

**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Filing at a Glance

Company: Genworth Life Insurance Company  
Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
State: Virginia  
TOI: LTC03I Individual Long Term Care  
Sub-TOI: LTC03I.001 Qualified  
Filing Type: Rate  
Date Submitted: 11/04/2022  
SERFF Tr Num: GEFA-133450233  
SERFF Status: Closed-Approved  
State Tr Num: GEFA-133450233  
State Status: Approved  
Co Tr Num: 2022 CHOICE 2 & 2.1 RATE REQUEST (LR)  
Effective: On Approval  
Date Requested:  
Author(s): Richard Cromwell, Ronald Jackson, Camisha Jones  
Reviewer(s): Greg Smith (primary), Colleen Moore  
Disposition Date: 04/30/2024  
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: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## General Information

Project Name: 2022 Choice 2 & 2.1 Rate Request (LR)	Status of Filing in Domicile: Authorized
Project Number: 2022 Choice 2 & 2.1 Rate Request (LR)	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: 97.9%	Filing Status Changed: 04/30/2024
	State Status Changed: 04/30/2024
Deemer Date: 05/03/2024	Created By: Ronald Jackson
Submitted By: Ronald Jackson	Corresponding Filing Tracking Number: GEFA-133450231
	State TOI: LTC03I Individual Long Term Care

### Filing Description:

RE:Genworth Life Insurance Company (GLIC)  
 Company NAIC No: 70025  
 Non-AARP Policy Forms: 7042VA, 7044VA, 62376VA, 62378, 62381, 62382, 62383, 62384, 62385, 36378VA, 39129VA

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 is requesting a premium rate increase according to the table below, 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.

Benefit PeriodBenefit Increase Option (BIO)\*Non-AARP Requested Rate Increase  
 Lifetime High BIO 164.0%  
 Limited High BIO 74.2%  
 Lifetime Low BIO 0%  
 Limited Low BIO 0%  
 \*High BIO does not include policies without BIO or 1% BIO.

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 Bureau. 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, Product Compliance Manager  
 ronald.jackson@genworth.com  
 Product Compliance 804-289-6725 [Phone]  
 P O Box 27601 804-281-6916 [FAX]  
 Richmond, VA 23261-7601

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**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
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**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

**Filing Company Information**

Genworth Life Insurance Company  
6610 W Broad Street  
Richmond, VA 23230  
(804) 281-6600 ext. [Phone]

CoCode: 70025  
Group Code: 4011  
Group Name:  
FEIN Number: 91-6027719

State of Domicile: Delaware  
Company Type: LifeHealth &  
Annuity  
State ID Number:

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**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
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## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

**SERFF Tracking #:**

GEFA-133450233

**State Tracking #:**

GEFA-133450233

**Company Tracking #:**2022 CHOICE 2 & 2.1 RATE REQUEST  
(LR)**State:**

Virginia

**Filing Company:**

Genworth Life Insurance Company

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:**

2022 Choice 2 &amp; 2.1 Rate Request (LR)

**Project Name/Number:**

2022 Choice 2 &amp; 2.1 Rate Request (LR)/2022 Choice 2 &amp; 2.1 Rate Request (LR)

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Colleen Moore	04/30/2024	04/30/2024

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Colleen Moore	04/30/2024	04/30/2024
Info has been requested from company	Colleen Moore	04/25/2024	04/25/2024
Info has been requested from company	Colleen Moore	04/25/2024	04/25/2024
Info has been requested from company	Colleen Moore	03/22/2024	03/22/2024
Info has been requested from company	Colleen Moore	01/16/2024	01/16/2024
Info has been requested from company	Bill Dismore	05/19/2023	05/19/2023
Info has been requested from company	Bill Dismore	03/31/2023	03/31/2023
Info has been requested from company	Bill Dismore	01/30/2023	01/30/2023
Info has been requested from company	Bill Dismore	11/15/2022	11/15/2022
Info has been requested from company	Bill Dismore	11/15/2022	11/15/2022

#### Response Letters

Responded By	Created On	Date Submitted
Ronald Jackson	04/30/2024	04/30/2024
Ronald Jackson	04/26/2024	04/26/2024
Ronald Jackson	04/26/2024	04/26/2024
Ronald Jackson	04/03/2024	04/04/2024
Ronald Jackson	01/29/2024	01/29/2024
Ronald Jackson	06/15/2023	06/15/2023
Ronald Jackson	05/01/2023	05/01/2023
Ronald Jackson	03/15/2023	03/15/2023
Ronald Jackson	01/06/2023	01/06/2023
Ronald Jackson	01/06/2023	01/06/2023

**SERFF Tracking #:**

GEFA-133450233

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(LR)**State:**

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Genworth Life Insurance Company

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:**

2022 Choice 2 &amp; 2.1 Rate Request (LR)

**Project Name/Number:**

2022 Choice 2 &amp; 2.1 Rate Request (LR)/2022 Choice 2 &amp; 2.1 Rate Request (LR)

**Amendments**

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Sample Forms	Ronald Jackson	04/29/2024	04/29/2024
Supporting Document	Sample Policyholder Notifications	Richard Cromwell	04/17/2024	04/17/2024

**Filing Notes**

Subject	Note Type	Created By	Created On	Date Submitted
Actuarial Summary & Opinion Report	Reviewer Note	Bill Dismore	06/28/2023	
RRS	Reviewer Note	Bill Dismore	11/10/2022	

SERFF Tracking #:

GEFA-133450233

State Tracking #:

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2022 CHOICE 2 & 2.1 RATE REQUEST (LR)

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Genworth Life Insurance Company

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Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)

Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Disposition

Disposition Date: 04/30/2024

Effective Date:

Status: Approved

Comment:

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	97.900%	97.900%	\$132,973	68	\$131,739	164.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate (revised)	Rate Tables	Approved	Yes
Rate (revised)	Removed	Withdrawn	No
Rate	Rate Tables	Withdrawn	No
Rate	Rate Tables	Withdrawn	No
Rate	FBO 30 Rate Tables	Withdrawn	No
Rate	FBO 30 Rate Tables	Withdrawn	No
Supporting Document	Certification of Compliance/Readability	Received & Acknowledged	Yes
Supporting Document	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 (revised)	Cover Letter	Received & Acknowledged	Yes
Supporting Document (revised)	Current Rate Tables	Received & Acknowledged	Yes
Supporting Document (revised)	Sample Policyholder Notifications	Received & Acknowledged	Yes
Supporting Document (revised)	Flexible Benefit Option 30 Endorsements and Rates	Received & Acknowledged	Yes
Supporting Document	Response Letter (1/6/23)	Received & Acknowledged	Yes
Supporting Document	Experience, PPV Calculations and Blended "If-Knew" Exhibits	Received & Acknowledged	Yes
Supporting Document	Response Letter (3/15/23)	Received & Acknowledged	Yes
Supporting Document	Experience Exhibits (updates)	Received & Acknowledged	Yes

**SERFF Tracking #:**

GEFA-133450233

**State Tracking #:**

GEFA-133450233

**Company Tracking #:**2022 CHOICE 2 & 2.1 RATE REQUEST  
(LR)**State:**

Virginia

**Filing Company:**

Genworth Life Insurance Company

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:**

2022 Choice 2 &amp; 2.1 Rate Request (LR)

**Project Name/Number:**

2022 Choice 2 &amp; 2.1 Rate Request (LR)/2022 Choice 2 &amp; 2.1 Rate Request (LR)

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Experience Exhibits (without MAE)	Received & Acknowledged	Yes
Supporting Document	Response Letter (6/15/23)	Received & Acknowledged	Yes
Supporting Document	Experience, Filing Status and Blended "If-Knew" Exhibits	Received & Acknowledged	Yes
Supporting Document	Response Letter (4/4/24)	Received & Acknowledged	Yes
Supporting Document (revised)	Sample Forms	Received & Acknowledged	Yes
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	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Cover Letter	Withdrawn	No
Supporting Document	Current Rate Tables	Withdrawn	No
Supporting Document	Sample Policyholder Notifications	Withdrawn	No
Supporting Document	Sample Policyholder Notifications	Withdrawn	No
Supporting Document	Flexible Benefit Option 30 Endorsements and Rates	Withdrawn	No
Supporting Document	Sample Forms	Withdrawn	No



**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/30/2024
Submitted Date	04/30/2024
Respond By Date	05/01/2024

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**

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

Comments: The average annual premium per member is showing as \$0 for Lifetime Low BIO. To avoid potential confusion, we ask that the company include that premium figure or as an alternative, insert an overall average lifetime premium for all policyholders, rather than breaking it out by segment.

**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. 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:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/25/2024
Submitted Date	04/25/2024
Respond By Date	05/01/2024

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**

- Sample Policyholder Notifications (Supporting Document)

Comments: Please update the John Doe versions to illustrate how the letters will be used in conjunction with this filing. The increases in the letters do not reflect 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. 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:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/25/2024
Submitted Date	04/25/2024
Respond By Date	05/01/2024

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

- FBO 30 Rate Tables, [7042END-FBO30 VA 1022, 7044END-FBO30 VA 1022] (Rate)

Comments: We note that the FBO rate schedules for 7042VA and 7044VA (7042END-FBO30 VA 1022, 7044END-FBO30 VA 1022) are attached this filing and GEFA-133450231. The endorsement forms are included in GEFA-133450231, therefore please remove the FBO rates from this filing and note that the rates are included in GEFA-133450231.

### Objection 2

Comments: Using a post submission update:

- 1) Revise the 3rd paragraph in the Filing Description to reflect the revised increases.
- 2) Since insureds with low BIO are not receiving a rate increase, revise the minimum % change on the Rate/Rule Schedule to 0%.

### Objection 3

- Flexible Benefit Option 30 Endorsements and Rates (Supporting Document)

Comments: Please update the copy of the FBO Rate Schedule to be the current version from GEFA-133450231 dated 20240402.

### Objection 4

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

Comments: Please revise the range of increases to be consistent with the Rate/Rule Schedule (0% - 164%).

### Objection 5

- Sample Policyholder Notifications (Supporting Document)

Comments: 1) Please attach copies of the Optional Limited Benefit and Contingent Benefit Upon Lapse endorsements under Supporting documentation and provide the SERFF filing number where these forms were approved.

- 2) Please also attach copies of any other documents which will be used to amend a policyholder's coverage and include the SERFF filing numbers where the forms were 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. Please let me know if you need additional clarification.

**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

*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:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/22/2024
Submitted Date	03/22/2024
Respond By Date	04/21/2024

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, [7042VA, 7044VA, 62376VA, 62378, 62381, 62382, 62383, 62384, 62385, 36378VA, 39129VA] (Rate)
- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)
- Cover Letter (Supporting Document)

Comments: 1) In accordance with discussions with the Bureau, please update the filing, including Rate Tables and Rate/Rule Schedule information, Actuarial Memorandum and projections, Rate/Request Summary and Cover Letter, and General Information tab as appropriate to support the following increases:

Limited High Bio: 74.3%  
Lifetime High Bio: 164.0%

2) The Bureau is requesting Genworth consider phasing the increases over a 2- or 3-year period without actuarial adjustment for time value of money.

### Objection 2

- FBO 30 Rate Tables, [7042END-FBO30 VA 1022, 7044END-FBO30 VA 1022] (Rate)

Comments: 1) Please include the exact form number on the rate sheets. The terms "et al" are not acceptable.

- 2) The rate sheets include rates for a Flexible Benefit Option Nonforfeiture Rider
- What is the form number for this rider?
  - Please explain how the rates were developed. We note the FBO rate schedule previously approved in GEFA-132466778 did not include nonforfeiture rider rates.
- 3) The FBO rate schedule pages say "Current-Year Premiums". Please revise to reflect that the rate sheets are the proposed rates.

### 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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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  
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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/16/2024
Submitted Date	01/16/2024
Respond By Date	01/30/2024

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**

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

Comments: In the response to objection #1 submitted 1/6/23 the company indicated the Average Percentage Rate Change per Member was revised to be consistent with the overall increase on the Rate/Rule Schedule. It does not appear that a revised RRS document was attached. Please attach the revised document.

**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. 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:** 2022 Choice 2 & 2.1 Rate Request (LR)  
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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/19/2023
Submitted Date	05/19/2023
Respond By Date	06/18/2023

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

- Experience, PPV Calculations and Blended "If-Knew" Exhibits (Supporting Document)
- Experience Exhibits (updates) (Supporting Document)
- Experience Exhibits (without MAE) (Supporting Document)

Comments: No supporting projections or calculations were provided for the If-Knew/Makeup Blend (Minnesota) Method in Attachment 4.

Please provide all projections and calculations supporting this method, including cost-sharing as specified on pages 23-24 of the LTCI MSA Framework.

Note: previous rate increases must also be backed out of the allowable increase under this method.

### Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the dual loss ratio test required by 14VAC5-200-150 B. for each segment (Limited High and Lifetime High) with supporting projections showing the source of all data and using the higher of 60% or the original loss ratio for each segment.

### Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: It may be advantageous for the Company to update Exhibit XIII with any filing dispositions or new filings that have occurred since September 30, 2022.

### 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.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

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



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to making a new SERFF submission.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/31/2023
Submitted Date	03/31/2023
Respond By Date	04/30/2023

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 (1/6/23) (Supporting Document)

Comments: In the Company's 01/06/2023 response to Objection #11, you state, The assumption set for this rate filing includes MAE assumptions and requested rate increases.

Please confirm that none of the projections used to support this rate increase contain any Margin for Adverse Experience (MAE).

If MAE is included, please provide a detailed explanation of where the margin(s) was applied and the amount.

### **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.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

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Sincerely,  
Bill Dismore

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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/30/2023
Submitted Date	01/30/2023
Respond By Date	03/01/2023

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: It is noted that the Company does not anticipate that the experience during the COVID-19 period is indicative of long-term trends.

Please provide whatever internal data the Company has compiled on A/E experience on the assumptions during the COVID-19 period.

### Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Virginia Bureau of Insurance requires that the projections supporting pre-rate stability blocks of business be split to use only the pre-stability experience. The projections included in this filing include the entire policy form series regardless of issue date.

Please resubmit all projections to comply.

### Objection 3

- L&H Actuarial Memorandum (Supporting Document)

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

### Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: For each of the two subsets of the business, please provide the active life reserves balance as of the projection date on a nationwide basis.

### 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.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

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**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

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.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/15/2022
Submitted Date	11/15/2022
Respond By Date	12/15/2022

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

- 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

- Sample Policyholder Notifications (Supporting Document)

Comments: Please provide the SERFF Tr. Num for the Sample Policyholder Notification forms placed under the Supporting Documentation tab.

### Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all projections required to compute the "Prospective PV" and the "If Knew/Makeup Blend" allowable increases as currently under consideration by the NAIC. Please provide this as an Excel document with working formulas.

### Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Pursuant to 14VAC5-200-77 B. 3. a. please provide a description of the basis, that will withstand actuarial peer review, on which the 1% BIO rates were determined.

2) Pursuant to 14VAC5-200-77 B. 3. i. please provide a complete description of pricing assumptions upon which the 1% BIO rates were determined.

### Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Pursuant to 14VAC5-130-60 B. 4. please provide the anticipated loss ratio and a description of how it was calculated for the new 1% BIO.

### Objection 6

**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

- L&H Actuarial Memorandum (Supporting Document)

Comments: Explain how the addition of the new 1% Compound BIO is not discriminatory since this is a closed block of business.

VA 38.2-508 states in part:

No person shall:

2. Unfairly discriminate or permit any unfair discrimination between individuals of the same class and of essentially the same hazard (i) in the amount of premium, policy fees, or rates charged for any policy or contract of accident or health insurance, (ii) in the benefits payable under such policy or contract, (iii) in any of the terms or conditions of such policy or contract, or (iv) in any other manner.

#### **Objection 7**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Pursuant to 14VAC5-130-60 B. 4. please provide the anticipated loss ratio and a description of how it was calculated for the new 1% BIO.

#### **Objection 8**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a comparison of the assumptions associated with the proposed rate increase to the assumptions associated with the most recently approved rate filing. For those assumptions that have changed, please justify the change.

#### **Objection 9**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please identify the portion of the proposed rate increase that is attributed to each of the following components:

- a. Changes in the voluntary lapse assumptions
- b. Changes in the mortality assumptions
- c. Changes in the expected claim cost assumptions
- d. Changes in any other assumptions (e.g., interest rates)

#### **Objection 10**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please confirm that the assumptions being used in this filing are not any more conservative than used in asset adequacy testing.

#### **Objection 11**

- L&H Actuarial Memorandum (Supporting Document)

Comments: A 39.90% rate increase was approved under GEFA-132466778 on 8/01/2022.

- 1) Please advise the % of In-Force policies to which the previous increase was applied.
- 2) Please justify the filing of this current rate increase in light of the fact that the full effect of the historical experience of the prior increase has not been fully measured.

**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC031 Individual Long Term Care/LTC031.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

**Objection 12**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please comment on the Company's position towards phasing in future rate increases in lieu of a single rate increase.

**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.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

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.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/15/2022
Submitted Date	11/15/2022
Respond By Date	12/15/2022

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

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

Comments: Please explain why the Average Percentage Rate Change Per Member of 130% does not match the Overall % Rate Impact of 142% displayed under the Rate/Rule Schedule tab.

