what they are calling the Lifetime Stable Premium Option. This would provide a 3-year benefit period, 1% inflation, longer EP or coinsurance, and a lifetime premium rate guarantee. This option is priced to achieve the same future loss ratio as the fully implemented Multi-Year Rate Action Plan for this block.

Requests were sent to the Company for additional information and the Company’s responses clarified issues which arose during the course of my review. The Bureau was involved in all correspondence with the Company.

Methodology

My approach was to a) review the submitted filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, d) review the projections for reasonableness, and e) analyze the current increase and cumulative increase in Virginia relative to other states.

Assumptions

Assumptions are consistent with those used for 2019 cash flow testing, but include provisions for moderately adverse experience.

Morbidity – The current morbidity assumptions for incidence, utilization and continuance are based on the Company’s own experience through 2018 with 10 years of future morbidity improvement. The original assumptions were based on Company experience and the 1982-1984 NLTCs.

The A/E based on the revised assumptions is about 100.1% for incidence and 98.1% for terminations.



Credibility was determined based on the formula recommended by the American Academy of Actuaries (“AAA”) in a Long-term Care Credibility Monograph issued in August 2016. Under the formula recommended, 3,246 claims are needed for full LTCI data credibility. The standard is applied to cumulative historical experience to determine the credibility of the block. The Company’s aggregate morbidity is based on over 200,000 claims, resulting in full credibility. This block of policies contains over 34,000 claims, giving the data full credibility based on the standard above.

Mortality – The assumed mortality is based on Company experience through 2018 and includes 10 years of future mortality improvement. The original mortality was based on the 1983 IAM Table. The current mortality produces an A/E ratio of 100% versus 54% under original assumptions.

Voluntary Lapse –The current lapse assumptions are based on Company experience through 2018, varying by issue age, duration, benefit inflation option, marital status, risk class and benefit period. They fit reasonably well with the actual historical experience (99% A/E overall vs. 50% on original pricing). The average minimum lapse rate under the current assumption is 0.81% versus 2.0% under the original assumption. Note that the current lapse rates increase with advanced attained age due to underreporting of deaths.

Interest – the average maximum valuation interest rate of 4.5% is used for discounting the projections.

Projections

The loss ratio projections as of 12/31/2019 are summarized below.

Benefit Period	Inflation	Original LR	No Increase			With Increase		
			Future	Fut/ALR	Lifetime	Future	Fut/ALR	Lifetime
Limited	None	45%	191%	171%	76%	138%	124%	72%
Lifetime	None	48%	230%	211%	119%	156%	143%	107%
Limited	Simple	65%	228%	203%	105%	164%	146%	95%
Lifetime	Simple	67%	221%	201%	131%	147%	134%	112%
Limited	Compound	80%	179%	131%	87%	126%	93%	75%
Lifetime	Compound	85%	193%	148%	109%	125%	97%	89%
Limited	Total	72%	199%	150%	87%	141%	107%	78%
Lifetime	Total	80%	200%	160%	110%	129%	105%	91%
Total	Total	75%	200%		96%	135%		83%

Prospective PV Approach

The allowable rate increase is 102% for Limited and 175% for Lifetime based on the data provided by the Company, including catch-up rate increase from the prior request.



If-Knew/Makeup Blend Approach

The allowable rate increase is 129% for Limited and 166% for Lifetime based on the data provided by the Company.

58/85 Test

Row	Description	Lifetime	Limited
(1)	Accumulated Past Total Premiums Including Rate Increases (Exhibit III*):	3,415,859,197	5,998,484,915
(2)	Accumulated Past Premiums on Original Rate Basis (Exhibit III*):	3,075,686,012	5,579,831,253
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	340,173,184	418,653,663
(4)	PV Future Total Premiums Including Rate Increases (Exhibit III):	3,773,825,566	4,130,148,982
(5)	PV Future Premiums on Original Rate Basis (Exhibit II):	895,571,966	1,314,809,083
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	2,878,253,600	2,815,339,899
(7)	Accumulated Past Incurred Claims (Exhibit II or Exhibit III)	1,879,232,723	2,483,524,054
(8)	PV Future Incurred Claims (Exhibit III)	4,899,884,356	5,574,842,546
(9)	Total Incurred Claims: (7) + (8)	6,779,117,079	8,058,366,601
	Original LR	79%	69%
(10)	MAX(0.58,orig LR) x [(2) + (5)] + MAX(0.85,orig LR) x [(3) + (6)] =	5,872,956,570	7,506,196,359
(11)	Test: Is (9) >= (10)?	PASS	PASS

PV of Future Loss Test

Benefit Period	Inflation	Original	Current	Proposed	Limit
Limited	None	(37.1)	(242.9)	(143.3)	55%
Lifetime	None	(18.1)	(117.9)	(77.4)	72%
Limited	Simple	(447.2)	(753.2)	(535.3)	55%
Lifetime	Simple	(250.5)	(487.7)	(295.5)	72%
Limited	Compound	(1,569.9)	(1,582.0)	(766.1)	1%
Lifetime	Compound	(1,577.3)	(1,749.2)	(753.1)	12%
Limited	Total	(2,054.2)	(2,578.1)	(1,444.7)	25%
Lifetime	Total	(1,846.0)	(2,354.7)	(1,126.1)	30%

For this analysis, I compared the present value of expected future loss under three scenarios: 1) original assumptions; 2) current assumptions and current premiums; and 3) current assumptions and proposed premiums. The results show that the expected loss with the requested increase is less than that expected under original assumptions for the highlighted cells above. My suggestion to reconcile this test would be to reduce the increase on Limited benefit periods from 55% to 25% and Lifetime benefit periods from 72% to 30%.



State Rate Equity

The statistics related to rate actions in all states are presented in the table below. While the requested increase would put Virginia’s average above the nationwide average, the Company is proactively pursuing what they call their Multi-Year Rate Action Plan across all jurisdictions, meeting with the Commissioners and staff of the various states. The magnitude of the requested increases is high and it is not yet evident how receptive the states will be to these increases.

Benefit Period	NW Range	NW Avg	NW Prop	VA Curr	VA Prop	Allowed
Limited	25%-260%	121%	212%	123%	246%	28%
Lifetime	29%-404%	160%	250%	175%	373%	40%

Reliance and Qualifications

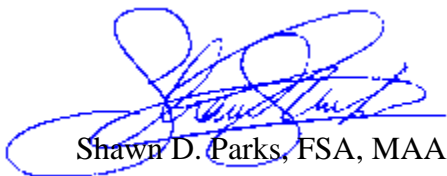
I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

In arriving at my opinion, I used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion. I am responsible for this work and have utilized generally accepted actuarial methodologies in arriving at my opinion.

If you have any questions regarding this filing, please contact me to discuss.

Sincerely,



Shawn D. Parks, FSA, MAAA

State: Virginia **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Reviewer Note

Created By:

Colleen Moore on 01/14/2021 02:17 PM

Last Edited By:

Colleen Moore

Submitted On:

05/04/2022 11:19 AM

Subject:

RRS

Comments:

Rate Review Summary

Long Term Care Insurance Rate Request Summary

Part 1 – To Be Completed By Company

Company Name and NAIC Number: Genworth Life Insurance Company / 70025

SERFF Tracking Number: GEFA-132466768

Revised Rates

Average Annual Premium Per Member: \$5,126 Lifetime / \$3,064 Limited After Rate Increase

Average Requested Percentage Rate Change Per Member: 62.9%

Range of Requested Rate Changes: 72% Lifetime / 55% Limited

Number of Virginia Policyholders Affected: 323

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
7035J	Choice I	October 2003 - April 2004	60% LF 44% LT - 7/9/2013 72% LF 55% LT - 6/28/2019	Yes, We intend to file
62172	Restoration of Benefits Rider	October 2003 - April 2004	60% LF 44% LT - 7/9/2013 72% LF 55% LT - 6/28/2019	Yes, We intend to file
62274F	Nonforfeiture Benefit Rider	October 2003 - April 2004	60% LF 44% LT - 7/9/2013 72% LF 55% LT - 6/28/2019	Yes, We intend to file
62275	International Coverage Rider	October 2003 - April 2004	60% LF 44% LT - 7/9/2013 72% LF 55% LT - 6/28/2019	Yes, We intend to file
62276	Extended Elimination Period Rider	October 2003 - April 2004	60% LF 44% LT - 7/9/2013 72% LF 55% LT - 6/28/2019	Yes, We intend to file
62277	Family Care Coverage Rider	October 2003 - April 2004	60% LF 44% LT - 7/9/2013 72% LF 55% LT - 6/28/2019	Yes, We intend to file
62278	Extended Family Definition Rider	October 2003 - April 2004	60% LF 44% LT - 7/9/2013 72% LF 55% LT - 6/28/2019	Yes, We intend to file

Attach a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing at <https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>.

(Rev. 06/19)

Key Information Used to Develop the Rates Including the Main Drivers

From the time these policy forms were originally priced, GLIC has monitored and analyzed the impact of its experience on the anticipated performance of the product. As new experience has emerged, GLIC has observed that it continued to unfold unfavorably and assumptions and methodologies have been adjusted to that effect. The direct effect of the worsening experience has been the need to increase the reserves supporting the product as well as the need to perform rate actions on the product.

The key drivers in the worsening experience are a combination of significantly higher than anticipated claims volumes combined with an increase in the average cost associated with the claims. The increase costs for the claims are driven by both the claims being longer and the cost of the care received being higher than originally anticipated. Premiums are being raised on all policies issued under these policy forms to offset the higher anticipated claims. This premium increase is designed to offset some of the anticipated increased costs, ensuring adequate funding to pay current and anticipated future claims, and in no way reflects on the integrity of an individual's policy, nor is it based on an individual's claims history, age, health status, or any other personal factor.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance and included the necessary actuarial data and other items requested by the Virginia Bureau of Insurance to support the increase.

Part 2 - Long Term Care Insurance Rate Request Summary

Completed by the Bureau of Insurance (Bureau) of the Virginia State Corporation Commission

Company Name and NAIC Number: Genworth Life Insurance Company - NAIC #70025

SERFF Tracking Number: GEFA-132466768

Disposition: Approved

Approval Date: 05/04/2022

Current Average Annual Premium Per Member: \$2,343

Rate Changes:

Average Percentage Rate Change Per Member: 62.9%

Minimum Requested Percentage Rate Change Per Member: 55.0%

Maximum Requested Percentage Rate Change Per Member: 72.0%

Number of Virginia Policy Holders Affected: 323

Summary of the Bureau's review of the rate request:

The Company requested and the Bureau approved a rate increase of 62.9% for this block of individual long-term care insurance policy forms.

The Bureau and its consulting actuary reviewed the documentation and determined that this rate increase complies with the regulatory and actuarial requirements for a rate increase as set forth in 14VAC5-200-153 of the Virginia Administrative Code. The review indicated that the lifetime anticipated loss ratio after the increase will be 86.8%, which exceeds the minimum required loss ratio of 60%.

While the Company has advised that they are likely to file for additional rate increases in the future, these will first need to be filed for review and approval with the Bureau.

The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer and the cost of care has increased, which have resulted in more claims being filed at a higher cost than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, a paid-up policy, or an alternative with a lifetime premium rate guarantee. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at:
<https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Form Schedule

Lead Form Number: 7035END-LSPO VA 0920

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 05/04/2022	Lifetime Stable Premium Option Endorsement	7035END-LSPO VA 0322	POLA	Initial		50.000	7035END-LSPO VA 0322.pdf
2	Approved 05/04/2022	LSPO Schedule	7035 Schedule Revised LSPO VA	SCH	Initial			7035 Schedule Revised LSPO VA.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	NAP	Network Access Plan
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
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

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/Policyholder]:

[Policy] Number:

LIFETIME STABLE PREMIUM OPTION ENDORSEMENT

This Endorsement is to be attached to, and adds/changes the following language to the above identified Policy.

This Endorsement changes the policy coverage, and is a part of the policy and subject to all the provisions of the policy except where they are modified by this Endorsement. To the extent that any provisions contained in this Endorsement are contrary to or inconsistent with those of the policy, the provisions of this Endorsement will control. This Endorsement and the accompanying updated Schedule are to be attached to and form a part of the policy.

The effective date of this Endorsement is [*endorsement effective date*].

Impact to the Premium

- The “Renewability – This Policy is Guaranteed Renewable For Life” and “Our Limited Right to Change Premiums” sections of the policy are deleted in their entirety and replaced with the following:

This Policy is Non-cancellable: Subject to the terms of the policy:

- You (the Policyholder named above) have the right to continue the policy as long as you pay the required premium on time.
- We cannot change any of the terms of this policy on our own.
- Your premium is guaranteed not to change, except:
 - Where we change your policy at your request, and
 - Where a change to your premium or the amount of premium you pay is required by the terms of the policy.

Lifetime Payment Maximum

- The Lifetime Payment Maximum is changed as shown on the accompanying updated Schedule.

Automatic Compound 1% Benefit Increases

- As shown on the accompanying updated Schedule, the Benefit Increases provision is changed to Automatic Compound 1% Benefit Increases. The Daily Payment Maximum will remain at its current attained level (or slightly above due to system rounding), including all prior Automatic [Equal] 5% Benefit Increases if that was an original benefit under the policy, until the first anniversary of the policy effective date that occurs after the effective date of this Endorsement. Beginning on the first anniversary of the policy effective date that occurs after the effective date of this Endorsement, the Daily Payment Maximum and Lifetime Payment Maximum amounts will increase in accordance with the Automatic Compound 1% Benefit Increases provision of the policy.
- The attached updated policy Schedule reflects this change to the Benefit Increase provision.

Elimination Period [and co-insurance]

- [As shown on the accompanying updated Schedule, the Elimination Period is changed to 180 days for the Long Term Care Facility Benefit, and a 90-day Elimination Period is added for the Home Care Benefit.
- The definition of the term “Elimination Period” in the Glossary section of the policy is deleted in its entirety and replaced with the following:

The number of days for which an Insured Person must incur expenses that qualify for payments under the Long Term Care Facility Benefit or Home Care Benefit; but for which we will NOT pay benefits. It can be satisfied by: (1) for the Long Term Care Facility Benefit, days for which payment would otherwise be made under the Long Term Care Facility Benefit (including Bed Reservation Benefit Days), or days the Insured Person receives services covered under the Home Care Benefit in accordance with a Privileged Care Coordinator’s Plan of Care; or (2) for the Home Care Benefit, days for which payment would otherwise be made under either the Home Care Benefit or the Long Term Care Facility Benefit (including Bed Reservation Benefit Days). Days used to satisfy the Elimination Period do not need to be consecutive.

A separate Elimination Period applies to each Insured Person. Once an Insured Person has satisfied this requirement, he or she will never have to satisfy a new Elimination Period for the policy. The Schedule shows the number of days in each Insured Person’s Elimination Period.

- The “Additional Feature” section of the “Privileged Care Coordination Services” provision is deleted in its entirety.
- The third paragraph of the “Home Care Benefit” provision is deleted in its entirety.
- The first paragraph of the “Bed Reservation Benefit” provision is deleted in its entirety and replaced with the following:

We will continue to pay benefits under the Long Term Care Facility Benefit, or give Elimination Period credit for either the Long Term Care Facility Benefit or Home Care Benefit, for each day an Insured Person:

- is temporarily absent during a stay in the Long Term Care Facility; and
- is charged to reserve his or her accommodations in that facility.

- The first paragraph of the “Waiver of Premium Benefit” provision is deleted in its entirety and replaced with the following:

We will waive premium payments for each coverage month that begins while an Insured Person is receiving either:

- Long Term Care Facility Benefits (after satisfying the Elimination Period); or
- Home Care Benefits (after satisfying the Elimination Period).]

OR

[[As shown on the accompanying updated Schedule, the Elimination Period is changed to be 100 days for the Long Term Care Facility Benefit.]

- The first paragraph of the “Home Care Benefit” provision is deleted in its entirety and replaced with the following:

Subject to the limitation below, we will pay ninety percent (90%) of the expenses an Insured Person incurs for the following care and support services that are consistent with his or her Plan of Care and are received other than while in a Long Term Care Facility:

Licensed providers	-	Health care services provided by a Nurse, or a licensed physical, occupational, respiratory or speech therapist
Other personnel	-	Home Health Aide and Personal Care Attendant Services;
	-	Homemaker Services; and
	-	Chore Services;
Community Care	-	Adult Day Care; and
	-	Hospice Care

- The first sentence of the “Long Term Care Facility Benefit” provision is deleted in its entirety and replaced with the following:

Subject to the Daily Payment Maximum, we will pay ninety percent (90%) of the expenses an Insured Person incurs for care and support services (including room and board, but not prescription drugs) provided by a Long Term Care Facility.]

Limited options to change coverage

- If you decide that you do not wish to keep the benefit changes made pursuant to this Endorsement but instead wish to revert to the benefits you had prior to selecting this Endorsement, you must change your decision in writing within 60 days of our written confirmation of the benefit changes made pursuant to this Endorsement. After the 60-day period, you cannot revert back to the benefits you had prior to selecting this Endorsement.
- Other than your right described above to provide written notice that you do not wish to keep the benefit changes made pursuant to this Endorsement, once you have selected this Endorsement the only benefit change that you may make going forward is a reduction to an available Daily Payment Maximum or dropping an applicable rider. Changing your Daily Payment Maximum will impact other benefits and maximum coverage amounts under your policy.

Conformity with Internal Revenue Code

- The “Conformity with Internal Revenue Code” section is deleted in its entirety and replaced with a new “Conformity with Internal Revenue Code” section as follows:

This policy is a qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191). If at any point it is determined the policy

does not comply with the applicable requirements of Section 7702B(b) of the Internal Revenue Code of 1986, as amended, we will inform you of any change to the provisions of your policy required for it to comply with those requirements. You will be given the choice of accepting the change, or retaining the policy without that change. If you accept the change, we will treat the policy as if it had been changed to comply with those requirements.

In all other respects, the conditions and provisions of the policy, as modified by any other riders or endorsements, remain the same.

Signed for Genworth Life Insurance Company.

	
Brian K. Haendiges President and Chief Executive Officer	Vidal J. Torres, Jr. Secretary

SCHEDULE

GENWORTH LIFE INSURANCE COMPANY

Name and Address of Policyholder:

[John Alan Doe]
[4321 Main Street]
[Anytown, Anystate, US 99999]

Policy Number:

[ABC1234567]

Policy Effective Date:

[March 1, 2001]

Insured Spouse:[Mary Jane Doe][None for this contract]

POLICY FEATURES

Privileged Care Coordination ServicesIncluded
Home Care BenefitIncluded
Respite Care BenefitIncluded
Caregiver Training BenefitIncluded
Equipment BenefitIncluded
Long Term Care Facility BenefitIncluded
Bed Reservation BenefitIncluded
Supplementary Care BenefitIncluded
Waiver of Premium BenefitIncluded
Survivorship BenefitIncluded

COVERAGE LIMITS

Elimination Period (For the Long Term Care Facility Benefit) [100][180] Days
[Elimination Period (For the Home Care Benefit)..... 90 Days]
Daily Payment Maximum [\$100.00]
Lifetime Payment Maximum [\$146,000.00]
[Coinsurance applied to Long Term Care Facility & Home Care Benefit expenses up to the
Daily Payment Maximum.....90%]

BENEFIT INCREASES

AUTOMATIC COMPOUND 1% BENEFIT INCREASES – The Daily Payment Maximum and Lifetime Payment Maximum amounts will each increase on every anniversary of the effective date of the policy. Annual increases will apply to benefits payable for expenses incurred on or after the date of the increase. Beginning on the first anniversary of the policy effective date that occurs after the effective date of the Endorsement changing this Benefit Increases provision to Automatic Compound 1% Benefit Increases, the Daily Payment Maximum and Lifetime Payment Maximum amounts will increase by 1% of the amounts in effect at that time as shown above; and each increase thereafter will be equal to 1% of the Daily Payment Maximum and Lifetime Payment Maximum in effect at the time of each such increase. These increases are not affected by any benefit payments.

[RESTORATION OF BENEFITS.....Effective as stated in the Rider - See Attached Rider]

[NONFORFEITURE BENEFITEffective with the Policy - See Attached Rider]

See the next page for Premium Information.

**Text in Brackets [...] is variable based on the applicant's plan choices.
Rider benefits are optional.**

SCHEDULE (Continued)

GENWORTH LIFE INSURANCE COMPANY

Name of Policyholder:
[John Alan Doe]

Policy Number:
[ABC1234567]

PREMIUM INFORMATION

RATE CLASSIFICATION: Policyholder - [Standard]/[Preferred] [with Couple Discount]
[Insured Spouse - [Standard]/[Preferred] [with Couple Discount]]

ANNUAL PREMIUMS: Basic Policy Coverage [\$xx.xx]
[Optional Rider(s) See Rider(s)]
Annual Total[\$xx.xx]

FIRST PREMIUM
[\$aaa.aa]

PREMIUM PAYMENT MODE
[Quarterly][*]

MODAL PREMIUM
[\$bbb.bb]

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

63.100%

Effective Date of Last Rate Revision:

06/28/2019

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

GEFA-131306458

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Genworth Life Insurance Company	62.900%	62.900%	\$476,051	323	\$756,854	72.000%	55.000%

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Tables	7035J, 62172, 62274F, 62275, 62276, 62277, 62278	Revised	Previous State Filing Number: GEFA-131306458 Percent Rate Change Request: 62.9	VA Choice I RS Rate Tables_Appendix B.pdf, VA Choice I RS NFO Rates Appendix B.pdf,
2		Stable Premium Option Rate Table	7035END-LSPO VA 0920, 62274F	New		VA Choice I RS Rate Tables Appendix C 20210604.pdf, VA Choice I RS LSPO NFO Rider Rate Tables.pdf,

Appendix B

Genworth Life Insurance Company
55% Increase to Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Individual							
	730 x Daily Maximum							
	No BIO		5% Simple BIO		5% Compound BIO			
	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	89.95	83.03	124.54	117.63	183.37			162.60
25-29	100.33	86.49	134.93	124.54	193.73			179.89
30-34	110.70	98.88	148.77	134.93	214.49			190.28
35-39	117.63	103.79	159.14	145.30	228.33			204.12
40-45	124.54	114.17	176.44	155.68	249.09			221.42
46	124.54	117.63	179.89	159.14	252.56			224.87
47	128.00	117.63	183.37	162.60	256.01			228.33
48	128.00	117.63	186.82	166.07	259.47			235.26
49	134.93	121.09	186.82	166.07	259.47			235.26
50	134.93	124.54	193.73	176.44	269.86			242.17
51	134.93	124.54	197.19	179.89	269.86			242.17
52	138.38	128.00	200.66	186.82	276.77			252.56
53	145.30	131.47	217.96	197.19	287.15			259.47
54	152.23	134.93	228.33	207.58	300.98			269.86
55	162.60	148.77	245.63	221.42	311.36			283.68
56	166.07	152.23	256.01	231.79	321.75			290.61
57	183.37	159.14	280.22	252.56	345.96			311.36
58	193.73	169.52	294.07	273.31	370.17			332.12
59	214.49	190.28	314.82	283.68	387.47			349.42
60	228.33	211.03	342.50	307.91	415.15			377.10
61	249.09	224.87	359.80	325.21	446.29			408.24
62	276.77	249.09	387.47	349.42	473.96			428.99
63	290.61	266.38	418.61	377.10	505.10			460.13
64	311.36	283.68	453.20	408.24	532.78			484.34
65	328.66	300.98	484.34	435.91	570.83			515.48
66	356.35	328.66	522.40	473.96	601.97			546.62
67	387.47	352.87	563.92	508.56	650.41			595.05
68	428.99	390.94	615.82	553.54	709.22			643.48
69	477.43	435.91	678.08	612.34	774.95			702.31
70	536.24	487.80	736.90	671.17	844.15			761.11
71	588.13	543.15	802.62	726.52	920.25			833.76
72	657.32	598.52	882.20	802.62	1,003.28			902.95
73	723.06	660.78	968.69	882.20	1,089.77			989.44
74	795.71	723.06	1,069.02	968.69	1,186.65			1,079.39
75	878.74	792.25	1,176.26	1,065.56	1,283.51			1,172.81
76	961.78	871.81	1,283.51	1,165.88	1,397.68			1,276.60
77	1,072.48	968.69	1,408.05	1,280.05	1,515.31			1,387.30
78	1,179.72	1,069.02	1,529.14	1,387.30	1,632.93			1,494.54
79	1,293.89	1,176.26	1,650.22	1,498.01	1,754.01			1,594.87
80	1,421.89	1,297.35	1,774.78	1,615.63	1,878.57			1,705.59
81	1,556.82	1,428.82	1,916.62	1,740.19	2,013.48			1,826.68
82	1,712.50	1,574.12	2,075.76	1,888.94	2,169.16			1,961.59
83	1,885.48	1,729.80	2,259.13	2,058.46	2,338.69			2,113.81
84	2,082.67	1,909.69	2,477.07	2,255.65	2,539.35			2,300.63
85	2,269.49	2,086.15	2,701.94	2,452.86	2,771.14			2,504.75
86	2,477.07	2,272.95	2,944.12	2,674.28	3,016.77			2,729.63
87	2,701.94	2,480.53	3,210.52	2,916.45	3,290.08			2,975.26
88	2,944.12	2,705.40	3,501.11	3,175.92	3,587.60			3,241.64
89	3,210.52	2,947.57	3,815.95	3,463.06	3,905.89			3,535.71
90	3,501.11	3,213.97	4,154.98	3,777.88	4,258.76			3,850.54
91	3,815.95	3,504.58	4,532.08	4,116.92	4,646.25			4,199.96
92	4,154.98	3,819.40	4,940.32	4,490.57	5,061.40			4,580.51
93	4,532.08	4,161.91	5,383.13	4,891.88	5,514.61			4,992.21
94	4,940.32	4,535.53	5,867.48	5,331.24	6,009.32			5,438.49

Appendix B

Genworth Life Insurance Company
55% Increase to Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Individual							
	No BIO		1095 x Daily Maximum				5% Compound BIO	
	50 EP	100 EP	5% Simple BIO		50 EP	100 EP	50 EP	100 EP
18-24	114.17	103.79	162.60	152.23	235.26		235.26	217.96
25-29	121.09	114.17	179.89	162.60	252.56		252.56	235.26
30-34	128.00	121.09	190.28	179.89	273.31		273.31	252.56
35-39	138.38	128.00	211.03	190.28	297.52		297.52	273.31
40-45	152.23	138.38	224.87	211.03	314.82		314.82	297.52
46	166.07	145.30	228.33	214.49	321.75		321.75	300.98
47	176.44	148.77	235.26	217.96	332.12		332.12	304.45
48	176.44	148.77	235.26	217.96	335.58		335.58	307.91
49	176.44	148.77	238.72	221.42	339.05		339.05	311.36
50	179.89	152.23	245.63	228.33	342.50		342.50	314.82
51	183.37	159.14	249.09	231.79	345.96		345.96	318.28
52	190.28	159.14	259.47	242.17	356.35		356.35	332.12
53	193.73	162.60	273.31	252.56	366.71		366.71	339.05
54	200.66	169.52	290.61	269.86	380.56		380.56	349.42
55	214.49	183.37	311.36	283.68	401.31		401.31	359.80
56	224.87	193.73	325.21	300.98	415.15		415.15	380.56
57	245.63	211.03	349.42	321.75	439.36		439.36	404.77
58	259.47	221.42	377.10	345.96	467.05		467.05	418.61
59	283.68	242.17	404.77	370.17	498.19		498.19	449.75
60	307.91	259.47	428.99	390.94	532.78		532.78	480.89
61	325.21	283.68	467.05	418.61	570.83		570.83	515.48
62	352.87	300.98	501.64	453.20	601.97		601.97	546.62
63	380.56	328.66	532.78	487.80	643.48		643.48	584.68
64	408.24	349.42	574.29	522.40	678.08		678.08	615.82
65	435.91	373.64	608.89	556.99	723.06		723.06	660.78
66	470.50	401.31	660.78	605.43	764.57		764.57	698.83
67	512.03	439.36	712.67	657.32	823.39		823.39	747.27
68	567.38	484.34	785.32	716.13	896.04		896.04	819.92
69	633.11	539.69	861.44	788.80	982.53		982.53	899.50
70	702.31	605.43	947.93	868.36	1,079.39		1,079.39	985.99
71	781.87	671.17	1,041.34	954.85	1,176.26		1,176.26	1,075.93
72	871.81	747.27	1,145.12	1,044.79	1,286.97		1,286.97	1,179.72
73	961.78	823.39	1,255.84	1,145.12	1,401.14		1,401.14	1,286.97
74	1,065.56	913.34	1,373.46	1,255.84	1,529.14		1,529.14	1,404.59
75	1,179.72	1,010.20	1,504.93	1,373.46	1,667.52		1,667.52	1,525.68
76	1,297.35	1,107.07	1,639.85	1,498.01	1,798.99		1,798.99	1,653.70
77	1,442.65	1,235.07	1,805.91	1,650.22	1,975.43		1,975.43	1,809.38
78	1,591.42	1,356.16	1,961.59	1,798.99	2,131.11		2,131.11	1,954.67
79	1,733.26	1,487.63	2,127.65	1,954.67	2,290.25		2,290.25	2,103.44
80	1,892.40	1,626.01	2,307.55	2,117.27	2,463.23		2,463.23	2,259.13
81	2,075.76	1,781.69	2,501.30	2,300.63	2,653.51		2,653.51	2,432.11
82	2,276.42	1,958.13	2,719.24	2,501.30	2,864.56		2,864.56	2,622.38
83	2,511.67	2,158.79	2,964.87	2,729.63	3,103.26		3,103.26	2,843.79
84	2,781.52	2,390.58	3,252.02	2,996.01	3,373.11		3,373.11	3,092.89
85	3,034.06	2,605.09	3,542.63	3,265.87	3,677.56		3,677.56	3,369.65
86	3,303.92	2,840.33	3,860.91	3,559.93	4,009.68		4,009.68	3,674.09
87	3,597.98	3,096.34	4,206.87	3,881.67	4,372.94		4,372.94	4,006.22
88	3,923.19	3,373.11	4,587.43	4,231.10	4,767.34		4,767.34	4,369.48
89	4,272.61	3,677.56	4,999.12	4,611.65	5,196.31		5,196.31	4,760.41
90	4,656.62	4,009.68	5,448.87	5,030.26	5,663.36		5,663.36	5,185.94
91	5,071.77	4,372.94	5,940.13	5,483.47	6,175.39		6,175.39	5,656.45
92	5,531.90	4,767.34	6,476.37	5,974.72	6,732.38		6,732.38	6,165.00
93	6,026.62	5,196.31	7,057.58	6,510.96	7,337.81		7,337.81	6,718.54
94	6,569.78	5,663.36	7,694.15	7,099.09	7,998.59		7,998.59	7,323.97

Appendix B

Genworth Life Insurance Company
55% Increase to Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Individual							
	1460 x Daily Maximum				5% Compound BIO			
	No BIO		5% Simple BIO		5% Compound BIO			
	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	124.54	117.63	190.28	179.89	269.86	252.56	269.86	252.56
25-29	134.93	124.54	204.12	190.28	290.61	273.31	290.61	273.31
30-34	148.77	134.93	221.42	211.03	311.36	297.52	311.36	297.52
35-39	159.14	145.30	238.72	224.87	339.05	314.82	339.05	314.82
40-45	176.44	155.68	256.01	242.17	366.71	342.50	366.71	342.50
46	176.44	155.68	259.47	249.09	370.17	345.96	370.17	345.96
47	179.89	159.14	266.38	252.56	377.10	352.87	377.10	352.87
48	183.37	162.60	269.86	256.01	380.56	363.26	380.56	363.26
49	183.37	162.60	273.31	256.01	380.56	363.26	380.56	363.26
50	186.82	169.52	280.22	262.93	387.47	370.17	387.47	370.17
51	190.28	169.52	283.68	269.86	401.31	373.64	401.31	373.64
52	197.19	179.89	300.98	280.22	404.77	377.10	404.77	377.10
53	207.58	190.28	314.82	290.61	418.61	390.94	418.61	390.94
54	217.96	197.19	325.21	304.45	439.36	408.24	439.36	408.24
55	228.33	214.49	349.42	321.75	449.75	415.15	449.75	415.15
56	242.17	221.42	373.64	345.96	473.96	435.91	473.96	435.91
57	256.01	242.17	401.31	370.17	501.64	460.13	501.64	460.13
58	280.22	256.01	422.07	390.94	529.33	480.89	529.33	480.89
59	300.98	276.77	453.20	418.61	567.38	515.48	567.38	515.48
60	318.28	290.61	498.19	453.20	605.43	553.54	605.43	553.54
61	345.96	318.28	532.78	484.34	643.48	595.05	643.48	595.05
62	377.10	345.96	570.83	529.33	695.38	633.11	695.38	633.11
63	401.31	363.26	612.34	563.92	736.90	667.71	736.90	667.71
64	425.54	390.94	650.41	605.43	774.95	709.22	774.95	709.22
65	453.20	415.15	698.83	643.48	819.92	747.27	819.92	747.27
66	491.26	449.75	743.81	691.92	871.81	795.71	871.81	795.71
67	536.24	491.26	806.09	747.27	937.55	857.99	937.55	857.99
68	598.52	546.62	892.58	823.39	1,027.50	934.09	1,027.50	934.09
69	664.24	608.89	982.53	906.41	1,124.37	1,030.97	1,124.37	1,030.97
70	736.90	678.08	1,093.23	1,003.28	1,238.54	1,131.28	1,238.54	1,131.28
71	823.39	757.66	1,200.48	1,103.62	1,345.79	1,242.00	1,345.79	1,242.00
72	916.79	840.69	1,325.03	1,210.86	1,473.79	1,363.09	1,473.79	1,363.09
73	1,017.13	937.55	1,449.58	1,325.03	1,612.17	1,484.17	1,612.17	1,484.17
74	1,124.37	1,037.88	1,577.57	1,446.12	1,757.48	1,619.10	1,757.48	1,619.10
75	1,248.91	1,152.05	1,722.89	1,581.03	1,913.17	1,760.94	1,913.17	1,760.94
76	1,383.84	1,273.14	1,882.03	1,726.34	2,082.67	1,906.24	2,082.67	1,906.24
77	1,532.61	1,408.05	2,068.85	1,902.78	2,276.42	2,089.60	2,276.42	2,089.60
78	1,684.82	1,549.91	2,255.65	2,075.76	2,459.77	2,259.13	2,459.77	2,259.13
79	1,840.50	1,698.66	2,445.93	2,255.65	2,653.51	2,435.56	2,653.51	2,435.56
80	2,006.57	1,843.97	2,650.98	2,449.40	2,861.08	2,625.84	2,861.08	2,625.84
81	2,193.39	2,016.95	2,892.22	2,670.81	3,075.59	2,833.42	3,075.59	2,833.42
82	2,407.88	2,217.60	3,148.24	2,909.52	3,328.13	3,065.20	3,328.13	3,065.20
83	2,653.51	2,442.47	3,438.85	3,179.38	3,611.83	3,328.13	3,611.83	3,328.13
84	2,947.57	2,712.33	3,767.51	3,487.28	3,933.56	3,622.20	3,933.56	3,622.20
85	3,213.97	2,954.50	4,106.54	3,798.65	4,286.45	3,950.86	4,286.45	3,950.86
86	3,504.58	3,224.34	4,476.73	4,144.61	4,670.46	4,307.20	4,670.46	4,307.20
87	3,819.40	3,514.95	4,878.04	4,514.78	5,092.53	4,698.14	5,092.53	4,698.14
88	4,161.91	3,833.24	5,317.40	4,926.47	5,552.66	5,116.75	5,552.66	5,116.75
89	4,535.53	4,179.20	5,794.83	5,369.29	6,054.30	5,573.41	6,054.30	5,573.41
90	4,943.77	4,552.83	6,317.23	5,850.18	6,597.45	6,078.51	6,597.45	6,078.51
91	5,390.06	4,961.07	6,884.60	6,376.05	7,192.51	6,625.13	7,192.51	6,625.13
92	5,877.86	5,407.36	7,500.42	6,946.88	7,839.45	7,220.18	7,839.45	7,220.18
93	6,403.72	5,895.16	8,175.04	7,569.61	8,545.21	7,874.05	8,545.21	7,874.05
94	6,981.48	6,424.47	8,915.38	8,251.15	9,316.71	8,579.81	9,316.71	8,579.81

Appendix B

Genworth Life Insurance Company
55% Increase to Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Individual							
	2190 x Daily Maximum				5% Compound BIO			
	No BIO		5% Simple BIO		5% Compound BIO			
	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	152.23	145.30	224.87	211.03	314.82	300.98		
25-29	162.60	155.68	242.17	224.87	342.50	321.75		
30-34	179.89	166.07	266.38	242.17	370.17	345.96		
35-39	190.28	183.37	287.15	266.38	401.31	373.64		
40-45	211.03	193.73	307.91	287.15	428.99	404.77		
46	214.49	197.19	314.82	290.61	439.36	411.70		
47	217.96	204.12	321.75	297.52	446.29	415.15		
48	221.42	204.12	328.66	304.45	453.20	425.54		
49	224.87	211.03	335.58	307.91	456.66	425.54		
50	228.33	211.03	342.50	314.82	463.59	435.91		
51	231.79	214.49	349.42	325.21	473.96	442.84		
52	238.72	221.42	359.80	335.58	491.26	460.13		
53	249.09	228.33	380.56	352.87	505.10	470.50		
54	259.47	245.63	401.31	377.10	525.85	491.26		
55	280.22	259.47	428.99	404.77	546.62	512.03		
56	294.07	276.77	453.20	422.07	574.29	536.24		
57	314.82	290.61	484.34	453.20	608.89	567.38		
58	339.05	314.82	522.40	484.34	643.48	601.97		
59	359.80	339.05	563.92	529.33	688.46	636.57		
60	387.47	356.35	601.97	563.92	733.43	681.54		
61	418.61	384.01	643.48	601.97	785.32	726.52		
62	449.75	415.15	691.92	643.48	833.76	778.41		
63	480.89	446.29	729.97	688.46	892.58	830.30		
64	518.94	480.89	774.95	723.06	951.39	885.65		
65	553.54	515.48	819.92	764.57	1,010.20	937.55		
66	601.97	556.99	871.81	816.46	1,079.39	1,003.28		
67	657.32	605.43	947.93	885.65	1,158.97	1,079.39		
68	733.43	678.08	1,055.18	982.53	1,266.21	1,179.72		
69	809.55	754.20	1,176.26	1,093.23	1,380.38	1,280.05		
70	899.50	837.22	1,314.65	1,224.70	1,508.38	1,401.14		
71	999.83	930.64	1,463.42	1,359.63	1,639.85	1,518.77		
72	1,117.46	1,037.88	1,615.63	1,504.93	1,788.61	1,657.15		
73	1,238.54	1,141.67	1,767.85	1,639.85	1,944.29	1,805.91		
74	1,370.00	1,269.67	1,933.92	1,788.61	2,124.20	1,971.97		
75	1,511.84	1,394.23	2,110.36	1,961.59	2,311.02	2,148.41		
76	1,664.06	1,536.07	2,297.18	2,131.11	2,504.75	2,331.77		
77	1,840.50	1,705.59	2,515.12	2,338.69	2,736.54	2,549.72		
78	2,010.02	1,861.27	2,740.00	2,549.72	2,951.05	2,757.30		
79	2,183.00	2,027.32	2,964.87	2,764.22	3,175.92	2,961.41		
80	2,362.91	2,193.39	3,210.52	2,996.01	3,414.62	3,179.38		
81	2,570.49	2,390.58	3,476.90	3,248.57	3,663.72	3,421.55		
82	2,812.66	2,615.45	3,781.35	3,539.18	3,954.33	3,694.86		
83	3,089.43	2,874.92	4,127.31	3,860.91	4,279.52	3,995.84		
84	3,421.55	3,179.38	4,528.62	4,234.55	4,653.16	4,348.71		
85	3,729.46	3,469.99	4,933.39	4,615.11	5,068.31	4,739.65		
86	4,065.03	3,781.35	5,379.68	5,033.72	5,524.98	5,168.65		
87	4,431.74	4,123.84	5,864.02	5,486.92	6,023.16	5,635.69		
88	4,829.60	4,494.02	6,389.88	5,981.65	6,562.86	6,140.79		
89	5,265.51	4,895.33	6,967.64	6,521.35	7,154.46	6,694.33		
90	5,739.48	5,338.17	7,597.28	7,102.57	7,797.94	7,292.84		
91	6,254.96	5,819.04	8,278.83	7,742.59	8,500.23	7,950.17		
92	6,818.87	6,344.91	9,026.10	8,437.97	9,264.82	8,669.75		
93	7,431.23	6,919.20	9,835.65	9,199.08	10,098.58	9,451.62		
94	8,102.38	7,538.47	10,721.30	10,029.38	11,004.98	10,306.15		

Appendix B

Genworth Life Insurance Company
72% Increase to Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Individual							
	No BIO		Unlimited				5% Compound BIO	
	50 EP	100 EP	5% Simple BIO		50 EP	100 EP	50 EP	100 EP
18-24	246.13	227.21	369.22	331.34	501.74	468.61		
25-29	260.34	250.88	397.61	364.47	544.35	506.47		
30-34	288.74	265.07	426.01	392.88	582.22	549.08		
35-39	307.67	293.47	463.88	421.28	629.55	586.95		
40-45	331.34	312.40	501.74	459.14	681.62	634.28		
46	345.55	321.88	511.22	463.88	691.08	648.47		
47	350.28	326.61	515.95	468.61	710.02	662.68		
48	350.28	331.34	525.41	478.07	719.48	672.14		
49	355.01	340.80	534.89	482.80	724.22	676.89		
50	369.22	340.80	549.08	501.74	738.41	691.08		
51	373.95	355.01	563.28	515.95	752.62	700.56		
52	392.88	369.22	586.95	534.89	776.29	728.95		
53	402.34	378.68	615.35	568.01	809.41	757.35		
54	426.01	397.61	653.22	605.89	837.81	785.75		
55	444.95	421.28	695.81	648.47	880.42	823.62		
56	478.07	444.95	743.14	695.81	932.48	870.96		
57	515.95	478.07	790.48	743.14	989.29	918.29		
58	534.89	506.47	847.29	804.68	1,046.09	979.82		
59	586.95	549.08	908.81	861.48	1,107.63	1,036.63		
60	620.08	572.74	965.63	918.29	1,173.90	1,098.15		
61	672.14	620.08	1,041.36	994.02	1,254.36	1,173.90		
62	724.22	672.14	1,107.63	1,050.82	1,339.57	1,254.36		
63	781.02	728.95	1,169.15	1,107.63	1,434.24	1,349.03		
64	833.08	776.29	1,225.96	1,164.42	1,528.91	1,443.70		
65	904.08	837.81	1,292.24	1,216.49	1,633.04	1,547.83		
66	975.09	913.56	1,367.97	1,282.76	1,756.10	1,661.43		
67	1,065.02	1,003.48	1,491.03	1,396.36	1,893.38	1,789.25		
68	1,183.36	1,107.63	1,656.70	1,562.04	2,054.32	1,935.98		
69	1,311.16	1,230.69	1,864.98	1,751.37	2,238.92	2,101.65		
70	1,467.37	1,367.97	2,106.38	1,978.58	2,437.72	2,272.05		
71	1,614.10	1,509.97	2,347.78	2,205.78	2,636.52	2,451.93		
72	1,789.25	1,675.64	2,598.66	2,437.72	2,877.94	2,674.39		
73	1,988.04	1,855.50	2,859.00	2,679.12	3,124.07	2,906.34		
74	2,191.59	2,040.11	3,128.80	2,930.00	3,398.62	3,171.40		
75	2,428.26	2,243.65	3,412.81	3,185.61	3,696.81	3,469.62		
76	2,664.93	2,475.60	3,715.75	3,474.35	4,013.96	3,777.29		
77	2,939.46	2,726.46	4,066.03	3,800.96	4,373.70	4,122.82		
78	3,190.34	2,967.86	4,411.56	4,127.55	4,709.77	4,444.70		
79	3,445.95	3,218.74	4,766.57	4,468.37	5,060.05	4,771.31		
80	3,725.21	3,483.81	5,145.24	4,837.57	5,415.06	5,107.39		
81	4,037.63	3,782.02	5,557.06	5,239.91	5,817.40	5,481.33		
82	4,397.37	4,122.82	6,039.87	5,699.07	6,267.08	5,907.34		
83	4,823.38	4,529.90	6,593.69	6,219.74	6,768.82	6,385.41		
84	5,325.12	4,993.78	7,232.70	6,820.88	7,355.77	6,939.22		
85	5,812.67	5,443.46	7,885.91	7,436.23	8,018.45	7,568.77		
86	6,333.35	5,931.01	8,595.92	8,103.64	8,737.93	8,245.65		
87	6,906.09	6,461.15	9,372.21	8,832.60	9,523.67	8,988.81		
88	7,526.17	7,048.10	10,219.50	9,632.55	10,385.17	9,798.22		
89	8,207.79	7,677.63	11,137.79	10,494.03	11,322.38	10,683.37		
90	8,946.20	8,373.46	12,136.54	11,440.72	12,344.82	11,639.53		
91	9,750.89	9,126.08	13,225.23	12,467.88	13,447.70	12,685.62		
92	10,631.30	9,949.68	14,418.05	13,589.70	14,659.46	13,826.37		
93	11,587.47	10,849.04	15,715.02	14,815.67	15,984.82	15,076.01		
94	12,628.82	11,824.14	17,130.32	16,150.49	17,419.06	16,429.77		

Appendix B

Genworth Life Insurance Company
 55% Increase to Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
 Annual Premium per \$10 Daily Benefit

Age	Joint							
	1095 x Daily Maximum				5% Compound BIO			
	No BIO		5% Simple BIO		5% Compound BIO		100 EP	
	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	76.11	69.19	110.70	103.79	159.14	145.30	159.14	145.30
25-29	83.03	76.11	121.09	110.70	169.52	159.14	169.52	159.14
30-34	86.49	83.03	128.00	121.09	183.37	169.52	183.37	169.52
35-39	93.40	86.49	141.84	128.00	200.66	183.37	200.66	183.37
40-45	103.79	93.40	152.23	141.84	211.03	200.66	211.03	200.66
46	110.70	96.88	155.68	141.84	217.96	204.12	217.96	204.12
47	114.17	100.33	159.14	145.30	224.87	204.12	224.87	204.12
48	114.17	100.33	159.14	148.77	224.87	207.58	224.87	207.58
49	117.63	100.33	162.60	148.77	228.33	211.03	228.33	211.03
50	121.09	103.79	166.07	155.68	231.79	211.03	231.79	211.03
51	121.09	107.24	169.52	155.68	235.26	214.49	235.26	214.49
52	124.54	107.24	176.44	162.60	242.17	224.87	242.17	224.87
53	131.47	110.70	183.37	169.52	249.09	228.33	249.09	228.33
54	134.93	114.17	197.19	183.37	256.01	235.26	256.01	235.26
55	145.30	124.54	211.03	190.28	269.86	242.17	269.86	242.17
56	148.77	131.47	217.96	204.12	280.22	256.01	280.22	256.01
57	166.07	141.84	235.26	217.96	297.52	273.31	297.52	273.31
58	176.44	148.77	256.01	235.26	314.82	283.68	314.82	283.68
59	190.28	162.60	273.31	249.09	335.58	304.45	335.58	304.45
60	207.58	176.44	290.61	262.93	359.80	325.21	359.80	325.21
61	217.96	190.28	314.82	283.68	384.01	349.42	384.01	349.42
62	238.72	204.12	339.05	304.45	404.77	370.17	404.77	370.17
63	256.01	221.42	359.80	328.66	435.91	394.40	435.91	394.40
64	276.77	235.26	387.47	352.87	456.66	415.15	456.66	415.15
65	294.07	252.56	411.70	377.10	487.80	446.29	487.80	446.29
66	318.28	269.86	446.29	408.24	515.48	470.50	515.48	470.50
67	345.96	297.52	480.89	442.84	556.99	505.10	556.99	505.10
68	384.01	328.66	529.33	484.34	605.43	553.54	605.43	553.54
69	428.99	363.26	581.22	532.78	664.24	608.89	664.24	608.89
70	473.96	408.24	640.03	584.68	729.97	664.24	729.97	664.24
71	529.33	453.20	702.31	643.48	795.71	726.52	795.71	726.52
72	588.13	505.10	771.50	705.76	868.36	795.71	868.36	795.71
73	650.41	556.99	847.60	771.50	944.48	868.36	944.48	868.36
74	719.60	615.82	927.18	847.60	1,030.97	947.93	1,030.97	947.93
75	795.71	681.54	1,017.13	927.18	1,124.37	1,030.97	1,124.37	1,030.97
76	875.29	747.27	1,107.07	1,010.20	1,214.32	1,117.46	1,214.32	1,117.46
77	972.14	833.76	1,217.77	1,113.99	1,311.95	1,221.25	1,311.95	1,221.25
78	1,075.93	916.79	1,325.03	1,214.32	1,439.19	1,318.10	1,439.19	1,318.10
79	1,169.35	1,003.28	1,435.73	1,318.10	1,546.44	1,418.44	1,546.44	1,418.44
80	1,276.60	1,096.69	1,556.82	1,428.82	1,664.06	1,525.68	1,664.06	1,525.68
81	1,401.14	1,203.95	1,688.29	1,553.36	1,792.08	1,643.31	1,792.08	1,643.31
82	1,536.07	1,321.56	1,837.04	1,688.29	1,933.92	1,771.31	1,933.92	1,771.31
83	1,695.20	1,456.49	1,999.66	1,843.97	2,093.06	1,920.08	2,093.06	1,920.08
84	1,878.57	1,612.17	2,196.85	2,023.87	2,276.42	2,086.15	2,276.42	2,086.15
85	2,048.08	1,757.48	2,390.58	2,203.76	2,484.00	2,272.95	2,484.00	2,272.95
86	2,231.44	1,916.62	2,605.09	2,404.42	2,705.40	2,480.53	2,705.40	2,480.53
87	2,428.63	2,089.60	2,840.33	2,618.91	2,951.05	2,705.40	2,951.05	2,705.40
88	2,646.59	2,276.42	3,096.34	2,857.63	3,217.43	2,951.05	3,217.43	2,951.05
89	2,885.31	2,484.00	3,373.11	3,113.64	3,508.04	3,213.97	3,508.04	3,213.97
90	3,144.78	2,705.40	3,677.56	3,393.86	3,822.86	3,501.11	3,822.86	3,501.11
91	3,425.00	2,951.05	4,009.68	3,701.77	4,168.82	3,819.40	4,168.82	3,819.40
92	3,732.91	3,217.43	4,372.94	4,033.89	4,545.92	4,161.91	4,545.92	4,161.91
93	4,068.49	3,508.04	4,763.86	4,393.69	4,954.14	4,535.53	4,954.14	4,535.53
94	4,435.20	3,822.86	5,192.86	4,791.55	5,400.43	4,943.77	5,400.43	4,943.77

Appendix B

Genworth Life Insurance Company
55% Increase to Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Joint							
	1460 x Daily Maximum				5% Compound BIO			
	No BIO		5% Simple BIO		5% Compound BIO		100 EP	
	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	83.03	76.11	114.17	107.24	169.52	148.77	211.03	186.82
25-29	93.40	79.58	124.54	114.17	179.89	148.77	211.03	186.82
30-34	103.79	89.95	138.38	124.54	197.19	148.77	211.03	186.82
35-39	107.24	96.88	145.30	134.93	211.03	148.77	211.03	186.82
40-45	114.17	103.79	162.60	145.30	228.33	148.77	211.03	186.82
46	114.17	107.24	166.07	145.30	231.79	148.77	211.03	186.82
47	117.63	107.24	169.52	148.77	235.26	148.77	211.03	186.82
48	117.63	107.24	172.98	152.23	238.72	148.77	211.03	186.82
49	124.54	110.70	172.98	152.23	238.72	148.77	211.03	186.82
50	124.54	114.17	179.89	162.60	249.09	148.77	211.03	186.82
51	124.54	114.17	183.37	166.07	249.09	148.77	211.03	186.82
52	128.00	117.63	186.82	172.98	256.01	148.77	211.03	186.82
53	134.93	121.09	200.66	183.37	266.38	148.77	211.03	186.82
54	141.84	124.54	211.03	190.28	276.77	148.77	211.03	186.82
55	148.77	138.38	224.87	204.12	287.15	148.77	211.03	186.82
56	152.23	141.84	235.26	214.49	297.52	148.77	211.03	186.82
57	169.52	145.30	259.47	231.79	318.28	148.77	211.03	186.82
58	179.89	155.68	269.86	252.56	342.50	148.77	211.03	186.82
59	197.19	176.44	290.61	262.93	356.35	148.77	211.03	186.82
60	211.03	193.73	314.82	283.68	384.01	148.77	211.03	186.82
61	228.33	207.58	332.12	300.98	411.70	148.77	211.03	186.82
62	256.01	228.33	356.35	321.75	435.91	148.77	211.03	186.82
63	266.38	245.63	387.47	349.42	467.05	148.77	211.03	186.82
64	287.15	262.93	418.61	377.10	491.26	148.77	211.03	186.82
65	304.45	276.77	446.29	401.31	525.85	148.77	211.03	186.82
66	328.66	304.45	480.89	435.91	556.99	148.77	211.03	186.82
67	356.35	325.21	518.94	470.50	598.52	148.77	211.03	186.82
68	394.40	359.80	567.38	512.03	653.87	148.77	211.03	186.82
69	439.36	401.31	626.18	563.92	716.13	148.77	211.03	186.82
70	494.73	449.75	678.08	619.27	778.41	148.77	211.03	186.82
71	543.15	501.64	740.36	671.17	847.60	148.77	211.03	186.82
72	605.43	553.54	813.01	740.36	927.18	148.77	211.03	186.82
73	667.71	608.89	892.58	813.01	1,006.74	148.77	211.03	186.82
74	733.43	667.71	985.99	892.58	1,093.23	148.77	211.03	186.82
75	809.55	729.97	1,086.32	982.53	1,183.18	148.77	211.03	186.82
76	885.65	802.62	1,183.18	1,075.93	1,290.44	148.77	211.03	186.82
77	989.44	892.58	1,297.35	1,179.72	1,397.68	148.77	211.03	186.82
78	1,089.77	985.99	1,411.52	1,280.05	1,504.93	148.77	211.03	186.82
79	1,193.56	1,086.32	1,522.22	1,380.38	1,619.10	148.77	211.03	186.82
80	1,311.19	1,197.02	1,636.40	1,491.08	1,733.26	148.77	211.03	186.82
81	1,435.73	1,318.10	1,767.85	1,605.26	1,857.80	148.77	211.03	186.82
82	1,581.03	1,453.03	1,916.62	1,743.64	1,999.66	148.77	211.03	186.82
83	1,740.19	1,594.87	2,082.67	1,899.32	2,158.79	148.77	211.03	186.82
84	1,920.08	1,760.94	2,286.79	2,079.22	2,342.14	148.77	211.03	186.82
85	2,093.06	1,923.53	2,490.91	2,282.58	2,556.65	148.77	211.03	186.82
86	2,286.79	2,096.51	2,715.79	2,466.70	2,781.52	148.77	211.03	186.82
87	2,490.91	2,286.79	2,961.41	2,691.58	3,034.06	148.77	211.03	186.82
88	2,715.79	2,494.37	3,231.27	2,930.28	3,310.83	148.77	211.03	186.82
89	2,961.41	2,719.24	3,521.88	3,193.22	3,604.90	148.77	211.03	186.82
90	3,231.27	2,964.87	3,833.24	3,483.81	3,930.10	148.77	211.03	186.82
91	3,521.88	3,231.27	4,179.20	3,798.65	4,286.45	148.77	211.03	186.82
92	3,833.24	3,521.88	4,556.29	4,141.14	4,670.46	148.77	211.03	186.82
93	4,179.20	3,840.16	4,964.53	4,511.32	5,085.61	148.77	211.03	186.82
94	4,556.29	4,182.66	5,414.27	4,919.55	5,542.27	148.77	211.03	186.82

Appendix B

Genworth Life Insurance Company
55% Increase to Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Joint							
	2190 x Daily Maximum							
	No BIO		5% Simple BIO		5% Compound BIO			
	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	96.88	89.95	141.84	131.47	204.12	190.28		
25-29	103.79	96.88	155.68	141.84	221.42	204.12		
30-34	110.70	103.79	166.07	155.68	238.72	221.42		
35-39	121.09	110.70	183.37	166.07	259.47	238.72		
40-45	131.47	121.09	197.19	183.37	273.31	259.47		
46	138.38	121.09	197.19	186.82	280.22	262.93		
47	141.84	128.00	204.12	190.28	290.61	266.38		
48	141.84	128.00	204.12	190.28	290.61	266.38		
49	141.84	128.00	207.58	193.73	294.07	269.86		
50	145.30	131.47	214.49	197.19	297.52	273.31		
51	148.77	131.47	217.96	200.66	300.98	276.77		
52	155.68	138.38	224.87	211.03	311.36	290.61		
53	162.60	141.84	238.72	221.42	318.28	294.07		
54	172.98	148.77	252.56	235.26	332.12	304.45		
55	176.44	159.14	269.86	245.63	349.42	311.36		
56	186.82	169.52	283.68	262.93	359.80	332.12		
57	197.19	183.37	304.45	280.22	380.56	352.87		
58	224.87	193.73	328.66	300.98	404.77	363.26		
59	231.79	211.03	352.87	321.75	432.45	390.94		
60	245.63	224.87	373.64	339.05	463.59	418.61		
61	269.86	245.63	404.77	363.26	498.19	449.75		
62	294.07	262.93	435.91	394.40	522.40	473.96		
63	311.36	287.15	463.59	425.54	560.45	508.56		
64	332.12	304.45	498.19	453.20	591.59	536.24		
65	352.87	325.21	529.33	484.34	629.64	574.29		
66	380.56	349.42	574.29	525.85	664.24	608.89		
67	418.61	380.56	619.27	570.83	716.13	650.41		
68	463.59	422.07	681.54	622.73	778.41	712.67		
69	515.48	470.50	750.73	685.01	854.52	781.87		
70	570.83	525.85	823.39	754.20	937.55	857.99		
71	640.03	584.68	906.41	830.30	1,024.04	937.55		
72	712.67	650.41	996.37	909.88	1,120.91	1,027.50		
73	788.80	716.13	1,093.23	996.37	1,217.77	1,120.91		
74	875.29	795.71	1,193.56	1,093.23	1,331.95	1,221.25		
75	968.69	878.74	1,307.74	1,193.56	1,449.58	1,328.49		
76	1,075.93	961.78	1,425.35	1,304.26	1,563.73	1,439.19		
77	1,190.11	1,075.93	1,570.66	1,435.73	1,719.42	1,574.12		
78	1,307.74	1,179.72	1,705.59	1,563.73	1,854.34	1,702.12		
79	1,428.82	1,293.89	1,850.89	1,702.12	1,992.73	1,830.13		
80	1,556.82	1,414.98	2,006.57	1,840.50	2,141.50	1,965.06		
81	1,702.12	1,549.91	2,176.09	2,003.11	2,307.55	2,117.27		
82	1,871.64	1,702.12	2,366.37	2,176.09	2,490.91	2,279.88		
83	2,061.92	1,878.57	2,580.86	2,373.28	2,698.49	2,473.61		
84	2,290.25	2,079.22	2,829.96	2,605.09	2,933.75	2,691.58		
85	2,494.37	2,266.04	3,082.50	2,840.33	3,200.13	2,930.28		
86	2,722.70	2,470.16	3,359.27	3,096.34	3,487.28	3,196.67		
87	2,968.34	2,695.03	3,660.26	3,376.57	3,805.56	3,483.81		
88	3,231.27	2,933.75	3,992.38	3,681.02	4,148.06	3,802.10		
89	3,521.88	3,200.13	4,348.71	4,013.14	4,521.69	4,141.14		
90	3,840.16	3,487.28	4,739.65	4,376.39	4,926.47	4,511.32		
91	4,186.12	3,805.56	5,168.65	4,770.79	5,372.77	4,919.55		
92	4,566.67	4,148.06	5,635.69	5,196.31	5,857.11	5,362.38		
93	4,971.44	4,521.69	6,140.79	5,663.36	6,382.96	5,846.72		
94	5,424.66	4,926.47	6,694.33	6,175.39	6,957.25	6,372.58		

Appendix B

Genworth Life Insurance Company
55% Increase to Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Joint					
	2920 x Daily Maximum					
	No BIO		5% Simple BIO		5% Compound BIO	
	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	100.33	96.88	155.68	148.77	221.42	207.58
25-29	110.70	100.33	166.07	155.68	238.72	224.87
30-34	121.09	110.70	179.89	172.98	256.01	242.17
35-39	131.47	117.63	193.73	183.37	276.77	256.01
40-45	145.30	128.00	207.58	197.19	300.98	280.22
46	145.30	128.00	211.03	204.12	300.98	283.68
47	148.77	131.47	217.96	207.58	307.91	287.15
48	148.77	131.47	221.42	207.58	311.36	297.52
49	148.77	131.47	224.87	207.58	311.36	297.52
50	152.23	138.38	228.33	214.49	318.28	300.98
51	155.68	138.38	231.79	221.42	328.66	304.45
52	162.60	148.77	245.63	228.33	332.12	307.91
53	169.52	155.68	256.01	238.72	342.50	318.28
54	179.89	162.60	266.38	249.09	359.80	332.12
55	186.82	176.44	287.15	262.93	366.71	339.05
56	197.19	179.89	304.45	283.68	387.47	356.35
57	207.58	197.19	328.66	300.98	411.70	377.10
58	228.33	207.58	345.96	318.28	432.45	394.40
59	245.63	224.87	370.17	342.50	463.59	422.07
60	259.47	238.72	408.24	370.17	494.73	453.20
61	283.68	259.47	435.91	394.40	525.85	487.80
62	307.91	283.68	467.05	432.45	567.38	518.94
63	328.66	297.52	501.64	460.13	601.97	546.62
64	349.42	318.28	532.78	494.73	633.11	581.22
65	370.17	339.05	570.83	525.85	671.17	612.34
66	401.31	366.71	608.89	567.38	712.67	650.41
67	439.36	401.31	657.32	612.34	768.03	702.31
68	487.80	446.29	729.97	674.62	840.69	764.57
69	543.15	498.19	802.62	740.36	920.25	844.15
70	601.97	553.54	892.58	819.92	1,013.67	923.71
71	674.62	619.27	982.53	902.95	1,100.16	1,013.67
72	750.73	688.46	1,082.86	989.44	1,203.95	1,113.99
73	830.30	768.03	1,186.65	1,082.86	1,318.10	1,214.32
74	920.25	847.60	1,290.44	1,183.18	1,435.73	1,325.03
75	1,020.58	941.01	1,408.05	1,293.89	1,563.73	1,439.19
76	1,131.28	1,041.34	1,539.52	1,411.52	1,702.12	1,556.82
77	1,252.37	1,152.05	1,691.75	1,556.82	1,861.27	1,709.05
78	1,376.93	1,266.21	1,843.97	1,698.66	2,010.02	1,847.43
79	1,504.93	1,387.30	1,999.66	1,843.97	2,169.16	1,992.73
80	1,639.85	1,508.38	2,172.64	2,003.11	2,338.69	2,144.95
81	1,792.08	1,650.22	2,362.91	2,183.00	2,515.12	2,317.93
82	1,968.52	1,812.83	2,573.95	2,380.21	2,719.24	2,504.75
83	2,169.16	1,996.18	2,812.66	2,598.16	2,951.05	2,719.24
84	2,411.34	2,217.60	3,079.04	2,850.71	3,213.97	2,961.41
85	2,625.84	2,414.81	3,355.81	3,106.73	3,504.58	3,231.27
86	2,864.56	2,636.21	3,660.26	3,386.95	3,819.40	3,521.88
87	3,124.03	2,874.92	3,988.93	3,691.39	4,161.91	3,840.16
88	3,400.79	3,134.39	4,345.25	4,026.98	4,538.99	4,182.66
89	3,708.69	3,418.09	4,736.20	4,390.24	4,950.68	4,556.29
90	4,040.82	3,722.53	5,165.19	4,781.16	5,393.52	4,967.98
91	4,407.53	4,054.65	5,628.76	5,213.61	5,881.32	5,417.73
92	4,805.39	4,421.38	6,130.41	5,680.66	6,407.17	5,902.07
93	5,234.38	4,819.23	6,683.94	6,189.23	6,984.94	6,438.31
94	5,708.34	5,251.68	7,289.37	6,746.22	7,618.03	7,012.60

Appendix B

Genworth Life Insurance Company
55% Increase to Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Joint							
	4380 x Daily Maximum							
	No BIO		5% Simple BIO		5% Compound BIO			
	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	124.54	117.63	183.37	169.52	256.01	242.17	256.01	242.17
25-29	131.47	124.54	197.19	183.37	276.77	266.71	276.77	259.47
30-34	145.30	134.93	214.49	197.19	300.98	286.86	300.98	280.22
35-39	155.68	148.77	231.79	214.49	325.21	307.41	325.21	300.98
40-45	169.52	155.68	249.09	231.79	345.96	328.66	345.96	328.66
46	172.98	159.14	256.01	235.26	356.35	337.10	356.35	332.12
47	176.44	166.07	259.47	242.17	359.80	345.96	359.80	335.58
48	179.89	166.07	266.38	245.63	366.71	352.87	366.71	345.96
49	183.37	169.52	273.31	249.09	370.17	359.80	370.17	345.96
50	183.37	169.52	276.77	256.01	377.10	366.71	377.10	352.87
51	186.82	172.98	283.68	262.93	384.01	374.55	384.01	359.80
52	193.73	179.89	290.61	273.31	397.85	382.99	397.85	373.64
53	200.66	183.37	307.91	287.15	408.24	391.43	408.24	380.56
54	211.03	200.66	325.21	304.45	425.54	400.87	425.54	397.85
55	228.33	211.03	345.96	328.66	442.84	410.31	442.84	415.15
56	238.72	224.87	366.71	342.50	463.59	420.75	463.59	435.91
57	256.01	235.26	390.94	366.71	494.73	431.19	494.73	460.13
58	273.31	256.01	422.07	390.94	522.40	441.63	522.40	487.80
59	290.61	273.31	456.66	428.99	556.99	452.07	556.99	515.48
60	314.82	287.15	487.80	456.66	595.05	462.51	595.05	553.54
61	339.05	311.36	522.40	487.80	636.57	472.95	636.57	588.13
62	363.26	335.58	560.45	522.40	674.62	483.39	674.62	629.64
63	390.94	359.80	591.59	556.99	723.06	493.83	723.06	671.17
64	422.07	390.94	626.18	584.68	771.50	504.27	771.50	716.13
65	449.75	418.61	664.24	619.27	819.92	514.71	819.92	761.11
66	487.80	449.75	705.76	660.78	875.29	525.15	875.29	813.01
67	532.78	491.26	768.03	716.13	937.55	535.59	937.55	875.29
68	595.05	550.08	854.52	795.71	1,024.04	546.03	1,024.04	954.85
69	657.32	612.34	951.39	885.65	1,117.46	556.47	1,117.46	1,037.88
70	729.97	678.08	1,065.56	992.90	1,221.25	566.91	1,221.25	1,134.76
71	809.55	754.20	1,186.65	1,100.16	1,328.49	577.35	1,328.49	1,231.61
72	906.41	840.69	1,307.74	1,217.77	1,449.58	587.79	1,449.58	1,342.33
73	1,003.28	923.71	1,432.28	1,328.49	1,574.12	598.23	1,574.12	1,463.42
74	1,110.53	1,027.50	1,567.21	1,449.58	1,719.42	608.67	1,719.42	1,598.33
75	1,224.70	1,127.83	1,709.05	1,587.96	1,871.64	619.11	1,871.64	1,740.19
76	1,349.24	1,245.46	1,861.27	1,726.34	2,027.32	629.55	2,027.32	1,888.94
77	1,491.08	1,380.38	2,037.71	1,895.87	2,217.60	640.00	2,217.60	2,065.38
78	1,629.47	1,508.38	2,221.06	2,065.38	2,390.58	650.44	2,390.58	2,234.90
79	1,767.85	1,643.31	2,400.97	2,238.36	2,573.95	660.88	2,573.95	2,397.51
80	1,913.17	1,778.24	2,601.61	2,425.18	2,764.22	671.32	2,764.22	2,573.95
81	2,082.67	1,937.38	2,816.12	2,632.75	2,968.34	681.76	2,968.34	2,771.14
82	2,279.88	2,117.27	3,061.75	2,868.01	3,203.59	692.20	3,203.59	2,992.55
83	2,501.30	2,328.32	3,341.97	3,127.48	3,466.51	702.64	3,466.51	3,238.18
84	2,771.14	2,573.95	3,667.18	3,428.46	3,767.51	713.08	3,767.51	3,521.88
85	3,020.24	2,809.19	3,995.84	3,739.82	4,106.54	723.52	4,106.54	3,840.16
86	3,293.53	3,061.75	4,359.10	4,078.87	4,476.73	733.96	4,476.73	4,186.12
87	3,591.07	3,341.97	4,750.04	4,445.59	4,878.04	744.40	4,878.04	4,563.22
88	3,912.80	3,639.49	5,175.56	4,843.44	5,317.40	754.84	5,317.40	4,974.91
89	4,265.69	3,964.70	5,642.60	5,282.80	5,794.83	765.28	5,794.83	5,421.19
90	4,649.71	4,324.50	6,154.63	5,753.32	6,317.23	775.72	6,317.23	5,905.53
91	5,064.86	4,711.97	6,704.71	6,272.26	6,884.60	786.16	6,884.60	6,438.31
92	5,524.98	5,140.96	7,310.14	6,836.17	7,503.88	796.60	7,503.88	7,022.99
93	6,019.70	5,604.55	7,967.47	7,451.98	8,178.50	807.04	8,178.50	7,656.10
94	6,562.86	6,106.19	8,683.60	8,123.15	8,915.38	817.48	8,915.38	8,348.02