### Objection 2

- 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 3

- Sample Policyholder Notifications (Supporting Document)

Comments: Please provide the SERFF Tr. Num under which the policyholder notification forms were approved.

### Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all projections required to compute the "Prospective PV" and the "If Knew/Makeup Blend" allowable increases as currently under consideration by the NAIC. Please provide these in Excel with working formulas.

### Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Pursuant to 14VAC5-200-77 B. 3. a. please provide a description of the basis, that will withstand actuarial peer review, on which the 1% BIO and No BIO rates were determined.

2) Pursuant to 14VAC5-200-77 B. 3. i. please provide a complete description of pricing assumptions upon which the 1% BIO and No BIO rates were determined.

### Objection 6

- L&H Actuarial Memorandum (Supporting Document)



**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

Comments: Pursuant to 14VAC5-130-60 B. 4. please provide the anticipated loss ratio and a description of how it was calculated for the new 1% BIO and No BIO rates..

### **Objection 7**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Explain how the addition of the new 1% and No BIO rates are not discriminatory since this is a closed block of business.

VA 38.2-508 states in part:

No person shall:

2. Unfairly discriminate or permit any unfair discrimination between individuals of the same class and of essentially the same hazard (i) in the amount of premium, policy fees, or rates charged for any policy or contract of accident or health insurance, (ii) in the benefits payable under such policy or contract, (iii) in any of the terms or conditions of such policy or contract, or (iv) in any other manner.

### **Objection 8**

- L&H Actuarial Memorandum (Supporting Document)

Comments: To assist the Bureau in its review, for each of the subsets of the business split by No BIO, 1% BIO, High BIO Limited and High BIO Lifetime, please provide (in Excel format) the following 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.

### **Objection 9**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a comparison of the assumptions associated with the proposed rate increase to the assumptions associated with the most recently approved rate filing.

For those assumptions that have changed, please justify the change.

### **Objection 10**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please identify the portion of the proposed rate increase that is attributed to each of the following components:

- a. Changes in the voluntary lapse assumptions

**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

- b. Changes in the mortality assumptions
- c. Changes in the expected claim cost assumptions
- d. Changes in any other assumptions (e.g., interest rates)

**Objection 11**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please confirm that the assumptions being used in this filing are not any more conservative than used in asset adequacy testing.

**Objection 12**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please state the anticipated lifetime loss ratio anticipated in the initial filing.

**Objection 13**

- L&H Actuarial Memorandum (Supporting Document)

Comments: A 58% rate increase was approved under GEFA-132571093 on 8/01/2022.

- 1) Please advise the % of In-Force policies to which the previous increase has been applied.
- 2) Please justify the filing of this current rate increase in light of the fact that the full effect of the historical experience of the prior increase has not been fully measured.

**Objection 14**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please comment on the Company's position towards phasing in future rate increases in lieu of a single rate increase.

**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.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

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.

Sincerely,  
Bill Dismore

State: Virginia Filing Company: Genworth Life Insurance Company  
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/30/2024  
Submitted Date 04/30/2024

Dear Greg Smith,

### Introduction:

This letter is in response to the comments received in your objection letter, dated April 30, 2024, to Genworth Life Insurance Company's (GLIC's) Virginia Choice 2 & 2.1 Loss Ratio rate increase request.

### Response 1

#### Comments:

GLIC apologizes for the confusion. There are no Choice 2 & 2.1 Loss Ratio policies in the Lifetime Low BIO cohort, so the \$0 amount was included to ensure no cohorts were excluded. VA Choice 2 LR LTC Insurance Rate Request Summary Revised.pdf has been updated to remove that amount for clarity

### Related Objection 1

Applies To:

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

Comments: The average annual premium per member is showing as \$0 for Lifetime Low BIO. To avoid potential confusion, we ask that the company include that premium figure or as an alternative, insert an overall average lifetime premium for all policyholders, rather than breaking it out by segment.

### 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: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 LR LTC Insurance Rate Request Summary Revised.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Choice 2 LR LTC Insurance Rate Request Summary Revised.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Choice 2 LR LTC Insurance Rate Request Summary 20240403.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Choice 2 LR LTC Insurance Rate Request Summary 20240126.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Choice 2 LR LTC Insurance Rate Request Summary 20221021.pdf</i>

**Conclusion:**

Regards,

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

Sincerely,  
 Ronald Jackson

SERFF Tracking #:

GEFA-133450233

State Tracking #:

GEFA-133450233

Company Tracking #:

2022 CHOICE 2 & 2.1 RATE REQUEST  
(LR)

State:

Virginia

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2022 Choice 2 & 2.1 Rate Request (LR)

Project Name/Number:

2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/26/2024
Submitted Date	04/26/2024

Dear Greg Smith,

### Introduction:

In reply to the second set of comments received April 25:

### Response 1

#### Comments:

Please see the revised J Doe letters reflecting the offer of 74.2% for the Choice 2 & 2.1 LR policyholders with limited benefit period and high BIO.

### Related Objection 1

Applies To:

- Sample Policyholder Notifications (Supporting Document)

Comments: Please update the John Doe versions to illustrate how the letters will be used in conjunction with this filing. The increases in the letters do not reflect 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: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Sample Policyholder Notifications
<b>Comments:</b>	
<b>Attachment(s):</b>	Choice 2 Standard J Doe Policyholder Letter 042624.pdf Choice 2 No Quote J Doe Policyholder Letter 042624.pdf FBO Jake Doe Policyholder Letter 042624.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Sample Policyholder Notifications</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Choice 2 No Quote J Doe Policyholder Letter.pdf            Choice 2 Standard J Doe Policyholder Letter.pdf            FBO Jake Doe Policyholder Letter.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Sample Policyholder Notifications</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Standard VA Policyholder Letter Template.pdf            Standard VA Policyholder No Quote Letter Template.pdf            FBO VA Policyholder Letter Template.pdf</i>

**Conclusion:**

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

Email: [ronald.jackson@genworth.com](mailto:ronald.jackson@genworth.com)

Phone #: (804) 289-6725

Sincerely,

Ronald Jackson

State: Virginia Filing Company: Genworth Life Insurance Company  
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/26/2024  
Submitted Date 04/26/2024

Dear Greg Smith,

### Introduction:

This letter is in response to the comments received in your objection letter, dated April 24, 2024, to Genworth Life Insurance Company's (GLIC's) Virginia Choice 2 & 2.1 Loss Ratio rate increase request.

### Response 1

#### Comments:

1) The FBO rates have been removed from the Rate/Rule Schedule tab of this filing and noted that the rates are included under GEFA-133450231 for approval.

### Related Objection 1

Applies To:

- FBO 30 Rate Tables, [7042END-FBO30 VA 1022, 7044END-FBO30 VA 1022] (Rate)

Comments: We note that the FBO rate schedules for 7042VA and 7044VA (7042END-FBO30 VA 1022, 7044END-FBO30 VA 1022) are attached this filing and GEFA-133450231. The endorsement forms are included in GEFA-133450231, therefore please remove the FBO rates from this filing and note that the rates are included in GEFA-133450231.

### 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: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Removed	N/A	Other	Previous State Filing Number: See GEFA-133450231 Rate Action Other Explanation:		04/26/2024 By: Ronald Jackson
<i>Previous Version</i>						
1	FBO 30 Rate Tables	7042END-FBO30 VA 1022, 7044END-FBO30 VA 1022	New		VA Choice 2_2.1 nAARP LR FBO Rate Schedule 20240403.pdf,	04/04/2024 By: Ronald Jackson
<i>Previous Version</i>						
1	FBO 30 Rate Tables	7042END-FBO30 VA 1022, 7044END-FBO30 VA 1022	New		VA Choice 2_2.1 nAARP LR FBO Rate Schedule 20221021.pdf,	11/04/2022 By: Ronald Jackson

No Supporting Documents changed.

**Response 2**

**Comments:**

2) These changes have been added and additional updates have been made accordingly.

**Related Objection 2**

Comments: Using a post submission update:

- 1) Revise the 3rd paragraph in the Filing Description to reflect the revised increases.
- 2) Since insureds with low BIO are not receiving a rate increase, revise the minimum % change on the Rate/Rule Schedule to 0%.

**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: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

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	7042VA, 7044VA, 62376VA, 62378, 62381, 62382, 62383, 62384, 62385, 36378VA, 39129VA	Revised	Previous State Filing Number: GEFA-132571093 Percent Rate Change Request: 97.9	VA Choice 2 (LR) Classic Select Proposed Rate Tables.pdf, VA Choice 2 (LR) Privileged Choice Proposed Rate Tables.pdf,	04/26/2024 By: Ronald Jackson
<i>Previous Version</i>						
1	Rate Tables	7042 VA, 7044VA, 62376VA, 62378, 62381, 62382, 62383, 62384, 62385, 36378VA, 39129VA	Revised	Previous State Filing Number: GEFA-132571093 Percent Rate Change Request: 100.9	VA Choice 2 (LR) Classic Select Proposed Rate Tables.pdf, VA Choice 2 (LR) Privileged Choice Proposed Rate Tables.pdf,	04/04/2024 By: Ronald Jackson
<i>Previous Version</i>						
1	Rate Tables	7042 VA, 7044VA, 62376VA, 62378, 62381, 62382, 62383, 62384, 62385, 36378VA, 39129VA	Revised	Previous State Filing Number: GEFA-132571093 Percent Rate Change Request: 142	VA Choice 2 CS Proposed Rate Schedule 2022 1021.pdf, VA Choice 2 PC Proposed Rate Schedule 2022 1021.pdf,	11/04/2022 By: Ronald Jackson

No Supporting Documents changed.

**Response 3**

**Comments:**

3) The most recent version of the FBO rate schedule has been added to the Supporting Documentation tab under the Flexible Benefit Option 30 Endorsements and Rates header (original filed under SERFF # GEFA-133450231), as requested.

**Related Objection 3**

Applies To:

- Flexible Benefit Option 30 Endorsements and Rates (Supporting Document)

State: Virginia      Filing Company: Genworth Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
 Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

Comments: Please update the copy of the FBO Rate Schedule to be the current version from GEFA-133450231 dated 20240402.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Flexible Benefit Option 30 Endorsements and Rates
<b>Comments:</b>	These forms and rates have been filed for approval under SERFF # GEFA-133450231.
<b>Attachment(s):</b>	7042END-FBO30 VA 1022.pdf 7044END-FBO30 VA 1022.pdf 7042RevEND-FBO30 VA 1022.pdf 7044RevEND-FBO30 VA 1022.pdf VA Choice 2_2.1 nA_A RS FBO Rate Schedule 20240402.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Flexible Benefit Option 30 Endorsements and Rates
<b>Comments:</b>	These forms and rates have been filed for approval under SERFF # GEFA-133450231.
<b>Attachment(s):</b>	7042END-FBO30 VA 1022.pdf 7044END-FBO30 VA 1022.pdf 7042RevEND-FBO30 VA 1022.pdf 7044RevEND-FBO30 VA 1022.pdf VA Choice 2_2.1 nA_A RS FBO Rate Schedule 20221021.pdf

**Response 4**

**Comments:**

4) Please see VA Choice 2 LR LTC Insurance Rate Request Summary Revised.pdf for summary with the requested changes.

**Related Objection 4**

Applies To:

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

Comments: Please revise the range of increases to be consistent with the Rate/Rule Schedule (0% - 164%).

**Changed Items:**

No Form Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Genworth Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	2022 Choice 2 & 2.1 Rate Request (LR)		
<b>Project Name/Number:</b>	2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)		

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 LR LTC Insurance Rate Request Summary Revised.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Choice 2 LR LTC Insurance Rate Request Summary 20240403.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Choice 2 LR LTC Insurance Rate Request Summary 20240126.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Choice 2 LR LTC Insurance Rate Request Summary 20221021.pdf</i>

### Response 5

#### Comments:

5.1) The Optional Limited Benefit and Contingent Benefit Upon Lapse Endorsements have been attached to the Supporting Documentation tab as requested. The Optional Limited Benefit Endorsement (Form #: 158271 10/17/13) was approved on May 8, 2014, under SERFF Filing Number: GEFA-129292365. The Contingent Benefit Upon Lapse Endorsement (Form #: 134613VA 06/29/16) was approved on December 22, 2016, under SERFF Filing Number: GEFA-129136848.

5.2) The Coverage Amendment Rider (Form #: 165935 VA 11/17/16) was approved March 31, 2022, and will be used to amend/confirm changes to the policyholders coverage. The SERFF Tracking Number for this approval is GEFA-131296443. A copy of this rider has also been placed on the Supporting Documentation tab of this filing.

### Related Objection 5

State: Virginia      Filing Company: Genworth Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
 Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

*Applies To:*

- Sample Policyholder Notifications (Supporting Document)

Comments: 1) Please attach copies of the Optional Limited Benefit and Contingent Benefit Upon Lapse endorsements under Supporting documentation and provide the SERFF filing number where these forms were approved.

2) Please also attach copies of any other documents which will be used to amend a policyholder's coverage and include the SERFF filing numbers where the forms were approved.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Sample Forms
<b>Comments:</b>	
<b>Attachment(s):</b>	134613VA 062916_Contingent Benefit Upon Lapse Endorsement.pdf 158271_101713_OLB Endorsement.pdf 165935 VA 111716 Coverage Amendment Rider.pdf

**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: 2022 Choice 2 & 2.1 Rate Request (LR)  
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/03/2024  
Submitted Date 04/04/2024

Dear Greg Smith,

### Introduction:

This letter is in response to the comments received in your objection letter, dated March 22, 2024, to Genworth Life Insurance Company's (GLIC's) Choice 2 & 2.1 (LR) Virginia rate increase request.

### Response 1

#### Comments:

1.1) GLIC acknowledges the Bureau's decision to limit the approval to less than what was requested and to approve the rate increases in the table shown in the attached letter and have updated the rate tables accordingly. However, GLIC believes the experience justifies a larger increase, as detailed in our original request. GLIC will continue to monitor the experience on this block of business and anticipates filing subsequent rate increases in the future, as justified by our experience.

Please note that prior discussions with the Bureau indicated a 74.3% rate increase on the Limited High BIO cohort. While preparing the attached document, GLIC found that number to be a rounded typo and the correct value used is 74.2%. This has been reflected in the table below as well as the updated filed.

Please see the following updated files:

- VA Choice 2 (LR) Classic Select Current Rate Tables.pdf
- VA Choice 2 (LR) Classic Select Proposed Rate Tables.pdf
- VA Choice 2 (LR) Privileged Choice Current Rate Tables.pdf
- VA Choice 2 (LR) Privileged Choice Proposed Rate Tables.pdf
- VA Ch 2\_2.1 nAARP LR Confidential Memo 20240403.pdf
- VA Choice 2 LR LTC Insurance Rate Request Summary 20240403.pdf
- VA Choice 2\_2.1 nAARP LR FBO Rate Schedule 20240403.pdf
- VA Choice 2\_2.1 nAARP LR Cover Letter 20240403.pdf

1.2) GLIC confirms with the Bureau that based on recent conversations, these offers will not be phased.

### Related Objection 1

Applies To:

- Rate Tables, [7042VA, 7044VA, 62376VA, 62378, 62381, 62382, 62383, 62384, 62385, 36378VA, 39129VA] (Rate)

State: Virginia Filing Company: Genworth Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
 Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

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

Comments: 1)In accordance with discussions with the Bureau, please update the filing, including Rate Tables and Rate/Rule Schedule information, Actuarial Memorandum and projections, Rate/Request Summary and Cover Letter, and General Information tab as appropriate to support the following increases:

Limited High Bio: 74.3%  
 Lifetime High Bio: 164.0%

2)The Bureau is requesting Genworth consider phasing the increases over a 2- or 3-year period without actuarial adjustment for time value of money.

**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	7042VA, 7044VA, 62376VA, 62378, 62381, 62382, 62383, 62384, 62385, 36378VA, 39129VA	Revised	Previous State Filing Number: GEFA-132571093 Percent Rate Change Request: 100.9	VA Choice 2 (LR) Classic Select Proposed Rate Tables.pdf, VA Choice 2 (LR) Privileged Choice Proposed Rate Tables.pdf,	04/04/2024 By: Ronald Jackson
<i>Previous Version</i>						
1	Rate Tables	7042 VA, 7044VA, 62376VA, 62378, 62381, 62382, 62383, 62384, 62385, 36378VA, 39129VA	Revised	Previous State Filing Number: GEFA-132571093 Percent Rate Change Request: 142	VA Choice 2 CS Proposed Rate Schedule 20221021.pdf, VA Choice 2 PC Proposed Rate Schedule 20221021.pdf,	11/04/2022 By: Ronald Jackson

<b>State:</b> Virginia	<b>Filing Company:</b> Genworth Life Insurance Company
<b>TOI/Sub-TOI:</b> LTC03I Individual Long Term Care/LTC03I.001 Qualified	
<b>Product Name:</b> 2022 Choice 2 & 2.1 Rate Request (LR)	
<b>Project Name/Number:</b> 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)	

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2_2.1 nAARP LR Memo Exhibits 20221021.xlsx VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.pdf VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.xlsx VA Ch 2_2.1 nAARP LR Confidential Memo 20240403.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Ch 2_2.1 nAARP LR Confidential Memo 20221021.pdf VA Choice 2_2.1 nAARP LR Memo Exhibits 20221021.xlsx VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.pdf VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.xlsx</i>

State: Virginia	Filing Company: Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)	
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)	

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2_2.1 nAARP LR Memo Exhibits 20221021.xlsx VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.pdf VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.xlsx VA Ch 2_2.1 nAARP LR Confidential Memo 20240403.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Ch 2_2.1 nAARP LR Confidential Memo 20221021.pdf VA Choice 2_2.1 nAARP LR Memo Exhibits 20221021.xlsx VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.pdf VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.xlsx</i>

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2_2.1 nAARP LR Cover Letter 20240403.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Cover Letter</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Choice 2_2.1 nAARP LR Cover Letter 20221021.pdf</i>



State: Virginia	Filing Company: Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)	
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)	

<b>Supporting Document Schedule Item Changes</b>	
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<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2_2.1 nAARP LR Memo Exhibits 20221021.xlsx VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.pdf VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.xlsx VA Ch 2_2.1 nAARP LR Confidential Memo 20240403.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Ch 2_2.1 nAARP LR Confidential Memo 20221021.pdf VA Choice 2_2.1 nAARP LR Memo Exhibits 20221021.xlsx VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.pdf VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.xlsx</i>

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2_2.1 nAARP LR Cover Letter 20240403.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Cover Letter</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Choice 2_2.1 nAARP LR Cover Letter 20221021.pdf</i>

<b>Satisfied - Item:</b>	Current Rate Tables
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 (LR) Classic Select Current Rate Tables.pdf VA Choice 2 (LR) Privileged Choice Current Rate Tables.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Current Rate Tables</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Choice 2 CS Current Rate Schedule 20221021.pdf VA Choice 2 PC Current Rate Schedule 20221021.pdf</i>

State: Virginia Filing Company: Genworth Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
 Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2_2.1 nAARP LR Memo Exhibits 20221021.xlsx VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.pdf VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.xlsx VA Ch 2_2.1 nAARP LR Confidential Memo 20240403.pdf

*Previous Version*

<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Ch 2_2.1 nAARP LR Confidential Memo 20221021.pdf        VA Choice 2_2.1 nAARP LR Memo Exhibits 20221021.xlsx        VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.pdf        VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.xlsx</i>

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2_2.1 nAARP LR Cover Letter 20240403.pdf

*Previous Version*

<b>Satisfied - Item:</b>	<i>Cover Letter</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Choice 2_2.1 nAARP LR Cover Letter 20221021.pdf</i>

<b>Satisfied - Item:</b>	Current Rate Tables
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 (LR) Classic Select Current Rate Tables.pdf VA Choice 2 (LR) Privileged Choice Current Rate Tables.pdf

*Previous Version*

<b>Satisfied - Item:</b>	<i>Current Rate Tables</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Choice 2 CS Current Rate Schedule 20221021.pdf        VA Choice 2 PC Current Rate Schedule 20221021.pdf</i>

<b>Satisfied - Item:</b>	Response Letter (4/4/24)
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 & 2.1 Objection 6 Response 2024.04.03.pdf

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<b>SERFF Tracking #:</b>	GEFA-133450233	<b>State Tracking #:</b>	GEFA-133450233	<b>Company Tracking #:</b>	2022 CHOICE 2 & 2.1 RATE REQUEST (LR)
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Genworth Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	2022 Choice 2 & 2.1 Rate Request (LR)		
<b>Project Name/Number:</b>	2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)		

State: Virginia Filing Company: Genworth Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
 Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2_2.1 nAARP LR Memo Exhibits 20221021.xlsx VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.pdf VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.xlsx VA Ch 2_2.1 nAARP LR Confidential Memo 20240403.pdf

*Previous Version*

<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Ch 2_2.1 nAARP LR Confidential Memo 20221021.pdf        VA Choice 2_2.1 nAARP LR Memo Exhibits 20221021.xlsx        VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.pdf        VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.xlsx</i>

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2_2.1 nAARP LR Cover Letter 20240403.pdf

*Previous Version*

<b>Satisfied - Item:</b>	<i>Cover Letter</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Choice 2_2.1 nAARP LR Cover Letter 20221021.pdf</i>

<b>Satisfied - Item:</b>	Current Rate Tables
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 (LR) Classic Select Current Rate Tables.pdf VA Choice 2 (LR) Privileged Choice Current Rate Tables.pdf

*Previous Version*

<b>Satisfied - Item:</b>	<i>Current Rate Tables</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Choice 2 CS Current Rate Schedule 20221021.pdf        VA Choice 2 PC Current Rate Schedule 20221021.pdf</i>

<b>Satisfied - Item:</b>	Response Letter (4/4/24)
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 & 2.1 Objection 6 Response 2024.04.03.pdf

State: Virginia      Filing Company: Genworth Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
 Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 LR LTC Insurance Rate Request Summary 20240403.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 LR LTC Insurance Rate Request Summary 20240126.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 LR LTC Insurance Rate Request Summary 20221021.pdf

**Response 2**

**Comments:**

2.1) The form numbers have been updated in the rate table files provided.

2.2) The form number for the Nonforfeiture rider is 62376VA. Those rates are for policies that have already purchased a nonforfeiture rider before electing the Flexible Benefit Rider.

The rates for the FBO Nonforfeiture rider were calculated by applying a factor to the FBO base rates. The factor varies by issue age. This is the same way that was outlined in the other rate tables, but instead of listing the factors, the calculation was completed for each cell in the rate tables.

2.3) This has been updated. Please see VA Choice 2\_2.1 nAARP LR FBO Rate Schedule 20240403.pdf.

**Related Objection 2**

Applies To:

- FBO 30 Rate Tables, [7042END-FBO30 VA 1022, 7044END-FBO30 VA 1022] (Rate)

State: Virginia      Filing Company: Genworth Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
 Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

Comments: 1) Please include the exact form number on the rate sheets. The terms "et al" are not acceptable.

- 2) The rate sheets include rates for a Flexible Benefit Option Nonforfeiture Rider
  - What is the form number for this rider?
  - Please explain how the rates were developed. We note the FBO rate schedule previously approved in GEFA-132466778 did not include nonforfeiture rider rates.
- 3) The FBO rate schedule pages say "Current-Year Premiums". Please revise to reflect that the rate sheets are the proposed rates.

**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	FBO 30 Rate Tables	7042END-FBO30 VA 1022, 7044END-FBO30 VA 1022	New		VA Choice 2_2.1 nAARP LR FBO Rate Schedule 20240403.pdf,	04/04/2024 By: Ronald Jackson
<i>Previous Version</i>						
1	FBO 30 Rate Tables	7042END-FBO30 VA 1022, 7044END-FBO30 VA 1022	New		VA Choice 2_2.1 nAARP LR FBO Rate Schedule 20221021.pdf,	11/04/2022 By: Ronald Jackson

No Supporting Documents changed.

**Conclusion:**

Regards,

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

<b>State:</b> Virginia	<b>Filing Company:</b> Genworth Life Insurance Company
<b>TOI/Sub-TOI:</b> LTC03I Individual Long Term Care/LTC03I.001 Qualified	
<b>Product Name:</b> 2022 Choice 2 & 2.1 Rate Request (LR)	
<b>Project Name/Number:</b> 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)	

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/29/2024
Submitted Date	01/29/2024

Dear Greg Smith,

**Introduction:**

This letter is in response to the comments received in your objection letter, dated January 16, 2024, to Genworth Life Insurance Company's (GLIC's) Virginia Choice 2 & 2.1 LR rate increase request.

**Response 1**

**Comments:**

The SERFF numbers and RRS document have been updated to 142% be consistent with the overall increase on the Rate/Rule Schedule. Please see the attached pdf for the revised RRS document titled VA Choice 2 LR LTC Insurance Rate Request Summary 20240126.

**Related Objection 1**

Applies To:

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

Comments: In the response to objection #1 submitted 1/6/23 the company indicated the Average Percentage Rate Change per Member was revised to be consistent with the overall increase on the Rate/Rule Schedule. It does not appear that a revised RRS document was attached. Please attach the revised document.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 LR LTC Insurance Rate Request Summary 20240126.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 LR LTC Insurance Rate Request Summary 20221021.pdf

**SERFF Tracking #:**

GEFA-133450233

**State Tracking #:**

GEFA-133450233

**Company Tracking #:**

2022 CHOICE 2 & 2.1 RATE REQUEST  
(LR)

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**State:**

Virginia

**Filing Company:**

Genworth Life Insurance Company

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:**

2022 Choice 2 & 2.1 Rate Request (LR)

**Project Name/Number:**

2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

**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: 2022 Choice 2 & 2.1 Rate Request (LR)  
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/15/2023  
Submitted Date 06/15/2023

Dear Greg Smith,

### Introduction:

This letter is in response to the comments received in your objection letters, dated May 18, 2023, to Genworth Life Insurance Company's (GLIC's) Virginia Choice 2 & 2.1 Loss Ratio rate increase request.

### Response 1

#### Comments:

1) Attachments 1-3 in the workbook VA Choice 2 & 2.1 LR Objection 4 Attachments which show the Minnesota Method as described in pages 23-24 of the LTCI MSA Framework. Attachment 1 shows each step of the calculation and the formulas included connect to the projections shown in Attachments 2 and 3. Attachment 2 shows nationwide historical and projected data with no rate increases, while Attachment 3 shows the same data with Virginia Approved rate increases.

There are notable differences for the Blended If-Knew method between GLIC and the LTCI MSA Framework, both in calculations and modeling nuances. We believe that recognizing those differences is important as they have the potential to lead to big differences in the final justified rate increase that is calculated.

1. The LTCI MSA Frameworks calculation for the If-Knew increase assumes the claims do not change after the application of the rate increase. The Company's model assumes the claims will change following a rate increase due to Waiver of Premium (WOP). The treatment of the WOP is the same for the Make-Up portion of the LTCI MSA Framework and ultimately leads to a difference in the justified amount.

2. The make-up rate increase calculated in the LTCI MSA Framework assumes that the rate increase will be implemented on the first day of the projected years, which is 1/1/2022 for this filing. The Company's calculation uses an implementation date in 2023, which increases the justified rate increase.

3. GLIC does not believe that the Cost-Sharing portion of the Blended If-Knew is appropriate, especially on newer blocks of rate stability products. The inclusion of the If-Knew already incorporates a level of cost sharing and adding another factor to limit the justified increase further limits the company compared to what rate stability regulations support. However, GLIC has included the cost-sharing in our calculation. It should be noted that when the cost sharing is applied is different between the two calculations and this also causes a disconnect and difference.

Overall, due to the reasons listed above, GLIC's results for the previously provided methodology of the Blended If-Knew vary from the values resulting from the LTCI MSA Framework calculations.

### Related Objection 1

Applies To:

State: Virginia Filing Company: Genworth Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
 Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

- Experience, PPV Calculations and Blended "If-Knew" Exhibits (Supporting Document)
- Experience Exhibits (updates) (Supporting Document)
- Experience Exhibits (without MAE) (Supporting Document)

Comments: No supporting projections or calculations were provided for the If-Knew/Makeup Blend (Minnesota) Method in Attachment 4.

Please provide all projections and calculations supporting this method, including cost-sharing as specified on pages 23-24 of the LTCI MSA Framework.

Note: previous rate increases must also be backed out of the allowable increase under this method.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Experience, Filing Status and Blended "If-Knew" Exhibits
Comments:	
Attachment(s):	VA Choice 2 & 2.1 LR Objection 4 Attachments.pdf VA Choice 2 & 2.1 LR Objection 4 Attachments.xlsx

**Response 2**

**Comments:**

2) Please see Attachments 4-6 in the workbook VA Choice 2 & 2.1 LR Objection 4 Attachments for the dual loss ratio test using 69.6/80% along with the accompanying projections. Attachment 4 shows the tests with formulas intact and connecting to values in Attachments 5 and 6. Please note that the requested rate increases do not pass this dual loss ratio test. Attachments 7-9 provide rate increases that pass the dual loss ratio test for these cohorts. These conclusions are summarized in the table in the attached letter.

**Related Objection 2**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the dual loss ratio test required by 14VAC5-200-150 B. for each segment (Limited High and Lifetime High) with supporting projections showing the source of all data and using the higher of 60% or the original loss ratio for each segment.

**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: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response Letter (6/15/23)
Comments:	
Attachment(s):	VA Choice 2 & 2.1 LR Objection 4 Response 2023.06.15.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response Letter (6/15/23)
Comments:	
Attachment(s):	VA Choice 2 & 2.1 LR Objection 4 Response 2023.06.15.pdf

Satisfied - Item:	Experience, Filing Status and Blended "If-Knew" Exhibits
Comments:	
Attachment(s):	VA Choice 2 & 2.1 LR Objection 4 Attachments.pdf VA Choice 2 & 2.1 LR Objection 4 Attachments.xlsx

**Response 3**

**Comments:**

3) Please see Attachment 10 in the workbook VA Choice 2 & 2.1 LR Objection 4 Attachments for an update to the Status of Filings as of April 30, 2023. GLIC continues to work on achieving approvals on remaining open filings and plans to continue filing for justified rate increases where and when possible.

**Related Objection 3**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: It may be advantageous for the Company to update Exhibit XIII with any filing dispositions or new filings that have occurred since September 30, 2022.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**SERFF Tracking #:**

GEFA-133450233

**State Tracking #:**

GEFA-133450233

**Company Tracking #:**

2022 CHOICE 2 & 2.1 RATE REQUEST  
(LR)

**State:**

Virginia

**Filing Company:**

Genworth Life Insurance Company

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:**

2022 Choice 2 & 2.1 Rate Request (LR)

**Project Name/Number:**

2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	Experience, Filing Status and Blended "If-Knew" Exhibits
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 & 2.1 LR Objection 4 Attachments.pdf VA Choice 2 & 2.1 LR Objection 4 Attachments.xlsx

**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: 2022 Choice 2 & 2.1 Rate Request (LR)  
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/01/2023  
Submitted Date 05/01/2023

Dear Greg Smith,

### Introduction:

This letter is in response to the comments received in your objection letters, dated April 14, 2023, to Genworth Life Insurance Company's (GLIC's) Virginia Choice 2 & 2.1 Loss Ratio rate increase request.

### Response 1

#### Comments:

Our apologies for that inadvertent comment in the Objection 1 response (submitted 1/6/2023). Our Rate Stability filings include margins but our loss ratio filings, including this one, did not include MAE in the development of the justified rate increase. The exhibits provided in the original filing and the prior Objection 1 response did not include margins. However, some of the projection exhibits provided as a response to the most recent objection letter (submitted March 15, 2023) did incorrectly include margins. GLIC is resubmitting exhibits 1-6 from the prior response to correct both the removal of the margins as well as updating the rate increase history. The corrections are isolated to these exhibits.

### Related Objection 1

Applies To:

- Response Letter (1/6/23) (Supporting Document)

Comments: In the Company's 01/06/2023 response to Objection #11. you state, The assumption set for this rate filing includes MAE assumptions and requested rate increases.

Please confirm that none of the projections used to support this rate increase contain any Margin for Adverse Experience (MAE).

If MAE is included, please provide a detailed explanation of where the margin(s) was applied and the amount.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**SERFF Tracking #:** GEFA-133450233      **State Tracking #:** GEFA-133450233      **Company Tracking #:** 2022 CHOICE 2 & 2.1 RATE REQUEST (LR)

**State:** Virginia      **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Experience Exhibits (without MAE)
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 & 2.1 LR Objection 3 Attachments.xlsx

**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: 2022 Choice 2 & 2.1 Rate Request (LR)  
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 03/15/2023  
Submitted Date 03/15/2023

Dear Greg Smith,

### Introduction:

This letter is in response to the comments received in your objection letters, dated January 30, 2023, to Genworth Life Insurance Company's (GLIC's) Virginia Choice 2 & 2.1 Loss Ratio rate increase request.

### Response 1

#### Comments:

1) In 2022, there was a companywide policy enacted to not include experience from 2020+ in our 2022 experience studies. This was due to the uncertain future impact of COVID on experience. As a result of this policy, we are still analyzing the experience and are not in the position to share these results externally. We expect the analysis and review process to be completed later in 2023.

### Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: It is noted that the Company does not anticipate that the experience during the COVID-19 period is indicative of long-term trends.

Please provide whatever internal data the Company has compiled on A/E experience on the assumptions during the COVID-19 period.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

### Response 2

#### Comments:

2) Please see the attached workbook VA Choice 2 & 2.1 LR Objection 2 Attachments.xlsx which contains resubmissions of previous projections. Historically, GLIC has not split the Choice 2 & 2.1 Loss Ratio filings by the rate stability date due to pre-rate stability experience being so limited on this form. GLIC believe the current filing experience, as submitted, is consistent with past practices and supports the request. However, we have provided the requested information in the attached workbook.

State: Virginia Filing Company: Genworth Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
 Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

**Related Objection 2**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Virginia Bureau of Insurance requires that the projections supporting pre-rate stability blocks of business be split to use only the pre-stability experience.

The projections included in this filing include the entire policy form series regardless of issue date.