Appendix B
Genworth Life Insurance Company
55.0% Increase to Current-Year Premiums
Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Individual						
730 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	27.68	24.22	38.06	34.60	55.35	48.43
25-29	31.14	27.68	41.52	38.06	58.81	55.35
30-34	34.60	27.68	44.97	41.52	65.73	58.81
35-39	34.60	31.14	48.43	44.97	69.19	62.27
40-44	38.06	34.60	51.89	48.43	76.11	65.73
45	38.06	34.60	51.89	48.43	76.11	65.73
46	38.06	34.60	55.35	48.43	76.11	69.19
47	38.06	34.60	55.35	48.43	76.11	69.19
48	38.06	34.60	55.35	48.43	79.57	69.19
49	41.52	38.06	55.35	48.43	79.57	69.19
50	41.52	38.06	58.81	51.89	79.57	72.65
51	41.52	38.06	58.81	55.35	79.57	72.65
52	41.52	38.06	58.81	55.35	83.03	76.11
53	44.97	38.06	65.73	58.81	86.49	79.57
54	44.97	41.52	69.19	62.27	89.95	79.57
55	48.43	44.97	72.65	65.73	93.41	86.49
56	48.43	44.97	76.11	69.19	96.87	86.49
57	55.35	48.43	83.03	76.11	103.79	93.41
58	58.81	51.89	89.95	83.03	110.71	100.33
59	65.73	58.81	93.41	86.49	117.63	103.79
60	69.19	62.27	103.79	93.41	124.55	114.17
61	76.11	69.19	107.25	96.87	134.92	121.09
62	83.03	76.11	117.63	103.79	141.84	128.01
63	86.49	79.57	124.55	114.17	152.22	138.38
64	93.41	86.49	134.92	121.09	159.14	145.30
65	100.33	89.95	145.30	131.46	172.98	155.68
66	103.79	96.87	152.22	138.38	172.98	159.14
67	107.25	100.33	159.14	141.84	183.36	166.06
68	114.17	107.25	166.06	148.76	190.28	172.98
69	124.55	114.17	176.44	159.14	200.66	183.36
70	134.92	121.09	183.36	169.52	211.04	190.28
71	141.84	131.46	193.74	172.98	221.41	200.66
72	152.22	138.38	204.12	183.36	231.79	207.58
73	159.14	145.30	214.50	193.74	238.71	217.95
74	166.06	152.22	224.87	204.12	249.09	228.33
75	176.44	159.14	235.25	214.50	256.01	235.25
76	183.36	166.06	242.17	221.41	266.39	242.17
77	193.74	172.98	252.55	231.79	273.31	249.09
78	200.66	183.36	259.47	235.25	276.77	252.55
79	207.58	186.82	262.93	238.71	280.23	256.01
80	214.50	193.74	266.39	242.17	280.23	256.01
81	235.25	214.50	287.15	259.47	300.99	273.31
82	256.01	235.25	311.36	283.69	325.20	294.07
83	283.69	259.47	339.04	307.90	349.42	318.28
84	311.36	287.15	370.18	339.04	380.56	345.96
85	339.04	311.36	404.77	366.72	415.15	377.10
86	370.18	342.50	442.83	401.31	453.21	408.23
87	404.77	373.64	480.88	435.91	494.72	446.29
88	442.83	404.77	525.86	477.42	539.70	487.80
89	480.88	442.83	570.83	518.94	584.67	529.32
90	525.86	480.88	622.73	567.37	640.03	577.75
91	570.83	525.86	681.54	619.27	695.38	629.65
92	622.73	574.29	740.35	674.62	757.65	688.46
93	681.54	622.73	806.09	733.44	826.84	747.27
94	740.35	681.54	878.74	799.17	902.96	816.47

Appendix B
Genworth Life Insurance Company
55.0% Increase to Current-Year Premiums
Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Individual 1,095 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	34.60	31.14	48.43	44.97	69.19	65.73
25-29	38.06	34.60	55.35	48.43	76.11	69.19
30-34	38.06	38.06	58.81	55.35	83.03	76.11
35-39	41.52	38.06	62.27	58.81	89.95	83.03
40-44	44.97	41.52	69.19	62.27	93.41	89.95
45	44.97	41.52	69.19	62.27	93.41	89.95
46	48.43	44.97	69.19	65.73	96.87	89.95
47	51.89	44.97	69.19	65.73	100.33	89.95
48	51.89	44.97	69.19	65.73	100.33	93.41
49	51.89	44.97	72.65	65.73	100.33	93.41
50	55.35	44.97	72.65	69.19	103.79	93.41
51	55.35	48.43	76.11	69.19	103.79	96.87
52	58.81	48.43	79.57	72.65	107.25	100.33
53	58.81	48.43	83.03	76.11	110.71	100.33
54	58.81	51.89	86.49	79.57	114.17	103.79
55	65.73	55.35	93.41	86.49	121.09	107.25
56	69.19	58.81	96.87	89.95	124.55	114.17
57	72.65	62.27	103.79	96.87	131.46	121.09
58	79.57	65.73	114.17	103.79	141.84	124.55
59	86.49	72.65	121.09	110.71	148.76	134.92
60	93.41	79.57	128.01	117.63	159.14	145.30
61	96.87	86.49	141.84	124.55	172.98	155.68
62	107.25	89.95	152.22	134.92	179.90	162.60
63	114.17	100.33	159.14	145.30	193.74	176.44
64	121.09	103.79	172.98	155.68	204.12	183.36
65	131.46	110.71	183.36	166.06	217.95	197.20
66	134.92	117.63	190.28	176.44	221.41	204.12
67	141.84	124.55	200.66	183.36	231.79	207.58
68	152.22	131.46	211.04	193.74	242.17	221.41
69	166.06	141.84	224.87	204.12	256.01	235.25
70	176.44	152.22	238.71	217.95	269.85	245.63
71	186.82	162.60	249.09	228.33	283.69	259.47
72	200.66	172.98	262.93	238.71	297.53	269.85
73	211.04	179.90	276.77	252.55	307.90	283.69
74	224.87	190.28	287.15	262.93	321.74	294.07
75	235.25	200.66	300.99	273.31	332.12	304.44
76	245.63	211.04	311.36	283.69	342.50	314.82
77	259.47	221.41	325.20	297.53	356.34	325.20
78	269.85	231.79	332.12	304.44	363.26	332.12
79	276.77	238.71	339.04	311.36	366.72	335.58
80	283.69	245.63	345.96	318.28	370.18	339.04
81	311.36	266.39	373.64	345.96	397.85	363.26
82	342.50	294.07	408.23	373.64	428.99	394.39
83	377.10	325.20	446.29	408.23	467.05	425.53
84	418.61	359.80	487.80	449.75	505.10	463.59
85	456.67	390.93	532.78	491.26	550.08	505.10
86	494.72	425.53	577.75	532.78	601.97	550.08
87	539.70	463.59	629.65	581.21	657.32	601.97
88	588.13	505.10	688.46	633.11	716.14	653.86
89	640.03	550.08	750.73	691.92	778.41	712.68
90	698.84	601.97	816.47	754.19	851.06	778.41
91	761.11	657.32	892.58	823.38	927.17	847.60
92	830.30	716.14	972.15	896.04	1010.20	923.71
93	902.96	778.41	1058.64	975.61	1100.15	1006.74
94	985.99	851.06	1155.51	1065.56	1200.48	1100.15

Appendix B
Genworth Life Insurance Company
55.0% Increase to Current-Year Premiums
Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Individual 1,460 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	38.06	34.60	58.81	55.35	79.57	76.11
25-29	41.52	38.06	62.27	58.81	86.49	83.03
30-34	44.97	41.52	65.73	62.27	93.41	89.95
35-39	48.43	44.97	72.65	69.19	100.33	93.41
40-44	51.89	48.43	76.11	72.65	110.71	103.79
45	51.89	48.43	76.11	72.65	110.71	103.79
46	51.89	48.43	79.57	76.11	110.71	103.79
47	55.35	48.43	79.57	76.11	114.17	107.25
48	55.35	48.43	79.57	76.11	114.17	110.71
49	55.35	48.43	83.03	76.11	114.17	110.71
50	55.35	51.89	83.03	79.57	117.63	110.71
51	58.81	51.89	86.49	79.57	121.09	110.71
52	58.81	55.35	89.95	83.03	121.09	114.17
53	62.27	58.81	93.41	86.49	124.55	117.63
54	65.73	58.81	96.87	89.95	131.46	121.09
55	69.19	65.73	103.79	96.87	134.92	124.55
56	72.65	65.73	110.71	103.79	141.84	131.46
57	76.11	72.65	121.09	110.71	152.22	138.38
58	83.03	76.11	128.01	117.63	159.14	145.30
59	89.95	83.03	134.92	124.55	169.52	155.68
60	96.87	86.49	148.76	134.92	183.36	166.06
61	103.79	96.87	159.14	145.30	193.74	179.90
62	114.17	103.79	172.98	159.14	207.58	190.28
63	121.09	110.71	183.36	169.52	221.41	200.66
64	128.01	117.63	193.74	183.36	231.79	214.50
65	134.92	124.55	211.04	193.74	245.63	224.87
66	141.84	131.46	214.50	200.66	252.55	231.79
67	148.76	138.38	224.87	207.58	262.93	238.71
68	162.60	148.76	242.17	221.41	276.77	252.55
69	172.98	159.14	256.01	235.25	294.07	266.39
70	183.36	169.52	273.31	252.55	311.36	283.69
71	197.20	183.36	287.15	266.39	321.74	297.53
72	211.04	193.74	304.44	280.23	339.04	314.82
73	224.87	207.58	318.28	290.61	356.34	325.20
74	235.25	217.95	332.12	304.44	370.18	339.04
75	249.09	231.79	345.96	314.82	384.02	352.88
76	262.93	242.17	356.34	328.66	394.39	363.26
77	276.77	252.55	373.64	342.50	408.23	377.10
78	287.15	262.93	384.02	352.88	418.61	384.02
79	294.07	273.31	390.93	359.80	425.53	390.93
80	300.99	276.77	397.85	366.72	428.99	394.39
81	328.66	300.99	432.45	401.31	460.13	425.53
82	359.80	332.12	473.97	435.91	498.18	460.13
83	397.85	366.72	515.48	477.42	543.16	498.18
84	442.83	408.23	563.91	522.40	591.59	543.16
85	480.88	442.83	615.81	570.83	643.49	591.59
86	525.86	484.34	671.16	622.73	702.30	646.95
87	574.29	525.86	733.44	678.08	764.57	705.76
88	622.73	574.29	799.17	740.35	833.76	768.03
89	681.54	626.19	868.36	806.09	909.87	837.22
90	740.35	681.54	947.93	878.74	989.45	913.33
91	809.55	743.81	1034.42	954.85	1079.40	992.91
92	882.20	809.55	1124.37	1041.34	1176.26	1082.85
93	961.77	885.66	1224.70	1134.75	1283.51	1179.72
94	1048.26	965.23	1338.87	1238.54	1397.68	1286.97

Appendix B
Genworth Life Insurance Company
55.0% Increase to Current-Year Premiums
Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Individual 2,190 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	44.97	44.97	69.19	62.27	93.41	89.95
25-29	48.43	48.43	72.65	69.19	103.79	96.87
30-34	55.35	48.43	79.57	72.65	110.71	103.79
35-39	58.81	55.35	86.49	79.57	121.09	110.71
40-44	62.27	58.81	93.41	86.49	128.01	121.09
45	62.27	58.81	93.41	86.49	128.01	121.09
46	65.73	58.81	93.41	86.49	131.46	124.55
47	65.73	62.27	96.87	89.95	134.92	124.55
48	65.73	62.27	100.33	89.95	134.92	128.01
49	69.19	62.27	100.33	93.41	138.38	128.01
50	69.19	62.27	103.79	93.41	138.38	131.46
51	69.19	65.73	103.79	96.87	141.84	131.46
52	72.65	65.73	107.25	100.33	148.76	138.38
53	76.11	69.19	114.17	107.25	152.22	141.84
54	79.57	72.65	121.09	114.17	159.14	148.76
55	83.03	79.57	128.01	121.09	162.60	152.22
56	89.95	83.03	134.92	128.01	172.98	162.60
57	93.41	86.49	145.30	134.92	183.36	169.52
58	100.33	93.41	155.68	145.30	193.74	179.90
59	107.25	100.33	169.52	159.14	207.58	190.28
60	117.63	107.25	179.90	169.52	221.41	204.12
61	124.55	114.17	193.74	179.90	235.25	217.95
62	134.92	124.55	207.58	193.74	249.09	235.25
63	145.30	134.92	217.95	207.58	266.39	249.09
64	155.68	145.30	231.79	217.95	287.15	266.39
65	166.06	155.68	245.63	228.33	304.44	280.23
66	172.98	162.60	252.55	235.25	311.36	290.61
67	183.36	169.52	266.39	249.09	325.20	300.99
68	197.20	183.36	283.69	266.39	342.50	318.28
69	211.04	197.20	304.44	283.69	359.80	332.12
70	224.87	211.04	328.66	307.90	377.10	349.42
71	238.71	224.87	352.88	325.20	394.39	363.26
72	256.01	238.71	370.18	345.96	411.69	380.56
73	273.31	252.55	387.48	359.80	428.99	397.85
74	287.15	266.39	404.77	377.10	446.29	415.15
75	300.99	280.23	422.07	390.93	463.59	428.99
76	314.82	290.61	435.91	404.77	477.42	442.83
77	332.12	307.90	453.21	422.07	491.26	460.13
78	342.50	314.82	467.05	432.45	501.64	467.05
79	349.42	325.20	473.97	442.83	508.56	473.97
80	352.88	328.66	480.88	449.75	512.02	477.42
81	384.02	359.80	522.40	487.80	550.08	512.02
82	422.07	390.93	567.37	529.32	591.59	553.54
83	463.59	432.45	619.27	577.75	643.49	598.51
84	512.02	477.42	678.08	636.57	698.84	653.86
85	560.46	518.94	740.35	691.92	761.11	712.68
86	608.89	567.37	806.09	754.19	830.30	774.95
87	664.24	619.27	878.74	823.38	902.96	844.14
88	723.06	674.62	958.31	896.04	985.99	920.25
89	788.79	733.44	1044.80	979.07	1072.48	1003.28
90	861.44	799.17	1138.21	1065.56	1169.34	1093.23
91	937.55	871.82	1242.00	1162.43	1276.59	1193.56
92	1024.04	951.39	1352.70	1266.21	1390.76	1300.81
93	1113.99	1037.88	1473.79	1380.38	1515.30	1418.44
94	1214.32	1131.29	1608.71	1504.93	1650.23	1546.44

Appendix B
Genworth Life Insurance Company
72.0% Increase to Current-Year Premiums
Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Age	Individual					
	Lifetime Benefit Period					
	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	75.74	66.27	108.87	99.40	151.47	142.00
25-29	80.47	75.74	118.34	108.87	165.67	151.47
30-34	85.20	80.47	127.80	118.34	175.14	165.67
35-39	94.67	89.94	137.27	127.80	189.34	175.14
40-44	99.40	94.67	151.47	137.27	203.54	189.34
45	99.40	94.67	151.47	137.27	203.54	189.34
46	104.14	94.67	151.47	137.27	208.27	194.07
47	104.14	99.40	156.20	142.00	213.00	198.80
48	104.14	99.40	156.20	142.00	217.74	203.54
49	108.87	104.14	160.94	146.74	217.74	203.54
50	108.87	104.14	165.67	151.47	222.47	208.27
51	113.60	108.87	170.40	156.20	227.21	208.27
52	118.34	108.87	175.14	160.94	231.94	217.74
53	123.07	113.60	184.60	170.40	241.41	227.21
54	127.80	118.34	194.07	179.87	250.87	236.67
55	132.54	127.80	208.27	194.07	265.07	246.14
56	142.00	132.54	222.47	208.27	279.27	260.34
57	156.20	142.00	236.67	222.47	298.21	274.54
58	160.94	151.47	255.61	241.41	312.41	293.47
59	175.14	165.67	274.54	260.34	331.34	312.41
60	184.60	170.40	288.74	274.54	350.27	331.34
61	203.54	184.60	312.41	298.21	378.68	350.27
62	217.74	203.54	331.34	317.14	402.34	378.68
63	236.67	217.74	350.27	331.34	430.74	407.08
64	250.87	231.94	369.21	350.27	459.14	435.48
65	269.81	250.87	388.14	364.47	492.28	463.88
66	284.01	265.07	397.61	373.94	511.21	482.81
67	298.21	279.27	416.54	392.88	530.15	501.74
68	321.87	298.21	449.68	421.28	553.81	520.68
69	340.81	321.87	482.81	454.41	582.21	544.35
70	369.21	340.81	525.41	497.01	610.61	568.01
71	388.14	364.47	563.28	530.15	634.28	586.95
72	411.81	383.41	596.41	558.55	662.68	615.35
73	435.48	407.08	629.55	591.68	686.35	639.01
74	459.14	430.74	657.95	615.35	714.75	667.42
75	487.54	449.68	681.62	639.01	738.42	695.82
76	506.48	468.61	705.28	657.95	762.08	719.48
77	530.15	492.28	733.68	686.35	785.75	743.15
78	544.35	506.48	747.88	700.55	799.95	757.35
79	549.08	515.94	762.08	714.75	809.42	762.08
80	558.55	520.68	771.55	724.22	814.15	766.82
81	605.88	568.01	833.09	785.75	870.95	823.62
82	657.95	620.08	904.09	856.75	941.95	885.15
83	724.22	681.62	989.29	932.49	1017.69	956.15
84	799.95	747.88	1083.96	1022.42	1102.89	1041.36
85	870.95	818.89	1183.36	1117.09	1202.29	1136.03
86	951.42	889.89	1287.50	1216.49	1311.16	1235.43
87	1036.62	970.36	1405.83	1325.36	1429.50	1349.03
88	1131.29	1055.56	1533.63	1443.70	1557.30	1472.10
89	1230.69	1150.23	1670.90	1576.24	1699.30	1604.64
90	1344.30	1254.36	1822.37	1718.24	1850.78	1746.64
91	1462.63	1367.96	1983.31	1869.71	2016.45	1902.84
92	1595.17	1491.03	2163.18	2040.11	2201.05	2073.25
93	1737.17	1628.30	2357.25	2224.72	2399.85	2262.58
94	1893.38	1775.04	2570.26	2423.52	2612.86	2466.12

Appendix B
Genworth Life Insurance Company
55.0% Increase to Current-Year Premiums
Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint						
1,095 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	24.22	20.76	34.60	31.14	48.43	44.97
25-29	24.22	24.22	38.06	34.60	51.89	48.43
30-34	27.68	24.22	38.06	38.06	55.35	51.89
35-39	27.68	27.68	41.52	38.06	58.81	55.35
40-44	31.14	27.68	44.97	41.52	62.27	58.81
45	31.14	27.68	44.97	41.52	62.27	58.81
46	34.60	27.68	48.43	41.52	65.73	62.27
47	34.60	31.14	48.43	44.97	69.19	62.27
48	34.60	31.14	48.43	44.97	69.19	62.27
49	34.60	31.14	48.43	44.97	69.19	62.27
50	38.06	31.14	48.43	48.43	69.19	62.27
51	38.06	31.14	51.89	48.43	69.19	65.73
52	38.06	31.14	51.89	48.43	72.65	69.19
53	38.06	34.60	55.35	51.89	76.11	69.19
54	41.52	34.60	58.81	55.35	76.11	69.19
55	44.97	38.06	62.27	58.81	79.57	72.65
56	44.97	38.06	65.73	62.27	83.03	76.11
57	48.43	41.52	69.19	65.73	89.95	83.03
58	51.89	44.97	76.11	69.19	93.41	86.49
59	58.81	48.43	83.03	76.11	100.33	89.95
60	62.27	51.89	86.49	79.57	107.25	96.87
61	65.73	58.81	93.41	86.49	114.17	103.79
62	72.65	62.27	100.33	89.95	121.09	110.71
63	76.11	65.73	107.25	100.33	131.46	117.63
64	83.03	69.19	117.63	107.25	138.38	124.55
65	89.95	76.11	124.55	114.17	145.30	134.92
66	93.41	79.57	128.01	117.63	148.76	134.92
67	96.87	83.03	134.92	124.55	155.68	141.84
68	103.79	89.95	141.84	131.46	162.60	148.76
69	110.71	93.41	152.22	138.38	172.98	159.14
70	117.63	103.79	159.14	145.30	183.36	166.06
71	128.01	107.25	169.52	155.68	190.28	172.98
72	134.92	117.63	176.44	162.60	200.66	183.36
73	141.84	121.09	186.82	169.52	207.58	190.28
74	152.22	128.01	193.74	176.44	217.95	200.66
75	159.14	134.92	204.12	186.82	224.87	207.58
76	166.06	141.84	211.04	190.28	231.79	211.04
77	176.44	148.76	217.95	200.66	238.71	221.41
78	183.36	155.68	224.87	207.58	245.63	224.87
79	186.82	159.14	228.33	211.04	249.09	228.33
80	190.28	166.06	235.25	214.50	249.09	228.33
81	211.04	179.90	252.55	231.79	269.85	245.63
82	231.79	197.20	276.77	252.55	290.61	266.39
83	256.01	217.95	300.99	276.77	314.82	287.15
84	280.23	242.17	328.66	304.44	342.50	311.36
85	307.90	262.93	359.80	332.12	373.64	342.50
86	335.58	287.15	390.93	359.80	404.77	373.64
87	363.26	314.82	425.53	394.39	442.83	404.77
88	397.85	342.50	463.59	428.99	484.34	442.83
89	432.45	373.64	505.10	467.05	525.86	480.88
90	470.51	404.77	550.08	508.56	574.29	525.86
91	515.48	442.83	601.97	557.00	626.19	574.29
92	560.46	484.34	657.32	605.43	681.54	622.73
93	608.89	525.86	716.14	660.78	743.81	681.54
94	664.24	574.29	778.41	719.60	809.55	740.35

Appendix B
Genworth Life Insurance Company
55.0% Increase to Current-Year Premiums
Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint						
1,460 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	24.22	24.22	34.60	31.14	51.89	44.97
25-29	27.68	24.22	38.06	34.60	55.35	48.43
30-34	31.14	27.68	41.52	38.06	58.81	51.89
35-39	31.14	27.68	44.97	41.52	62.27	55.35
40-44	34.60	31.14	48.43	44.97	69.19	62.27
45	34.60	31.14	48.43	44.97	69.19	62.27
46	34.60	31.14	48.43	44.97	69.19	62.27
47	34.60	31.14	51.89	44.97	69.19	62.27
48	34.60	31.14	51.89	44.97	72.65	65.73
49	38.06	34.60	51.89	44.97	72.65	65.73
50	38.06	34.60	55.35	48.43	76.11	69.19
51	38.06	34.60	55.35	48.43	76.11	69.19
52	38.06	34.60	55.35	51.89	76.11	69.19
53	41.52	38.06	58.81	55.35	79.57	72.65
54	41.52	38.06	62.27	58.81	83.03	76.11
55	44.97	41.52	69.19	62.27	86.49	79.57
56	44.97	41.52	69.19	65.73	89.95	79.57
57	51.89	44.97	79.57	69.19	96.87	86.49
58	55.35	48.43	79.57	76.11	103.79	93.41
59	58.81	51.89	86.49	79.57	107.25	96.87
60	62.27	58.81	93.41	86.49	114.17	103.79
61	69.19	62.27	100.33	89.95	124.55	114.17
62	76.11	69.19	107.25	96.87	131.46	117.63
63	79.57	72.65	117.63	103.79	141.84	128.01
64	86.49	79.57	124.55	114.17	148.76	134.92
65	89.95	83.03	134.92	121.09	159.14	141.84
66	96.87	89.95	138.38	128.01	162.60	145.30
67	100.33	89.95	145.30	131.46	166.06	155.68
68	107.25	96.87	152.22	138.38	176.44	159.14
69	114.17	103.79	162.60	145.30	186.82	169.52
70	124.55	114.17	169.52	155.68	193.74	176.44
71	131.46	121.09	176.44	162.60	204.12	183.36
72	138.38	128.01	186.82	169.52	214.50	190.28
73	145.30	134.92	197.20	179.90	221.41	200.66
74	155.68	141.84	207.58	186.82	228.33	207.58
75	162.60	145.30	217.95	197.20	235.25	217.95
76	169.52	152.22	224.87	204.12	245.63	224.87
77	176.44	159.14	235.25	211.04	252.55	231.79
78	186.82	166.06	238.71	217.95	256.01	235.25
79	190.28	172.98	242.17	221.41	259.47	235.25
80	197.20	179.90	245.63	224.87	259.47	235.25
81	214.50	197.20	266.39	242.17	280.23	252.55
82	238.71	217.95	287.15	262.93	300.99	269.85
83	259.47	238.71	311.36	283.69	325.20	294.07
84	287.15	262.93	342.50	311.36	352.88	318.28
85	314.82	287.15	373.64	339.04	384.02	345.96
86	342.50	314.82	408.23	370.18	418.61	377.10
87	373.64	342.50	442.83	404.77	456.67	411.69
88	408.23	373.64	484.34	439.37	498.18	449.75
89	442.83	408.23	529.32	477.42	539.70	487.80
90	484.34	446.29	574.29	522.40	588.13	532.78
91	529.32	484.34	626.19	570.83	643.49	581.21
92	574.29	529.32	685.00	622.73	702.30	633.11
93	626.19	577.75	743.81	678.08	764.57	691.92
94	685.00	626.19	813.01	736.89	830.30	754.19

Appendix B
Genworth Life Insurance Company
55.0% Increase to Current-Year Premiums
Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint						
2,190 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	27.68	27.68	41.52	38.06	62.27	58.81
25-29	31.14	27.68	48.43	41.52	65.73	62.27
30-34	34.60	31.14	48.43	48.43	72.65	65.73
35-39	38.06	34.60	55.35	48.43	79.57	72.65
40-44	38.06	38.06	58.81	55.35	83.03	79.57
45	38.06	38.06	58.81	55.35	83.03	79.57
46	41.52	38.06	58.81	55.35	83.03	79.57
47	41.52	38.06	62.27	58.81	86.49	79.57
48	41.52	38.06	62.27	58.81	86.49	79.57
49	41.52	38.06	62.27	58.81	89.95	79.57
50	44.97	38.06	65.73	58.81	89.95	83.03
51	44.97	38.06	65.73	58.81	89.95	83.03
52	48.43	41.52	69.19	62.27	93.41	86.49
53	48.43	41.52	72.65	65.73	96.87	89.95
54	51.89	44.97	76.11	69.19	100.33	89.95
55	51.89	48.43	79.57	72.65	103.79	93.41
56	55.35	51.89	86.49	79.57	107.25	100.33
57	58.81	55.35	89.95	83.03	114.17	107.25
58	69.19	58.81	100.33	89.95	121.09	110.71
59	69.19	62.27	107.25	96.87	131.46	117.63
60	72.65	69.19	110.71	100.33	138.38	124.55
61	79.57	72.65	121.09	110.71	148.76	134.92
62	89.95	79.57	131.46	117.63	155.68	141.84
63	93.41	86.49	138.38	128.01	169.52	152.22
64	100.33	89.95	148.76	134.92	176.44	162.60
65	107.25	96.87	159.14	145.30	190.28	172.98
66	110.71	100.33	166.06	152.22	193.74	176.44
67	117.63	107.25	172.98	159.14	200.66	183.36
68	124.55	114.17	183.36	169.52	211.04	193.74
69	134.92	121.09	193.74	176.44	221.41	204.12
70	141.84	131.46	207.58	190.28	235.25	214.50
71	152.22	141.84	217.95	200.66	245.63	224.87
72	162.60	148.76	228.33	207.58	259.47	235.25
73	172.98	159.14	242.17	217.95	266.39	245.63
74	183.36	166.06	249.09	228.33	280.23	256.01
75	193.74	176.44	262.93	238.71	290.61	266.39
76	204.12	183.36	269.85	249.09	297.53	273.31
77	214.50	193.74	283.69	259.47	307.90	283.69
78	221.41	200.66	290.61	266.39	314.82	290.61
79	228.33	207.58	297.53	273.31	318.28	294.07
80	235.25	211.04	300.99	276.77	321.74	294.07
81	256.01	231.79	325.20	300.99	345.96	318.28
82	280.23	256.01	356.34	325.20	373.64	342.50
83	307.90	280.23	387.48	356.34	404.77	370.18
84	342.50	311.36	425.53	390.93	439.37	404.77
85	373.64	339.04	463.59	425.53	480.88	439.37
86	408.23	370.18	505.10	463.59	522.40	480.88
87	446.29	404.77	550.08	505.10	570.83	522.40
88	484.34	439.37	598.51	553.54	622.73	570.83
89	529.32	480.88	653.86	601.97	678.08	622.73
90	577.75	522.40	712.68	657.32	740.35	678.08
91	629.65	570.83	774.95	716.14	806.09	736.89
92	685.00	622.73	844.14	778.41	878.74	806.09
93	747.27	678.08	920.25	851.06	958.31	878.74
94	813.01	740.35	1003.28	927.17	1044.80	954.85

Appendix B
Genworth Life Insurance Company
55.0% Increase to Current-Year Premiums
Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint						
2,920 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	20.09	17.86	31.25	29.02	42.41	40.18
25-29	22.32	20.09	31.25	31.25	46.87	44.64
30-34	24.55	22.32	35.71	33.48	49.10	46.87
35-39	24.55	22.32	37.94	35.71	53.57	49.10
40-44	29.02	24.55	40.18	37.94	58.03	53.57
45	29.02	24.55	40.18	37.94	58.03	53.57
46	29.02	24.55	40.18	40.18	58.03	55.80
47	29.02	24.55	42.41	40.18	60.26	55.80
48	29.02	24.55	42.41	40.18	60.26	58.03
49	29.02	24.55	44.64	40.18	60.26	58.03
50	29.02	26.78	44.64	42.41	62.50	58.03
51	31.25	26.78	44.64	42.41	64.73	58.03
52	31.25	29.02	46.87	44.64	64.73	60.26
53	33.48	31.25	49.10	46.87	66.96	62.50
54	35.71	31.25	51.34	49.10	69.19	64.73
55	35.71	33.48	55.80	51.34	71.42	64.73
56	37.94	35.71	58.03	55.80	75.89	69.19
57	40.18	37.94	64.73	58.03	80.35	73.66
58	44.64	40.18	66.96	62.50	84.82	75.89
59	46.87	44.64	71.42	66.96	89.28	82.58
60	51.34	46.87	78.12	71.42	95.98	87.05
61	55.80	51.34	84.82	75.89	102.67	93.74
62	60.26	55.80	91.51	84.82	109.37	100.44
63	64.73	58.03	98.21	89.28	116.06	104.90
64	66.96	62.50	102.67	95.98	122.76	111.60
65	71.42	64.73	111.60	102.67	129.46	118.30
66	75.89	69.19	113.83	107.14	133.92	122.76
67	80.35	71.42	118.30	111.60	138.38	127.22
68	84.82	78.12	127.22	118.30	147.31	133.92
69	91.51	82.58	133.92	124.99	154.01	140.62
70	98.21	89.28	145.08	131.69	162.94	149.54
71	104.90	95.98	151.78	140.62	169.63	156.24
72	111.60	102.67	160.70	147.31	178.56	165.17
73	118.30	109.37	167.40	154.01	187.49	171.86
74	124.99	113.83	174.10	160.70	194.18	178.56
75	131.69	120.53	180.79	167.40	200.88	185.26
76	138.38	127.22	189.72	174.10	207.58	191.95
77	145.08	133.92	196.42	180.79	216.50	198.65
78	151.78	138.38	203.11	185.26	220.97	203.11
79	156.24	142.85	205.34	189.72	223.20	205.34
80	158.47	145.08	209.81	194.18	225.43	207.58
81	174.10	160.70	227.66	212.04	243.29	225.43
82	189.72	176.33	249.98	229.90	263.38	243.29
83	209.81	194.18	272.30	252.22	285.70	263.38
84	234.36	214.27	299.09	276.77	310.25	285.70
85	254.45	234.36	325.87	301.32	339.26	312.48
86	276.77	254.45	354.89	328.10	370.51	341.50
87	301.32	279.00	386.14	357.12	401.76	372.74
88	328.10	303.55	419.62	390.60	439.70	403.99
89	359.35	330.34	457.56	424.08	479.88	441.94
90	390.60	359.35	499.97	462.02	522.29	479.88
91	426.31	392.83	544.61	504.43	569.16	524.52
92	464.26	428.54	593.71	549.07	620.50	571.39
93	506.66	466.49	647.28	598.18	676.30	622.73
94	553.54	508.90	705.31	653.98	736.56	678.53

Appendix B
Genworth Life Insurance Company
72.0% Increase to Current-Year Premiums
Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint						
4,380 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	38.06	34.60	55.35	51.89	76.11	72.65
25-29	38.06	38.06	58.81	55.35	83.03	79.57
30-34	44.97	41.52	65.73	58.81	89.95	83.03
35-39	48.43	44.97	69.19	65.73	96.87	89.95
40-44	51.89	48.43	76.11	69.19	103.79	100.33
45	51.89	48.43	76.11	69.19	103.79	100.33
46	51.89	48.43	76.11	69.19	107.25	100.33
47	51.89	48.43	79.57	72.65	107.25	100.33
48	55.35	48.43	79.57	72.65	110.71	103.79
49	55.35	51.89	83.03	76.11	110.71	103.79
50	55.35	51.89	83.03	76.11	114.17	107.25
51	55.35	51.89	86.49	79.57	114.17	107.25
52	58.81	55.35	86.49	83.03	121.09	110.71
53	58.81	55.35	93.41	86.49	121.09	114.17
54	62.27	58.81	96.87	89.95	128.01	121.09
55	69.19	62.27	103.79	100.33	131.46	124.55
56	72.65	69.19	110.71	103.79	138.38	131.46
57	76.11	69.19	117.63	110.71	148.76	138.38
58	83.03	76.11	128.01	117.63	155.68	145.30
59	86.49	83.03	138.38	128.01	166.06	155.68
60	93.41	86.49	145.30	138.38	179.90	166.06
61	100.33	93.41	155.68	145.30	190.28	176.44
62	110.71	100.33	169.52	155.68	204.12	190.28
63	117.63	107.25	176.44	166.06	217.95	200.66
64	128.01	117.63	186.82	176.44	231.79	214.50
65	134.92	124.55	200.66	186.82	245.63	228.33
66	141.84	131.46	204.12	190.28	252.55	235.25
67	148.76	138.38	214.50	200.66	262.93	245.63
68	159.14	148.76	231.79	214.50	276.77	259.47
69	169.52	159.14	249.09	231.79	290.61	269.85
70	183.36	169.52	266.39	249.09	304.44	283.69
71	193.74	179.90	283.69	262.93	318.28	294.07
72	207.58	193.74	300.99	280.23	332.12	307.90
73	221.41	204.12	314.82	290.61	345.96	321.74
74	231.79	214.50	328.66	304.44	359.80	335.58
75	245.63	224.87	342.50	318.28	373.64	349.42
76	256.01	235.25	352.88	328.66	384.02	359.80
77	269.85	249.09	366.72	342.50	397.85	370.18
78	276.77	256.01	377.10	349.42	404.77	380.56
79	283.69	262.93	384.02	359.80	411.69	384.02
80	287.15	266.39	390.93	363.26	415.15	387.48
81	311.36	290.61	422.07	394.39	446.29	415.15
82	342.50	318.28	460.13	428.99	480.88	449.75
83	373.64	349.42	501.64	470.51	518.94	484.34
84	415.15	387.48	550.08	515.48	563.91	529.32
85	453.21	422.07	598.51	560.46	615.81	577.75
86	494.72	460.13	653.86	612.35	671.16	629.65
87	539.70	501.64	712.68	667.70	733.44	685.00
88	588.13	546.62	774.95	726.52	799.17	747.27
89	640.03	595.05	847.60	792.25	868.36	813.01
90	698.84	650.40	923.71	861.44	947.93	885.66
91	761.11	705.76	1006.74	941.01	1034.42	965.23
92	830.30	771.49	1096.69	1024.04	1124.37	1055.18
93	902.96	840.68	1193.56	1117.45	1228.16	1148.59
94	985.99	916.79	1304.27	1217.78	1338.87	1252.38

Appendix B
Genworth Life Insurance Company
55.0% Increase to Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Individual						
730 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	117.63	107.25	162.60	152.22	238.71	211.04
25-29	131.46	114.17	176.44	162.60	252.55	235.25
30-34	145.30	124.55	193.74	176.44	280.23	249.09
35-39	152.22	134.92	207.58	190.28	297.53	266.39
40-44	162.60	148.76	228.33	204.12	325.20	287.15
45	162.60	148.76	228.33	204.12	325.20	287.15
46	162.60	152.22	235.25	207.58	328.66	294.07
47	166.06	152.22	238.71	211.04	332.12	297.53
48	166.06	152.22	242.17	214.50	339.04	304.44
49	176.44	159.14	242.17	214.50	339.04	304.44
50	176.44	162.60	252.55	228.33	349.42	314.82
51	176.44	162.60	256.01	235.25	349.42	314.82
52	179.90	166.06	259.47	242.17	359.80	328.66
53	190.28	169.52	283.69	256.01	373.64	339.04
54	197.20	176.44	297.53	269.85	390.93	349.42
55	211.04	193.74	318.28	287.15	404.77	370.18
56	214.50	197.20	332.12	300.99	418.61	377.10
57	238.71	207.58	363.26	328.66	449.75	404.77
58	252.55	221.41	384.02	356.34	480.88	432.45
59	280.23	249.09	408.23	370.18	505.10	453.21
60	297.53	273.31	446.29	401.31	539.70	491.26
61	325.20	294.07	467.05	422.07	581.21	529.32
62	359.80	325.20	505.10	453.21	615.81	557.00
63	377.10	345.96	543.16	491.26	657.32	598.51
64	404.77	370.18	588.13	529.32	691.92	629.65
65	428.99	390.93	629.65	567.37	743.81	671.16
66	460.13	425.53	674.62	612.35	774.95	705.76
67	494.72	453.21	723.06	650.40	833.76	761.11
68	543.16	498.18	781.87	702.30	899.50	816.47
69	601.97	550.08	854.52	771.49	975.61	885.66
70	671.16	608.89	920.25	840.68	1055.18	951.39
71	729.98	674.62	996.36	899.50	1141.67	1034.42
72	809.55	736.89	1086.31	985.99	1235.08	1110.53
73	882.20	806.09	1183.18	1075.94	1328.49	1207.40
74	961.77	875.28	1293.89	1172.80	1435.73	1307.73
75	1055.18	951.39	1411.52	1280.05	1539.52	1408.06
76	1145.13	1037.88	1525.68	1387.30	1664.07	1518.76
77	1266.21	1141.67	1660.61	1511.85	1788.61	1636.39
78	1380.38	1252.38	1788.61	1622.55	1909.70	1747.10
79	1501.47	1363.08	1913.16	1736.72	2034.24	1850.89
80	1636.39	1491.09	2041.16	1857.81	2158.79	1961.59
81	1792.07	1643.31	2203.77	1999.65	2314.47	2099.98
82	1968.51	1809.37	2387.12	2172.63	2494.37	2255.66
83	2169.17	1989.27	2598.16	2366.37	2688.11	2432.10
84	2394.04	2196.85	2847.25	2594.70	2919.90	2646.59
85	2608.54	2397.50	3106.72	2819.57	3186.29	2881.85
86	2847.25	2615.46	3386.95	3075.58	3469.98	3137.86
87	3106.72	2854.17	3691.39	3352.35	3784.80	3421.54
88	3386.95	3110.18	4026.97	3653.34	4127.30	3729.45
89	3691.39	3390.41	4386.77	3982.00	4490.56	4065.03
90	4026.97	3694.85	4777.71	4345.26	4898.79	4428.29
91	4386.77	4030.43	5213.62	4736.19	5341.62	4829.60
92	4777.71	4393.69	5680.66	5165.18	5819.05	5268.97
93	5213.62	4784.63	6189.22	5625.31	6341.45	5739.48
94	5680.66	5217.08	6746.22	6130.41	6912.28	6254.96

Appendix B
Genworth Life Insurance Company
55.0% Increase to Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Individual 1,095 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	148.76	134.92	211.04	197.20	304.44	283.69
25-29	159.14	148.76	235.25	211.04	328.66	304.44
30-34	166.06	159.14	249.09	235.25	356.34	328.66
35-39	179.90	166.06	273.31	249.09	387.48	356.34
40-44	197.20	179.90	294.07	273.31	408.23	387.48
45	197.20	179.90	294.07	273.31	408.23	387.48
46	214.50	190.28	297.53	280.23	418.61	390.93
47	228.33	193.74	304.44	283.69	432.45	394.39
48	228.33	193.74	304.44	283.69	435.91	401.31
49	228.33	193.74	311.36	287.15	439.37	404.77
50	235.25	197.20	318.28	297.53	446.29	408.23
51	238.71	207.58	325.20	300.99	449.75	415.15
52	249.09	207.58	339.04	314.82	463.59	432.45
53	252.55	211.04	356.34	328.66	477.42	439.37
54	259.47	221.41	377.10	349.42	494.72	453.21
55	280.23	238.71	404.77	370.18	522.40	467.05
56	294.07	252.55	422.07	390.93	539.70	494.72
57	318.28	273.31	453.21	418.61	570.83	525.86
58	339.04	287.15	491.26	449.75	608.89	543.16
59	370.18	314.82	525.86	480.88	646.95	584.67
60	401.31	339.04	557.00	508.56	691.92	626.19
61	422.07	370.18	608.89	543.16	743.81	671.16
62	460.13	390.93	653.86	588.13	781.87	709.22
63	494.72	428.99	691.92	633.11	837.22	761.11
64	529.32	453.21	747.27	678.08	882.20	799.17
65	567.37	484.34	792.25	723.06	941.01	857.98
66	605.43	518.94	851.06	781.87	985.99	902.96
67	653.86	563.91	913.33	840.68	1055.18	954.85
68	719.60	615.81	996.36	909.87	1138.21	1041.34
69	799.17	681.54	1086.31	992.91	1238.54	1134.75
70	878.74	757.65	1186.64	1086.31	1349.24	1231.62
71	968.69	833.76	1290.43	1183.18	1459.95	1335.41
72	1072.48	920.25	1408.06	1283.51	1584.50	1449.57
73	1172.80	1003.28	1532.60	1397.68	1709.04	1570.66
74	1290.43	1103.61	1660.61	1518.76	1850.89	1698.66
75	1414.98	1210.86	1805.91	1646.77	1999.65	1830.13
76	1542.98	1318.11	1951.21	1781.69	2141.49	1968.51
77	1702.12	1456.49	2131.11	1947.75	2331.77	2134.57
78	1861.26	1587.96	2293.71	2103.44	2494.37	2286.80
79	2010.03	1726.34	2466.69	2266.04	2656.97	2439.02
80	2176.09	1871.64	2653.51	2435.56	2833.41	2598.16
81	2387.12	2048.08	2874.93	2646.59	3051.37	2795.36
82	2618.92	2252.20	3127.48	2874.93	3293.54	3016.77
83	2888.77	2483.99	3411.17	3137.86	3570.31	3269.32
84	3200.13	2750.38	3739.83	3445.76	3878.21	3556.47
85	3490.74	2996.01	4075.41	3757.13	4227.63	3874.75
86	3798.64	3265.86	4438.67	4092.71	4611.65	4224.17
87	4137.68	3559.93	4836.52	4462.88	5030.26	4608.19
88	4511.32	3878.21	5275.89	4864.20	5483.47	5023.34
89	4912.63	4227.63	5749.86	5303.57	5974.73	5473.09
90	5355.46	4611.65	6265.34	5784.45	6514.43	5964.35
91	5832.89	5030.26	6832.71	6306.85	7102.56	6504.05
92	6362.20	5483.47	7448.52	6870.77	7742.58	7088.72
93	6929.58	5974.73	8116.22	7486.57	8437.96	7725.29
94	7555.77	6514.43	8849.66	8164.66	9199.08	8424.13

Appendix B
Genworth Life Insurance Company
55.0% Increase to Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Individual						
1,460 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	162.60	152.22	249.09	235.25	349.42	328.66
25-29	176.44	162.60	266.39	249.09	377.10	356.34
30-34	193.74	176.44	287.15	273.31	404.77	387.48
35-39	207.58	190.28	311.36	294.07	439.37	408.23
40-44	228.33	204.12	332.12	314.82	477.42	446.29
45	228.33	204.12	332.12	314.82	477.42	446.29
46	228.33	204.12	339.04	325.20	480.88	449.75
47	235.25	207.58	345.96	328.66	491.26	460.13
48	238.71	211.04	349.42	332.12	494.72	473.97
49	238.71	211.04	356.34	332.12	494.72	473.97
50	242.17	221.41	363.26	342.50	505.10	480.88
51	249.09	221.41	370.18	349.42	522.40	484.34
52	256.01	235.25	390.93	363.26	525.86	491.26
53	269.85	249.09	408.23	377.10	543.16	508.56
54	283.69	256.01	422.07	394.39	570.83	529.32
55	297.53	280.23	453.21	418.61	584.67	539.70
56	314.82	287.15	484.34	449.75	615.81	567.37
57	332.12	314.82	522.40	480.88	653.86	598.51
58	363.26	332.12	550.08	508.56	688.46	626.19
59	390.93	359.80	588.13	543.16	736.89	671.16
60	415.15	377.10	646.95	588.13	788.79	719.60
61	449.75	415.15	691.92	629.65	837.22	774.95
62	491.26	449.75	743.81	688.46	902.96	823.38
63	522.40	473.97	795.71	733.44	958.31	868.36
64	553.54	508.56	844.14	788.79	1006.74	923.71
65	588.13	539.70	909.87	837.22	1065.56	972.15
66	633.11	581.21	958.31	892.58	1124.37	1027.50
67	685.00	629.65	1030.96	954.85	1200.48	1096.69
68	761.11	695.38	1134.75	1044.80	1304.27	1186.64
69	837.22	768.03	1238.54	1141.67	1418.44	1297.35
70	920.25	847.60	1366.54	1255.83	1549.90	1414.98
71	1020.58	941.01	1487.63	1370.00	1667.53	1539.52
72	1127.83	1034.42	1629.47	1491.09	1812.83	1677.91
73	1242.00	1145.13	1767.86	1615.63	1968.51	1809.37
74	1359.62	1255.83	1909.70	1750.56	2127.65	1958.13
75	1498.01	1383.84	2068.84	1895.86	2297.17	2113.82
76	1646.77	1515.30	2238.36	2055.00	2477.07	2269.50
77	1809.37	1660.61	2442.48	2245.28	2684.65	2466.69
78	1971.97	1812.83	2639.67	2428.64	2878.39	2643.13
79	2134.57	1971.97	2836.87	2615.46	3079.04	2826.49
80	2307.55	2120.73	3054.83	2816.11	3290.08	3020.23
81	2522.05	2317.93	3324.68	3072.12	3535.71	3258.94
82	2767.68	2549.73	3622.20	3345.43	3826.32	3525.33
83	3051.37	2809.20	3954.32	3656.80	4154.98	3826.32
84	3390.41	3120.56	4331.42	4009.68	4525.16	4165.36
85	3694.85	3397.33	4722.35	4369.47	4929.93	4542.45
86	4030.43	3708.69	5147.88	4767.33	5372.76	4954.15
87	4393.69	4040.81	5611.47	5192.86	5857.10	5403.90
88	4784.63	4407.53	6116.57	5666.82	6386.42	5884.78
89	5217.08	4805.38	6663.19	6175.39	6964.17	6410.64
90	5684.12	5234.37	7265.16	6728.92	7586.90	6991.85
91	6199.60	5704.88	7919.02	7330.89	8271.90	7618.04
92	6760.06	6216.90	8624.78	7988.22	9015.72	8303.04
93	7365.49	6780.82	9399.73	8704.35	9828.72	9053.77
94	8029.73	7389.71	10254.25	9489.68	10714.38	9866.78

Appendix B
Genworth Life Insurance Company
55.0% Increase to Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Individual						
2,190 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	197.20	190.28	294.07	273.31	408.23	390.93
25-29	211.04	204.12	314.82	294.07	446.29	418.61
30-34	235.25	214.50	345.96	314.82	480.88	449.75
35-39	249.09	238.71	373.64	345.96	522.40	484.34
40-44	273.31	252.55	401.31	373.64	557.00	525.86
45	273.31	252.55	401.31	373.64	557.00	525.86
46	280.23	256.01	408.23	377.10	570.83	536.24
47	283.69	266.39	418.61	387.48	581.21	539.70
48	287.15	266.39	428.99	394.39	588.13	553.54
49	294.07	273.31	435.91	401.31	595.05	553.54
50	297.53	273.31	446.29	408.23	601.97	567.37
51	300.99	280.23	453.21	422.07	615.81	574.29
52	311.36	287.15	467.05	435.91	640.03	598.51
53	325.20	297.53	494.72	460.13	657.32	612.35
54	339.04	318.28	522.40	491.26	685.00	640.03
55	363.26	339.04	557.00	525.86	709.22	664.24
56	384.02	359.80	588.13	550.08	747.27	698.84
57	408.23	377.10	629.65	588.13	792.25	736.89
58	439.37	408.23	678.08	629.65	837.22	781.87
59	467.05	439.37	733.44	688.46	896.04	826.84
60	505.10	463.59	781.87	733.44	954.85	885.66
61	543.16	498.18	837.22	781.87	1020.58	944.47
62	584.67	539.70	899.50	837.22	1082.85	1013.66
63	626.19	581.21	947.93	896.04	1158.97	1079.40
64	674.62	626.19	1006.74	941.01	1238.54	1152.05
65	719.60	671.16	1065.56	992.91	1314.65	1217.78
66	774.95	719.60	1124.37	1051.72	1390.76	1293.89
67	840.68	774.95	1214.32	1134.75	1484.17	1380.38
68	930.63	861.44	1338.87	1248.92	1608.71	1498.01
69	1020.58	951.39	1480.71	1376.92	1740.18	1612.17
70	1124.37	1048.26	1643.31	1532.60	1885.48	1750.56
71	1238.54	1155.51	1816.29	1684.83	2034.24	1882.02
72	1373.46	1276.59	1985.81	1850.89	2200.31	2037.70
73	1511.85	1394.22	2155.33	1999.65	2373.29	2203.77
74	1657.15	1536.06	2338.69	2165.71	2570.48	2387.12
75	1812.83	1674.45	2532.43	2352.53	2774.60	2577.40
76	1978.89	1826.67	2733.08	2535.89	2982.18	2774.60
77	2172.63	2013.49	2968.34	2760.76	3227.81	3009.85
78	2352.53	2176.09	3207.05	2982.18	3452.68	3224.35
79	2532.43	2352.53	3438.84	3207.05	3684.47	3435.38
80	2715.79	2522.05	3691.39	3445.76	3926.65	3656.80
81	2954.50	2750.38	3999.30	3736.37	4213.79	3933.57
82	3234.73	3006.39	4348.72	4068.49	4545.91	4248.39
83	3553.01	3307.38	4746.57	4438.67	4923.01	4594.35
84	3933.57	3656.80	5206.70	4871.12	5352.00	5002.58
85	4289.90	3988.92	5673.74	5307.03	5829.43	5452.33
86	4673.92	4348.72	6185.76	5787.91	6355.29	5943.59
87	5095.99	4743.11	6742.76	6310.31	6926.12	6479.83
88	5552.66	5168.64	7348.19	6877.68	7548.85	7061.04
89	6054.30	5628.77	8012.43	7500.41	8226.93	7697.61
90	6600.92	6137.33	8735.49	8168.12	8967.28	8386.07
91	7192.51	6690.87	9520.82	8905.01	9776.83	9143.72
92	7842.91	7296.30	10378.80	9704.18	10655.57	9970.57
93	8545.21	7957.08	11309.43	10579.46	11613.88	10870.06
94	9316.70	8669.76	12330.01	11534.31	12655.22	11852.59

Appendix B
Genworth Life Insurance Company
72.0% Increase to Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Age	Individual					
	Lifetime Benefit Period					
	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	321.87	293.47	478.08	430.74	653.21	610.61
25-29	340.81	326.61	515.94	473.34	710.02	657.95
30-34	373.94	345.54	553.81	511.21	757.35	714.75
35-39	402.34	383.41	601.15	549.08	818.89	762.08
40-44	430.74	407.08	653.21	596.41	885.15	823.62
45	430.74	407.08	653.21	596.41	885.15	823.62
46	449.68	416.54	662.68	601.15	899.35	842.55
47	454.41	426.01	672.15	610.61	923.02	861.49
48	454.41	430.74	681.62	620.08	937.22	875.69
49	463.88	444.94	695.82	629.55	941.95	880.42
50	478.08	444.94	714.75	653.21	960.89	899.35
51	487.54	463.88	733.68	672.15	979.82	908.82
52	511.21	478.08	762.08	695.82	1008.22	946.69
53	525.41	492.28	799.95	738.42	1050.82	984.56
54	553.81	515.94	847.29	785.75	1088.69	1022.42
55	577.48	549.08	904.09	842.55	1145.49	1069.76
56	620.08	577.48	965.62	904.09	1211.76	1131.29
57	672.15	620.08	1027.16	965.62	1287.50	1192.83
58	695.82	657.95	1102.89	1046.09	1358.50	1273.30
59	762.08	714.75	1183.36	1121.83	1438.97	1349.03
60	804.68	743.15	1254.36	1192.83	1524.17	1429.50
61	875.69	804.68	1353.76	1292.23	1633.04	1524.17
62	941.95	875.69	1438.97	1367.96	1741.91	1633.04
63	1017.69	946.69	1519.43	1438.97	1864.98	1756.11
64	1083.96	1008.22	1595.17	1514.70	1988.04	1879.18
65	1173.89	1088.69	1680.37	1580.97	2125.31	2011.71
66	1259.10	1178.63	1765.57	1656.70	2267.32	2144.25
67	1363.23	1282.76	1907.58	1789.24	2423.52	2290.98
68	1505.23	1405.83	2106.38	1983.31	2608.13	2456.66
69	1651.97	1552.57	2347.79	2205.78	2821.13	2645.99
70	1836.57	1708.77	2631.79	2475.59	3048.34	2840.06
71	2002.25	1874.44	2911.07	2735.93	3270.81	3038.87
72	2201.05	2059.05	3195.07	2996.27	3540.61	3289.74
73	2423.52	2262.58	3488.55	3270.81	3810.42	3545.35
74	2650.73	2470.86	3786.75	3545.35	4113.36	3838.82
75	2915.80	2693.33	4094.43	3824.62	4435.23	4165.43
76	3171.40	2944.20	4421.03	4132.29	4776.04	4496.77
77	3469.61	3218.74	4799.71	4487.30	5159.45	4865.98
78	3734.68	3474.34	5159.45	4828.11	5509.72	5202.05
79	3995.02	3734.68	5528.66	5183.12	5869.47	5533.39
80	4283.76	4004.49	5916.80	5561.79	6229.21	5874.20
81	4643.50	4350.03	6390.14	6025.67	6688.35	6304.94
82	5055.31	4742.91	6943.96	6555.81	7209.03	6792.49
83	5547.59	5211.52	7582.97	7152.23	7786.51	7341.57
84	6125.07	5741.66	8316.65	7843.31	8458.66	7980.58
85	6683.62	6262.34	9069.27	8553.33	9220.74	8704.80
86	7284.76	6820.89	9883.42	9320.14	10049.09	9481.08
87	7942.71	7431.50	10778.04	10157.96	10953.18	10337.83
88	8657.46	8103.65	11753.13	11076.25	11942.47	11270.32
89	9438.48	8827.87	12808.69	12070.27	13021.69	12288.01
90	10290.50	9627.82	13958.91	13158.96	14195.59	13386.17
91	11213.52	10494.04	15208.54	14337.59	15464.15	14588.46
92	12226.48	11440.72	16581.24	15629.82	16860.51	15899.62
93	13324.63	12477.35	18072.27	17040.38	18384.68	17338.59
94	14522.19	13599.17	19700.58	18574.02	20031.92	18895.89

Appendix B
Genworth Life Insurance Company
55.0% Increase to Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint						
1,095 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	100.33	89.95	145.30	134.92	207.58	190.28
25-29	107.25	100.33	159.14	145.30	221.41	207.58
30-34	114.17	107.25	166.06	159.14	238.71	221.41
35-39	121.09	114.17	183.36	166.06	259.47	238.71
40-44	134.92	121.09	197.20	183.36	273.31	259.47
45	134.92	121.09	197.20	183.36	273.31	259.47
46	145.30	124.55	204.12	183.36	283.69	266.39
47	148.76	131.46	207.58	190.28	294.07	266.39
48	148.76	131.46	207.58	193.74	294.07	269.85
49	152.22	131.46	211.04	193.74	297.53	273.31
50	159.14	134.92	214.50	204.12	300.99	273.31
51	159.14	138.38	221.41	204.12	304.44	280.23
52	162.60	138.38	228.33	211.04	314.82	294.07
53	169.52	145.30	238.71	221.41	325.20	297.53
54	176.44	148.76	256.01	238.71	332.12	304.44
55	190.28	162.60	273.31	249.09	349.42	314.82
56	193.74	169.52	283.69	266.39	363.26	332.12
57	214.50	183.36	304.44	283.69	387.48	356.34
58	228.33	193.74	332.12	304.44	408.23	370.18
59	249.09	211.04	356.34	325.20	435.91	394.39
60	269.85	228.33	377.10	342.50	467.05	422.07
61	283.69	249.09	408.23	370.18	498.18	453.21
62	311.36	266.39	439.37	394.39	525.86	480.88
63	332.12	287.15	467.05	428.99	567.37	512.02
64	359.80	304.44	505.10	460.13	595.05	539.70
65	384.02	328.66	536.24	491.26	633.11	581.21
66	411.69	349.42	574.29	525.86	664.24	605.43
67	442.83	380.56	615.81	567.37	712.68	646.95
68	487.80	418.61	671.16	615.81	768.03	702.30
69	539.70	456.67	733.44	671.16	837.22	768.03
70	591.59	512.02	799.17	729.98	913.33	830.30
71	657.32	560.46	871.82	799.17	985.99	899.50
72	723.06	622.73	947.93	868.36	1069.02	979.07
73	792.25	678.08	1034.42	941.01	1152.05	1058.64
74	871.82	743.81	1120.91	1024.04	1248.92	1148.59
75	954.85	816.47	1221.24	1113.99	1349.24	1238.54
76	1041.34	889.12	1318.11	1200.48	1446.11	1328.49
77	1148.59	982.53	1435.73	1314.65	1570.66	1442.65
78	1259.29	1072.48	1549.90	1421.90	1684.83	1542.98
79	1356.16	1162.43	1664.07	1529.14	1795.53	1646.77
80	1466.87	1262.75	1792.07	1643.31	1913.16	1754.02
81	1612.17	1383.84	1940.84	1785.15	2061.92	1888.94
82	1767.86	1518.76	2113.82	1940.84	2224.52	2037.70
83	1951.21	1674.45	2300.63	2120.73	2407.88	2207.22
84	2158.79	1854.35	2525.51	2328.31	2618.92	2397.50
85	2355.99	2020.41	2750.38	2535.89	2857.63	2615.46
86	2567.02	2203.77	2996.01	2764.22	3110.18	2854.17
87	2791.90	2404.42	3265.86	3013.31	3393.87	3110.18
88	3044.45	2618.92	3559.93	3286.62	3701.77	3393.87
89	3317.76	2857.63	3878.21	3580.69	4033.89	3694.85
90	3615.28	3110.18	4227.63	3902.43	4397.15	4026.97
91	3940.48	3393.87	4611.65	4258.77	4795.01	4393.69
92	4293.36	3701.77	5030.26	4639.32	5227.46	4784.63
93	4677.38	4033.89	5480.01	5054.48	5697.96	5217.08
94	5099.45	4397.15	5971.27	5511.14	6209.98	5684.12

Appendix B
Genworth Life Insurance Company
55.0% Increase to Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint						
1,460 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	107.25	100.33	148.76	138.38	221.41	193.74
25-29	121.09	103.79	162.60	148.76	235.25	214.50
30-34	134.92	117.63	179.90	162.60	256.01	228.33
35-39	138.38	124.55	190.28	176.44	273.31	242.17
40-44	148.76	134.92	211.04	190.28	297.53	266.39
45	148.76	134.92	211.04	190.28	297.53	266.39
46	148.76	138.38	214.50	190.28	300.99	269.85
47	152.22	138.38	221.41	193.74	304.44	273.31
48	152.22	138.38	224.87	197.20	311.36	283.69
49	162.60	145.30	224.87	197.20	311.36	283.69
50	162.60	148.76	235.25	211.04	325.20	294.07
51	162.60	148.76	238.71	214.50	325.20	294.07
52	166.06	152.22	242.17	224.87	332.12	300.99
53	176.44	159.14	259.47	238.71	345.96	311.36
54	183.36	162.60	273.31	249.09	359.80	325.20
55	193.74	179.90	294.07	266.39	373.64	342.50
56	197.20	183.36	304.44	280.23	387.48	345.96
57	221.41	190.28	339.04	300.99	415.15	373.64
58	235.25	204.12	349.42	328.66	446.29	401.31
59	256.01	228.33	377.10	342.50	463.59	418.61
60	273.31	252.55	408.23	370.18	498.18	453.21
61	297.53	269.85	432.45	390.93	536.24	491.26
62	332.12	297.53	463.59	418.61	567.37	512.02
63	345.96	318.28	505.10	453.21	608.89	553.54
64	373.64	342.50	543.16	491.26	640.03	581.21
65	394.39	359.80	581.21	522.40	685.00	615.81
66	425.53	394.39	619.27	563.91	719.60	650.40
67	456.67	415.15	664.24	601.97	764.57	705.76
68	501.64	456.67	719.60	650.40	830.30	754.19
69	553.54	505.10	788.79	709.22	902.96	816.47
70	619.27	563.91	847.60	774.95	972.15	878.74
71	674.62	622.73	916.79	833.76	1051.72	951.39
72	743.81	681.54	999.82	909.87	1141.67	1024.04
73	813.01	743.81	1089.77	992.91	1228.16	1113.99
74	889.12	809.55	1193.56	1079.40	1321.57	1203.94
75	972.15	875.28	1304.27	1179.72	1418.44	1300.81
76	1055.18	954.85	1408.06	1280.05	1536.06	1401.14
77	1165.89	1051.72	1532.60	1390.76	1650.23	1511.85
78	1276.59	1152.05	1650.23	1498.01	1760.94	1615.63
79	1383.84	1259.29	1764.40	1601.79	1878.56	1705.58
80	1508.39	1376.92	1882.02	1715.96	1992.73	1809.37
81	1650.23	1515.30	2034.24	1847.43	2138.03	1937.38
82	1819.75	1670.99	2203.77	2006.57	2300.63	2079.22
83	1999.65	1833.59	2394.04	2183.01	2483.99	2245.28
84	2207.22	2023.87	2629.30	2390.58	2695.03	2439.02
85	2407.88	2210.68	2864.55	2601.62	2940.66	2656.97
86	2629.30	2411.34	3124.02	2836.87	3200.13	2895.69
87	2864.55	2629.30	3404.25	3096.34	3490.74	3155.16
88	3124.02	2868.01	3715.61	3369.65	3809.02	3438.84
89	3404.25	3127.48	4051.19	3670.64	4144.60	3750.21
90	3715.61	3411.17	4407.53	4006.22	4518.24	4085.79
91	4051.19	3715.61	4805.38	4369.47	4929.93	4455.96
92	4407.53	4051.19	5241.29	4763.87	5372.76	4857.28
93	4805.38	4417.91	5708.34	5189.40	5850.18	5296.65
94	5241.29	4808.84	6227.28	5656.45	6372.58	5770.61

Appendix B
Genworth Life Insurance Company
55.0% Increase to Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint						
2,190 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	124.55	117.63	183.36	169.52	266.39	249.09
25-29	134.92	124.55	204.12	183.36	287.15	266.39
30-34	145.30	134.92	214.50	204.12	311.36	287.15
35-39	159.14	145.30	238.71	214.50	339.04	311.36
40-44	169.52	159.14	256.01	238.71	356.34	339.04
45	169.52	159.14	256.01	238.71	356.34	339.04
46	179.90	159.14	256.01	242.17	363.26	342.50
47	183.36	166.06	266.39	249.09	377.10	345.96
48	183.36	166.06	266.39	249.09	377.10	345.96
49	183.36	166.06	269.85	252.55	384.02	349.42
50	190.28	169.52	280.23	256.01	387.48	356.34
51	193.74	169.52	283.69	259.47	390.93	359.80
52	204.12	179.90	294.07	273.31	404.77	377.10
53	211.04	183.36	311.36	287.15	415.15	384.02
54	224.87	193.74	328.66	304.44	432.45	394.39
55	228.33	207.58	349.42	318.28	453.21	404.77
56	242.17	221.41	370.18	342.50	467.05	432.45
57	256.01	238.71	394.39	363.26	494.72	460.13
58	294.07	252.55	428.99	390.93	525.86	473.97
59	300.99	273.31	460.13	418.61	563.91	508.56
60	318.28	294.07	484.34	439.37	601.97	543.16
61	349.42	318.28	525.86	473.97	646.95	584.67
62	384.02	342.50	567.37	512.02	678.08	615.81
63	404.77	373.64	601.97	553.54	729.98	660.78
64	432.45	394.39	646.95	588.13	768.03	698.84
65	460.13	422.07	688.46	629.65	819.93	747.27
66	491.26	449.75	740.35	678.08	857.98	785.33
67	536.24	487.80	792.25	729.98	916.79	833.76
68	588.13	536.24	864.90	792.25	989.45	906.42
69	650.40	591.59	944.47	861.44	1075.94	985.99
70	712.68	657.32	1030.96	944.47	1172.80	1072.48
71	792.25	726.52	1124.37	1030.96	1269.67	1162.43
72	875.28	799.17	1224.70	1117.45	1380.38	1262.75
73	961.77	875.28	1335.41	1214.32	1484.17	1366.54
74	1058.64	961.77	1442.65	1321.57	1612.17	1477.25
75	1162.43	1055.18	1570.66	1432.27	1740.18	1594.88
76	1280.05	1145.13	1695.20	1553.36	1861.26	1712.50
77	1404.60	1269.67	1854.35	1695.20	2027.33	1857.81
78	1529.14	1380.38	1996.19	1830.13	2169.17	1992.73
79	1657.15	1501.47	2148.41	1975.43	2311.01	2124.19
80	1792.07	1626.01	2307.55	2117.28	2463.24	2259.12
81	1958.13	1781.69	2501.29	2304.09	2653.51	2435.56
82	2151.87	1958.13	2722.71	2501.29	2864.55	2622.38
83	2369.83	2158.79	2968.34	2729.62	3103.26	2843.79
84	2632.76	2390.58	3255.48	2996.01	3373.11	3096.34
85	2868.01	2605.08	3546.09	3265.86	3681.01	3369.65
86	3130.94	2840.33	3864.37	3559.93	4009.68	3677.55
87	3414.63	3099.80	4210.33	3881.67	4376.39	4006.22
88	3715.61	3373.11	4590.89	4234.55	4770.79	4372.93
89	4051.19	3681.01	5002.58	4615.11	5199.78	4763.87
90	4417.91	4009.68	5452.33	5033.72	5666.82	5189.40
91	4815.76	4376.39	5943.59	5486.93	6178.85	5656.45
92	5251.67	4770.79	6479.83	5974.73	6735.84	6168.47
93	5718.72	5199.78	7061.04	6514.43	7341.27	6725.46
94	6237.66	5666.82	7697.61	7102.56	8002.05	7327.43

Appendix B
Genworth Life Insurance Company
55.0% Increase to Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint						
2,920 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	131.46	124.55	204.12	193.74	287.15	269.85
25-29	145.30	131.46	214.50	204.12	311.36	294.07
30-34	159.14	145.30	235.25	224.87	332.12	314.82
35-39	169.52	152.22	252.55	238.71	359.80	332.12
40-44	190.28	166.06	269.85	256.01	390.93	363.26
45	190.28	166.06	269.85	256.01	390.93	363.26
46	190.28	166.06	273.31	266.39	390.93	370.18
47	193.74	169.52	283.69	269.85	401.31	373.64
48	193.74	169.52	287.15	269.85	404.77	387.48
49	193.74	169.52	294.07	269.85	404.77	387.48
50	197.20	179.90	297.53	280.23	415.15	390.93
51	204.12	179.90	300.99	287.15	428.99	394.39
52	211.04	193.74	318.28	297.53	432.45	401.31
53	221.41	204.12	332.12	311.36	446.29	415.15
54	235.25	211.04	345.96	325.20	467.05	432.45
55	242.17	228.33	373.64	342.50	477.42	439.37
56	256.01	235.25	394.39	370.18	505.10	463.59
57	269.85	256.01	428.99	390.93	536.24	491.26
58	297.53	269.85	449.75	415.15	563.91	512.02
59	318.28	294.07	480.88	446.29	601.97	550.08
60	339.04	311.36	529.32	480.88	643.49	588.13
61	370.18	339.04	567.37	512.02	685.00	633.11
62	401.31	370.18	608.89	563.91	736.89	674.62
63	428.99	387.48	653.86	598.51	781.87	709.22
64	453.21	415.15	691.92	643.49	823.38	754.19
65	480.88	439.37	743.81	685.00	871.82	795.71
66	518.94	473.97	785.33	733.44	920.25	840.68
67	563.91	512.02	840.68	785.33	982.53	899.50
68	619.27	567.37	927.17	857.98	1069.02	972.15
69	685.00	626.19	1010.20	934.09	1158.97	1062.10
70	754.19	691.92	1117.45	1024.04	1266.21	1155.51
71	837.22	768.03	1217.78	1120.91	1363.08	1255.83
72	923.71	847.60	1331.95	1217.78	1480.71	1370.00
73	1013.66	937.55	1446.11	1321.57	1608.71	1480.71
74	1113.99	1024.04	1560.28	1432.27	1736.72	1601.79
75	1224.70	1127.83	1688.28	1553.36	1875.10	1726.34
76	1345.78	1238.54	1833.59	1681.37	2023.87	1854.35
77	1477.25	1359.62	1996.19	1837.05	2196.85	2016.95
78	1612.17	1480.71	2158.79	1985.81	2352.53	2162.25
79	1747.10	1608.71	2317.93	2138.03	2515.13	2311.01
80	1885.48	1733.26	2497.83	2304.09	2688.11	2466.69
81	2061.92	1899.32	2715.79	2511.67	2892.23	2667.35
82	2262.58	2086.14	2961.42	2736.54	3127.48	2881.85
83	2494.37	2297.17	3234.73	2989.09	3393.87	3127.48
84	2774.60	2549.73	3542.63	3279.70	3694.85	3404.25
85	3020.23	2778.06	3860.91	3573.77	4030.43	3715.61
86	3293.54	3030.61	4210.33	3895.51	4393.69	4051.19
87	3591.06	3307.38	4587.43	4244.93	4784.63	4417.91
88	3909.35	3604.90	4995.66	4632.40	5220.54	4808.84
89	4265.69	3930.11	5445.41	5047.56	5694.50	5241.29
90	4646.24	4279.53	5940.13	5497.30	6203.06	5711.80
91	5068.31	4663.54	6472.91	5995.49	6763.52	6230.74
92	5524.98	5085.61	7050.66	6531.72	7368.95	6787.74
93	6019.70	5542.28	7687.23	7116.40	8033.19	7403.54
94	6566.32	6040.46	8382.61	7759.88	8759.71	8064.33

Appendix B
Genworth Life Insurance Company
72.0% Increase to Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint						
4,380 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	162.60	152.22	238.71	221.41	332.12	314.82
25-29	169.52	162.60	256.01	238.71	359.80	339.04
30-34	190.28	176.44	280.23	256.01	390.93	363.26
35-39	204.12	193.74	300.99	280.23	422.07	390.93
40-44	221.41	204.12	325.20	300.99	449.75	428.99
45	221.41	204.12	325.20	300.99	449.75	428.99
46	224.87	207.58	332.12	304.44	463.59	432.45
47	228.33	214.50	339.04	314.82	467.05	435.91
48	235.25	214.50	345.96	318.28	477.42	449.75
49	238.71	221.41	356.34	325.20	480.88	449.75
50	238.71	221.41	359.80	332.12	491.26	460.13
51	242.17	224.87	370.18	342.50	498.18	467.05
52	252.55	235.25	377.10	356.34	518.94	484.34
53	259.47	238.71	401.31	373.64	529.32	494.72
54	273.31	259.47	422.07	394.39	553.54	518.94
55	297.53	273.31	449.75	428.99	574.29	539.70
56	311.36	294.07	477.42	446.29	601.97	567.37
57	332.12	304.44	508.56	477.42	643.49	598.51
58	356.34	332.12	550.08	508.56	678.08	633.11
59	377.10	356.34	595.05	557.00	723.06	671.16
60	408.23	373.64	633.11	595.05	774.95	719.60
61	439.37	404.77	678.08	633.11	826.84	764.57
62	473.97	435.91	729.98	678.08	878.74	819.93
63	508.56	467.05	768.03	723.06	941.01	871.82
64	550.08	508.56	813.01	761.11	1003.28	930.63
65	584.67	543.16	864.90	806.09	1065.56	989.45
66	629.65	581.21	909.87	851.06	1127.83	1048.26
67	681.54	629.65	982.53	916.79	1200.48	1120.91
68	754.19	698.84	1086.31	1010.20	1300.81	1214.32
69	826.84	771.49	1200.48	1117.45	1408.06	1307.73
70	913.33	847.60	1331.95	1242.00	1525.68	1418.44
71	1003.28	934.09	1470.33	1363.08	1646.77	1525.68
72	1113.99	1034.42	1608.71	1498.01	1781.69	1650.23
73	1224.70	1127.83	1747.10	1619.09	1920.08	1785.15
74	1342.32	1242.00	1895.86	1754.02	2079.22	1933.92
75	1470.33	1352.70	2051.54	1906.24	2245.28	2089.60
76	1605.25	1480.71	2214.14	2055.00	2411.34	2248.74
77	1760.94	1629.47	2404.42	2238.36	2615.46	2435.56
78	1906.24	1764.40	2598.16	2414.80	2795.36	2615.46
79	2051.54	1906.24	2784.98	2598.16	2985.63	2781.52
80	2200.31	2044.62	2992.55	2788.44	3179.37	2961.42
81	2394.04	2227.98	3238.19	3027.15	3414.63	3186.29
82	2622.38	2435.56	3521.87	3297.00	3684.47	3442.30
83	2874.93	2677.73	3843.62	3597.98	3985.46	3722.53
84	3186.29	2961.42	4217.25	3943.94	4331.42	4051.19
85	3473.44	3231.27	4594.35	4300.28	4722.35	4417.91
86	3788.26	3521.87	5012.96	4691.22	5147.88	4815.76
87	4130.76	3843.62	5462.71	5113.29	5611.47	5248.21
88	4500.94	4186.12	5950.51	5569.96	6116.57	5722.18
89	4905.71	4559.75	6490.21	6075.06	6663.19	6234.20
90	5348.54	4974.90	7078.34	6614.76	7265.16	6791.19
91	5825.97	5417.73	7711.45	7213.27	7919.02	7403.54
92	6355.29	5912.46	8406.83	7860.21	8628.24	8078.17
93	6922.66	6445.23	9161.02	8569.43	9406.65	8804.68
94	7548.85	7022.99	9987.87	9340.92	10254.25	9600.39

Appendix C

Genworth Life Insurance Company
Current-Year Premiums

Stable Premium Option
Lifetime Guarantee

Form: 7035END-LSPO VA 0920

Annual Premium per \$10 Daily Benefit

Issue Age	Individual	Joint
18-24	101.47	87.94
25-29	111.62	94.71
30-34	118.38	101.47
35-39	125.15	108.23
40-44	135.29	118.38
45	135.29	118.38
46	142.06	118.38
47	145.44	125.15
48	145.44	125.15
49	145.44	125.15
50	148.82	128.53
51	155.59	128.53
52	155.59	135.29
53	158.97	138.68
54	165.73	145.44
55	179.26	155.59
56	189.41	165.73
57	206.32	179.26
58	216.47	189.41
59	236.76	206.32
60	253.67	219.85
61	277.35	240.14
62	294.26	257.06
63	321.32	280.73
64	341.61	297.64
65	365.29	317.94
66	392.35	341.61
67	429.55	372.06
68	473.53	412.64
69	527.64	460.00
70	591.91	514.11
71	656.17	571.61
72	730.58	635.88
73	804.99	700.14
74	892.93	777.93
75	987.64	859.11
76	1,082.34	940.29
77	1,207.49	1,051.90
78	1,325.87	1,153.37
79	1,454.40	1,264.99
80	1,589.69	1,383.37
81	1,741.90	1,515.28
82	1,914.39	1,664.10
83	2,110.57	1,836.60
84	2,337.18	2,032.78
85	2,546.89	2,215.42
86	2,776.89	2,414.98
87	3,027.18	2,634.83
88	3,297.76	2,868.21
89	3,595.41	3,128.65
90	3,920.11	3,409.38
91	4,275.25	3,720.55
92	4,660.84	4,055.40
93	5,080.25	4,420.69
94	5,536.86	4,816.43

**Genworth Life and Annuity Insurance Company
Current Year Premiums**

Lifetime Stable Premium Option

Form: 62274F

Annual Premium per \$10 Daily Benefit

**Individual
1095 x Daily Maximum**

1% Compound BIO

Age	100 EP	180 EP
18-24	30.44	30.44
25-29	33.82	33.82
30-34	37.21	37.21
35-39	37.21	37.21
40-44	40.59	40.59
45	40.59	40.59
46	43.97	43.97
47	43.97	43.97
48	43.97	43.97
49	43.97	43.97
50	43.97	43.97
51	47.35	47.35
52	47.35	47.35
53	47.35	47.35
54	50.73	50.73
55	54.12	54.12
56	57.50	57.50
57	60.88	60.88
58	64.26	64.26
59	71.03	71.03
60	77.79	77.79
61	84.56	84.56
62	87.94	87.94
63	98.09	98.09
64	101.47	101.47
65	108.23	108.23
66	115.00	115.00
67	121.76	121.76
68	128.53	128.53
69	138.68	138.68
70	148.82	148.82
71	158.97	158.97
72	169.12	169.12
73	175.88	175.88
74	186.03	186.03
75	196.17	196.17
76	206.32	206.32
77	216.47	216.47
78	226.62	226.62
79	233.38	233.38
80	240.14	240.14
81	260.44	260.44
82	287.50	287.50
83	317.94	317.94
84	351.76	351.76
85	382.20	382.20
86	416.03	416.03
87	453.23	453.23
88	493.82	493.82
89	537.79	537.79
90	588.52	588.52
91	642.64	642.64
92	700.14	700.14
93	761.02	761.02
94	832.05	832.05

**Genworth Life and Annuity Insurance Company
Current Year Premiums**

Lifetime Stable Premium Option

Form: 62274F

Annual Premium per \$10 Daily Benefit

Age	Shared	
	2190 x Daily Maximum	
	1% Compound BIO	
	100 EP	180 EP
18-24	27.06	27.06
25-29	27.06	27.06
30-34	30.44	30.44
35-39	33.82	33.82
40-44	37.21	37.21
45	37.21	37.21
46	37.21	37.21
47	37.21	37.21
48	37.21	37.21
49	37.21	37.21
50	37.21	37.21
51	37.21	37.21
52	40.59	40.59
53	40.59	40.59
54	43.97	43.97
55	47.35	47.35
56	50.73	50.73
57	54.12	54.12
58	57.50	57.50
59	60.88	60.88
60	67.65	67.65
61	71.03	71.03
62	77.79	77.79
63	84.56	84.56
64	87.94	87.94
65	94.71	94.71
66	98.09	98.09
67	104.85	104.85
68	111.62	111.62
69	118.38	118.38
70	128.53	128.53
71	138.68	138.68
72	145.44	145.44
73	155.59	155.59
74	162.35	162.35
75	172.50	172.50
76	179.26	179.26
77	189.41	189.41
78	196.17	196.17
79	202.94	202.94
80	206.32	206.32
81	226.62	226.62
82	250.29	250.29
83	273.97	273.97
84	304.41	304.41
85	331.47	331.47
86	361.91	361.91
87	395.73	395.73
88	429.55	429.55
89	470.14	470.14
90	510.73	510.73
91	558.08	558.08
92	608.82	608.82
93	662.94	662.94
94	723.82	723.82

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Filing Company: Genworth Life Insurance Company

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	VA_Certification of Compliance_14_5_101_110.pdf
Item Status:	Received & Acknowledged
Status Date:	04/28/2022

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA Choice I RS NAIC Filing Checklist 20201016.pdf Long-Term-Care-Rate-Revision-Checklist RS.pdf
Item Status:	Received & Acknowledged
Status Date:	04/28/2022

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Choice I RS Memo Exhibits 20201016.xlsx VA Choice I RS Confidential Memo.pdf
Item Status:	Received & Acknowledged
Status Date:	04/28/2022

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Long Term Care Insurance Rate Request Summary.pdf
Item Status:	Received & Acknowledged
Status Date:	04/28/2022

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	Flesch Score_7035END-L.pdf
Item Status:	Received & Acknowledged
Status Date:	04/28/2022

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	VA Choice I RS Cover Letter 20201016.pdf

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2020 Choice_Round 7 (RS)
Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Filing Company: Genworth Life Insurance Company

Item Status:	Received & Acknowledged
Status Date:	04/28/2022
Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	VA Choice I RS Rate Tables_Appendix A.pdf VA Choice I RS NFO Rates Appendix A.pdf
Item Status:	Received & Acknowledged
Status Date:	04/28/2022
Satisfied - Item:	Experience Exhibits and Filing Status
Comments:	
Attachment(s):	VA Choice I RS Additional Exhibits 20201016.pdf VA Choice I RS Additional Exhibits 20201016.xlsx
Item Status:	Received & Acknowledged
Status Date:	04/28/2022
Satisfied - Item:	Variability Statement
Comments:	
Attachment(s):	7035 VA Lifetime Stable Premium SOV March 18 2022.pdf SOV.VA_Lifetime SPO Policyholder Notification April 2022.pdf
Item Status:	Received & Acknowledged
Status Date:	05/04/2022
Satisfied - Item:	Sample Policyholder Notifications
Comments:	
Attachment(s):	Jack Doe Sample VA Choice 1 LSPO Policyholder Letter 042022.pdf Jack Doe Sample VA Choice 1 Policyholder Not On Claim NQ Letter 042022.pdf Jack Doe Sample VA Choice 1 Policyholder On Claim NQ Letter 042022.pdf Jim Doe Sample VA Choice 1 Standard Policyholder Letter 042022.pdf Lifetime SPO Policyholder Letter Template 041422.pdf
Item Status:	Received & Acknowledged
Status Date:	05/04/2022
Satisfied - Item:	Response Letter (2/10/21)
Comments:	
Attachment(s):	VA Choice I RS Objection 2 Response 20210210.pdf
Item Status:	Received & Acknowledged
Status Date:	04/28/2022

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State: Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2020 Choice_Round 7 (RS)

Project Name/Number: 2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Satisfied - Item:	Experience Projection Exhibits
Comments:	
Attachment(s):	VA Choice I RS Objection 2 Attachments.xlsx
Item Status:	Received & Acknowledged
Status Date:	04/28/2022

Satisfied - Item:	Response Letter (2/10/21 - Objection 3)
Comments:	
Attachment(s):	VA Choice I RS Objection 3 Response 20210210.pdf VA Ch I RS Note to Reviewer 20210223.pdf
Item Status:	Received & Acknowledged
Status Date:	04/28/2022

Satisfied - Item:	Experience Projections (for Objection 3)
Comments:	
Attachment(s):	VA Choice RS Objection 3 Attachments.xlsx
Item Status:	Received & Acknowledged
Status Date:	04/28/2022

Satisfied - Item:	Experience Exhibits and Filing Status (for Objection 4)
Comments:	
Attachment(s):	VA Choice RS Objection 4 Attachments.xlsx
Item Status:	Received & Acknowledged
Status Date:	04/28/2022

Satisfied - Item:	Response Letter (6/7/21)
Comments:	
Attachment(s):	VA Choice I RS Objection 5 Response 20210604.pdf
Item Status:	Received & Acknowledged
Status Date:	04/28/2022

Satisfied - Item:	Forms Samples
Comments:	
Attachment(s):	134613VA 062916_Contingent Benefit Upon Lapse Endorsement.pdf 158271_101713_OLB Endorsement.pdf 165935 VA 111716 Coverage Amendment Rider.pdf 7035END-LSPO VA SAMPLE.pdf

SERFF Tracking #:

GEFA-132466768

State Tracking #:

GEFA-132466768

Company Tracking #:

2020 CHOICE_ROUND 7 (RS)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2020 Choice_Round 7 (RS)

Project Name/Number:

2020 Choice_Round 7 (RS)/2020 Choice_Round 7 (RS)

Item Status:	Received & Acknowledged
Status Date:	05/04/2022

SERFF Tracking #:

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LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

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Attachment VA Choice I RS Memo Exhibits 20201016.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA Choice I RS Additional Exhibits 20201016.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA Choice I RS Objection 2 Attachments.xlsx is not a PDF document and cannot be reproduced here.

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Attachment VA Choice RS Objection 4 Attachments.xlsx is not a PDF document and cannot be reproduced here.

Virginia Administrative Code

Title 14. Insurance

Agency 5. State Corporation Commission, Bureau Of Insurance

Chapter 101. Rules Governing Life and Health Forms Filings

14VAC5-101-110. Certificate of compliance.

Each form filing shall include a statement identical to the following that is signed by an officer of the company:

The Flesch reading ease score of the filed forms is 50.

I represent that a review of the enclosed form has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.



Signature of Officer

Scott G. Goodman

Printed Name

Vice President and Appointed Actuary

Title

Statutory Authority

§§ 12.1-13 and 38.2-223 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 36, Issue 9, eff. January 1, 2020.

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Consolidated, Most Commonly Asked Questions – States’ LTC Rate Increase Reviews

- 1. New premium rate schedule, percentage increase for each rating scenario such as issue age, benefit period, elimination period, etc., from the existing and original rates.**

Please refer to the Rate Appendices submitted in this filing.

- A. Provide rate increase percentages by policy form number and clear mapping of these numbers to any alternative terminology describing policies stated in the actuarial memorandum and other supporting documents.**

Please refer to Exhibit III “Status of Filings” in the file: “VA Choice I RS Additional Exhibits 20201016.xlsx”, as well as the Header and Section 2 of the Actuarial Memorandum.

- B. Provide the cumulative rate change since inception for each of the rating scenarios.**

Please refer to Exhibit III “Status of Filings” in the file: “VA Choice I RS Additional Exhibits 20201016.xlsx”.

- 2. Rate increase history that reflects the filed increase.**

- A. Provide the month, year, and percentage amount of all previous rate revisions.**

Please refer to Section 7.5 of the Actuarial Memorandum as well as Exhibit III “Status of Filings” in the file: “VA Choice I RS Additional Exhibits 20201016.xlsx”.

- B. Provide the SERFF filing numbers associated with all previous rate revisions.**

A 60% rate increase for policies with lifetime benefits and a 44% rate increase for policies with limited benefits was accepted in Virginia on 7/11/2013.
(SERFF # GEFA-128772069).

A 72% rate increase for policies with lifetime benefits and a 55% rate increase for policies with limited benefits was accepted in Virginia on 6/28/2019.
(SERFF # GEFA-131306458).

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3. Actuarial Memorandum justifying the new rate schedule, which includes:

A. Lifetime loss ratio projection, with earned premiums and incurred claims discounted at the maximum valuation interest rate.

Please refer to Exhibits I-II of the Actuarial Memorandum.

i. The projection should be by year.

Please refer to Exhibits I-II of the Actuarial Memorandum.

ii. Provide the count of covered lives and count of claims incurred by year.

Please refer to Exhibits I-II of the Actuarial Memorandum and Exhibit IV in the file: "VA Choice RS Additional Exhibits 20201016.xlsx".

iii. Provide separate experience summaries and projections for significant subsets of policies with substantially different benefit and premium features. Separate projections of costs for significant blocks of paid-up and premium-paying policies should be provided.

Please refer to Exhibits I-II of the Actuarial Memorandum. Splits by benefit period (lifetime/limited) can be noted in Exhibits Ib-IIb and Exhibits Ic-IIc respectively. Exposed lives by policies inforce, split by lifetime and limited benefit, are 71,109 and 149,601 respectively, bringing the total inforce lives count to 220,710. GLIC believes that neither paid-up policies nor premium paying policies should be separated for the planned rate increase analysis. There was a total of 31,096 paid up policies and 118,505 premium paying policies.

iv. Provide a comparison of state versus national mix of business. In addition, a state may request separate state and national data and projections. The company should accompany any state-specific information with commentary on credibility, materiality, and impact on requested rate increase.

Please refer to Section 9 of the Actuarial Memorandum for information pertaining to credibility. For nationwide experience projections, please refer to Exhibits I-II of the Actuarial Memorandum. For State Specific projections, please refer to Exhibits I-II in the file: "VA Choice I RS Additional Exhibits 20201016.xlsx".

B. Reasons for the rate increase, including which pricing assumptions were not realized & why.

Please refer to Section 3 of the Actuarial Memorandum.

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i. Attribution analysis - present the portion of the rate increase allocated to and impact on the lifetime loss ratio from each change in assumption.

In 2016, GLIC converted from a PolySystems projection model using Total Lives Claim Costs to an AXIS model based on Healthy Lives done through First Principles. Please note that GLIC's original pricing assumptions were created on a Total Lives basis, while GLIC's Current Best Estimate Assumptions are created using separate assumptions for Healthy Lives and Disabled Lives.

For the period prior to the system conversion, the experience factors could not be analyzed at the same level of detail as after the conversion. We calculated the assumption impact on the lifetime loss ratio from pricing to 2015 Best Estimates. Please see the following table below:

Change in LLR from Change in Key assumptions	
In Percentage Points	
Lapse	17
Mortality	0
Morbidity	2

The system conversion has an effect of increasing the lifetime loss ratio by 6.8 percentage points. It is impossible to attribute this impact to individual assumptions.

In the update from 2016 CFT assumptions to 2017 CFT assumptions, the incidence and utilization assumption updates were the most impactful, increasing the lifetime loss ratio by 5.5 and 0.3 percentage points respectively. The combined impact of lapse and mortality assumptions was 0.9 percentage points unfavorable.

In the update from 2017 CFT assumptions to 2018 CFT assumptions, the lower claim termination, higher utilization and incidence assumptions increased the lifetime loss ratio by 1.3, 0.3 and 0.1 percentage points respectively. This effect is partially offset by a 0.9 percentage points decrease in lifetime loss ratio due to situs mix assumption update.

In the update from 2018 CFT assumptions to 2019 CFT assumptions, higher incidence rates and lower mortality assumptions increased the lifetime loss ratio by 0.5 and 0.6 percentage points respectively.

ii. Related to the issue of past losses, explain how the requested rate increase covers a policyholder's own past premium deficiencies and/or subsidizes other policyholders' past claims.

The premium rate requests that GLIC is currently seeking will not be used to offset losses already incurred on these blocks of business. While it is true that historical

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incurred claims have been higher than originally anticipated, the rate increases will ultimately go towards paying for future claims on the policyholders that remain in force.

However, as mentioned in a recent issue brief of the American Academy of Actuaries' Long-Term Care Past Losses Considerations Work Group, if a state delays or limits an approval of an insurer's request for a premium rate increase, it appears to be unfair treating such losses as non-recoverable. Such treatment could also result in subsidization of the premium rates across states, which in turn could create an unfair extra burden for policyholders in states that have approved justified premium rate increase in a timely manner.

Additionally, if rate increases are delayed, less future premium capacity remains in these blocks to absorb the rate increase. As a result, a higher percentage of future premium rate increase must be applied to obtain the target lifetime loss ratio. It is GLIC's intent to learn from the past, act early, and work diligently with regulators to drive approval of the planned rate increase, and therefore avoid significant premium rate increases when the average policyholder's attained age is higher.

- iii. Provide the original loss ratio target to allow for comparison of initially assumed premiums and claims and actual and projected premiums and claims.**

Please refer to Section 9 of the Actuarial Memorandum.

- iv. Provide commentary and analysis on how credibility of experience contributed to the development of the rate increase request.**

Please refer to Section 9 of the Actuarial Memorandum.

- C. Statement that policy design, underwriting, and claims handling practices were considered.**

Please refer to Sections 4 and 5 of the Actuarial Memorandum.

- i. Show how benefit features, e.g., inflation and length of benefit period, and premium features, e.g., limited pay and lifetime pay, impact requested increases.**

GLIC performs extensive reviews to determine the best way to manage their block of business through rate actions or alternative policyholder solutions. As a part of the review for this filing, GLIC has observed that experience for policies with lifetime benefits have been significantly worse than for limited benefits, where individuals will claim earlier and for longer with lifetime benefits. The planned rate increases differ between the benefit periods in an attempt to treat policyholders more equitably rather than subsidizing.

At the development of the Multi-Year Rate Action Plan (MYRAP) we did not see differentiations that warranted splitting increases (outside of BP). Considering the old age of this product and the fact that we are now in the last round of increases. There is no compelling reason to change our procedure at this time.

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GLIC will continue to assess the experience as it emerges and monitor other potential splits on our blocks, as we are acting in our newer products.

ii. Specify whether waived premiums are included in earned premiums and incurred claims, including in the loss ratio target calculation; provide the waived premium amounts and impact on requested increase.

Waived premiums are included in the earned premiums and incurred claims. GLIC maintains that waived premium does belong in experience when calculating a justified rate increase. As justification, GLIC states the following:

1. Including waived premiums as a benefit is a common industry practice and is a reasonable way to develop models. GLIC confirmed with multiple leading third-party actuarial firms with significant long-term care experience that many long-term care companies follow the practice of including waived premiums as a benefit. Including waived premiums is consistent with how GLIC does all projections on a gross premium basis, including our cash flow testing and loss recognition testing.
2. Waiver of Premium is a benefit, like any other payment associated with the benefits on a policy. Since the cost of waiver of premium is tied to incidence and claim length, GLIC believes waived premium should not be treated any differently than other morbidity items. Because Waiver of Premium is a benefit, GLIC creates a separate reserve for waived premiums at the time of claim for each policy. In doing so, the premiums are still earned because GLIC is providing coverage while the policyholder is on claim. Thus, treating the waived premium as an additional claim item is consistent with an earned and incurred definition of premium and claims, respectively.
3. When calculating historical premium, GLIC models a policyholder as paying premiums until they leave the experience pool. To model historical waived premium as an absence of premium, additional model complexity would be required. GLIC believes that this additional model complexity would not be matched in additional value to our current modeling methodology. Removing waiver of premium from the cash flows is not expected to have significant impact in the lifetime loss ratio presented in Exhibits I and II of the Actuarial Memorandum, and therefore GLIC believes that there is no additional value added.

iii. Describe current practices with dates and quantification of the effect of any underwriting changes. Describe how adjustments to experience from policies with less restrictive underwriting are applied to claims expectations associated with policies with more restrictive underwriting.

GLIC does not isolate underwriting specifically in order to quantify the effect of changes when conducting its analysis. Underwriting is considered an underlying assumption included in establishing our lapse, mortality, morbidity and benefit utilization rate assumptions. For Choice, we do not utilize experience from other products when

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setting most of the assumptions. For assumptions where experience is blended (CTs/BURs) there is not sufficient evidence that underwriting at issue impacts the assumptions.

D. A demonstration that actual and projected costs exceed anticipated costs and the margin.

Please refer to Exhibit V in the file: "VA Choice I RS Additional Exhibits 20201016.xlsx" provided with the filing for a calendar year nationwide exhibit that demonstrates how actual and projected future costs compare to anticipated pricing costs. As observed in Exhibit V, the past actual loss ratio is higher than the expected. Due to the impact of rate actions and the use of best estimate assumptions in the projections, the future best estimate loss ratio is lower than the expected originally expected. However, the actual/best estimated lifetime loss ratio is considerably higher than the expected, demonstrating that in the overall life of the product the actual and projected costs exceed anticipated costs and the margin.

Please also refer to Exhibits X–XI for the durational A/E's using original pricing assumptions provided in the in the file: "VA Choice I RS Additional Exhibits 20201016.xlsx".

E. The method and assumptions used in determining projected values should be reviewed in light of reported experience and compared to the original pricing assumptions and current assumptions.

i. Provide applicable actual-to-expected ratios regarding key assumptions.

Please refer to Exhibits VI-IX in the file: "VA Choice I RS Additional Exhibits 20201016.xlsx" for current assumption durational A/E exhibits. Please refer to Exhibits X-XI in the in the file: "VA Choice I RS Additional Exhibits 20201016.xlsx" for original pricing A/E durational exhibits.

ii. Provide justification for any change in assumptions.

Please refer to Section 8 of the Actuarial Memorandum.

F. Combined morbidity experience from different forms with similar benefits, whether from inside or outside the company, where appropriate to result in more credible historical claims as the basis for future claim costs.

Please refer to Section 8 of the Actuarial Memorandum.

i. Explain the relevance of any data sources and resulting adjustments made relevant to the current filing, particularly regarding the morbidity assumption.

Please refer to Section 8 of the Actuarial Memorandum.

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ii. A comparison of the population or industry study to the in-force related to the filing should be performed, if applicable.

For nationwide experience projections, please refer to Exhibits I-II of the Actuarial Memorandum. For State Specific projections, please refer to Exhibits I-II in the in the file: "VA Choice I RS Additional Exhibits 20201016.xlsx".

iii. Explain how claims cost expectations at older ages and later durations are developed if data is not fully credible at those ages and durations.

Claim cost expectations come from our morbidity assumptions. Morbidity assumptions contain three distinct pieces; incidence, claim termination rates and utilization.

Utilization is somewhat different by attained age but there is little differentiation in the assumptions at ages where there is limited claims experience.

Similarly, the claim termination rates differ by age at claim and duration. GLIC termination rates at the oldest ages/later durations are a blend of company experience and baseline rates from a consulting firm.

The final assumptions for incidence are a credibility weighting of two separate assumption studies that we have classified, and detailed below, as direct derived and baseline.

- a. The direct derived assumptions are based on updated studies of inception-to-date company experience.
- b. The baseline assumption is a frozen long-term estimate of healthy life incidence. It is primarily a healthy-life translation of 2014 CFT assumptions and reflects input from an actuarial consulting firm at the oldest ages.
- c. The final assumption reflects the long-term estimate for durations and ages where the Company does not have credible experience, reflects the direct derived estimate for durations and ages where Company experience is fully credible, and reflects a weighted average of the two assumption sets for durations and ages which are partially credible. Over time, the final assumption is weighted more and more towards recent Company experience.

iv. Provide the year of the most recent morbidity experience study.

Please refer to Section 8 of the Actuarial Memorandum. Please also refer to Exhibits VI-IX in the in the file: "VA Choice I RS Additional Exhibits 20201016.xlsx".

G. Information (from NAIC Guidance Manual for Rating Aspect of the Long-Term Care Insurance Model Regulation, "Guidance Manual" Q&A): Morbidity, Lapse, Mortality, Interest

i. Comparison with asset adequacy testing reserve assumptions

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- a) **Explain the consistency regarding actuarial assumptions between the rate increase filing and the most recent asset adequacy (reserve) testing filing.**

Please refer to Section 8 of the Actuarial Memorandum.

- b) **Additional reserves that the company is holding above NAIC Model Reg 10 formula reserves should be provided, (such as premium deficiency reserves and Actuarial Guideline 51 reserves).**

Please refer to Section 10 of the Actuarial Memorandum.

- ii. **Assumptions Template in Appendix 6 of the *NAIC Guidance Manual for Rating Aspect of the Long-Term Care Insurance Model Regulation (Guidance Manual)* (for policies issued after 2017, where applicable)**

Not Applicable.

- iii. **Provide actuarial assumptions from original pricing and most recent rate increase filing, and have the original actuarial memorandum available upon request.**

Please refer to Section 8 of the Actuarial Memorandum. For original pricing lapse and mortality assumptions, please also refer to Exhibits X and XI in the in the file: "VA Choice I RS Additional Exhibits 20201016.xlsx". Please note that the expected rates in column G of Exhibit X reflect the mix of the two sets of lapse rates stated in Section 8 of the Actuarial Memorandum. For morbidity assumptions, please note that only best estimate sample cells have been provided, as the product was priced using claim costs which are both cumbersome and difficult to summarize.

- H. **Guidance Manual Checklist items: summaries (including past rate adjustments); average premium; distribution of business, including rate increases by state; underwriting; policy design and margins; actuarial assumptions; experience data; loss ratios; rationale for increase; reserve description**

Please refer to the Actuarial Memorandum and Exhibit III "Status of Filings" in the in the file: "VA Choice I RS Additional Exhibits 20201016.xlsx".

- I. **Assert that analysis complies with actuarial standards of practice, including 18 & 41.**

Please refer to Section 15 of the Actuarial Memorandum.

- J. **Numerical exhibits should be provided in Excel spreadsheets with active formulas maintained, where possible.**

The excel spreadsheets for each respective exhibit have been provided in in the in the file: "VA Choice I RS Additional Exhibits 20201016.xlsx".

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4. Rate Comparison Statement of renewal premiums with new business premiums.

Not Applicable.

5. Policyholder notification letter – should be clear and accurate.

Please refer to the Policyholder Notification Letter.

A. Provide a description of options for policyholders in lieu of or to reduce the increase.

Please refer to the Policyholder Notification Letter.

B. If inflation protection is removed or reduced, is accumulated inflation protection vested?

Please refer to the Policyholder Notification Letter.

C. Explain the comparison of value between the rate increase and policyholder options.

Please refer to the Policyholder Notification Letter.

D. Are future rate increases expected if the rate increase is approved in full? If so, how is this communicated to policyholders?

Please refer to the Policyholder Notification Letter.

E. How are partnership policies addressed?

Please refer to the Policyholder Notification Letter.

6. Actuarial certification and rate stabilization information, as described in the Guidance Manual and Contingent benefit upon lapse information, including reserve treatment.

Please refer to Section 15 of the Actuarial Memorandum.

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Note regarding this document:

Commissioners on the Long-Term Care Insurance (B/E) Task Force requested that the LTC Pricing Subgroup develop a single checklist that reflects significant aspects of LTC rate increase review inquiries from all of the states. In this context, "checklist" means the list of inquiries (often a template) that states typically send at the beginning of reviews of rate increase filings.

This document contains aspects of the NAIC Guidance Manual and checklists developed by several other states. This single checklist is not intended to prevent a state from asking for additional information. The intent is to take a step toward moving away from 50 states having 50 different checklists in order to have a more efficient process nationally to provide the most important information needed to determine an approvable rate increase. To keep the template a manageable length, it is anticipated that this template will result in states attaining 90 to 100 percent of the information necessary to make a decision about determining approvable rate increases. State and block specifics will generate the other zero to 10 percent of requests.

This consolidated checklist, along with an accompanying list of state-specific questions, can be presented to the LTC B/E Task Force prior to or at the March 2018 NAIC national meeting. As states apply this checklist, an improved version may be considered for future addition to the *Guidance Manual*.



Shumaila Merchant, F.S.A., M.A.A.A.
Director and Actuary
Genworth Life Insurance Company
October 2020

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

NOTE: This document is intended to assist carriers in preparing LTCI rate increase filings for review and approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. Note that some regulatory references in the Comments column are approximate. It is the responsibility of the carriers to verify that their products comply with all relevant statutory and regulatory requirements.

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
Source of Filing	14 VAC 5-101-40	Filings shall be submitted in SERFF. Third-party filing authorization must be included.	Acknowledged
	14VAC5-101-50 C 1	Filing description must include the type of insurance form, including a description of the form and the market for which the form is intended; and intentions to concentrate on a specialized market should be noted.	Acknowledged
	14VAC5-101-50 C 2	Filing description must include the form number of each form that is being filed.	Acknowledged
General Information Filing Description	14VAC5-101-50 C 3	Filing description must state whether submitted form is new, or if replacing, revising, or modifying a previously approved form, the exact changes that are intended.	Acknowledged
	14VAC5-101-50 C 4	Filing description must identify any change in benefits and indicate whether the change affects premium rates for the form.	Acknowledged
	14VAC5-101-50 C 5	Filing description must state if approval of a form submitted has been withdrawn by another regulatory body and the reasons for such a withdrawal.	Acknowledged

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
	14VAC5-101-50 F	Any form filed that is to be used with a previously approved form, including an application, shall identify the form number, approval date, and SERFF or state tracking number in the new filing.	N/A
	14VAC5-101-50 G	Any amendment, endorsement, or rider that intends to revise a previously approved form shall be accompanied by the previously approved form filed as supporting documentation.	Acknowledged
Form Number	14VAC5-101-60 1	Form Number must appear in the lower left-hand corner of the first page of the form. It shall consist of numbers, letters, or a combination of both. The form number shall distinguish the form from all other forms used by the company.	N/A
Company Name and Address	14VAC5-101-60 2	Full and proper name (including "Inc.") must appear prominently on first page or cover sheet of all forms. Home office address must be included on first page of any policy, application, or enrollment form.	N/A
Marketing Name or Logo	14VAC5-101-60 3	A marketing name or logo also may be used on the form, provided that the marketing name or logo does not mislead as to the identity of the company.	N/A
	14VAC5-101-60 4	The cover page of a policy also shall include the address of an office that will administer the policy if different from the home office, a company telephone number, and company website address.	N/A
Final Form	14VAC5-101-60 5	Form must be submitted in "final form" and in "John Doe fashion" to indicate its intended use.	N/A
Electronic Version	14VAC5-101-60 6	Each form that is to be used in an electronic version shall be filed in a format that matches the electronic version exactly.	N/A
Readability	14VAC5-101-70 A	Each form submitted for review or approval shall be written in simplified language, logically and clearly arranged, and printed in a legible format.	Acknowledged

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
	14VAC5-101-70 C	Defined words and terms shall be placed in a separate definition section that is clearly identified, unless only used in one section.	N/A
Type Size	14VAC5-101-70 E	Any form submitted for review or approval shall be printed in at least 10-point type size.	N/A
	14VAC5-101-70 F	Any policy shall achieve a minimum Flesch reading ease score of 50 or an equivalent score using another comparable test, unless otherwise specified by statute, or an exception requested pursuant to 14 VAC 5-101-70 G.	Acknowledged
Variability	14VAC5-101-80	<p>A. Use of variable bracketed information shall be limited. All variable information shall be clear, easily understood and fully explain each use of the variable language.</p> <p>B. Administrative information, such as officer names, titles and signatures, contact information, or company logo may be presented as variable bracketed text.</p> <p>C. Different types of benefits may be variable only for inclusion or exclusion within the form. The use of brackets within brackets is not permitted, except when variability is necessary to identify a period of time or other numeric value.</p> <p>D. Each instance of variable text shall appear in brackets on a form and shall be separately and completely explained in detail in a Statement of Variability document. Each explanation of variability shall appear in the same order that it appears on the form.</p> <p>E. Requests for revisions to a Statement of Variability contained in a previously approved filing shall be accomplished by notification in the original filing.</p>	Acknowledged

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
Filing a Rate Revision	14 VAC 5-130-70 A	(i) New rate sheet;	Appendix A and Appendix B
		(ii) All information required by SERFF.	Acknowledged
	14 VAC 5-130-70 B	Actuarial Memorandum	See Act Memo
	14VAC5-130-70 B 1	A description of the type of policy, including benefits, renewability, issue age limits, and if applicable, whether the policy includes grandfathered, non-grandfathered plans, or both.	Act Memo Section 4, 5
	14VAC5-130-70 B 2	The scope and reason for the premium or rate revision.	Act Memo, Section 2
	14VAC5-130-70 B 3	A comparison of the revised premiums with the current premium scale, including all percentage rate changes and any rating factor changes.	Act Memo, Appendix A, B
	14VAC5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.	Act Memo, Section 1
	14VAC5-130-70 B 5	The estimated average annual premium per policy and per member, before and after the proposed rate revision. If different changes by rating classification are requested, the filing also must include: (i) Range of changes; and (ii) Average overall change, including a detailed explanation of how the change was determined.	Act Memo, Section 13, 14, 15
	14VAC5-130-70 B 6	<i>The following is applicable to all coverage with the exception of coverage issued in the small group market:</i> (i) Projections for future experience, and Virginia and national historical experience of earned premiums, paid claims, incurred claims and loss from inception through most recent quarter. Virginia and national experience should be shown separately. Missing experience should be estimated with all estimation assumptions and methodologies provided in detail; (ii) A statement of the basis for determining the rate revision (Virginia, national, or blended); and	Exhibit I & II

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(iii) If blended, provide the credibility factor assigned to the national experience.	Act Memo, Section 9
	14VAC5-130-70 B 7	Details and dates of all past rate revisions, including annual rate revisions members will experience resulting from this filing. If a company only revises rates annually, the rate revision must be identical to the current submission. If a company has had more frequent rate revisions, the annual revision must reflect the compounding impact of all revisions for the past 12 months.	Act Memo, Section 9
	14VAC5-130-70 B 8	A description of how revised rates were determined, including the general description and source of each assumption of Form 130-A. For claims, provide historical and projected claims by major service category for both cost and utilization on Form 130-B.	Act Memo, Section 8
	14VAC5-130-70 B 9	If the rate revision applies to new business, provide the anticipated loss ratio and a description of how it was calculated.	N/A
	14VAC5-130-70 B 10	If the rate revision applies to in-force business provide: (a) The anticipated loss ratio and a description of how it was calculated; and (b) The estimated cumulative loss ratio, historical and anticipated, and a description of how it was calculated.	Act Memo, Section 9, Exhibit I, II
	14VAC5-130-70 B 11	The loss ratio that was originally anticipated for the policy.	Act Memo, Section 9
	14VAC5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums or rates.	N/A
	14VAC5-130-70 B 13	The current number of Virginia and national members to which the revision applies for the most recent month for which such data is available, and either premiums in force, premiums earned, or premiums collected for such	Act Memo, Section 1

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		members in the year immediately prior to the filing of the rate revision.	
	14VAC5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.	Act Memo, Section 17
Policyholder Letter Review	14VAC5-200-75 A	Other than policies for which no applicable premium rate or rate schedule increases can be made, insurers shall provide all of the information listed in this subsection to the applicant at the time of application or enrollment, unless the method of application does not allow for delivery at that time. In such a case, an insurer shall provide all the information listed in this section to the applicant no later than at the time of delivery of the policy or certificate.	Policyholder Notification Letter
	14VAC5-200-75 A 1	A statement that the policy may be subject to rate increases in the future;	Policyholder Notification Letter
	14VAC5-200-75 A 2	An explanation of potential future premium rate revisions, and the policyholder's or certificateholder's option in the event of a premium rate revision;	Policyholder Notification Letter
	14VAC5-200-75 A 3	The premium rate or rate schedules applicable to the applicant that will be in effect until a request is made for an increase;	Policyholder Notification Letter
	14VAC5-200-75 A 4	A general explanation for applying premium rate or rate schedule adjustments that shall include: a. A description of when premium rate or rate schedule adjustments will be effective (e.g., next anniversary date, next billing date, etc.); and b. The right to a revised premium rate or rate schedule as provided in subdivision 2 of this subsection if the premium rate or rate schedule is changed;	Policyholder Notification Letter

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
	14VAC5-200-75 D	An insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificate holders, if applicable, at least 75 days prior to the implementation of the premium rate schedule increase by the insurer. Such notice shall be filed with the commission at the time the premium rate increase is filed. The notice shall include at least the following information:	Acknowledged
	14VAC5-200-75 D 1	All applicable information identified in subsection A of this section when the rate increase is implemented;	Policyholder Notification Letter
Policyholder Options	14VAC5-200-75 D 2	A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including: a. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183; b. A disclosure stating that all options available to the policyholder may not be of equal value; c. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections; and d. Contact information that will allow the policyholder to contact the insurer for additional options available;	Policyholder Notification Letter
	14VAC5-200-75 D 3	A clear identification of the driving factors of the premium rate increase; and	Policyholder Notification Letter
	14VAC5-200-75 D 4	A statement substantially similar to the following: The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available	Policyholder Notification Letter

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI .	
Pre-Rate Stability	14VAC5-200-150 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth before October 1, 2003.	Acknowledged
Reasonableness of Benefits	14VAC5-200-150 B	Benefits under individual long-term care insurance policies shall be deemed reasonable in relation to premiums provided the expected loss ratio is the greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus: (i) 80% applied to any premium rate increase for individual policy forms or, (ii) 75% applied to any premium rate increase on group policy forms.	Exhibit III
		In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:	
	14VAC5-200-150 B 1	Statistical credibility of incurred claims experience and earned premiums.	Act Memo, Section 9
	14VAC5-200-150 B 2	The period for which rates are computed to provide coverage.	Lifetime
	14VAC5-200-150 B 3	Experienced and projected trends;	Act Memo, Section 8
	14VAC5-200-150 B 4	Concentration of experience within early policy duration;	Exhibit I
	14VAC5-200-150 B 5	Expected claim fluctuation;	Act Memo, Section 8
	14VAC5-200-150 B 6	Experience refunds, adjustments or dividends.	Exhibit I
	14VAC5-200-150 B 7	Renewability features;	Act Memo, Section 4
	14VAC5-200-150 B 8	All appropriate expense factors;	Act Memo, Section 8
	14VAC5-200-150 B 9	Interest;	Act Memo, Section 8
	14VAC5-200-150 B 10	Experimental nature of the coverage;	N/A
	14VAC5-200-150 B 11	Policy reserves;	Act Memo, Section 10

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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
	14VAC5-200-150 B 12	Mix of business by risk classification; and	Act Memo, Section 14
	14VAC5-200-150 B 13	Product features such a long elimination periods, high deductibles and high maximum limits.	Act Memo, Section 14
		Demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for Individual and Certain Group Accident and Sickness Insurance Policy Forms, Chapter 130 (14 VAC 5-130) of this title. All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia.	Exhibit I
	14VAC5-200-150 C	Any insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The entire series mat be approved at one time as part of the current rate increase filing.	Acknowledged
	14VAC5-200-150 D	As a condition of approval of a rate increase for a block of business for which the contingent benefit upon lapse is not otherwise required, a contingent benefit upon lapse provision will be required in accordance with 14VAC5-200-185 D. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases will trigger the offering of a contingent benefit upon lapse, the insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	Acknowledged
	14VAC5-200-150 E	All submissions shall include information required by 14VAC5-200-75.	Acknowledged
Long-Term Care Insurance Funded by Life Insurance	14VAC5-200-150 F	A life insurance policy that funds long-term care benefits entirely by accelerating the death benefit is considered to provide reasonable benefits in relation to	N/A

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		premiums paid, if the policy complies with all the following provisions:	N/A
	14VAC5-200-150 F 1	The interest credited internally to determine cash value accumulations, including long term care, if any, are guaranteed not to be less than the minimum guaranteed interest rate for cash value accumulations without long-term care set forth in the policy;	N/A
	14VAC5-200-150 F 2	The portion of the policy that provides life insurance benefits meets the nonforfeiture requirements of Chapter 32 (§ 38.2-3200 et seq.) of Title 38.2 of the Code of Virginia;	N/A
	14VAC5-200-150 F 3	If an application for a long-term care insurance contract or certificate is approved, the issuer shall deliver the contract or certificate of insurance to the applicant no later than 30 days after the date of approval;	N/A
	14VAC5-200-150 F 4	At the time of policy delivery, a policy summary shall be delivered for an individual life insurance policy that provides long-term care benefits within the policy or by rider. In the case of direct response solicitations, the insurer shall deliver the policy summary upon the applicant's request, but regardless of request shall make delivery no later than at the time of policy delivery. In addition to complying with all applicable requirements, the summary shall also include:	N/A
		a. An explanation of how the long-term care benefit interacts with other components of the policy, including deductions from death benefits;	N/A
		b. An illustration of the amount of benefits, the length of benefit, and the guaranteed lifetime benefits, if any, for each covered person;	N/A
		c. Any exclusions, reductions and limitations on benefits of long-term care;	N/A

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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. A statement that any long-term care inflation protection option required by 14VAC5- 200-100 is not available under this policy;	N/A
		e. If applicable to the policy type, the summary shall also include: (1) A disclosure of the effects of exercising other rights under the policy; (2) A disclosure of guarantees related to long-term care costs of insurance charges; and (3) Current and projected maximum lifetime benefits; and	N/A
		f. The provisions of the policy summary listed above may be incorporated into a basic illustration or into the life insurance policy summary;	N/A
	14VAC5-200-150 F 5	Any time a long-term care benefit, funded through a life insurance vehicle by the acceleration of the death benefit, is in benefit payment status, a monthly report shall be provided to the policyholder. The report shall include:	N/A
		a. Any long-term care benefits paid out during the month;	N/A
		b. An explanation of any changes in the policy (e.g., death benefits or cash values) due to long-term care benefits being paid out; and	N/A
		c. The amount of long-term care benefits existing or remaining;	N/A
	14VAC5-200-150 F 6	Any policy illustration that meets the applicable requirements of 14VAC5-41; and	N/A
	14VAC5-200-150 F 7	An actuarial memorandum is filed with the Bureau of Insurance that includes:	N/A
		a. A description of the basis on which the long-term care rates were determined;	N/A
		b. A description of the basis for the reserves;	N/A

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		c. A summary of the type of policy, benefits, renewability, general marketing method, and limits on ages of issuance;	N/A
		d. A description and a table of each actuarial assumption used. For expenses, an insurer must include percentage of premium dollars per policy and dollars per unit of benefits, if any;	N/A
		e. A description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives;	N/A
		f. The estimated average annual premium per policy and the average issue age;	N/A
		g. A statement as to whether underwriting is performed at the time of application. The statement shall indicate whether underwriting is used and, if used, the statement shall include a description of the type or types of underwriting used, such as medical underwriting or functional assessment underwriting. Concerning a group policy, the statement shall indicate whether the enrollee or any dependent will be underwritten and when underwriting occurs; and	N/A
		h. A description of the effect of the long-term care policy provision on the required premiums, nonforfeiture values and reserves on the underlying life insurance policy, both for active lives and those in long-term care claim status.	N/A
Post-Stability Policies	14VAC5-200-153 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth on or after October 1, 2003, but prior to September 1, 2015.	Acknowledged
	14VAC5-200-153 B	An insurer shall request the commission's approval of a pending premium rate schedule increase, including an	Acknowledged

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		exceptional increase, prior to the notice to the policyholders and shall include:	Acknowledged
	14VAC5-200-153 B 1	Information required by 14VAC5-200-75;	Acknowledged
	14VAC5-200-153 B 2	Certification by a qualified actuary that:	Act Memo, Section 17
		a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated; and	Act Memo, Section 17
		b. The premium rate filing is in compliance with the provisions of this section;	Act Memo, Section 17
	14VAC5-200-153 B 3	An actuarial memorandum justifying the rate schedule change request that includes:	
		a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale;	Exhibit I, II
		(1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately;	Exhibit I, II
		(2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;	Exhibit I, II
		(3) The projections shall demonstrate compliance with subsection C of this section; and	Exhibit I, II
		(4) For exceptional increases,	
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	Acknowledged

Review Requirements Checklist
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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(b) In the event the commission determines as provided in the definition of exceptional increase in 14VAC5-200-40 that offsets may exist, the insurer shall use appropriate net projected experience;	Acknowledged
		b. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;	Acknowledged
		c. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary;	Acknowledged
		d. A statement that policy design, underwriting, and claims adjudication practices have been taken into consideration;	Acknowledged
		e. If it is necessary to maintain consistent premium rates for new policies and policies receiving a rate increase, the insurer will need to file composite rates reflecting projections of new policies; and	Acknowledged
		f. A demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted;	Acknowledged
	14VAC5-200-153 B 4	A statement that renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits, unless sufficient justification is provided to the commission; and	Acknowledged
	14VAC5-200-153 B 5	Sufficient information for review and approval of the premium rate schedule increase by the commission.	Acknowledged
Series Rate Increases		An insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The	Acknowledged

Review Requirements Checklist
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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		entire series may be approved at one time as part of the current rate increase filing. The insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	Acknowledged
		The insurer may request a premium rate schedule increase less than what is required under this section and the commission may approve such premium rate schedule increase, without submission of the certification in subdivision 2 a of this subsection, if the actuarial memorandum discloses the premium rate schedule increase necessary to make such certification required, the premium rate schedule increase filing satisfies all other requirements of this section, and is, in the opinion of the commission, in the best interest of policyholders.	Acknowledged
	14VAC5-200-153 C	All premium rate schedule increases shall be determined in accordance with the following requirements:	Acknowledged
Exceptional Increases	14VAC5-200-153 C 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	Acknowledged
	14VAC5-200-153 C 2	Premium rate schedule increases shall be calculated such that the sum of the accumulated value of incurred claims, without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:	Acknowledged
		a. The accumulated value of the initial earned premium times 58%;	Exhibit III
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	Exhibit III
		c. The present value of future projected initial earned premiums times 58%; and	Exhibit III

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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	Exhibit III
	14VAC5-200-153 C 3	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	Acknowledged
	14VAC5-200-153 C 4	All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	Acknowledged
	14VAC5-200-153 D	For each rate increase that is implemented, the insurer shall file for approval by the commission updated projections, as defined in subdivision B 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection K of this section, the projections required by subdivision B 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.	Acknowledged
	14VAC5-200-153 E	If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision B 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection D of	Acknowledged

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FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		this section. For group insurance policies that meet the conditions in subsection K of this section, the projections required by this subsection shall be provided to the policyholder in lieu of filing with the commission.	Acknowledged
Premium Rate Increases for Policies Issued After September 1, 2015.	14VAC5-200-154 A	An insurer shall request the commission's approval of a pending premium rate schedule increase, including an exceptional increase, prior to the notice to the policyholders and shall include:	N/A
	14VAC5-200-154 A 1	Information required by 14VAC5-200-75;	N/A
	14VAC5-200-154 A 2	Certification by a qualified actuary that:	N/A
		a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated; and	N/A
		b. The premium rate filing is in compliance with the provisions of this section;	N/A
	14VAC5-200-154 A 3	An actuarial memorandum justifying the rate schedule change request that includes:	N/A
		a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale;	N/A
		(1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately;	N/A
		(2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;	N/A

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(3) The projections shall demonstrate compliance with subsection B of this section; and	N/A
		(4) For exceptional increases:	N/A
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	N/A
		(b) In the event the commission determines as provided in the definition of exceptional increase in 14VAC5-200-40 that offsets may exist, the insurer shall use appropriate net projected experience;	N/A
		b. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;	N/A
		c. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary;	N/A
		d. A statement that policy design, underwriting, and claims adjudication practices have been taken into consideration;	N/A
		e. In the event that it is necessary to maintain consistent premium rates for new policies and policies receiving a rate increase, the insurer will need to file composite rates reflecting projections of new policies; and	N/A
		f. A demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted;	N/A
	14VAC5-200-154 A 4	A statement that renewal premium rate schedules are not greater than new business premium rate schedules	N/A

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		except for differences attributable to benefits, unless sufficient justification is provided to the commission; and	N/A
	14VAC5-200-154 A 5	Sufficient information for review and approval of the premium rate schedule increase by the commission.	N/A
	14VAC5-200-154 B	All premium rate schedule increases shall be determined in accordance with the following requirements:	N/A
Exceptional Increases	14VAC5-200-154 B 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	N/A
	14VAC5-200-154 B 2	Premium rate schedule increases shall be calculated such that the sum of the lesser of (i) the accumulated value of actual incurred claims, without the inclusion of active life reserves, or (ii) the accumulated value of historic expected claims without the inclusion of active life reserves, plus the present value of the future expected incurred claims, projected without the inclusion of actual life reserves, will not be less than the sum of the following:	N/A
		a. The accumulated value of the initial earned premium times the greater of (i) 58% and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience;	N/A
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	N/A
		c. The present value of future projected initial earned premiums times the greater of (i) 58% and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience; and	N/A

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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	N/A
	14VAC5-200-154 B 3	Expected claims shall be calculated based on the original filing assumptions assumed until new assumptions are filed as part of a rate increase. New assumptions shall be used for all periods beyond each requested effective date of a rate increase. Expected claims are calculated for each calendar year based on the in-force policies at the beginning of the calendar year. Expected claims shall include margins for moderately adverse experience; either amounts included in the claims that were used to determine the lifetime loss ratio consistent with the original filing or as modified in any rate increase filing;	N/A
	14VAC5-200-154 B 4	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	N/A
	14VAC5-200-154 B 5	All present and accumulated values used to determine rate increases, including the lifetime loss ratio consistent with the original filing reflecting margins for moderately adverse experience, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	N/A
	14VAC5-200-154 C	For each rate increase that is implemented, the insurer shall file for approval by the commission updated projections, as defined in subdivision A 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The	N/A

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection J of this section, the projections required by subdivision A 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.	N/A
	14VAC5-200-154 D	If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision A 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection C of this section. For group insurance policies that meet the conditions in subsection J of this section, the projections required by this subsection shall be provided to the policyholder in lieu of filing with the commission.	N/A

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Rates Section of the Life and Health Division reviews long-term care insurance rate revisions . Please contact the assigned rates examiner or this section directly at (804) 371-9348 if you have questions or need additional information about this line of insurance.

The Flesch reading ease score of the filed policy form is _____.

I represent that a review of the enclosed form has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.

I hereby certify that I have reviewed the attached revision to the long-term care insurance rate filing and determined that it is in compliance with the Revision to Long-Term Care Insurance (LTCI) Rates checklist.

Signed: Shumaila Merchant

Name (please print): Shumaila Merchant, F.S.A., M.A.A.A Title: Director & Actuary

Company Name: Genworth Life Insurance Company

Date: December 2020 Phone No: () 469-486-3149

E-Mail Address: Shumaila.Merchant@genworth.com

Genworth Life Insurance Company
Address: 6620 West Broad Street, Richmond, VA 23230
Company NAIC No: 70025

Actuarial Memorandum
September 2021

CONFIDENTIAL

Policy Form 7035J, 62172, 62274F, 62275, 62276, 62277, 62278

1. Scope of this Filing

This filing applies to the referenced policy forms issued in Virginia between October 2003 and April 2004. These forms are also referred to by Genworth Life Insurance Company (“GLIC”) as Choice I and are no longer being sold.

For all the policies issued in Virginia to which the current filing applies, the following table shows the number of exposed lives by policies issued and policies inforce as of December 31, 2019.

	Lifetime Benefit	Limited Benefit	Total Lives
Issued Lives	150	255	405
Inforce Lives	118	205	323

2. Purpose of this Filing

This actuarial memorandum has been prepared to request and support the approval of a premium rate increase in your state.

We demonstrate that the proposed premium rate increase satisfies the minimum requirements of Virginia. This actuarial memorandum may not be suitable for other purposes.

2.1 Multi-Year Rate Action Plan (MYRAP) Overview

GLIC’s 2019 Cash Flow Testing (CFT) includes an assumption for future rate increases for Choice I based upon a cumulative premium rate increase of 421% over a period of six to nine years for policyholders with lifetime benefits (72% in 2017, 72% in 2020, and 76% in 2023) and 263% over a period of six to nine years for policyholders with limited benefits (55% in 2017, 55% in 2020, and 51% in 2023). This assumption regarding Choice I rate increases is part of GLIC’s Multi-Year Rate Action Plan.

Starting in 2017, GLIC submitted an initial nationwide filing (first round of MYRAP) requesting a premium rate increase of 72% for policies with lifetime benefits and 55% for policies with limited benefits, with plans for submitting future filings in 2020 and 2023 (second and third rounds of MYRAP respectively).

In the current filing GLIC’s goal is to submit the second round of MYRAP, requesting a premium rate increase of 72% for policies with lifetime benefits and 55% for policies with limited benefits, and continue to pursue any remainder of the rate increase not approved in prior filings.

Actuarial Memorandum
September 2021

CONFIDENTIAL

2.2 Proposed Premium Rate Increase

In this filing, GLIC proposes a premium rate increase of 72% for policies with lifetime benefits and 55% for policies with limited benefits, applicable to the base rates and associated riders of all inforce policies referenced in Section 1 of this actuarial memorandum.

Alternatively, the one-time actuarial equivalent rate increases to the second and third rounds of MYRAP, adjusted by any balance from prior filings, are 165% and 109%, for policyholders with lifetime and limited benefits respectively. GLIC is indifferent between accepting the one-time rate increases or the phased rate increase schedule over the next three to six years.

3. Justification of the Premium Rate Increase

From the time these policy forms were originally priced, GLIC has monitored and analyzed the impact of its experience on the projections and lifetime loss ratios. As new experience has emerged, GLIC has observed that it continued to unfold unfavorably and assumptions and methodologies have been adjusted to that effect. These updates have resulted in increases in the Disabled Life Reserves (DLR) and the continued need for premium rate increases.

A key driver for these increases has been lower than expected active life terminations. As voluntary lapse and active life mortality remained lower than anticipated, policyholders stayed in force longer to ages at which claims were more likely to occur.

In addition to policyholders persisting to longer policy durations and lower mortality rates, claim costs, driven by the combination of claim incidence, claim continuance and benefit utilization rates, have emerged higher than originally expected. Updated claim severity assumptions have led to the significant strengthening of GLIC's DLR in 2014, 2016 and 2018.

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The table below summarizes the assumption updates made since 2014 that have had the biggest impact in the premium rate increases:

Year	Update in Assumptions Due To
2014	Lower Claim Termination Rates (CTR) in later durations Higher Benefit Utilization Rate (BUR) in later durations
2015	Lower Voluntary Lapse Lower Active Life Mortality
2016	Lower CTR BUR methodology change
2017	Incidence differential for Lifetime and Non-Lifetime benefit periods
2018	BUR methodology change Lower CTR
2019	Unfavorable BUR experience/annual update

4. Marketing Method and Underwriting Description

Policies were primarily sold by captive agents that were provided leads from mass mailing responses. The underwriting process included an assessment of functional and cognitive abilities at issue ages considered by GLIC to be appropriate. Various underwriting tools were used in accordance with our underwriting requirements, including an application, medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

5. Description of Benefits

This comprehensive long term care insurance policy:

- Is federally tax qualified and individually underwritten.
- Reimburses incurred home health care and facility expenses subject to the amount of coverage purchased.
- Covers either an individual or a couple – a couple's policy operates like two individual policies but draws from a shared benefit pool.
- Contains benefit eligibility requirements that are tied to Activities of Daily Living (ADL) deficiencies and cognitive impairment.
- The policy's integrated survivorship benefit waives future premium payments upon the first spouse's death if both spouses are insured at that time and have met certain requirements.
- Optional nonforfeiture benefit and restoration of benefit riders may have been selected.

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Applicants selected the following at issue:

- Daily Payment Maximum (DPM),
- Benefit Period, and
- Elimination Period.

In addition, the policyholder selected the Benefit Increase Option (BIO) to determine how the DPM should be increased:

- No Increase – the DPM stays level.
- Simple Increase – the DPM increases each year by 5% of the original DPM, starting in the second policy year and continuing for the life of the policy unless terminated earlier by the insured.
- Compound Increase – the DPM increases each year by 5% of the prior year DPM, starting in the second policy year and continuing for the life of the policy unless terminated earlier by the insured.

After the elimination period has been satisfied, premium payments are waived during facility stays and home health care (except where home care benefits are received pursuant to a Privileged Care Coordinator's Plan of Care, in which case premium payments are waived immediately upon the receipt of home care benefits).

6. Alternatives to the Proposed Rate Increase

GLIC will offer insureds impacted by rate filings several options for mitigating the impact of the rate increase. These options will be provided in the policyholder notification letter. In addition, policyholders will have the ability to call a dedicated team of customer service representatives that can assist with providing customized quotes for any number of other benefit adjustments.

Reduced Benefit Options. As with prior rate increases, insureds can change a number of benefit features or coverage limits in order to maintain reasonably equivalent pre- and post-rate increase premium levels, and the optimal balance of coverage and cost based on their specific needs. The available benefit and rate combinations are consistent with the combinations presented in the rate tables approved by the Virginia Bureau of Insurance as part of the original filing. To balance coverage and cost considerations, GLIC will offer policyholders, subject to rate increases on their long term care policies, customized options to adjust their benefits, which may include any of the following options (where available):

1. Reduction in Daily Payment Maximum;
2. Reduction in Benefit Period;
3. Reduction or elimination of the BIO;
4. Increases in Elimination Period; and
5. Elimination of policy riders.

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If a policyholder elects to reduce or eliminate the BIO, they would retain any prior increases to their daily or monthly payment maximums.

Lifetime Stable Premium Option (LSPO).

GLIC has developed the LSPO as a new alternative for policy forms 7035J, to mitigate the proposed premium increase while still providing meaningful protection, as well as a lifetime premium rate guarantee. This option features the following:

1. A lifetime premium rate guarantee,
2. A three-year benefit period (six-year benefit period for Shared policies),
3. Retention of prior benefit increases in the Daily Payment Maximum,
4. 1% compound benefit increase going forward, and
5. A choice of (1) a longer elimination period (180 day for facility / 90 day for home care) or (2) 10% coinsurance combined with elimination periods comparable to those of most current policyholders (100 day for facility / 0 day for home care).

The combination of the benefits presented with this option is supported by a 2016 PwC study of industry data which found that the average duration for an LTC event is about three years, and that approximately 75% of all LTC events cost less than \$250,000^[1]. Under this new option, policyholders will have a three-year benefit period (six years for Shared policies), and the estimated median benefit pool, if all policyholders elected this option, would be approximately \$295,000 with continued growth at 1% compound.

Other options. GLIC will continue to offer the applicable nonforfeiture option to each policyholder. Policyholders that are eligible for the Contingent Nonforfeiture Option will be presented with that as an option in their notification letter. Policyholders that have a nonforfeiture (NFO) rider with their policy, may elect that option. For those policyholders that do not have either the Contingent Nonforfeiture or NFO rider available, GLIC will continue to offer its Optional Limited Benefit, which provides a paid-up benefit equal to the total of premium paid, less any claims paid.

7. Premiums

7.1 Renewability

These policies are guaranteed renewable for life, subject to policy terms and conditions.

^[1] *The formal cost of long-term care services: How can society meet a growing need?* The referenced study, initially made available in October 2016 and then formally published on their website in 2018, is based on data for the time period 2000-2015 and reports figures in 2016 dollars.

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7.2 Area Factors

Geographic area factors are not used in rating these policies.

7.3 Premium Classes

Premium rates are unisex, level (with the exception of approved rate increases) and payable for life. Premiums vary by issue age, daily payment maximum, benefit period, elimination period, BIO and any applicable riders selected.

Certain underwriting discounts may have been applied to the premium rates. A preferred risk discount of 10% may have been provided to applicants in response to certain health underwriting criteria specified on the application. A spousal discount of 25% was provided to married individuals when both spouses submitted valid applications.

7.4 Modalization Rules

The following table shows the modal factors that are applied to the annual premium for policies, and the percentage of insureds selecting each premium mode.

Premium Mode	Modal Factor	State Distribution		Nationwide Distribution	
		Lifetime	Limited	Lifetime	Limited
Annual	1	54.2%	45.4%	54.4%	48.4%
Semi-Annual	0.51	11.0%	6.8%	9.1%	9.6%
Quarterly	0.26	18.6%	15.6%	15.2%	17.4%
Monthly	0.09	16.1%	32.2%	21.4%	24.6%

7.5 History of Previous Rate Revisions

A 60% rate increase for policies with lifetime benefits and a 44% rate increase for policies with limited benefits was accepted in Virginia on 7/9/2013.

An 72% rate increase for policies with lifetime benefits and a 55% rate increase for policies with limited benefits was accepted in Virginia on 6/28/2019.

A cumulative rate increase of 175% for policies with lifetime benefits and of 123% for policies with limited benefits has been approved in your state.

7.6 Rate Schedule

Current rate tables reflecting any prior approved rate increase have been included in Appendix A. Corresponding rate tables reflecting any prior approved and the proposed rate increase have been included in Appendix B, attached separately. Please note that actual rates implemented may vary slightly from those set forth in Appendices A and B due to implementation rounding algorithms.

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Rate tables for the LSPO presented in Section 6 are included in Appendix C.

7.7 Proposed Effective Date

This rate increase will apply to policies on their billing anniversary date, following a minimum 75-day policyholder notification period.

8. Actuarial Assumptions

This filing's assumptions, with the exception of claim situs mix, are based on actual Genworth nationwide experience with adjustments as considered appropriate for future projections, based on expected differences in experience due to either policy characteristics, policyholder characteristics or underwriting criteria. The claim situs mix assumption is based on GLIC nationwide data. Best Estimate assumptions, described below, for voluntary lapse, mortality, and morbidity do not include any provision for contingency or risk margin. Beginning with 2016 CFT, GLIC converted from a total lives model to a first principles healthy lives model in which the experience is split between healthy lives and disabled lives.

The actuarial assumptions used to support actuarially justified rate increase filings in Virginia are consistent with those used for GLIC's 2019 CFT, prior to additional Provisions for Adverse Deviation. While base voluntary lapse, mortality and morbidity assumptions are consistent, some modeling features, such as estimates of policyholder behavior (nonforfeiture elections and benefit reductions), are not identical.

The best estimate assumptions were developed by Genworth's Long Term Care Experience Studies team in collaboration with other Genworth actuaries. Genworth's Assumption Review Committee approved these assumptions. Genworth reviews experience and all assumptions every year in connection with CFT and may obtain third-party reviews when, for example, management considers changes to be material.

Note: GLIC nationwide data includes all the states' data except New York. Genworth nationwide data refers to GLIC nationwide data plus New York data.

A. Voluntary Lapse Rates

Original Filing: The product included in this filing was originally priced in 2000 using termination assumptions developed from experience prior to those dates. Originally filed Choice I lapse rates varied by duration. The original ultimate lapse rate was 2.0% in year 6+.

Prior - 2012 Filing: Varied by duration as developed from actual experience through 2011.

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Current Filing: The assumption for expected voluntary lapse rates is derived from actual Genworth nationwide Long Term Care voluntary lapse experience through fourth quarter of 2018, with a 6-month lag, excluding the experience of recent partial policy years.

The voluntary lapse assumption is developed in three segments: 1) durations 1-10, 2) durations 11+ with attained ages up to 79, and 3) durations 11+ with attained ages 80+. The second segment has ultimate rates of approximately 0.5% to 1.0%. The third segment has increasing lapse rates by attained age consistent with Genworth experience.

For durations 1-10, Choice I lapse rates are based solely on the Choice I experience. For durations 11+, Choice I lapse rates are based on total Genworth nationwide experience, with a product adjustment factor. Lapse rates vary by product, issue age, duration, BIO, marital status, risk class and benefit period. The assumptions setting process involves credibility weighting actual historical experience for the product with a long-term baseline assumption. This methodology reduces volatility in the assumption from year-to-year, especially in policy durations with limited experience. In 2019, the credibility weighting procedure was changed to put somewhat higher weight on emerging experience. The Choice I Actual/Expected ratio of 99.0% shows a very good fit of the assumption to the inception-to-date historical experience. Experience is still emerging at the later durations and later ages, which may cause the assumption to change over time.

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The following table is a sample of the current lapse rate assumptions for cells with a lifetime benefit period, married status and compound BIO.

Sample Voluntary Lapse Rate Assumption						
UW Discount	No	No	No	Yes	Yes	Yes
Issue Age	45	55	62	45	55	62
Duration						
1	8.02%	4.76%	4.80%	7.01%	4.15%	4.18%
2	4.26%	2.42%	2.37%	3.71%	2.11%	2.06%
3	3.08%	1.68%	1.59%	2.69%	1.46%	1.38%
4	2.26%	1.29%	1.22%	1.97%	1.12%	1.06%
5	1.97%	1.09%	0.97%	1.72%	0.95%	0.84%
6	1.78%	0.97%	0.83%	1.55%	0.85%	0.72%
7	1.54%	0.91%	0.79%	1.34%	0.80%	0.68%
8	1.28%	0.75%	0.72%	1.12%	0.65%	0.62%
9	0.99%	0.56%	0.60%	0.86%	0.49%	0.52%
10	0.88%	0.44%	0.51%	0.77%	0.38%	0.44%
11	0.63%	0.40%	0.55%	0.54%	0.34%	0.47%
12	0.59%	0.38%	0.53%	0.51%	0.32%	0.46%
13	0.56%	0.36%	0.52%	0.48%	0.31%	0.46%
14	0.56%	0.37%	0.53%	0.49%	0.33%	0.48%
15	0.57%	0.41%	0.57%	0.50%	0.37%	0.53%
16	0.61%	0.46%	0.62%	0.55%	0.42%	0.59%
17	0.61%	0.49%	0.66%	0.56%	0.46%	0.63%
18	0.62%	0.53%	0.71%	0.58%	0.50%	0.68%
19	0.63%	0.56%	0.76%	0.60%	0.54%	0.74%
20	0.64%	0.60%	0.81%	0.61%	0.58%	0.81%
21	0.65%	0.64%	0.92%	0.63%	0.63%	0.92%
22	0.66%	0.68%	1.00%	0.65%	0.67%	1.00%
23	0.66%	0.74%	1.08%	0.66%	0.74%	1.08%
24	0.66%	0.76%	1.18%	0.66%	0.76%	1.18%
25	0.66%	0.79%	1.28%	0.66%	0.79%	1.28%

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B. Mortality:

Original Filing: Original total lives mortality assumptions were based on the 1983 Individual Annuity Mortality (IAM) Table, Age Last Birthday (ALB), without mortality improvement, with selection factors grading from 50% in year 1 to 100% in years 8 and later.

Prior - 2012 Filing: 1983 IAM Table, with selection grading from 21% in year 1 to 98% in years 19 and later, as indicated by actual experience through 2011.

Current Filing: The current best estimate assumptions for expected mortality rates for healthy lives are derived from actual Genworth nationwide Long Term Care mortality experience through fourth quarter of 2018, with a 1-year reporting lag. Healthy lives mortality rates vary by product, issue age, policy duration, gender, marital status, underwriting class, BIO and benefit period. The assumptions setting process involves credibility weighting actual historical experience for the product with a long-term baseline assumption. This methodology reduces volatility in the assumption from year-to-year, especially in policy durations with limited experience. In 2019, the credibility weighting procedure was changed to put somewhat higher weight on emerging experience. The Choice I Actual/Expected ratio of 100.2% shows a very good fit of the assumption to the inception-to-date historical experience. Experience is still emerging at the later claim durations and later ages, which may cause the assumption to change over time.

A mortality improvement assumption for healthy lives is applied to the first 10 projection years at a compound rate of 1% per year. Remaining projection years use the accumulated improvement of 10 years.

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The following table is a sample of the current mortality rate assumptions before improvements, for cells with a limited benefit period, married status, standard risk class, no BIO and issue age 65.