Please resubmit all projections to comply.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Experience Exhibits (updates)
Comments:	
Attachment(s):	VA Choice 2 & 2.1 LR Objection 2 Attachments.xlsx

**Response 3**

**Comments:**

3) 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 2 & 2.1, the experience prior to the upward trending (Attained Age 79) has a lapse rate of approximately 0.72%. With the increasing trend in the tail of the data, the assumption increases to ultimate lapse rates of approximately 2.98% for the Choice 2 & 2.1 products. The product projections reach ultimate lapse rates at Attained Age 97 or older, depending on Issue Age of the policyholder.

Choice 2 & 2.1 were 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 meaningless. That being said, original ultimate lapse rates for Choice 2 were 1.5% and for Choice 2.1 were 1% of total life exposures.



<b>State:</b> Virginia	<b>Filing Company:</b> Genworth Life Insurance Company
<b>TOI/Sub-TOI:</b> LTC03I Individual Long Term Care/LTC03I.001 Qualified	
<b>Product Name:</b> 2022 Choice 2 & 2.1 Rate Request (LR)	
<b>Project Name/Number:</b> 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)	

**Related Objection 3**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

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

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 4**

**Comments:**

4) The table in the attached letter contains the active life reserve balances for the loss ratio policies on the Choice 2 & 2.1 product on a nationwide basis split by benefit periods and benefit increase options, as filed.

**Related Objection 4**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: For each of the two subsets of the business, please provide the active life reserves balance as of the projection date on a nationwide basis.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Response Letter (3/15/23)
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 & 2.1 LR Objection 2 Response 2023.03.15.pdf

**Conclusion:**

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<b>SERFF Tracking #:</b>	GEFA-133450233	<b>State Tracking #:</b>	GEFA-133450233	<b>Company Tracking #:</b>	2022 CHOICE 2 & 2.1 RATE REQUEST (LR)
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Genworth Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	2022 Choice 2 & 2.1 Rate Request (LR)		
<b>Project Name/Number:</b>	2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)		

Sincerely,  
Ronald Jackson

**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 01/06/2023  
Submitted Date 01/06/2023

Dear Greg Smith,

### Introduction:

In reply to comments received November 15, 2022:

### Response 1

#### Comments:

1) As stated by the Department: "The Objection Letter of 11/15/2022 submitted at 10:04 AM was sent in error. Please just respond to the objection letter by referring to the company's responses in the Objection Letter submitted on 11/15/2022 at 08:43 AM." Genworth is responding as requested.

### Related Objection 1

Applies To:

- 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.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

### Response 2

#### Comments:

2) See above.

### Related Objection 2

Applies To:

- Sample Policyholder Notifications (Supporting Document)

Comments: Please provide the SERFF Tr. Num for the Sample Policyholder Notification forms placed under the Supporting Documentation tab.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

### Response 3

**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC031 Individual Long Term Care/LTC031.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

**Comments:**

3) See above.

**Related Objection 3**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all projections required to compute the "Prospective PV" and the "If Knew/Makeup Blend" allowable increases as currently under consideration by the NAIC. Please provide this as an Excel document with working formulas.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 4**

**Comments:**

4) See above.

**Related Objection 4**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Pursuant to 14VAC5-200-77 B. 3. a. please provide a description of the basis, that will withstand actuarial peer review, on which the 1% BIO rates were determined.

2) Pursuant to 14VAC5-200-77 B. 3. i. please provide a complete description of pricing assumptions upon which the 1% BIO rates were determined.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 5**

**Comments:**

5) See above.

**Related Objection 5**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Pursuant to 14VAC5-130-60 B. 4. please provide the anticipated loss ratio and a description of how it was calculated for the new 1% BIO.

**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:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

No Supporting Documents changed.

**Response 6**

**Comments:**

6) See above.

**Related Objection 6**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Explain how the addition of the new 1% Compound BIO is not discriminatory since this is a closed block of business.

VA 38.2-508 states in part:

No person shall:

2. Unfairly discriminate or permit any unfair discrimination between individuals of the same class and of essentially the same hazard (i) in the amount of premium, policy fees, or rates charged for any policy or contract of accident or health insurance, (ii) in the benefits payable under such policy or contract, (iii) in any of the terms or conditions of such policy or contract, or (iv) in any other manner.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 7**

**Comments:**

7) See above.

**Related Objection 7**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Pursuant to 14VAC5-130-60 B. 4. please provide the anticipated loss ratio and a description of how it was calculated for the new 1% BIO.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 8**

**Comments:**

8) See above.

**Related Objection 8**

Applies To:

**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a comparison of the assumptions associated with the proposed rate increase to the assumptions associated with the most recently approved rate filing. For those assumptions that have changed, please justify the change.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 9**

**Comments:**

9) See above.

**Related Objection 9**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please identify the portion of the proposed rate increase that is attributed to each of the following components:

- a. Changes in the voluntary lapse assumptions
- b. Changes in the mortality assumptions
- c. Changes in the expected claim cost assumptions
- d. Changes in any other assumptions (e.g., interest rates)

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 10**

**Comments:**

10) See above.

**Related Objection 10**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please confirm that the assumptions being used in this filing are not any more conservative than used in asset adequacy testing.

**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:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

No Supporting Documents changed.

**Response 11**

**Comments:**

11) See above.

**Related Objection 11**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: A 39.90% rate increase was approved under GEFA-132466778 on 8/01/2022.

1) Please advise the % of In-Force policies to which the previous increase was applied.

2) Please justify the filing of this current rate increase in light of the fact that the full effect of the historical experience of the prior increase has not been fully measured.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 12**

**Comments:**

12) See above.

**Related Objection 12**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please comment on the Company's position towards phasing in future rate increases in lieu of a single rate increase.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**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: 2022 Choice 2 & 2.1 Rate Request (LR)  
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 01/06/2023  
Submitted Date 01/06/2023

Dear Greg Smith,

### Introduction:

This letter is in response to the comments received in your objection letters, dated November 15, 2022, to Genworth Life Insurance Company's (GLIC's) Virginia Choice 2 & 2.1 Loss Ratio rate increase request.

### Response 1

#### Comments:

1) We have updated these numbers to make them consistent.

### Related Objection 1

Applies To:

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

Comments: Please explain why the Average Percentage Rate Change Per Member of 130% does not match the Overall % Rate Impact of 142% displayed under the Rate/Rule Schedule tab.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

### Response 2

#### Comments:

2) 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, and Exhibits IIa-IIb of the Actuarial Memorandum.

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



State: Virginia Filing Company: Genworth Life Insurance Company  
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

**Related Objection 2**

Applies To:

- 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.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 3**

**Comments:**

3) The forms that comprise the FBO VA Policyholder Letter Template are filed for review on the 2022 Choice 2/2.1 Rate Stability filing, GEFA-133450231. The forms that comprise the Standard VA Policyholder Letter Template and the Standard VA Policyholder No Quote Letter Template are filed for review on the 2022 PCS II filing, GEFA-133450195.

**Related Objection 3**

Applies To:

- Sample Policyholder Notifications (Supporting Document)

Comments: Please provide the SERFF Tr. Num under which the policyholder notification forms were approved.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 4**

**Comments:**

State: Virginia      Filing Company: Genworth Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
 Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

4) As the reply to this comment exceeds the maximum allowable characters in SERFF, Genworth asks the Department to see the attached response letter.

**Related Objection 4**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all projections required to compute the "Prospective PV" and the "If Knew/Makeup Blend" allowable increases as currently under consideration by the NAIC. Please provide these in Excel with working formulas.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response Letter (1/6/23)
Comments:	
Attachment(s):	VA Choice 2 & 2.1 LR Objection 1 Response 20230106.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response Letter (1/6/23)
Comments:	
Attachment(s):	VA Choice 2 & 2.1 LR Objection 1 Response 20230106.pdf

Satisfied - Item:	Experience, PPV Calculations and Blended "If-Knew" Exhibits
Comments:	
Attachment(s):	VA Choice 2 & 2.1 LR Objection 1 Attachments.xlsx

**Response 5**

Comments:

<b>State:</b>	Virginia	<b>Filing Company:</b>	Genworth Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	2022 Choice 2 & 2.1 Rate Request (LR)		
<b>Project Name/Number:</b>	2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)		

5) The 1% Compound inflation option was priced to maintain approximate actuarial equivalence between policies that already have an inflation option and the new 1% Compound inflation. The equivalency was calculated looking at the future loss ratios for the two pricing groups, the current benefits under the current inflation and everyone electing the 1% Compound. The final premiums for the 1% Compound were developed by applying a load to the No BIO premiums. Going forward, the 1% Compound will be included in the Low BIO category and any potential future rate increases would be consistent with those requested on the Low BIO cohort. To ensure a sufficient level of credibility, the calculation was done on nationwide experience and the relativity will be the same nationwide.

The 1% Compound inflation option was pricing using assumptions consistent with 2021 CFT on a best estimate basis. The final premiums were developed to be consistent with the anticipated premiums for the policies with inflation used in the comparison. This would include an expectation for future approvals on those policies based on nationwide justified rate increases.

#### **Related Objection 5**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Pursuant to 14VAC5-200-77 B. 3. a. please provide a description of the basis, that will withstand actuarial peer review, on which the 1% BIO and No BIO rates were determined.

2) Pursuant to 14VAC5-200-77 B. 3. i. please provide a complete description of pricing assumptions upon which the 1% BIO and No BIO rates were determined.

#### **Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

#### **Response 6**

**Comments:**

6) As noted in the response to question 5, the pricing for the 1% Compound BIO option was done by solving for the load that would result in the same future loss ratio for current benefit elections and if all policyholders that were eligible elected the 1% BIO. There was no specific target for the lifetime loss ratio on the new option.

#### **Related Objection 6**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Pursuant to 14VAC5-130-60 B. 4. please provide the anticipated loss ratio and a description of how it was calculated for the new 1% BIO and No BIO rates..

#### **Changed Items:**

State: Virginia Filing Company: Genworth Life Insurance Company  
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 7**

**Comments:**

7) GLIC does not believe the addition of a new Benefit Inflation Option is discriminatory. Specifically:

Policyholders who have elected a BIO currently have an option to change the level of their benefits by changing their BIO. The addition of this choice gives policyholders more choices to tailor the benefits to their needs.

The price of the new benefit level will be the same across all policyholders who elect it, which avoids inequities in the rates charged for people who move to the similar benefits. Because the new rate levels were calculated using actuarial equivalency on a future loss ratio basis with the entire High BIO inforce population, the new option accounts for differences in expected claims experience.

GLIC believes the proposed rates for the 1% Compound inflation option are reasonable compared to the benefits that will be provided for the option and that the offering of the new inflation option is not discriminatory to the policyholders of the block. Similar to policyholder alternatives previously filed and approved on other policy forms, the inclusion of this new option allows for policyholders to make decisions about their future benefits that best fit their financial situation.

**Related Objection 7**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Explain how the addition of the new 1% and No BIO rates are not discriminatory since this is a closed block of business.

VA 38.2-508 states in part:

No person shall:

2. Unfairly discriminate or permit any unfair discrimination between individuals of the same class and of essentially the same hazard (i) in the amount of premium, policy fees, or rates charged for any policy or contract of accident or health insurance, (ii) in the benefits payable under such policy or contract, (iii) in any of the terms or conditions of such policy or contract, or (iv) in any other manner.

**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: 2022 Choice 2 & 2.1 Rate Request (LR)  
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

No Supporting Documents changed.

**Response 8**

**Comments:**

8) Please see Attachments 5-9 in the attached document VA Flex 1 Objection 1 Attachments.xlsx for the requested projections. Please note that GLIC has filed this rate increase request on the combined High BIO cohort, which includes 5% Simple, 3% Compound and 5% Compound inflation options. Overall, we believe that experience between these inflation options has been comparable for the Flex product and they should be treated consistently. This rate increase request does not include any policies that have No BIO. However, GLIC has included the experience for the Low BIO policies (currently comprised of only No BIO policies) with this response.

**Related Objection 8**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: To assist the Bureau in its review, for each of the subsets of the business split by No BIO, 1% BIO, High BIO Limited and High BIO Lifetime, please provide (in Excel format) the following 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.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**SERFF Tracking #:** GEFA-133450233      **State Tracking #:** GEFA-133450233      **Company Tracking #:** 2022 CHOICE 2 & 2.1 RATE REQUEST (LR)

**State:** Virginia      **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Experience, PPV Calculations and Blended "If-Knew" Exhibits
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 & 2.1 LR Objection 1 Attachments.xlsx

**Response 9**

**Comments:**

<b>State:</b>	Virginia	<b>Filing Company:</b>	Genworth Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	2022 Choice 2 & 2.1 Rate Request (LR)		
<b>Project Name/Number:</b>	2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)		

9) GLIC reviews emerging experience as part of the assumption setting process for development of annual Cash Flow Testing assumptions. These assumptions are then used as best estimate assumptions for rate increase filings. At a high level, the filings mentioned above had the following CFT assumption sets:

2020 Filing: 2019CFT Best Estimate Assumptions

2022 Filing: 2021CFT Best Estimate Assumptions

The sections included below will attempt to highlight key differences between the assumption sets referenced above.

#### Voluntary Lapse Rates

Updated Experience for each successive assumption development process does not significantly increase lapse activity or impact the assumptions.

oShock Lapse experience is excluded from lapse studies. Most lapse activity is excluded as rate increases have been implemented in most states for last few years.

#### Healthy Life Mortality

Updated experience continues to result in lower healthy life mortality rates than previously expected. 2021CFT mortality rates are significantly lower than those in 2019CFT. As highlighted in the new Memorandum, the credibility weighting formula was updated to put more weight on emerging experience and less weight on the historical baseline. This resulted in lower mortality assumptions.

#### Incidence Assumptions

Comparing incidence rates for Married, Standard Females Issued at Age 65 and Claiming at Attained Age 80 shows a small change due to the adjustment of the baseline assumption.

o2019CFT Assumptions = 2.71%

o2021CFT Assumptions = 3.75%

The change in incidence is not consistent across all cells, so we do not anticipate that Incidence would be a major driver of the request. However, incidence does contribute to the need for rate increases on this product.

#### Claim Termination Rates

Claim termination rates are developed for each month during the anticipated lifetime of claims and consist of Disabled Life Mortality rates and Claim Recovery rates. The assumption tables are therefore very difficult to efficiently summarize.

Overall, claim termination rates continue to decrease in aggregate, increasing the need for rate increases from one assumption set to the next.

#### Utilization Rates and Trends

The benefit utilization assumption consists of two components: 1) a calendar year specific current utilization rate and 2) a future cost of care inflation trend. These two are then combined with the benefit inflation option of the policy to calculate future utilization rates.

Direct comparisons between the assumption sets are difficult. However, the base utilization rate did not materially change between the 2019CFT and 2021CFT assumption updates.

The trend assumptions were changed significantly from the 2020CFT assumptions to the updated 2021CFT assumptions. This change in cost of care trends was the biggest

State: Virginia Filing Company: Genworth Life Insurance Company  
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

driver for the increased requests in the updated filing.

o2019CFT trend assumptions were between 1% (No BIO policies) and 2.3% (Compound policies) annually with slight variations for benefit period differences and site of claim (ALF, NH, HC).

o2021CFT assumptions range between 0% (No BIO) and 3.1% (Compound) with the weighted annual cost of care inflation significantly increasing.

**Related Objection 9**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a comparison of the assumptions associated with the proposed rate increase to the assumptions associated with the most recently approved rate filing.

For those assumptions that have changed, please justify the change.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 10**

**Comments:**

10) Based on our analysis, the proportion of the change in loss ratio from our 2019 CFT assumptions to the current 2021 CFT assumptions that can be attributed to each of the above assumptions are approximately:

Lapse: 0%

Mortality: 20%

Benefit Utilization Rate (BUR): 65%

Claim Termination Rate (CTR): 15%

Incidence: 0%

GLIC does not have a way to directly attribute the calculated rate increase to each of the individual assumptions, given the limitations of our modeling. However, we have been able to approximate the impacts using our forward-looking model runs. Please note that these are not exact attributions but are instead intended to give a general sense of how much each assumption change contributed to rate increase request.

**Related Objection 10**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)



<b>State:</b>	Virginia	<b>Filing Company:</b>	Genworth Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	2022 Choice 2 & 2.1 Rate Request (LR)		
<b>Project Name/Number:</b>	2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)		

*Comments: Please identify the portion of the proposed rate increase that is attributed to each of the following components:*

- a. Changes in the voluntary lapse assumptions*
- b. Changes in the mortality assumptions*
- c. Changes in the expected claim cost assumptions*
- d. Changes in any other assumptions (e.g., interest rates)*

**Changed Items:**

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

*No Supporting Documents changed.*

**Response 11**

**Comments:**

*11) As indicated in Section 8 of the Actuarial Memorandum, the best estimate assumptions in this filing are consistent with Cash Flow Testing prior to any provision for contingency, adverse deviation or risk margin. From this baseline, Cash Flow Testing incorporates assumptions for policyholder behavior, future rate increases and sensitivity testing. The assumption set for this rate filing includes MAE assumptions and requested rate increases.*

*When determining the need for a rate increase, GLIC does not utilize separate assumptions for policyholder behavior. This includes adjustments to assumptions to account for anti-selective behavior and explicit assumptions for RBO and NFO elections that would affect the earned premium and incurred claims streams. GLIC does not believe that the potential of policyholders choosing to reduce or eliminate their benefits should affect the calculation of the rate increase.*

**Related Objection 11**

*Applies To:*

*- L&H Actuarial Memorandum (Supporting Document)*

*Comments: Please confirm that the assumptions being used in this filing are not any more conservative than used in asset adequacy testing.*

**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: 2022 Choice 2 & 2.1 Rate Request (LR)  
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 12**

**Comments:**

12) The original nationwide filing for policy form 7052 was developed to yield an aggregated lifetime loss ratio of 64.3% based on the anticipated mix of business.