Gender	M	F
Duration		
1	0.26%	0.13%
2	0.44%	0.23%
3	0.55%	0.30%
4	0.64%	0.35%
5	0.73%	0.40%
6	0.82%	0.45%
7	0.91%	0.51%
8	1.02%	0.57%
9	1.12%	0.64%
10	1.24%	0.71%
11	1.37%	0.80%
12	1.51%	0.89%
13	1.68%	1.00%
14	1.89%	1.15%
15	2.17%	1.34%
16	2.51%	1.58%
17	2.93%	1.88%
18	3.48%	2.29%
19	4.19%	2.82%
20	4.94%	3.39%
21	5.44%	3.88%
22	5.90%	4.41%
23	6.25%	4.90%
24	6.39%	5.34%
25	6.61%	5.78%
26	7.14%	6.38%
27	7.66%	7.04%
28	8.14%	7.72%
29	8.30%	8.12%
30	8.39%	8.39%

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C. Morbidity:

The morbidity assumption is composed of three main parts - incidence, benefit utilization and claim termination rates (sometimes described as claim continuance). The latter two assumptions constitute claim severity. Claim incidence rates measure the likelihood of a policyholder going on claim. Benefit utilization rates measure the proportion of contractually available benefits that a policyholder uses while on claim, once eligibility requirements have been met (for example, for a given day a policyholder might submit a claim for the reimbursement of expenses which are only 50% of the DPM). Claim termination rates refer to the length of time until a claimant leaves their claim status, once benefit eligibility requirements have been met, and are applied from the loss date of the claim. Because the benefit utilization and claim termination assumptions vary by original care situs, the morbidity assumption also includes a claim situs mix assumption to split newly incurred claims between Nursing Home (NH), Assisted Living Facility (ALF) and Home Care (HC) settings.

Prior to 2016, these assumptions were combined into total claim costs for use in the total life modeling approach. With the total life approach, an explicit assumption was needed to reflect policy terminations related to benefit exhaustions. Beginning in 2016, all projections were performed from first principles (i.e., incidence, benefit utilization and claim termination rates are individually reflected in the projection model) and benefit exhaustions were implicitly recognized.

Original Filing: Originally filed expected claim cost for home care and community care benefits for Choice I were based on 1982-1984 National Long Term Care Surveys for the first two years and company experience after. Company experience was used to develop the assumptions for the nursing home benefits.

Prior - 2012 Filing: Expected Claim Costs were the product of attained age incidence rates and continuance (1 minus claim termination rates) curves, adjusted by utilization rates and underwriting selection factors based on actual experience through 2011.

Current Filing: The three main components of morbidity - incidence, benefit utilization and claim termination rates - and claim situs mix are described below.

1. Incidence Rates

The current best estimate assumption for expected incidence rates is derived from actual Genworth nationwide Long Term Care claim incidence experience through fourth quarter of 2018, with a 1-year reporting lag. Incidence rates vary by product, issue age, policy duration, gender, marital status, underwriting class and benefit period.

The incidence assumption setting process involves credibility weighting actual historical experience for the product with a long-term baseline assumption. This methodology reduces volatility in the assumption from year-to-year, especially in policy durations with limited experience. In the 2019 development of the incidence assumption, a Generalized Linear Model (GLM) was used to better fit the assumption across

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all of the explanatory variables when evaluating actual historical experience. In 2019, the baseline curves were not changed, but the credibility weighting procedure was changed to put somewhat higher weight on emerging experience (as evaluated by the GLM). The 2019 incidence assumption development was peer reviewed by a national actuarial consulting firm. The Choice I Actual/Expected ratio of 100.1% shows a very good fit of the assumption to the inception-to-date historical experience. Experience is still emerging at the later durations and later ages, which may cause the assumption to change over time.

A morbidity improvement assumption for healthy lives is applied to the first 10 projection years at a compound rate of 1.6% per year. Remaining projection years use the accumulated improvement of 10 years. This assumption is based on Genworth experience data and supported by statistical testing.

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The following table is a sample of claim incidence rate assumptions for a married insured, issue ages 55 and 65, for lifetime benefit periods:

Claim Incidence Rates								
Gender	M	M	M	M	F	F	F	F
UW Discount	No	No	Yes	Yes	No	No	Yes	Yes
Issue Age	55	65	55	65	55	65	55	65
Duration								
1	0.06%	0.17%	0.04%	0.10%	0.08%	0.21%	0.05%	0.13%
2	0.09%	0.27%	0.05%	0.17%	0.12%	0.34%	0.07%	0.20%
3	0.12%	0.36%	0.07%	0.23%	0.15%	0.46%	0.09%	0.27%
4	0.14%	0.46%	0.09%	0.29%	0.18%	0.59%	0.11%	0.35%
5	0.17%	0.57%	0.10%	0.37%	0.22%	0.73%	0.13%	0.44%
6	0.19%	0.70%	0.12%	0.45%	0.25%	0.89%	0.15%	0.53%
7	0.22%	0.86%	0.14%	0.55%	0.29%	1.08%	0.17%	0.65%
8	0.25%	1.04%	0.16%	0.67%	0.32%	1.29%	0.19%	0.79%
9	0.29%	1.25%	0.18%	0.81%	0.37%	1.54%	0.22%	0.95%
10	0.33%	1.50%	0.21%	0.98%	0.42%	1.84%	0.25%	1.14%
11	0.39%	1.80%	0.24%	1.19%	0.48%	2.21%	0.28%	1.39%
12	0.45%	2.16%	0.28%	1.45%	0.56%	2.66%	0.33%	1.69%
13	0.53%	2.59%	0.32%	1.77%	0.65%	3.20%	0.38%	2.07%
14	0.62%	3.08%	0.38%	2.15%	0.76%	3.82%	0.45%	2.52%
15	0.69%	3.48%	0.42%	2.49%	0.84%	4.32%	0.50%	2.91%
16	0.79%	4.01%	0.49%	2.94%	0.97%	5.02%	0.57%	3.43%
17	0.91%	4.57%	0.57%	3.51%	1.14%	5.76%	0.65%	4.11%
18	1.06%	5.21%	0.66%	4.17%	1.34%	6.57%	0.75%	4.89%
19	1.23%	5.92%	0.78%	4.94%	1.58%	7.42%	0.89%	5.69%
20	1.42%	6.68%	0.91%	5.74%	1.84%	8.31%	1.06%	6.54%
21	1.61%	7.48%	1.05%	6.57%	2.13%	9.25%	1.25%	7.40%
22	1.94%	8.43%	1.29%	7.52%	2.56%	10.13%	1.53%	8.46%
23	2.29%	9.39%	1.60%	8.47%	3.03%	11.04%	1.85%	9.59%
24	2.65%	10.20%	1.91%	9.21%	3.53%	11.53%	2.17%	10.35%
25	3.00%	11.16%	2.21%	10.16%	4.05%	12.38%	2.50%	11.44%
26	3.40%	12.43%	2.55%	11.41%	4.61%	13.65%	2.87%	12.83%
27	4.10%	13.50%	3.22%	12.51%	5.40%	14.79%	3.63%	14.09%
28	4.81%	14.60%	3.91%	13.65%	6.24%	16.08%	4.44%	15.48%
29	5.56%	15.56%	4.62%	14.54%	7.15%	16.94%	5.31%	16.47%
30	6.34%	16.46%	5.36%	15.43%	8.14%	18.13%	6.24%	17.78%

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2. Benefit Utilization Rates (BUR)

The BUR is based on a rolling 12 months of paid claim data. The 2019 CFT assumption is consistent with our Disabled Life Reserving assumption used in 3Q2019, except it collapses the variables of diagnosis and daily maximum benefit amount due to modeling constraints.

The current best estimate assumption for expected benefit utilization rates is derived from actual Genworth nationwide Long Term Care paid claim experience. The assumption used in GLIC's 2019 CFT is based on claim payment data from 4/1/2018 through 3/31/2019. The utilization rates are segmented by product type (indemnity or reimbursement), product, care situs, BIO, benefit period, age at disability and claim duration.

The BUR assumption development uses a GLM method, which effectively captures interactions among the explanatory variables. The method also has a final true-up step, which ensures a 100% actual-to-expected fit by care situs, claim duration (1, 2, 3+) and benefit period (lifetime vs limited) for each product type. The GLM was subject to peer review by a national actuarial consulting firm in 2018.

A utilization trend assumption is used for reimbursement products. Long term trending is accomplished by inflating each of the assumed starting BURs by the applicable inflation assumption (ranging from 1.0% to 2.3%) and deflating it by the contractual BIO for the next 20 years into the future. Remaining projection years use the accumulated trending after 20 years. The trend assumption generally increases the future projected claim costs for No BIO policies and decreases the future projected claim costs for Simple and Compound BIO policies relative to recent actual experience.

The following table is a sample of base benefit utilization rate assumptions (i.e. before the application of the utilization trend assumption) for a reimbursement policy, limited benefit period (4+ years), and with compound BIO:

Benefit Utilization Factors						
Age at Disability	81	81	81	86	86	86
Situs	ALF	HC	NH	ALF	HC	NH
Claim Duration in Years						
1	62.65%	37.75%	69.10%	62.77%	39.20%	70.36%
2	67.09%	49.51%	74.94%	66.58%	50.90%	75.55%
3	69.96%	55.76%	75.33%	68.98%	56.97%	75.48%
4	68.76%	59.24%	72.39%	67.60%	60.34%	72.31%
5	65.33%	58.85%	67.54%	64.24%	59.97%	67.48%
6	61.32%	55.87%	62.52%	60.52%	57.15%	62.70%
7+	58.12%	51.84%	58.72%	57.78%	53.40%	59.31%

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3. Claim Termination Rates (CTR)

The current best estimate assumption for expected claim termination rates is derived from actual Genworth nationwide Long Term Care experience for the period from inception through fourth quarter 2018 with a 6-month lag. For each product type, the claim termination rates are segmented by care situs, claim duration, age at disability, gender and benefit period.

High terminations in early claim durations are generally followed by a flattening of the curve as acute disabilities terminate due to death or recovery. The remaining lives are permanent, long-term disabilities where recovery is unlikely. Claim terminations at these longer durations are driven by disabled life mortality rates.

The 2018 CTR assumption was reviewed with the additional year of data, found to produce a good fit and was left unchanged. The Actual/Expected ratio of 99.7% for the combined reimbursement business has a very good fit to the inception-to-date historical experience. Experience is still emerging at the later claim durations and is changing at the earliest durations, which may cause the assumption to change over time.

The following table is a sample of claim termination rate assumptions for ALF, female, limited benefit period, disability age 82, for the first 240 claim durations:

Monthly Claim Termination Rates							
Duration	Rate	Duration	Rate	Duration	Rate	Duration	Rate
1	0.88%	37-48	1.76%	86	2.33%	103	2.53%
2	0.63%	49-60	2.25%	87	2.34%	104	2.54%
3	0.55%	61-67	2.34%	88	2.35%	105	2.55%
4	1.15%	68-72	2.33%	89	2.36%	106	2.57%
5	1.57%	73	2.24%	90	2.37%	107	2.58%
6	1.45%	74	2.25%	91	2.38%	108	2.59%
7	1.39%	75	2.26%	92	2.40%	109-120	2.71%
8	1.36%	76	2.27%	93	2.41%	121-132	2.79%
9	1.31%	77	2.28%	94	2.42%	133-144	2.96%
10	1.29%	78	2.29%	95	2.43%	145-156	3.10%
11	1.26%	79	2.30%	96	2.44%	157-168	3.23%
12	1.17%	80	2.31%	97	2.45%	169-180	3.33%
13	1.48%	81	2.32%	98	2.47%	181-192	3.41%
14-24	1.47%	82	2.33%	99	2.48%	193-204	3.63%
25-30	1.62%	83	2.34%	100	2.49%	205-216	3.77%
31	1.61%	84	2.35%	101	2.50%	217-228	3.82%
32-36	1.62%	85	2.32%	102	2.52%	229-240	4.00%

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4. Claim Situs Mix

A claim situs mix assumption is used to split the incidence rates among the care situses: NH, ALF and HC.

The current best estimate assumption for expected claim situs mix is derived from actual GLIC nationwide Long Term Care experience, using data from 2008 through 2018, with a 6-month lag. The study shows a significant difference between New York and nationwide experience, so the New York experience is excluded.

The situs assumption varies by product, age at disability and marital status. In Genworth's Choice I experience, most claims are in a home health care first situs, especially at younger claim ages.

The situs mix assumption development for 2019 had no significant changes.

The Choice I Actual/Expected ratio is 100.0% for HC, 100.0% for NH and 100.0% for ALF. This is a very good fit of the assumption to the experience used to set the assumption.

The following table is the claim situs mix assumption for GLIC for selected ages:

Final GLIC Situs Mix Assumptions for Selected Attained Ages				
Block	Age at Disability	Home Care	Assisted Living Facility	Nursing Home
Choice I Married	60	96.0%	2.0%	2.0%
	65	91.3%	4.8%	3.9%
	70	86.9%	7.7%	5.3%
	75	83.1%	10.7%	6.2%
	80	79.6%	13.6%	6.8%
	85	76.6%	16.2%	7.1%
	90	74.1%	18.6%	7.3%
Choice I Single	60	93.2%	4.3%	2.5%
	65	86.5%	9.2%	4.3%
	70	80.8%	13.8%	5.4%
	75	76.1%	17.8%	6.2%
	80	72.3%	20.9%	6.8%
	85	69.6%	23.0%	7.4%
	90	67.9%	24.3%	7.8%

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D. Expenses:

Expenses do not affect the Lifetime Loss Ratio projections shown in this memorandum. Nor have they affected the amount of the proposed rate increase. Expenses have not been explicitly projected.

E. Interest:

A 4% interest rate assumption is used to calculate historical, future and lifetime loss ratios. Note that the Loss Ratio regulation does not specify a discount rate.

9. Development of the Proposed Rate Increase

In developing the proposed premium rate increase, the following has been considered:

- a) In order to ensure maximum credibility, exhibits are based on GLIC nationwide (Virginia Forms Only) experience through December 31, 2019, for all the forms similar to the ones affected by this filing. Projected earned premiums and incurred claims are based on the assumptions described in Section 8 of this actuarial memorandum;
- b) Although this block was priced under the Loss Ratio regulation, GLIC is not attempting to achieve a 60% loss ratio over the life of the block; in fact, the lifetime loss ratio after approval and implementation of this rate action will be substantially higher. This self-limited lifetime loss ratio does not imply that it represents either acceptable measures of profitability or minimum thresholds for future rate increase filings;
- c) The nationwide premium has been restated at Virginia level, only reflecting your state's approved rate increases, in order to avoid subsidization among states;
- d) The proposed rate increase has been assumed to be implemented on August 1, 2021 in the projections;
- e) Lifetime projections of earned premiums and incurred claims reflecting all the prior approved rate increases in Virginia are set forth in Exhibits Ia, Ib and Ic. Lifetime projections of earned premiums and incurred claims reflecting all the prior approved rate increases in Virginia and the proposed rate increase are set forth in Exhibits IIa, IIb and IIc;
- f) Compliance of the 58%/85% premium test defined in the Rate Stability regulation has been verified as demonstrated in Exhibit III; and
- g) Historical and projected earned premiums and incurred claims include provisions for waiver of premium.

10. Active Life Reserves and Claim Liability Reserves

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2019, have been discounted to the date of incurral of each respective claim and included in historical incurred claims. Incurred but not reported reserve balances as of December 31, 2019, have been

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allocated to a calendar year of incurral and included in historic incurred claims. Discounting occurs at 4%.

11. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

12. Future Rate Increases

GLIC intends to file any balance of the amounts requested in the current filing but not approved. In 2023, GLIC intends to file 76% for policies with lifetime benefits and 51% for policies with limited benefits, in addition to any balance of the amounts requested but not approved on any rate increase filings made in Virginia. The rate increase amounts to request in future filings pursuant to the Multi-Year Rate Action Plan are subject to change based on experience updates. Note that if the one-time equivalent rate increase amount is approved in full, GLIC does not anticipate additional rate increases under the Multi-Year Rate Action Plan.

13. State Average Annual Premium Based on Exposed Lives

	Lifetime Benefit	Limited Benefit
Before Proposed Rate Increase	\$2,980	\$1,977
After Proposed Rate Increase	\$5,126	\$3,064

14. State and GLIC Nationwide Distribution of Business as of December 31, 2019 (Based on Exposed Lives)

By issue age:

Issue Age	State		Nationwide	
	Lifetime	Limited	Lifetime	Limited
<55	51.7%	38.5%	48.1%	27.4%
55-59	25.4%	36.1%	29.1%	30.6%
60-64	16.1%	14.6%	15.9%	24.4%
65-69	6.8%	6.8%	5.4%	12.0%
70-74	0.0%	3.9%	1.3%	4.4%
75-79	0.0%	0.0%	0.2%	1.1%
80+	0.0%	0.0%	0.0%	0.1%

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By elimination period in days:

Elimination Period in Days	State		Nationwide	
	Lifetime	Limited	Lifetime	Limited
0	0.0%	0.0%	0.0%	0.0%
20	0.0%	0.0%	0.0%	0.0%
30	0.0%	0.0%	4.3%	3.3%
50	11.9%	7.8%	16.9%	12.0%
60	0.0%	0.0%	0.0%	0.0%
90	0.0%	0.0%	20.0%	15.6%
100	88.1%	88.3%	58.8%	67.2%
180	0.0%	3.9%	0.0%	1.9%

By benefit period in years:

Benefit Period	State		Nationwide	
	Lifetime	Limited	Lifetime	Limited
1	0.0%	0.0%	0.0%	0.3%
2	0.0%	5.4%	0.0%	10.3%
3	0.0%	20.5%	0.0%	24.4%
4	0.0%	29.3%	0.0%	33.8%
6	0.0%	22.4%	0.0%	18.8%
8	0.0%	21.5%	0.0%	11.6%
12	0.0%	1.0%	0.0%	0.9%
Lifetime	100.0%	0.0%	100.0%	0.0%

By inflation option:

Benefit Increase	State		Nationwide	
	Lifetime	Limited	Lifetime	Limited
None	2.5%	8.8%	5.1%	11.0%
Simple	11.0%	25.9%	17.6%	21.9%
Compound	86.4%	65.4%	77.3%	67.1%

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15. State and GLIC Nationwide Exposed Lives and Annualized Premium

	State		Nationwide	
	Lifetime	Limited	Lifetime	Limited
Number of Exposed Lives*	118	205	71,109	149,601
Inforce Annualized Premium	\$351,651	\$405,203	\$209,909,366	\$310,297,853
Average Issue Age	53	56	55	58
Average Attained Age	70	73	72	75

*Paid-up Policies are included in the number of Exposed Lives

16. Confidentiality

We continue to believe that Sections 3, 8, 14, Exhibit I, Exhibit II, and Exhibit III of the Actuarial Memorandum and all Additional Exhibits should be treated as confidential and exempt from disclosure. Although the Bureau is not subject to the public inspection requirements of the Virginia Freedom of Information Act, other laws related to public information that apply to the Bureau including Va. Code Ann. § 38.2-1382(A)(5); Va. Code Ann. § 38.2-1381 provide that an insurer's confidential information is confidential by law and privileged. We stated this position more fully in other SERFF filings under GEFA-129136848 and GEFA-129602325.

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17. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the American Academy of Actuaries' qualification standards for rendering this opinion and am familiar with the requirements for filing for increases in long-term care insurance premiums.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8, 18, 23, 25 and 41. Policy design, underwriting, and claims adjudication practices have been taken into consideration.

I have relied on historical cash flows and projections completed by GLIC's Inforce Actuarial Infrastructure team. All future projections included in this memorandum, while based on GLIC's best estimates, are uncertain and may not emerge as expected.

I have relied on the IFA Analytics team for the pricing, methodology and design of the alternative pricing products.

I have relied on statutory valuations as of December 31, 2019, for Claim Reserves (i.e., Disabled Life Reserves, Pending Claims reserves, Incurred But Not Reported reserves, and Dead But Not Reported reserves) provided by GLIC's Long Term Care Valuation team.

I have also relied on assumptions developed by GLIC's Long Term Care Experience Studies team in collaboration with other GLIC actuaries, which assumptions were approved by Genworth's Assumption Review Committee. The assumptions present the actuary's best judgement and are consistent with the issuer's business plan at the time of the filing.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of your state when the original issued rates were first filed and accepted. In my opinion the rates are not excessive or unfairly discriminatory.

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The premium rate increase included in this addendum does not reflect best estimate assumptions with a margin for moderately adverse experience. A premium request of 210.2% for policies with lifetime benefit period and 160.6% for policies with limited benefit period would be needed to fully cover moderately adverse assumptions. Therefore, GLIC cannot certify that the current request, when implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated.



Shumaila Merchant, F.S.A., M.A.A.A
Director & Actuary
Genworth Life Insurance Company
September 2021

Long Term Care Insurance Rate Request Summary

Part 1 – To Be Completed By Company

Company Name and NAIC Number: Genworth Life Insurance Company / 70025

SERFF Tracking Number: GEFA-132466768

Revised Rates

Average Annual Premium Per Member: \$5,126 Lifetime / \$3,064 Limited After Rate Increase

Average Requested Percentage Rate Change Per Member: 62.9%

Range of Requested Rate Changes: 72% Lifetime / 55% Limited

Number of Virginia Policyholders Affected: 323

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
7035J	Choice I	October 2003 - April 2004	60% LF 44% LT - 7/9/2013 72% LF 55% LT - 6/28/2019	Yes, We intend to file
62172	Restoration of Benefits Rider	October 2003 - April 2004	60% LF 44% LT - 7/9/2013 72% LF 55% LT - 6/28/2019	Yes, We intend to file
62274F	Nonforfeiture Benefit Rider	October 2003 - April 2004	60% LF 44% LT - 7/9/2013 72% LF 55% LT - 6/28/2019	Yes, We intend to file
62275	International Coverage Rider	October 2003 - April 2004	60% LF 44% LT - 7/9/2013 72% LF 55% LT - 6/28/2019	Yes, We intend to file
62276	Extended Elimination Period Rider	October 2003 - April 2004	60% LF 44% LT - 7/9/2013 72% LF 55% LT - 6/28/2019	Yes, We intend to file
62277	Family Care Coverage Rider	October 2003 - April 2004	60% LF 44% LT - 7/9/2013 72% LF 55% LT - 6/28/2019	Yes, We intend to file
62278	Extended Family Definition Rider	October 2003 - April 2004	60% LF 44% LT - 7/9/2013 72% LF 55% LT - 6/28/2019	Yes, We intend to file

Attach a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing at <https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>.

(Rev. 06/19)

Key Information Used to Develop the Rates Including the Main Drivers

From the time these policy forms were originally priced, GLIC has monitored and analyzed the impact of its experience on the anticipated performance of the product. As new experience has emerged, GLIC has observed that it continued to unfold unfavorably and assumptions and methodologies have been adjusted to that effect. The direct effect of the worsening experience has been the need to increase the reserves supporting the product as well as the need to perform rate actions on the product.

The key drivers in the worsening experience are a combination of significantly higher than anticipated claims volumes combined with an increase in the average cost associated with the claims. The increase costs for the claims are driven by both the claims being longer and the cost of the care received being higher than originally anticipated. Premiums are being raised on all policies issued under these policy forms to offset the higher anticipated claims. This premium increase is designed to offset some of the anticipated increased costs, ensuring adequate funding to pay current and anticipated future claims, and in no way reflects on the integrity of an individual's policy, nor is it based on an individual's claims history, age, health status, or any other personal factor.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance and included the necessary actuarial data and other items requested by the Virginia Bureau of Insurance to support the increase.

**FLESCH SCORE CERTIFICATION
GENWORTH LIFE INSURANCE COMPANY**

We certify that to the best of our knowledge and belief, the Flesch score of the below-referenced form, when scored with the policy, meets any readability requirements in effect in your state:

Form Number	Description	Flesch Score
7035END-LSPO 0520	Lifetime Stable Premium Option Endorsement (Choice)	50

For Genworth Life Insurance Company,



By: _____
Vice President, Product Compliance

10/16/2020

Virginia Bureau of Insurance

RE: Genworth Life Insurance Company (GLIC)
Company NAIC No: 70025
SERFF Tracking No: GEFA-132466768
Policy Forms: 7035J

The referenced filing is a Long Term Care (LTC) rate schedule change request submitted for your review and applies to the referenced policy forms.

In this filing, GLIC requests a premium rate increase of 72% for policies with lifetime benefits and 55% for policies with limited benefits on the above-mentioned policy forms. In the submitted actuarial memorandum, we include detailed rate increase justification and we demonstrate that this premium rate increase satisfies Long Term Care regulatory requirements of Virginia and the Rate Stability regulation.

GLIC will offer insureds affected by the premium increase several alternative options to change their benefits in order to maintain a premium rate level reasonably similar to what they were paying prior to the rate increase. The benefit and rate combinations are consistent with the rate tables approved by the Virginia Bureau of Insurance. GLIC has also invested in developing new alternatives that mitigate all or part of the proposed premium increase while still providing meaningful protection. One of these new alternatives, included in this filing for policy forms 7035J, is called the Lifetime Stable Premium Option. Details on the available alternative options are presented in section 6 of the Actuarial Memorandum.

The following electronic items are included in this submission:

- This Cover Letter;
- Confidential Actuarial Memorandum;
- Sample Policyholder Notification Letter;
- Additional Exhibits;
- NAIC Checklist;
- Individual LTC Review Requirements Checklist;
- Long Term Care Insurance Rate Request Summary;
- Alternative Options Supplemental Documents; and
- Current and Proposed Rate Schedules.

Any applicable fees will be submitted as an EFT payment via SERFF.

The contact person for this filing is:

Matthew Haladay, FSA, MAAA
Assistant Vice President & Actuary
Genworth Life Insurance Company
6620 W Broad Street
Richmond, VA 23230
Phone: (804) 484-3826
Matthew.Haladay@genworth.com

Thank you for your assistance in reviewing this filing.

Respectfully,

A handwritten signature in blue ink that reads "Jamala Arland." The signature is written in a cursive, flowing style.

Jamala Arland, FSA, MAAA
Vice President & Actuary, LTC Inforce Management
Genworth Life Insurance Company

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Individual							
	No BIO		730 x Daily Maximum				5% Compound BIO	
	50 EP	100 EP	50 EP	5% Simple BIO	100 EP	50 EP	100 EP	
18-24	58.03	53.57	80.35		75.89	118.30	104.90	
25-29	64.73	55.80	87.05		80.35	124.99	116.06	
30-34	71.42	62.50	95.98		87.05	138.38	122.76	
35-39	75.89	66.96	102.67		93.74	147.31	131.69	
40-45	80.35	73.66	113.83		100.44	160.70	142.85	
46	80.35	75.89	116.06		102.67	162.94	145.08	
47	82.58	75.89	118.30		104.90	165.17	147.31	
48	82.58	75.89	120.53		107.14	167.40	151.78	
49	87.05	78.12	120.53		107.14	167.40	151.78	
50	87.05	80.35	124.99		113.83	174.10	156.24	
51	87.05	80.35	127.22		116.06	174.10	156.24	
52	89.28	82.58	129.46		120.53	178.56	162.94	
53	93.74	84.82	140.62		127.22	185.26	167.40	
54	98.21	87.05	147.31		133.92	194.18	174.10	
55	104.90	95.98	158.47		142.85	200.88	183.02	
56	107.14	98.21	165.17		149.54	207.58	187.49	
57	118.30	102.67	180.79		162.94	223.20	200.88	
58	124.99	109.37	189.72		176.33	238.82	214.27	
59	138.38	122.76	203.11		183.02	249.98	225.43	
60	147.31	136.15	220.97		198.85	267.84	243.29	
61	160.70	145.08	232.13		209.81	287.93	263.38	
62	178.56	160.70	249.98		225.43	305.78	276.77	
63	187.49	171.86	270.07		243.29	325.87	296.86	
64	200.88	183.02	292.39		263.38	343.73	312.48	
65	212.04	194.18	312.48		281.23	368.28	332.57	
66	229.90	212.04	337.03		305.78	388.37	352.66	
67	249.98	227.66	363.82		328.10	419.62	383.90	
68	276.77	252.22	397.30		357.12	457.56	415.15	
69	308.02	281.23	437.47		395.06	499.97	453.10	
70	345.96	314.71	475.42		433.01	544.61	491.04	
71	379.44	350.42	517.82		468.72	593.71	537.91	
72	424.08	386.14	569.16		517.82	647.28	582.55	
73	466.49	426.31	624.96		569.16	703.08	638.35	
74	513.36	466.49	689.69		624.96	765.58	696.38	
75	566.93	511.13	758.88		687.46	828.07	756.65	
76	620.50	562.46	828.07		752.18	901.73	823.61	
77	691.92	624.96	908.42		825.84	977.62	895.03	
78	761.11	689.69	986.54		895.03	1,053.50	964.22	
79	834.77	758.88	1,064.66		966.46	1,131.62	1,028.95	
80	917.35	837.00	1,145.02		1,042.34	1,211.98	1,100.38	
81	1,004.40	921.82	1,236.53		1,122.70	1,299.02	1,178.50	
82	1,104.84	1,015.56	1,339.20		1,218.67	1,399.46	1,265.54	
83	1,216.44	1,116.00	1,457.50		1,328.04	1,508.83	1,363.75	
84	1,343.66	1,232.06	1,598.11		1,455.26	1,638.29	1,484.28	
85	1,464.19	1,345.90	1,743.19		1,582.49	1,787.83	1,615.97	
86	1,598.11	1,466.42	1,899.43		1,725.34	1,946.30	1,761.05	
87	1,743.19	1,600.34	2,071.30		1,881.58	2,122.63	1,919.52	
88	1,899.43	1,745.42	2,258.78		2,048.98	2,314.58	2,091.38	
89	2,071.30	1,901.66	2,461.90		2,234.23	2,519.93	2,281.10	
90	2,258.78	2,073.53	2,680.63		2,437.34	2,747.59	2,484.22	
91	2,461.90	2,261.02	2,923.92		2,656.08	2,997.58	2,709.65	
92	2,680.63	2,464.13	3,187.30		2,897.14	3,265.42	2,955.17	
93	2,923.92	2,685.10	3,472.99		3,156.05	3,557.81	3,220.78	
94	3,187.30	2,926.15	3,785.47		3,439.51	3,876.98	3,508.70	

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Individual					
	No BIO		1095 x Daily Maximum		5% Compound BIO	
	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	73.66	66.96	104.90	98.21	151.78	140.62
25-29	78.12	73.66	116.06	104.90	162.94	151.78
30-34	82.58	78.12	122.76	116.06	176.33	162.94
35-39	89.28	82.58	136.15	122.76	191.95	176.33
40-45	98.21	89.28	145.08	136.15	203.11	191.95
46	107.14	93.74	147.31	138.38	207.58	194.18
47	113.83	95.98	151.78	140.62	214.27	196.42
48	113.83	95.98	151.78	140.62	216.50	198.65
49	113.83	95.98	154.01	142.85	218.74	200.88
50	116.06	98.21	158.47	147.31	220.97	203.11
51	118.30	102.67	160.70	149.54	223.20	205.34
52	122.76	102.67	167.40	156.24	229.90	214.27
53	124.99	104.90	176.33	162.94	236.59	218.74
54	129.46	109.37	187.49	174.10	245.52	225.43
55	138.38	118.30	200.88	183.02	258.91	232.13
56	145.08	124.99	209.81	194.18	267.84	245.52
57	158.47	136.15	225.43	207.58	283.46	261.14
58	167.40	142.85	243.29	223.20	301.32	270.07
59	183.02	156.24	261.14	238.82	321.41	290.16
60	198.65	167.40	276.77	252.22	343.73	310.25
61	209.81	183.02	301.32	270.07	368.28	332.57
62	227.66	194.18	323.64	292.39	388.37	352.66
63	245.52	212.04	343.73	314.71	415.15	377.21
64	263.38	225.43	370.51	337.03	437.47	397.30
65	281.23	241.06	392.83	359.35	466.49	426.31
66	303.55	258.91	426.31	390.60	493.27	450.86
67	330.34	283.46	459.79	424.08	531.22	482.11
68	366.05	312.48	506.66	462.02	578.09	528.98
69	408.46	348.19	555.77	508.90	633.89	580.32
70	453.10	390.60	611.57	560.23	696.38	636.12
71	504.43	433.01	671.83	616.03	758.88	694.15
72	562.46	482.11	738.79	674.06	830.30	761.11
73	620.50	531.22	810.22	738.79	903.96	830.30
74	687.46	589.25	886.10	810.22	986.54	906.19
75	761.11	651.74	970.92	886.10	1,075.82	984.31
76	837.00	714.24	1,057.97	966.46	1,160.64	1,066.90
77	930.74	796.82	1,165.10	1,064.66	1,274.47	1,167.34
78	1,026.72	874.94	1,265.54	1,160.64	1,374.91	1,261.08
79	1,118.23	959.76	1,372.68	1,261.06	1,477.58	1,357.06
80	1,220.90	1,049.04	1,488.74	1,365.98	1,589.18	1,457.50
81	1,339.20	1,149.48	1,613.74	1,484.28	1,711.94	1,569.10
82	1,468.66	1,263.31	1,754.35	1,613.74	1,848.10	1,691.86
83	1,620.43	1,392.77	1,912.82	1,761.05	2,002.10	1,834.70
84	1,794.53	1,542.31	2,098.08	1,932.91	2,176.20	1,995.41
85	1,957.46	1,680.70	2,285.57	2,107.01	2,372.62	2,173.97
86	2,131.56	1,832.47	2,490.91	2,296.73	2,586.89	2,370.38
87	2,321.28	1,997.64	2,714.11	2,504.30	2,821.25	2,584.66
88	2,531.09	2,176.20	2,959.63	2,729.74	3,075.70	2,819.02
89	2,756.52	2,372.62	3,225.24	2,975.26	3,352.46	3,071.23
90	3,004.27	2,586.89	3,515.40	3,245.33	3,653.78	3,345.77
91	3,272.11	2,821.25	3,832.34	3,537.72	3,984.12	3,649.32
92	3,568.97	3,075.70	4,178.30	3,854.66	4,343.47	3,977.42
93	3,888.14	3,352.46	4,553.28	4,200.62	4,734.07	4,334.54
94	4,238.57	3,653.78	4,963.97	4,580.06	5,160.38	4,725.14

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Individual							
	1460 x Daily Maximum				5% Compound BIO			
	No BIO		5% Simple BIO		5% Compound BIO		100 EP	
	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	80.35	75.89	122.76	116.06	174.10	162.94	174.10	162.94
25-29	87.05	80.35	131.69	122.76	187.49	176.33	187.49	176.33
30-34	95.98	87.05	142.85	136.15	200.88	191.95	200.88	191.95
35-39	102.67	93.74	154.01	145.08	218.74	203.11	218.74	203.11
40-45	113.83	100.44	165.17	156.24	236.59	220.97	236.59	220.97
46	113.83	100.44	167.40	160.70	238.82	223.20	238.82	223.20
47	116.06	102.67	171.86	162.94	243.29	227.66	243.29	227.66
48	118.30	104.90	174.10	165.17	245.52	234.36	245.52	234.36
49	118.30	104.90	176.33	165.17	245.52	234.36	245.52	234.36
50	120.53	109.37	180.79	169.63	249.98	238.82	249.98	238.82
51	122.76	109.37	183.02	174.10	258.91	241.06	258.91	241.06
52	127.22	116.06	194.18	180.79	261.14	243.29	261.14	243.29
53	133.92	122.76	203.11	187.49	270.07	252.22	270.07	252.22
54	140.62	127.22	209.81	196.42	283.46	263.38	283.46	263.38
55	147.31	138.38	225.43	207.58	290.16	267.84	290.16	267.84
56	156.24	142.85	241.06	223.20	305.78	281.23	305.78	281.23
57	165.17	156.24	258.91	238.82	323.64	296.86	323.64	296.86
58	180.79	165.17	272.30	252.22	341.50	310.25	341.50	310.25
59	194.18	178.56	292.39	270.07	366.05	332.57	366.05	332.57
60	205.34	187.49	321.41	292.39	390.60	357.12	390.60	357.12
61	223.20	205.34	343.73	312.48	415.15	383.90	415.15	383.90
62	243.29	223.20	368.28	341.50	448.63	408.46	448.63	408.46
63	258.91	234.36	395.06	363.82	475.42	430.78	475.42	430.78
64	274.54	252.22	419.62	390.60	499.97	457.56	499.97	457.56
65	292.39	267.84	450.86	415.15	528.98	482.11	528.98	482.11
66	316.94	290.16	479.88	446.40	562.46	513.36	562.46	513.36
67	345.96	316.94	520.06	482.11	604.87	553.54	604.87	553.54
68	386.14	352.66	575.86	531.22	662.90	602.64	662.90	602.64
69	428.54	392.83	633.89	584.78	725.40	665.14	725.40	665.14
70	475.42	437.47	705.31	647.28	799.06	729.86	799.06	729.86
71	531.22	488.81	774.50	712.01	868.25	801.29	868.25	801.29
72	591.48	542.38	854.86	781.20	950.83	879.41	950.83	879.41
73	656.21	604.87	935.21	854.86	1,040.11	957.53	1,040.11	957.53
74	725.40	669.60	1,017.79	932.98	1,133.86	1,044.58	1,133.86	1,044.58
75	805.75	743.26	1,111.54	1,020.02	1,234.30	1,136.09	1,234.30	1,136.09
76	892.80	821.38	1,214.21	1,113.77	1,343.66	1,229.83	1,343.66	1,229.83
77	988.78	908.42	1,334.74	1,227.60	1,468.66	1,348.13	1,468.66	1,348.13
78	1,086.98	999.94	1,455.26	1,339.20	1,586.95	1,457.50	1,586.95	1,457.50
79	1,187.42	1,095.91	1,578.02	1,455.26	1,711.94	1,571.33	1,711.94	1,571.33
80	1,294.56	1,189.66	1,714.18	1,580.26	1,845.86	1,694.09	1,845.86	1,694.09
81	1,415.09	1,301.26	1,865.95	1,723.10	1,984.25	1,828.01	1,984.25	1,828.01
82	1,553.47	1,430.71	2,031.12	1,877.11	2,147.18	1,977.55	2,147.18	1,977.55
83	1,711.94	1,575.79	2,218.61	2,051.21	2,330.21	2,147.18	2,330.21	2,147.18
84	1,901.66	1,749.89	2,430.65	2,249.86	2,537.78	2,336.90	2,537.78	2,336.90
85	2,073.53	1,906.13	2,649.38	2,450.74	2,765.45	2,548.94	2,765.45	2,548.94
86	2,261.02	2,080.22	2,888.21	2,673.94	3,013.20	2,778.84	3,013.20	2,778.84
87	2,464.13	2,267.71	3,147.12	2,912.76	3,285.50	3,031.06	3,285.50	3,031.06
88	2,685.10	2,473.06	3,430.58	3,178.37	3,582.36	3,301.13	3,582.36	3,301.13
89	2,926.15	2,696.26	3,738.60	3,464.06	3,906.00	3,595.75	3,906.00	3,595.75
90	3,189.53	2,937.31	4,075.63	3,774.31	4,256.42	3,921.62	4,256.42	3,921.62
91	3,477.46	3,200.69	4,441.68	4,113.58	4,640.33	4,274.28	4,640.33	4,274.28
92	3,792.17	3,488.62	4,838.98	4,481.86	5,057.71	4,658.18	5,057.71	4,658.18
93	4,131.43	3,803.33	5,274.22	4,883.62	5,513.04	5,080.03	5,513.04	5,080.03
94	4,504.18	4,144.82	5,751.86	5,323.32	6,010.78	5,535.36	6,010.78	5,535.36

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Individual							
	2190 x Daily Maximum							
	No BIO		5% Simple BIO		5% Compound BIO			
	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	98.21	93.74	145.08	136.15	203.11			194.18
25-29	104.90	100.44	156.24	145.08	220.97			207.58
30-34	116.06	107.14	171.86	156.24	238.82			223.20
35-39	122.76	118.30	185.26	171.86	258.91			241.06
40-45	136.15	124.99	198.65	185.26	276.77			261.14
46	138.38	127.22	203.11	187.49	283.46			265.61
47	140.62	131.69	207.58	191.95	287.93			267.84
48	142.85	131.69	212.04	196.42	292.39			274.54
49	145.08	136.15	216.50	198.65	294.62			274.54
50	147.31	136.15	220.97	203.11	299.09			281.23
51	149.54	138.38	225.43	209.81	305.78			285.70
52	154.01	142.85	232.13	216.50	316.94			296.86
53	160.70	147.31	245.52	227.66	325.87			303.55
54	167.40	158.47	258.91	243.29	339.26			316.94
55	180.79	167.40	276.77	261.14	352.66			330.34
56	189.72	178.56	292.39	272.30	370.51			345.96
57	203.11	187.49	312.48	292.39	392.83			366.05
58	218.74	203.11	337.03	312.48	415.15			388.37
59	232.13	218.74	363.82	341.50	444.17			410.69
60	249.98	229.90	388.37	363.82	473.18			439.70
61	270.07	247.75	415.15	388.37	506.66			468.72
62	290.16	267.84	446.40	415.15	537.91			502.20
63	310.25	287.93	470.95	444.17	575.86			535.68
64	334.80	310.25	499.97	466.49	613.80			571.39
65	357.12	332.57	528.98	493.27	651.74			604.87
66	388.37	359.35	562.46	526.75	696.38			647.28
67	424.08	390.60	611.57	571.39	747.72			696.38
68	473.18	437.47	680.76	633.89	816.91			761.11
69	522.29	486.58	758.88	705.31	890.57			825.84
70	580.32	540.14	848.16	790.13	973.15			903.96
71	645.05	600.41	944.14	877.18	1,057.97			979.85
72	720.94	669.60	1,042.34	970.92	1,153.94			1,069.13
73	799.06	736.56	1,140.55	1,057.97	1,254.38			1,165.10
74	883.87	819.14	1,247.69	1,153.94	1,370.45			1,272.24
75	975.38	899.50	1,361.52	1,265.54	1,490.98			1,386.07
76	1,073.59	991.01	1,482.05	1,374.91	1,615.97			1,504.37
77	1,187.42	1,100.38	1,622.66	1,508.83	1,765.51			1,644.98
78	1,296.79	1,200.82	1,767.74	1,644.98	1,903.90			1,778.90
79	1,408.39	1,307.95	1,912.82	1,783.37	2,048.98			1,910.59
80	1,524.46	1,415.09	2,071.30	1,932.91	2,202.98			2,051.21
81	1,658.38	1,542.31	2,243.16	2,095.85	2,363.69			2,207.45
82	1,814.62	1,687.39	2,439.58	2,283.34	2,551.18			2,383.78
83	1,993.18	1,854.79	2,662.78	2,490.91	2,760.98			2,577.96
84	2,207.45	2,051.21	2,921.69	2,731.97	3,002.04			2,805.62
85	2,406.10	2,238.70	3,182.83	2,977.49	3,269.88			3,057.84
86	2,622.60	2,439.58	3,470.76	3,247.56	3,564.50			3,334.61
87	2,859.19	2,660.54	3,783.24	3,539.95	3,885.91			3,635.93
88	3,115.87	2,899.37	4,122.50	3,859.13	4,234.10			3,961.80
89	3,397.10	3,158.28	4,495.25	4,207.32	4,615.78			4,318.92
90	3,702.89	3,443.98	4,901.47	4,582.30	5,030.93			4,705.06
91	4,035.46	3,754.22	5,341.18	4,995.22	5,484.02			5,129.14
92	4,399.27	4,093.49	5,823.29	5,443.85	5,977.30			5,593.39
93	4,794.34	4,464.00	6,345.58	5,934.89	6,515.21			6,097.82
94	5,227.34	4,863.53	6,916.97	6,470.57	7,099.99			6,649.13

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Individual							
	No BIO		Unlimited				5% Compound BIO	
	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	143.10	132.10	214.66	192.64	291.71			272.45
25-29	151.36	145.86	231.17	211.90	316.48			294.46
30-34	167.87	154.11	247.68	228.42	338.50			319.23
35-39	178.88	170.62	269.70	244.93	366.02			341.25
40-45	192.64	181.63	291.71	266.94	396.29			368.77
46	200.90	187.14	297.22	269.70	401.79			377.02
47	203.65	189.89	299.97	272.45	412.80			385.28
48	203.65	192.64	305.47	277.95	418.30			390.78
49	206.40	198.14	310.98	280.70	421.06			393.54
50	214.66	198.14	319.23	291.71	429.31			401.79
51	217.41	206.40	327.49	299.97	437.57			407.30
52	228.42	214.66	341.25	310.98	451.33			423.81
53	233.92	220.16	357.76	330.24	470.59			440.32
54	247.68	231.17	379.78	352.26	487.10			456.83
55	258.69	244.93	404.54	377.02	511.87			478.85
56	277.95	258.69	432.06	404.54	542.14			506.37
57	299.97	277.95	459.58	432.06	575.17			533.89
58	310.98	294.46	492.61	467.84	608.19			569.66
59	341.25	319.23	528.38	500.86	643.97			602.69
60	360.51	332.99	561.41	533.89	682.50			638.46
61	390.78	360.51	605.44	577.92	729.28			682.50
62	421.06	390.78	643.97	610.94	778.82			729.28
63	454.08	423.81	679.74	643.97	833.86			784.32
64	484.35	451.33	712.77	676.99	888.90			839.36
65	525.63	487.10	751.30	707.26	949.44			899.90
66	566.91	531.14	795.33	745.79	1,020.99			965.95
67	619.20	583.42	866.88	811.84	1,100.80			1,040.26
68	688.00	643.97	963.20	908.16	1,194.37			1,125.57
69	762.30	715.52	1,084.29	1,018.24	1,301.70			1,221.89
70	853.12	795.33	1,224.64	1,150.34	1,417.28			1,320.96
71	938.43	877.89	1,364.99	1,282.43	1,532.86			1,425.54
72	1,040.26	974.21	1,510.85	1,417.28	1,673.22			1,554.88
73	1,155.84	1,078.78	1,662.21	1,557.63	1,816.32			1,689.73
74	1,274.18	1,186.11	1,819.07	1,703.49	1,975.94			1,843.84
75	1,411.78	1,304.45	1,984.19	1,852.10	2,149.31			2,017.22
76	1,549.38	1,439.30	2,160.32	2,019.97	2,333.70			2,196.10
77	1,708.99	1,585.15	2,363.97	2,209.86	2,542.85			2,396.99
78	1,854.85	1,725.50	2,564.86	2,399.74	2,738.24			2,584.13
79	2,003.46	1,871.36	2,771.26	2,597.89	2,941.89			2,774.02
80	2,165.82	2,025.47	2,991.42	2,812.54	3,148.29			2,969.41
81	2,347.46	2,198.85	3,230.85	3,046.46	3,382.21			3,186.82
82	2,556.61	2,396.99	3,511.55	3,313.41	3,643.65			3,434.50
83	2,804.29	2,633.66	3,833.54	3,616.13	3,935.36			3,712.45
84	3,096.00	2,903.36	4,205.06	3,965.63	4,276.61			4,034.43
85	3,379.46	3,164.80	4,584.83	4,323.39	4,661.89			4,400.45
86	3,682.18	3,448.26	4,997.63	4,711.42	5,080.19			4,793.98
87	4,015.17	3,756.48	5,448.96	5,135.23	5,537.02			5,226.05
88	4,375.68	4,097.73	5,941.57	5,600.32	6,037.89			5,696.64
89	4,771.97	4,463.74	6,475.46	6,101.18	6,582.78			6,211.26
90	5,201.28	4,868.29	7,056.13	6,651.58	7,177.22			6,767.17
91	5,669.12	5,305.86	7,689.09	7,248.77	7,818.43			7,375.36
92	6,180.99	5,784.70	8,382.59	7,900.99	8,522.94			8,038.59
93	6,736.90	6,307.58	9,136.64	8,613.76	9,293.50			8,765.12
94	7,342.34	6,874.50	9,959.49	9,389.82	10,127.36			9,552.19

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Joint							
	No BIO		1095 x Daily Maximum				5% Compound BIO	
	50 EP	100 EP	5% Simple BIO		50 EP	100 EP	50 EP	100 EP
18-24	49.10	44.64	71.42		66.96		102.67	93.74
25-29	53.57	49.10	78.12		71.42		109.37	102.67
30-34	55.80	53.57	82.58		78.12		118.30	109.37
35-39	60.26	55.80	91.51		82.58		129.46	118.30
40-45	66.96	60.26	98.21		91.51		136.15	129.46
46	71.42	62.50	100.44		91.51		140.62	131.69
47	73.66	64.73	102.67		93.74		145.08	131.69
48	73.66	64.73	102.67		95.98		145.08	133.92
49	75.89	64.73	104.90		95.98		147.31	136.15
50	78.12	66.96	107.14		100.44		149.54	136.15
51	78.12	69.19	109.37		100.44		151.78	138.38
52	80.35	69.19	113.83		104.90		156.24	145.08
53	84.82	71.42	118.30		109.37		160.70	147.31
54	87.05	73.66	127.22		118.30		165.17	151.78
55	93.74	80.35	136.15		122.76		174.10	156.24
56	95.98	84.82	140.62		131.69		180.79	165.17
57	107.14	91.51	151.78		140.62		191.95	176.33
58	113.83	95.98	165.17		151.78		203.11	183.02
59	122.76	104.90	176.33		160.70		216.50	196.42
60	133.92	113.83	187.49		169.63		232.13	209.81
61	140.62	122.76	203.11		183.02		247.75	225.43
62	154.01	131.69	218.74		196.42		261.14	238.82
63	165.17	142.85	232.13		212.04		281.23	254.45
64	178.56	151.78	249.98		227.66		294.62	267.84
65	189.72	162.94	265.61		243.29		314.71	287.93
66	205.34	174.10	287.93		263.38		332.57	303.55
67	223.20	191.95	310.25		285.70		359.35	325.87
68	247.75	212.04	341.50		312.48		390.60	357.12
69	276.77	234.36	374.98		343.73		428.54	392.83
70	305.78	263.38	412.92		377.21		470.95	428.54
71	341.50	292.39	453.10		415.15		513.36	468.72
72	379.44	325.87	497.74		455.33		560.23	513.36
73	419.62	359.35	546.84		497.74		609.34	560.23
74	464.26	397.30	598.18		546.84		665.14	611.57
75	513.36	439.70	656.21		598.18		725.40	665.14
76	564.70	482.11	714.24		651.74		783.43	720.94
77	627.19	537.91	785.66		718.70		859.32	787.90
78	694.15	591.48	854.86		783.43		928.51	850.39
79	754.42	647.28	926.28		850.39		997.70	915.12
80	823.61	707.54	1,004.40		921.82		1,073.59	984.31
81	903.96	776.74	1,089.22		1,002.17		1,156.18	1,060.20
82	991.01	852.62	1,185.19		1,089.22		1,247.69	1,142.78
83	1,093.68	939.67	1,290.10		1,189.66		1,350.36	1,238.76
84	1,211.98	1,040.11	1,417.32		1,305.72		1,468.66	1,345.90
85	1,321.34	1,133.86	1,542.31		1,421.78		1,602.58	1,466.42
86	1,439.64	1,236.53	1,680.70		1,551.24		1,745.42	1,600.34
87	1,566.86	1,348.13	1,832.47		1,689.62		1,903.90	1,745.42
88	1,707.48	1,468.66	1,997.64		1,843.63		2,075.76	1,903.90
89	1,861.49	1,602.58	2,176.20		2,008.80		2,263.25	2,073.53
90	2,028.89	1,745.42	2,372.62		2,189.59		2,466.36	2,258.78
91	2,209.68	1,903.90	2,586.89		2,388.24		2,689.56	2,464.13
92	2,408.33	2,075.76	2,821.25		2,602.51		2,932.85	2,685.10
93	2,624.83	2,263.25	3,073.46		2,834.64		3,196.22	2,926.15
94	2,861.42	2,466.36	3,350.23		3,091.32		3,484.15	3,189.53

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Joint							
	1460 x Daily Maximum				5% Compound BIO			
	No BIO		5% Simple BIO		5% Compound BIO			
	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	53.57	49.10	73.66	69.19	109.37	95.98	109.37	95.98
25-29	60.26	51.34	80.35	73.66	116.06	107.14	116.06	107.14
30-34	66.96	58.03	89.28	80.35	127.22	113.83	127.22	113.83
35-39	69.19	62.50	93.74	87.05	136.15	120.53	136.15	120.53
40-45	73.66	66.96	104.90	93.74	147.31	131.69	147.31	131.69
46	73.66	69.19	107.14	93.74	149.54	133.92	149.54	133.92
47	75.89	69.19	109.37	95.98	151.78	136.15	151.78	136.15
48	75.89	69.19	111.60	98.21	154.01	140.62	154.01	140.62
49	80.35	71.42	111.60	98.21	154.01	140.62	154.01	140.62
50	80.35	73.66	116.06	104.90	160.70	145.08	160.70	145.08
51	80.35	73.66	118.30	107.14	160.70	145.08	160.70	145.08
52	82.58	75.89	120.53	111.60	165.17	149.54	165.17	149.54
53	87.05	78.12	129.46	118.30	171.86	154.01	171.86	154.01
54	91.51	80.35	136.15	122.76	178.56	160.70	178.56	160.70
55	95.98	89.28	145.08	131.69	185.26	169.63	185.26	169.63
56	98.21	91.51	151.78	138.38	191.95	171.86	191.95	171.86
57	109.37	93.74	167.40	149.54	205.34	185.26	205.34	185.26
58	116.06	100.44	174.10	162.94	220.97	198.65	220.97	198.65
59	127.22	113.83	187.49	169.63	229.90	207.58	229.90	207.58
60	136.15	124.99	203.11	183.02	247.75	225.43	247.75	225.43
61	147.31	133.92	214.27	194.18	265.61	243.29	265.61	243.29
62	165.17	147.31	229.90	207.58	281.23	254.45	281.23	254.45
63	171.86	158.47	249.98	225.43	301.32	274.54	301.32	274.54
64	185.26	169.63	270.07	243.29	316.94	287.93	316.94	287.93
65	196.42	178.56	287.93	258.91	339.26	305.78	339.26	305.78
66	212.04	196.42	310.25	281.23	359.35	325.87	359.35	325.87
67	229.90	209.81	334.80	303.55	386.14	354.89	386.14	354.89
68	254.45	232.13	366.05	330.34	421.85	383.90	421.85	383.90
69	283.46	258.91	403.99	363.82	462.02	417.38	462.02	417.38
70	319.18	290.16	437.47	399.53	502.20	453.10	502.20	453.10
71	350.42	323.64	477.65	433.01	546.84	495.50	546.84	495.50
72	390.60	357.12	524.52	477.85	598.18	537.91	598.18	537.91
73	430.78	392.83	575.86	524.52	649.51	589.25	649.51	589.25
74	473.18	430.78	636.12	575.86	705.31	642.82	705.31	642.82
75	522.29	470.95	700.85	633.89	763.34	698.62	763.34	698.62
76	571.39	517.82	763.34	694.15	832.54	758.88	832.54	758.88
77	638.35	575.86	837.00	761.11	901.73	825.84	901.73	825.84
78	703.08	636.12	910.66	825.84	970.92	890.57	970.92	890.57
79	770.04	700.85	982.08	890.57	1,044.58	948.60	1,044.58	948.60
80	845.93	772.27	1,055.74	961.99	1,118.23	1,015.56	1,118.23	1,015.56
81	926.28	850.39	1,140.55	1,035.65	1,198.58	1,086.98	1,198.58	1,086.98
82	1,020.02	937.44	1,236.53	1,124.93	1,290.10	1,167.34	1,290.10	1,167.34
83	1,122.70	1,028.95	1,343.66	1,225.37	1,392.77	1,258.85	1,392.77	1,258.85
84	1,238.76	1,136.09	1,475.35	1,341.43	1,511.06	1,368.22	1,511.06	1,368.22
85	1,350.36	1,240.99	1,607.04	1,459.73	1,649.45	1,490.98	1,649.45	1,490.98
86	1,475.35	1,352.59	1,752.12	1,591.42	1,794.53	1,624.90	1,794.53	1,624.90
87	1,607.04	1,475.35	1,910.59	1,736.50	1,957.46	1,769.98	1,957.46	1,769.98
88	1,752.12	1,609.27	2,084.69	1,890.50	2,136.02	1,928.45	2,136.02	1,928.45
89	1,910.59	1,754.35	2,272.18	2,060.14	2,325.74	2,104.78	2,325.74	2,104.78
90	2,084.69	1,912.82	2,473.06	2,247.62	2,535.55	2,292.26	2,535.55	2,292.26
91	2,272.18	2,084.69	2,696.26	2,450.74	2,765.45	2,499.84	2,765.45	2,499.84
92	2,473.06	2,272.18	2,939.54	2,671.70	3,013.20	2,725.27	3,013.20	2,725.27
93	2,696.26	2,477.52	3,202.92	2,910.53	3,281.04	2,970.79	3,281.04	2,970.79
94	2,939.54	2,698.49	3,493.08	3,173.90	3,575.66	3,236.40	3,575.66	3,236.40

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Joint							
	2190 x Daily Maximum				5% Compound BIO			
	No BIO		5% Simple BIO		5% Compound BIO		100 EP	
	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	62.50	58.03	91.51	84.82	131.69	122.76	131.69	122.76
25-29	66.96	62.50	100.44	91.51	142.85	131.69	142.85	131.69
30-34	71.42	66.96	107.14	100.44	154.01	142.85	154.01	142.85
35-39	78.12	71.42	118.30	107.14	167.40	154.01	167.40	154.01
40-45	84.82	78.12	127.22	118.30	176.33	167.40	176.33	167.40
46	89.28	84.82	127.22	120.53	180.79	176.33	180.79	176.33
47	91.51	89.28	131.69	122.76	187.49	180.79	187.49	180.79
48	91.51	91.51	131.69	122.76	187.49	187.49	187.49	187.49
49	91.51	91.51	133.92	124.99	189.72	187.49	189.72	187.49
50	93.74	93.74	138.38	127.22	191.95	189.72	191.95	189.72
51	95.98	95.98	140.62	129.46	194.18	191.95	194.18	191.95
52	100.44	100.44	145.08	136.15	200.88	194.18	200.88	194.18
53	104.90	104.90	154.01	142.85	205.34	200.88	205.34	200.88
54	111.60	111.60	162.94	151.78	214.27	205.34	214.27	205.34
55	113.83	113.83	174.10	158.47	225.43	214.27	225.43	214.27
56	120.53	120.53	183.02	169.63	232.13	225.43	232.13	225.43
57	127.22	127.22	196.42	180.79	245.52	232.13	245.52	232.13
58	145.08	145.08	212.04	194.18	261.14	245.52	261.14	245.52
59	149.54	149.54	227.66	207.58	279.09	261.14	279.09	261.14
60	158.47	158.47	241.06	218.74	299.09	279.09	299.09	279.09
61	174.10	174.10	261.14	234.36	321.41	299.09	321.41	299.09
62	189.72	189.72	281.23	254.45	337.03	321.41	337.03	321.41
63	200.88	200.88	299.09	274.54	361.58	337.03	361.58	337.03
64	214.27	214.27	321.41	292.39	381.67	361.58	381.67	361.58
65	227.66	227.66	341.50	312.48	406.22	381.67	406.22	381.67
66	245.52	245.52	370.51	339.26	428.54	406.22	428.54	406.22
67	270.07	270.07	399.53	368.28	462.02	428.54	462.02	428.54
68	299.09	299.09	439.70	401.76	502.20	462.02	502.20	462.02
69	332.57	332.57	484.34	441.94	551.30	502.20	551.30	502.20
70	368.28	368.28	531.22	486.58	604.87	551.30	604.87	551.30
71	412.92	412.92	584.78	535.68	660.67	604.87	660.67	604.87
72	459.79	459.79	642.82	587.02	723.17	660.67	723.17	660.67
73	508.90	508.90	705.31	642.82	785.66	723.17	785.66	723.17
74	564.70	564.70	770.04	705.31	859.32	785.66	859.32	785.66
75	624.96	624.96	843.70	770.04	935.21	859.32	935.21	859.32
76	694.15	694.15	919.58	841.46	1,008.86	935.21	1,008.86	935.21
77	767.81	767.81	1,013.33	926.28	1,109.30	1,008.86	1,109.30	1,008.86
78	843.70	843.70	1,100.38	1,008.86	1,196.35	1,109.30	1,196.35	1,109.30
79	921.82	921.82	1,194.12	1,098.14	1,285.63	1,196.35	1,285.63	1,196.35
80	1,004.40	1,004.40	1,294.56	1,187.42	1,381.61	1,285.63	1,381.61	1,285.63
81	1,098.14	1,098.14	1,403.93	1,292.33	1,488.74	1,381.61	1,488.74	1,381.61
82	1,207.51	1,207.51	1,526.69	1,403.93	1,607.04	1,488.74	1,607.04	1,488.74
83	1,330.27	1,330.27	1,665.07	1,531.15	1,740.96	1,607.04	1,740.96	1,607.04
84	1,477.58	1,477.58	1,825.78	1,680.70	1,892.74	1,740.96	1,892.74	1,740.96
85	1,609.27	1,609.27	1,988.71	1,832.47	2,064.60	1,892.74	2,064.60	1,892.74
86	1,756.58	1,756.58	2,167.27	1,997.64	2,249.86	2,064.60	2,249.86	2,064.60
87	1,915.06	1,915.06	2,361.46	2,178.43	2,455.20	2,249.86	2,455.20	2,249.86
88	2,084.69	2,084.69	2,575.73	2,374.85	2,676.17	2,455.20	2,676.17	2,455.20
89	2,272.18	2,272.18	2,805.62	2,589.12	2,917.22	2,676.17	2,917.22	2,676.17
90	2,477.52	2,477.52	3,057.84	2,823.48	3,178.37	2,917.22	3,178.37	2,917.22
91	2,700.72	2,700.72	3,334.61	3,077.93	3,466.30	3,178.37	3,466.30	3,178.37
92	2,946.24	2,946.24	3,635.93	3,352.46	3,778.78	3,466.30	3,778.78	3,466.30
93	3,207.38	3,207.38	3,961.80	3,653.78	4,118.04	3,778.78	4,118.04	3,778.78
94	3,499.78	3,499.78	4,318.92	3,984.12	4,488.55	4,118.04	4,488.55	4,118.04

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Joint							
	2920 x Daily Maximum							
	No BIO		5% Simple BIO		5% Compound BIO			
	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	64.73	62.50	100.44	95.98	142.85	133.92	142.85	133.92
25-29	71.42	64.73	107.14	100.44	154.01	127.22	154.01	127.22
30-34	78.12	71.42	116.06	111.60	165.17	111.60	165.17	111.60
35-39	84.82	75.89	124.99	118.30	178.56	118.30	178.56	118.30
40-45	93.74	82.58	133.92	127.22	194.18	127.22	194.18	127.22
46	93.74	82.58	136.15	131.69	194.18	131.69	194.18	131.69
47	95.98	84.82	140.62	133.92	198.65	133.92	198.65	133.92
48	95.98	84.82	142.85	133.92	200.88	133.92	200.88	133.92
49	95.98	84.82	145.08	133.92	200.88	133.92	200.88	133.92
50	98.21	89.28	147.31	138.38	205.34	138.38	205.34	138.38
51	100.44	89.28	149.54	142.85	212.04	142.85	212.04	142.85
52	104.90	95.98	158.47	147.31	214.27	147.31	214.27	147.31
53	109.37	100.44	165.17	154.01	220.97	154.01	220.97	154.01
54	116.06	104.90	171.86	160.70	232.13	160.70	232.13	160.70
55	120.53	113.83	185.26	169.63	236.59	169.63	236.59	169.63
56	127.22	116.06	196.42	183.02	249.98	183.02	249.98	183.02
57	133.92	127.22	212.04	194.18	265.61	194.18	265.61	194.18
58	147.31	133.92	223.20	205.34	279.00	205.34	279.00	205.34
59	158.47	145.08	238.82	220.97	299.09	220.97	299.09	220.97
60	167.40	154.01	263.38	238.82	319.18	238.82	319.18	238.82
61	183.02	167.40	281.23	254.45	339.26	254.45	339.26	254.45
62	198.65	183.02	301.32	279.00	366.05	279.00	366.05	279.00
63	212.04	191.95	323.64	296.86	388.37	296.86	388.37	296.86
64	225.43	205.34	343.73	319.18	408.46	319.18	408.46	319.18
65	238.82	218.74	368.28	339.26	433.01	339.26	433.01	339.26
66	258.91	236.59	392.83	366.05	459.79	366.05	459.79	366.05
67	283.46	258.91	424.08	395.06	495.50	395.06	495.50	395.06
68	314.71	287.93	470.95	435.24	542.38	435.24	542.38	435.24
69	350.42	321.41	517.82	477.85	593.71	477.85	593.71	477.85
70	388.37	357.12	575.86	528.98	653.98	528.98	653.98	528.98
71	435.24	399.53	633.89	582.55	709.78	582.55	709.78	582.55
72	484.34	444.17	698.62	638.35	776.74	638.35	776.74	638.35
73	535.68	495.50	765.58	698.62	850.39	698.62	850.39	698.62
74	593.71	546.84	832.54	763.34	926.28	763.34	926.28	763.34
75	658.44	607.10	908.42	834.77	1,008.86	834.77	1,008.86	834.77
76	729.86	671.83	993.24	910.66	1,098.14	910.66	1,098.14	910.66
77	807.98	743.26	1,091.45	1,004.40	1,200.82	1,004.40	1,200.82	1,004.40
78	888.34	816.91	1,189.66	1,095.91	1,296.79	1,095.91	1,296.79	1,095.91
79	970.92	895.03	1,290.10	1,189.66	1,399.46	1,189.66	1,399.46	1,189.66
80	1,057.97	973.15	1,401.70	1,292.33	1,508.83	1,292.33	1,508.83	1,292.33
81	1,156.18	1,064.66	1,524.46	1,408.39	1,622.66	1,408.39	1,622.66	1,408.39
82	1,270.01	1,169.57	1,660.61	1,535.62	1,754.35	1,535.62	1,754.35	1,535.62
83	1,399.46	1,287.86	1,814.62	1,676.23	1,903.90	1,676.23	1,903.90	1,676.23
84	1,555.70	1,430.71	1,986.48	1,839.17	2,073.53	1,839.17	2,073.53	1,839.17
85	1,694.09	1,557.94	2,165.04	2,004.34	2,261.02	2,004.34	2,261.02	2,004.34
86	1,848.10	1,700.78	2,361.46	2,185.13	2,464.13	2,185.13	2,464.13	2,185.13
87	2,015.50	1,854.79	2,573.50	2,381.54	2,685.10	2,381.54	2,685.10	2,381.54
88	2,194.06	2,022.19	2,803.39	2,598.05	2,928.38	2,598.05	2,928.38	2,598.05
89	2,392.70	2,205.22	3,055.61	2,832.41	3,193.99	2,832.41	3,193.99	2,832.41
90	2,606.98	2,401.63	3,332.38	3,084.62	3,479.69	3,084.62	3,479.69	3,084.62
91	2,843.57	2,615.90	3,631.46	3,363.62	3,794.40	3,363.62	3,794.40	3,363.62
92	3,100.25	2,852.50	3,955.10	3,664.94	4,133.66	3,664.94	4,133.66	3,664.94
93	3,377.02	3,109.18	4,312.22	3,993.05	4,506.41	3,993.05	4,506.41	3,993.05
94	3,682.80	3,388.18	4,702.82	4,352.40	4,914.86	4,352.40	4,914.86	4,352.40

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Applies to policies issued after or on 10/01/2003

Form: 7035J
Annual Premium per \$10 Daily Benefit

Age	Joint							
	4380 x Daily Maximum							
	No BIO		5% Simple BIO		5% Compound BIO			
	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	80.35	75.89	118.30	109.37	165.17			156.24
25-29	84.82	80.35	127.22	118.30	178.56			167.40
30-34	93.74	87.05	138.38	127.22	194.18			180.79
35-39	100.44	95.98	149.54	138.38	209.81			194.18
40-45	109.37	100.44	160.70	149.54	223.20			212.04
46	111.60	102.67	165.17	151.78	229.90			214.27
47	113.83	107.14	167.40	156.24	232.13			216.50
48	116.06	107.14	171.86	158.47	236.59			223.20
49	118.30	109.37	176.33	160.70	238.82			223.20
50	118.30	109.37	178.56	165.17	243.29			227.66
51	120.53	111.60	183.02	169.63	247.75			232.13
52	124.99	116.06	187.49	176.33	256.68			241.06
53	129.46	118.30	198.65	185.26	263.38			245.52
54	136.15	129.46	209.81	196.42	274.54			256.68
55	147.31	136.15	223.20	212.04	285.70			267.84
56	154.01	145.08	236.59	220.97	299.09			281.23
57	165.17	151.78	252.22	236.59	319.18			296.86
58	176.33	165.17	272.30	252.22	337.03			314.71
59	187.49	176.33	294.62	276.77	359.35			332.57
60	203.11	185.26	314.71	294.62	383.90			357.12
61	218.74	200.88	337.03	314.71	410.69			379.44
62	234.36	216.50	361.58	337.03	435.24			406.22
63	252.22	232.13	381.67	359.35	466.49			433.01
64	272.30	252.22	403.99	377.21	497.74			462.02
65	290.16	270.07	428.54	399.53	528.98			491.04
66	314.71	290.16	455.33	426.31	564.70			524.52
67	343.73	316.94	495.50	462.02	604.87			564.70
68	383.90	354.89	551.30	513.36	660.67			616.03
69	424.08	395.06	613.80	571.39	720.94			669.60
70	470.95	437.47	687.46	640.58	787.90			732.10
71	522.29	486.58	765.58	709.78	857.09			794.59
72	584.78	542.38	843.70	785.66	935.21			866.02
73	647.28	595.94	924.05	857.09	1,015.56			944.14
74	716.47	662.90	1,011.10	935.21	1,109.30			1,031.18
75	790.13	727.63	1,102.61	1,024.49	1,207.51			1,122.70
76	870.48	803.52	1,200.82	1,113.77	1,307.95			1,218.67
77	961.99	890.57	1,314.65	1,223.14	1,430.71			1,332.50
78	1,051.27	973.15	1,432.94	1,332.50	1,542.31			1,441.87
79	1,140.55	1,060.20	1,549.01	1,444.10	1,680.61			1,546.78
80	1,234.30	1,147.25	1,678.46	1,564.63	1,783.37			1,660.61
81	1,343.66	1,249.92	1,816.85	1,698.55	1,915.06			1,787.83
82	1,470.89	1,365.98	1,975.32	1,850.33	2,066.83			1,930.68
83	1,613.74	1,502.14	2,156.11	2,017.73	2,236.46			2,089.15
84	1,787.83	1,660.61	2,365.92	2,211.91	2,430.65			2,272.18
85	1,948.54	1,812.38	2,577.96	2,412.79	2,649.38			2,477.52
86	2,124.86	1,975.32	2,812.32	2,631.53	2,888.21			2,700.72
87	2,316.82	2,156.11	3,064.54	2,868.12	3,147.12			2,944.01
88	2,524.39	2,348.06	3,339.07	3,124.80	3,430.58			3,209.62
89	2,752.06	2,557.87	3,640.39	3,408.26	3,738.60			3,497.54
90	2,999.81	2,790.00	3,970.73	3,711.82	4,075.63			3,810.02
91	3,267.65	3,039.98	4,325.62	4,046.62	4,441.68			4,153.75
92	3,564.50	3,316.75	4,716.22	4,410.43	4,841.21			4,530.96
93	3,883.68	3,615.84	5,140.30	4,807.73	5,276.45			4,939.42
94	4,234.10	3,939.48	5,602.32	5,240.74	5,751.86			5,385.82

**Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Nonforfeiture**

Form: 62274F

Annual Premium per \$10 Daily Benefit

Individual 730 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	17.86	15.62	24.55	22.32	35.71	31.25
25-29	20.09	17.86	26.78	24.55	37.94	35.71
30-34	22.32	17.86	29.02	26.78	42.41	37.94
35-39	22.32	20.09	31.25	29.02	44.64	40.18
40-44	24.55	22.32	33.48	31.25	49.10	42.41
45	24.55	22.32	33.48	31.25	49.10	42.41
46	24.55	22.32	35.71	31.25	49.10	44.64
47	24.55	22.32	35.71	31.25	49.10	44.64
48	24.55	22.32	35.71	31.25	51.34	44.64
49	26.78	24.55	35.71	31.25	51.34	44.64
50	26.78	24.55	37.94	33.48	51.34	46.87
51	26.78	24.55	37.94	35.71	51.34	46.87
52	26.78	24.55	37.94	35.71	53.57	49.10
53	29.02	24.55	42.41	37.94	55.80	51.34
54	29.02	26.78	44.64	40.18	58.03	51.34
55	31.25	29.02	46.87	42.41	60.26	55.80
56	31.25	29.02	49.10	44.64	62.50	55.80
57	35.71	31.25	53.57	49.10	66.96	60.26
58	37.94	33.48	58.03	53.57	71.42	64.73
59	42.41	37.94	60.26	55.80	75.89	66.96
60	44.64	40.18	66.96	60.26	80.35	73.66
61	49.10	44.64	69.19	62.50	87.05	78.12
62	53.57	49.10	75.89	66.96	91.51	82.58
63	55.80	51.34	80.35	73.66	98.21	89.28
64	60.26	55.80	87.05	78.12	102.67	93.74
65	64.73	58.03	93.74	84.82	111.60	100.44
66	66.96	62.50	98.21	89.28	111.60	102.67
67	69.19	64.73	102.67	91.51	118.30	107.14
68	73.66	69.19	107.14	95.98	122.76	111.60
69	80.35	73.66	113.83	102.67	129.46	118.30
70	87.05	78.12	118.30	109.37	136.15	122.76
71	91.51	84.82	124.99	111.60	142.85	129.46
72	98.21	89.28	131.69	118.30	149.54	133.92
73	102.67	93.74	138.38	124.99	154.01	140.62
74	107.14	98.21	145.08	131.69	160.70	147.31
75	113.83	102.67	151.78	138.38	165.17	151.78
76	118.30	107.14	156.24	142.85	171.86	156.24
77	124.99	111.60	162.94	149.54	176.33	160.70
78	129.46	118.30	167.40	151.78	178.56	162.94
79	133.92	120.53	169.63	154.01	180.79	165.17
80	138.38	124.99	171.86	156.24	180.79	165.17
81	151.78	138.38	185.26	167.40	194.18	176.33
82	165.17	151.78	200.88	183.02	209.81	189.72
83	183.02	167.40	218.74	198.65	225.43	205.34
84	200.88	185.26	238.82	218.74	245.52	223.20
85	218.74	200.88	261.14	236.59	267.84	243.29
86	238.82	220.97	285.70	258.91	292.39	263.38
87	261.14	241.06	310.25	281.23	319.18	287.93
88	285.70	261.14	339.26	308.02	348.19	314.71
89	310.25	285.70	368.28	334.80	377.21	341.50
90	339.26	310.25	401.76	366.05	412.92	372.74
91	368.28	339.26	439.70	399.53	448.63	406.22
92	401.76	370.51	477.65	435.24	488.81	444.17
93	439.70	401.76	520.06	473.18	533.45	482.11
94	477.65	439.70	566.93	515.59	582.55	526.75

**Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Nonforfeiture**

Form: 62274F

Annual Premium per \$10 Daily Benefit

Individual 1,095 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	22.32	20.09	31.25	29.02	44.64	42.41
25-29	24.55	22.32	35.71	31.25	49.10	44.64
30-34	24.55	24.55	37.94	35.71	53.57	49.10
35-39	26.78	24.55	40.18	37.94	58.03	53.57
40-44	29.02	26.78	44.64	40.18	60.26	58.03
45	29.02	26.78	44.64	40.18	60.26	58.03
46	31.25	29.02	44.64	42.41	62.50	58.03
47	33.48	29.02	44.64	42.41	64.73	58.03
48	33.48	29.02	44.64	42.41	64.73	60.26
49	33.48	29.02	46.87	42.41	64.73	60.26
50	35.71	29.02	46.87	44.64	66.96	60.26
51	35.71	31.25	49.10	44.64	66.96	62.50
52	37.94	31.25	51.34	46.87	69.19	64.73
53	37.94	31.25	53.57	49.10	71.42	64.73
54	37.94	33.48	55.80	51.34	73.66	66.96
55	42.41	35.71	60.26	55.80	78.12	69.19
56	44.64	37.94	62.50	58.03	80.35	73.66
57	46.87	40.18	66.96	62.50	84.82	78.12
58	51.34	42.41	73.66	66.96	91.51	80.35
59	55.80	46.87	78.12	71.42	95.98	87.05
60	60.26	51.34	82.58	75.89	102.67	93.74
61	62.50	55.80	91.51	80.35	111.60	100.44
62	69.19	58.03	98.21	87.05	116.06	104.90
63	73.66	64.73	102.67	93.74	124.99	113.83
64	78.12	66.96	111.60	100.44	131.69	118.30
65	84.82	71.42	118.30	107.14	140.62	127.22
66	87.05	75.89	122.76	113.83	142.85	131.69
67	91.51	80.35	129.46	118.30	149.54	133.92
68	98.21	84.82	136.15	124.99	156.24	142.85
69	107.14	91.51	145.08	131.69	165.17	151.78
70	113.83	98.21	154.01	140.62	174.10	158.47
71	120.53	104.90	160.70	147.31	183.02	167.40
72	129.46	111.60	169.63	154.01	191.95	174.10
73	136.15	116.06	178.56	162.94	198.65	183.02
74	145.08	122.76	185.26	169.63	207.58	189.72
75	151.78	129.46	194.18	176.33	214.27	196.42
76	158.47	136.15	200.88	183.02	220.97	203.11
77	167.40	142.85	209.81	191.95	229.90	209.81
78	174.10	149.54	214.27	196.42	234.36	214.27
79	178.56	154.01	218.74	200.88	236.59	216.50
80	183.02	158.47	223.20	205.34	238.82	218.74
81	200.88	171.86	241.06	223.20	256.68	234.36
82	220.97	189.72	263.38	241.06	276.77	254.45
83	243.29	209.81	287.93	263.38	301.32	274.54
84	270.07	232.13	314.71	290.16	325.87	299.09
85	294.62	252.22	343.73	316.94	354.89	325.87
86	319.18	274.54	372.74	343.73	388.37	354.89
87	348.19	299.09	406.22	374.98	424.08	388.37
88	379.44	325.87	444.17	408.46	462.02	421.85
89	412.92	354.89	484.34	446.40	502.20	459.79
90	450.86	388.37	526.75	486.58	549.07	502.20
91	491.04	424.08	575.86	531.22	598.18	546.84
92	535.68	462.02	627.19	578.09	651.74	595.94
93	582.55	502.20	682.99	629.42	709.78	649.51
94	636.12	549.07	745.49	687.46	774.50	709.78

**Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Nonforfeiture**

Form: 62274F

Annual Premium per \$10 Daily Benefit

Individual 1,460 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	24.55	22.32	37.94	35.71	51.34	49.10
25-29	26.78	24.55	40.18	37.94	55.80	53.57
30-34	29.02	26.78	42.41	40.18	60.26	58.03
35-39	31.25	29.02	46.87	44.64	64.73	60.26
40-44	33.48	31.25	49.10	46.87	71.42	66.96
45	33.48	31.25	49.10	46.87	71.42	66.96
46	33.48	31.25	51.34	49.10	71.42	66.96
47	35.71	31.25	51.34	49.10	73.66	69.19
48	35.71	31.25	51.34	49.10	73.66	71.42
49	35.71	31.25	53.57	49.10	73.66	71.42
50	35.71	33.48	53.57	51.34	75.89	71.42
51	37.94	33.48	55.80	51.34	78.12	71.42
52	37.94	35.71	58.03	53.57	78.12	73.66
53	40.18	37.94	60.26	55.80	80.35	75.89
54	42.41	37.94	62.50	58.03	84.82	78.12
55	44.64	42.41	66.96	62.50	87.05	80.35
56	46.87	42.41	71.42	66.96	91.51	84.82
57	49.10	46.87	78.12	71.42	98.21	89.28
58	53.57	49.10	82.58	75.89	102.67	93.74
59	58.03	53.57	87.05	80.35	109.37	100.44
60	62.50	55.80	95.98	87.05	118.30	107.14
61	66.96	62.50	102.67	93.74	124.99	116.06
62	73.66	66.96	111.60	102.67	133.92	122.76
63	78.12	71.42	118.30	109.37	142.85	129.46
64	82.58	75.89	124.99	118.30	149.54	138.38
65	87.05	80.35	136.15	124.99	158.47	145.08
66	91.51	84.82	138.38	129.46	162.94	149.54
67	95.98	89.28	145.08	133.92	169.63	154.01
68	104.90	95.98	156.24	142.85	178.56	162.94
69	111.60	102.67	165.17	151.78	189.72	171.86
70	118.30	109.37	176.33	162.94	200.88	183.02
71	127.22	118.30	185.26	171.86	207.58	191.95
72	136.15	124.99	196.42	180.79	218.74	203.11
73	145.08	133.92	205.34	187.49	229.90	209.81
74	151.78	140.62	214.27	196.42	238.82	218.74
75	160.70	149.54	223.20	203.11	247.75	227.66
76	169.63	156.24	229.90	212.04	254.45	234.36
77	178.56	162.94	241.06	220.97	263.38	243.29
78	185.26	169.63	247.75	227.66	270.07	247.75
79	189.72	176.33	252.22	232.13	274.54	252.22
80	194.18	178.56	256.68	236.59	276.77	254.45
81	212.04	194.18	279.00	258.91	296.86	274.54
82	232.13	214.27	305.78	281.23	321.41	296.86
83	256.68	236.59	332.57	308.02	350.42	321.41
84	285.70	263.38	363.82	337.03	381.67	350.42
85	310.25	285.70	397.30	368.28	415.15	381.67
86	339.26	312.48	433.01	401.76	453.10	417.38
87	370.51	339.26	473.18	437.47	493.27	455.33
88	401.76	370.51	515.59	477.65	537.91	495.50
89	439.70	403.99	560.23	520.06	587.02	540.14
90	477.65	439.70	611.57	566.93	638.35	589.25
91	522.29	479.88	667.37	616.03	696.38	640.58
92	569.16	522.29	725.40	671.83	758.88	698.62
93	620.50	571.39	790.13	732.10	828.07	761.11
94	676.30	622.73	863.78	799.06	901.73	830.30

**Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Nonforfeiture**

Form: 62274F

Annual Premium per \$10 Daily Benefit

Individual 2,190 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	29.02	29.02	44.64	40.18	60.26	58.03
25-29	31.25	31.25	46.87	44.64	66.96	62.50
30-34	35.71	31.25	51.34	46.87	71.42	66.96
35-39	37.94	35.71	55.80	51.34	78.12	71.42
40-44	40.18	37.94	60.26	55.80	82.58	78.12
45	40.18	37.94	60.26	55.80	82.58	78.12
46	42.41	37.94	60.26	55.80	84.82	80.35
47	42.41	40.18	62.50	58.03	87.05	80.35
48	42.41	40.18	64.73	58.03	87.05	82.58
49	44.64	40.18	64.73	60.26	89.28	82.58
50	44.64	40.18	66.96	60.26	89.28	84.82
51	44.64	42.41	66.96	62.50	91.51	84.82
52	46.87	42.41	69.19	64.73	95.98	89.28
53	49.10	44.64	73.66	69.19	98.21	91.51
54	51.34	46.87	78.12	73.66	102.67	95.98
55	53.57	51.34	82.58	78.12	104.90	98.21
56	58.03	53.57	87.05	82.58	111.60	104.90
57	60.26	55.80	93.74	87.05	118.30	109.37
58	64.73	60.26	100.44	93.74	124.99	116.06
59	69.19	64.73	109.37	102.67	133.92	122.76
60	75.89	69.19	116.06	109.37	142.85	131.69
61	80.35	73.66	124.99	116.06	151.78	140.62
62	87.05	80.35	133.92	124.99	160.70	151.78
63	93.74	87.05	140.62	133.92	171.86	160.70
64	100.44	93.74	149.54	140.62	185.26	171.86
65	107.14	100.44	158.47	147.31	196.42	180.79
66	111.60	104.90	162.94	151.78	200.88	187.49
67	118.30	109.37	171.86	160.70	209.81	194.18
68	127.22	118.30	183.02	171.86	220.97	205.34
69	136.15	127.22	196.42	183.02	232.13	214.27
70	145.08	136.15	212.04	198.65	243.29	225.43
71	154.01	145.08	227.66	209.81	254.45	234.36
72	165.17	154.01	238.82	223.20	265.61	245.52
73	176.33	162.94	249.98	232.13	276.77	256.68
74	185.26	171.86	261.14	243.29	287.93	267.84
75	194.18	180.79	272.30	252.22	299.09	276.77
76	203.11	187.49	281.23	261.14	308.02	285.70
77	214.27	198.65	292.39	272.30	316.94	296.86
78	220.97	203.11	301.32	279.00	323.64	301.32
79	225.43	209.81	305.78	285.70	328.10	305.78
80	227.66	212.04	310.25	290.16	330.34	308.02
81	247.75	232.13	337.03	314.71	354.89	330.34
82	272.30	252.22	366.05	341.50	381.67	357.12
83	299.09	279.00	399.53	372.74	415.15	386.14
84	330.34	308.02	437.47	410.69	450.86	421.85
85	361.58	334.80	477.65	446.40	491.04	459.79
86	392.83	366.05	520.06	486.58	535.68	499.97
87	428.54	399.53	566.93	531.22	582.55	544.61
88	466.49	435.24	618.26	578.09	636.12	593.71
89	508.90	473.18	674.06	631.66	691.92	647.28
90	555.77	515.59	734.33	687.46	754.42	705.31
91	604.87	562.46	801.29	749.95	823.61	770.04
92	660.67	613.80	872.71	816.91	897.26	839.23
93	718.70	669.60	950.83	890.57	977.62	915.12
94	783.43	729.86	1037.88	970.92	1064.66	997.70

**Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Nonforfeiture**

Form: 62274F

Annual Premium per \$10 Daily Benefit

Age	Individual					
	Lifetime Benefit Period					
	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	44.03	38.53	63.30	57.79	88.06	82.56
25-29	46.78	44.03	68.80	63.30	96.32	88.06
30-34	49.54	46.78	74.30	68.80	101.82	96.32
35-39	55.04	52.29	79.81	74.30	110.08	101.82
40-44	57.79	55.04	88.06	79.81	118.34	110.08
45	57.79	55.04	88.06	79.81	118.34	110.08
46	60.54	55.04	88.06	79.81	121.09	112.83
47	60.54	57.79	90.82	82.56	123.84	115.58
48	60.54	57.79	90.82	82.56	126.59	118.34
49	63.30	60.54	93.57	85.31	126.59	118.34
50	63.30	60.54	96.32	88.06	129.34	121.09
51	66.05	63.30	99.07	90.82	132.10	121.09
52	68.80	63.30	101.82	93.57	134.85	126.59
53	71.55	66.05	107.33	99.07	140.35	132.10
54	74.30	68.80	112.83	104.58	145.86	137.60
55	77.06	74.30	121.09	112.83	154.11	143.10
56	82.56	77.06	129.34	121.09	162.37	151.36
57	90.82	82.56	137.60	129.34	173.38	159.62
58	93.57	88.06	148.61	140.35	181.63	170.62
59	101.82	96.32	159.62	151.36	192.64	181.63
60	107.33	99.07	167.87	159.62	203.65	192.64
61	118.34	107.33	181.63	173.38	220.16	203.65
62	126.59	118.34	192.64	184.38	233.92	220.16
63	137.60	126.59	203.65	192.64	250.43	236.67
64	145.86	134.85	214.66	203.65	266.94	253.18
65	156.86	145.86	225.66	211.90	286.21	269.70
66	165.12	154.11	231.17	217.41	297.22	280.70
67	173.38	162.37	242.18	228.42	308.22	291.71
68	187.14	173.38	261.44	244.93	321.98	302.72
69	198.14	187.14	280.70	264.19	338.50	316.48
70	214.66	198.14	305.47	288.96	355.01	330.24
71	225.66	211.90	327.49	308.22	368.77	341.25
72	239.42	222.91	346.75	324.74	385.28	357.76
73	253.18	236.67	366.02	344.00	399.04	371.52
74	266.94	250.43	382.53	357.76	415.55	388.03
75	283.46	261.44	396.29	371.52	429.31	404.54
76	294.46	272.45	410.05	382.53	443.07	418.30
77	308.22	286.21	426.56	399.04	456.83	432.06
78	316.48	294.46	434.82	407.30	465.09	440.32
79	319.23	299.97	443.07	415.55	470.59	443.07
80	324.74	302.72	448.58	421.06	473.34	445.82
81	352.26	330.24	484.35	456.83	506.37	478.85
82	382.53	360.51	525.63	498.11	547.65	514.62
83	421.06	396.29	575.17	542.14	591.68	555.90
84	465.09	434.82	630.21	594.43	641.22	605.44
85	506.37	476.10	688.00	649.47	699.01	660.48
86	553.15	517.38	748.54	707.26	762.30	718.27
87	602.69	564.16	817.34	770.56	831.10	784.32
88	657.73	613.70	891.65	839.36	905.41	855.87
89	715.52	668.74	971.46	916.42	987.97	932.93
90	781.57	729.28	1059.52	998.98	1076.03	1015.49
91	850.37	795.33	1153.09	1087.04	1172.35	1106.30
92	927.42	866.88	1257.66	1186.11	1279.68	1205.38
93	1009.98	946.69	1370.50	1293.44	1395.26	1315.46
94	1100.80	1032.00	1494.34	1409.02	1519.10	1433.79

**Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Nonforfeiture**

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint 1,095 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	15.62	13.39	22.32	20.09	31.25	29.02
25-29	15.62	15.62	24.55	22.32	33.48	31.25
30-34	17.86	15.62	24.55	24.55	35.71	33.48
35-39	17.86	17.86	26.78	24.55	37.94	35.71
40-44	20.09	17.86	29.02	26.78	40.18	37.94
45	20.09	17.86	29.02	26.78	40.18	37.94
46	22.32	17.86	31.25	26.78	42.41	40.18
47	22.32	20.09	31.25	29.02	44.64	40.18
48	22.32	20.09	31.25	29.02	44.64	40.18
49	22.32	20.09	31.25	29.02	44.64	40.18
50	24.55	20.09	31.25	31.25	44.64	40.18
51	24.55	20.09	33.48	31.25	44.64	42.41
52	24.55	20.09	33.48	31.25	46.87	44.64
53	24.55	22.32	35.71	33.48	49.10	44.64
54	26.78	22.32	37.94	35.71	49.10	44.64
55	29.02	24.55	40.18	37.94	51.34	46.87
56	29.02	24.55	42.41	40.18	53.57	49.10
57	31.25	26.78	44.64	42.41	58.03	53.57
58	33.48	29.02	49.10	44.64	60.26	55.80
59	37.94	31.25	53.57	49.10	64.73	58.03
60	40.18	33.48	55.80	51.34	69.19	62.50
61	42.41	37.94	60.26	55.80	73.66	66.96
62	46.87	40.18	64.73	58.03	78.12	71.42
63	49.10	42.41	69.19	64.73	84.82	75.89
64	53.57	44.64	75.89	69.19	89.28	80.35
65	58.03	49.10	80.35	73.66	93.74	87.05
66	60.26	51.34	82.58	75.89	95.98	87.05
67	62.50	53.57	87.05	80.35	100.44	91.51
68	66.96	58.03	91.51	84.82	104.90	95.98
69	71.42	60.26	98.21	89.28	111.60	102.67
70	75.89	66.96	102.67	93.74	118.30	107.14
71	82.58	69.19	109.37	100.44	122.76	111.60
72	87.05	75.89	113.83	104.90	129.46	118.30
73	91.51	78.12	120.53	109.37	133.92	122.76
74	98.21	82.58	124.99	113.83	140.62	129.46
75	102.67	87.05	131.69	120.53	145.08	133.92
76	107.14	91.51	136.15	122.76	149.54	136.15
77	113.83	95.98	140.62	129.46	154.01	142.85
78	118.30	100.44	145.08	133.92	158.47	145.08
79	120.53	102.67	147.31	136.15	160.70	147.31
80	122.76	107.14	151.78	138.38	160.70	147.31
81	136.15	116.06	162.94	149.54	174.10	158.47
82	149.54	127.22	178.56	162.94	187.49	171.86
83	165.17	140.62	194.18	178.56	203.11	185.26
84	180.79	156.24	212.04	196.42	220.97	200.88
85	198.65	169.63	232.13	214.27	241.06	220.97
86	216.50	185.26	252.22	232.13	261.14	241.06
87	234.36	203.11	274.54	254.45	285.70	261.14
88	256.68	220.97	299.09	276.77	312.48	285.70
89	279.00	241.06	325.87	301.32	339.26	310.25
90	303.55	261.14	354.89	328.10	370.51	339.26
91	332.57	285.70	388.37	359.35	403.99	370.51
92	361.58	312.48	424.08	390.60	439.70	401.76
93	392.83	339.26	462.02	426.31	479.88	439.70
94	428.54	370.51	502.20	464.26	522.29	477.65

**Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Nonforfeiture**

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint 1,460 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	15.62	15.62	22.32	20.09	33.48	29.02
25-29	17.86	15.62	24.55	22.32	35.71	31.25
30-34	20.09	17.86	26.78	24.55	37.94	33.48
35-39	20.09	17.86	29.02	26.78	40.18	35.71
40-44	22.32	20.09	31.25	29.02	44.64	40.18
45	22.32	20.09	31.25	29.02	44.64	40.18
46	22.32	20.09	31.25	29.02	44.64	40.18
47	22.32	20.09	33.48	29.02	44.64	40.18
48	22.32	20.09	33.48	29.02	46.87	42.41
49	24.55	22.32	33.48	29.02	46.87	42.41
50	24.55	22.32	35.71	31.25	49.10	44.64
51	24.55	22.32	35.71	31.25	49.10	44.64
52	24.55	22.32	35.71	33.48	49.10	44.64
53	26.78	24.55	37.94	35.71	51.34	46.87
54	26.78	24.55	40.18	37.94	53.57	49.10
55	29.02	26.78	44.64	40.18	55.80	51.34
56	29.02	26.78	44.64	42.41	58.03	51.34
57	33.48	29.02	51.34	44.64	62.50	55.80
58	35.71	31.25	51.34	49.10	66.96	60.26
59	37.94	33.48	55.80	51.34	69.19	62.50
60	40.18	37.94	60.26	55.80	73.66	66.96
61	44.64	40.18	64.73	58.03	80.35	73.66
62	49.10	44.64	69.19	62.50	84.82	75.89
63	51.34	46.87	75.89	66.96	91.51	82.58
64	55.80	51.34	80.35	73.66	95.98	87.05
65	58.03	53.57	87.05	78.12	102.67	91.51
66	62.50	58.03	89.28	82.58	104.90	93.74
67	64.73	58.03	93.74	84.82	107.14	100.44
68	69.19	62.50	98.21	89.28	113.83	102.67
69	73.66	66.96	104.90	93.74	120.53	109.37
70	80.35	73.66	109.37	100.44	124.99	113.83
71	84.82	78.12	113.83	104.90	131.69	118.30
72	89.28	82.58	120.53	109.37	138.38	122.76
73	93.74	87.05	127.22	116.06	142.85	129.46
74	100.44	91.51	133.92	120.53	147.31	133.92
75	104.90	93.74	140.62	127.22	151.78	140.62
76	109.37	98.21	145.08	131.69	158.47	145.08
77	113.83	102.67	151.78	136.15	162.94	149.54
78	120.53	107.14	154.01	140.62	165.17	151.78
79	122.76	111.60	156.24	142.85	167.40	151.78
80	127.22	116.06	158.47	145.08	167.40	151.78
81	138.38	127.22	171.86	156.24	180.79	162.94
82	154.01	140.62	185.26	169.63	194.18	174.10
83	167.40	154.01	200.88	183.02	209.81	189.72
84	185.26	169.63	220.97	200.88	227.66	205.34
85	203.11	185.26	241.06	218.74	247.75	223.20
86	220.97	203.11	263.38	238.82	270.07	243.29
87	241.06	220.97	285.70	261.14	294.62	265.61
88	263.38	241.06	312.48	283.46	321.41	290.16
89	285.70	263.38	341.50	308.02	348.19	314.71
90	312.48	287.93	370.51	337.03	379.44	343.73
91	341.50	312.48	403.99	368.28	415.15	374.98
92	370.51	341.50	441.94	401.76	453.10	408.46
93	403.99	372.74	479.88	437.47	493.27	446.40
94	441.94	403.99	524.52	475.42	535.68	486.58

Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint						
2,190 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	17.86	17.86	26.78	24.55	40.18	37.94
25-29	20.09	17.86	31.25	26.78	42.41	40.18
30-34	22.32	20.09	31.25	31.25	46.87	42.41
35-39	24.55	22.32	35.71	31.25	51.34	46.87
40-44	24.55	24.55	37.94	35.71	53.57	51.34
45	24.55	24.55	37.94	35.71	53.57	51.34
46	26.78	24.55	37.94	35.71	53.57	51.34
47	26.78	24.55	40.18	37.94	55.80	51.34
48	26.78	24.55	40.18	37.94	55.80	51.34
49	26.78	24.55	40.18	37.94	58.03	51.34
50	29.02	24.55	42.41	37.94	58.03	53.57
51	29.02	24.55	42.41	37.94	58.03	53.57
52	31.25	26.78	44.64	40.18	60.26	55.80
53	31.25	26.78	46.87	42.41	62.50	58.03
54	33.48	29.02	49.10	44.64	64.73	58.03
55	33.48	31.25	51.34	46.87	66.96	60.26
56	35.71	33.48	55.80	51.34	69.19	64.73
57	37.94	35.71	58.03	53.57	73.66	69.19
58	44.64	37.94	64.73	58.03	78.12	71.42
59	44.64	40.18	69.19	62.50	84.82	75.89
60	46.87	44.64	71.42	64.73	89.28	80.35
61	51.34	46.87	78.12	71.42	95.98	87.05
62	58.03	51.34	84.82	75.89	100.44	91.51
63	60.26	55.80	89.28	82.58	109.37	98.21
64	64.73	58.03	95.98	87.05	113.83	104.90
65	69.19	62.50	102.67	93.74	122.76	111.60
66	71.42	64.73	107.14	98.21	124.99	113.83
67	75.89	69.19	111.60	102.67	129.46	118.30
68	80.35	73.66	118.30	109.37	136.15	124.99
69	87.05	78.12	124.99	113.83	142.85	131.69
70	91.51	84.82	133.92	122.76	151.78	138.38
71	98.21	91.51	140.62	129.46	158.47	145.08
72	104.90	95.98	147.31	133.92	167.40	151.78
73	111.60	102.67	156.24	140.62	171.86	158.47
74	118.30	107.14	160.70	147.31	180.79	165.17
75	124.99	113.83	169.63	154.01	187.49	171.86
76	131.69	118.30	174.10	160.70	191.95	176.33
77	138.38	124.99	183.02	167.40	198.65	183.02
78	142.85	129.46	187.49	171.86	203.11	187.49
79	147.31	133.92	191.95	176.33	205.34	189.72
80	151.78	136.15	194.18	178.56	207.58	189.72
81	165.17	149.54	209.81	194.18	223.20	205.34
82	180.79	165.17	229.90	209.81	241.06	220.97
83	198.65	180.79	249.98	229.90	261.14	238.82
84	220.97	200.88	274.54	252.22	283.46	261.14
85	241.06	218.74	299.09	274.54	310.25	283.46
86	263.38	238.82	325.87	299.09	337.03	310.25
87	287.93	261.14	354.89	325.87	368.28	337.03
88	312.48	283.46	386.14	357.12	401.76	368.28
89	341.50	310.25	421.85	388.37	437.47	401.76
90	372.74	337.03	459.79	424.08	477.65	437.47
91	406.22	368.28	499.97	462.02	520.06	475.42
92	441.94	401.76	544.61	502.20	566.93	520.06
93	482.11	437.47	593.71	549.07	618.26	566.93
94	524.52	477.65	647.28	598.18	674.06	616.03

**Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Nonforfeiture**

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint 2,920 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	12.96	11.52	20.16	18.72	27.36	25.92
25-29	14.40	12.96	20.16	20.16	30.24	28.80
30-34	15.84	14.40	23.04	21.60	31.68	30.24
35-39	15.84	14.40	24.48	23.04	34.56	31.68
40-44	18.72	15.84	25.92	24.48	37.44	34.56
45	18.72	15.84	25.92	24.48	37.44	34.56
46	18.72	15.84	25.92	25.92	37.44	36.00
47	18.72	15.84	27.36	25.92	38.88	36.00
48	18.72	15.84	27.36	25.92	38.88	37.44
49	18.72	15.84	28.80	25.92	38.88	37.44
50	18.72	17.28	28.80	27.36	40.32	37.44
51	20.16	17.28	28.80	27.36	41.76	37.44
52	20.16	18.72	30.24	28.80	41.76	38.88
53	21.60	20.16	31.68	30.24	43.20	40.32
54	23.04	20.16	33.12	31.68	44.64	41.76
55	23.04	21.60	36.00	33.12	46.08	41.76
56	24.48	23.04	37.44	36.00	48.96	44.64
57	25.92	24.48	41.76	37.44	51.84	47.52
58	28.80	25.92	43.20	40.32	54.72	48.96
59	30.24	28.80	46.08	43.20	57.60	53.28
60	33.12	30.24	50.40	46.08	61.92	56.16
61	36.00	33.12	54.72	48.96	66.24	60.48
62	38.88	36.00	59.04	54.72	70.56	64.80
63	41.76	37.44	63.36	57.60	74.88	67.68
64	43.20	40.32	66.24	61.92	79.20	72.00
65	46.08	41.76	72.00	66.24	83.52	76.32
66	48.96	44.64	73.44	69.12	86.40	79.20
67	51.84	46.08	76.32	72.00	89.28	82.08
68	54.72	50.40	82.08	76.32	95.04	86.40
69	59.04	53.28	86.40	80.64	99.36	90.72
70	63.36	57.60	93.60	84.96	105.12	96.48
71	67.68	61.92	97.92	90.72	109.44	100.80
72	72.00	66.24	103.68	95.04	115.20	106.56
73	76.32	70.56	108.00	99.36	120.96	110.88
74	80.64	73.44	112.32	103.68	125.28	115.20
75	84.96	77.76	116.64	108.00	129.60	119.52
76	89.28	82.08	122.40	112.32	133.92	123.84
77	93.60	86.40	126.72	116.64	139.68	128.16
78	97.92	89.28	131.04	119.52	142.56	131.04
79	100.80	92.16	132.48	122.40	144.00	132.48
80	102.24	93.60	135.36	125.28	145.44	133.92
81	112.32	103.68	146.88	136.80	156.96	145.44
82	122.40	113.76	161.28	148.32	169.92	156.96
83	135.36	125.28	175.68	162.72	184.32	169.92
84	151.20	138.24	192.96	178.56	200.16	184.32
85	164.16	151.20	210.24	194.40	218.88	201.60
86	178.56	164.16	228.96	211.68	239.04	220.32
87	194.40	180.00	249.12	230.40	259.20	240.48
88	211.68	195.84	270.72	252.00	283.68	260.64
89	231.84	213.12	295.20	273.60	309.60	285.12
90	252.00	231.84	322.56	298.08	336.96	309.60
91	275.04	253.44	351.36	325.44	367.20	338.40
92	299.52	276.48	383.04	354.24	400.32	368.64
93	326.88	300.96	417.60	385.92	436.32	401.76
94	357.12	328.32	455.04	421.92	475.20	437.76

**Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Nonforfeiture**

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint 4,380 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	24.55	22.32	35.71	33.48	49.10	46.87
25-29	24.55	24.55	37.94	35.71	53.57	51.34
30-34	29.02	26.78	42.41	37.94	58.03	53.57
35-39	31.25	29.02	44.64	42.41	62.50	58.03
40-44	33.48	31.25	49.10	44.64	66.96	64.73
45	33.48	31.25	49.10	44.64	66.96	64.73
46	33.48	31.25	49.10	44.64	69.19	64.73
47	33.48	31.25	51.34	46.87	69.19	64.73
48	35.71	31.25	51.34	46.87	71.42	66.96
49	35.71	33.48	53.57	49.10	71.42	66.96
50	35.71	33.48	53.57	49.10	73.66	69.19
51	35.71	33.48	55.80	51.34	73.66	69.19
52	37.94	35.71	55.80	53.57	78.12	71.42
53	37.94	35.71	60.26	55.80	78.12	73.66
54	40.18	37.94	62.50	58.03	82.58	78.12
55	44.64	40.18	66.96	64.73	84.82	80.35
56	46.87	44.64	71.42	66.96	89.28	84.82
57	49.10	44.64	75.89	71.42	95.98	89.28
58	53.57	49.10	82.58	75.89	100.44	93.74
59	55.80	53.57	89.28	82.58	107.14	100.44
60	60.26	55.80	93.74	89.28	116.06	107.14
61	64.73	60.26	100.44	93.74	122.76	113.83
62	71.42	64.73	109.37	100.44	131.69	122.76
63	75.89	69.19	113.83	107.14	140.62	129.46
64	82.58	75.89	120.53	113.83	149.54	138.38
65	87.05	80.35	129.46	120.53	158.47	147.31
66	91.51	84.82	131.69	122.76	162.94	151.78
67	95.98	89.28	138.38	129.46	169.63	158.47
68	102.67	95.98	149.54	138.38	178.56	167.40
69	109.37	102.67	160.70	149.54	187.49	174.10
70	118.30	109.37	171.86	160.70	196.42	183.02
71	124.99	116.06	183.02	169.63	205.34	189.72
72	133.92	124.99	194.18	180.79	214.27	198.65
73	142.85	131.69	203.11	187.49	223.20	207.58
74	149.54	138.38	212.04	196.42	232.13	216.50
75	158.47	145.08	220.97	205.34	241.06	225.43
76	165.17	151.78	227.66	212.04	247.75	232.13
77	174.10	160.70	236.59	220.97	256.68	238.82
78	178.56	165.17	243.29	225.43	261.14	245.52
79	183.02	169.63	247.75	232.13	265.61	247.75
80	185.26	171.86	252.22	234.36	267.84	249.98
81	200.88	187.49	272.30	254.45	287.93	267.84
82	220.97	205.34	296.86	276.77	310.25	290.16
83	241.06	225.43	323.64	303.55	334.80	312.48
84	267.84	249.98	354.89	332.57	363.82	341.50
85	292.39	272.30	386.14	361.58	397.30	372.74
86	319.18	296.86	421.85	395.06	433.01	406.22
87	348.19	323.64	459.79	430.78	473.18	441.94
88	379.44	352.66	499.97	468.72	515.59	482.11
89	412.92	383.90	546.84	511.13	560.23	524.52
90	450.86	419.62	595.94	555.77	611.57	571.39
91	491.04	455.33	649.51	607.10	667.37	622.73
92	535.68	497.74	707.54	660.67	725.40	680.76
93	582.55	542.38	770.04	720.94	792.36	741.02
94	636.12	591.48	841.46	785.66	863.78	807.98

Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Individual						
730 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	75.89	69.19	104.90	98.21	154.01	136.15
25-29	84.82	73.66	113.83	104.90	162.94	151.78
30-34	93.74	80.35	124.99	113.83	180.79	160.70
35-39	98.21	87.05	133.92	122.76	191.95	171.86
40-44	104.90	95.98	147.31	131.69	209.81	185.26
45	104.90	95.98	147.31	131.69	209.81	185.26
46	104.90	98.21	151.78	133.92	212.04	189.72
47	107.14	98.21	154.01	136.15	214.27	191.95
48	107.14	98.21	156.24	138.38	218.74	196.42
49	113.83	102.67	156.24	138.38	218.74	196.42
50	113.83	104.90	162.94	147.31	225.43	203.11
51	113.83	104.90	165.17	151.78	225.43	203.11
52	116.06	107.14	167.40	156.24	232.13	212.04
53	122.76	109.37	183.02	165.17	241.06	218.74
54	127.22	113.83	191.95	174.10	252.22	225.43
55	136.15	124.99	205.34	185.26	261.14	238.82
56	138.38	127.22	214.27	194.18	270.07	243.29
57	154.01	133.92	234.36	212.04	290.16	261.14
58	162.94	142.85	247.75	229.90	310.25	279.00
59	180.79	160.70	263.38	238.82	325.87	292.39
60	191.95	176.33	287.93	258.91	348.19	316.94
61	209.81	189.72	301.32	272.30	374.98	341.50
62	232.13	209.81	325.87	292.39	397.30	359.35
63	243.29	223.20	350.42	316.94	424.08	386.14
64	261.14	238.82	379.44	341.50	446.40	406.22
65	276.77	252.22	406.22	366.05	479.88	433.01
66	296.86	274.54	435.24	395.06	499.97	455.33
67	319.18	292.39	466.49	419.62	537.91	491.04
68	350.42	321.41	504.43	453.10	580.32	526.75
69	388.37	354.89	551.30	497.74	629.42	571.39
70	433.01	392.83	593.71	542.38	680.76	613.80
71	470.95	435.24	642.82	580.32	736.56	667.37
72	522.29	475.42	700.85	636.12	796.82	716.47
73	569.16	520.06	763.34	694.15	857.09	778.97
74	620.50	564.70	834.77	756.65	926.28	843.70
75	680.76	613.80	910.66	825.84	993.24	908.42
76	738.79	669.60	984.31	895.03	1073.59	979.85
77	816.91	736.56	1071.36	975.38	1153.94	1055.74
78	890.57	807.98	1153.94	1046.81	1232.06	1127.16
79	968.69	879.41	1234.30	1120.46	1312.42	1194.12
80	1055.74	961.99	1316.88	1198.58	1392.77	1265.54
81	1156.18	1060.20	1421.78	1290.10	1493.21	1354.82
82	1270.01	1167.34	1540.08	1401.70	1609.27	1455.26
83	1399.46	1283.40	1676.23	1526.69	1734.26	1569.10
84	1544.54	1417.32	1836.94	1674.00	1883.81	1707.48
85	1682.93	1546.78	2004.34	1819.08	2055.67	1859.26
86	1836.94	1687.39	2185.13	1984.25	2238.70	2024.42
87	2004.34	1841.40	2381.54	2162.81	2441.81	2207.45
88	2185.13	2006.57	2598.05	2356.99	2662.78	2406.10
89	2381.54	2187.36	2830.18	2569.03	2897.14	2622.60
90	2598.05	2383.78	3082.39	2803.39	3160.51	2856.96
91	2830.18	2600.28	3363.62	3055.61	3446.21	3115.87
92	3082.39	2834.64	3664.94	3332.38	3754.22	3399.34
93	3363.62	3086.86	3993.05	3629.23	4091.26	3702.89
94	3664.94	3365.86	4352.40	3955.10	4459.54	4035.46

Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Individual 1,095 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	95.98	87.05	136.15	127.22	196.42	183.02
25-29	102.67	95.98	151.78	136.15	212.04	196.42
30-34	107.14	102.67	160.70	151.78	229.90	212.04
35-39	116.06	107.14	176.33	160.70	249.98	229.90
40-44	127.22	116.06	189.72	176.33	263.38	249.98
45	127.22	116.06	189.72	176.33	263.38	249.98
46	138.38	122.76	191.95	180.79	270.07	252.22
47	147.31	124.99	196.42	183.02	279.00	254.45
48	147.31	124.99	196.42	183.02	281.23	258.91
49	147.31	124.99	200.88	185.26	283.46	261.14
50	151.78	127.22	205.34	191.95	287.93	263.38
51	154.01	133.92	209.81	194.18	290.16	267.84
52	160.70	133.92	218.74	203.11	299.09	279.00
53	162.94	136.15	229.90	212.04	308.02	283.46
54	167.40	142.85	243.29	225.43	319.18	292.39
55	180.79	154.01	261.14	238.82	337.03	301.32
56	189.72	162.94	272.30	252.22	348.19	319.18
57	205.34	176.33	292.39	270.07	368.28	339.26
58	218.74	185.26	316.94	290.16	392.83	350.42
59	238.82	203.11	339.26	310.25	417.38	377.21
60	258.91	218.74	359.35	328.10	446.40	403.99
61	272.30	238.82	392.83	350.42	479.88	433.01
62	296.86	252.22	421.85	379.44	504.43	457.56
63	319.18	276.77	446.40	408.46	540.14	491.04
64	341.50	292.39	482.11	437.47	569.16	515.59
65	366.05	312.48	511.13	466.49	607.10	553.54
66	390.60	334.80	549.07	504.43	636.12	582.55
67	421.85	363.82	589.25	542.38	680.76	616.03
68	464.26	397.30	642.82	587.02	734.33	671.83
69	515.59	439.70	700.85	640.58	799.06	732.10
70	566.93	488.81	765.58	700.85	870.48	794.59
71	624.96	537.91	832.54	763.34	941.90	861.55
72	691.92	593.71	908.42	828.07	1022.26	935.21
73	756.65	647.28	988.78	901.73	1102.61	1013.33
74	832.54	712.01	1071.36	979.85	1194.12	1095.91
75	912.89	781.20	1165.10	1062.43	1290.10	1180.73
76	995.47	850.39	1258.85	1149.48	1381.61	1270.01
77	1098.14	939.67	1374.91	1256.62	1504.37	1377.14
78	1200.82	1024.49	1479.82	1357.06	1609.27	1475.35
79	1296.79	1113.77	1591.42	1461.96	1714.18	1573.56
80	1403.93	1207.51	1711.94	1571.33	1828.01	1676.23
81	1540.08	1321.34	1854.79	1707.48	1968.62	1803.46
82	1689.62	1453.03	2017.73	1854.79	2124.86	1946.30
83	1863.72	1602.58	2200.75	2024.42	2303.42	2109.24
84	2064.60	1774.44	2412.79	2223.07	2502.07	2294.50
85	2252.09	1932.91	2629.30	2423.95	2727.50	2499.84
86	2450.74	2107.01	2863.66	2640.46	2975.26	2725.27
87	2669.47	2296.73	3120.34	2879.28	3245.33	2973.02
88	2910.53	2502.07	3403.80	3138.19	3537.72	3240.86
89	3169.44	2727.50	3709.58	3421.66	3854.66	3531.02
90	3455.14	2975.26	4042.15	3731.90	4202.86	3847.97
91	3763.15	3245.33	4408.20	4068.94	4582.30	4196.16
92	4104.65	3537.72	4805.50	4432.75	4995.22	4573.37
93	4470.70	3854.66	5236.27	4830.05	5443.85	4984.06
94	4874.69	4202.86	5709.46	5267.52	5934.89	5434.92

Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Individual 1,460 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	104.90	98.21	160.70	151.78	225.43	212.04
25-29	113.83	104.90	171.86	160.70	243.29	229.90
30-34	124.99	113.83	185.26	176.33	261.14	249.98
35-39	133.92	122.76	200.88	189.72	283.46	263.38
40-44	147.31	131.69	214.27	203.11	308.02	287.93
45	147.31	131.69	214.27	203.11	308.02	287.93
46	147.31	131.69	218.74	209.81	310.25	290.16
47	151.78	133.92	223.20	212.04	316.94	296.86
48	154.01	136.15	225.43	214.27	319.18	305.78
49	154.01	136.15	229.90	214.27	319.18	305.78
50	156.24	142.85	234.36	220.97	325.87	310.25
51	160.70	142.85	238.82	225.43	337.03	312.48
52	165.17	151.78	252.22	234.36	339.26	316.94
53	174.10	160.70	263.38	243.29	350.42	328.10
54	183.02	165.17	272.30	254.45	368.28	341.50
55	191.95	180.79	292.39	270.07	377.21	348.19
56	203.11	185.26	312.48	290.16	397.30	366.05
57	214.27	203.11	337.03	310.25	421.85	386.14
58	234.36	214.27	354.89	328.10	444.17	403.99
59	252.22	232.13	379.44	350.42	475.42	433.01
60	267.84	243.29	417.38	379.44	508.90	464.26
61	290.16	267.84	446.40	406.22	540.14	499.97
62	316.94	290.16	479.88	444.17	582.55	531.22
63	337.03	305.78	513.36	473.18	618.26	560.23
64	357.12	328.10	544.61	508.90	649.51	595.94
65	379.44	348.19	587.02	540.14	687.46	627.19
66	408.46	374.98	618.26	575.86	725.40	662.90
67	441.94	406.22	665.14	616.03	774.50	707.54
68	491.04	448.63	732.10	674.06	841.46	765.58
69	540.14	495.50	799.06	736.56	915.12	837.00
70	593.71	546.84	881.64	810.22	999.94	912.89
71	658.44	607.10	959.76	883.87	1075.82	993.24
72	727.63	667.37	1051.27	961.99	1169.57	1082.52
73	801.29	738.79	1140.55	1042.34	1270.01	1167.34
74	877.18	810.22	1232.06	1129.39	1372.68	1263.31
75	966.46	892.80	1334.74	1223.14	1482.05	1363.75
76	1062.43	977.62	1444.10	1325.81	1598.11	1464.19
77	1167.34	1071.36	1575.79	1448.57	1732.03	1591.42
78	1272.24	1169.57	1703.02	1566.86	1857.02	1705.25
79	1377.14	1272.24	1830.24	1687.39	1986.48	1823.54
80	1488.74	1368.22	1970.86	1816.85	2122.63	1948.54
81	1627.13	1495.44	2144.95	1982.02	2281.10	2102.54
82	1785.60	1644.98	2336.90	2158.34	2468.59	2274.41
83	1968.62	1812.38	2551.18	2359.22	2680.63	2468.59
84	2187.36	2013.26	2794.46	2586.89	2919.46	2687.33
85	2383.78	2191.82	3046.68	2819.02	3180.60	2930.62
86	2600.28	2392.70	3321.22	3075.70	3466.30	3196.22
87	2834.64	2606.98	3620.30	3350.23	3778.78	3486.38
88	3086.86	2843.57	3946.18	3656.02	4120.27	3796.63
89	3365.86	3100.25	4298.83	3984.12	4493.02	4135.90
90	3667.18	3377.02	4687.20	4341.24	4894.78	4510.87
91	3999.74	3680.57	5109.05	4729.61	5336.71	4914.86
92	4361.33	4010.90	5564.38	5153.69	5816.59	5356.80
93	4751.93	4374.72	6064.34	5615.71	6341.11	5841.14
94	5180.47	4767.55	6615.65	6122.38	6912.50	6365.66

Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Individual						
2,190 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	127.22	122.76	189.72	176.33	263.38	252.22
25-29	136.15	131.69	203.11	189.72	287.93	270.07
30-34	151.78	138.38	223.20	203.11	310.25	290.16
35-39	160.70	154.01	241.06	223.20	337.03	312.48
40-44	176.33	162.94	258.91	241.06	359.35	339.26
45	176.33	162.94	258.91	241.06	359.35	339.26
46	180.79	165.17	263.38	243.29	368.28	345.96
47	183.02	171.86	270.07	249.98	374.98	348.19
48	185.26	171.86	276.77	254.45	379.44	357.12
49	189.72	176.33	281.23	258.91	383.90	357.12
50	191.95	176.33	287.93	263.38	388.37	366.05
51	194.18	180.79	292.39	272.30	397.30	370.51
52	200.88	185.26	301.32	281.23	412.92	386.14
53	209.81	191.95	319.18	296.86	424.08	395.06
54	218.74	205.34	337.03	316.94	441.94	412.92
55	234.36	218.74	359.35	339.26	457.56	428.54
56	247.75	232.13	379.44	354.89	482.11	450.86
57	263.38	243.29	406.22	379.44	511.13	475.42
58	283.46	263.38	437.47	406.22	540.14	504.43
59	301.32	283.46	473.18	444.17	578.09	533.45
60	325.87	299.09	504.43	473.18	616.03	571.39
61	350.42	321.41	540.14	504.43	658.44	609.34
62	377.21	348.19	580.32	540.14	698.62	653.98
63	403.99	374.98	611.57	578.09	747.72	696.38
64	435.24	403.99	649.51	607.10	799.06	743.26
65	464.26	433.01	687.46	640.58	848.16	785.66
66	499.97	464.26	725.40	678.53	897.26	834.77
67	542.38	499.97	783.43	732.10	957.53	890.57
68	600.41	555.77	863.78	805.75	1037.88	966.46
69	658.44	613.80	955.30	888.34	1122.70	1040.11
70	725.40	676.30	1060.20	988.78	1216.44	1129.39
71	799.06	745.49	1171.80	1086.98	1312.42	1214.21
72	886.10	823.61	1281.17	1194.12	1419.55	1314.65
73	975.38	899.50	1390.54	1290.10	1531.15	1421.78
74	1069.13	991.01	1508.83	1397.23	1658.38	1540.08
75	1169.57	1080.29	1633.82	1517.76	1790.06	1662.84
76	1276.70	1178.50	1763.28	1636.06	1923.98	1790.06
77	1401.70	1299.02	1915.06	1781.14	2082.46	1941.84
78	1517.76	1403.93	2069.06	1923.98	2227.54	2080.22
79	1633.82	1517.76	2218.61	2069.06	2377.08	2216.38
80	1752.12	1627.13	2381.54	2223.07	2533.32	2359.22
81	1906.13	1774.44	2580.19	2410.56	2718.58	2537.78
82	2086.92	1939.61	2805.62	2624.83	2932.85	2740.90
83	2292.26	2133.79	3062.30	2863.66	3176.14	2964.10
84	2537.78	2359.22	3359.16	3142.66	3452.90	3227.47
85	2767.68	2573.50	3660.48	3423.89	3760.92	3517.63
86	3015.43	2805.62	3990.82	3734.14	4100.18	3834.58
87	3287.74	3060.07	4350.17	4071.17	4468.46	4180.54
88	3582.36	3334.61	4740.77	4437.22	4870.22	4555.51
89	3906.00	3631.46	5169.31	4838.98	5307.70	4966.20
90	4258.66	3959.57	5635.80	5269.75	5785.34	5410.37
91	4640.33	4316.69	6142.46	5745.17	6307.63	5899.18
92	5059.94	4707.29	6696.00	6260.76	6874.56	6432.62
93	5513.04	5133.60	7296.41	6825.46	7492.82	7012.94
94	6010.78	5593.39	7954.85	7441.49	8164.66	7646.83

**Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Base + Nonforfeiture**

Form: 62274F

Annual Premium per \$10 Daily Benefit

Age	Individual					
	Lifetime Benefit Period					
	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	187.14	170.62	277.95	250.43	379.78	355.01
25-29	198.14	189.89	299.97	275.20	412.80	382.53
30-34	217.41	200.90	321.98	297.22	440.32	415.55
35-39	233.92	222.91	349.50	319.23	476.10	443.07
40-44	250.43	236.67	379.78	346.75	514.62	478.85
45	250.43	236.67	379.78	346.75	514.62	478.85
46	261.44	242.18	385.28	349.50	522.88	489.86
47	264.19	247.68	390.78	355.01	536.64	500.86
48	264.19	250.43	396.29	360.51	544.90	509.12
49	269.70	258.69	404.54	366.02	547.65	511.87
50	277.95	258.69	415.55	379.78	558.66	522.88
51	283.46	269.70	426.56	390.78	569.66	528.38
52	297.22	277.95	443.07	404.54	586.18	550.40
53	305.47	286.21	465.09	429.31	610.94	572.42
54	321.98	299.97	492.61	456.83	632.96	594.43
55	335.74	319.23	525.63	489.86	665.98	621.95
56	360.51	335.74	561.41	525.63	704.51	657.73
57	390.78	360.51	597.18	561.41	748.54	693.50
58	404.54	382.53	641.22	608.19	789.82	740.29
59	443.07	415.55	688.00	652.22	836.61	784.32
60	467.84	432.06	729.28	693.50	886.14	831.10
61	509.12	467.84	787.07	751.30	949.44	886.14
62	547.65	509.12	836.61	795.33	1012.74	949.44
63	591.68	550.40	883.39	836.61	1084.29	1020.99
64	630.21	586.18	927.42	880.64	1155.84	1092.54
65	682.50	632.96	976.96	919.17	1235.65	1169.60
66	732.03	685.25	1026.50	963.20	1318.21	1246.66
67	792.58	745.79	1109.06	1040.26	1409.02	1331.97
68	875.14	817.34	1224.64	1153.09	1516.35	1428.29
69	960.45	902.66	1364.99	1282.43	1640.19	1538.37
70	1067.78	993.47	1530.11	1439.30	1772.29	1651.20
71	1164.10	1089.79	1692.48	1590.66	1901.63	1766.78
72	1279.68	1197.12	1857.60	1742.02	2058.50	1912.64
73	1409.02	1315.46	2028.22	1901.63	2215.36	2061.25
74	1541.12	1436.54	2201.60	2061.25	2391.49	2231.87
75	1695.23	1565.89	2380.48	2223.62	2578.62	2421.76
76	1843.84	1711.74	2570.37	2402.50	2776.77	2614.40
77	2017.22	1871.36	2790.53	2608.90	2999.68	2829.06
78	2171.33	2019.97	2999.68	2807.04	3203.33	3024.45
79	2322.69	2171.33	3214.34	3013.44	3412.48	3217.09
80	2490.56	2328.19	3440.00	3233.60	3621.63	3415.23
81	2699.71	2529.09	3715.20	3503.30	3888.58	3665.66
82	2939.14	2757.50	4037.18	3811.52	4191.30	3949.12
83	3225.34	3029.95	4408.70	4158.27	4527.04	4268.35
84	3561.09	3338.18	4835.26	4560.06	4917.82	4639.87
85	3885.82	3640.90	5272.83	4972.86	5360.90	5060.93
86	4235.33	3965.63	5746.18	5418.69	5842.50	5512.26
87	4617.86	4320.64	6266.30	5905.79	6368.13	6010.37
88	5033.41	4711.42	6833.22	6439.68	6943.30	6552.51
89	5487.49	5132.48	7446.91	7017.60	7570.75	7144.19
90	5982.85	5597.57	8115.65	7650.56	8253.25	7782.66
91	6519.49	6101.18	8842.18	8335.81	8990.78	8481.66
92	7108.42	6651.58	9640.26	9087.10	9802.62	9243.97
93	7746.88	7254.27	10507.14	9907.20	10688.77	10080.58
94	8443.14	7906.50	11453.82	10798.85	11646.46	10985.98

Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint						
1,095 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	64.73	58.03	93.74	87.05	133.92	122.76
25-29	69.19	64.73	102.67	93.74	142.85	133.92
30-34	73.66	69.19	107.14	102.67	154.01	142.85
35-39	78.12	73.66	118.30	107.14	167.40	154.01
40-44	87.05	78.12	127.22	118.30	176.33	167.40
45	87.05	78.12	127.22	118.30	176.33	167.40
46	93.74	80.35	131.69	118.30	183.02	171.86
47	95.98	84.82	133.92	122.76	189.72	171.86
48	95.98	84.82	133.92	124.99	189.72	174.10
49	98.21	84.82	136.15	124.99	191.95	176.33
50	102.67	87.05	138.38	131.69	194.18	176.33
51	102.67	89.28	142.85	131.69	196.42	180.79
52	104.90	89.28	147.31	136.15	203.11	189.72
53	109.37	93.74	154.01	142.85	209.81	191.95
54	113.83	95.98	165.17	154.01	214.27	196.42
55	122.76	104.90	176.33	160.70	225.43	203.11
56	124.99	109.37	183.02	171.86	234.36	214.27
57	138.38	118.30	196.42	183.02	249.98	229.90
58	147.31	124.99	214.27	196.42	263.38	238.82
59	160.70	136.15	229.90	209.81	281.23	254.45
60	174.10	147.31	243.29	220.97	301.32	272.30
61	183.02	160.70	263.38	238.82	321.41	292.39
62	200.88	171.86	283.46	254.45	339.26	310.25
63	214.27	185.26	301.32	276.77	366.05	330.34
64	232.13	196.42	325.87	296.86	383.90	348.19
65	247.75	212.04	345.96	316.94	408.46	374.98
66	265.61	225.43	370.51	339.26	428.54	390.60
67	285.70	245.52	397.30	366.05	459.79	417.38
68	314.71	270.07	433.01	397.30	495.50	453.10
69	348.19	294.62	473.18	433.01	540.14	495.50
70	381.67	330.34	515.59	470.95	589.25	535.68
71	424.08	361.58	562.46	515.59	636.12	580.32
72	466.49	401.76	611.57	560.23	689.69	631.66
73	511.13	437.47	667.37	607.10	743.26	682.99
74	562.46	479.88	723.17	660.67	805.75	741.02
75	616.03	526.75	787.90	718.70	870.48	799.06
76	671.83	573.62	850.39	774.50	932.98	857.09
77	741.02	633.89	926.28	848.16	1013.33	930.74
78	812.45	691.92	999.94	917.35	1086.98	995.47
79	874.94	749.95	1073.59	986.54	1158.41	1062.43
80	946.37	814.68	1156.18	1060.20	1234.30	1131.62
81	1040.11	892.80	1252.15	1151.71	1330.27	1218.67
82	1140.55	979.85	1363.75	1252.15	1435.18	1314.65
83	1258.85	1080.29	1484.28	1368.22	1553.47	1424.02
84	1392.77	1196.35	1629.36	1502.14	1689.62	1546.78
85	1519.99	1303.49	1774.44	1636.06	1843.63	1687.39
86	1656.14	1421.78	1932.91	1783.37	2006.57	1841.40
87	1801.22	1551.24	2107.01	1944.07	2189.59	2006.57
88	1964.16	1689.62	2296.73	2120.40	2388.24	2189.59
89	2140.49	1843.63	2502.07	2310.12	2602.51	2383.78
90	2332.44	2006.57	2727.50	2517.70	2836.87	2598.05
91	2542.25	2189.59	2975.26	2747.59	3093.55	2834.64
92	2769.91	2388.24	3245.33	2993.11	3372.55	3086.86
93	3017.66	2602.51	3535.49	3260.95	3676.10	3365.86
94	3289.97	2836.87	3852.43	3555.58	4006.44	3667.18

Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint						
1,460 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	69.19	64.73	95.98	89.28	142.85	124.99
25-29	78.12	66.96	104.90	95.98	151.78	138.38
30-34	87.05	75.89	116.06	104.90	165.17	147.31
35-39	89.28	80.35	122.76	113.83	176.33	156.24
40-44	95.98	87.05	136.15	122.76	191.95	171.86
45	95.98	87.05	136.15	122.76	191.95	171.86
46	95.98	89.28	138.38	122.76	194.18	174.10
47	98.21	89.28	142.85	124.99	196.42	176.33
48	98.21	89.28	145.08	127.22	200.88	183.02
49	104.90	93.74	145.08	127.22	200.88	183.02
50	104.90	95.98	151.78	136.15	209.81	189.72
51	104.90	95.98	154.01	138.38	209.81	189.72
52	107.14	98.21	156.24	145.08	214.27	194.18
53	113.83	102.67	167.40	154.01	223.20	200.88
54	118.30	104.90	176.33	160.70	232.13	209.81
55	124.99	116.06	189.72	171.86	241.06	220.97
56	127.22	118.30	196.42	180.79	249.98	223.20
57	142.85	122.76	218.74	194.18	267.84	241.06
58	151.78	131.69	225.43	212.04	287.93	258.91
59	165.17	147.31	243.29	220.97	299.09	270.07
60	176.33	162.94	263.38	238.82	321.41	292.39
61	191.95	174.10	279.00	252.22	345.96	316.94
62	214.27	191.95	299.09	270.07	366.05	330.34
63	223.20	205.34	325.87	292.39	392.83	357.12
64	241.06	220.97	350.42	316.94	412.92	374.98
65	254.45	232.13	374.98	337.03	441.94	397.30
66	274.54	254.45	399.53	363.82	464.26	419.62
67	294.62	267.84	428.54	388.37	493.27	455.33
68	323.64	294.62	464.26	419.62	535.68	486.58
69	357.12	325.87	508.90	457.56	582.55	526.75
70	399.53	363.82	546.84	499.97	627.19	566.93
71	435.24	401.76	591.48	537.91	678.53	613.80
72	479.88	439.70	645.05	587.02	736.56	660.67
73	524.52	479.88	703.08	640.58	792.36	718.70
74	573.62	522.29	770.04	696.38	852.62	776.74
75	627.19	564.70	841.46	761.11	915.12	839.23
76	680.76	616.03	908.42	825.84	991.01	903.96
77	752.18	678.53	988.78	897.26	1064.66	975.38
78	823.61	743.26	1064.66	966.46	1136.09	1042.34
79	892.80	812.45	1138.32	1033.42	1211.98	1100.38
80	973.15	888.34	1214.21	1107.07	1285.63	1167.34
81	1064.66	977.62	1312.42	1191.89	1379.38	1249.92
82	1174.03	1078.06	1421.78	1294.56	1484.28	1341.43
83	1290.10	1182.96	1544.54	1408.39	1602.58	1448.57
84	1424.02	1305.72	1696.32	1542.31	1738.73	1573.56
85	1553.47	1426.25	1848.10	1678.46	1897.20	1714.18
86	1696.32	1555.70	2015.50	1830.24	2064.60	1868.18
87	1848.10	1696.32	2196.29	1997.64	2252.09	2035.58
88	2015.50	1850.33	2397.17	2173.97	2457.43	2218.61
89	2196.29	2017.73	2613.67	2368.15	2673.94	2419.49
90	2397.17	2200.75	2843.57	2584.66	2914.99	2635.99
91	2613.67	2397.17	3100.25	2819.02	3180.60	2874.82
92	2843.57	2613.67	3381.48	3073.46	3466.30	3133.73
93	3100.25	2850.26	3682.80	3348.00	3774.31	3417.19
94	3381.48	3102.48	4017.60	3649.32	4111.34	3722.98

Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint						
2,190 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	80.35	75.89	118.30	109.37	171.86	160.70
25-29	87.05	80.35	131.69	118.30	185.26	171.86
30-34	93.74	87.05	138.38	131.69	200.88	185.26
35-39	102.67	93.74	154.01	138.38	218.74	200.88
40-44	109.37	102.67	165.17	154.01	229.90	218.74
45	109.37	102.67	165.17	154.01	229.90	218.74
46	116.06	102.67	165.17	156.24	234.36	220.97
47	118.30	107.14	171.86	160.70	243.29	223.20
48	118.30	107.14	171.86	160.70	243.29	223.20
49	118.30	107.14	174.10	162.94	247.75	225.43
50	122.76	109.37	180.79	165.17	249.98	229.90
51	124.99	109.37	183.02	167.40	252.22	232.13
52	131.69	116.06	189.72	176.33	261.14	243.29
53	136.15	118.30	200.88	185.26	267.84	247.75
54	145.08	124.99	212.04	196.42	279.00	254.45
55	147.31	133.92	225.43	205.34	292.39	261.14
56	156.24	142.85	238.82	220.97	301.32	279.00
57	165.17	154.01	254.45	234.36	319.18	296.86
58	189.72	162.94	276.77	252.22	339.26	305.78
59	194.18	176.33	296.86	270.07	363.82	328.10
60	205.34	189.72	312.48	283.46	388.37	350.42
61	225.43	205.34	339.26	305.78	417.38	377.21
62	247.75	220.97	366.05	330.34	437.47	397.30
63	261.14	241.06	388.37	357.12	470.95	426.31
64	279.00	254.45	417.38	379.44	495.50	450.86
65	296.86	272.30	444.17	406.22	528.98	482.11
66	316.94	290.16	477.65	437.47	553.54	506.66
67	345.96	314.71	511.13	470.95	591.48	537.91
68	379.44	345.96	558.00	511.13	638.35	584.78
69	419.62	381.67	609.34	555.77	694.15	636.12
70	459.79	424.08	665.14	609.34	756.65	691.92
71	511.13	468.72	725.40	665.14	819.14	749.95
72	564.70	515.59	790.13	720.94	890.57	814.68
73	620.50	564.70	861.55	783.43	957.53	881.64
74	682.99	620.50	930.74	852.62	1040.11	953.06
75	749.95	680.76	1013.33	924.05	1122.70	1028.95
76	825.84	738.79	1093.68	1002.17	1200.82	1104.84
77	906.19	819.14	1196.35	1093.68	1307.95	1198.58
78	986.54	890.57	1287.86	1180.73	1399.46	1285.63
79	1069.13	968.69	1386.07	1274.47	1490.98	1370.45
80	1156.18	1049.04	1488.74	1365.98	1589.18	1457.50
81	1263.31	1149.48	1613.74	1486.51	1711.94	1571.33
82	1388.30	1263.31	1756.58	1613.74	1848.10	1691.86
83	1528.92	1392.77	1915.06	1761.05	2002.10	1834.70
84	1698.55	1542.31	2100.31	1932.91	2176.20	1997.64
85	1850.33	1680.70	2287.80	2107.01	2374.85	2173.97
86	2019.96	1832.47	2493.14	2296.73	2586.89	2372.62
87	2202.98	1999.87	2716.34	2504.30	2823.48	2584.66
88	2397.17	2176.20	2961.86	2731.97	3077.93	2821.25
89	2613.67	2374.85	3227.47	2977.49	3354.70	3073.46
90	2850.26	2586.89	3517.63	3247.56	3656.02	3348.00
91	3106.94	2823.48	3834.58	3539.95	3986.35	3649.32
92	3388.18	3077.93	4180.54	3854.66	4345.70	3979.66
93	3689.50	3354.70	4555.51	4202.86	4736.30	4339.01
94	4024.30	3656.02	4966.20	4582.30	5162.62	4727.38

Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint						
2,920 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	84.82	80.35	131.69	124.99	185.26	174.10
25-29	93.74	84.82	138.38	131.69	200.88	189.72
30-34	102.67	93.74	151.78	145.08	214.27	203.11
35-39	109.37	98.21	162.94	154.01	232.13	214.27
40-44	122.76	107.14	174.10	165.17	252.22	234.36
45	122.76	107.14	174.10	165.17	252.22	234.36
46	122.76	107.14	176.33	171.86	252.22	238.82
47	124.99	109.37	183.02	174.10	258.91	241.06
48	124.99	109.37	185.26	174.10	261.14	249.98
49	124.99	109.37	189.72	174.10	261.14	249.98
50	127.22	116.06	191.95	180.79	267.84	252.22
51	131.69	116.06	194.18	185.26	276.77	254.45
52	136.15	124.99	205.34	191.95	279.00	258.91
53	142.85	131.69	214.27	200.88	287.93	267.84
54	151.78	136.15	223.20	209.81	301.32	279.00
55	156.24	147.31	241.06	220.97	308.02	283.46
56	165.17	151.78	254.45	238.82	325.87	299.09
57	174.10	165.17	276.77	252.22	345.96	316.94
58	191.95	174.10	290.16	267.84	363.82	330.34
59	205.34	189.72	310.25	287.93	388.37	354.89
60	218.74	200.88	341.50	310.25	415.15	379.44
61	238.82	218.74	366.05	330.34	441.94	408.46
62	258.91	238.82	392.83	363.82	475.42	435.24
63	276.77	249.98	421.85	386.14	504.43	457.56
64	292.39	267.84	446.40	415.15	531.22	486.58
65	310.25	283.46	479.88	441.94	562.46	513.36
66	334.80	305.78	506.66	473.18	593.71	542.38
67	363.82	330.34	542.38	506.66	633.89	580.32
68	399.53	366.05	598.18	553.54	689.69	627.19
69	441.94	403.99	651.74	602.64	747.72	685.22
70	486.58	446.40	720.94	660.67	816.91	745.49
71	540.14	495.50	785.66	723.17	879.41	810.22
72	595.94	546.84	859.32	785.66	955.30	883.87
73	653.98	604.87	932.98	852.62	1037.88	955.30
74	718.70	660.67	1006.63	924.05	1120.46	1033.42
75	790.13	727.63	1089.22	1002.17	1209.74	1113.77
76	868.25	799.06	1182.96	1084.75	1305.72	1196.35
77	953.06	877.18	1287.86	1185.19	1417.32	1301.26
78	1040.11	955.30	1392.77	1281.17	1517.76	1395.00
79	1127.16	1037.88	1495.44	1379.38	1622.66	1490.98
80	1216.44	1118.23	1611.50	1486.51	1734.26	1591.42
81	1330.27	1225.37	1752.12	1620.43	1865.95	1720.87
82	1459.73	1345.90	1910.59	1765.51	2017.73	1859.26
83	1609.27	1482.05	2086.92	1928.45	2189.59	2017.73
84	1790.06	1644.98	2285.57	2115.94	2383.78	2196.29
85	1948.54	1792.30	2490.91	2305.66	2600.28	2397.17
86	2124.86	1955.23	2716.34	2513.23	2834.64	2613.67
87	2316.82	2133.79	2959.63	2738.66	3086.86	2850.26
88	2522.16	2325.74	3223.01	2988.65	3368.09	3102.48
89	2752.06	2535.55	3513.17	3256.49	3673.87	3381.48
90	2997.58	2760.98	3832.34	3546.65	4001.98	3685.03
91	3269.88	3008.74	4176.07	3868.06	4363.56	4019.83
92	3564.50	3281.04	4548.82	4214.02	4754.16	4379.18
93	3883.68	3575.66	4959.50	4591.22	5182.70	4776.48
94	4236.34	3897.07	5408.14	5006.38	5651.42	5202.79

Appendix A
Genworth Life Insurance Company
Current-Year Premiums
Base + Nonforfeiture