**Related Objection 12**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please state the anticipated lifetime loss ratio anticipated in the initial filing.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 13**

**Comments:**

13) The prior rate increase would have been applied to all in-force policies in this block. This filing is intended to only impact the 39 inforce policies in the Lifetime Low BIO cohort, the 1,737 inforce policies in the Lifetime High BIO cohort, and the 12,962 inforce policies in the Limited High BIO cohort.

GLIC appreciates the Departments concern about how the prior rate increase might affect the emerging experience and the magnitude of the justified rate increase. However, we believe that this rate filing is still appropriate:

The prior filing used assumptions and data based on the inforce as 12/31/2019, whereas this filing is using assumption and data based on the inforce as of 12/31/2021. This additional two years of experience demonstrates the need for the additional rate increase.

Based on our nationwide experience for reduced benefit option elections, we do not expect policyholder behavior to have a material impact on the amount of rate increase that can be justified in this rate filing.

The rate increase requested in this filing is narrowly focused, targeting the benefit levels that have shown significantly worsening experience. Any delay in approving necessary rate increase may ultimately increase the required amount of rate increase.

Based on our experience, if policyholder behavior assumptions were to be incorporated into our requests, we would expect that the magnitude of our requests would increase due to the inclusion of anti-selection.

**Related Objection 13**

State: Virginia Filing Company: Genworth Life Insurance Company  
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

*Applies To:*

- L&H Actuarial Memorandum (Supporting Document)

Comments: A 58% rate increase was approved under GEFA-132571093 on 8/01/2022.

- 1) Please advise the % of In-Force policies to which the previous increase has been applied.
- 2) Please justify the filing of this current rate increase in light of the fact that the full effect of the historical experience of the prior increase has not been fully measured.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 14**

**Comments:**

14) While GLIC is not completely opposed to phasing future rate increase in lieu of a single rate increase, we would highlight that any delay in approving justified rate increases, including spreading a single rate increase over multiple phases, may result in the need for higher rate increases. This will affect the current request, as the cumulative effect of the phasing would be higher than a one-time increase. Additionally, any amount not included in the phasing schedule, whether through an approval less than the requested amount or by not adjusting the phased amounts to account for the delay, will increase any future requests.

**Related Objection 14**

*Applies To:*

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please comment on the Company's position towards phasing in future rate increases in lieu of a single rate increase.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Conclusion:**

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<b>SERFF Tracking #:</b>	GEFA-133450233	<b>State Tracking #:</b>	GEFA-133450233	<b>Company Tracking #:</b>	2022 CHOICE 2 & 2.1 RATE REQUEST (LR)
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Genworth Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	2022 Choice 2 & 2.1 Rate Request (LR)		
<b>Project Name/Number:</b>	2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)		

Regards,

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

Sincerely,  
Ronald Jackson

<b>State:</b>	Virginia	<b>Filing Company:</b>	Genworth Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	2022 Choice 2 & 2.1 Rate Request (LR)		
<b>Project Name/Number:</b>	2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)		

## Amendment Letter

Submitted Date: 04/29/2024

Comments:

The Sample Forms header has been updated to mirror documents provided under SERFF # GEFA-133450231.

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

<b>Supporting Document Schedule Item Changes</b>	
<b>Satisfied - Item:</b>	Sample Forms
<b>Comments:</b>	
<b>Attachment(s):</b>	134613VA 062916_Contingent Benefit Upon Lapse Endorsement.pdf 158271_101713_OLB Endorsement.pdf 165935 VA 111716 Coverage Amendment Rider.pdf 7042VA Approval.pdf 7044VA Approval.pdf 7042VA Rev_as approved.pdf 7044VA Rev_as approved.pdf 7044RevEND-FBO VA 0722 SAMPLE.pdf 7042END-FBO VA 0722 SAMPLE.pdf 7044END-FBO VA 0722 SAMPLE.pdf 7042RevEND-FBO VA 0722 SAMPLE.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Sample Forms</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>134613VA 062916_Contingent Benefit Upon Lapse Endorsement.pdf            158271_101713_OLB Endorsement.pdf            165935 VA 111716 Coverage Amendment Rider.pdf</i>

<b>State:</b> Virginia	<b>Filing Company:</b> Genworth Life Insurance Company
<b>TOI/Sub-TOI:</b> LTC03I Individual Long Term Care/LTC03I.001 Qualified	
<b>Product Name:</b> 2022 Choice 2 & 2.1 Rate Request (LR)	
<b>Project Name/Number:</b> 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)	

## Amendment Letter

Submitted Date: 04/17/2024

**Comments:**

Per an email exchange between Colleen Moore and Jennifer MacCallum, we have submitted the standard and no quote policyholder letter templates for approval on the Choice 2/2.1 RS filing, GEFA-133450231, and removed the same from the PCS II filing, GEFA-133450195.

For consistency, GLIC has also attached J Doe letter templates to the Supporting Documentation tab of this filing as the same letter templates will be used for the Choice 2/2.1 RS and Choice 2/2.1 LR filings.

J Doe Templates Attached To Supporting Documentation:

- FBO Jake Doe Policyholder Letter
- Choice 2 No Quote J Doe Policyholder Letter
- Choice 2 Standard J Doe Policyholder Letter

**Changed Items:**

- No Form Schedule Items Changed.*
- No Rate Schedule Items Changed.*

<b>Supporting Document Schedule Item Changes</b>	
<b>Satisfied - Item:</b>	Sample Policyholder Notifications
<b>Comments:</b>	
<b>Attachment(s):</b>	Choice 2 No Quote J Doe Policyholder Letter.pdf Choice 2 Standard J Doe Policyholder Letter.pdf FBO Jake Doe Policyholder Letter.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Sample Policyholder Notifications</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Standard VA Policyholder Letter Template.pdf Standard VA Policyholder No Quote Letter Template.pdf FBO VA Policyholder Letter Template.pdf</i>

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**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Reviewer Note

**Created By:**

Bill Dismore on 06/28/2023 02:21 PM

**Last Edited By:**

Colleen Moore

**Submitted On:**

04/30/2024 03:43 PM

**Subject:**

Actuarial Summary & Opinion Report

**Comments:**

6/28/2023 - received Summary & Opinion report.



JOHN T. CONDO, FSA, MAAA, PHD  
 DAVID E. NEVE, FSA, MAAA, CERA  
 CANDE OLSEN, FSA, MAAA, CLU  
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NAZNEE RIAS, FSA, MAAA, CERA  
 NICOLE L. RUSSO, ASA, MAAA  
 LORNE W. SCHINBEIN, FSA, MAAA

June 28, 2023

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

Subject: **SERFF Tracking #GEFA-133450233**  
**VA Choice 2 & 2.1 non-AARP Pre-RS**

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. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, “Long-Term Care” and Actuarial Standard of Practice No. 8, “Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits”. After review of the Company’s submission, I believe the requested increases do not comply with the laws and regulations. I therefore recommend that the increase be restricted to the allowable amounts shown in the “Compliant Increase under 14VAC5-200” row in the table below.

**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:

	<b>Limited High</b>	<b>Lifetime High</b>
Requested	103%	234%
Compliant Increase under 14VAC5-200	74.3%	164%
Future LR w/ALR	73%	234%
<b>Additional Test</b>	<b>Max Allowed</b>	<b>Max Allowed</b>
PV Future Loss	0%	116%
Prospective PV	59.0%	61.3%
If-Knew/Makeup	0.8%	31.1%
State Equity	52%	81%





## History and Details of Request

The policies in this filing were issued in Virginia from May 2003 through September 2003 and include 66 pre-stability policies. Previous and requested rate increases are shown below:

			Past	Past	Curr
Benefit Period	BIO	Lives	2019	2022	2023
Limited	High	52	24.8%	58.0%	103%
Lifetime	High	14	24.8%	58.0%	234%

The Company cites the key driver for this increase is higher utilization and lower healthy life mortality.

In addition to the typical reduced benefit options, the Company is continuing to offer the previously approved Flexible Benefit Option. This provides a fixed benefit pool, 1% inflation, 90/180 day EP, and a premium rate guarantee until 1/1/2030.

Requests were sent to the Company for additional information and the Company's responses clarified issues which arose during 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 best estimate and do not include any margins. They are consistent with those used for 2021 cash flow testing.

*Morbidity* – The current morbidity assumptions for incidence, utilization and continuance are based on the Company's own experience through 2019 with 10 years of future morbidity improvement. The original assumptions were based on Company experience through 2002 and 2006 depending on form. Incidence rates vary by product type, issue age, gender, duration, inflation option and benefit period. Benefit utilization rates vary by product type, inflation option, care situs, benefit period, claim age and claim duration. Claim termination rates vary by product type, care situs, gender, benefit period, claim age and claim duration.

The A/E based on the revised assumptions is about 102% for incidence and 99% 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. This block of policies contains over 18,000 claims, giving the data full credibility based on the standard above.

**Mortality** – The assumed mortality is based on Company experience through 2019 and includes 10 years of future mortality improvement. The original mortality was based on the Annuity 2000 table. The current mortality produces an A/E ratio of 102% versus 55% under original assumptions.

**Voluntary Lapse** –The current lapse assumptions are based on Company experience through June 2020, varying by issue age, duration, benefit inflation option, marital status, risk class and benefit period. They fit reasonably well with the actual historical experience (97% A/E overall vs. 59% on original pricing). The average minimum lapse rate is 0.72% versus the original ultimate assumption of 1.0 to 1.5%.

**Interest** – the average maximum valuation interest rate of 4.12% is used for discounting the projections.

**Analysis**

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

Benefit Period	Inflation	Original LR	No Increase			With Increase			200-150 B Test
			Future	Fut/ALR	Lifetime	Future	Fut/ALR	Lifetime	
Limited	High	75%	200%	103%	86%	115%	64%	69%	FAIL
Lifetime	High	56%	250%	181%	108%	94%	72%	70%	FAIL

**PV of Future Loss Test**

Segment	Original	Current	Proposed	Limit
Limited High	(1,553.0)	(1,517.7)	(423.8)	0%
Lifetime High	(243.8)	(547.7)	62.9	116%

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 increases would need to be limited to pass.

**Prospective PV Approach**

The allowable rate increases shown on page 1 (59.0% to 61.3%) include both base and catch-up rate increases for this block using the data provided by the Company.



### If-Knew/Makeup Blend Approach

I have reviewed the data provided by the Company and asked clarifying questions as needed to get comfortable with the demonstrations provided by the Company.

Scenario	Allowable
Limited High	0.8%
Lifetime High	31.1%

### State Rate Equity

The statistics related to state rate actions are presented in the table below.

Scenario	NW Curr	NW Prop*	VA Curr	VA Prop	Allowed
Limited High	163%	199%	97.2%	300.3%	52%
Lifetime High	187%	256%	97.2%	558.6%	81%

\*if pending increases approved in full

### 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

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**State:** Virginia **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 2022 Choice 2 & 2.1 Rate Request (LR)  
**Project Name/Number:** 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Reviewer Note

**Created By:**

Bill Dismore on 11/10/2022 07:35 AM

**Last Edited By:**

Colleen Moore

**Submitted On:**

04/30/2024 03:37 PM

**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-133450233

**Revised Rates**

Average Annual Premium Per Member:

\$7,396 Lifetime HI BIO/ \$3,099 Limited HI BIO/ \$2,037 Limited Low BIO

Average Requested Percentage Rate Change Per Member:

97.9%

Range of Requested Rate Changes:

0% - 164%

Number of Virginia Policyholders Affected:

68

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
7042VA	Choice 2 & 2.1	July 2003 - September 2003	24.8% - 6/28/2019 58% - 8/1/2022	Yes
7044VA	Choice 2 & 2.1	October 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
62376VA	Nonforfeiture Benefit Rider	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
62378	Restoration of Benefits Rider	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
62381	Survivorship Benefit Rider (10 Year)	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
62382	Enhanced Survivorship Benefit Rider (7 Year)	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
62383	Enhanced Survivorship Benefit Rider (7 Year)	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
62384	Monthly Benefits Rider	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
62385	Waiver of Home Care EP Rider	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
36378VA	Return of Premium Rider After 10 Year	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
39129VA	Graded Return of Premium Rider	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes

**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>.

### **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**

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

SERFF Tracking Number: GEFA-133450233

Disposition: Approved

Approval Date: 4/30/2024

Current Average Annual Premium Per Member: \$1,937

#### **Rate Changes:**

Average Percentage Rate Change Per Member: 97.9%

Minimum Requested Percentage Rate Change Per Member: 0%

Maximum Requested Percentage Rate Change Per Member: 164.0%

Number of Virginia Policy Holders Affected: 68

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

The Company requested a 142% rate increase on this block of individual long-term care insurance policy forms. However, after discussion with the Bureau, the increase was reduced to 97.9%.

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 14VAC5-200-150 of the Virginia Administrative Code. The review indicated that the anticipated lifetime loss ratio after the increase will be 73.7%, 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, claims are lasting longer, and the cost of the care received is higher than originally anticipated, which has resulted in more claims being filed 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 Flexible Benefit Option, or a paid-up policy. 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>.

SERFF Tracking #: GEFA-133450233      State Tracking #: GEFA-133450233      Company Tracking #: 2022 CHOICE 2 & 2.1 RATE REQUEST (LR)

State: Virginia      Filing Company: Genworth Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
 Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

## Rate Information

Rate data applies to filing.

Filing Method: SERFF  
 Rate Change Type: Increase  
 Overall Percentage of Last Rate Revision: 58.000%  
 Effective Date of Last Rate Revision: 08/01/2022  
 Filing Method of Last Filing: SERFF  
 SERFF Tracking Number of Last Filing: GEFA-132571093

## 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	97.900%	97.900%	\$132,973	68	\$131,739	164.000%	0.000%



**SERFF Tracking #:**

GEFA-133450233

**State Tracking #:**

GEFA-133450233

**Company Tracking #:**2022 CHOICE 2 & 2.1 RATE REQUEST  
(LR)**State:**

Virginia

**Filing Company:**

Genworth Life Insurance Company

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:**

2022 Choice 2 &amp; 2.1 Rate Request (LR)

**Project Name/Number:**

2022 Choice 2 &amp; 2.1 Rate Request (LR)/2022 Choice 2 &amp; 2.1 Rate Request (LR)

## 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	7042VA, 7044VA, 62376VA, 62378, 62381, 62382, 62383, 62384, 62385, 36378VA, 39129VA	Revised	Previous State Filing Number: GEFA-132571093 Percent Rate Change Request: 97.9	VA Choice 2 (LR) Classic Select Proposed Rate Tables.pdf, VA Choice 2 (LR) Privileged Choice Proposed Rate Tables.pdf,

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Individual																			
	730 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	
18-24	76.90	70.99	59.16	53.25	41.41	82.60	76.25	63.55	57.20	44.48	209.55	195.80	161.45	144.27	113.33	285.10	261.06	219.82	195.80	154.57
25-29	82.82	76.90	63.11	57.18	43.39	88.97	82.60	67.78	61.41	46.61	226.70	209.55	175.19	158.02	123.66	305.70	281.68	237.00	212.98	164.86
30-34	88.73	82.82	69.01	61.13	49.30	95.31	88.97	74.13	65.66	52.95	243.88	223.27	185.49	168.31	130.51	329.76	302.27	254.18	226.70	178.62
35-39	96.62	88.73	74.92	67.04	53.25	103.77	95.31	80.49	72.02	57.20	261.06	240.45	202.66	182.04	140.84	353.78	326.31	271.35	243.88	188.92
40-44	104.50	94.64	78.87	70.99	55.21	112.24	101.66	84.72	76.25	59.30	281.68	261.06	216.39	195.80	151.14	381.29	350.37	291.98	264.51	206.10
45	106.48	96.62	80.85	72.96	57.18	114.38	103.77	86.84	78.37	61.41	285.10	264.51	219.82	199.22	154.57	388.14	357.23	298.86	267.92	209.55
46	106.48	96.62	82.82	74.92	57.18	114.38	105.91	88.97	80.49	61.41	288.53	264.51	223.27	199.22	158.02	395.02	364.11	302.27	271.35	212.98
47	108.45	100.57	82.82	74.92	57.18	116.49	108.02	88.97	80.49	61.41	288.53	267.92	223.27	199.22	158.02	398.47	367.54	305.70	274.80	212.98
48	110.43	100.57	84.78	76.90	59.16	118.61	108.02	91.07	82.60	63.55	291.98	267.92	223.27	202.66	158.02	401.90	370.96	309.15	278.23	216.39
49	110.43	102.54	84.78	76.90	59.16	118.61	110.14	91.07	82.60	63.55	291.98	271.35	226.70	202.66	158.02	408.76	377.84	312.58	281.68	219.82
50	112.40	104.50	86.76	78.87	61.13	120.74	112.24	93.19	84.72	65.66	295.41	271.35	226.70	202.66	158.02	412.19	381.29	316.03	285.10	219.82
51	114.36	104.50	88.73	78.87	63.11	122.85	112.24	95.31	84.72	67.78	298.86	274.80	230.15	206.10	161.45	422.49	388.14	322.88	291.98	226.70
52	116.34	106.48	88.73	80.85	63.11	124.96	114.38	95.31	86.84	67.78	302.27	278.23	233.57	209.55	164.86	429.37	395.02	329.76	295.41	230.15
53	116.34	108.45	90.71	80.85	63.11	124.96	116.49	97.44	86.84	67.78	305.70	281.68	237.00	212.98	164.86	436.25	405.31	336.61	302.27	237.00
54	118.31	108.45	90.71	82.82	63.11	127.08	116.49	97.44	88.97	67.78	309.15	285.10	240.45	216.39	168.31	444.54	412.19	343.49	309.15	240.45
55	120.29	110.43	92.68	82.82	65.06	129.21	118.61	99.56	88.97	69.88	316.03	288.53	240.45	216.39	168.31	453.43	419.07	350.37	312.58	243.88
56	130.14	120.29	100.57	90.71	70.99	139.80	129.21	108.02	97.44	76.25	343.49	316.03	264.51	237.00	185.49	470.60	436.25	364.11	326.31	254.18
57	140.00	130.14	108.45	96.62	76.90	150.38	139.80	116.49	103.77	82.60	370.96	340.06	285.10	257.62	199.22	487.78	449.98	374.41	336.61	261.06
58	149.86	138.03	116.34	104.50	80.85	160.97	148.27	124.96	112.24	86.84	398.47	367.54	305.70	274.80	212.98	504.95	467.15	388.14	350.37	271.35
59	159.72	147.89	122.26	110.43	84.78	171.57	158.85	131.33	118.61	91.07	425.94	391.58	326.31	295.41	230.15	522.13	484.33	401.90	364.11	281.68
60	169.58	157.75	130.14	118.31	90.71	182.16	169.44	139.80	127.08	97.44	453.43	419.07	350.37	312.58	243.88	542.70	498.07	415.64	374.41	291.98
61	185.35	171.56	143.94	128.17	100.57	199.10	184.28	154.62	137.68	108.02	487.78	449.98	374.41	336.61	261.06	583.94	539.31	449.98	405.31	316.03
62	203.09	187.32	155.77	140.00	108.45	218.15	201.21	167.32	150.38	116.49	522.13	484.33	401.90	360.66	281.68	625.17	577.05	480.90	432.82	336.61
63	218.88	201.13	167.61	151.84	118.31	235.10	216.05	180.04	163.10	127.08	559.88	515.25	429.37	388.14	302.27	666.37	614.86	511.80	460.27	357.23
64	234.65	216.90	179.44	161.70	126.19	252.04	232.99	192.74	173.69	135.55	594.23	546.15	456.84	412.19	319.43	707.60	652.64	546.15	491.19	381.29
65	250.43	230.71	193.23	173.52	136.05	269.00	247.82	207.56	186.38	146.15	628.58	580.50	484.33	436.25	340.06	748.80	693.87	577.05	518.68	405.31
66	280.01	258.31	214.93	193.23	149.86	300.77	277.46	230.87	207.56	160.97	697.29	642.35	535.86	484.33	374.41	820.95	755.68	632.03	566.76	443.10
67	309.59	285.92	238.60	214.93	167.61	332.54	307.12	256.29	230.87	180.04	765.97	707.60	590.82	532.42	412.19	889.64	820.95	683.54	614.86	477.45
68	341.12	313.52	262.25	236.62	183.37	366.42	336.76	281.70	254.16	196.98	838.13	772.86	645.76	580.50	453.43	958.34	886.21	738.52	662.94	518.68
69	370.70	343.10	285.92	256.34	201.13	398.19	368.54	307.12	275.35	216.05	906.82	838.13	697.29	628.58	487.78	1,030.48	951.50	793.48	714.46	556.46
70	400.28	370.70	307.61	278.03	214.93	429.97	398.19	330.43	298.65	230.87	975.52	903.38	752.25	676.70	525.54	1,099.18	1,013.30	845.01	762.56	590.82
71	459.43	423.95	352.96	317.47	246.48	493.50	455.39	379.12	341.01	264.76	1,109.48	1,023.60	851.86	765.97	597.68	1,243.46	1,147.26	954.91	858.74	669.82
72	516.63	477.19	398.32	358.88	278.03	554.94	512.57	427.85	385.49	298.65	1,240.03	1,143.83	951.50	858.74	666.37	1,384.28	1,277.81	1,064.83	958.34	745.40
73	575.78	530.42	441.69	398.32	309.59	618.48	569.75	474.44	427.85	332.54	1,370.54	1,264.05	1,054.54	948.05	738.52	1,528.55	1,411.77	1,174.77	1,057.95	820.95
74	632.96	585.64	487.05	437.75	341.12	679.91	629.06	523.17	470.21	366.42	1,501.08	1,384.28	1,154.14	1,037.36	807.21	1,672.83	1,542.28	1,288.10	1,157.59	903.38
75	692.12	638.87	532.40	479.15	372.67	743.44	686.24	571.88	514.69	400.31	1,631.59	1,504.50	1,253.75	1,130.09	879.34	1,817.08	1,676.24	1,398.04	1,257.20	978.95
76	794.65	733.53	611.27	550.14	427.90	853.56	787.91	656.60	590.94	459.62	1,837.69	1,696.86	1,415.20	1,274.38	989.25	2,026.63	1,868.61	1,559.46	1,401.44	1,092.30
77	897.19	828.17	690.14	621.13	483.10	963.72	889.59	741.32	667.19	518.92	2,047.23	1,889.22	1,573.20	1,418.62	1,102.62	2,236.15	2,064.41	1,720.92	1,549.16	1,205.67
78	1,001.69	922.81	769.02	692.12	538.31	1,075.96	991.24	826.04	743.44	578.22	2,256.78	2,081.59	1,734.65	1,562.90	1,215.97	2,445.70	2,260.18	1,882.34	1,693.42	1,319.01
79	1,104.23	1,019.45	849.87	765.07	595.50	1,186.11	1,095.03	912.88	821.79	639.66	2,462.87	2,273.94	1,896.10	1,703.75	1,325.89	2,658.64	2,452.54	2,043.78	1,841.14	1,432.38
80	1,206.77	1,114.09	928.74	836.06	650.71	1,296.25	1,196.69	997.61	898.06	698.96	2,672.38	2,466.27	2,054.08	1,847.98	1,439.24	2,868.19	2,648.35	2,205.25	1,985.39	1,542.28
81	1,291.56	1,192.96	993.80	893.24	696.05	1,387.32	1,281.43	1,067.50	959.47	747.67	2,857.89	2,638.03	2,198.37	1,978.53	1,538.85	3,067.40	2,833.83	2,359.82	2,122.78	1,652.22
82	1,388.17	1,281.70	1,068.74	960.29	747.32	1,491.11	1,376.73	1,148.00	1,031.50	802.73	3,074.28	2,837.27	2,363.23	2,126.23	1,655.65	3,297.55	3,043.36	2,538.42	2,284.23	1,775.88
83	1,498.60	1,384.24	1,153.53	1,037.19	808.45	1,609.72	1,486.87	1,239.07	1,114.11	868.40	3,318.16	3,063.99	2,552.15	2,297.98	1,786.18	3,582.04	3,287.26	2,741.07	2,466.27	1,920.14
84	1,626.77	1,500.57	1,252.12	1,125.92	877.47	1,747.39	1,611.84	1,344.96	1,209.41	942.53	3,599.81	3,325.01	2,768.58	2,493.78	1,937.30	3,864.31	3,568.91	2,974.67	2,675.82	2,081.59
85	1,772.68	1,636.63	1,364.52	1,228.45	954.37	1,904.12	1,757.99	1,465.70	1,319.54	1,025.14	3,926.14	3,623.87	3,019.30	2,717.05	2,112.49	4,214.68	3,888.37	3,242.58	2,916.26	2,270.51
86	1,932.40	1,784.52	1,486.76	1,338.88	1,041.13	2,075.69	1,916.84	1,597.00	1,438.15	1,118.32	4,276.51	3,950.19	3,290.67	2,960.93	2,304.86	4,592.54	4,238.72	3,531.12	3,180.77	2,473.15
87	2,105.92	1,944.24	1,620.86	1,459.16	1,133.81	2,262.07	2,088.40	1,741.05	1,567.36	1,217.88	4,661.23	4,303.98	3,586.08	3,228.85	2,510.95	5,004.73	4,619.99	3,850.59	3,465.85	2,696.42
88	2,295.22	2,119.73	1,766.77	1,589.31	1,236.35	2,465.42	2,276.91	1,897.79	1,707.16	1,328.02	5,083.71	4,692.15	3,908.96	3,517.38	2,737.66	5,454.69	5,035.63	4,197.51	3,778.43	2,936.87
89	2,502.26	2,311.00	1,924.52	1,733.24	1,346.76	2,687.80	2,482.37													

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Individual																			
	1095 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	
18-24	104.50	94.64	78.87	70.99	55.21	112.24	101.66	84.72	76.25	59.30	271.35	250.74	206.10	185.49	144.27	360.66	333.19	278.23	250.74	195.80
25-29	110.43	102.54	84.78	76.90	59.16	118.61	110.14	91.07	82.60	63.55	288.53	267.92	223.27	199.22	158.02	388.14	357.23	298.86	267.92	209.55
30-34	120.29	110.43	92.68	82.82	65.06	129.21	118.61	99.56	88.97	69.88	312.58	288.53	240.45	216.39	168.31	415.64	384.72	319.43	288.53	223.27
35-39	128.17	118.31	98.59	88.73	69.01	137.68	127.08	105.91	95.31	74.13	336.61	309.15	257.62	233.57	182.04	446.54	412.19	343.49	309.15	240.45
40-44	138.03	128.17	106.48	96.62	74.92	148.27	137.68	114.38	103.77	80.49	360.66	333.19	278.23	250.74	195.80	480.90	443.10	370.96	333.19	261.06
45	141.98	130.14	108.45	98.59	76.90	152.50	139.80	116.49	105.91	82.60	367.54	340.06	281.68	254.18	195.80	491.19	453.43	377.84	340.06	264.51
46	141.98	132.12	108.45	98.59	76.90	152.50	141.92	116.49	105.91	82.60	367.54	340.06	285.10	254.18	199.22	498.07	460.27	384.72	346.94	267.92
47	143.94	132.12	110.43	98.59	76.90	154.62	141.92	118.61	105.91	82.60	370.96	340.06	285.10	257.62	199.22	508.37	467.15	391.58	350.37	274.80
48	143.94	134.08	110.43	100.57	76.90	154.62	144.02	118.61	108.02	82.60	370.96	343.49	285.10	257.62	199.22	515.25	474.02	395.02	357.23	278.23
49	145.91	134.08	112.40	100.57	78.87	156.74	144.02	120.74	108.02	84.72	370.96	343.49	285.10	257.62	199.22	522.13	480.90	401.90	360.66	281.68
50	145.91	136.05	112.40	100.57	78.87	156.74	146.15	120.74	108.02	84.72	374.41	343.49	288.53	257.62	202.66	528.98	491.19	408.76	367.54	285.10
51	149.86	138.03	114.36	102.54	80.85	160.97	148.27	122.85	110.14	86.84	381.29	353.78	295.41	264.51	206.10	539.31	498.07	415.64	374.41	291.98
52	151.84	140.00	116.34	104.50	80.85	163.10	150.38	124.96	112.24	86.84	391.58	360.66	302.27	271.35	212.98	549.58	504.95	422.49	381.29	295.41
53	155.77	143.94	118.31	106.48	82.82	167.32	154.62	127.08	114.38	88.97	401.90	370.96	309.15	278.23	216.39	556.46	515.25	429.37	384.72	302.27
54	157.75	145.91	122.26	108.45	84.78	169.44	156.74	131.33	116.49	91.07	408.76	377.84	316.03	285.10	219.82	566.76	522.13	436.25	391.58	305.70
55	159.72	147.89	124.22	110.43	86.76	171.57	158.85	133.43	118.61	93.19	419.07	388.14	322.88	288.53	226.70	577.05	532.42	443.10	398.47	309.15
56	169.58	157.75	130.14	118.31	90.71	182.16	169.44	139.80	127.08	97.44	449.98	415.64	346.94	312.58	234.88	604.56	556.46	463.72	419.07	326.31
57	179.44	165.63	138.03	124.22	96.62	192.74	177.91	148.27	133.43	103.77	480.90	443.10	370.96	333.19	261.06	632.03	583.94	484.33	436.25	340.06
58	191.27	175.49	145.91	132.12	102.54	205.46	188.51	156.74	141.92	110.14	511.80	474.02	395.02	353.78	278.23	688.59	607.99	508.37	456.84	357.23
59	201.13	185.35	153.80	138.03	108.45	216.05	199.10	165.20	148.27	116.49	546.15	501.50	419.07	377.84	291.98	659.92	635.46	528.98	477.45	370.96
60	210.99	193.23	161.70	145.91	112.40	226.64	207.56	173.69	156.74	120.74	577.05	532.42	443.10	398.47	309.15	714.46	659.52	549.58	494.62	384.72
61	230.71	212.95	177.47	159.72	124.22	247.82	228.74	190.63	171.57	133.43	625.17	577.05	480.90	432.82	336.61	765.97	704.17	587.38	528.98	412.19
62	250.43	230.71	193.23	173.52	136.05	269.00	247.82	207.56	186.38	146.15	673.25	621.74	518.68	467.15	364.11	814.09	752.25	625.17	563.33	436.25
63	270.15	250.43	209.02	187.32	145.91	290.18	269.00	224.52	201.21	156.74	721.34	666.37	556.46	501.50	388.14	862.19	796.91	662.94	597.68	463.72
64	289.87	268.17	222.81	201.13	155.77	311.35	288.07	239.34	216.05	167.32	769.42	711.05	594.23	532.42	415.64	910.26	841.56	700.72	632.03	491.19
65	311.54	285.92	238.60	214.93	167.61	334.64	307.12	256.29	230.87	180.04	820.95	755.68	632.03	566.76	443.10	961.79	886.21	738.52	666.37	518.68
66	349.02	321.40	268.17	240.57	187.32	374.90	345.23	288.07	258.41	201.21	910.26	841.56	700.72	632.03	491.19	1,054.54	972.07	810.66	728.23	566.76
67	386.48	356.91	297.75	268.17	209.02	415.15	383.37	319.82	288.07	224.52	1,003.01	923.99	769.42	693.87	539.31	1,147.26	1,061.40	882.79	793.48	618.29
68	423.95	392.39	327.33	293.80	228.74	455.39	421.50	351.60	315.59	245.69	1,092.30	1,006.42	841.56	755.68	590.82	1,243.46	1,147.26	954.91	858.74	669.82
69	463.38	427.90	356.91	321.40	250.43	497.75	459.62	383.37	345.23	269.00	1,181.62	1,092.30	910.26	817.50	638.91	1,336.18	1,233.14	1,027.05	923.99	717.90
70	500.84	461.41	384.51	347.05	270.15	537.97	495.61	413.03	372.79	290.18	1,274.38	1,174.77	978.95	882.79	686.99	1,432.38	1,319.01	1,099.18	989.25	769.42
71	579.72	534.37	445.64	400.28	311.54	622.71	574.00	478.68	429.97	334.64	1,446.12	1,332.75	1,112.91	999.58	779.74	1,617.87	1,494.20	1,246.87	1,119.79	872.46
72	658.59	607.32	506.77	455.50	354.93	707.43	652.35	544.34	489.28	381.25	1,617.87	1,490.77	1,243.46	1,119.79	869.03	1,806.78	1,669.39	1,391.16	1,250.32	975.52
73	737.47	680.28	565.92	510.70	396.34	792.15	730.73	607.89	548.58	425.73	1,789.61	1,648.77	1,373.99	1,236.58	961.79	1,995.70	1,841.14	1,535.43	1,380.87	1,075.13
74	814.36	753.25	627.04	563.95	439.71	874.75	809.10	673.54	605.77	472.33	1,957.92	1,810.23	1,507.93	1,356.81	1,054.54	2,184.62	2,016.33	1,679.69	1,511.38	1,174.77
75	893.24	824.22	688.17	619.15	481.13	959.47	885.34	739.20	665.07	516.80	2,129.66	1,968.22	1,638.47	1,473.59	1,147.26	2,373.54	2,188.07	1,823.96	1,641.89	1,277.81
76	1,021.41	942.53	786.76	707.89	550.14	1,097.15	1,012.42	845.09	760.38	590.94	2,407.90	2,222.43	1,851.43	1,665.94	1,294.99	2,656.64	2,455.99	2,047.23	1,841.14	1,432.38
77	1,149.58	1,060.84	883.38	796.62	619.15	1,234.82	1,139.51	948.88	855.70	665.07	2,686.15	2,480.03	2,064.41	1,858.31	1,446.12	2,947.17	2,720.48	2,267.06	2,040.35	1,586.96
78	1,277.75	1,179.15	981.97	885.35	688.17	1,372.50	1,266.59	1,054.78	951.00	739.20	2,960.93	2,734.23	2,277.35	2,050.66	1,593.81	3,235.73	2,984.97	2,490.33	2,239.60	1,744.94
79	1,405.92	1,297.46	1,080.56	972.11	757.18	1,510.16	1,393.67	1,160.68	1,044.19	813.32	3,239.14	2,988.40	2,490.33	2,243.02	1,744.94	3,524.26	3,252.91	2,710.17	2,438.82	1,896.10
80	1,534.09	1,415.77	1,179.15	1,060.84	826.20	1,647.85	1,520.75	1,266.59	1,139.51	887.45	3,517.38	3,246.03	2,703.31	2,435.37	1,892.67	3,809.35	3,517.38	2,929.99	2,638.03	2,050.66
81	1,640.58	1,514.37	1,261.98	1,135.78	883.38	1,762.22	1,626.66	1,355.56	1,220.00	948.88	3,761.26	3,472.73	2,895.64	2,603.68	2,026.63	4,077.29	3,764.71	3,136.09	2,823.54	2,194.92
82	1,764.80	1,628.74	1,356.62	1,220.57	950.43	1,895.65	1,749.52	1,457.22	1,311.07	1,020.90	4,042.94	3,733.80	3,112.07	2,799.48	2,177.74	4,382.99	4,046.35	3,373.12	3,033.05	2,359.82
83	1,904.80	1,758.89	1,465.07	1,319.16	1,025.36	2,046.04	1,899.32	1,573.71	1,416.98	1,101.39	4,369.27	4,032.63	3,359.36	3,022.75	2,352.94	4,733.34	4,369.27	3,641.04	3,276.93	2,548.74
84	2,066.48	1,908.73	1,589.31	1,431.56	1,112.11	2,219.71	2,050.27	1,707.16	1,537.70	1,194.57	4,740.23	4,376.11	3,644.49	3,280.38	2,552.15	5,135.24	4,740.23	3,950.19	3,555.16	2,765.13
85	2,253.81	2,080.29	1,733.24	1,559.73	1,212.68	2,420.92	2,234.55	1,861.76	1,675.38	1,302.60	5,166.14	4,767.70	3,974.25	3,575.79	2,782.30	5,598.96	5,169.59	4,307.41	3,874.61	3,015.87
86	2,454.94	2,267.62	1,889.02	1,699.73	1,323.11	2,636.97	2,435.76	2,029.08	1,825.77	1,421.21	5,629.87	5,197.07	4,331.47	3,898.67	3,033.05	6,103.92	5,633.31	4,695.58	4,224.98	3,287.26
87	2,675.79	2,470.71	2,058.60	1,853.53	1,441.42	2,874.21	2,653.91	2,211.24	1,990.97	1,548.31	6,138.25	5,664.22	4,719.62	4,249.03	3,304.43	6,653.50	6,141.66	5,118.07	4,606.27	3,582.63
88	2,918.32	2,693.54	2,243.95	2,019.16	1,571.56	3,134.72	2,893.26	2,410.34	2,168.88	1,688.09	6,691.27	6,176.02	5,145.54	4,630.29						