Form: 62274F

Annual Premium per \$10 Daily Benefit

Joint						
4,380 x Daily Payment Maximum Plan						
Age	No BIO		Simple BIO		Compound BIO	
	50 Days	100 Days	50 Days	100 Days	50 Days	100 Days
18-24	104.90	98.21	154.01	142.85	214.27	203.11
25-29	109.37	104.90	165.17	154.01	232.13	218.74
30-34	122.76	113.83	180.79	165.17	252.22	234.36
35-39	131.69	124.99	194.18	180.79	272.30	252.22
40-44	142.85	131.69	209.81	194.18	290.16	276.77
45	142.85	131.69	209.81	194.18	290.16	276.77
46	145.08	133.92	214.27	196.42	299.09	279.00
47	147.31	138.38	218.74	203.11	301.32	281.23
48	151.78	138.38	223.20	205.34	308.02	290.16
49	154.01	142.85	229.90	209.81	310.25	290.16
50	154.01	142.85	232.13	214.27	316.94	296.86
51	156.24	145.08	238.82	220.97	321.41	301.32
52	162.94	151.78	243.29	229.90	334.80	312.48
53	167.40	154.01	258.91	241.06	341.50	319.18
54	176.33	167.40	272.30	254.45	357.12	334.80
55	191.95	176.33	290.16	276.77	370.51	348.19
56	200.88	189.72	308.02	287.93	388.37	366.05
57	214.27	196.42	328.10	308.02	415.15	386.14
58	229.90	214.27	354.89	328.10	437.47	408.46
59	243.29	229.90	383.90	359.35	466.49	433.01
60	263.38	241.06	408.46	383.90	499.97	464.26
61	283.46	261.14	437.47	408.46	533.45	493.27
62	305.78	281.23	470.95	437.47	566.93	528.98
63	328.10	301.32	495.50	466.49	607.10	562.46
64	354.89	328.10	524.52	491.04	647.28	600.41
65	377.21	350.42	558.00	520.06	687.46	638.35
66	406.22	374.98	587.02	549.07	727.63	676.30
67	439.70	406.22	633.89	591.48	774.50	723.17
68	486.58	450.86	700.85	651.74	839.23	783.43
69	533.45	497.74	774.50	720.94	908.42	843.70
70	589.25	546.84	859.32	801.29	984.31	915.12
71	647.28	602.64	948.60	879.41	1062.43	984.31
72	718.70	667.37	1037.88	966.46	1149.48	1064.66
73	790.13	727.63	1127.16	1044.58	1238.76	1151.71
74	866.02	801.29	1223.14	1131.62	1341.43	1247.69
75	948.60	872.71	1323.58	1229.83	1448.57	1348.13
76	1035.65	955.30	1428.48	1325.81	1555.70	1450.80
77	1136.09	1051.27	1551.24	1444.10	1687.39	1571.33
78	1229.83	1138.32	1676.23	1557.94	1803.46	1687.39
79	1323.58	1229.83	1796.76	1676.23	1926.22	1794.53
80	1419.55	1319.11	1930.68	1798.99	2051.21	1910.59
81	1544.54	1437.41	2089.15	1953.00	2202.98	2055.67
82	1691.86	1571.33	2272.18	2127.10	2377.08	2220.84
83	1854.79	1727.57	2479.75	2321.28	2571.26	2401.63
84	2055.67	1910.59	2720.81	2544.48	2794.46	2613.67
85	2240.93	2084.69	2964.10	2774.38	3046.68	2850.26
86	2444.04	2272.18	3234.17	3026.59	3321.22	3106.94
87	2665.01	2479.75	3524.33	3298.90	3620.30	3385.94
88	2903.83	2700.72	3839.04	3593.52	3946.18	3691.73
89	3164.98	2941.78	4187.23	3919.39	4298.83	4022.06
90	3450.67	3209.62	4566.67	4267.58	4687.20	4381.42
91	3758.69	3495.31	4975.13	4653.72	5109.05	4776.48
92	4100.18	3814.49	5423.76	5071.10	5566.61	5211.72
93	4466.23	4158.22	5910.34	5528.66	6068.81	5680.44
94	4870.22	4530.96	6443.78	6026.40	6615.65	6193.80

Genworth Life Insurance Company
Address: 6620 West Broad Street, Richmond, VA 23230
Company NAIC No: 70025

Additional Exhibits
October 2020

CONFIDENTIAL

Additional Exhibit Ia: Choice I Policy Forms - Virginia Experience
All Benefit Periods - with Virginia Approved Rate Increase*
Policies Issued On or After 10/01/2003

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Discount Factor	Lives
2003	109,961	0	0.0%	1.9101	393
2004	609,572	0	0.0%	1.8366	388
2005	592,696	0	0.0%	1.7660	383
2006	587,707	0	0.0%	1.6980	381
2007	577,003	0	0.0%	1.6327	374
2008	571,978	0	0.0%	1.5699	374
2009	569,095	312,360	54.9%	1.5096	371
2010	563,319	0	0.0%	1.4515	367
2011	558,077	875	0.2%	1.3957	364
2012	548,011	235,125	42.9%	1.3420	358
2013	541,142	66,638	12.3%	1.2904	356
2014	621,871	201,654	32.4%	1.2407	356
2015	672,540	214,428	31.9%	1.1930	348
2016	729,758	0	0.0%	1.1471	345
2017	711,274	847,888	119.2%	1.1030	337
2018	689,704	407,293	59.1%	1.0606	331
2019	672,038	1,064,994	158.5%	1.0198	323
2020	1,062,042	711,906	67.0%	0.9806	314
2021	1,029,059	769,073	74.7%	0.9429	305
2022	995,662	825,837	82.9%	0.9066	296
2023	960,161	876,704	91.3%	0.8717	285
2024	921,770	922,826	100.1%	0.8382	274
2025	880,181	988,214	112.3%	0.8060	262
2026	838,047	1,041,402	124.3%	0.7750	250
2027	795,205	1,077,622	135.5%	0.7452	238
2028	752,896	1,103,687	146.6%	0.7165	226
2029	711,458	1,130,001	158.8%	0.6889	214
2030	670,329	1,181,857	176.3%	0.6624	202
2031	629,453	1,259,280	200.1%	0.6370	189
2032	588,917	1,318,370	223.9%	0.6125	177
2033	548,929	1,374,034	250.3%	0.5889	165
2034	509,450	1,409,896	276.7%	0.5663	153
2035	470,448	1,440,337	306.2%	0.5445	142
2036	432,169	1,455,107	336.7%	0.5235	130
2037	394,989	1,447,228	366.4%	0.5034	119
2038	359,197	1,453,318	404.6%	0.4840	108
2039	324,831	1,443,295	444.3%	0.4654	97
2040	291,912	1,411,543	483.5%	0.4475	87
2041	260,634	1,369,355	525.4%	0.4303	78
2042	231,237	1,312,179	567.5%	0.4138	69
2043	203,963	1,261,061	618.3%	0.3978	61
2044	178,809	1,203,124	672.9%	0.3825	53
2045	155,701	1,130,365	726.0%	0.3678	46
2046	134,638	1,047,137	777.7%	0.3537	40
2047	115,640	954,595	825.5%	0.3401	34
2048	98,704	847,015	858.1%	0.3270	29
2049	83,697	732,580	875.3%	0.3144	25
2050	70,492	649,863	921.9%	0.3023	21
2051	58,950	572,136	970.5%	0.2907	17
2052	48,926	502,422	1026.9%	0.2795	14
2053	40,310	438,835	1088.6%	0.2688	12
2054	33,006	379,558	1150.0%	0.2584	10
2055	26,883	319,375	1188.0%	0.2485	8
2056	21,775	265,722	1220.3%	0.2389	6
2057	17,517	222,018	1267.5%	0.2297	5
2058	13,992	184,819	1320.9%	0.2209	4
2059	11,093	147,125	1326.3%	0.2124	3
2060	8,719	120,427	1381.2%	0.2042	2
2061	6,788	98,257	1447.4%	0.1964	2
2062	5,210	77,128	1480.4%	0.1888	1
2063	3,953	59,359	1501.6%	0.1816	1
2064	2,980	43,678	1465.6%	0.1746	1
2065	2,234	30,697	1373.8%	0.1679	1
2066	1,665	21,117	1268.2%	0.1614	0
2067	1,208	13,930	1152.7%	0.1552	0
2068	859	9,128	1062.3%	0.1492	0
2069	601	5,912	983.8%	0.1435	0
2070	409	3,783	926.0%	0.1380	0
2071	269	2,415	897.6%	0.1327	0
2072	171	1,553	907.3%	0.1276	0
2073	105	1,000	951.0%	0.1227	0
2074	60	620	1038.6%	0.1179	0
2075	32	376	1167.8%	0.1134	0
2076	18	219	1243.4%	0.1090	0
2077	10	117	1218.5%	0.1049	0
2078	5	55	1071.3%	0.1008	0
2079	3	20	781.6%	0.0969	0

Accumulated and Present Values as of 12/31/2019

Past:	13,716,091	3,833,586	27.9%
Future:	11,118,934	20,755,617	186.7%
Lifetime:	24,835,025	24,589,203	99.0%

*Includes all rate increases approved in your state applied to all policies in Virginia, but prior to the rate increase requested in this filing

Genworth Life Insurance Company
Address: 6620 West Broad Street, Richmond, VA 23230
Company NAIC No: 70025

Additional Exhibits
October 2020

CONFIDENTIAL

Additional Exhibit Ib: Choice I Policy Forms - Virginia Experience
Lifetime Benefit Period - with Virginia Approved Rate Increase*
Policies Issued On or After 10/01/2003

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4%	
				Discount Factor	Lives
2003	47,832	0	0.0%	1.9101	149
2004	261,388	0	0.0%	1.8366	141
2005	253,777	0	0.0%	1.7660	140
2006	252,588	0	0.0%	1.6980	138
2007	250,587	0	0.0%	1.6327	138
2008	250,587	0	0.0%	1.5699	138
2009	247,735	312,360	126.1%	1.5096	135
2010	242,920	0	0.0%	1.4515	133
2011	241,304	875	0.4%	1.3957	132
2012	236,977	0	0.0%	1.3420	129
2013	233,087	0	0.0%	1.2904	129
2014	276,317	0	0.0%	1.2407	129
2015	299,225	0	0.0%	1.1930	128
2016	330,910	0	0.0%	1.1471	127
2017	325,561	626,322	192.4%	1.1030	123
2018	320,180	404,713	126.4%	1.0606	121
2019	312,356	473,594	151.6%	1.0198	118
2020	503,287	327,570	65.1%	0.9806	116
2021	491,268	357,840	72.8%	0.9429	113
2022	477,651	387,259	81.1%	0.9066	109
2023	462,312	413,554	89.5%	0.8717	106
2024	445,477	437,638	98.2%	0.8382	102
2025	427,580	469,871	109.9%	0.8060	98
2026	408,921	496,810	121.5%	0.7750	94
2027	389,920	515,310	132.2%	0.7452	90
2028	370,920	529,036	142.6%	0.7165	86
2029	351,941	545,290	154.9%	0.6889	82
2030	333,030	571,087	171.5%	0.6624	77
2031	314,160	610,241	194.2%	0.6370	73
2032	295,332	641,214	217.1%	0.6125	69
2033	276,672	671,298	242.6%	0.5889	65
2034	258,148	692,540	268.3%	0.5663	61
2035	239,754	713,209	297.5%	0.5445	57
2036	221,594	727,843	328.5%	0.5235	53
2037	203,852	737,527	361.8%	0.5034	49
2038	186,688	750,529	402.0%	0.4840	45
2039	170,095	754,714	443.7%	0.4654	41
2040	154,095	752,113	488.1%	0.4475	37
2041	138,761	741,779	534.6%	0.4303	34
2042	124,214	728,972	586.9%	0.4138	30
2043	110,560	719,910	651.2%	0.3978	27
2044	97,803	704,185	720.0%	0.3825	24
2045	85,946	680,691	792.0%	0.3678	21
2046	75,010	641,745	855.5%	0.3537	19
2047	65,027	596,159	916.8%	0.3401	16
2048	56,010	539,839	963.8%	0.3270	14
2049	47,910	473,708	988.7%	0.3144	12
2050	40,687	429,205	1054.9%	0.3023	10
2051	34,294	383,859	1119.3%	0.2907	9
2052	28,668	341,361	1190.7%	0.2795	7
2053	23,771	301,626	1268.9%	0.2688	6
2054	19,568	262,010	1339.0%	0.2584	5
2055	16,006	222,243	1388.5%	0.2485	4
2056	12,999	184,972	1422.9%	0.2389	3
2057	10,472	153,913	1469.8%	0.2297	3
2058	8,361	127,832	1528.9%	0.2209	2
2059	6,610	101,017	1528.4%	0.2124	2
2060	5,167	83,228	1610.9%	0.2042	1
2061	3,991	67,988	1703.5%	0.1964	1
2062	3,044	53,059	1743.2%	0.1888	1
2063	2,293	41,069	1791.1%	0.1816	1
2064	1,711	30,591	1788.1%	0.1746	0
2065	1,266	21,413	1691.2%	0.1679	0
2066	929	14,469	1557.5%	0.1614	0
2067	672	9,312	1385.3%	0.1552	0
2068	477	6,060	1271.0%	0.1492	0
2069	330	3,908	1182.6%	0.1435	0
2070	221	2,490	1124.1%	0.1380	0
2071	142	1,575	1106.2%	0.1327	0
2072	87	996	1141.0%	0.1276	0
2073	51	634	1253.8%	0.1227	0
2074	27	393	1446.8%	0.1179	0
2075	14	240	1725.1%	0.1134	0
2076	7	140	1965.7%	0.1090	0
2077	4	76	2064.8%	0.1049	0
2078	2	37	1995.7%	0.1008	0
2079	1	15	1648.3%	0.0969	0

Accumulated and Present Values as of 12/31/2019

Past:	6,029,836	2,075,802	34.4%
Future:	5,489,251	10,693,576	194.8%
Lifetime:	11,519,087	12,769,378	110.9%

*Includes all rate increases approved in your state applied to all policies in Virginia, but prior to the rate increase requested in this filing

Genworth Life Insurance Company
Address: 6620 West Broad Street, Richmond, VA 23230
Company NAIC No: 70025

Additional Exhibits
October 2020

CONFIDENTIAL

Additional Exhibit Ic: Choice I Policy Forms - Virginia Experience
Limited Benefit Period - with Virginia Approved Rate Increase*
Policies Issued On or After 10/01/2003

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4%	
				Discount Factor	Lives
2003	62,129	0	0.0%	1.9101	244
2004	348,184	0	0.0%	1.8366	247
2005	338,919	0	0.0%	1.7660	243
2006	335,119	0	0.0%	1.6980	243
2007	326,417	0	0.0%	1.6327	236
2008	321,392	0	0.0%	1.5699	236
2009	321,360	0	0.0%	1.5096	236
2010	320,399	0	0.0%	1.4515	234
2011	316,773	0	0.0%	1.3957	232
2012	311,034	235,125	75.6%	1.3420	229
2013	308,055	66,638	21.6%	1.2904	227
2014	345,554	201,654	58.4%	1.2407	227
2015	373,315	214,428	57.4%	1.1930	220
2016	398,848	0	0.0%	1.1471	218
2017	385,713	221,567	57.4%	1.1030	214
2018	369,524	2,580	0.7%	1.0606	210
2019	359,682	591,400	164.4%	1.0198	205
2020	558,755	384,336	68.8%	0.9806	199
2021	537,791	411,233	76.5%	0.9429	192
2022	518,011	438,578	84.7%	0.9066	186
2023	497,849	463,149	93.0%	0.8717	179
2024	476,292	485,188	101.9%	0.8382	172
2025	452,601	518,343	114.5%	0.8060	164
2026	429,126	544,592	126.9%	0.7750	156
2027	405,285	562,312	138.7%	0.7452	148
2028	381,976	574,652	150.4%	0.7165	140
2029	359,517	584,711	162.6%	0.6889	132
2030	337,299	610,769	181.1%	0.6624	124
2031	315,293	649,039	205.9%	0.6370	116
2032	293,585	677,156	230.7%	0.6125	108
2033	272,258	702,736	258.1%	0.5889	100
2034	251,301	717,356	285.5%	0.5663	93
2035	230,694	727,128	315.2%	0.5445	85
2036	210,575	727,263	345.4%	0.5235	77
2037	191,137	709,702	371.3%	0.5034	70
2038	172,510	702,788	407.4%	0.4840	63
2039	154,736	688,581	445.0%	0.4654	56
2040	137,818	659,430	478.5%	0.4475	50
2041	121,873	627,576	514.9%	0.4303	44
2042	107,023	583,207	544.9%	0.4138	39
2043	93,403	541,151	579.4%	0.3978	34
2044	81,006	498,940	615.9%	0.3825	29
2045	69,755	449,674	644.6%	0.3678	25
2046	59,627	405,392	679.9%	0.3537	21
2047	50,613	358,436	708.2%	0.3401	18
2048	42,694	307,176	719.5%	0.3270	15
2049	35,787	258,872	723.4%	0.3144	12
2050	29,805	220,657	740.3%	0.3023	10
2051	24,666	188,277	763.6%	0.2907	8
2052	20,258	161,061	795.1%	0.2795	7
2053	16,539	137,209	829.6%	0.2688	6
2054	13,437	117,549	874.8%	0.2584	5
2055	10,877	97,132	893.0%	0.2485	4
2056	8,776	80,750	920.2%	0.2389	3
2057	7,045	68,105	966.7%	0.2297	2
2058	5,631	56,987	1012.0%	0.2209	2
2059	4,483	46,108	1028.4%	0.2124	1
2060	3,552	37,199	1047.2%	0.2042	1
2061	2,797	30,269	1082.0%	0.1964	1
2062	2,166	24,069	1111.1%	0.1888	1
2063	1,660	18,290	1101.7%	0.1816	1
2064	1,269	13,086	1030.9%	0.1746	0
2065	968	9,284	958.8%	0.1679	0
2066	736	6,648	903.2%	0.1614	0
2067	536	4,617	861.0%	0.1552	0
2068	382	3,068	802.2%	0.1492	0
2069	270	2,004	741.0%	0.1435	0
2070	187	1,294	691.4%	0.1380	0
2071	127	840	663.2%	0.1327	0
2072	84	558	664.4%	0.1276	0
2073	55	366	670.6%	0.1227	0
2074	32	226	697.0%	0.1179	0
2075	18	136	742.9%	0.1134	0
2076	10	79	751.5%	0.1090	0
2077	6	41	696.5%	0.1049	0
2078	3	18	543.8%	0.1008	0
2079	2	5	307.0%	0.0969	0

Accumulated and Present Values as of 12/31/2019

Past:	7,686,255	1,757,784	22.9%
Future:	5,629,683	10,062,041	178.7%
Lifetime:	13,315,938	11,819,825	88.8%

*Includes all rate increases approved in your state applied to all policies in Virginia, but prior to the rate increase requested in this filing

Genworth Life Insurance Company
Address: 6620 West Broad Street, Richmond, VA 23230
Company NAIC No: 70025

Additional Exhibits
October 2020

CONFIDENTIAL

Additional Exhibit IIa: Choice I Policy Forms - Virginia Experience
All Benefit Periods - with Requested 72%/55% Rate Increase*
Policies Issued On or After 10/01/2003

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4%	
				Discount Factor	Lives
2003	109,961	0	0.0%	1.9101	393
2004	609,572	0	0.0%	1.8366	388
2005	592,696	0	0.0%	1.7660	383
2006	587,707	0	0.0%	1.6980	381
2007	577,003	0	0.0%	1.6327	374
2008	571,978	0	0.0%	1.5699	374
2009	569,095	312,360	54.9%	1.5096	371
2010	563,319	0	0.0%	1.4515	367
2011	558,077	875	0.2%	1.3957	364
2012	548,011	235,125	42.9%	1.3420	358
2013	541,142	66,638	12.3%	1.2904	356
2014	621,871	201,654	32.4%	1.2407	356
2015	672,540	214,428	31.9%	1.1930	348
2016	729,758	0	0.0%	1.1471	345
2017	711,274	847,888	119.2%	1.1030	337
2018	689,704	407,293	59.1%	1.0606	331
2019	672,038	1,064,994	158.5%	1.0198	323
2020	1,062,042	711,906	67.0%	0.9806	314
2021	1,290,903	786,854	61.0%	0.9429	305
2022	1,608,339	867,183	53.9%	0.9066	296
2023	1,554,006	917,395	59.0%	0.8717	285
2024	1,494,497	963,109	64.4%	0.8382	274
2025	1,430,012	1,029,203	72.0%	0.8060	262
2026	1,363,473	1,082,768	79.4%	0.7750	250
2027	1,295,420	1,118,717	86.4%	0.7452	238
2028	1,227,750	1,144,188	93.2%	0.7165	226
2029	1,160,883	1,169,965	100.8%	0.6889	214
2030	1,094,352	1,222,102	111.7%	0.6624	202
2031	1,028,118	1,300,769	126.5%	0.6370	189
2032	962,337	1,360,432	141.4%	0.6125	177
2033	897,372	1,416,499	157.8%	0.5889	165
2034	833,169	1,452,129	174.3%	0.5663	153
2035	769,692	1,482,098	192.6%	0.5445	142
2036	707,350	1,496,004	211.5%	0.5235	130
2037	646,759	1,486,665	229.9%	0.5034	119
2038	588,403	1,491,700	253.5%	0.4840	108
2039	532,342	1,480,309	278.1%	0.4654	97
2040	478,619	1,446,421	302.2%	0.4475	87
2041	427,545	1,401,454	327.8%	0.4303	78
2042	379,516	1,341,228	353.4%	0.4138	69
2043	334,927	1,287,408	384.4%	0.3978	61
2044	293,774	1,226,872	417.6%	0.3825	53
2045	255,943	1,151,454	449.9%	0.3678	46
2046	221,438	1,065,583	481.2%	0.3537	40
2047	190,296	970,484	510.0%	0.3401	34
2048	162,512	860,353	529.4%	0.3270	29
2049	137,875	743,481	539.2%	0.3144	25
2050	116,179	659,007	567.2%	0.3023	21
2051	97,203	579,768	596.5%	0.2907	17
2052	80,709	508,780	630.4%	0.2795	14
2053	66,522	444,090	667.6%	0.2688	12
2054	54,485	383,864	704.5%	0.2584	10
2055	44,390	322,816	727.2%	0.2485	8
2056	35,961	268,448	746.5%	0.2389	6
2057	28,931	224,184	774.9%	0.2297	5
2058	23,109	186,536	807.2%	0.2209	4
2059	18,318	148,426	810.3%	0.2124	3
2060	14,393	121,441	843.8%	0.2042	2
2061	11,201	99,051	884.3%	0.1964	2
2062	8,593	77,726	904.5%	0.1888	1
2063	6,517	59,800	917.6%	0.1816	1
2064	4,910	43,992	895.9%	0.1746	1
2065	3,679	30,910	840.2%	0.1679	1
2066	2,739	21,260	776.3%	0.1614	0
2067	1,987	14,023	705.6%	0.1552	0
2068	1,413	9,187	650.2%	0.1492	0
2069	988	5,949	602.4%	0.1435	0
2070	671	3,806	567.3%	0.1380	0
2071	441	2,429	550.6%	0.1327	0
2072	280	1,562	557.6%	0.1276	0
2073	172	1,006	586.1%	0.1227	0
2074	97	623	641.6%	0.1179	0
2075	52	378	723.1%	0.1134	0
2076	29	220	772.1%	0.1090	0
2077	16	118	758.6%	0.1049	0
2078	8	55	668.1%	0.1008	0
2079	4	20	488.1%	0.0969	0

Accumulated and Present Values as of 12/31/2019

Past:	13,716,091	3,833,586	27.9%
Future:	17,093,493	21,360,083	125.0%
Lifetime:	30,809,584	25,193,669	81.8%

*Includes all rate increases approved in your state applied to all policies in Virginia, and the rate increase requested in this filing

Genworth Life Insurance Company
Address: 6620 West Broad Street, Richmond, VA 23230
Company NAIC No: 70025

Additional Exhibits
October 2020

CONFIDENTIAL

Additional Exhibit IIb: Choice I Policy Forms - Virginia Experience
Lifetime Benefit Period - with Requested 72% Rate Increase*
Policies Issued On or After 10/01/2003

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4%	
				Discount Factor	Lives
2003	47,832	0	0.0%	1.9101	149
2004	261,388	0	0.0%	1.8366	141
2005	253,777	0	0.0%	1.7660	140
2006	252,588	0	0.0%	1.6980	138
2007	250,587	0	0.0%	1.6327	138
2008	250,587	0	0.0%	1.5699	138
2009	247,735	312,360	126.1%	1.5096	135
2010	242,920	0	0.0%	1.4515	133
2011	241,304	875	0.4%	1.3957	132
2012	236,977	0	0.0%	1.3420	129
2013	233,087	0	0.0%	1.2904	129
2014	276,317	0	0.0%	1.2407	129
2015	299,225	0	0.0%	1.1930	128
2016	330,910	0	0.0%	1.1471	127
2017	325,561	626,322	192.4%	1.1030	123
2018	320,180	404,713	126.4%	1.0606	121
2019	312,356	473,594	151.6%	1.0198	118
2020	503,287	327,570	65.1%	0.9806	116
2021	633,855	367,545	58.0%	0.9429	113
2022	812,102	410,337	50.5%	0.9066	109
2023	787,393	436,613	55.5%	0.8717	106
2024	759,968	460,731	60.6%	0.8382	102
2025	730,542	493,570	67.6%	0.8060	98
2026	699,526	520,876	74.5%	0.7750	94
2027	667,702	539,324	80.8%	0.7452	90
2028	635,717	552,774	87.0%	0.7165	86
2029	603,631	568,866	94.2%	0.6889	82
2030	571,538	594,907	104.1%	0.6624	77
2031	539,413	634,866	117.7%	0.6370	73
2032	507,280	666,264	131.3%	0.6125	69
2033	475,372	696,657	146.5%	0.5889	65
2034	443,651	717,824	161.8%	0.5663	61
2035	412,116	738,313	179.2%	0.5445	57
2036	380,958	752,541	197.5%	0.5235	53
2037	350,497	761,594	217.3%	0.5034	49
2038	321,013	774,090	241.1%	0.4840	45
2039	292,502	777,534	265.8%	0.4654	41
2040	265,001	773,830	292.0%	0.4475	37
2041	238,641	761,907	319.3%	0.4303	34
2042	213,630	747,433	349.9%	0.4138	30
2043	190,151	736,915	387.5%	0.3978	27
2044	168,215	719,717	427.9%	0.3825	24
2045	147,822	694,725	470.0%	0.3678	21
2046	129,015	654,128	507.0%	0.3537	19
2047	111,846	606,920	542.6%	0.3401	16
2048	96,337	548,973	569.8%	0.3270	14
2049	82,405	481,229	584.0%	0.3144	12
2050	69,982	435,594	622.4%	0.3023	10
2051	58,985	389,234	659.9%	0.2907	9
2052	49,309	345,864	701.4%	0.2795	7
2053	40,886	305,377	746.9%	0.2688	6
2054	33,657	265,088	787.6%	0.2584	5
2055	27,530	224,710	816.2%	0.2485	4
2056	22,359	186,916	836.0%	0.2389	3
2057	18,012	155,446	863.0%	0.2297	3
2058	14,381	129,038	897.3%	0.2209	2
2059	11,368	101,919	896.5%	0.2124	2
2060	8,887	83,932	944.5%	0.2042	1
2061	6,865	68,534	998.4%	0.1964	1
2062	5,235	53,463	1021.2%	0.1888	1
2063	3,944	41,365	1048.8%	0.1816	1
2064	2,943	30,800	1046.7%	0.1746	0
2065	2,178	21,552	989.6%	0.1679	0
2066	1,598	14,559	911.1%	0.1614	0
2067	1,156	9,367	810.2%	0.1552	0
2068	820	6,094	743.1%	0.1492	0
2069	568	3,928	691.2%	0.1435	0
2070	381	2,502	656.9%	0.1380	0
2071	245	1,582	646.3%	0.1327	0
2072	150	1,000	666.4%	0.1276	0
2073	87	637	732.2%	0.1227	0
2074	47	395	844.7%	0.1179	0
2075	24	241	1007.1%	0.1134	0
2076	12	141	1147.4%	0.1090	0
2077	6	76	1205.1%	0.1049	0
2078	3	37	1164.6%	0.1008	0
2079	2	15	961.7%	0.0969	0

Accumulated and Present Values as of 12/31/2019

Past:	6,029,836	2,075,802	34.4%
Future:	8,851,817	11,055,001	124.9%
Lifetime:	14,881,653	13,130,803	88.2%

*Includes all rate increases approved in your state applied to all policies in Virginia, and the rate increase requested in this filing

Genworth Life Insurance Company
Address: 6620 West Broad Street, Richmond, VA 23230
Company NAIC No: 70025

Additional Exhibits
October 2020

CONFIDENTIAL

Additional Exhibit IIc: Choice I Policy Forms - Virginia Experience
Limited Benefit Period - with Requested 55% Rate Increase*
Policies Issued On or After 10/01/2003

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4%	
				Discount Factor	Lives
2003	62,129	0	0.0%	1.9101	244
2004	348,184	0	0.0%	1.8366	247
2005	338,919	0	0.0%	1.7660	243
2006	335,119	0	0.0%	1.6980	243
2007	326,417	0	0.0%	1.6327	236
2008	321,392	0	0.0%	1.5699	236
2009	321,360	0	0.0%	1.5096	236
2010	320,399	0	0.0%	1.4515	234
2011	316,773	0	0.0%	1.3957	232
2012	311,034	235,125	75.6%	1.3420	229
2013	308,055	66,638	21.6%	1.2904	227
2014	345,554	201,654	58.4%	1.2407	227
2015	373,315	214,428	57.4%	1.1930	220
2016	398,848	0	0.0%	1.1471	218
2017	385,713	221,567	57.4%	1.1030	214
2018	369,524	2,580	0.7%	1.0606	210
2019	359,682	591,400	164.4%	1.0198	205
2020	558,755	384,336	68.8%	0.9806	199
2021	657,048	419,309	63.8%	0.9429	192
2022	796,237	456,846	57.4%	0.9066	186
2023	766,613	480,782	62.7%	0.8717	179
2024	734,529	502,378	68.4%	0.8382	172
2025	699,471	535,633	76.6%	0.8060	164
2026	663,947	561,892	84.6%	0.7750	156
2027	627,718	579,394	92.3%	0.7452	148
2028	592,034	591,414	99.9%	0.7165	140
2029	557,252	601,099	107.9%	0.6889	132
2030	522,814	627,195	120.0%	0.6624	124
2031	488,705	665,902	136.3%	0.6370	116
2032	455,057	694,168	152.5%	0.6125	108
2033	422,000	719,842	170.6%	0.5889	100
2034	389,517	734,305	188.5%	0.5663	93
2035	357,576	743,785	208.0%	0.5445	85
2036	326,392	743,463	227.8%	0.5235	77
2037	296,262	725,071	244.7%	0.5034	70
2038	267,390	717,610	268.4%	0.4840	63
2039	239,840	702,775	293.0%	0.4654	56
2040	213,618	672,591	314.9%	0.4475	50
2041	188,903	639,547	338.6%	0.4303	44
2042	165,885	593,795	358.0%	0.4138	39
2043	144,775	550,493	380.2%	0.3978	34
2044	125,559	507,155	403.9%	0.3825	29
2045	108,120	456,729	422.4%	0.3678	25
2046	92,422	411,454	445.2%	0.3537	21
2047	78,450	363,564	463.4%	0.3401	18
2048	66,175	311,380	470.5%	0.3270	15
2049	55,470	262,252	472.8%	0.3144	12
2050	46,197	223,412	483.6%	0.3023	10
2051	38,217	190,533	498.5%	0.2907	8
2052	31,400	162,915	518.8%	0.2795	7
2053	25,636	138,714	541.1%	0.2688	6
2054	20,828	118,776	570.3%	0.2584	5
2055	16,860	98,106	581.9%	0.2485	4
2056	13,602	81,532	599.4%	0.2389	3
2057	10,919	68,739	629.5%	0.2297	2
2058	8,728	57,498	658.8%	0.2209	2
2059	6,949	46,507	669.2%	0.2124	1
2060	5,506	37,510	681.2%	0.2042	1
2061	4,336	30,517	703.8%	0.1964	1
2062	3,358	24,263	722.6%	0.1888	1
2063	2,573	18,435	716.4%	0.1816	1
2064	1,968	13,192	670.5%	0.1746	0
2065	1,501	9,357	623.5%	0.1679	0
2066	1,141	6,702	587.4%	0.1614	0
2067	831	4,655	560.1%	0.1552	0
2068	593	3,093	521.8%	0.1492	0
2069	419	2,020	482.0%	0.1435	0
2070	290	1,304	449.7%	0.1380	0
2071	196	847	431.4%	0.1327	0
2072	130	562	432.0%	0.1276	0
2073	85	369	436.0%	0.1227	0
2074	50	228	453.0%	0.1179	0
2075	28	137	482.9%	0.1134	0
2076	16	79	488.5%	0.1090	0
2077	9	42	452.9%	0.1049	0
2078	5	18	353.8%	0.1008	0
2079	3	5	200.2%	0.0969	0

Accumulated and Present Values as of 12/31/2019

Past:	7,686,255	1,757,784	22.9%
Future:	8,241,676	10,305,082	125.0%
Lifetime:	15,927,931	12,062,866	75.7%

*Includes all rate increases approved in your state applied to all policies in Virginia, and the rate increase requested in this filing

Jurisdiction	2012 Rate Action						2014 Rate Action						2015/2016 Rate Action						2017 Rate Action					
	Requested Increase (Lifetime)	Requested Increase (Limited)	Date of Submission	Date Approved or Filed	Amount Approved or Filed (Lifetime)	Amount Approved or Filed (Limited)	Requested Increase (Lifetime)	Requested Increase (Limited)	Date of Submission	Date Approved or Filed	Amount Approved or Filed (Lifetime)	Amount Approved or Filed (Limited)	Requested Increase (Lifetime)	Requested Increase (Limited)	Date of Submission	Date Approved or Filed	Amount Approved or Filed (Lifetime)	Amount Approved or Filed (Limited)	Requested Increase (Lifetime)	Requested Increase (Limited)	Date of Submission	Date Approved or Filed	Amount Approved or Filed (Lifetime)	Amount Approved or Filed (Limited)
Alabama	60%	44%	11/2/2012	1/16/2013	60%	44%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected						72%	55%	9/22/2017	10/1/2018	72%	55%
Alaska	Filing Not Required. Implementing 60% (lifetime) and 44% (limited) increase.						Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected						72%	55%	11/7/2017	7/5/2018	72%	55%
Arizona	60%	44%	12/7/2012	2/4/2013	25%	25%	54%	27%	10/10/2014	12/4/2014	29%	29%	59%	43%	12/31/2015	4/28/2017	35%	21%	72%	55%	12/14/2017	9/25/2018	12%	7%
Arkansas	60%	44%	12/13/2012	4/7/2014	10%	10%	83%	52%	9/30/2014	1/29/2015	25%	15%	86%	82%	12/21/2015	8/16/2016	25%	25%	72%	55%	8/9/2017	1/30/2018	25%	25%
California (Loss Ratio Non-Partnership)	60%	44%	4/12/2013	10/27/2015	20%	20%							100%	100%	12/23/2016	1/31/2019	80%	80%						
California (Rate Stability Non-Partnership)	53.3%	53.3%	12/19/2013	10/30/2015	37%	37%							100%	100%	11/21/2016	1/31/2019	80%	80%						
California (Loss Ratio Partnership)													40%	40%	1/13/2017	12/6/2018	40%	40%						
California (Rate Stability Partnership)	40%	40%	2/20/2014	11/9/2015	26%	26%																		
California Reprice (Rate Stability Partnership) ³	34.5%	34.5%	2/20/2014	11/9/2015	12.1%	12.1%																		
California Unbundled (Rate Stability Partnership) ³	39.8%	39.8%	2/20/2014	11/9/2015	29.8%	29.8%																		
California Reprice (Rate Stability Non-Partnership) ³	55.3%	55.3%	1/14/2016	1/31/2019	45.0%	45.0%																		
California CADE (Rate Stability Non-Partnership) ³	55.3%	55.3%	1/14/2016	1/31/2019	45.0%	45.0%																		
California Unbundled (Rate Stability Non-Partnership) ³	55.3%	55.3%	1/14/2016	1/31/2019	45.0%	45.0%																		
California CADE (Rate Stability Partnership) ³	40%	40%	12/22/2015	11/16/2017	40.0%	40.0%																		
Colorado	60%	44%	11/21/2012	10/25/2013	20%	15%	20%	15%	11/13/2014	1/15/2015	20%	15%	78%	74%	8/31/2016				273%	174%	3/20/2018	6/27/2018	182.7%	122.2%
Connecticut	60%	44%	10/11/2012	1/25/2013	40%	40%	35%	12.0%	9/19/2014	1/5/2015	19%	12%	54%	47%	12/30/2015	3/9/2016	17%	17%	72%	55%	10/10/2017	11/28/2017	18%	18%
Delaware	60%	44%	9/17/2012	3/14/2013	60%	44%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected						77.3%	58.1%	11/3/2017	4/2/2018	77.3%	58.1%
Florida	25%	25%	12/8/2011	5/29/2012	25%	25%	48.4%	48.4%	12/22/2014	4/16/2015	17.5% ⁶	17.5% ⁶							178.5%	178.5%	7/17/2017	8/1/2018	122.9% ⁶	122.9% ⁶
Georgia	60%	44%	11/7/2012	9/6/2013	18%	18%	68%	40%	9/11/2014	3/13/2015	15%	15%	89%	70%	11/13/2015	5/16/2016	12%	12%	81%	55%	8/7/2017	9/21/2017	15%	15%
Hawaii	60%	44%	10/18/2012		Disapproved		100%	67%	10/1/2014	8/14/2017	68.5%	68.5%												
Idaho	60%	44%	11/9/2012	10/25/2013	30%	20%	53%	38%	10/7/2014	1/30/2015	15%	15%	71%	67%	12/7/2015	5/9/2016	15%	15%	72%	55%	8/28/2017	11/12/2019	20%	15%
Illinois - Loss Ratio	60%	44%	9/19/2012	1/31/2014	60%	44%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected						72%	55%	12/28/2017	1/15/2019	72%	55%
Illinois - Rate Stability																								
Indiana	60%	44%	12/27/2012	7/16/2014	9%	6%	92%	65%	11/4/2014				135%	117%	1/26/2016	6/30/2016	18%	18%	99%	58%	12/26/2017	Disapproved		
Indiana (Partnership)	60%	44%	3/4/2013	9/4/2014	17%	20%	63.7%	63.7%	5/1/2015				135%	117%	1/7/2016	7/1/2016	18%	18%	99%	58%	12/27/2017	Disapproved		
Iowa	60%	44%	10/10/2012	11/14/2013	60%	44%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2014 filing expected											
Kansas	60%	44%	10/26/2012	10/13/2014	38%	38%													99%	62%	10/3/2017	12/13/2019	72%	55%
Kentucky	60%	44%	9/21/2012	5/29/2013	18.2% ⁶	18.2% ⁶	66%	38%	10/23/2014				117%	95%	3/31/2016	10/4/2016	30%	20%	79%	57%	12/30/2017	10/9/2018	52%	41.1%
Louisiana	60%	40%	10/26/2012	5/27/2014	20%	20%	72%	42%	9/25/2014	2/10/2016	20%	20%							91%	55%	7/17/2017	2/28/2018	20%	20%
Maine	22% ²	13% ²	12/14/2012	5/2/2013	22%	13%							60.2%	53.5%	12/15/2017	4/25/2018	60%	53.5%						
Maryland	60%	44%	11/16/2012	11/15/2013	15%	15%	15%	15%	11/17/2014	2/12/2015	15%	15%	15%	15%	12/21/2015	4/12/2016	15%	15%	81%	55%	8/17/2017	9/26/2018	15%	15%
Massachusetts	60%	44%	12/21/2012	Disapproved			Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected						72%	55%	9/21/2017	12/26/2017	72%	55%
Michigan	60%	44%	8/31/2012	10/15/2012	60%	44%																		
Minnesota	60%	44%	12/23/2012	10/31/2014	15%	15%	123%	100%	4/4/2016	8/18/2016	67.3%	60%							72%	55%	9/21/2017	12/26/2017	72%	55%
Mississippi	60%	44%	10/8/2012	2/12/2013	25%	25%	25%	25%	9/19/2014	10/27/2014	25%	25%	25%	25%	10/21/2015	2/8/2016	25%	25%	72%	55%	9/18/2017	9/28/2018	25%	25%
Missouri	60%	44%	10/9/2012	12/4/2013	60%	44%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected						72%	55%	11/22/2017	3/22/2019	72%	55%
Montana	60%	44%	9/17/2012	7/16/2013	20%	15%	64%	43%	10/2/2014	4/8/2015	0.0%	17.4%	113%	71%	12/31/2015	1/23/2017	10.6%	10.6%	107%	55%	9/18/2017	4/30/2018	12.9%	12.9%
Nebraska	60%	44%	8/31/2012	12/9/2013	60%	44%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected						72%	55%	12/20/2017	10/19/2018	164.6%	106%
Nevada	60%	44%	12/21/2012	6/19/2014	58%	42%	No 2014 filing required												74%	57%	12/4/2017	8/8/2018	82%	64%
New Hampshire	60%	44%	11/11/2012	Disapproved																				
New Jersey							1/16/13 ¹						60% ¹						44% ¹					
New Mexico	60%	44%	11/20/2012	5/16/2014	15%	15%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected						72%	55%	9/22/2017	10/1/2018	72%	55%
New York	60%	44%	1/22/2013				56.9%	56.9%	10/22/2014	4/28/2015	56.9% ⁵	56.9% ⁵	98.5% ⁷	98.5% ⁷	12/26/2016	5/30/2018	52.1%	52.1%						
North Carolina - Loss Ratio	60%	44%	12/14/2012	Disapproved			100%	67%	10/3/2014	1/29/2015	38%	38%	86%	67%	2/21/2016				99%	62%	12/26/2017	3/22/2019	75%	40%
North Carolina - Rate Stability	60%	44%	12/14/2012	Disapproved			100%	67%	10/3/2014	1/29/2015	38%	38%	86%	67%	2/21/2016				Disapproved					
North Dakota	60%	44%	12/19/2012	4/5/2013	20%	20%	62%	34%	10/1/2014	11/19/2014	15%	15%	86%	67%	12/30/2015	1/12/2016	15%	15%	73%	55%	7/24/2017	10/30/2017	72.8%	72.8%
Ohio	60%	44%	11/16/2012	12/19/2013	60%	44%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected						72%	55%	10/10/2017	6/19/2019	55%	46%
Oklahoma	60%	44%	9/19/2012	6/26/2013	25%	25%	57%	30%	9/30/2014	3/13/2015	25%	25%	64%	47%	12/16/2015	4/1/2016	10%	10%	72%	55%	7/18/2017	9/25/2017	10%	10%
Oregon	60%	44%	12/3/2012	3/26/2014	30%	30%	56%	29%	10/2/2014	3/25/2015	25%	25%	58%	42%	12/10/2015	4/26/2016	42%	42%	72%	55%	11/8/2017	12/23/2019	72%	55%
Pennsylvania - Loss Ratio	20% ²	20% ²	12/10/2012	3/8/2013	20%	20%	20%	20%	9/23/2014	12/29/2014	20%	20%	78%	60%	12/29/2015	4/26/2016	30%	15%	72%	55%	8/21/2017	12/5/2017	20%	20%
Pennsylvania - Rate Stability	20% ²	20% ²	12/10/2012	3/8/2013	20%	20%	20%	20%	9/23/2014	12/29/2014	20%	20%	78%	60%	12/29/2015	4/26/2016	30%	15%	72%	55%	8/21/2017	12/5/2017	20%	20%
Rhode Island	60%	44%	12/10/2012	10/14/2014	60%	44%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected											
South Carolina	60%	44%	10/24/2012	4/16/2013	20%	20%	62%	35%	9/12/2014	12/11/2014	20%	20%	78%	60%	11/13/2015	3/7/2016	20%	20%	72%	55%	9/19/2017	11/8/2017	20%	20%
South Dakota	60%	44%	11/2/2012	12/21/2012	60%	44%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected						72%	55%	10/24/2017	5/21/2018	72%	55%
Tennessee	60%	44%	11/19/2012	5/29/2013	60%	44%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected						72%	55%	10/31/2017	9/20/2018	51%	37%
Texas	60%	44%	12/18/2012	5/3/2013	40%	33%																		
Utah	60%	44%	12/19/2012	Disapproved			100%	67%	10/13/2014	7/18/2015	60%	44%	83%	73%	12/9/2015	9/30/2016	70%	56%	72%	55%	12/29/2017	9/11/2018	72%	55%
Vermont	60%	44%	12/18/2012	Disapproved			100%	67%	5/12/2015															
Virginia - Loss Ratio	60%	44%	10/31/2012	7/11/2013	50%	29.10%													83%	73%	12/29/2017	6/28/2019	83%	73%
Virginia - Rate Stability	60%	44%	11/16/2012	7/9/2013	60%	44%													72%	55%	12/29/2017	6/28/2019	72%	55%
Washington	60%	44%	10/26/2012	4/12/2013	60%	44%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected						72%	55%	9/29/2017	8/15/2019	30%	30%
Washington, DC	33% ²	28% ²	12/24/2012	5/29/2013	10%	10%	10% ²	10% ²	10/9/20															

Jurisdiction	2018 Rate Action						2019 Rate Action						2020 Rate Action						Cumulative Rate Increase Approvals		Data as of 12/31/2019				Total Exposed Lives
	Requested Increase (Lifetime)	Requested Increase (Limited)	Date of Submission	Date Approved or Filed	Amount Approved or Filed (Lifetime)	Amount Approved or Filed (Limited)	Requested Increase (Lifetime)	Requested Increase (Limited)	Date of Submission	Date Approved or Filed	Amount Approved or Filed (Lifetime)	Amount Approved or Filed (Limited)	Requested Increase (Lifetime)	Requested Increase (Limited)	Date of Submission	Date Approved or Filed	Amount Approved or Filed (Lifetime)	Amount Approved or Filed (Limited)	Lifetime	Limited	In-force Annualized Premium (SMM)				
																					Lifetime	Limited	Lifetime	Limited	
Alabama													72%	55%	7/27/2020			175%	123%	\$13.0	\$19.8	\$32.8	4.8%	9,135	
Alaska													72%	55%	6/28/2020			175%	123%	\$0.4	\$0.7	\$1.1	0.2%	320	
Arizona	54%	45%	12/27/2018															144%	109%	\$4.0	\$3.9	\$7.9	1.2%	2,489	
Arkansas	38%	24%	8/13/2018	9/20/2018	15%	15%	19.6%	7.8%	8/16/2019	11/8/2019	19.6%	7.8%						195%	145%	\$1.4	\$1.6	\$3.0	0.4%	1,029	
California (Loss Ratio Non-Partnership)							196%	140%	12/31/2019									116%	116%	\$4.2	\$3.6	\$7.7	1.1%	2,460	
California (Rate Stability Non-Partnership)							70.9%	70.9%	12/31/2019									147%	147%	\$23.1	\$20.7	\$43.8	6.4%	11,899	
California (Loss Ratio Partnership)																		40%	40%	\$1.5	\$2.7	\$4.3	0.6%	2,168	
California (Rate Stability Partnership)	40%	40%	12/28/2018															26%	26%	\$27.2	\$36.9	\$64.1	9.4%	25,145	
California Reprice (Rate Stability Partnership) ³	40%	40%	12/28/2018															12%	12%	\$4.9	\$14.0	\$18.9	2.8%	6,267	
California Unbundled (Rate Stability Partnership) ³	40%	40%	12/28/2018															30%	30%	\$3.4	\$13.1	\$16.5	2.4%	4,930	
California Reprice (Rate Stability Non-Partnership) ³							70.9%	70.9%	12/30/2019									45%	45%	\$2.5	\$4.0	\$6.5	1.0%	2,046	
California CADE (Rate Stability Non-Partnership) ³							70.9%	70.9%	12/31/2019									45%	45%	\$5.4	\$19.9	\$25.3	3.7%	8,196	
California Unbundled (Rate Stability Non-Partnership) ³							70.9%	70.9%	12/31/2019									45%	45%	\$1.7	\$3.0	\$4.8	0.7%	1,582	
California CADE (Rate Stability Partnership) ³																		40%	40%	\$5.4	\$40.3	\$45.8	6.7%	13,871	
Colorado																		307%	194%	\$2.6	\$6.2	\$8.8	1.3%	3,154	
Connecticut	46%	31%	10/12/2018	11/26/2018	15%	15%	26.7%	14.2%	12/16/2019	3/31/2020	19.9%	14.2%						217%	184%	\$3.3	\$10.4	\$13.7	2.0%	3,252	
Delaware																		184%	128%	\$0.5	\$1.0	\$1.5	0.2%	456	
Florida																		227%	227%	\$10.4	\$10.6	\$21.0	3.1%	7,247	
Georgia	57%	35%	7/24/2018	11/9/2018	18%	18%	33%	14%	7/26/2019	10/23/2019	12%	12%	104%	58%	7/31/2020			131%	131%	\$6.7	\$6.6	\$13.3	2.0%	4,856	
Hawaii							72%	55%	12/5/2019	Pending								69%	69%	\$0.5	\$1.9	\$2.4	0.4%	1,149	
Idaho																		106%	83%	\$0.8	\$1.1	\$1.9	0.3%	772	
Illinois - Loss Ratio																		175%	123%	\$5.1	\$9.1	\$14.2	2.1%	4,998	
Illinois - Rate Stability	441%	371%	6/30/2018															0%	0%	\$2.2	\$3.1	\$5.3	0.8%	3,281	
Indiana																		29%	25%	\$0.6	\$0.5	\$1.2	0.2%	614	
Indiana (Partnership)																		38%	42%	\$2.4	\$7.0	\$9.4	1.4%	4,207	
Iowa	72%	55%	8/3/2018	5/14/2019	63.9%	39%												162%	100%	\$1.5	\$1.9	\$3.4	0.5%	1,718	
Kansas																		137%	114%	\$1.4	\$1.6	\$3.0	0.4%	1,500	
Kentucky																		134%	100%	\$2.4	\$3.8	\$6.2	0.9%	2,500	
Louisiana	59%	29%	11/5/2018	10/24/2019	20%	15%							128%	74%	5/19/2020			107%	99%	\$2.5	\$2.1	\$4.6	0.7%	2,117	
Maine																		95%	73%	\$0.7	\$1.5	\$2.1	0.3%	913	
Maryland	57%	35%	12/6/2018															75%	75%	\$7.9	\$6.5	\$14.4	2.1%	5,002	
Massachusetts							175%	123%	9/30/2019	12/19/2019	40%	40%						40%	40%	\$4.9	\$11.2	\$16.1	2.4%	8,366	
Michigan													72%	55%	6/2/2020	6/23/2020	72%	55%	373%	246%	\$2.6	\$7.8	\$10.5	1.5%	3,455
Minnesota																		92%	84%	\$3.8	\$5.5	\$9.3	1.4%	4,008	
Mississippi	38%	24%	12/4/2018	5/15/2019	25%	24%	10%	0%	12/12/2019									205%	203%	\$1.5	\$1.2	\$2.7	0.4%	852	
Missouri																		175%	123%	\$2.4	\$3.6	\$6.0	0.9%	2,364	
Montana	84%	37%	10/22/2018	5/21/2019	20.0%	0.0%												80%	69%	\$0.4	\$1.0	\$1.4	0.2%	594	
Nebraska																		323%	197%	\$1.4	\$1.5	\$2.9	0.4%	1,238	
Nevada																		188%	133%	\$1.1	\$1.4	\$2.4	0.4%	1,016	
New Hampshire							651%	651%	12/23/2019	3/19/2020	34.5%	34.5%						34%	34%	\$0.4	\$1.1	\$1.5	0.2%	798	
New Jersey																		175%	123%	\$0.0	\$0.0	\$0.0	0.0%	-	
New Mexico	139%	94%	10/5/2018	12/13/2018	15%	15%	108%	68.7%	10/24/2019	1/22/2020	15%	15%						52%	52%	\$0.9	\$1.8	\$2.7	0.4%	1,398	
New York																		139%	139%	\$19.0	\$43.5	\$62.5	9.2%	19,188	
North Carolina - Loss Ratio																		142%	93%	\$3.4	\$4.7	\$8.1	1.2%	3,631	
North Carolina - Rate Stability	342%	284%	6/30/2018	12/22/2019	86.5%	55.1%												157%	114%	\$2.3	\$2.5	\$4.8	0.7%	2,400	
North Dakota																		72.6%	55.0%	6/6/2020	6/29/2020	0%	0%	225	
Ohio							10.9%	6.1%	12/16/2019									148%	110%	\$6.1	\$11.1	\$17.1	2.5%	7,124	
Oklahoma	56%	41%	8/31/2018	11/1/2018	10%	10%	42%	28%	8/6/2019	9/5/2019	15%	15%						139%	139%	\$2.4	\$1.6	\$4.0	0.6%	1,435	
Oregon																		297%	258%	\$1.6	\$2.9	\$4.5	0.7%	1,349	
Pennsylvania - Loss Ratio	43%	29%	8/17/2018	12/27/2018	10.00%	10.00%	30.3%	17.4%	11/25/2019	6/3/2020	20.00%	0.00%						197%	119%	\$4.2	\$5.7	\$9.9	1.5%	2,865	
Pennsylvania - Rate Stability	43%	29%	8/17/2018	12/27/2018	20.00%	20.00%	19.4%	7.6%	11/25/2019	6/3/2020	19.40%	7.60%						222%	157%	\$8.8	\$12.9	\$21.7	3.2%	6,146	
Rhode Island	72%	55%	6/29/2018	10/2/2019	72%	55%												175%	123%	\$0.6	\$1.3	\$1.9	0.3%	806	
South Carolina	43%	29%	9/28/2018	7/27/2020	25%	15%												159%	138%	\$4.2	\$3.9	\$8.1	1.2%	2,690	
South Dakota																		72%	55%	6/27/2020				439	
Tennessee																		142%	97%	\$4.6	\$4.1	\$8.7	1.3%	3,535	
Texas	61.3%	54%	12/31/2018															138%	107%	\$14.0	\$14.9	\$28.9	4.3%	9,915	
Utah													72%	55%	7/11/2020			175%	123%	\$0.6	\$1.3	\$1.8	0.3%	597	
Vermont	175%	123%	10/25/2018	12/4/2019	113.5%	113.5%												114%	114%	\$0.3	\$1.1	\$1.4	0.2%	814	
Virginia - Loss Ratio																		175%	123%	\$2.7	\$3.6	\$6.3	0.9%	2,772	
Virginia - Rate Stability																		175%	123%	\$0.4	\$0.4	\$0.7	0.1%	291	
Washington							137%	137%	11/27/2019	Pending								108%	87%	\$4.1	\$8.9	\$13.0	1.9%	5,605	
Washington, DC	10%	10%	6/6/2018	7/9/2018	10%	10%	10%	10%	9/13/2019	3/3/2020	10%	10%						77%	77%	\$0.4	\$0.5	\$0.9	0.1%	307	
West Virginia													195%	140%	6/15/2020			78%	78%	\$0.4	\$1.1	\$1.5	0.2%	662	
Wisconsin - Loss Ratio													72%	55%	7/5/2020			175%	123%	\$0.3	\$1.0	\$1.3	0.2%	594	
Wisconsin - Rate Stability													72%	55%	7/5/2020			163%	115%	\$1.6	\$3.5	\$5.1	0.7%	1,802	
Wyoming													72%	55%	7/22/2020			175%	123%	\$0.2	\$0.8	\$1.0	0.1%	304	

Genworth Life Insurance Company
Address: 6620 West Broad Street, Richmond, VA 23230
Company NAIC No: 70025

Additional Exhibits
October 2020

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Additional Exhibit IV: Choice I Policy Forms - Nationwide Experience (VA Forms Only)
Historical Claim Count

<u>Calendar Year</u>	<u>Claim Count</u>
2001	21
2002	209
2003	412
2004	614
2005	788
2006	924
2007	1,056
2008	1,229
2009	1,499
2010	1,791
2011	1,857
2012	2,216
2013	2,381
2014	2,625
2015	2,777
2016	3,124
2017	3,282
2018	3,503
2019	3,932
Total	34,240

Genworth Life Insurance Company
Address: 6620 West Broad Street, Richmond, VA 23230
Company NAIC No: 70025

Additional Exhibits
October 2020

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Additional Exhibit V: Choice I Actual to Expected by Calendar Year
Nationwide Experience (VA Forms Only) based on Original Pricing and CFT 2019 Assumptions
With Virginia Approved Rate Increases
Data as of December 31, 2019
Applicable to All Policies Issued On or After 10/01/2003

Calendar Year	Actual Past and Best Estimate Future			Original Pricing Applied to Actual Mix			4.0%	
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	A to E Loss Ratio	Discount Factor
2001	30,963,067	790,356	2.6%	28,045,544	770,613	2.7%	92.9%	2.0659
2002	192,560,412	13,265,808	6.9%	187,650,806	6,005,740	3.2%	215.3%	1.9865
2003	378,245,782	24,517,850	6.5%	367,440,462	15,265,239	4.2%	156.0%	1.9101
2004	458,282,865	34,245,227	7.5%	438,342,654	24,015,571	5.5%	136.4%	1.8366
2005	479,562,913	57,133,697	11.9%	444,907,558	31,590,610	7.1%	167.8%	1.7660
2006	497,140,087	63,829,118	12.8%	450,301,626	39,097,575	8.7%	147.9%	1.6980
2007	499,629,197	80,870,199	16.2%	442,402,987	46,356,443	10.5%	154.5%	1.6327
2008	488,746,123	108,262,799	22.2%	424,480,382	54,089,356	12.7%	173.8%	1.5699
2009	475,136,194	139,566,286	29.4%	406,730,061	61,701,561	15.2%	193.6%	1.5096
2010	483,135,527	178,286,033	36.9%	381,083,569	69,536,228	17.8%	216.5%	1.4515
2011	452,683,559	176,485,383	39.0%	375,764,955	78,706,320	20.9%	186.1%	1.3957
2012	442,280,511	217,626,594	49.2%	361,696,876	89,139,519	24.6%	199.7%	1.3420
2013	428,343,600	254,172,499	59.3%	345,730,268	99,468,742	28.8%	206.2%	1.2904
2014	475,164,422	301,755,971	63.5%	330,806,519	110,778,291	33.5%	189.6%	1.2407
2015	521,056,119	332,396,651	63.8%	315,955,818	123,204,265	39.0%	163.6%	1.1930
2016	556,609,217	426,170,061	76.6%	302,027,780	137,254,463	45.4%	168.5%	1.1471
2017	528,205,919	470,667,220	89.1%	286,534,153	152,024,101	53.1%	167.9%	1.1030
2018	501,099,289	543,870,897	108.5%	272,010,082	168,613,059	62.0%	175.1%	1.0606
2019	464,903,754	663,054,636	142.6%	257,642,625	186,682,259	72.5%	196.8%	1.0198
2020	710,156,282	680,245,926	95.8%	244,134,489	206,848,390	84.7%	113.1%	0.9806
2021	682,625,231	704,593,367	103.2%	229,475,973	227,566,303	99.2%	104.1%	0.9429
2022	653,500,333	727,848,881	111.4%	215,728,737	250,418,126	116.1%	95.9%	0.9066
2023	622,975,782	752,006,393	120.7%	202,240,518	274,395,499	135.7%	89.0%	0.8717
2024	591,337,967	776,388,229	131.3%	189,566,613	300,287,819	158.4%	82.9%	0.8362
2025	559,105,052	794,931,009	142.2%	176,148,163	325,825,226	185.0%	76.9%	0.8060
2026	526,707,351	805,629,437	153.0%	163,598,222	353,155,611	215.9%	70.9%	0.7750
2027	494,656,913	812,425,865	164.2%	151,415,414	380,377,793	251.2%	65.4%	0.7452
2028	463,158,793	820,120,891	177.1%	140,018,878	408,041,230	291.4%	60.8%	0.7165
2029	432,279,699	827,060,076	191.3%	128,259,146	432,452,863	337.2%	56.7%	0.6889
2030	402,183,998	845,316,717	210.2%	117,338,155	456,426,765	389.0%	54.0%	0.6624
2031	372,865,332	875,107,280	234.7%	106,888,410	477,996,937	447.2%	52.5%	0.6370
2032	344,341,383	898,334,892	260.9%	97,206,261	497,663,543	512.0%	51.0%	0.6125
2033	316,599,232	913,759,769	288.6%	87,491,723	511,150,915	584.2%	49.4%	0.5889
2034	289,678,911	920,791,017	317.9%	78,583,166	522,505,125	664.9%	47.8%	0.5663
2035	263,653,244	917,215,461	347.9%	70,221,410	529,832,864	754.5%	46.1%	0.5445
2036	238,682,386	905,687,690	379.5%	62,593,971	533,748,564	852.7%	44.5%	0.5235
2037	214,915,681	890,063,474	414.1%	55,175,175	529,516,293	959.7%	43.2%	0.5034
2038	192,389,880	867,310,044	450.8%	48,497,604	521,213,338	1074.7%	41.9%	0.4840
2039	171,139,989	836,098,826	488.5%	42,380,137	507,307,723	1197.0%	40.8%	0.4654
2040	151,224,181	796,570,020	526.7%	36,918,939	489,379,182	1325.6%	39.7%	0.4475
2041	132,741,885	750,504,418	565.4%	31,784,307	464,280,983	1480.7%	38.7%	0.4303
2042	115,746,449	702,706,557	607.1%	27,272,900	437,083,193	1602.5%	37.9%	0.4138
2043	100,243,283	653,584,839	652.0%	23,266,140	407,316,880	1751.4%	37.2%	0.3978
2044	86,196,621	601,795,844	698.2%	19,763,575	376,963,172	1907.4%	36.6%	0.3825
2045	73,579,794	547,588,583	744.2%	16,594,758	343,578,427	2070.4%	35.9%	0.3678
2046	62,358,694	490,975,611	787.3%	13,887,143	310,969,332	2239.3%	35.2%	0.3537
2047	52,481,411	432,131,443	823.4%	11,549,719	278,841,155	2414.3%	34.1%	0.3401
2048	43,864,424	373,816,044	852.2%	9,575,165	248,602,757	2596.3%	32.8%	0.3270
2049	36,405,514	321,621,802	883.4%	7,845,619	218,597,268	2786.2%	31.7%	0.3144
2050	30,002,788	276,175,118	920.5%	6,410,115	191,143,565	2981.9%	30.9%	0.3023
2051	24,548,634	235,891,553	960.9%	5,208,462	165,856,323	3184.4%	30.2%	0.2907
2052	19,943,604	200,712,748	1006.4%	4,222,337	143,304,751	3394.0%	29.7%	0.2795
2053	16,094,561	170,129,055	1057.1%	3,386,566	122,342,199	3612.6%	29.3%	0.2688
2054	12,910,230	143,193,033	1109.1%	2,712,118	104,151,171	3840.2%	28.9%	0.2584
2055	10,298,460	119,931,448	1164.6%	2,163,444	88,193,562	4076.5%	28.6%	0.2485
2056	8,171,627	100,175,286	1225.9%	1,724,932	74,589,476	4323.0%	28.4%	0.2389
2057	6,452,902	83,089,531	1287.6%	1,363,401	62,467,914	4581.8%	28.1%	0.2297
2058	5,075,157	68,361,599	1347.0%	1,078,359	52,354,251	4855.0%	27.7%	0.2209
2059	3,976,273	56,026,099	1409.0%	851,475	43,788,089	5142.6%	27.4%	0.2124
2060	3,100,572	45,725,878	1474.8%	673,539	36,990,989	5447.5%	27.1%	0.2042
2061	2,403,069	36,944,765	1537.4%	529,350	30,543,113	5769.9%	26.6%	0.1964
2062	1,850,412	29,625,562	1601.0%	417,189	25,508,265	6114.3%	26.2%	0.1888
2063	1,419,997	23,704,317	1669.3%	328,878	21,334,758	6487.1%	25.7%	0.1816
2064	1,086,702	18,771,065	1727.3%	260,170	17,939,672	6895.4%	25.1%	0.1746
2065	827,499	14,701,038	1776.6%	204,773	15,036,456	7343.0%	24.2%	0.1679
2066	624,928	11,401,493	1824.4%	161,782	12,685,021	7840.8%	23.3%	0.1614
2067	467,236	8,675,909	1856.9%	127,918	10,736,313	8393.1%	22.1%	0.1552
2068	348,457	6,470,219	1856.8%	101,496	9,149,325	9014.4%	20.6%	0.1492
2069	258,814	4,742,911	1832.6%	80,080	7,788,484	9725.9%	18.8%	0.1435
2070	190,465	3,407,792	1789.2%	63,352	6,685,359	10552.7%	17.0%	0.1380
2071	139,497	2,418,357	1733.6%	50,077	5,763,872	11509.9%	15.1%	0.1327
2072	101,891	1,700,291	1668.7%	39,642	4,993,071	12595.3%	13.2%	0.1276
2073	73,853	1,189,497	1610.6%	31,131	4,295,518	13798.3%	11.7%	0.1227
2074	52,923	825,829	1560.4%	24,447	3,687,128	15082.4%	10.3%	0.1179
2075	37,952	571,512	1505.9%	19,126	3,143,420	16435.6%	9.2%	0.1134
2076	27,144	394,107	1451.9%	14,938	2,683,406	17829.6%	8.1%	0.1090
2077	19,158	267,338	1395.4%	11,535	2,219,338	19239.3%	7.3%	0.1049
2078	13,598	179,939	1323.3%	8,877	1,831,210	20628.4%	6.4%	0.1008
2079	9,670	120,138	1242.4%	6,782	1,493,602	22024.4%	5.6%	0.0969
Accumulated and Present Values as of 12/31/2019:								
Past	11,890,221,354	5,016,817,677	42.2%	9,515,423,960	1,900,248,094	20.0%	211.3%	
Future	6,821,138,396	13,918,149,439	204.0%	2,087,485,523	7,083,198,711	339.3%	60.1%	
Lifetime	18,711,359,749	18,934,967,115	101.2%	11,602,909,484	8,983,446,805	77.4%	130.7%	

Genworth Life Insurance Company
Address: 6620 West Broad Street, Richmond, VA 23230
Company NAIC No: 70025

Additional Exhibits
October 2020

CONFIDENTIAL

Additional Exhibit VI: Choice I Policy Forms - Nationwide Experience
Actual to Expected Lapses by Duration
Best Estimate Assumptions

Duration	Exposure	Actual Counts	Actual Rate	Expected Counts	Expected Rate	A/E
1	394,023	25,388	6.4%	25,670	6.5%	98.9%
2	372,954	12,005	3.2%	12,073	3.2%	99.4%
3	361,007	7,821	2.2%	7,876	2.2%	99.3%
4	351,930	5,903	1.7%	5,866	1.7%	100.6%
5	343,806	4,789	1.4%	4,747	1.4%	100.9%
6	326,988	4,123	1.3%	4,043	1.2%	102.0%
7	312,714	3,712	1.2%	3,622	1.2%	102.5%
8	299,152	2,973	1.0%	2,986	1.0%	99.6%
9	288,285	2,177	0.8%	2,290	0.8%	95.1%
10	273,320	1,772	0.6%	1,850	0.7%	95.8%
11	249,293	1,318	0.5%	1,508	0.6%	87.4%
12	221,906	1,187	0.5%	1,278	0.6%	92.9%
13	197,896	970	0.5%	1,092	0.6%	88.8%
14	173,005	880	0.5%	959	0.6%	91.7%
15	131,374	785	0.6%	758	0.6%	103.6%
16	59,284	393	0.7%	375	0.6%	104.7%
17	4,374	43	1.0%	28	0.6%	153.0%
Total	4,356,938	76,239	1.7%	77,021	1.8%	99.0%

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Additional Exhibits
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Additional Exhibit VII: Choice I Policy Forms - Nationwide Experience
Actual to Expected Mortality by Duration
Best Estimate Assumptions

Duration	Exposure	Actual Counts	Actual Rate	Expected Counts	Expected Rate	A/E
1	394,076	593	0.2%	477	0.1%	124.2%
2	372,981	809	0.2%	763	0.2%	106.1%
3	361,026	929	0.3%	921	0.3%	100.9%
4	351,979	1,062	0.3%	1,041	0.3%	102.0%
5	342,845	1,102	0.3%	1,145	0.3%	96.2%
6	327,466	1,204	0.4%	1,234	0.4%	97.6%
7	313,597	1,337	0.4%	1,316	0.4%	101.6%
8	300,820	1,419	0.5%	1,392	0.5%	101.9%
9	290,674	1,479	0.5%	1,463	0.5%	101.1%
10	281,254	1,557	0.6%	1,539	0.5%	101.2%
11	270,873	1,627	0.6%	1,610	0.6%	101.0%
12	257,474	1,657	0.6%	1,672	0.6%	99.1%
13	241,883	1,730	0.7%	1,721	0.7%	100.5%
14	217,732	1,733	0.8%	1,746	0.8%	99.2%
15	163,072	1,515	0.9%	1,539	0.9%	98.5%
16	73,533	747	1.0%	855	1.2%	87.4%
17	10,257	115	1.1%	140	1.4%	82.2%
Total	4,561,284	20,615	0.5%	20,574	0.5%	100.2%

Genworth Life Insurance Company
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Additional Exhibit VIII: Choice I Policy Forms - Nationwide Experience
Actual to Expected Incidence by Duration
Best Estimate Assumptions

Duration	Exposure	Actual Counts	Actual Rate	Expected Counts	Expected Rate	A/E
1	394,076	453	0.1%	459	0.1%	98.7%
2	372,981	731	0.2%	689	0.2%	106.0%
3	361,026	897	0.2%	903	0.3%	99.3%
4	351,979	1,121	0.3%	1,118	0.3%	100.3%
5	342,845	1,298	0.4%	1,338	0.4%	97.0%
6	327,466	1,474	0.5%	1,555	0.5%	94.8%
7	313,597	1,766	0.6%	1,773	0.6%	99.6%
8	300,819	2,023	0.7%	2,000	0.7%	101.1%
9	290,673	2,259	0.8%	2,245	0.8%	100.6%
10	281,254	2,567	0.9%	2,501	0.9%	102.6%
11	270,870	2,872	1.1%	2,760	1.0%	104.1%
12	257,473	3,110	1.2%	3,012	1.2%	103.3%
13	241,881	3,148	1.3%	3,241	1.3%	97.1%
14	217,730	3,306	1.5%	3,352	1.5%	98.6%
15	163,071	2,797	1.7%	2,804	1.7%	99.7%
16	73,532	1,514	2.1%	1,536	2.1%	98.6%
17	10,257	215	2.1%	238	2.3%	90.3%
Total	4,561,273	31,551	0.7%	31,525	0.7%	100.1%

Genworth Life Insurance Company
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Additional Exhibits
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Additional Exhibit IX: Choice I Policy Forms - Nationwide Experience
Actual to Expected Claim Termination Rate by Duration
Best Estimate Assumptions

Duration	Exposure	Actual Counts	Actual Rate	Expected Counts	Expected Rate	A/E
1	22,863	14,030	61.4%	14,112	61.7%	99.4%
2	14,245	3,451	24.2%	3,499	24.6%	98.6%
3	9,399	2,034	21.6%	2,133	22.7%	95.4%
4	5,971	1,188	19.9%	1,305	21.9%	91.0%
5	3,562	749	21.0%	774	21.7%	96.8%
6	2,097	426	20.3%	448	21.4%	95.1%
7+	3,299	604	18.3%	637	19.3%	94.7%
Total	61,437	22,482	36.6%	22,909	37.3%	98.1%

Genworth Life Insurance Company
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Additional Exhibits
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Additional Exhibit X: Choice I Policy Forms - Nationwide Experience
Actual to Expected Lapses by Duration
Original Pricing Assumptions

Duration	Exposure	Actual Counts	Actual Rate	Expected Counts	Expected Rate	A/E
1	330,924	21,962	6.6%	33,048	10.0%	66.5%
2	308,094	10,127	3.3%	18,462	6.0%	54.9%
3	296,930	6,618	2.2%	11,863	4.0%	55.8%
4	289,170	4,920	1.7%	10,109	3.5%	48.7%
5	283,006	3,961	1.4%	8,481	3.0%	46.7%
6	277,525	3,657	1.3%	5,546	2.0%	65.9%
7	272,105	3,389	1.2%	5,438	2.0%	62.3%
8	266,765	2,789	1.0%	5,331	2.0%	52.3%
9	261,877	2,129	0.8%	5,233	2.0%	40.7%
10	257,305	1,848	0.7%	5,142	2.0%	35.9%
11	252,699	1,539	0.6%	5,045	2.0%	30.5%
12	248,022	1,433	0.6%	4,952	2.0%	28.9%
13	243,298	1,257	0.5%	4,857	2.0%	25.9%
14	233,617	1,235	0.5%	4,664	2.0%	26.5%
15	218,793	1,280	0.6%	4,367	2.0%	29.3%
16	199,341	1,031	0.5%	3,979	2.0%	25.9%
17	151,390	624	0.4%	3,024	2.0%	20.6%
18	68,310	196	0.3%	1,366	2.0%	14.3%
19	9,784	5	0.1%	196	2.0%	2.6%
Total	4,468,955	70,000	1.6%	141,102	3.2%	49.6%

Genworth Life Insurance Company
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Company NAIC No: 70025

Additional Exhibits
October 2020

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Additional Exhibit XI: Choice I Policy Forms - Nationwide Experience
Actual to Expected Mortality by Duration
Original Pricing Assumptions

Duration	Exposure	Actual Counts	Actual Rate	Expected Counts	Expected Rate	A/E
1	323,024	612	0.2%	1,288	0.4%	47.5%
2	305,120	896	0.3%	1,597	0.5%	56.1%
3	295,396	1,074	0.4%	1,976	0.7%	54.4%
4	288,276	1,286	0.4%	2,415	0.8%	53.3%
5	282,518	1,375	0.5%	2,753	1.0%	49.9%
6	277,273	1,580	0.6%	3,132	1.1%	50.5%
7	271,947	1,843	0.7%	3,545	1.3%	52.0%
8	266,870	2,095	0.8%	4,000	1.5%	52.4%
9	262,276	2,271	0.9%	4,285	1.6%	53.0%
10	257,912	2,532	1.0%	4,586	1.8%	55.2%
11	253,540	2,998	1.2%	4,899	1.9%	61.2%
12	249,015	3,202	1.3%	5,212	2.1%	61.4%
13	244,342	3,267	1.3%	5,535	2.3%	59.0%
14	234,750	3,409	1.5%	5,789	2.5%	58.9%
15	220,017	3,508	1.6%	5,928	2.7%	59.2%
16	200,556	3,280	1.6%	5,912	2.9%	55.5%
17	152,259	2,313	1.5%	4,990	3.3%	46.4%
18	68,710	934	1.4%	2,587	3.8%	36.1%
19	9,798	37	0.4%	398	4.1%	9.3%
Total	4,463,598	38,512	0.9%	70,825	1.6%	54.4%

CERTIFICATION OF VARIABILITY

March 2022

RE: 7035END-LSPO VA 0322 – Lifetime Stable Premium Option Endorsement
7035 – Schedule Revised LSPO VA

Language that appears in the documents contained in this filing may vary as described herein.

For all documents, information contained in brackets is intended to vary, either in accordance with the following general guidelines, or within the specific parameters stated below for the document containing variable language.

GENERAL GUIDELINES

We may vary the names, titles and/or signatures of officers that appear on any of the documents. We may vary the address, barcodes, telephone numbers, website, and business hours for the company to accommodate changes.

Individual information, such as names, ages, numbers, descriptions of coverage, coverage limits, amounts and timeframes, premium amounts, page numbers, and dates etc., including bracketed [] information, will be completed with information appropriate to the specific insured (within the parameters contemplated by our rate filing) as described below.

We certify that the ranges bracketed will be as follows:

7035END-LSPO VA 0322 – Lifetime Stable Premium Option Endorsement

- Endorsement effective date will be either policy anniversary date or the monthiversary following the policyholder's election of the Lifetime Stable Premium Option depending on when the election takes place.
- In the 'Automatic Compound 1% Benefit Increases' section, depending on which kind of increase benefit the policyholder has prior to the election of the Lifetime Stable Premium option, 'Equal' or 'Compound' will print.
- Based on the selection of the policyholder either the 'Elimination Period' language or the 'Coinsurance' language will display on the attached endorsement. The 'Elimination Period' language includes everything in the bracketed section under the Elimination Period header. The 'Elimination Period and Coinsurance' language includes the word Coinsurance in the same header, as well as the bracketed section after the bolded word 'OR'
- If a policyholder elects the coinsurance option and does not already have a 100-day Elimination Period, the following statement appears: "As shown on the accompanying updated Schedule, the Elimination Period is changed to be 100 days for the Long Term Care Facility Benefit."

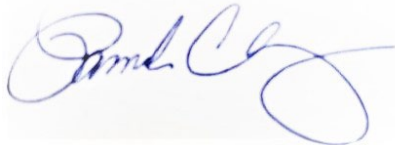
7035 – Schedule Revised LSPO VA

- "Elimination Period (For the Long Term Care Facility Benefit)" will be 100 days if the Coinsurance option is elected and 180 days if the Extended Elimination Period option is elected.
- The "Elimination Period (For the Home Care Benefit)" row will appear if the Extended Elimination Period option is elected. The value for the elimination period will be 90.
- Value for the Lifetime Maximum Benefit will be 1095 (3 years) x the Daily Payment Maximum, if individual, or 2190 (6 years) x the Daily Payment Maximum if shared.

- The “Coinsurance applied to Long Term Care Facility & Home Care Benefit expenses up to the Daily Payment Maximum” row will appear if the Coinsurance option is elected. The value for the coinsurance amount will be 90%.
- The current description of the Benefit Increases will be replaced with the Automatic Compound 1% Benefit Increases language below.
 - AUTOMATIC COMPOUND 1% BENEFIT INCREASES – The Daily Payment Maximum and Lifetime Payment Maximum amounts will each increase on every anniversary of the effective date of the policy. Annual increases will apply to benefits payable for expenses incurred on or after the date of the increase. Beginning on the first anniversary of the policy effective date that occurs after the effective date of the Endorsement changing this Benefit Increases provision to Automatic Compound 1% Benefit Increases, the Daily Payment Maximum and Lifetime Payment Maximum amounts will increase by 1% of the amounts in effect at that time as shown on Your updated Schedule accompanying that Endorsement; and each increase thereafter will be equal to 1% of the Daily Payment Maximum and Lifetime Payment Maximum in effect at the time of each such increase. These increases are not affected by any benefit payments.
- In the Annual Premiums Section, the Lifetime Stable Premium premiums will be shown in the Basic Policy Coverage Section and the Inflation Protection row would not appear

We hereby certify the final form issued to the consumer will not contain brackets denoting variable text. The use of variable text will be administered in a uniform and non-discriminatory manner and will not result in unfair discrimination. Only text addressed in this Statement will be allowed to be used on the referenced forms received by consumers.

For Genworth Life Insurance Company



Pamela C. Asbury, Vice President

STATEMENT OF VARIABILITY

April 2022

RE: 165224SPO VA 02/01/22 - Premium Increase Notice Cover Letter
SPO-COTC VA 02/01/22 - Coverage Options to Consider
165226SPO VA 02/01/22 - Coverage Options
165239SPO VA 02/01/22 - Important Information Regarding This Premium Increase

Forms 165224SPO VA, SPO-COTC VA, 165226SPO VA and 165239SPO VA make up the policyholder communication packet for the Lifetime Stable Premium option (LSPO) for the PCS II and Choice I Loss Ratio and Rate Stability product filings.

The Lifetime Stable Premium option is available for PCS II policy form 7030L and Choice 1 policy form 7035J. Forms 165224 VA, 165224CRB VA, 165226 VA and 165239 VA make up the policyholder communication packet for policyholders that have PCS II and Choice 1 policy forms other than 7030L and 7035J. These forms were filed and approved in the PCS I filing, SERFF# GEFA-132466767.

Forms 165224NQ VA and 165239 VA make up the policyholder communication packet for policyholders on waiver. These forms were filed and approved in the PCS I filing, SERFF# GEFA-132466767.

Language that appears in the documents contained in this filing may vary as described herein.

For all documents, information contained in brackets is intended to vary, either in accordance with the following general guidelines or within the specific parameters stated below for the document containing variable language.

GENERAL GUIDELINES

We may vary the names and/or titles of officers that appear on any of the documents. We may vary the company logo, barcodes, address and telephone numbers, website, financial strength ratings and business hours for the company to accommodate changes.

Individual information, such as names, ages, numbers, descriptions of coverage, coverage limits, amounts and timeframes, premium amounts, page numbers ([n] is the page number and [m] is the total number of pages in the form)and dates etc., including bracketed [] information will be completed with information applicable to the specific insured within the parameters contemplated by our rate filing.

165224SPO VA 02/01/22 - Premium Increase Notice Cover Letter

- In the box on the upper right side of the page:
 - The number '4', as well as option 4 will appear if a 'Pay nothing more' option is available. A '3' will appear if a 'Pay nothing more' option is not available.
 - The following applicable language will print if an option is available:
 - Pay nothing more by electing the Contingent Benefit Upon Lapse
 - Pay nothing more by electing the Optional Limited Benefit
 - Pay nothing more by exercising your Non-Forfeiture rider
- The date shown beneath 'Premium Increase Notice' is the date the letter is printed. It is GLIC's process to send the rate increase notifications with ample time to be received 75 days prior to the next billing anniversary or increase effective date.
- If there is no longer an agent on the policy the "Agent" section will not print.
- Depending on the rate increase approved, if the Company has plans for future rate increases, policyholders will see the language, 'as well as plans for future increases' in the second paragraph.
- In the 3rd paragraph, if the Company has plans for future rate increases, the second sentence will include 'both the current and already planned future increases' If the Company does not have plans for future increases, this sentence will instead include 'the increase'.

STATEMENT OF VARIABILITY

April 2022

- For class members of the Halcom class action settlement whose settlement election letter has not yet been mailed, the following language will print: **'Also consider that you are currently a class member of a class action settlement. As a class member, you will receive information about any available settlement options. Please read the summary information in the enclosed Important Information Regarding this Premium Increase.'**
- In the postscript, the words '- you will be billed separately' will print if the policyholder is not on Electronic Funds Transfer (EFT).
- The list of enclosures will include the appropriate sample LSPO endorsement (options are 7030END-LSPO VA SAMPLE for PCS II and 7035 END-LSPO VA SAMPLE for Choice 1), as well as an endorsement for the Optional Limited Benefit (form 158271) or the Contingent Benefit Upon Lapse (form 134613VA), if applicable.

SPO-COTC VA 02/01/22 - Coverage Options to Consider

- The following language will print when options other than the Lifetime Stable Premium option are available: 'and we offer [several<or>an] alternatives[s] for keeping coverage in place and within budget'. The language will vary as indicated (singular or plural) based on the number of options available to the policyholder on the Coverage Options page (165226SPO VA 02/01/22)
- In section '2. Overview of the Lifetime Stable Premium option':
 - 1. These policies may be issued to individuals or to couples. If the policy was issued to a couple then both insureds are sharing the policy benefits. Individual policyholders will see a 'three' year benefit period & policies with 2 insureds will see a 'six' year benefit period.
- In section '3. Review and Adjust your Long Term Care Coverage':
 - This section will not print if there are no options quoted.
 - In the first paragraph the language will vary based on the number of options (single or plural) available in Section #3 on the Coverage Options page (165226SPO VA);
 - 'choice' or 'choices'
 - 'provides a way' or 'provide ways'
 - 'The option' or 'Each option'
 - The following language will print when available and the policyholder's current benefits meet defined criteria. Those include 5% compound inflation and a combination of Attained Age(AA) and Daily Benefit Amount (DBA) that allows time for the DBA and Lifetime Maximum to grow while reducing premium and retaining the 5% compound inflation benefit:
 - $AA \leq 65$ and $DBA \geq \$190$
 - $65 < AA \leq 70$ and $DBA \geq \$210$
 - $70 < AA \leq 75$ and $DBA \geq \$240$
 - $75 < AA \leq 80$ and $DBA \geq \$250$

'If you would like a more affordable premium but want your benefits to continue to grow for when you may be ready to claim, you may want to consider Alternative C on the *Coverage Options* page.

Alternative C reduces your [monthly] maximum and lifetime maximum while maintaining your current 5% compound inflation protection. These increases can double your new [monthly] maximum and new lifetime maximum in about 15 years (claims may affect how quickly the lifetime maximum increases).

Our Customer Service Team can help you understand how your benefits may increase over time with this option.'
 - The variability for [monthly] maximum includes either daily or monthly.
 - GLIC includes information from an industry study that will be removed or updated to keep current information in our communications. We anticipate receiving an updated study early 2022 and plan to update the results. However, if the study is not updated we may remove the reference. The language currently reads as follows with information from October 2016 study:

STATEMENT OF VARIABILITY

April 2022

- 'When thinking about how long covered care may last, the publicly available industry study performed by PwC, indicates the average duration of a long term care event is about three years and approximately 75%-80% of long term care events will cost less than \$250,000.'
- GLIC includes information about claims experience, this information will be updated annually to reflect more recent experience. We will change the claims age range and 'as of' date as appropriate.
 - The footnote related to the industry study will be removed or updated to reflect the source of information when included in the body of section 3.
 - In section '4. Pay nothing more':
 - This section will not print if there are no options available.
 - Only one option will print and if the available option is the Optional Limited Benefit, the words 'less any claims paid' will print.
 - If the Optional Limited Benefit or the Contingent Benefit Upon Lapse is available, the words ', and enclosed endorsement' will print.

165226SPO VA 02/01/22 - Coverage Options

- The variable [company_phone] is the telephone number for customer service, it will print in the same format as the [999 999.9999].
- The median cost of care is shown based on data for the Policyholder's zip code. For each category of possible long-term care services (In Home Care, Assisted Living, and Nursing Home), the median monthly cost for that service will be displayed in this section based on Genworth's most recent cost of care study. The study details can be found at www.genworth.com/costofcare.
- When available, individual policyholders will see the website and 'Register/log-in to view and select coverage choices online'. This functionality is not currently available for joint policies.
- The date shown at the top of the page, under the insured name(s) is the date the letter is printed. It is GLIC's process to send the rate increase notifications in ample time to be received 75 days prior to the next billing anniversary or increase effective date.
- The policyholder's current mode [annually] will be displayed after the premium amount in the section titled 'Premium before increase'. Options are annually, semi-annually, quarterly or monthly.
- In the section titled 'Your options:' The maximum benefit shown will reflect Monthly or Daily, depending on how the policyholder's benefits are calculated. The description of the premium mode [Annual] will be Annual, Semi-annual, Quarterly or Monthly based on the policyholder's current mode and premiums displayed for each alternative will be in the applicable mode.
- In section '1' titled 'Keep current coverage':
 - If the Policyholder is not using automatic bank draft (EFT) to pay their premium the following phrase will print: 'when you receive your next bill'.
 - The date will reflect the Policyholder's billing anniversary date, the effective date of the rate increase.
- In section '2' titled 'Elect Lifetime Stable Premium option', the variable options for Benefit period are 3 years for single insured and 6 years for shared policies.
- In section '3' titled 'Review & Adjust your coverage':
 - The language will vary as indicated (singular or plural) based on the number of alternatives available. If no alternatives quoted, 'If you are interested in other ways to adjust your coverage, you may be able to reduce your benefits and premiums. Please contact a member of our Customer Service Team at [company_phone] to discuss your options.' will print.
 - Options that can appear in each benefit category are as follows:
 - Benefit period: 2, 3, 4, 6, 8, 12 years or Unlimited
 - Inflation protection: None, Simple 5% or Compound 5%
 - Elimination period: 20, 50, or 100 days
- For section '4' titled 'Pay nothing more':
 - If the Policyholder does not qualify for Optional Limited Benefit, Contingent Benefit Upon Lapse or did not purchase a Non-Forfeiture rider then section '4' will not print.

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April 2022

- If the Policyholder qualifies for Contingent Benefit Upon Lapse or Optional Limited Benefit, the following phrase will print to reference the sample endorsement included with this notice: 'endorsement and'
- In the box displaying the value of the Paid up policy benefit, the appropriate paid up option will print. Options are Optional Limited Benefit, Contingent Benefit Upon Lapse, or Non-Forfeiture rider.
- In the paragraph beginning with 'You may have other ways to reduce your benefits...', 'endorsement[s]' will be singular to reference the sample Lifetime/Stable Premium Option endorsement or plural if the Policyholder also qualifies for Contingent Benefit Upon Lapse or Optional Limited Benefit.
- In the paragraph beginning with 'You do not need to return this form...':
 - The phrase 'or elect online' will print if available.
 - The date will populate with the Policyholder's billing anniversary date which is the effective date of the rate increase.
- In the signature section the bracketed signature section will print if the policy impacted by the rate increase is a shared policy where there are two policyholders sharing the benefits of one policy.

165239SPO VA 02/01/22 – Important Information Regarding This Premium Increase

- The variable percentages in the 2nd paragraph represent the rate increase GLIC requested and the rate increase approved by Virginia State Corporation Commission. The percentage values for the 2020 PCS II and 2020 Choice I rate filings are as follows:
 - PCS II requested – 53% for unlimited lifetime benefits and 26% for limited benefits
 - PCS II approved – 53% for unlimited lifetime benefits and 26% for limited benefits
 - Choice I (LR) requested – 72.4% for unlimited lifetime benefits and 55% for limited benefits
 - Choice I (LR) approved – 72.4% for unlimited lifetime benefits and 55% for limited benefits
 - Choice I (RS) requested – 72% for unlimited lifetime benefits and 55% for limited benefits
 - Choice I (RS) approved – 72% for unlimited lifetime benefits and 55% for limited benefits
- When available, individual policyholders will see 'In addition, if you are registered on genworth.com, you may select one of the coverage options shown in this letter online'. This functionality is not currently available for joint policies.
- The '**Halcom class member information**' section will print when the product is PCS II and the Special Election Options letter has not yet been mailed.
 - If the policyholder qualifies for either the Contingent Benefit Upon Lapse or the Optional Limited Benefit option, ', except for the [Contingent Benefit Upon Lapse] option,' will print with the applicable option.
- In the '**Policy is Guaranteed Renewable and subject to future premium increases**' section
 - Based on the rate increase approved and the Company's plans for future rate increases either 'possible' will print which means no further increases are planned at this time or 'likely' will print which means additional rate filings will be pursued.
 - If future rate increases are planned to be pursued, policyholders will see the following: 'For policies subject to this rate increase, we began providing advance notice of the rate increase to policyholders in [MM/YYYY]. Please be aware that, at that time, we planned to request at least [999%] in additional rate increases on your policy and policies like yours in the state where your policy was issued. The actual increases we seek may differ. For example, they may be higher or more numerous than the plans described above and any more recently updated plans.'
- In the '**Considerations related to adjusting your coverage**' section
 - 'daily' or 'monthly' will print based on the policyholder's benefit type.
 - If a policyholder has a Partnership policy, then the following language will print: 'If you have a Partnership policy, reducing your coverage may result in a loss of Partnership status, a change in your asset protection type and may reduce your overall protection.'
- In the '**Pay nothing more**' section, if the policyholder qualifies for a Non-Forfeiture benefit the language referring them to the '**Select a Limited Benefit with no further premium requirement**' section will

STATEMENT OF VARIABILITY

April 2022

- print.
- If the policyholder has a Limited Pay policy, then the following section will print:
 - **'Paid-up feature** Your policy has a limited number of premium payments required to become paid-up. That means if you pay all required premiums as they become due, this policy will be paid-up and no future premiums will be required including rate increases. Careful consideration should be given before selecting an option that stops further payments. Our customer service representatives would be happy to discuss this option with you.'
 - If a policyholder has unlimited/Lifetime benefits, the section **'Moving from unlimited lifetime benefits to limited benefits'** will print if a higher rate increase amount is approved for policies with a lifetime benefit versus those with a limited benefit:
 - 'The rate increase percentage for policyholders with an unlimited lifetime benefit is higher because expected aggregate claims are disproportionately greater for these policyholders. You can reduce the premium increase by switching to a limited benefit period.'
 - The section **'Select a Limited Benefit with No Further Premium Requirement'** will print if the policyholder qualifies for a Non-Forfeiture benefit. The appropriate language will print based on eligibility of the option:
 - **If Optional Limited Benefit:** If you would like to stop paying premiums on your policy you can choose an optional limited benefit. Your new coverage maximum will be the total premiums you have paid on your policy, minus any benefits paid. Please refer to the enclosed endorsement for additional details regarding this benefit.

Please note: This Endorsement could significantly reduce the policy benefits. Please review the Optional Limited Benefit Endorsement for more detailed information prior to making this election.
 - **If Contingent Benefit Upon Lapse:** If you would like to stop paying premiums on your policy you can elect the Contingent Benefit Upon Lapse. Your new coverage maximum will be either 30 times your Nursing Facility Daily benefit or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Please refer to the enclosed endorsement for additional details regarding this benefit.

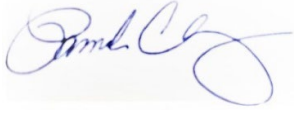
Please note: This Endorsement could significantly reduce the policy benefits. Please review the Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election.
 - **If Non-Forfeiture Rider:** If you would like to stop paying premiums on your policy you may exercise the Non-forfeiture Rider that you purchased with your policy. Your new coverage maximum will be either 30 times your Daily Payment Maximum or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.

Please note: This rider could significantly reduce the policy benefits. Please review the Non-Forfeiture Rider in your policy for more detailed information prior to making this election.
 - In the "About Genworth Life Insurance Company" section, the language would update to reflect a change in Genworth Life Insurance Company's financial strength rating to include the appropriate definition/description of the revised rating.

We hereby certify the final form issued to the consumer will not contain brackets denoting variable text. The use of variable text will be administered in a uniform and non-discriminatory manner and will not result in unfair discrimination. Only text addressed in this Statement will be allowed to be used on the referenced forms received by consumers.

STATEMENT OF VARIABILITY
April 2022

For Genworth Life Insurance Company

A handwritten signature in blue ink, appearing to read 'Pamela C. Asbury', written in a cursive style.

Pamela C. Asbury, Vice President



Genworth Life Insurance Company
PO Box 40005
Lynchburg, VA 24506

Important Change – Decision Required

JACK DOE
1234 OAK LANE
MYTOWN, VA 24503

Dear Jack Doe,

Thank you for choosing Genworth Life Insurance Company for your long term care insurance needs. We value your business and remain committed to providing quality service and being here when you need us the most.

We are writing to let you know that, as a result of higher than expected aggregate policyholder claims costs, **the premium on your current long term care coverage will increase by 55.00%, from \$507.40 to \$786.47, beginning on your next billing anniversary date, August 10, 2022.** Please refer to the following pages for more details and other important information about this increase, as well as plans for future increases. Please note that this increase is not specific to you or to any change in your health, age, or claims history.

We appreciate that premium increases can be difficult for our policyholders. **To assist you, we are offering several choices, including the new Lifetime Stable Premium option that allows you to adjust your coverage to mitigate both the current and already planned future increases and lock in your new premium rate for the life of your policy.** We have also included other alternatives to consider as you evaluate your coverage needs. These options and your personalized information are outlined on the enclosed pages. There may also be additional options available to reduce your premium.

We encourage you to discuss your options with your financial advisor or a member of our Customer Service Team by calling 855 706.9541 before making a decision. For additional information regarding premium increases, we encourage you to visit genworth.com/lcpremiums.

Once again, thank you for being a Genworth Life Insurance Company policyholder.

Sincerely,

Brian K. Haendiges

President and Chief Executive Officer

P.S. This premium increase notice is not a bill - you will be billed separately. Please take time to read the *Important Information Regarding This Premium Increase* included with this letter.

enclosures: SPO-COTC VA, 165226SPO VA, 165239SPO VA, 7035END-LSPO VA SAMPLE, 134613VA, Envelope

Underwritten by Genworth Life Insurance Company, Lynchburg, VA

The premium on your long term care insurance policy is increasing.

You have 4 options:

- ① Keep your current coverage the same and pay the premium increase
- ② Elect the Lifetime Stable Premium option and avoid additional increases for the life of your policy
- ③ Review and Adjust your coverage to reduce your premiums
- ④ Pay nothing more by electing the Contingent Benefit Upon Lapse

Long Term Care Insurance

Premium Increase Notice

05/19/22

Genworth Life Insurance Company

Insured:

Jack Doe

Policy Number:

XYZ987654321

Agent:

Sam Seller

ABC Agency

Customer Service:

855 706.9541

M-Th: 8:30 – 6PM ET

F: 9 – 6PM ET

Fax: 800 876.8220

genworth.com/lcpremiums

Genworth Life Insurance Company

Administrative Office:
3100 Albert Lankford Drive
Lynchburg, VA 24501

Coverage Options To Consider

Your long term care insurance policy protects you financially should you require care in the future. However, we understand that evolving financial situations combined with increasing premiums may cause you to re-evaluate your coverage. **On the *Coverage Options* page that follows**, we have also introduced a **new Lifetime Stable Premium option to consider** and we offer several alternatives for keeping coverage in place and within budget.

Please be aware you may have other ways to reduce your benefits than those shown; contact our Customer Service team for additional quotes by calling 855 706.9541.

1. Keep your current coverage and pay the premium increase

The *Coverage Options* page shows your current benefits and new premium. If you are comfortable with your current coverage, take no action except to pay the increased premium.

2. Overview of the Lifetime Stable Premium option

With this option, you adjust your benefits and receive a new premium along with a [guarantee you will not have another premium rate increase for the life of your policy.](#)

Along with the rate guarantee, this option provides:

1. **A three-year benefit period** (The benefit period is the period of time used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time.)
2. **Retention of your increased maximum daily/monthly benefit**
3. **1% annual compound benefit inflation going forward**
4. **Your choice of:**
 - a. An extended Elimination Period (EP) of 180 days for facility care and 90 days for home care. (The EP is the number of days of covered care that you must pay for before your coverage begins to pay benefits.)
 - Or**
 - b. A combination of 10% coinsurance (you pay 10% of covered expenses) and a 100-day facility EP.

Both versions of this option continue to offer a home care benefit

The premium for the Lifetime Stable Premium option is shown on the *Coverage Options* page. You may read the sample policy endorsement and important information included in this package for more detail.

Continued on next page

3. Review and Adjust your Long Term Care Coverage

The additional choices shown under “Review & Adjust your coverage” on the following *Coverage Options* page provide ways for you to tune-up your coverage and keep the benefits most important to you, scale back on benefits that no longer seem as essential, and help keep your premiums within your budget. Each option presented has a pre-defined set of benefits that, while less than what you currently have, is designed to offer meaningful coverage that aligns your long term care insurance with your financial needs.

As you think about your options, it may be helpful to consider the cost of long term care services. You can find median¹ cost of care information for your area on the *Coverage Options* page. Additional information you can use to estimate future cost of care is available on genworth.com/costofcare.

When thinking about how long covered care may last, the publicly available industry study performed by PwC, indicates the average duration of a long term care event is about three years and approximately 75%-80% of long term care events will cost less than \$250,000².

In addition, while a long term care event can begin at any time, Genworth data has shown that many long term care claims begin between ages 80 and 89. This information is based on many policies and types of long term care policies and is current as of 12/31/19.

Important: The enclosed cost of care, long term care event, and claims-related figures (and similar information on genworth.com) are medians, averages and approximations. Similarly, future cost of care information available on genworth.com is based on estimates and hypothetical assumptions. Keep in mind, your actual experience may be different. Consider various scenarios and your own circumstances when determining what coverage options are best for you.

¹ The median is the middle value (50% of the costs are above the median, and 50% of the costs are below the median).

² *The formal cost of long-term care services: How can society meet a growing need?* The referenced study, initially made available in October 2016, is based on data for the time period 2000-2015 and reports figures in 2016 dollars.

4. Pay nothing more

If you do not want to pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid. Please refer to the ***Coverage Options*** page, ***Important Information Regarding This Premium Increase***, and enclosed endorsement for additional details.

We encourage you to carefully read the enclosed materials before making a decision.



Coverage Options

Page 1 of 2

genworth.com

Register / log-in to view and select coverage choices online

Genworth Life Insurance Company
 PO Box 40005
 Lynchburg, VA 24506

Customer service:
 855 706.9541
 M-Th: 8:30 – 6PM ET
 F: 9 – 6PM ET
 Fax: 800 876.8220

The median monthly cost of care provided in your area:

In Home Care \$4,576.00 (Based on 44 hours/week)
 Assisted Living \$5,000.00
 Nursing Home \$10,464.00
Genworth 2021 Cost of Care Study

Policyholder: Jack Doe
 Date: 05/19/22
 Policy number: XYZ987654321
 Premium before increase: \$507.40 quarterly

Your options:	1. Keep current coverage	2. Elect Lifetime Stable Premium option		3. Review & Adjust your coverage	
	If you are comfortable with your current level of coverage, pay the increased premium when you receive your next bill. If we don't hear from you by 08/10/22, this 55.000% rate increase will take effect.	If you would like to change your benefits to guarantee no additional premium rate increases for the life of your policy , you may select one of the alternatives below. A detailed description of this option can be found in the enclosed sample endorsement.		If you are comfortable reducing your benefits, the alternatives below are designed to provide different levels of cost and coverage as you evaluate your current needs.	
		Lifetime Stable Premium A	Lifetime Stable Premium B	Alternative C	Alternative D
Daily maximum benefit	\$315.93	\$316.51	\$316.51	\$189.56	\$300.71
Benefit period	4 years	3 years	3 years	4 years	2 years
Remaining lifetime benefit	\$461,257.80	\$346,578.45	\$346,578.45	\$276,757.60	\$219,518.30
Inflation protection	Compound 5%	Compound 1%	Compound 1%	Compound 5%	Compound 5%
Elimination period (days before benefits begin)	50 days Facility/ 0 days Home Care	180 days Facility/ 90 days Home Care	100 days Facility/ 0 days Home Care	50 days Facility/ 0 days Home Care	50 days Facility/ 0 days Home Care
Coinsurance	None	None	10%	None	None
▶ Quarterly premium 08/10/22	\$786.47	<input type="checkbox"/> \$703.89	<input type="checkbox"/> \$703.89	<input type="checkbox"/> \$463.02	<input type="checkbox"/> \$504.02

4. Pay nothing more	<p>If you would like to stop paying premiums on your policy, you can choose the option at right. Please read the detailed description of the option in the enclosed endorsement and <i>Important Information Regarding This Premium Increase</i>. IMPORTANT: Selecting this option would greatly reduce the total amount of benefits available to pay for care.</p>	<p>\$23,433.44 Paid up policy benefit</p> <p><input type="checkbox"/> Contingent Benefit Upon Lapse</p>
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You may have other ways to reduce your benefits than those shown above; contact the Customer Service team for additional quotes. More information on your options can be found in the enclosed endorsements and *Important Information Regarding This Premium Increase*. Please read all documents before making a decision. The options shown here are quotes and final values may change.

You do not need to return this form if you are keeping your current coverage. If changing your coverage to one of the options above, please check the blue box to indicate your choice, then sign and return this form by fax or mail in the enclosed envelope by: **08/10/22**.

****Please see the reverse of this form if you wish to change your coverage****

Coverage Options

Page 2 of 2 Date: 05/19/22

Policyholder: Jack Doe

Policy number: XYZ987654321

Premium before increase: \$507.40 quarterly

Genworth recommends that you consult with your trusted advisors before making this selection. By signing, you acknowledge your intent to reduce your benefits available to pay for future care and you represent and agree that (1) we are authorized to process the requested change to your policy, (2) the change will not be effective until reflected in a policy amendment we send to you, (3) the benefits and premiums quoted are subject to confirmation and may change, and (4) you have read and understand the information on this form and the enclosed documents, including the *Important Information Regarding This Premium Increase*.

Policyholder Signature

Date

▶ _____



Genworth Life Insurance Company
 Administrative Office:
 3100 Albert Lankford Drive
 Lynchburg, VA 24501

Important Information Regarding This Premium Increase from Genworth Life Insurance Company

Page 1 of 3

About this premium increase

It is important to note that this premium increase was reviewed by Virginia’s State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the State Corporation Commission’s webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.

The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in Virginia. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. These higher claims costs are in part due to policyholders living longer and keeping their policies longer than originally anticipated. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. Our decision to increase premiums was not determined based upon the current economic environment. Please note that we requested a 55.000% rate increase and the Virginia State Corporation Commission determined that a rate increase of 55.000% was allowable under Virginia’s regulation. For additional information regarding premium increases, please go to genworth.com/ltcpremiums. In addition, if you are registered on genworth.com, you may select one of the coverage options shown in this letter online.

Policy is Guaranteed Renewable and subject to future premium increases

If you do not elect the Lifetime Stable Premium option, your long term care insurance coverage remains guaranteed renewable, meaning that we cannot cancel or refuse to continue your coverage for any reason. As long as you pay the required premium on time and have not used all your benefits, coverage will continue.

Guaranteed renewable does not mean that premiums are guaranteed to remain the same indefinitely. In accordance with the terms of your policy, we reserve the right to change premiums and it is likely that we will file with the Virginia State Corporation Commission for another premium increase again in the future.

For policies subject to this rate increase, we began providing advance notice of the rate increase to policyholders in 05/2022. Please be aware that, at that time, we planned to request at least 105% in additional rate increases on your policy and policies like yours in the state where your policy was issued. The actual increases we seek may differ. For example, they may be higher or more numerous than the plans described above and any more recently updated plans. To see more current planned rate increase requests you may register or log on to your account at genworth.com and go to the section entitled ‘I want to’.

Planned rate increases will take effect only as permitted by the Virginia State Corporation Commission and state law.

Benefits

The benefit values presented in the accompanying letter are approximate due to rounding. Covered benefits payable at the time of a claim will be calculated in accordance with your policy. Benefits are payable only when you meet the terms and conditions for receiving benefits under your policy.

Considerations related to adjusting your coverage

Maintain Premium Level. You may be able to keep your premium at or about its current level by electing available options that may help minimize the effect of the premium increase, including the following:

- You may choose to reduce your maximum daily benefit, or
- You may choose to adjust your benefit period or elimination period.

Value of coverage reduction options. All of the options available to you may not be of equal value. For example, we price the Lifetime Stable Premium option differently than other options so we can offer a guarantee that premiums will not increase for a period of time. This means, coverage under the Lifetime Stable Premium option may cost more than similar coverage under a different reduced benefits option. **If you have a Partnership policy, reducing your coverage may result in a loss of Partnership status, a change in your asset protection type and may reduce your overall protection.**

The option to reduce benefits is available at any time. In the event of a future rate increase, similar options will be available to you. You have the right to a revised rate or premium schedule upon request.

Benefit period. Your benefit period is the period of time that is used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time. If your daily/monthly benefit amount and/or the benefit period are reduced, the maximum benefits payable under your policy will automatically be reduced because the policy maximum is a function of the daily benefit amount and the benefit period.

Benefit amounts. In addition, other benefit amounts may be reduced. Changes to the daily/monthly maximum benefit and/or benefit increase option will change the related original benefit amounts and the amount of any benefit increase option increment. If you elect to drop or reduce your benefit increase option (if applicable), you will keep your increased daily/monthly maximum benefit and your premium will be adjusted accordingly. You may also reduce your daily/monthly maximum benefit and your premium will be further adjusted.

Benefits paid or payable. Any benefits paid or payable are deducted from the reduced policy maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Reducing benefits while you are receiving policy benefits is generally not advisable.

Pay nothing more. If you can't pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid, please refer to the **Select a Limited Benefit with no further premium requirement** section below for further details.

Understanding the Lifetime Stable Premium option

The Lifetime Stable Premium option is designed to mitigate the impact of current and planned future increases by changing your benefits, while also guaranteeing that you will not have another premium rate increase for the life of your policy.

By electing the Lifetime Stable Premium option, your Policy changes from guaranteed renewable to non-cancellable, meaning that, subject to the terms of the policy, you will have the right to continue the policy as long as you pay the required premium on time, we cannot change any terms of the policy on our own, and your new premium will never change as the result of a future premium rate increase.

Impact to your benefits. Both versions of this option will provide a one percent (1%) compound benefit increase going forward, and you will retain the daily/monthly benefits increased pursuant to your current benefit increase option (if any) prior to acceptance of this change. As part of the calculation of your new resulting premium, your premium will be adjusted in consideration of this retained benefit. There may be other options available to you to mitigate or offset the current premium increase, however only the Lifetime Stable Premium option includes the additional benefit of guaranteeing no further premium rate increases will be implemented on your policy. Please review all of the documents in this package, in particular the *Coverage Options* page and the sample endorsement, for more details regarding how your benefits and premium will change under the Lifetime Stable Premium option.

Please note: By accepting any change in benefits you may have a lower dollar amount of benefits available for future claims. In accordance with your policy, if you have previously been on claim, benefits that have already been paid under your policy will count toward your new lifetime payment maximum. This will be shown on the updated schedule page that you will receive if you elect this option. Similarly, in accordance with your policy, any days which have already satisfied your Elimination Period will continue to satisfy your new Elimination Period under the Lifetime Stable Premium option.

Choosing the Lifetime Stable Premium option. If you choose this option, you may change your decision in writing within 60 days of our written confirmation of your benefit changes under this option. After the 60 day period, you cannot revert back to the benefits you had prior to electing the Lifetime Stable Premium option. The only benefit change that will be available to you going forward is a reduction to an available Daily Payment Maximum or dropping an applicable rider.

We may discontinue or modify the availability of the Lifetime Stable Premium option offer at any time in the future without notice. If we modify the Lifetime Stable Premium option offer before you request it and before we approve your request, then the available premium, benefits and other aspects of the Lifetime Stable Premium option may differ from those shown to you here.

Select a Limited Benefit with no further premium requirement

If you would like to stop paying premiums on your policy you can elect the Contingent Benefit Upon Lapse. Your new coverage maximum will be either 30 times your Nursing Facility Daily benefit or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Please refer to the enclosed endorsement for additional details regarding this benefit.

Please note: This Endorsement could significantly reduce the policy benefits. Please review the Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election.

Waiver of Premium benefit

If you are currently receiving a Waiver of Premium benefit, you will not be required to pay the increased premium until the Waiver of Premium benefit no longer applies, as provided for in your policy. Prior to paying your bill with the increased premium you may want to contact one of our Customer Service Representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

If you are not receiving a Waiver of Premium benefit, you will be required to pay the increased premium, even if you are receiving policy benefits. Prior to paying your bill with the increased premium you may want to call one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

Payments by automatic withdrawal/third-party account/online banking

If you are using automatic withdrawals, a third-party account or online banking to pay your premiums, please be sure to make the proper adjustments and arrangements for paying the new required premium amount.

Time frame to reverse decision

If you opt to reduce your benefits or cancel your coverage, your request to reverse any such decision must be in writing, signed by you, and received by us no more than 60 days after the date of our written confirmation of your reduction/cancellation.

About Genworth Life Insurance Company (Genworth)

Genworth began selling long term care insurance in 1974 and have been the largest provider of long term care policies in the United States. It is important to note that Genworth regularly monitors the business performance of these policies and believes that its reserves are adequate and appropriate at this time. As you review your options, you should know that A.M. Best, a global credit rating agency focused on evaluating the claims paying ability of insurance companies, currently rates Genworth Life Insurance Company's financial strength as C++, indicating A.M. Best's view that Genworth Life Insurance Company has "marginal ability to meet ongoing insurance obligations." To obtain information regarding Genworth company financial strength, please visit genworth.com.

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/Policyholder:

Policy Number:

This sample Lifetime Stable Premium Option Endorsement shows the potential policy language changes for both the extended elimination period option and the coinsurance option.

LIFETIME STABLE PREMIUM OPTION ENDORSEMENT

This Endorsement is to be attached to, and adds/changes the following language to the above identified Policy.

This Endorsement changes the policy coverage, and is a part of the policy and subject to all the provisions of the policy except where they are modified by this Endorsement. To the extent that any provisions contained in this Endorsement are contrary to or inconsistent with those of the policy, the provisions of this Endorsement will control. This Endorsement and the accompanying updated Schedule are to be attached to and form a part of the policy.

The effective date of this Endorsement is [*endorsement effective date*].

Impact to the Premium

- The “Renewability – This Policy is Guaranteed Renewable For Life” and “Our Limited Right to Change Premiums” sections of the policy are deleted in their entirety and replaced with the following:

This Policy is Non-cancellable: Subject to the terms of the policy:

- You (the Policyholder named above) have the right to continue the policy as long as you pay the required premium on time.
- We cannot change any of the terms of this policy on our own.
- Your premium is guaranteed not to change, except:
 - Where we change your policy at your request, and
 - Where a change to your premium or the amount of premium you pay is required by the terms of the policy.

Lifetime Payment Maximum

- The Lifetime Payment Maximum is changed as shown on the accompanying updated Schedule.

Automatic Compound 1% Benefit Increases

- As shown on the accompanying updated Schedule, the Benefit Increases provision is changed to Automatic Compound 1% Benefit Increases. The Daily Payment Maximum will remain at its current attained level (or slightly above due to system rounding), including all prior Automatic [Equal] 5% Benefit Increases if that was an original benefit under the policy, until the first anniversary of the policy effective date that occurs after the effective date of this Endorsement. Beginning on the first anniversary of the policy effective date that occurs after the effective date of this Endorsement, the Daily Payment Maximum and Lifetime Payment Maximum amounts will increase in accordance with the Automatic Compound 1% Benefit Increases provision of the policy.
- The attached updated policy Schedule reflects this change to the Benefit Increase provision.

The following section varies depending on which version of the Lifetime Stable Premium option you elect

If you choose the extended Elimination Period option, the following section would apply:

Elimination Period

- As shown on the accompanying updated Schedule, the Elimination Period is changed to 180 days for the Long Term Care Facility Benefit, and a 90-day Elimination Period is added for the Home Care Benefit.
- The definition of the term “Elimination Period” in the Glossary section of the policy is deleted in its entirety and replaced with the following:

The number of days for which an Insured Person must incur expenses that qualify for payments under the Long Term Care Facility Benefit or Home Care Benefit; but for which we will NOT pay benefits. It can be satisfied by: (1) for the Long Term Care Facility Benefit, days for which payment would otherwise be made under the Long Term Care Facility Benefit (including Bed Reservation Benefit Days), or days the Insured Person receives services covered under the Home Care Benefit in accordance with a Privileged Care Coordinator’s Plan of Care; or (2) for the Home Care Benefit, days for which payment would otherwise be made under either the Home Care Benefit or the Long Term Care Facility Benefit (including Bed Reservation Benefit Days). Days used to satisfy the Elimination Period do not need to be consecutive.

A separate Elimination Period applies to each Insured Person. Once an Insured Person has satisfied this requirement, he or she will never have to satisfy a new Elimination Period for the policy. The Schedule shows the number of days in each Insured Person’s Elimination Period.

- The “Additional Feature” section of the “Privileged Care Coordination Services” provision is deleted in its entirety.
- The third paragraph of the “Home Care Benefit” provision is deleted in its entirety.
- The first paragraph of the “Bed Reservation Benefit” provision is deleted in its entirety and replaced with the following:

We will continue to pay benefits under the Long Term Care Facility Benefit, or give Elimination Period credit for either the Long Term Care Facility Benefit or Home Care Benefit, for each day an Insured Person:

- is temporarily absent during a stay in the Long Term Care Facility; and
- is charged to reserve his or her accommodations in that facility.

- The first paragraph of the “Waiver of Premium Benefit” provision is deleted in its entirety and replaced with the following:

We will waive premium payments for each coverage month that begins while an Insured Person is receiving either:

- Long Term Care Facility Benefits (after satisfying the Elimination Period); or
- Home Care Benefits (after satisfying the Elimination Period).

If you choose the Co-insurance option, the following section would apply:

Elimination Period and Co-insurance

[As shown on the accompanying updated Schedule, the Elimination Period is changed to be 100 days for the Long Term Care Facility Benefit.]

- The first paragraph of the “Home Care Benefit” provision is deleted in its entirety and replaced with the following:

Subject to the limitation below, we will pay ninety percent (90%) of the expenses an Insured Person incurs for the following care and support services that are consistent with his or her Plan of Care and are received other than while in a Long Term Care Facility:

Licensed providers	-	Health care services provided by a Nurse, or a licensed physical, occupational, respiratory or speech therapist
Other personnel	-	Home Health Aide and Personal Care Attendant Services;
	-	Homemaker Services; and
Community Care	-	Chore Services;
	-	Adult Day Care; and
	-	Hospice Care

- The first sentence of the “Long Term Care Facility Benefit” provision is deleted in its entirety and replaced with the following:

Subject to the Daily Payment Maximum, we will pay ninety percent (90%) of the expenses an Insured Person incurs for care and support services (including room and board, but not prescription drugs) provided by a Long Term Care Facility.

The remaining text applies to both Lifetime Stable Premium options

Limited options to change coverage

- If you decide that you do not wish to keep the benefit changes made pursuant to this Endorsement but instead wish to revert to the benefits you had prior to selecting this Endorsement, you must change your decision in writing within 60 days of our written confirmation of the benefit changes made pursuant to this Endorsement. After the 60-day period, you cannot revert back to the benefits you had prior to selecting this Endorsement.
- Other than your right described above to provide written notice that you do not wish to keep the benefit changes made pursuant to this Endorsement, once you have selected this Endorsement the only benefit change that you may make going forward is a reduction to an available Daily Payment Maximum or dropping an applicable rider. Changing your Daily Payment Maximum will impact other benefits and maximum coverage amounts under your policy.

Conformity with Internal Revenue Code

- The “Conformity with Internal Revenue Code” section is deleted in its entirety and replaced with a new “Conformity with Internal Revenue Code” section as follows:

This policy is a qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191). If at any point it is determined the policy does not comply with the applicable requirements of Section 7702B(b) of the Internal Revenue Code of 1986, as amended, we will inform you of any change to the provisions of your policy required for it to comply with those requirements. You will be given the choice of accepting the change, or retaining the policy without that change. If you accept the change, we will treat the policy as if it had been changed to comply with those requirements.

In all other respects, the conditions and provisions of the policy, as modified by any other riders or endorsements, remain the same.

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/Policyholder: Jack Doe

Policy Number: XYZ987654321

CONTINGENT BENEFIT UPON LAPSE ENDORSEMENT

This Endorsement is to be attached to, and adds the following Contingent Benefit Upon Lapse to the above identified Policy.

The Benefit

This Benefit allows You to either reduce Your current level of Coverage or convert to a Shortened Benefit Period, as described below, if We make a substantial increase in the premium for the Policy.

How This Benefit Works

If We make a substantial increase in Your premium, as determined by the following Table, We will do all of the following at least 75 days prior to the date the premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the premium for the Policy is not increased;
- offer to convert the Policy to a paid-up status with a Shortened Benefit Period if you have reached, or will reach during the implementation of a rate increase, the twentieth anniversary of your policy's Effective Date, or as described below. This option may be elected at any time during the 120-day period following the date of the premium increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the premium 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 premium within the Grace Period.

Trigger for a Substantial Premium Increase*

Issue Age	Percentage Increase Over Initial Premium	Issue Age	Percentage Increase Over Initial Premium	Issue Age	Percentage Increase Over Initial Premium
54 and under	100%	69	42%	80	20%
55 – 59	90%	70	40%	81	19%
60	70%	71	38%	82	18%
61	66%	72	36%	83	17%
62	62%	73	34%	84	16%
63	58%	74	32%	85	15%
64	54%	75	30%	86	14%
65	50%	76	28%	87	13%
66	48%	77	26%	88	12%
67	46%	78	24%	89	11%
68	44%	79	22%	90 and over	10%

* 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 Policy will continue with a reduced Coverage Maximum. 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 Coverage Maximum will be the greater of:

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

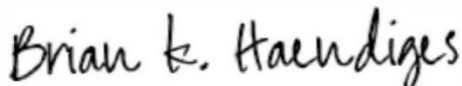
It will not be reduced by any Benefits previously paid under the Policy.

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 Policy, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the Policy had remained in premium paying status. This Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

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

Signed for Genworth Life Insurance Company.



Brian K. Haendiges
President and Chief Executive Officer



Vidal J. Torres, Jr.
Secretary



Long Term Care Insurance

Premium change notice

05/19/2022

Genworth Life Insurance Company
PO Box 40005
Lynchburg, VA 24506

from Genworth Life Insurance Company

Insured
Jack Doe

Policy number
XYZ987654321

JACK DOE
1234 OAK LANE
MYTOWN, VA 24503

Agent
Sam Seller
ABC Agency

Customer service
877 710.0817
M-Th:8:30-6PM ET
F: 9-6PM ET
Fax: 800 876.8220
genworth.com/lcpremiums

Dear Jack Doe,

Thank you for choosing Genworth Life Insurance Company for your long term care insurance needs. We value your business and are committed to providing quality service and being here when you need us the most.

This letter is to inform you that, as a result of higher than expected aggregate policyholder claims costs, **the premium on your current long term care coverage will increase from \$507.40 to \$786.47 beginning on your next billing anniversary date, August 10, 2022. This represents a 55.000% rate increase in the premiums for your policy.** Please note that this increase is not specific to you or to any change in your health, age, or claims history.

Given this change, you may have several choices to adjust your coverage to meet your needs. Please take time to read the following pages for more details and other important information about this increase, as well as plans for future increases. They also describe a way that you can stop paying premiums and retain a long term care benefit.

This premium increase notice is not a bill – you will be billed separately.

We encourage you to discuss options with your agent or a member of our Customer Service Team by calling 877 710.0817 before making a decision. For additional information regarding premium increases, please go to genworth.com/lcpremiums.

Once again, thank you for being a Genworth Life Insurance Company policyholder.

Sincerely,

Brian K. Haendiges
President and Chief Executive Officer
enclosures: 165239 VA, 134613VA



Genworth Life Insurance Company
Administrative Office:
3100 Albert Lankford Drive
Lynchburg, VA 24501

Important Information Regarding This Premium Increase

from Genworth Life Insurance Company

Page 1 of 3

About this premium increase

It is important to note that this premium increase was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.

The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in Virginia. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. These higher claims costs are in part due to policyholders living longer and keeping their policies longer than originally anticipated. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. Our decision to increase premiums was not determined based upon the current economic environment. Please note that we requested a 55.000% rate increase and the Virginia State Corporation Commission determined that a rate increase of 55.000% was allowable under Virginia's regulations. For additional information regarding premium increases, please go to genworth.com/ltpremiums.

Policy is Guaranteed Renewable and subject to future premium increases

Your long term care insurance coverage is guaranteed renewable, meaning that we cannot cancel or refuse to continue your coverage because of a change in your individual health or age. As long as you pay the required premium on time and have not used all your benefits, coverage will continue.

Guaranteed renewable does not mean that premiums are guaranteed to remain the same indefinitely. It means that although the insurance company cannot refuse to continue your coverage for any reason, the company can revise your rates if it does so for all similarly issued policies. In accordance with the terms of your policy, we reserve the right to change premiums and it is likely that we will file with the Virginia State Corporation Commission for another premium increase again in the future.

For policies subject to this rate increase, we began providing advance notice of the rate increase to policyholders in 05/2022. Please be aware that, at that time, we planned to request at least 105% in additional rate increases on your policy and policies like yours in the state where your policy was issued. The actual increases we seek may differ. For example, they may be higher or more numerous than the plans described above and any more recently updated plans. To see more current planned premium increase requests you may register or log on to your account at genworth.com and go to the section entitled 'I want to'.

Planned rate increases will take effect only as permitted by the applicable state insurance department and state law.

Benefits

Covered benefits payable at the time of a claim will be calculated in accordance with your policy. Benefits are payable only when you meet the terms and conditions for receiving benefits under your policy.

Considerations related to reducing your benefits

Maintain Premium Level. You may be able to keep your premium at or about its current level by electing available options that may help minimize the effect of the premium increase, including the following:

- You may choose to reduce your maximum daily benefit, or
- You may choose to adjust your benefit period or elimination period.

Value of coverage reduction option. All of the options available to you as alternatives to paying the full premium increase may not be of equal value. There may be other options for reducing your premium that are not listed above, if you are interested in learning about those options please contact us at 877 710.0817. **If you have a Partnership policy, reducing your coverage may result in a loss of Partnership status, a change in your asset protection type and may reduce your overall protection.**

165239 VA 08/12/21

The option to reduce benefits is available at any time. In the event of a future rate increase, similar options will be available to you. You also have the right to a revised premium rate or rate schedule.

Benefit period. Your benefit period is the period of time that is used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time. If your daily/monthly benefit amount and/or the benefit period are reduced, the maximum benefits payable under your policy will automatically be reduced because the policy maximum is a function of the daily benefit amount and the benefit period.

Lifetime Maximum is the combined total amount we will pay as benefits under this policy. **The Remaining Lifetime Maximum** is the Lifetime Maximum less any previously paid claims.

Benefit amounts. In addition, other benefit amounts may be reduced. Changes to the daily/monthly maximum benefit and/or benefit increase offer will change the related original amounts and the amount of any benefit increase option increment. If you elect to drop or reduce your benefit increase option (if applicable), you will keep your increased daily/monthly maximum benefit and your premium will be adjusted accordingly. You may also reduce your daily/monthly maximum benefit and your premium will be further adjusted.

Benefits paid or payable. Any benefits paid or payable are deducted from the reduced policy maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Reducing benefits while you are receiving policy benefits is generally not advisable.

Pay nothing more. If you can't pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid, please refer to the **Select a Limited Benefit with no further premium requirement** section below for further details.

Select a Limited Benefit with no further premium requirement

If you would like to stop paying premiums on your policy you can elect the Contingent Benefit Upon Lapse. Your new Shortened Benefit Period coverage maximum will be either 30 times your Nursing Facility Daily benefit or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Please refer to the enclosed endorsement for additional details regarding this benefit.

Please note: This Endorsement could significantly reduce the policy benefits. Please review the Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election.

Waiver of Premium benefit

If you are currently using a Waiver of Premium benefit, you will not be required to pay the increased premium until the Waiver of Premium benefit no longer applies, as provided for in your policy. Prior to paying your bill with the increased premium you may want to contact one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

If you are not receiving a Waiver of Premium benefit, you will be required to pay the increased premium, even if you are receiving policy benefits. Prior to paying your bill with the increased premium you may want to call one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

Payments by automatic withdrawal/third-party account/online banking

If you are using automatic withdrawals, a third-party account, or online banking to pay your premiums, please be sure to make the proper adjustments and arrangements for paying the new premium amount.

Time frame to reverse decision

If you opt to reduce your benefits or cancel your coverage, your request to reverse any such decision must be in writing and received by us no more than 60 days after the date of our written confirmation of your reduction/cancellation.

About Genworth Life Insurance Company (Genworth)

Genworth began selling long term care insurance in 1974 and has been the largest provider of long term care policies in the United States. It is important to note that Genworth regularly monitors the business performance of these policies and believes that its reserves are adequate and appropriate at this time. As you review your options, you should know that A.M. Best, a global credit rating agency focused on evaluating the claims paying ability of insurance companies, currently rates Genworth Life Insurance Company's financial strength as C++, indicating A.M. Best's view that Genworth Life Insurance Company has "marginal ability to meet ongoing insurance obligations." To obtain information regarding Genworth's financial strength, please visit genworth.com.

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/Policyholder: Jack Doe

Policy Number: XYZ987654321

CONTINGENT BENEFIT UPON LAPSE ENDORSEMENT

This Endorsement is to be attached to, and adds the following Contingent Benefit Upon Lapse to the above identified Policy.

The Benefit

This Benefit allows You to either reduce Your current level of Coverage or convert to a Shortened Benefit Period, as described below, if We make a substantial increase in the premium for the Policy.

How This Benefit Works

If We make a substantial increase in Your premium, as determined by the following Table, We will do all of the following at least 75 days prior to the date the premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the premium for the Policy is not increased;
- offer to convert the Policy to a paid-up status with a Shortened Benefit Period if you have reached, or will reach during the implementation of a rate increase, the twentieth anniversary of your policy's Effective Date, or as described below. This option may be elected at any time during the 120-day period following the date of the premium increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the premium 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 premium within the Grace Period.

Trigger for a Substantial Premium Increase*

Issue Age	Percentage Increase Over Initial Premium	Issue Age	Percentage Increase Over Initial Premium	Issue Age	Percentage Increase Over Initial Premium
54 and under	100%	69	42%	80	20%
55 – 59	90%	70	40%	81	19%
60	70%	71	38%	82	18%
61	66%	72	36%	83	17%
62	62%	73	34%	84	16%
63	58%	74	32%	85	15%
64	54%	75	30%	86	14%
65	50%	76	28%	87	13%
66	48%	77	26%	88	12%
67	46%	78	24%	89	11%
68	44%	79	22%	90 and over	10%

* 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 Policy will continue with a reduced Coverage Maximum. 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 Coverage Maximum will be the greater of:

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

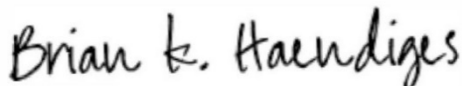
It will not be reduced by any Benefits previously paid under the Policy.

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 Policy, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the Policy had remained in premium paying status. This Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

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

Signed for Genworth Life Insurance Company.



Brian K. Haendiges
President and Chief Executive Officer



Vidal J. Torres, Jr.
Secretary



Long Term Care Insurance

Premium change notice

05/19/2022

Genworth Life Insurance Company
PO Box 40005
Lynchburg, VA 24506

from Genworth Life Insurance Company

Insured
Jack Doe

Policy number
XYZ987654321

JACK DOE
1234 OAK LANE
MYTOWN, VA 24503

Agent
Sam Seller
ABC Agency

Customer service
877 710.0817
M-Th:8:30-6PM ET
F: 9-6PM ET
Fax: 800 876.8220
genworth.com/ltcpremiums

Dear Jack Doe,

Thank you for choosing Genworth Life Insurance Company for your long term care insurance needs. We value your business and are committed to providing quality service and being here when you need us the most.

Your premium is currently being waived because you are receiving long term care insurance benefits under the policy. Therefore, the information contained in this premium change notice will not impact you until you are no longer receiving benefits and your premiums are no longer waived.

This letter is to inform you that **the premium on your current long term care coverage will increase from \$507.40 to \$786.47 beginning on August 10, 2022. This represents a 55.000% rate increase in the premiums for your policy.** You will receive a notice regarding payment of the new premium once you are no longer receiving benefits and are required to continue paying premiums. Please note that this increase is not specific to you or to any change in your health, age, or claims history.

Given this change, please take time to read the following pages for more details and other important information about this increase, as well as plans for future increases. When you are no longer receiving benefits, you may have several choices to adjust your coverage to meet your needs.

This premium increase notice is not a bill – you will be billed separately.

We encourage you to discuss options with your agent or a member of our Customer Service Team by calling 877 710.0817 before making a decision. For additional information regarding premium increases, please go to genworth.com/ltcpremiums.

Once again, thank you for being a Genworth Life Insurance Company policyholder.

Sincerely,

Brian K. Haendiges
President and Chief Executive Officer

enclosures: 165239 VA, 134613VA



Genworth Life Insurance Company
Administrative Office:
3100 Albert Lankford Drive
Lynchburg, VA 24501

Important Information Regarding This Premium Increase

from Genworth Life Insurance Company

Page 1 of 3

About this premium increase

It is important to note that this premium increase was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.

The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in Virginia. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. These higher claims costs are in part due to policyholders living longer and keeping their policies longer than originally anticipated. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. Our decision to increase premiums was not determined based upon the current economic environment. Please note that we requested a 55.000% rate increase and the Virginia State Corporation Commission determined that a rate increase of 55.000% was allowable under Virginia's regulations. For additional information regarding premium increases, please go to genworth.com/ltpremiums.

Policy is Guaranteed Renewable and subject to future premium increases

Your long term care insurance coverage is guaranteed renewable, meaning that we cannot cancel or refuse to continue your coverage because of a change in your individual health or age. As long as you pay the required premium on time and have not used all your benefits, coverage will continue.

Guaranteed renewable does not mean that premiums are guaranteed to remain the same indefinitely. It means that although the insurance company cannot refuse to continue your coverage for any reason, the company can revise your rates if it does so for all similarly issued policies. In accordance with the terms of your policy, we reserve the right to change premiums and it is likely that we will file with the Virginia State Corporation Commission for another premium increase again in the future.

For policies subject to this rate increase, we began providing advance notice of the rate increase to policyholders in 05/2022. Please be aware that, at that time, we planned to request at least 105% in additional rate increases on your policy and policies like yours in the state where your policy was issued. The actual increases we seek may differ. For example, they may be higher or more numerous than the plans described above and any more recently updated plans. To see more current planned premium increase requests you may register or log on to your account at genworth.com and go to the section entitled 'I want to'.

Planned rate increases will take effect only as permitted by the applicable state insurance department and state law.

Benefits

Covered benefits payable at the time of a claim will be calculated in accordance with your policy. Benefits are payable only when you meet the terms and conditions for receiving benefits under your policy.

Considerations related to reducing your benefits

Maintain Premium Level. You may be able to keep your premium at or about its current level by electing available options that may help minimize the effect of the premium increase, including the following:

- You may choose to reduce your maximum daily benefit, or
- You may choose to adjust your benefit period or elimination period.

Value of coverage reduction option. All of the options available to you as alternatives to paying the full premium increase may not be of equal value. There may be other options for reducing your premium that are not listed above, if you are interested in learning about those options please contact us at 877 710.0817. **If you have a Partnership policy, reducing your coverage may result in a loss of Partnership status, a change in your asset protection type and may reduce your overall protection.**

165239 VA 08/12/21

The option to reduce benefits is available at any time. In the event of a future rate increase, similar options will be available to you. You also have the right to a revised premium rate or rate schedule.

Benefit period. Your benefit period is the period of time that is used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time. If your daily/monthly benefit amount and/or the benefit period are reduced, the maximum benefits payable under your policy will automatically be reduced because the policy maximum is a function of the daily benefit amount and the benefit period.

Lifetime Maximum is the combined total amount we will pay as benefits under this policy. **The Remaining Lifetime Maximum** is the Lifetime Maximum less any previously paid claims.

Benefit amounts. In addition, other benefit amounts may be reduced. Changes to the daily/monthly maximum benefit and/or benefit increase offer will change the related original amounts and the amount of any benefit increase option increment. If you elect to drop or reduce your benefit increase option (if applicable), you will keep your increased daily/monthly maximum benefit and your premium will be adjusted accordingly. You may also reduce your daily/monthly maximum benefit and your premium will be further adjusted.

Benefits paid or payable. Any benefits paid or payable are deducted from the reduced policy maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Reducing benefits while you are receiving policy benefits is generally not advisable.

Pay nothing more. If you can't pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid, please refer to the **Select a Limited Benefit with no further premium requirement** section below for further details.

Select a Limited Benefit with no further premium requirement

If you would like to stop paying premiums on your policy you can elect the Contingent Benefit Upon Lapse. Your new Shortened Benefit Period coverage maximum will be either 30 times your Nursing Facility Daily benefit or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Please refer to the enclosed endorsement for additional details regarding this benefit.

Please note: This Endorsement could significantly reduce the policy benefits. Please review the Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election.

Waiver of Premium benefit

If you are currently using a Waiver of Premium benefit, you will not be required to pay the increased premium until the Waiver of Premium benefit no longer applies, as provided for in your policy. Prior to paying your bill with the increased premium you may want to contact one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

If you are not receiving a Waiver of Premium benefit, you will be required to pay the increased premium, even if you are receiving policy benefits. Prior to paying your bill with the increased premium you may want to call one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

Payments by automatic withdrawal/third-party account/online banking

If you are using automatic withdrawals, a third-party account, or online banking to pay your premiums, please be sure to make the proper adjustments and arrangements for paying the new premium amount.

Time frame to reverse decision

If you opt to reduce your benefits or cancel your coverage, your request to reverse any such decision must be in writing and received by us no more than 60 days after the date of our written confirmation of your reduction/cancellation.

About Genworth Life Insurance Company (Genworth)

Genworth began selling long term care insurance in 1974 and has been the largest provider of long term care policies in the United States. It is important to note that Genworth regularly monitors the business performance of these policies and believes that its reserves are adequate and appropriate at this time. As you review your options, you should know that A.M. Best, a global credit rating agency focused on evaluating the claims paying ability of insurance companies, currently rates Genworth Life Insurance Company's financial strength as C++, indicating A.M. Best's view that Genworth Life Insurance Company has "marginal ability to meet ongoing insurance obligations." To obtain information regarding Genworth's financial strength, please visit genworth.com.

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/Policyholder: Jack Doe

Policy Number: XYZ987654321

CONTINGENT BENEFIT UPON LAPSE ENDORSEMENT

This Endorsement is to be attached to, and adds the following Contingent Benefit Upon Lapse to the above identified Policy.

The Benefit

This Benefit allows You to either reduce Your current level of Coverage or convert to a Shortened Benefit Period, as described below, if We make a substantial increase in the premium for the Policy.

How This Benefit Works

If We make a substantial increase in Your premium, as determined by the following Table, We will do all of the following at least 75 days prior to the date the premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the premium for the Policy is not increased;
- offer to convert the Policy to a paid-up status with a Shortened Benefit Period if you have reached, or will reach during the implementation of a rate increase, the twentieth anniversary of your policy's Effective Date, or as described below. This option may be elected at any time during the 120-day period following the date of the premium increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the premium 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 premium within the Grace Period.

Trigger for a Substantial Premium Increase*

Issue Age	Percentage Increase Over Initial Premium	Issue Age	Percentage Increase Over Initial Premium	Issue Age	Percentage Increase Over Initial Premium
54 and under	100%	69	42%	80	20%
55 – 59	90%	70	40%	81	19%
60	70%	71	38%	82	18%
61	66%	72	36%	83	17%
62	62%	73	34%	84	16%
63	58%	74	32%	85	15%
64	54%	75	30%	86	14%
65	50%	76	28%	87	13%
66	48%	77	26%	88	12%
67	46%	78	24%	89	11%
68	44%	79	22%	90 and over	10%

* 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 Policy will continue with a reduced Coverage Maximum. 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 Coverage Maximum will be the greater of:

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

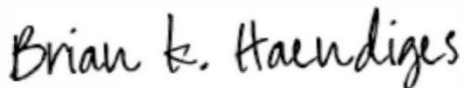
It will not be reduced by any Benefits previously paid under the Policy.

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 Policy, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the Policy had remained in premium paying status. This Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

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

Signed for Genworth Life Insurance Company.



Brian K. Haendiges
President and Chief Executive Officer



Vidal J. Torres, Jr.
Secretary



Genworth Life Insurance Company
PO Box 40005
Lynchburg, VA 24506

Important Change – Decision Required

JIM DOE
1234 MAIN ST
ANYTOWN, VA 12345

The premium on your long term care insurance policy is increasing.

You have 3 options:

- 1 Keep your current coverage the same and pay the premium increase
- 2 Review and Adjust your coverage to reduce your premiums
- 3 Pay nothing more by electing the Contingent Benefit Upon Lapse

Dear Jim Doe,

Thank you for choosing Genworth Life Insurance Company for your long term care insurance needs. We value your business and are committed to providing quality service and being here when you need us the most.

We are writing to let you know that, as a result of higher than expected aggregate policyholder claims costs, **the premium on your current long term care coverage will increase by 55.000%, from \$1,802.64 to \$2,794.09, beginning on your next billing anniversary date, August 10, 2022** Please refer to the following pages for more details and other important information about this increase, as well as plans for future increases. Please note that this increase is not specific to you or to any change in your health, age, or claims history.

We appreciate the financial difficulty premium increases can cause. That is why we are offering coverage adjustment options to help you manage your premium cost while still maintaining important coverage. The enclosed pages outline these options along with your personalized information. There may also be additional options available to reduce your premium.

We encourage you to discuss your options with your financial advisor or a member of our Customer Service Team by calling 877 710.0817 before making a decision. For additional information regarding premium increases, we encourage you to visit genworth.com/lcpremiums.

Once again, thank you for being a Genworth Life Insurance Company policyholder.

Sincerely,

Brian K. Haendiges

President and Chief Executive Officer

P.S. This premium increase notice is not a bill. **Please take time to read the Important Information Regarding This Premium Increase included with this letter.**

enclosures: 165224CRB VA, 165226 VA, 165239 VA, 134613VA, Envelope

Underwritten by Genworth Life Insurance Company, Lynchburg, VA

Long Term Care Insurance

Premium Increase Notice

05/19/2022

Genworth Life Insurance Company

Insured:

Jim Doe

Policy Number:

RST123456789

Agent:

Jane Agent

Best Agency

Customer Service:

877 710.0817

M-Th: 8:30 – 6PM ET

F: 9 – 6PM ET

Fax: 800 876.8220

genworth.com/lcpremiums



Genworth Life Insurance Company
 PO Box 40005
 Lynchburg, VA 24506

Customer service:
 877 710.0817
 M-Th: 8:30-6PM ET
 F: 9-6PM ET
 Fax: 800 876.8220

Coverage Options

Page 1 of 2

genworth.com

Register / log-in to view and select coverage choices online

The median monthly cost of care provided in your area:

In Home Care \$4,576.00 (Based on 44 hours/week)
 Assisted Living \$5,000.00
 Nursing Home \$10,646.00
Genworth 2020 Cost of Care Study

Policyholder:

Jim Doe

Date:

05/19/22

Policy number:

RST123456789

Premium before increase:

\$1,802.64 semi-annually

Your options:	1 Keep current coverage	2 Review & Adjust your coverage		
	If you are comfortable with your current level of coverage, pay the increased premium. If we don't hear from you by 08/10/22 this 55.000% rate increase will take effect.	There may be other ways that you can reduce your benefits and premiums beyond those listed.		
		Alternative A	Alternative B	Alternative C
Daily maximum benefit	\$312.03	\$250.74	\$273.03	\$236.81
Benefit period	4 years	4 years	2 years	2 Years
Remaining lifetime maximum	\$455,563.80	\$366,080.40	\$199,311.90	\$172,871.30
Inflation protection	Compound 5%	Compound 5%	Compound 5%	Compound 5%
Elimination period	100 days	100 days	100 days	100 days
Semi-annual premium	\$2,794.09	<input type="checkbox"/> \$2,379.36	<input type="checkbox"/> \$1,793.63	<input type="checkbox"/> \$1,555.70
3 Pay nothing more	If you would like to stop paying premiums on your policy, you can choose the option at right. Please read the detailed description of the option in the enclosed <i>Important Information Regarding This Premium Increase</i> . IMPORTANT: Selecting this option would greatly reduce the total amount of benefits available to pay for care.	<input type="checkbox"/> \$59,381.68 Paid up policy benefit <input type="checkbox"/> Contingent Benefit Upon Lapse		

You may have other ways to reduce your benefits than those shown above; contact the Customer Service team for additional quotes. More information on your options can be found in the enclosed *Important Information Regarding This Premium Increase*. Please read all documents before making a decision. The options shown here are quotes and final values may change.