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Individual																			
	1460 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	112.40	102.54	86.76	76.90	61.13	120.74	110.14	93.19	82.60	65.66	298.86	278.23	230.15	206.10	161.45	405.31	374.41	312.58	281.68	219.82
25-29	120.29	110.43	92.88	82.82	65.06	129.21	118.61	99.56	88.97	69.88	322.88	298.86	247.33	223.27	171.74	436.25	401.90	336.61	302.27	237.00
30-34	130.14	120.29	100.57	88.73	70.99	139.80	129.21	108.02	95.31	76.25	346.94	319.43	267.92	240.45	188.92	467.15	432.82	360.66	322.88	254.18
35-39	140.00	128.17	106.48	96.62	74.92	150.38	137.68	114.38	103.77	80.49	374.41	343.49	288.53	257.62	202.66	504.95	463.72	388.14	350.37	271.35
40-44	149.86	138.03	114.36	104.50	80.85	160.97	148.27	122.85	112.24	86.84	401.90	370.96	309.15	278.23	216.39	542.70	501.50	415.64	374.41	291.98
45	151.84	141.98	118.31	106.48	82.82	163.10	152.50	127.08	114.38	88.97	408.76	377.84	316.03	281.68	219.82	553.03	511.80	425.94	381.29	298.86
46	153.80	141.98	118.31	106.48	82.82	165.20	152.50	127.08	114.38	88.97	412.19	381.29	319.43	285.10	223.27	563.33	522.13	432.82	391.58	302.27
47	155.77	141.98	118.31	106.48	82.82	167.32	152.50	127.08	114.38	88.97	419.07	384.72	322.88	288.53	226.70	573.64	532.42	443.10	398.47	309.15
48	155.77	143.94	120.29	108.45	84.78	167.32	154.62	129.21	116.49	91.07	422.49	391.58	326.31	291.98	230.15	587.38	542.70	449.98	405.31	316.03
49	157.75	143.94	120.29	108.45	84.78	169.44	154.62	129.21	116.49	91.07	425.94	395.02	329.76	295.41	230.15	597.68	553.03	460.27	412.19	322.88
50	157.75	145.91	122.26	108.45	84.78	169.44	156.74	131.33	116.49	91.07	432.82	398.47	333.19	298.86	233.57	607.99	563.33	467.15	422.49	326.31
51	161.70	149.86	124.22	112.40	86.76	173.69	160.97	133.43	120.74	93.19	439.66	405.31	340.06	305.70	237.00	614.86	570.21	474.02	425.94	333.19
52	167.61	153.80	128.17	116.34	90.71	180.04	165.20	137.68	124.96	97.44	446.54	412.19	343.49	309.15	240.45	625.17	577.05	480.90	432.82	336.61
53	171.56	157.75	132.12	118.31	92.68	184.28	169.44	141.92	127.08	99.56	456.84	419.07	350.37	316.03	243.88	632.03	583.94	484.33	436.25	340.06
54	175.49	161.70	136.05	122.26	94.64	188.51	173.69	146.15	131.33	101.66	463.72	429.37	357.23	319.43	250.74	638.91	590.82	491.19	443.10	343.49
55	181.42	165.63	138.03	124.22	96.62	194.86	177.91	148.27	133.43	103.77	470.60	436.25	364.11	326.31	254.18	645.76	597.68	498.07	446.54	350.37
56	193.23	177.47	147.89	134.08	104.50	207.56	190.63	158.85	144.02	112.24	508.37	470.60	391.58	353.78	274.80	678.00	625.17	522.13	467.15	364.11
57	205.07	189.30	157.75	141.98	110.43	220.27	203.33	169.44	152.50	118.61	549.58	504.95	422.49	381.29	295.41	707.60	652.64	546.15	491.19	381.29
58	216.90	199.16	165.63	149.86	116.34	232.99	213.93	177.91	160.97	124.96	587.38	542.70	449.98	405.31	316.03	738.52	683.54	570.21	511.80	398.47
59	228.74	210.99	175.49	157.75	122.26	245.69	226.64	188.51	169.44	131.33	625.17	577.05	480.90	432.82	336.61	772.86	711.05	594.23	532.42	415.64
60	240.57	222.81	185.35	165.63	130.14	258.41	239.34	199.10	177.91	139.80	662.94	611.41	511.80	460.27	357.23	803.78	741.95	618.29	556.46	432.82
61	260.29	240.57	201.13	179.44	140.00	279.60	258.41	216.05	192.74	150.38	714.46	659.52	549.58	494.62	384.72	858.74	793.48	659.52	594.23	460.27
62	280.01	258.31	214.93	193.23	149.86	300.77	277.46	230.87	207.56	160.97	769.42	707.60	590.82	532.42	412.19	913.70	845.01	704.17	632.03	494.62
63	299.73	278.03	230.71	207.04	161.70	321.96	298.65	247.82	222.40	173.69	820.95	759.13	632.03	566.76	443.10	968.67	896.52	745.40	673.25	522.13
64	321.40	295.78	246.48	222.81	173.52	345.23	317.71	264.76	239.34	186.38	872.46	807.21	669.82	604.56	470.60	1,027.05	948.05	790.03	711.05	553.03
65	341.12	313.52	262.25	236.62	183.37	366.42	336.76	281.70	254.16	196.98	923.99	855.30	711.05	638.91	498.07	1,082.01	999.58	831.26	748.80	580.50
66	384.51	354.93	295.78	266.20	207.04	413.03	381.25	317.71	285.93	222.40	1,030.48	951.50	793.48	714.46	556.46	1,191.93	1,102.62	917.15	827.83	642.35
67	427.90	396.34	329.30	295.78	230.71	459.62	425.73	353.71	317.71	247.82	1,133.54	1,047.66	872.46	786.60	611.41	1,305.28	1,205.67	1,003.01	903.38	700.72
68	473.24	435.78	362.82	327.33	254.36	508.33	468.09	389.72	351.60	273.23	1,240.03	1,143.83	954.91	858.74	669.82	1,418.62	1,308.71	1,088.89	982.40	762.56
69	516.63	477.19	398.32	356.91	278.03	554.94	512.57	427.85	383.37	298.65	1,343.06	1,240.03	1,033.93	930.87	724.78	1,528.55	1,411.77	1,174.77	1,057.95	820.95
70	560.00	518.59	431.83	388.46	301.69	601.52	557.04	463.86	417.26	324.06	1,449.55	1,336.18	1,112.91	1,003.01	779.74	1,641.89	1,514.81	1,260.63	1,136.97	882.79
71	650.71	601.41	500.84	449.57	350.98	698.96	646.00	537.97	482.91	377.00	1,645.34	1,518.26	1,264.05	1,136.97	886.21	1,858.31	1,714.04	1,428.95	1,284.67	999.58
72	741.42	684.23	569.86	512.68	398.32	796.38	734.97	612.11	550.69	427.85	1,841.14	1,696.86	1,415.20	1,274.38	989.25	2,074.70	1,913.27	1,593.81	1,435.79	1,116.36
73	830.15	767.04	638.67	575.78	447.61	891.70	823.92	686.24	618.48	480.81	2,036.90	1,878.92	1,566.34	1,408.32	1,095.74	2,291.11	2,115.94	1,762.12	1,586.96	1,233.14
74	920.86	849.87	707.89	636.90	494.94	989.14	912.88	760.38	684.12	531.64	2,232.72	2,060.96	1,717.47	1,545.73	1,202.22	2,507.50	2,315.15	1,927.02	1,734.65	1,349.93
75	1,009.59	932.67	776.90	700.00	544.23	1,084.45	1,001.83	834.51	751.91	584.58	2,428.52	2,239.60	1,868.61	1,679.69	1,308.71	2,723.90	2,514.39	2,095.31	1,885.78	1,466.73
76	1,175.22	1,086.49	905.07	814.36	632.96	1,262.36	1,167.05	972.19	874.75	679.91	2,785.75	2,572.78	2,143.41	1,930.45	1,501.08	3,094.89	2,857.89	2,380.41	2,143.41	1,665.94
77	1,340.85	1,238.31	1,031.27	928.74	721.70	1,440.28	1,330.12	1,107.74	997.61	775.21	3,146.42	2,902.52	2,418.19	2,177.74	1,693.42	3,465.85	3,197.95	2,665.52	2,397.58	1,865.16
78	1,506.48	1,390.15	1,159.44	1,043.10	812.40	1,618.19	1,493.23	1,245.40	1,120.44	872.65	3,503.65	3,235.73	2,696.42	2,425.07	1,889.22	3,836.84	3,541.43	2,950.62	2,655.21	2,064.41
79	1,672.11	1,543.94	1,285.65	1,157.48	899.16	1,796.10	1,658.43	1,380.98	1,243.30	965.84	3,864.31	3,565.46	2,971.22	2,675.82	2,081.59	4,207.80	3,881.49	3,235.73	2,912.82	2,263.62
80	1,837.76	1,695.78	1,413.82	1,271.84	989.87	1,974.04	1,821.52	1,518.65	1,366.15	1,063.26	4,224.98	3,898.67	3,249.46	2,923.15	2,273.94	4,578.78	4,224.98	3,520.83	3,170.44	2,466.27
81	1,965.93	1,816.07	1,512.41	1,360.57	1,058.88	2,111.70	1,950.73	1,624.56	1,461.45	1,137.39	4,520.39	4,170.02	3,476.18	3,129.24	2,431.94	4,898.24	4,520.39	3,768.14	3,390.30	2,638.03
82	2,113.82	1,952.12	1,626.77	1,463.11	1,139.72	2,270.55	2,096.87	1,747.39	1,571.59	1,224.23	4,857.01	4,482.60	3,737.22	3,362.81	2,617.44	5,265.75	4,860.44	4,049.80	3,644.49	2,833.83
83	2,283.38	2,107.89	1,756.91	1,581.42	1,230.43	2,452.70	2,264.19	1,887.18	1,698.69	1,321.65	5,245.18	4,843.27	4,036.06	3,630.75	2,826.95	5,684.84	5,248.59	4,372.68	3,936.45	3,060.54
84	2,476.63	2,287.33	1,904.80	1,715.50	1,332.97	2,660.28	2,456.95	2,046.04	1,842.71	1,431.81	5,691.72	5,255.47	4,379.56	3,939.90	3,067.40	6,169.17	5,695.12	4,747.11	4,269.62	3,321.61
85	2,699.45	2,492.40	2,076.34	1,869.30	1,453.25	2,899.62	2,677.22	2,230.30	2,007.91	1,561.01	6,203.52	5,726.06	4,774.58	4,297.13	3,342.18	6,725.62	6,206.96	5,173.03	4,654.35	3,620.43
86	2,943.95	2,717.19	2,263.67	2,036.90	1,585.36	3,162.24	2,918.67	2,431.51	2,187.94	1,702.91	6,763.40	6,244.72	5,203.95	4,681.82	3,644.49	7,330.16	6,766.83	5,636.75	5,073.42	3,946.74
87	3,208.19	2,961.71	2,468.75	2,220.30	1,727.34	3,446.07	3,181.31	2,651.81	2,384.93	1,855.41	7,371.39	6,804.64	5,671.10	5,104.34	3,970.80	7,989.68	7,374.84	6,145.11	5,530.26	4,300.56
88	3,496.07	3,227.91	2,689.59	2,421.41	1,883.11	3,755.30	3,467.26	2,889.01												