****Please see the reverse of this form for further instructions if you wish to change your coverage****

Coverage Options

Page 2 of 2 Date: 05/19/22

Policyholder: Jim Doe

Policy number: RST123456789

Premium before increase: \$1,802.64 semi-annually

You do not need to return this form if you are keeping your current coverage. If changing your coverage to one of the options shown, please check the blue box to indicate your choice, then sign and return this form by fax or mail in the enclosed envelope by: **08/10/22**

Genworth recommends that you consult with your trusted advisors before making this selection. By signing, you acknowledge your intent to reduce your benefits available to pay for future care and you represent and agree that (1) we are authorized to process the requested change to your policy, (2) the change will not be effective until reflected in a policy amendment we send to you, (3) the benefits and premiums quoted are subject to confirmation and may change, and (4) you have read and understand the information on this form and the enclosed documents, including the *Important Information Regarding This Premium Increase*.

Policyholder Signature

Date

Genworth Life Insurance Company

Administrative Office:
3100 Albert Lankford Drive
Lynchburg, VA 24501

Considerations Related To Your Benefits

Your long term care insurance policy protects you financially should you require care in the future. However, we understand that evolving financial situations combined with increasing premiums may cause you to re-evaluate your coverage. **On the Coverage Options page that follows**, we offer several alternatives for keeping coverage in place and within budget. Please be aware you may have other ways to reduce your benefits than those shown; contact our Customer Service team for additional quotes by calling 877 710.0817.

1. Keep your current coverage and pay the premium increase

The *Coverage Options* page shows your current benefits and new premium. If you are comfortable with your current coverage, take no action except to pay the increased premium.

2. Review & Adjust your coverage to lower your premium

In addition, the *Coverage Options* page provides ways for you to tune-up your coverage and keep the benefits most important to you, scale back on benefits that no longer seem as essential, and help align your long term care insurance with your financial needs.

As you think about your options, it may be helpful to consider the cost of long term care services. You can find median¹ cost of care information for your area on the *Coverage Options* page. Additional information you can use to estimate future cost of care is available on genworth.com/costofcare.

When thinking about how long covered care may last, the publicly available industry study performed by PwC, indicates the average duration of a long term care event is about three years and approximately 75%-80% of long term care events will cost less than \$250,000².

In addition, while a long term care event can begin at any time, Genworth data has shown that many long term care claims begin between ages 80 and 89. This information is based on many policies and types of long term care policies and is current as of 12/31/19.

Important: The enclosed cost of care, long term care event, and claims-related figures (and similar information on genworth.com) are medians, averages and approximations. Similarly, future cost of care information available on genworth.com is based on estimates and hypothetical assumptions. Keep in mind, your actual experience may be different. Consider various scenarios and your own circumstances when determining what coverage options are best for you.

¹ The median is the middle value (50% of the costs are above the median, and 50% of the costs are below the median).

² *The formal cost of long-term care services: How can society meet a growing need?* The referenced study, initially made available in October 2016, is based on data for the time period 2000-2015 and reports figures in 2016 dollars.

3. Paying nothing more and receive limited paid-up coverage

If you can't pay further premiums you may have the option of stopping further payments and obtaining a limited paid-up benefit for long term care services approximately equal to the amount of premium paid. Please refer to the **Coverage Options** page, **Important Information Regarding This Premium Increase**, and enclosed endorsement for additional details.

Continued on next page

Some information to consider as you evaluate reducing your benefits

Daily maximum benefit is the maximum your policy will pay for any day. You may reduce your daily maximum to lower your premium subject to policy minimums.

Inflation protection/Benefit increases change the amount that your daily maximum benefit increases each year. If you have this benefit and elect to drop or reduce it, you will have the option to keep your accumulated benefit increases and your premium will be adjusted accordingly.

Elimination Period is the length of time you must pay out of pocket before you are entitled to benefits under the policy. A longer elimination period may reduce your premium.

We encourage you to carefully read the enclosed materials before making a decision.



Genworth Life Insurance Company
Administrative Office:
3100 Albert Lankford Drive
Lynchburg, VA 24501

Important Information Regarding This Premium Increase

from Genworth Life Insurance Company

Page 1 of 3

About this premium increase

It is important to note that this premium increase was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.

The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in Virginia. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. These higher claims costs are in part due to policyholders living longer and keeping their policies longer than originally anticipated. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. Our decision to increase premiums was not determined based upon the current economic environment. Please note that we requested a 55.000% rate increase and the Virginia State Corporation Commission determined that a rate increase of 55.000% was allowable under Virginia's regulations. For additional information regarding premium increases, please go to genworth.com/ltcpremiums. In addition, if you are registered on genworth.com, you may select one of the coverage options shown in this letter online.

Policy is Guaranteed Renewable and subject to future premium increases

Your long term care insurance coverage is guaranteed renewable, meaning that we cannot cancel or refuse to continue your coverage because of a change in your individual health or age. As long as you pay the required premium on time and have not used all your benefits, coverage will continue.

Guaranteed renewable does not mean that premiums are guaranteed to remain the same indefinitely. It means that although the insurance company cannot refuse to continue your coverage for any reason, the company can revise your rates if it does so for all similarly issued policies. In accordance with the terms of your policy, we reserve the right to change premiums and it is likely that we will file with the Virginia State Corporation Commission for another premium increase again in the future.

For policies subject to this rate increase, we began providing advance notice of the rate increase to policyholders in 05/2022. Please be aware that, at that time, we planned to request at least 105% in additional rate increases on your policy and policies like yours in the state where your policy was issued. The actual increases we seek may differ. For example, they may be higher or more numerous than the plans described above and any more recently updated plans. To see more current planned premium increase requests you may register or log on to your account at genworth.com and go to the section entitled 'I want to'.

Planned rate increases will take effect only as permitted by the applicable state insurance department and state law.

Benefits

The benefit values presented in the accompanying letter are approximate due to rounding. Covered benefits payable at the time of a claim will be calculated in accordance with your policy. Benefits are payable only when you meet the terms and conditions for receiving benefits under your policy.

Considerations related to reducing your benefits

Maintain Premium Level. You may be able to keep your premium at or about its current level by electing available options that may help minimize the effect of the premium increase, including the following:

- You may choose to reduce your maximum daily benefit, or
- You may choose to adjust your benefit period or elimination period.

Value of coverage reduction option. All of the options available to you as alternatives to paying the full premium increase may not be of equal value. There may be other options for reducing your premium that are not listed above, if you are interested in learning about those options please contact us at 877 710.0817.

The option to reduce benefits is available at any time. In the event of a future rate increase, similar options will be available to you. You also have the right to a revised premium rate or rate schedule.

Benefit period. Your benefit period is the period of time that is used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time. If your daily/monthly benefit amount and/or the benefit period are reduced, the maximum benefits payable under your policy will automatically be reduced because the policy maximum is a function of the daily benefit amount and the benefit period.

Lifetime Maximum is the combined total amount we will pay as benefits under this policy. **The Remaining Lifetime Maximum** is the Lifetime Maximum less any previously paid claims.

Benefit amounts. In addition, other benefit amounts may be reduced. Changes to the daily/monthly maximum benefit and/or benefit increase offer will change the related original amounts and the amount of any benefit increase option increment. If you elect to drop or reduce your benefit increase option (if applicable), you will keep your increased daily/monthly maximum benefit and your premium will be adjusted accordingly. You may also reduce your daily/monthly maximum benefit and your premium will be further adjusted.

Benefits paid or payable. Any benefits paid or payable are deducted from the reduced policy maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Reducing benefits while you are receiving policy benefits is generally not advisable.

Pay nothing more. If you can't pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid, please refer to the **Select a Limited Benefit with no further premium requirement** section below for further details.

Select a Limited Benefit with no further premium requirement

If you would like to stop paying premiums on your policy you can elect the Contingent Benefit Upon Lapse. Your new Shortened Benefit Period coverage maximum will be either 30 times your Nursing Facility Daily benefit or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Please refer to the enclosed endorsement for additional details regarding this benefit.

Please note: This Endorsement could significantly reduce the policy benefits. Please review the Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election.

Waiver of Premium benefit

If you are currently using a Waiver of Premium benefit, you will not be required to pay the increased premium until the Waiver of Premium benefit no longer applies, as provided for in your policy. Prior to paying your bill with the increased premium you may want to contact one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

If you are not receiving a Waiver of Premium benefit, you will be required to pay the increased premium, even if you are receiving policy benefits. Prior to paying your bill with the increased premium you may want to call one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

Payments by automatic withdrawal/third-party account/online banking

If you are using automatic withdrawals, a third-party account, or online banking to pay your premiums, please be sure to make the proper adjustments and arrangements for paying the new premium amount.

Time frame to reverse decision

If you opt to reduce your benefits or cancel your coverage, your request to reverse any such decision must be in writing and received by us no more than 60 days after the date of our written confirmation of your reduction/cancellation.

About Genworth Life Insurance Company (Genworth)

Genworth began selling long term care insurance in 1974 and has been the largest provider of long term care policies in the United States. It is important to note that Genworth regularly monitors the business performance of these policies and believes that its reserves are adequate and appropriate at this time. As you review your options, you should know that A.M. Best, a global credit rating agency focused on evaluating the claims paying ability of insurance companies, currently rates Genworth Life Insurance Company's financial strength as C++, indicating A.M. Best's view that Genworth Life Insurance Company has "marginal ability to meet ongoing insurance obligations." To obtain information regarding Genworth's financial strength, please visit genworth.com.

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/Policyholder: Jim Doe

Policy Number: RST123456789

CONTINGENT BENEFIT UPON LAPSE ENDORSEMENT

This Endorsement is to be attached to, and adds the following Contingent Benefit Upon Lapse to the above identified Policy.

The Benefit

This Benefit allows You to either reduce Your current level of Coverage or convert to a Shortened Benefit Period, as described below, if We make a substantial increase in the premium for the Policy.

How This Benefit Works

If We make a substantial increase in Your premium, as determined by the following Table, We will do all of the following at least 75 days prior to the date the premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the premium for the Policy is not increased;
- offer to convert the Policy to a paid-up status with a Shortened Benefit Period if you have reached, or will reach during the implementation of a rate increase, the twentieth anniversary of your policy's Effective Date, or as described below. This option may be elected at any time during the 120-day period following the date of the premium increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the premium 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 premium within the Grace Period.

Trigger for a Substantial Premium Increase*

Issue Age	Percentage Increase Over Initial Premium	Issue Age	Percentage Increase Over Initial Premium	Issue Age	Percentage Increase Over Initial Premium
54 and under	100%	69	42%	80	20%
55 – 59	90%	70	40%	81	19%
60	70%	71	38%	82	18%
61	66%	72	36%	83	17%
62	62%	73	34%	84	16%
63	58%	74	32%	85	15%
64	54%	75	30%	86	14%
65	50%	76	28%	87	13%
66	48%	77	26%	88	12%
67	46%	78	24%	89	11%
68	44%	79	22%	90 and over	10%

* 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 Policy will continue with a reduced Coverage Maximum. 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 Coverage Maximum will be the greater of:

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

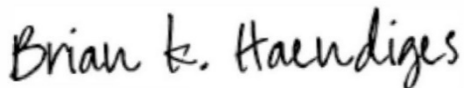
It will not be reduced by any Benefits previously paid under the Policy.

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 Policy, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the Policy had remained in premium paying status. This Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

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

Signed for Genworth Life Insurance Company.



Brian K. Haendiges
President and Chief Executive Officer



Vidal J. Torres, Jr.
Secretary



Genworth Life Insurance Company
[company addr 1]
[company addr2]
[company city, st zip]

Important Change – Decision Required

[mailing name1]
[mailing name2]
[address line 1]
[address line 2]
[address line 3]
[address line 4]
[address line 5]

Dear [Insured_name1][and [insured name2]],

Thank you for choosing Genworth Life Insurance Company for your long term care insurance needs. We value your business and remain committed to providing quality service and being here when you need us the most.

We are writing to let you know that, as a result of higher than expected aggregate policyholder claims costs, **the premium on your current long term care coverage will increase by [999.99%], from [\$99,999.99] to [\$99,999.99], beginning on your next billing anniversary date, [Mmmm dd, yyyy].** Please refer to the following pages for more details and other important information about this increase[<if future increases planned>, as well as plans for future increases]. Please note that this increase is not specific to you or to any change in your health, age, or claims history.

We appreciate that premium increases can be difficult for our policyholders. **To assist you, we are offering several choices, including the new Lifetime Stable Premium option that allows you to adjust your coverage to mitigate [<if no future increases planned>the increase<else>both the current and already planned future increases] and lock in your new premium rate for the life of your policy.** We have also included other alternatives to consider as you evaluate your coverage needs. These options and your personalized information are outlined on the enclosed pages. There may also be additional options available to reduce your premium.

[<if PCS II and SEL not yet mailed>Also consider that you are currently a class member of a class action settlement. As a class member, you will receive information about any available settlement options. Please read the summary information in the enclosed Important Information Regarding this Premium Notice.]

We encourage you to discuss your options with your financial advisor or a member of our Customer Service Team by calling [999 999.9999] before making a decision. For additional information regarding premium increases, we encourage you to visit [genworth.com/ltcpremiums].

Once again, thank you for being a Genworth Life Insurance Company policyholder.

Sincerely,
[signature name]
[signature title]

The premium on your long term care insurance policy is increasing.

You have [4] options:

- 1 Keep your current coverage the same and pay the premium increase
- 2 Elect the Lifetime Stable Premium option and avoid additional increases for the life of your policy
- 3 Review and Adjust your coverage to reduce your premiums
- 4 <if nonforfeiture available>see addendum for OLB, CBUL, NFOR

**Long Term Care Insurance
Premium Increase Notice**

[mm/dd/yy]
Genworth Life Insurance Company

Insured:
[Insured_name1]
[Insured_name2]

Policy Number:
[policy_number]

[Agent:]
[servicing agent name]
[servicing agency name]

Customer Service:

[999 999.9999]

[company_hours1]
[company_hours2]

Fax: [company_fax]
[genworth.com/ltcpremiums]

P.S. This premium increase notice is not a bill [**<if not EFT>** - you will be billed separately]. Please take time to read the *Important Information Regarding This Premium Increase* included with this letter.

enclosures: SPO-COTC VA, 165226SPO VA, 165239SPO VA, [**<sample LSPO endorsement>**],[**<nonfor endorsement>**,] Envelope

Underwritten by Genworth Life Insurance Company, Lynchburg, VA

NOTE: gray shading indicates print in blue font

Addendum

For point #4 in top right:

[**<if CBUL>**Pay nothing more by electing the Contingent Benefit Upon Lapse
<or if OLB>Pay nothing more by electing the Optional Limited Benefit
<or if NFO>Pay nothing more by exercising your Non-Forfeiture rider]

Genworth Life Insurance Company

Administrative Office:

[3100 Albert Lankford Drive]

[Lynchburg, VA 24501]

Coverage Options To Consider

Your long term care insurance policy protects you financially should you require care in the future. However, we understand that evolving financial situations combined with increasing premiums may cause you to re-evaluate your coverage. **On the *Coverage Options* page that follows**, we have also introduced a **new Lifetime Stable Premium option to consider** and we offer [~~several~~**<or>**an] alternative[s] for keeping coverage in place and within budget].

Please be aware you may have other ways to reduce your benefits than those shown; contact our Customer Service team for additional quotes by calling [999 999.9999].

1. Keep your current coverage and pay the premium increase

The *Coverage Options* page shows your current benefits and new premium. If you are comfortable with your current coverage, take no action except to pay the increased premium.

2. Overview of the Lifetime Stable Premium option

With this option, you adjust your benefits and receive a new premium along with a **guarantee you will not have another premium rate increase for the life of your policy.**

Along with the rate guarantee, this option provides:

1. **A [three]-year benefit period** (The benefit period is the period of time used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time.)
2. **Retention of your increased maximum daily/monthly benefit**
3. **1% annual compound benefit inflation going forward**
4. **Your choice of:**
 - a. An extended Elimination Period (EP) of 180 days for facility care and 90 days for home care. (The EP is the number of days of covered care that you must pay for before your coverage begins to pay benefits.)

Or

 - b. A combination of 10% coinsurance (you pay 10% of covered expenses) and a 100-day facility EP.

Both versions of this option continue to offer a home care benefit

The premium for the Lifetime Stable Premium option is shown on the *Coverage Options* page. You may read the sample policy endorsement and important information included in this package for more detail.

Continued on next page

3. Review and Adjust your Long Term Care Coverage

The additional choice[s] shown under “Review & Adjust your coverage” on the following *Coverage Options* page provide[s] [ways<or>a way] for you to tune-up your coverage and keep the benefits most important to you, scale back on benefits that no longer seem as essential, and help keep your premiums within your budget. [Each <or>The] option presented has a pre-defined set of benefits that, while less than what you currently have, is designed to offer meaningful coverage that aligns your long term care insurance with your financial needs.

[<If applicable>If you would like a more affordable premium but want your benefits to continue to grow for when you may be ready to claim, you may want to consider Alternative C on the *Coverage Options* page.]

Alternative C reduces your [monthly] maximum and lifetime maximum while maintaining your current 5% compound inflation protection. These increases can double your new [monthly] maximum and new lifetime maximum in about 15 years (claims may affect how quickly the lifetime maximum increases).

Our Customer Service Team can help you understand how your benefits may increase over time with this option.]

As you think about your options, it may be helpful to consider the cost of long term care services. You can find median¹ cost of care information for your area on the *Coverage Options* page. Additional information you can use to estimate future cost of care is available on [genworth.com/costofcare].

[When thinking about how long covered care may last, the publicly available industry study performed by PwC, indicates the average duration of a long term care event is about three years and approximately 75%-80% of long term care events will cost less than \$250,000².]

In addition, while a long term care event can begin at any time, Genworth data has shown that many long term care claims begin between ages [80 and 89]. This information is based on many policies and types of long term care policies and is current as of [12/31/19].

Important: The enclosed cost of care, long term care event, and claims-related figures (and similar information on [genworth.com]) are medians, averages and approximations. Similarly, future cost of care information available on [genworth.com] is based on estimates and hypothetical assumptions. Keep in mind, your actual experience may be different. Consider various scenarios and your own circumstances when determining what coverage options are best for you.

¹ The median is the middle value (50% of the costs are above the median, and 50% of the costs are below the median).

² *The formal cost of long-term care services: How can society meet a growing need?* The referenced study, initially made available in October 2016, is based on data for the time period 2000-2015 and reports figures in 2016 dollars.]

4. Pay nothing more

If you do not want to pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid [<if OLB> less any claims paid]. Please refer to the *Coverage Options* page, <if not OLB or CBUL>[and] **Important Information Regarding This Premium Increase<if OLB or CBUL>**[, and enclosed endorsement] for additional details.

We encourage you to carefully read the enclosed materials before making a decision.

NOTE: gray shading indicates print in blue font



Coverage Options

Page 1 of [m]

< if quote web available >
genworth.com

Register / log-in to view and select coverage choices online

Genworth Life Insurance Company

Customer service:

[company address 1]
 [company city state zip]

[company_phone]

[company hours2]

[company hours1]

Fax: [company fax]

The median monthly cost of care provided in your area:

In Home Care [\$99,999.99] (Based on 44 hours/week)

Assisted Living [\$99,999.99]

Nursing Home [\$99,999.99]

Genworth [20yy] Cost of Care Study

Policyholder[s]:

[insured name1]

[insured name2]

[mm/dd/yy]

[policy number]

Date:

Policy number:

Premium before

increase:

[\$99,999.99] [annually]

Your options:	1. Keep current coverage	2. Elect Lifetime Stable Premium option		3. Review & Adjust your coverage	
	See Addendum for Box #1 on text placed here.	See Addendum for Box #2 for text placed here.		See Addendum for Box #3 for text placed here.	
		Lifetime Stable Premium A	Lifetime Stable Premium B	Alternative C	Alternative D
[Monthly] maximum benefit	[\$5,400.00]	[\$5,400.00]	[\$5,400.00]	[\$5,400.00]	[\$4,050.00]
[Benefit period]	[4 years]	[3 years]	[3 years]	[3 years]	[3 Years]
Remaining lifetime benefit	[\$999,999.99]	[\$999,999.99]	[\$999,999.99]	[\$999,999.99]	[\$999,999.99]
[Inflation protection]	[Simple 5%]	Compound 1%	Compound 1%	[Simple 5%]	[Simple 5%]
[Elimination period (days before benefits begin)]	[100 days Facility/ 0 days Home Care]	180 days Facility/ 90 days Home Care	100 days Facility/ 0 days Home Care	[100 days Facility/ 0 days Home Care]	[100 days Facility/ 0 days Home Care]
[Coinsurance]	None	None	10%	None	None
[Annual] premium [mm/dd/yy]	[\$99,999.99]	<input type="checkbox"/> [\$99,999.99]	<input type="checkbox"/> [\$99,999.99]	<input type="checkbox"/> [\$99,999.99]	<input type="checkbox"/> [\$99,999.99]
4. Pay nothing more	See Addendum for Box #4A for text placed here.		<input type="checkbox"/> [\$99,999.99] Paid up policy benefit <input type="checkbox"/> [Contingent Benefit Upon Lapse]		

You may have other ways to reduce your benefits than those shown above; contact the Customer Service team for additional quotes. More information on your options can be found in the enclosed endorsement[s] and *Important Information Regarding This Premium Increase*. Please read all documents before making a decision. The options shown here are quotes and final values may change.

You do not need to return this form if you are keeping your current coverage. If changing your coverage to one of the options above, please check the blue box to indicate your choice, then sign and return this form by fax or mail in the enclosed envelope [or elect online]by: [mm/dd/yy].

****Please see the reverse of this form if you wish to change your coverage****

Coverage Options

Page 2 of [m] Date: [mm/dd/yy]

Policyholder[s]: [insured name 1]
[insured name 2]
Policy number: [policy number]
Premium before increase: [\$999,999.99] [semi-annually]

Genworth recommends that you consult with your trusted advisors before making this selection. By signing, you acknowledge your intent to reduce your benefits available to pay for future care and you represent and agree that (1) we are authorized to process the requested change to your policy, (2) the change will not be effective until reflected in a policy amendment we send to you, (3) the benefits and premiums quoted are subject to confirmation and may change, and (4) you have read and understand the information on this form and the enclosed documents, including the *Important Information Regarding This Premium Increase*.

Policyholder Signature _____ Date _____ (< if shared > Other Insured Signature _____ Date _____)

Addendum:

Items highlighted in gray print in blue font

Instruction on Box #1

If you are comfortable with your current level of coverage, pay the increased premium [< not EFT > when you receive your next bill]. If we don't hear from you by [mm/dd/yy], this [999.999%] rate increase will take effect.

Instruction on Box #2

If you would like to change your benefits to **guarantee no additional premium rate increases for the life of your policy**, you may select one of the alternatives below. A detailed description of this option can be found in the enclosed sample endorsement.

Instruction on Box #3:

[< if any choices shown > If you are comfortable reducing your benefits, the alternative[s] below [is < or > are] designed to provide different levels of cost and coverage as you evaluate your current needs.] [< if no choices shown > If you are interested in other ways to adjust your coverage, you may be able to reduce your benefits and premiums. Please contact a member of our Customer Service Team at [company_phone] to discuss your options.]

Instruction on Box #4A

If you would like to stop paying premiums on your policy, you can choose the option at right. Please read the detailed description of the option in the enclosed [< CBUL or OLB > endorsement and] *Important Information Regarding This Premium Increase*. **IMPORTANT: Selecting this option would greatly reduce the total amount of benefits available to pay for care.**

About this premium increase

It is important to note that this premium increase was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the State Corporation Commission's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.

The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in Virginia. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. These higher claims costs are in part due to policyholders living longer and keeping their policies longer than originally anticipated. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. Our decision to increase premiums was not determined based upon the current economic environment. Please note that we requested a [999.999%] rate increase and the Virginia State Corporation Commission determined that a rate increase of [999.999%] was allowable under Virginia's regulation. For additional information regarding premium increases, please go to [genworth.com/ltcpremiums]. [**<if available and not joint>** In addition, if you are registered on [genworth.com], you may select one of the coverage options shown in this letter online.]

<if PCS II and SEL not yet mailed>Halcom class member information

When considering your options with this rate increase, also consider that you are currently a class member of the Halcom class action settlement. As a class member in Halcom, et al. v. Genworth Life Insurance Company, et al., Case No. 3:21-CV-19-REP, class action settlement, you will receive a letter that will give you one or more options to reduce your policy benefits and reduce or eliminate future premium ("Special Election Options"). These Special Election Options may also provide a damages payment to you. You should receive the Special Election Option letter about six months from the date of this letter.

The Special Election Options are separate from any reduced benefit options available to you in connection with this premium rate increase. The Special Election Options will be based on your policy benefits, premium, and other policy details at the time the Special Election Option letter is mailed.

Therefore, changing your policy now, in connection with this rate increase, may affect available Special Election Options by, for example, reducing available damages payments or removing the availability of certain Special Election Options.

Your long-term care coverage provides you with valuable protection, and you should carefully consider any reductions you make to your existing coverage. Please call Customer Service if you would like to discuss your options at [999 999.9999].

Your specific circumstances will determine whether an option available to you now in connection with this premium rate increase, or a Special Election Option offered later, will best meet your needs.

Additional general information regarding the Special Election Options is available at [www.pcslongtermcareinsurancesettlement.com]. Specific information regarding Special Election Options tailored to your policy situation will be available when your Special Election Option letter is mailed.

Consider that the options currently available to you as part of this rate increase[<if CBUL or OLB>, except for the [Contingent Benefit Upon Lapse] option,] will still be available even after the increase takes effect.

Depending on your premium and claims history, your settlement letter may also include Special Election Options with different types of paid-up benefits. Therefore, if you decide to keep your policy as is and pay the increase until you receive your settlement letter and Special Election Options, you will generally still be able to select one of the options in this rate increase letter if you prefer it over the Special Election Options available to you. If you wish to select an available increase option after reviewing your Special Election Options, simply call us at [999 999.9999] to receive any updated benefits and premium and to make your selection.

Policy is Guaranteed Renewable and subject to future premium increases

If you do not elect the Lifetime Stable Premium option, your long term care insurance coverage remains guaranteed renewable, meaning that we cannot cancel or refuse to continue your coverage for any reason. As long as you pay the required premium on time and have not used all your benefits, coverage will continue.

Guaranteed renewable does not mean that premiums are guaranteed to remain the same indefinitely. In accordance with the terms of your policy, we reserve the right to change premiums and it is [likely<or>possible] that we will file with the Virginia State Corporation Commission for another premium increase again in the future.

[<if future rate increases likely/future increases planned>For policies subject to this rate increase, we began providing advance notice of the rate increase to policyholders in [MM/YYYY]. Please be aware that, at that time, we planned to request at least [999%] in additional rate increases on your policy and policies like yours in the state where your policy was issued. The actual increases we seek may differ. For example, they may be higher or more numerous than the plans described above and any more recently updated plans.] To see more current planned rate increase requests you may register or log on to your account at [genworth.com] and go to the section entitled 'I want to'.

Planned rate increases will take effect only as permitted by the Virginia State Corporation Commission and state law.

Benefits

The benefit values presented in the accompanying letter are approximate due to rounding. Covered benefits payable at the time of a claim will be calculated in accordance with your policy. Benefits are payable only when you meet the terms and conditions for receiving benefits under your policy.

Considerations related to adjusting your coverage

Maintain Premium Level. You may be able to keep your premium at or about its current level by electing available options that may help minimize the effect of the premium increase, including the following:

- You may choose to reduce your maximum [daily <or> monthly] benefit, or
- You may choose to adjust your benefit period or elimination period.

Value of coverage reduction options. All of the options available to you may not be of equal value. For example, we price the Lifetime Stable Premium option differently than other options so we can offer a guarantee that premiums will not increase for a period of time. This means, coverage under the Lifetime Stable Premium option may cost more than similar coverage under a different reduced benefits option. [<if Partnership> **If you have a Partnership policy, reducing your coverage may result in a loss of Partnership status, a change in your asset protection type and may reduce your overall protection.**]

The option to reduce benefits is available at any time. In the event of a future rate increase, similar options will be available to you. You have the right to a revised rate or premium schedule upon request.

Benefit period. Your benefit period is the period of time that is used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time. If your daily/monthly benefit amount and/or the benefit period are reduced, the maximum benefits payable under your policy will automatically be reduced because the policy maximum is a function of the daily benefit amount and the benefit period.

Benefit amounts. In addition, other benefit amounts may be reduced. Changes to the daily/monthly maximum benefit and/or benefit increase option will change the related original benefit amounts and the amount of any benefit increase option increment. If you elect to drop or reduce your benefit increase option (if applicable), you will keep your increased daily/monthly maximum benefit and your premium will be adjusted accordingly. You may also reduce your daily/monthly maximum benefit and your premium will be further adjusted.

Benefits paid or payable. Any benefits paid or payable are deducted from the reduced policy maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Reducing benefits while you are receiving policy benefits is generally not advisable.

Pay nothing more. If you can't pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid[, please refer to the **Select a Limited Benefit with no further premium requirement** section below for further details].

[<if limited pay> **Paid-up feature.**Your policy has a limited number of premium payments required to become paid-up. That means if you pay all required premiums as they become due, this policy will be paid-up and no future premiums will be required including rate increases. Careful consideration should be given before selecting an option that stops further payments. Our customer service representatives would be happy to discuss this option with you.]

<For those with unlimited benefits in states where higher rate increase percentage approved for lifetime vs. limited>

Moving from unlimited lifetime benefits to limited benefits

The rate increase percentage for policyholders with an unlimited lifetime benefit is higher because expected aggregate claims are disproportionately greater for these policyholders. You can reduce the premium increase by switching to a limited benefit period.

Understanding the Lifetime Stable Premium option

The Lifetime Stable Premium option is designed to mitigate the impact of current and planned future increases by changing your benefits, while also guaranteeing that you will not have another premium rate increase for the life of your policy.

By electing the Lifetime Stable Premium option, your Policy changes from guaranteed renewable to non-cancellable, meaning that, subject to the terms of the policy, you will have the right to continue the policy as long as you pay the required premium on time, we cannot change any terms of the policy on our own, and your new premium will never change as the result of a future premium rate increase.

Impact to your benefits. Both versions of this option will provide a one percent (1%) compound benefit increase going forward, and you will retain the daily/monthly benefits increased pursuant to your current benefit increase option (if any) prior to acceptance of this change. As part of the calculation of your new resulting premium, your premium will be adjusted in consideration of this retained benefit. There may be other options available to you to mitigate or offset the current premium increase, however only the Lifetime Stable Premium option includes the additional benefit of guaranteeing no further premium rate increases will be implemented on your policy. Please review all of the documents in this package, in particular the *Coverage Options* page and the sample endorsement, for more details regarding how your benefits and premium will change under the Lifetime Stable Premium option.

Please note: By accepting any change in benefits you may have a lower dollar amount of benefits available for future claims. In accordance with your policy, if you have previously been on claim, benefits that have already been paid under your policy will count toward your new lifetime payment maximum. This will be shown on the updated schedule page that you will receive if you elect this option. Similarly, in accordance with your policy, any days which have already satisfied your Elimination Period will continue to satisfy your new Elimination Period under the Lifetime Stable Premium option.

Choosing the Lifetime Stable Premium option. If you choose this option, you may change your decision in writing within 60 days of our written confirmation of your benefit changes under this option. After the 60 day period, you cannot revert back to the benefits you had prior to electing the Lifetime Stable Premium option. The only benefit change that will be available to you going forward is a reduction to an available Daily Payment Maximum or dropping an applicable rider.

We may discontinue or modify the availability of the Lifetime Stable Premium option offer at any time in the future without notice. If we modify the Lifetime Stable Premium option offer before you request it and before we approve your request, then the available premium, benefits and other aspects of the Lifetime Stable Premium option may differ from those shown to you here.

<if CBUL or OLB, or NFO rider>

Select a Limited Benefit with no further premium requirement

<if OLB> If you would like to stop paying premiums on your policy you can choose an optional limited benefit. Your new coverage maximum will be the total premiums you have paid on your policy, minus any benefits paid. Please refer to the enclosed endorsement for additional details regarding this benefit.

Please note: This Endorsement could significantly reduce the policy benefits. Please review the Optional Limited Benefit Endorsement for more detailed information prior to making this election.

<OR>

<if CBUL> If you would like to stop paying premiums on your policy you can elect the Contingent Benefit Upon Lapse. Your new coverage maximum will be either 30 times your Nursing Facility Daily benefit or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Please refer to the enclosed endorsement for additional details regarding this benefit.

Please note: This Endorsement could significantly reduce the policy benefits. Please review the Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election.

<OR>

<if NFO Rider on Policy >

If you would like to stop paying premiums on your policy you may exercise the Non-Forfeiture Rider that you purchased with your policy. Your new coverage maximum will be either 30 times your Daily Payment Maximum or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.

Please note: This rider could significantly reduce the policy benefits. Please review the Non-Forfeiture Rider in your policy for more detailed information prior to making this election.

Waiver of Premium benefit

If you are currently receiving a Waiver of Premium benefit, you will not be required to pay the increased premium until the Waiver of Premium benefit no longer applies, as provided for in your policy. Prior to paying your bill with the increased premium you may want to contact one of our Customer Service Representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

If you are not receiving a Waiver of Premium benefit, you will be required to pay the increased premium, even if you are receiving policy benefits. Prior to paying your bill with the increased premium you may want to call one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

Payments by automatic withdrawal/third-party account/online banking

If you are using automatic withdrawals, a third-party account or online banking to pay your premiums, please be sure to make the proper adjustments and arrangements for paying the new required premium amount.

Time frame to reverse decision

If you opt to reduce your benefits or cancel your coverage, your request to reverse any such decision must be in writing, signed by you, and received by us no more than 60 days after the date of our written confirmation of your reduction/cancellation.

About Genworth Life Insurance Company (Genworth)

Genworth began selling long term care insurance in 1974 and have been the largest provider of long term care policies in the United States. It is important to note that Genworth regularly monitors the business performance of these policies and believes that its reserves are adequate and appropriate at this time. As you review your options, you should know that A.M. Best, a global credit rating agency focused on evaluating the claims paying ability of insurance companies, [currently rates Genworth Life Insurance Company's financial strength as C++, indicating A.M. Best's view that Genworth Life Insurance Company has "marginal ability to meet ongoing insurance obligations."] To obtain information regarding Genworth company financial strength, please visit [genworth.com].

**Objection Response
Genworth Life Insurance Company**

This letter is in response to the comments received in your objection letter, dated January 11, 2021, to Genworth Life Insurance Company's (GLIC's) Choice I RS Virginia rate increase request. The comments and our responses are as follows:

1. What steps have been taken to minimize rate increases on this block of business?

GLIC has taken measures to improve the wellness of policyholders to avert claims and to ensure GLIC pays only legitimate claims. Specifically, GLIC has begun piloting healthy living programs for insureds and has enhanced initial eligibility and ongoing eligibility claim adjudication standards of practice while also investing in and expanding the Special Investigation Unit. GLIC believes these measures will reduce future claim costs on the in-force population.

2. How reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse?

Statutory Active Life Reserves (ALR) are calculated on an actuarial net premium basis, locked in at issue, so changes to the gross premium (for example rate increases) will not explicitly affect the ALR. However, GLIC does hold reserves for return of premium and waiver of premium provisions. In the case of these small reserves, any increases to gross premiums would be directly reflected through an increase in return of premium or waiver of premium benefits causing reserves for each to increase. It should be noted that the portion of the ALR for return of premium and waiver of premium provisions are a very small portion of the total ALR. The lifetime loss ratios supporting this rate increase request do not include the impact of ALR changes.

If a policyholder triggers the contingent benefit upon lapse, the ALR and other reserve balances will be reset to account for the benefits of the paid-up policy.

3. Are there any partnership policies outstanding in the Virginia block?

There are no partnership policies currently in force for this policy form.

4. If the company cannot certify that no further rate increases are anticipated in accordance with 14VAC5-200-153 B 2, then what loss ratio does the company intend to target for these forms?

GLIC is not aiming for a target loss ratio in its rate filings. We are targeting a rate level that we will achieve after all rounds of MYRAP are implemented.

5. Please state the lifetime loss ratio anticipated in the original filing.

The lifetime loss ratio used in the original filing was 60%. GLIC is not attempting to achieve a 60% loss ratio over the life of the block; in fact, the lifetime loss ratio after approval and implementation of this rate action will be substantially higher. This self-limited lifetime loss ratio does not imply that it represents either acceptable measures of profitability or minimum thresholds for future rate increase filings.

**Objection Response
Genworth Life Insurance Company**

6. Please provide all projections and data elements required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach.

Prospective PV Approach

Although GLIC believes the Prospective Present Value (PPV), or Texas method to be actuarially sound, we also note that there are many complexities that make the application of this methodology cumbersome. Aside from the complexities related to marrying the current inforce with prior sets of assumptions, the PPV approach was developed under the premise that the fully justified amount was requested and approved in full. GLIC is using the changes in actuarial assumptions from the 2017 filing to current 2020 best estimate assumptions, along with this Catch-Up amount to justify the increases being requested. GLIC maintains that the ultimate rate levels being submitted with this filing are justified as demonstrated below using the PPV methodology.

The catch-up provision was added to the PPV approach and discussed during the NAIC LTC Pricing Subgroup meeting in September 2018. The catch-up provision will account for rate requests that were denied or delayed.

Calculation of the Baseline Portion of the PPV

To calculate a rate increase using the PPV approach, we ran all active, premium-paying policyholders through an actuarial projection model two times: once using current best-estimate assumptions and once using best-estimate assumptions used at the time of the last increase. The rate increase is calculated from the output of both projections. The PPV formula used to calculate the Baseline Increase is:

$$\text{rate increase \%} = \frac{\Delta PV(\text{future incurred claims}) - \left(\frac{.58 + .85C}{1 + C}\right) \Delta PV(\text{future earned premiums})}{.85PV_{\text{current}}(\text{future earned premiums})}$$

The table shown below summarizes the outputs from the projection models using the assumptions from our prior filing (2016CFT) and the current best estimate assumptions (2019CFT). The justifiable rate increase attributable to the baseline calculation is calculated using those outputs and the equation shown above.

<u>Choice I: Base Rate Increase Calculation</u>		
	Lifetime Value	Limited Value
PV (future incurred claims with 2019CFT assumptions)	5,019,107,923	5,511,513,654
PV (future incurred claims with 2016CFT assumptions)	3,961,297,722	5,086,599,137
$\Delta PV(\text{future incurred claims})$	1,414,546,617	742,981,651
PV (future earned premiums with 2019CFT assumptions)	2,396,265,036	2,624,084,729
PV (future earned premiums with 2016CFT assumptions)	2,414,276,326	2,624,031,508
$\Delta PV(\text{future earned premiums})$	-18,011,290	53,221
C (Cumulative Rate Increases to Date)	175.2%	123.2%
PPV Base Rate Increase	70.1%	33.3%

**Objection Response
Genworth Life Insurance Company**

Calculation of the Catch-Up Portion of the PPV

As part of the prior filing, GLIC included an alternative rate increase request that was the one-time equivalent to the MYRAP, 165% for policies with Lifetime benefits and 109% for policies with Limited benefits. Since this entire amount was not approved, GLIC will be including the non-approved portion in the Catch-Up component of the PPV calculation. This is in accordance with the PPV methodology.

See below for the complete catch-up provision formula.

$$\text{Catch-up rate increase \%} = \frac{\text{AV(Premiums Requested}^{\text{P}}) - \text{AV(Premiums Approved}^{\text{P}})}{\text{PV}_{\text{current}}(\text{future earned premiums})} + \frac{\text{PV(Premiums Requested}^{\text{F}}) - \text{PV(Premiums Approved}^{\text{F}})}{\text{PV}_{\text{current}}(\text{future earned premiums})}$$

Choice I: Catch-Up Rate Increase Calculation		
	Lifetime Value	Limited Value
<u>AV(Premiums Requested^P)</u>	3,267,419,639	5,537,474,095
<u>AV(Premiums Approved^P)</u>	3,265,168,685	5,535,627,950
<u>PV(Premiums Requested^F)</u>	4,912,771,594	4,418,530,474
<u>PV(Premiums Approved^F)</u>	2,414,276,326	2,624,031,508
<u>PV_{current}(future earned premiums)</u>	2,396,265,036	2,624,084,729
PPV Catch-up Rate Increase	104.4%	68.5%

A summary of the allowable rate increases using PPV Method for lifetime/limited benefit periods and base/catchup is shown below.

Choice I Rate Increase Summary		
	Lifetime Benefit Period	Limited Benefit Period
Base Increase	70.1%	33.3%
Catch-up Increase	104.4%	68.5%
Total Requested Increase	174.5%	101.8%

GLIC is currently requesting 72% for policies with lifetime benefits and 55% for policies with limited benefits. The PPV method above supports the rate increase requested in this filing.

Please see Attachments 1 – 3 in “VA Choice I RS Objection 2 Attachments.xlsx” for the projections used in Prospective PV calculations.

**Objection Response
Genworth Life Insurance Company**

Blended If-Knew Approach

As an alternative to the PPV approach, the NAIC Pricing Subgroup is looking into the Blended If-Knew approach used in Minnesota. The table below shows the results of the Blended If-Knew approach with VA past rate history:

Choice I– Blended If-Knew Approach (Estimate Results for Illustrative Purposes Only)		
	Lifetime	Limited
If-Knew Increase ^(A)	0%	0%
Max Justified Rate Increase ^(B)	210.2%	160.6%
Blended If-Knew 50-50 weighting ^(C)	105.1%	80.3%
Blended If-Knew inforce weighting ^(D)	166.1%	128.5%

^(A) If-Knew Increase – Increase to the premium rates such that the resulting rates, if in effect from inception of the product, would satisfy the 58/85 rate stabilization test.

^(B) Max Justified Rate Increase (JRI) – Increase to the premium rates such that the resulting rates, if in effect in future years, would satisfy the 58/85 rate stabilization test.

^(C) Blended If-Knew 50-50 weighting – Weighted average of If-Knew and JRI components using a 50-50 weighting.

^(D) Blended If-Knew inforce weighting – Weighted average of If-Knew and JRI components, with the JRI component weighted based on the percentage of the original policyholders remaining in active, premium-paying status. The percentage of the policyholders still active in VA is equal to 79% for policyholders with lifetime benefits and 80% for policyholders with limited benefits.

Please see Attachment 4 in “VA Choice I RS Objection 2 Attachments.xlsx” for projections with If-Known rate increase of 0%/0% applied since inception and Attachment 5 for the projections with 210.2%/160.6% Maximum Justifies rate increase.

GLIC believes that these examples are sufficient to justify the rate increase requested in this filing.

**Objection Response
Genworth Life Insurance Company**

7. Please revise the actuarial memorandum for compliance with 14VAC5-200-153 B.3.b and c.

Please see revised Actuarial Certification in “VA Choice I RS Confidential Memo 20210210.pdf”.

Regards,



Matthew E. Haladay, FSA, MAAA
AVP & Actuary, In-Force Pricing
Genworth Life Insurance Company
Date: February 10, 2021

**Objection Response
Genworth Life Insurance Company**

This letter is in response to the comments received in your objection letter, dated January 11, 2021, to Genworth Life Insurance Company's (GLIC's) Choice I RS Virginia rate increase request. The comments and our responses are as follows:

1. Since only a sample of voluntary lapse rates is supplied, please provide the average ultimate voluntary lapse rates under current assumptions versus the original assumptions for this block of business.

The sample of voluntary lapse rates supplied within the memorandum included the Healthy Life lapse rates for several cells over a 25-year projection. These samples did not show what the ultimate lapse rates are for the provided cells.

The experience and therefore the assumption shows a pattern of increasing lapses at attained ages 80 and older. GLIC believes that part of this upward trend is attributable to under-reporting of deaths, where the termination is classified as a lapse. The goal of the total termination assumption (lapses and mortality) is to get the correct total terminations. The 'extra' lapses are included in the lapse assumption development, since this termination was not included in the mortality analysis. Therefore, the voluntary lapse assumptions were developed to include the upward trend at higher attained ages.

For Choice I, the experience prior to the upward trending (Attained Age 79) has a lapse rate of approximately 0.81%. With the increasing trend in the tail of the data, the assumption increases to ultimate lapse rates of approximately 3.2% for the Choice I products. The product projections reach ultimate lapse rates at Attained Age 97 or older, depending on Issue Age of the policyholder.

Choice I was priced on models that utilized Total Life assumptions, whereas the current assumptions were developed for use in a healthy lives model. The difference in basis makes direct comparisons between the original and current assumptions messy. That being said, the original ultimate lapse rate for Choice I was 2%.

2. For all projections requested in the next question, the baseline should comply with the following:

- a. Any policies issued as limited-pay which are now in paid-up status should be removed, both from historical experience and future projections.**
- b. For this post-stability block, assumptions may include appropriate margins for moderately adverse conditions.**
- c. Premiums should be at the Virginia rate level for both historical and projected future.**
- d. Please use the appropriate maximum valuation interest rate for accumulation and discounting of this block. It would appear that 4.5% would be the appropriate rate for 2003-2004 issues rather than 4.0%.**

There are four different requests regarding the information included in the projection exhibits. GLIC's commentary on these requests is as follows:

First, for the previously provided projections and for the new exhibits, nationwide experience specific to the forms available in Virginia will be included. The past experience and future

**Objection Response
Genworth Life Insurance Company**

projections will include rate history for Virginia (unless otherwise requested), and the projection assumptions will not contain additional margins for adverse deviation.

Next, at the request of the Bureau, GLIC will remove all paid-up policies from both the historical experience and the projections. However, the Choice I product did not have significant sales with limited payment periods nor a significant number of policies that have elected non-forfeiture to this point. GLIC argues that excluding the non-forfeiture policies would make the experience look worse and therefore increase the justified rate increase. Additionally, the block of business was priced using an overall loss ratio projection, thus, GLIC looks at the aggregate experience of the entire block of business when calculating justified rate increases. For these reasons, GLIC believes that paid-up policies should not be excluded from the analysis.

Finally, the attachments will be provided using a different discount rate when calculating the loss ratios. Pursuant to Virginia regulation, the earned premiums and incurred claims will be discounted (or accumulated) using the maximum statutory valuation rate of 4.5%.

3. To assist the Bureau in its review, for each of the six subsets of the business corresponding to the combinations of (limited/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following six projections on a nationwide basis:

- a. current assumptions and current rates**
- b. current assumptions with the proposed rate increase**
- c. current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception**
- d. original assumptions and original premiums from inception**
- e. a projection showing all premiums at the original premium scale from inception (documenting past and future PV of premium for use in the 58/85 Test)**

Projections a-e can be separate tabs or combined into separate columns on the same exhibit.

The requested rate increases that are part of GLIC's Multi-Year Rate Action Plan are developed based on aggregate product experience. GLIC later split the requested increases by lifetime and limited as there was significant differentiation between these subsegments. The requested rate increases do not include splits for inflation options. Therefore, GLIC does not believe that this view should be used as justification for or against the requested rate increases in this filing. However, at the request of the Bureau, the attachments will be split between by both benefit periods and benefit inflation options.

The response for Question 2 included information regarding paid-up policies. The non-forfeiture policies will generally have minimal claims impact but will have substantial past earned premiums. Therefore, removing nonforfeiture policies from the projection would increase the future loss ratio and thus increase the justified rate increase. Furthermore, policies with limited payment periods have significant early premiums, but do not have higher anticipated claims compared to policies with lifetime payment periods. Thus, removing these policies could increase the justified rate

**Objection Response
Genworth Life Insurance Company**

increase. While GLIC does not believe the paid-up policies should be removed from the attachments, we have done so at the request of the Bureau.

Item (C) is the ‘if-known’ analysis that has been suggested by some as an alternative way to validate rate increases. GLIC does not agree that applications of ‘if-known’ methodology is appropriate or consistent with regulation and this method is in direct conflict with GLIC’s ability to effectively manage its inforce LTC blocks of business. “If-known” methodology does not provide illustration of premiums – the amounts shown in the Exhibit are nothing more than a mathematical calculation of monies that will never be charged by GLIC or received by GLIC. Fictional premiums do not earn investment income, cannot be used to create or strengthen reserves, cannot be used to pay expenses and cannot be used to pay claims.

The NAIC and the industry have expressly rejected the use of ‘if-known’ as the sole basis for rate determinations, concluding that the approach introduces unnecessary and inappropriate solvency risk and is bad public policy.

Therefore, GLIC is providing attachments that reflect rate increase premiums from inception at the requested of the Bureau but believes that these attachments should be used for illustrative purposes only.

GLIC is providing the information requested in item (D) using the original pricing assumptions that are projected since issue to our actual sales mix. This is done in order to line up more reasonably with GLIC’s actual past experience. Due to system limitations we can provide projections split by benefit period, but not by inflation protection option.

The requested exhibits have been provided using an appropriate maximum statutory discount rate for the product in Attachments 1 -5 in “VA Choice I RS Objection 3 Attachments.xlsx”.

4. For each of the six subsets of the business above, please provide the active life reserves balance as of the projection date on a nationwide basis.

GLIC is currently adjusting our process for providing reserves on VA only forms. Unfortunately, we are having system limitations and the request has been delayed. In order to continue the review, we are providing all other responses and will update this specific question with a Note to Reviewer when the information is available. We apologize for any inconvenience this may cause.

5. Please provide the 58/85 Test separately for Limited and Lifetime benefit periods using data from the projections above.

Please see Attachments 6a – 6h in “VA Choice I RS Objection 3 Attachments.xlsx”.

**Objection Response
Genworth Life Insurance Company**

6. Please update Exhibit III with current rate increase approvals.

Please see Attachment 7 in “VA Choice I RS Objection 3 Attachments.xlsx”.

Regards,



Matthew E. Haladay, FSA, MAAA
AVP & Actuary, In-Force Pricing
Genworth Life Insurance Company
Date: February 10, 2021

**Objection Response
Genworth Life Insurance Company**

This letter is in response to the Objection 3 related to Genworth Life Insurance Company's (GLIC's) Choice I RS Virginia rate increase request. The comments and our responses are as follows:

4. For each of the six subsets of the business above, please provide the active life reserves balance as of the projection date on a nationwide basis.

The table below contains the active life reserve balances for the Choice I product sold post-rate stabilization on a nationwide basis split by both benefit periods and benefit increase options.

Choice I RS Policies – Active Life Reserves		
	Lifetime	Limited
No Bio	17,044,554.32	52,332,546.47
Simple BIO	80,712,371.18	144,234,556.65
Compound BIO	849,134,276.64	965,767,575.95
Total	946,891,202.14	1,162,334,679.08

Regards,



Matthew E. Haladay, FSA, MAAA
AVP & Actuary, In-Force Pricing
Genworth Life Insurance Company

Date: February 22, 2021

Objection Response
Genworth Life Insurance Company

This letter is in response to the comments received in your objection letter, dated May 25, 2021, to Genworth Life Insurance Company's (GLIC's) Choice I RS Virginia rate increase request. The comments and our responses are as follows:

Objection 1

Please update the policy form number on page 1 to be consistent with the form numbers included on the Rate/Rule Schedule.

Please see page 1 in the attached "VA Choice I RS Confidential Memo 20210604.pdf" for updated form numbers.

Objection 2

1) Will all policyholders be offered the Stable Premium Option?

The Stable Premium Option would be offered to most policyholders. A few exceptions are policyholders on claim, paid up policies, limited pay policyholders, and policyholders who have less than a year's worth of benefits remaining on their policy. The offer would be presented to eligible policyholders in the policyholder correspondence providing notification that a rate increase will be implemented on his or her policy along with other options for changing coverage to mitigate the impact of the increase.

2) What percentage of policyholders are anticipated to trigger the contingent benefit upon lapse?

As a result of the requested rate increase in this filing, 323 Virginia policyholders would become eligible for the contingent nonforfeiture benefit. This accounts for approximately 100% of the total policyholders currently in-force in Virginia for this product. The table below shows the policyholders eligible for contingent nonforfeiture benefit, broken down by issue age.

**Objection Response
Genworth Life Insurance Company**

VA Choice I - Policies Eligible for Contingent Non-Forfeiture Benefit with Proposed Rate Increase	
Issue Age	Policy Count
29 and under	-
30 to 34	1
35 to 39	11
40 to 44	10
45 to 49	43
50 to 54	75
55 to 59	104
60 to 64	49
65 to 69	22
70 to 74	8
75 to 79	-
80 to 84	-
Total	323

However, GLIC will offer the Optional Limited Benefit, which provides a paid-up benefit equal to the total of premium paid less any claims paid, to all policyholders inforce at this time.

Objection 3

Please update the form number on the rate sheets to reflect the full approved form number (7035J).

Please see attached “VA Choice I RS Rate Tables_Appendix A.pdf” and “VA Choice I RS Rate Tables_Appendix B.pdf” rate tables for the updated form number.

Objection 4

In the previous filing, GEFA-131306458, the Nonforfeiture and Base + Nonforfeiture rates were submitted for approval under the Rate/Rule Schedule. Please attach the proposed rates under the Rate/Rule Schedule.

Proposed Nonforfeiture and Base + Nonforfeiture rates “VA Choice I RS NFO Rates_Appendix A.pdf” has been moved to the Rate/Rule Schedule Section and “VA Choice I RS NFO Rates_Appendix A.pdf” has been placed on the Supporting Documentation tab.

**Objection Response
Genworth Life Insurance Company**

Objection 5

1) Please revise the form number on the rate sheet to reflect the full form number (7035END-LSPO VA 0920.) We also note that there appears to be a typo in the document name.

Please see attached “VA Choice I RS Rate Tables Appendix C 20210604.pdf” for the updated form number. The typo in the document name has been corrected to “Stable Premium Option Rate Table (Rate)”.

2) Please explain in detail, for actuarial review, the pricing methodology used to develop the rates for the Lifetime Stable Premium Option.

The Lifetime SPO was priced to achieve the same future loss ratio (FLR) as Genworth’s MYRAP. The MYRAP for Choice 1 consists of a future cumulative rate increases of 203%/134% for lifetime and limited BP respectively nationwide. The table below compares projected and historical amounts between the Lifetime SPO designs and Genworth’s MYRAP. Note that on the basis of modeling and assumptions as of the point of pricing, all options result in a future loss ratio of approximately 120.7%.

	Longer EP Design			10% Coinsurance Design			MYRAP (203/134% Increase)		
	Earned Premium	Incurred Claims	LR	Earned Premium	Incurred Claims	LR	Earned Premium	Incurred Claims	LR
PV Past	7,635,138,161	3,263,710,773	42.7%	7,635,138,161	3,263,710,773	42.7%	7,635,138,161	3,263,710,773	42.7%
PV Future	5,542,999,422	6,695,305,789	120.8%	5,553,634,558	6,699,357,135	120.6%	8,750,107,573	10,565,676,682	120.7%
Total	13,178,137,583	9,959,016,562	75.6%	13,188,772,719	9,963,067,908	75.5%	16,385,245,735	13,829,387,455	84.4%

Note that the premium impact on policyholders would vary depending in the policyholder’s current benefit level. Policyholders with rich benefits would be more likely to mitigate the proposed rate increase or even see their premiums decrease.

**Objection Response
Genworth Life Insurance Company**

3) We note that the pricing for this option is the same in GEFA-132466768 and GEFA-132466769, but substantially different in GEFA-132466777. Please address the inconsistency in pricing between filings.

The Stable Premium Option is priced to be actuarially equivalent to our MYRAP for each product independently on a future loss ratio basis. The experience, current premiums and ultimate MYRAP rate levels are different between these two policy forms, resulting in a different SPO premium.

Regards,



Matthew E. Haladay, FSA, MAAA
AVP & Actuary, In-Force Pricing
Genworth Life Insurance Company
Date: June 4, 2021

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/Policyholder: [insured name1]
[insured name2]

Policy Number: [123456789]

CONTINGENT BENEFIT UPON LAPSE ENDORSEMENT

This Endorsement is to be attached to, and adds the following Contingent Benefit Upon Lapse to the above identified Policy.

The Benefit

This Benefit allows You to either reduce Your current level of Coverage or convert to a Shortened Benefit Period, as described below, if We make a substantial increase in the premium for the Policy.

How This Benefit Works

If We make a substantial increase in Your premium, as determined by the following Table, We will do all of the following at least 75 days prior to the date the premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the premium for the Policy is not increased;
- offer to convert the Policy to a paid-up status with a Shortened Benefit Period if you have reached, or will reach during the implementation of a rate increase, the twentieth anniversary of your policy's Effective Date, or as described below. This option may be elected at any time during the 120-day period following the date of the premium increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the premium 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 premium within the Grace Period.

Trigger for a Substantial Premium Increase*

Issue Age	Percentage Increase Over Initial Premium	Issue Age	Percentage Increase Over Initial Premium	Issue Age	Percentage Increase Over Initial Premium
54 and under	100%	69	42%	80	20%
55 – 59	90%	70	40%	81	19%
60	70%	71	38%	82	18%
61	66%	72	36%	83	17%
62	62%	73	34%	84	16%
63	58%	74	32%	85	15%
64	54%	75	30%	86	14%
65	50%	76	28%	87	13%
66	48%	77	26%	88	12%
67	46%	78	24%	89	11%
68	44%	79	22%	90 and over	10%

* 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 Policy will continue with a reduced Coverage Maximum. 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 Coverage Maximum will be the greater of:

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

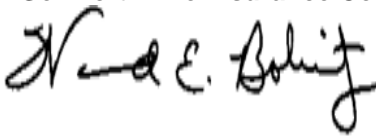
It will not be reduced by any Benefits previously paid under the Policy.

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 Policy, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the Policy had remained in premium paying status. This Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

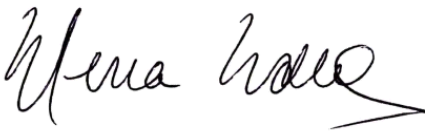
In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.



[

[Ward E. Bobitz]
[Secretary]



[

[Elena Edwards]
[Senior Vice President]

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/[Policyholder]:

[Policy] Number:

OPTIONAL LIMITED BENEFIT ENDORSEMENT

This Endorsement adds the following Optional Limited Benefit to the [Policy].

The Benefit

As stated in the [Policy], We will give You (the [Policyholder]) prior written notice of any change in the premium rates for the [Policy].

Subject to the Conditions and Payment Limitations below, this Benefit provides a continuation of the [Policy] if, after the date of the rate increase notification and within 120 days following the effective date of any premium rate increase, your [policy] lapses or is cancelled. This option may be elected at any time during this period. A lapse or cancellation of your [Policy] at any time during this period will be deemed to be the election of the Benefit.

Optional Limited Benefit Allowance

As used below, the Limited Benefit Allowance is an amount equal to A minus B, where:

A= The sum of all premium paid for the [Policy], excluding any waived premium.

B= The amount of all benefits paid or payable under the [Policy] for expenses incurred prior to the date the [Policy] is continued under the provisions of this Benefit.

Conditions

Continuation of the [Policy] under the provisions of this Benefit is subject to the following conditions:

- The [Policy] will be continued under a paid-up status (with no further premium becoming due); subject to all of the terms and conditions of the [Policy] and this Benefit.
- Except as stated below, the [Policy] will have the same Benefits, Elimination Period requirement and other payment limits that were in effect on the date that this Benefit is implemented on the [Policy].
- Any Benefit Increase provision that was in effect under the [Policy] will no longer apply.

Payment Limitations

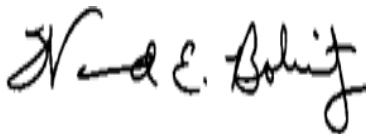
Coverage under this Benefit ends and the [Policy] terminates when the first of the following occurs:

- the total amount paid under this Benefit equals the Limited Benefit Allowance; or
- the maximum amount of benefits payable under the [Policy] is exhausted.

In all other respects the provisions and conditions of the [Policy] remain the same.

Signed for Genworth Life Insurance Company,

[



Ward E. Bobitz
Secretary



Patrick Kelleher
President and CEO

]

GENWORTH LIFE INSURANCE COMPANY

Administrative Office: [3106 Albert Lankford Drive, Lynchburg, VA 24501]

COVERAGE AMENDMENT RIDER

NAME OF INSURED			POLICY NUMBER	CERTIFICATE NO. (If any)
[John (First)]	[Alan (Middle)]	[Doe] (Last)]	[ABC1234567]	[12345-7891011]
Effective Date of [Change/Policy/Certificate]			Revised Premium and Payment Mode (If applicable)	
[April 15, 1995]			<input type="checkbox"/> No Change <input checked="" type="checkbox"/> Changed to: \$XXX.XX per [3] month(s)	

It is understood and agreed that the [Insured's/Certificateholder's] coverage is changed as of the Effective Date of [Change/Policy/Certificate] as indicated below.

[The Name of the [Insured/Insured Spouse/Insured's Spouse or Partner] is [deleted] [changed from Jon Allen Doe to John Alan Doe].]

[The [date of birth/age/gender] for [John Alan Doe] is corrected from [xxxxxxx] to [xxxxxxx].]

[The Address of the [Insured/Certificateholder] is changed to: [99 Main Street, Anytown, US 99999]]

[The Premium Payment Mode is changed from [Semi-annual] to [Quarterly].]

[Inflation Protection in the form of [X%] [Compound] Benefit Increases is [added/deleted/changed to] [X%] [Compound].]

[The Current [Daily/Monthly] Payment Maximum for the [Policy/Certificate] & [Home & Community Care Coverage] [Home & Community Care Coverage Rider] is changed from [Current \$XXX.XX] to [new Current \$XXX.XX].]

[The original [Daily/Monthly] Payment Maximum as of the Effective Date of the [Policy/Certificate] [& Home & Community Care Coverage Rider] is changed from [Current Original \$XXX.XX] to [new Original \$XXX.XX].]

[The [Benefit Multiplier] for the [Policy/Certificate] & [Home & Community Care Coverage][Home & Community Care Coverage Rider] is changed from [1, 2, 3, 4, 5, 6, 8, 10, 12, 20 year[s]/unlimited].

The Lifetime Payment amount is [\$XXXXX.XX].]

[The Elimination Period for the [Policy/Certificate] & [Home & Community Care Coverage][Home & Community Care Coverage Rider] is changed from [20 Days] to [100 Days].]

[The [Non-Forfeiture/Waiver of Premium/Waiver of Home Care Elimination Period/[7/ 10] Year Survivorship/Restoration of Benefits/Return of Premium/Monthly Benefit/Joint Coverage] Rider is [deleted/added].]

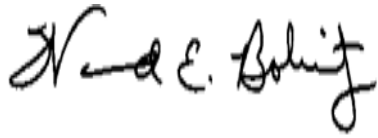
[Subject to the Daily Payment Maximum the expenses an Insured Person incurs for services provided by a Long Term Care Facility and the Home Care benefit will be paid at [ninety percent (90%)].]

This Rider is to be attached to and forms a part of the [Policy/Certificate] cited above. This Rider takes effect on the date stated above.

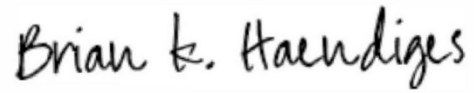
165935 VA 11/17/16

Signed for Genworth Life Insurance Company.

[

Handwritten signature of Ward E. Bobitz in black ink.

Ward E. Bobitz
Secretary

Handwritten signature of Brian K. Haendiges in black ink.

Brian K. Haendiges
President and Chief Executive Officer]

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/Policyholder:

Policy Number:

This sample Lifetime Stable Premium Option Endorsement shows the potential policy language changes for both the extended elimination period option and the coinsurance option.

LIFETIME STABLE PREMIUM OPTION ENDORSEMENT

This Endorsement is to be attached to, and adds/changes the following language to the above identified Policy.

This Endorsement changes the policy coverage, and is a part of the policy and subject to all the provisions of the policy except where they are modified by this Endorsement. To the extent that any provisions contained in this Endorsement are contrary to or inconsistent with those of the policy, the provisions of this Endorsement will control. This Endorsement and the accompanying updated Schedule are to be attached to and form a part of the policy.

The effective date of this Endorsement is [*endorsement effective date*].

Impact to the Premium

- The “Renewability – This Policy is Guaranteed Renewable For Life” and “Our Limited Right to Change Premiums” sections of the policy are deleted in their entirety and replaced with the following:

This Policy is Non-cancellable: Subject to the terms of the policy:

- You (the Policyholder named above) have the right to continue the policy as long as you pay the required premium on time.
- We cannot change any of the terms of this policy on our own.
- Your premium is guaranteed not to change, except:
 - Where we change your policy at your request, and
 - Where a change to your premium or the amount of premium you pay is required by the terms of the policy.

Lifetime Payment Maximum

- The Lifetime Payment Maximum is changed as shown on the accompanying updated Schedule.

Automatic Compound 1% Benefit Increases

- As shown on the accompanying updated Schedule, the Benefit Increases provision is changed to Automatic Compound 1% Benefit Increases. The Daily Payment Maximum will remain at its current attained level (or slightly above due to system rounding), including all prior Automatic [Equal] 5% Benefit Increases if that was an original benefit under the policy, until the first anniversary of the policy effective date that occurs after the effective date of this Endorsement. Beginning on the first anniversary of the policy effective date that occurs after the effective date of this Endorsement, the Daily Payment Maximum and Lifetime Payment Maximum amounts will increase in accordance with the Automatic Compound 1% Benefit Increases provision of the policy.
- The attached updated policy Schedule reflects this change to the Benefit Increase provision.

The following section varies depending on which version of the Lifetime Stable Premium option you elect

If you choose the extended Elimination Period option, the following section would apply:

Elimination Period

- As shown on the accompanying updated Schedule, the Elimination Period is changed to 180 days for the Long Term Care Facility Benefit, and a 90-day Elimination Period is added for the Home Care Benefit.
- The definition of the term “Elimination Period” in the Glossary section of the policy is deleted in its entirety and replaced with the following:

The number of days for which an Insured Person must incur expenses that qualify for payments under the Long Term Care Facility Benefit or Home Care Benefit; but for which we will NOT pay benefits. It can be satisfied by: (1) for the Long Term Care Facility Benefit, days for which payment would otherwise be made under the Long Term Care Facility Benefit (including Bed Reservation Benefit Days), or days the Insured Person receives services covered under the Home Care Benefit in accordance with a Privileged Care Coordinator’s Plan of Care; or (2) for the Home Care Benefit, days for which payment would otherwise be made under either the Home Care Benefit or the Long Term Care Facility Benefit (including Bed Reservation Benefit Days). Days used to satisfy the Elimination Period do not need to be consecutive.

A separate Elimination Period applies to each Insured Person. Once an Insured Person has satisfied this requirement, he or she will never have to satisfy a new Elimination Period for the policy. The Schedule shows the number of days in each Insured Person’s Elimination Period.

- The “Additional Feature” section of the “Privileged Care Coordination Services” provision is deleted in its entirety.
- The third paragraph of the “Home Care Benefit” provision is deleted in its entirety.
- The first paragraph of the “Bed Reservation Benefit” provision is deleted in its entirety and replaced with the following:

We will continue to pay benefits under the Long Term Care Facility Benefit, or give Elimination Period credit for either the Long Term Care Facility Benefit or Home Care Benefit, for each day an Insured Person:

- is temporarily absent during a stay in the Long Term Care Facility; and
- is charged to reserve his or her accommodations in that facility.

- The first paragraph of the “Waiver of Premium Benefit” provision is deleted in its entirety and replaced with the following:

We will waive premium payments for each coverage month that begins while an Insured Person is receiving either:

- Long Term Care Facility Benefits (after satisfying the Elimination Period); or
- Home Care Benefits (after satisfying the Elimination Period).

If you choose the Co-insurance option, the following section would apply:

Elimination Period and Co-insurance

[As shown on the accompanying updated Schedule, the Elimination Period is changed to be 100 days for the Long Term Care Facility Benefit.]

- The first paragraph of the “Home Care Benefit” provision is deleted in its entirety and replaced with the following:

Subject to the limitation below, we will pay ninety percent (90%) of the expenses an Insured Person incurs for the following care and support services that are consistent with his or her Plan of Care and are received other than while in a Long Term Care Facility:

- | | | |
|--------------------|---|---|
| Licensed providers | - | Health care services provided by a Nurse, or a licensed physical, occupational, respiratory or speech therapist |
| Other personnel | - | Home Health Aide and Personal Care Attendant Services; |
| | - | Homemaker Services; and |
| Community Care | - | Chore Services; |
| | - | Adult Day Care; and |
| | - | Hospice Care |

- The first sentence of the “Long Term Care Facility Benefit” provision is deleted in its entirety and replaced with the following:

Subject to the Daily Payment Maximum, we will pay ninety percent (90%) of the expenses an Insured Person incurs for care and support services (including room and board, but not prescription drugs) provided by a Long Term Care Facility.

The remaining text applies to both Lifetime Stable Premium options

Limited options to change coverage

- If you decide that you do not wish to keep the benefit changes made pursuant to this Endorsement but instead wish to revert to the benefits you had prior to selecting this Endorsement, you must change your decision in writing within 60 days of our written confirmation of the benefit changes made pursuant to this Endorsement. After the 60-day period, you cannot revert back to the benefits you had prior to selecting this Endorsement.
- Other than your right described above to provide written notice that you do not wish to keep the benefit changes made pursuant to this Endorsement, once you have selected this Endorsement the only benefit change that you may make going forward is a reduction to an available Daily Payment Maximum or dropping an applicable rider. Changing your Daily Payment Maximum will impact other benefits and maximum coverage amounts under your policy.

Conformity with Internal Revenue Code

- The “Conformity with Internal Revenue Code” section is deleted in its entirety and replaced with a new “Conformity with Internal Revenue Code” section as follows:

This policy is a qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191). If at any point it is determined the policy does not comply with the applicable requirements of Section 7702B(b) of the Internal Revenue Code of 1986, as amended, we will inform you of any change to the provisions of your policy required for it to comply with those requirements. You will be given the choice of accepting the change, or retaining the policy without that change. If you accept the change, we will treat the policy as if it had been changed to comply with those requirements.

In all other respects, the conditions and provisions of the policy, as modified by any other riders or endorsements, remain the same.