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Individual																			
	1825 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	
18-24	130.14	120.29	98.59	88.73	69.01	139.80	129.21	105.91	95.31	74.13	343.49	319.43	264.51	237.00	185.49	463.72	429.37	357.23	322.88	250.74
25-29	138.03	128.17	106.48	96.62	74.92	148.27	137.68	114.38	103.77	80.49	370.96	343.49	285.10	257.62	199.22	501.50	460.27	384.72	346.94	267.92
30-34	149.86	138.03	114.36	102.54	80.85	160.97	148.27	122.85	110.14	86.84	398.47	367.54	305.70	274.80	212.98	539.31	494.62	412.19	370.96	288.53
35-39	159.72	147.89	124.22	110.43	86.76	171.57	158.85	133.43	118.61	93.19	429.37	395.02	329.76	295.41	230.15	577.05	532.42	443.10	401.90	309.15
40-44	173.52	159.72	132.12	120.29	92.68	186.38	171.57	141.92	129.21	99.56	460.27	425.94	353.78	319.43	247.33	621.74	573.64	477.45	429.37	333.19
45	175.49	163.66	136.05	122.26	94.64	188.51	175.79	146.15	131.33	101.66	470.60	432.82	360.66	326.31	254.18	635.46	583.94	487.78	439.66	340.06
46	177.47	163.66	136.05	122.26	94.64	190.63	175.79	146.15	131.33	101.66	470.60	436.25	360.66	326.31	254.18	642.35	590.82	494.62	443.10	346.94
47	177.47	163.66	136.05	122.26	94.64	190.63	175.79	146.15	131.33	101.66	470.60	436.25	360.66	326.31	254.18	649.19	597.68	498.07	449.98	350.37
48	179.44	165.63	138.03	124.22	96.62	192.74	177.91	148.27	133.43	103.77	470.60	436.25	364.11	326.31	254.18	656.07	604.56	504.95	453.43	353.78
49	179.44	165.63	138.03	124.22	96.62	192.74	177.91	148.27	133.43	103.77	470.60	436.25	364.11	326.31	254.18	662.94	611.41	508.37	456.84	357.23
50	181.42	165.63	138.03	124.22	96.62	194.86	177.91	148.27	133.43	103.77	470.60	436.25	364.11	326.31	254.18	666.37	618.29	515.25	463.72	360.66
51	185.35	169.58	141.98	128.17	98.59	199.10	182.16	152.50	137.68	105.91	484.33	446.54	374.41	336.61	261.06	676.70	625.17	522.13	470.60	364.11
52	189.30	173.52	145.91	130.14	102.54	203.33	186.38	156.74	139.80	110.14	498.07	460.27	384.72	346.94	267.92	686.99	635.46	528.98	474.02	370.96
53	193.23	177.47	147.89	134.08	104.50	207.56	190.63	158.85	144.02	112.24	511.80	474.02	395.02	353.78	278.23	697.29	642.35	535.86	480.90	374.41
54	197.18	181.42	151.84	136.05	106.48	211.80	194.86	163.10	146.15	114.38	528.98	487.78	405.31	364.11	285.10	707.60	652.64	542.70	487.78	381.29
55	201.13	185.35	153.80	138.03	108.45	216.05	199.10	165.20	148.27	116.49	542.70	498.07	415.64	374.41	291.98	714.46	659.52	549.58	494.62	384.72
56	216.90	199.16	165.63	149.86	116.34	232.99	213.93	177.91	160.97	124.96	583.94	539.31	449.98	405.31	316.03	755.68	700.72	583.94	525.54	408.76
57	232.67	214.93	179.44	161.70	126.19	249.92	230.87	192.74	173.69	135.55	625.17	577.05	480.90	432.82	336.61	800.33	738.52	614.86	553.03	429.37
58	248.46	228.74	191.27	171.56	134.08	266.88	245.69	205.46	184.28	144.02	666.37	614.86	511.80	460.27	357.23	841.56	776.30	645.76	583.94	453.43
59	264.22	244.51	203.09	183.37	141.98	283.82	262.63	218.15	196.98	152.50	707.60	652.64	546.15	491.19	381.29	882.79	814.09	680.11	611.41	477.45
60	280.01	258.31	214.93	193.23	149.86	300.77	277.46	230.87	207.56	160.97	748.80	693.87	577.05	518.68	405.31	923.99	855.30	711.05	638.91	498.07
61	301.69	280.01	232.67	209.07	163.66	324.06	300.77	249.92	224.52	175.79	807.21	745.40	621.74	556.46	436.25	992.70	913.70	762.56	686.99	532.42
62	325.35	299.73	250.43	224.79	175.49	349.48	321.96	269.00	241.46	188.51	862.19	796.91	662.94	597.68	463.72	1,057.95	975.52	814.09	731.64	570.21
63	347.05	319.44	266.20	240.57	187.32	372.79	343.13	285.93	258.41	201.21	917.15	848.44	707.60	635.46	494.62	1,123.24	1,037.36	865.62	779.74	604.56
64	368.74	341.12	283.94	254.36	199.16	396.09	366.42	305.00	273.23	213.93	975.52	899.97	748.80	673.25	525.54	1,191.93	1,099.18	917.15	824.38	642.35
65	390.42	360.84	299.73	270.15	209.02	419.36	387.59	321.96	290.18	224.52	1,030.48	951.50	793.48	714.46	556.46	1,257.20	1,161.01	965.22	869.03	676.70
66	441.69	406.20	336.16	305.64	236.62	474.44	436.32	364.32	328.29	254.16	1,150.71	1,064.83	886.21	796.91	621.74	1,380.87	1,274.38	1,064.83	958.34	745.40
67	490.99	453.52	378.60	339.16	264.22	527.39	487.15	406.68	364.32	283.82	1,274.38	1,174.77	978.95	882.79	686.99	1,507.93	1,391.16	1,161.01	1,044.22	814.09
68	540.28	498.87	416.06	374.65	291.83	580.35	535.86	446.92	402.43	313.47	1,394.59	1,288.10	1,075.13	965.22	752.25	1,631.59	1,507.93	1,257.20	1,130.09	879.34
69	591.55	546.21	455.50	410.14	319.44	635.41	586.70	489.28	440.55	343.13	1,518.26	1,401.44	1,167.89	1,051.11	817.50	1,758.71	1,624.71	1,353.36	1,215.97	948.05
70	640.85	591.55	492.96	443.66	345.07	688.37	635.41	529.51	476.56	370.85	1,641.89	1,514.81	1,260.63	1,136.97	882.79	1,885.78	1,738.08	1,449.55	1,305.28	1,013.30
71	741.42	684.23	569.86	512.68	398.32	796.38	734.97	612.11	550.69	427.85	1,868.61	1,724.35	1,435.79	1,294.99	1,006.42	2,122.78	1,957.92	1,631.59	1,470.14	1,143.83
72	840.01	774.93	646.76	581.69	453.52	902.29	832.39	694.71	624.83	487.15	2,095.31	1,933.86	1,610.98	1,449.55	1,126.66	2,359.82	2,177.74	1,817.08	1,635.04	1,270.93
73	938.60	867.61	721.70	650.71	504.79	1,008.20	931.95	775.21	698.96	542.22	2,325.47	2,143.41	1,786.18	1,607.54	1,250.32	2,600.27	2,397.58	1,999.15	1,799.90	1,398.04
74	1,039.17	958.32	798.60	719.72	560.00	1,116.22	1,029.37	857.81	773.09	601.52	2,552.15	2,356.39	1,961.35	1,765.55	1,373.99	2,837.27	2,620.86	2,181.19	1,964.80	1,528.55
75	1,137.76	1,050.98	875.49	788.74	613.25	1,222.13	1,128.91	940.42	847.23	658.72	2,778.87	2,565.91	2,136.55	1,923.57	1,494.20	3,074.28	2,840.71	2,366.66	2,129.66	1,655.65
76	1,297.46	1,196.91	997.75	899.16	698.03	1,393.67	1,285.66	1,071.73	965.84	749.79	3,139.54	2,899.09	2,414.76	2,174.31	1,690.00	3,445.24	3,180.77	2,648.35	2,383.84	1,854.86
77	1,478.88	1,364.52	1,137.76	1,023.38	796.62	1,588.53	1,465.70	1,222.13	1,099.27	855.70	3,548.28	3,276.93	2,730.78	2,455.99	1,913.27	3,857.43	3,562.04	2,967.79	2,672.38	2,078.14
78	1,656.35	1,530.15	1,273.81	1,147.62	891.28	1,779.16	1,643.61	1,368.26	1,232.72	957.37	3,939.90	3,637.61	3,029.63	2,727.34	2,119.37	4,245.60	3,919.27	3,263.20	2,936.87	2,284.23
79	1,821.98	1,681.97	1,401.98	1,261.98	981.97	1,957.08	1,806.70	1,505.95	1,355.56	1,054.78	4,293.68	3,963.92	3,304.43	2,971.22	2,311.70	4,582.21	4,231.86	3,524.26	3,173.89	2,466.27
80	1,967.89	1,816.07	1,514.37	1,362.54	1,060.84	2,113.80	1,950.73	1,626.66	1,463.57	1,139.51	4,637.17	4,279.95	3,565.46	3,211.67	2,497.21	4,949.75	4,568.48	3,809.35	3,428.06	2,665.52
81	2,105.92	1,944.24	1,620.86	1,457.19	1,133.81	2,262.07	2,088.40	1,741.05	1,565.24	1,217.88	4,963.50	4,578.78	3,816.23	3,434.95	2,672.38	5,296.69	4,887.91	4,073.86	3,668.51	2,851.01
82	2,263.67	2,090.15	1,741.13	1,567.61	1,218.59	2,431.51	2,245.13	1,870.23	1,683.85	1,308.95	5,334.46	4,922.26	4,104.76	3,692.57	2,875.07	5,695.12	5,255.47	4,379.56	3,943.31	3,067.40
83	2,445.08	2,257.76	1,881.13	1,691.83	1,317.18	2,626.39	2,425.17	2,020.61	1,817.28	1,414.86	5,760.41	5,317.28	4,431.07	3,987.98	3,101.75	6,148.55	5,677.96	4,729.93	4,255.90	3,311.28
84	2,652.12	2,449.03	2,040.85	1,835.79	1,429.58	2,848.79	2,630.62	2,192.19	1,971.90	1,535.59	6,251.60	5,770.71	4,808.93	4,328.03	3,366.24	6,670.68	6,158.84	5,131.81	4,619.99	3,592.96
85	2,890.72	2,669.87	2,224.23	2,001.42	1,557.75	3,105.06	2,867.84	2,389.15	2,149.83	1,673.27	6,811.48	6,289.39	5,241.73	4,716.17	3,668.51	7,271.79	6,711.87	5,595.51	5,035.63	3,915.84
86	3,150.99	2,908.46	2,423.39	2,182.83	1,695.78	3,384.64	3,124.13	2,603.08	2,344.69	1,821.52	7,426.36	6,856.16	5,712.30	5,142.12	3,998.27	7,927.84	7,316.43	6,097.03	5,489.02	4,269.62
87	3,434.95	3,170.71	2,642.27	2,378.04	1,849.58	3,689.65	3,405.82	2,838.19	2,554.37	1,986.72	8,096.17	7,471.00	6,227.55	5,602.39	4,358.94	8,642.32	7,975.96	6,646.62	5,983.68	4,654.35
88	3,744.52	3,456.63	2,880.86																	

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low Bio Rate Increase - 74.2% High Bio Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Individual																			
	2190 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	
18-24	138.03	128.17	106.48	94.64	74.92	148.27	137.68	114.38	101.66	80.49	374.41	346.94	288.53	261.06	202.66	494.62	456.84	381.29	343.49	267.92
25-29	147.89	136.05	114.36	102.54	80.85	158.85	146.15	122.85	110.14	86.84	405.31	370.96	309.15	278.23	216.39	532.42	491.19	408.76	367.54	285.10
30-34	159.72	147.89	122.26	110.43	84.78	171.57	158.85	131.33	118.61	91.07	432.82	401.90	333.19	298.86	233.57	573.64	528.98	439.66	395.02	309.15
35-39	171.56	157.75	132.12	118.31	92.68	184.28	169.44	141.92	127.08	99.56	467.15	429.37	360.66	322.88	254.18	614.86	566.76	474.02	425.94	333.19
40-44	185.35	169.58	141.98	128.17	98.59	199.10	182.16	152.50	137.68	105.91	501.50	463.72	384.72	346.94	267.92	662.94	611.41	508.37	456.84	357.23
45	187.32	173.52	143.94	130.14	100.57	201.21	186.38	154.62	139.80	108.02	511.80	474.02	395.02	353.78	278.23	676.70	621.74	518.68	467.15	364.11
46	189.30	173.52	145.91	130.14	102.54	203.33	186.38	156.74	139.80	110.14	511.80	474.02	395.02	353.78	278.23	680.11	628.58	525.54	470.60	367.54
47	189.30	175.49	145.91	132.12	102.54	203.33	188.51	156.74	141.92	110.14	511.80	474.02	395.02	353.78	278.23	686.99	635.46	528.98	477.45	370.96
48	191.27	175.49	145.91	132.12	102.54	205.46	188.51	156.74	141.92	110.14	515.25	474.02	395.02	357.23	278.23	693.87	642.35	535.86	480.90	374.41
49	191.27	175.49	147.89	132.12	104.50	205.46	188.51	158.85	141.92	112.24	515.25	474.02	395.02	357.23	278.23	700.72	645.76	539.31	484.33	377.84
50	191.27	177.47	147.89	132.12	104.50	205.46	190.63	158.85	141.92	112.24	515.25	474.02	395.02	357.23	278.23	707.60	652.64	542.70	491.19	381.29
51	195.21	179.44	149.86	136.05	104.50	209.68	192.74	160.97	146.15	112.24	532.42	491.19	408.76	367.54	285.10	714.46	659.52	549.58	494.62	384.72
52	199.16	183.37	153.80	138.03	108.45	213.93	196.98	165.20	148.27	116.49	546.15	504.95	419.07	377.84	291.98	724.78	669.82	556.46	501.50	388.14
53	203.09	187.32	155.77	140.00	108.45	218.15	201.21	167.32	150.38	116.49	563.33	518.68	432.82	388.14	302.27	731.64	676.70	563.33	508.37	395.02
54	207.04	191.27	159.72	143.94	112.40	222.40	205.46	171.57	154.62	120.74	577.05	532.42	443.10	398.47	309.15	741.95	683.54	570.21	511.80	398.47
55	210.99	193.23	161.70	145.91	112.40	226.64	207.56	173.69	156.74	120.74	594.23	546.15	456.84	412.19	319.43	748.80	693.87	577.05	518.68	405.31
56	226.76	209.02	173.52	155.77	122.26	243.57	224.52	186.38	167.32	131.33	638.91	590.82	491.19	443.10	343.49	800.33	738.52	614.86	553.03	429.37
57	242.53	222.81	187.32	167.61	132.12	260.51	239.34	201.21	180.04	141.92	683.54	632.03	525.54	474.02	367.54	848.44	783.15	652.64	587.38	456.84
58	258.31	238.60	199.16	179.44	140.00	277.46	256.29	213.93	192.74	150.38	728.23	673.25	559.88	504.95	391.58	898.52	827.83	690.42	621.74	484.33
59	274.08	254.36	210.99	189.30	147.89	294.40	273.23	226.64	203.33	158.85	772.86	714.46	594.23	535.86	415.64	944.62	872.46	728.23	656.07	508.37
60	289.87	268.17	222.81	201.13	155.77	311.35	288.07	239.34	216.05	167.32	820.95	755.68	632.03	566.76	443.10	996.13	917.15	765.97	690.42	535.86
61	317.47	291.83	244.51	218.88	171.56	341.01	313.47	262.63	235.10	184.28	875.91	807.21	673.25	607.99	470.60	1,068.28	985.83	820.95	738.52	573.64
62	343.10	315.49	264.22	236.62	185.35	368.54	338.89	283.82	254.16	199.10	930.87	858.74	717.90	645.76	501.50	1,140.42	1,054.54	879.34	790.03	614.86
63	368.74	341.12	283.94	254.36	199.16	396.09	366.42	305.00	273.23	213.93	989.25	910.26	759.13	683.54	532.42	1,215.97	1,119.79	934.32	841.56	652.64
64	394.37	364.79	303.66	274.08	212.95	423.61	391.84	326.18	294.40	228.74	1,044.22	961.79	803.78	721.34	563.33	1,288.10	1,188.50	989.25	893.09	693.87
65	420.00	388.46	323.38	291.83	226.76	451.14	417.26	347.36	313.47	243.57	1,099.18	1,013.30	845.01	762.56	590.82	1,360.24	1,257.20	1,047.66	941.17	735.07
66	475.22	437.75	364.79	329.30	256.34	510.45	470.21	391.84	353.71	275.35	1,233.14	1,136.97	948.05	851.86	662.94	1,497.65	1,380.87	1,150.71	1,037.36	807.21
67	528.45	489.01	406.20	366.77	283.94	567.63	525.27	436.32	393.96	305.00	1,363.69	1,260.63	1,051.11	944.62	735.07	1,631.59	1,507.93	1,257.20	1,130.09	879.34
68	583.67	538.31	447.61	404.23	313.52	626.94	578.22	480.81	434.20	336.76	1,497.65	1,380.87	1,150.71	1,037.36	807.21	1,769.00	1,631.59	1,360.24	1,226.28	951.50
69	636.90	587.80	490.99	441.69	343.10	684.12	631.18	527.39	474.44	368.54	1,631.59	1,504.50	1,253.75	1,130.09	879.34	1,906.39	1,758.71	1,466.73	1,319.01	1,027.05
70	690.14	638.87	532.40	479.15	372.67	741.32	686.24	571.88	514.69	400.31	1,762.12	1,628.16	1,356.81	1,219.40	951.50	2,040.35	1,885.78	1,569.79	1,411.77	1,099.18
71	796.62	735.49	613.25	529.85	429.85	855.70	790.03	658.72	593.05	461.72	2,009.45	1,854.86	1,545.73	1,391.16	1,082.01	2,297.98	2,119.37	1,765.55	1,590.38	1,236.58
72	903.10	834.08	696.05	625.08	487.05	970.06	895.92	747.67	671.44	523.17	2,256.78	2,085.02	1,738.08	1,562.90	1,215.97	2,552.15	2,356.39	1,961.35	1,765.55	1,373.99
73	1,009.59	932.67	776.90	700.00	544.23	1,084.45	1,001.83	834.51	751.91	584.58	2,507.50	2,311.70	1,927.02	1,734.65	1,349.93	2,806.36	2,589.94	2,160.57	1,944.18	1,511.38
74	1,116.06	1,031.27	859.73	772.97	601.41	1,198.83	1,107.74	923.48	830.29	646.00	2,754.83	2,541.86	2,119.37	1,906.39	1,483.91	3,060.54	2,826.95	2,356.39	2,119.37	1,648.77
75	1,222.54	1,129.86	940.57	845.92	658.59	1,313.19	1,213.63	1,010.32	908.64	707.43	3,002.15	2,772.01	2,308.29	2,078.14	1,614.42	3,318.16	3,060.54	2,552.15	2,297.98	1,786.18
76	1,394.10	1,287.61	1,072.68	966.20	751.27	1,497.48	1,383.08	1,152.22	1,037.84	806.99	3,390.30	3,132.67	2,610.56	2,349.51	1,827.41	3,716.63	3,428.06	2,857.89	2,572.78	1,989.15
77	1,589.31	1,467.05	1,222.54	1,100.28	855.78	1,707.16	1,575.83	1,313.19	1,181.87	919.23	3,833.41	3,538.00	2,947.17	2,651.79	2,064.41	4,159.72	3,840.26	3,201.38	2,881.91	2,239.60
78	1,780.57	1,644.51	1,370.43	1,232.40	960.29	1,912.59	1,766.46	1,472.04	1,323.79	1,031.50	4,255.90	3,926.14	3,273.50	2,943.75	2,291.11	4,575.36	4,224.98	3,520.83	3,167.03	2,466.27
79	1,958.03	1,808.18	1,506.48	1,356.62	1,054.93	2,103.22	1,942.26	1,618.19	1,457.22	1,133.16	4,637.17	4,279.95	3,565.46	3,211.67	2,497.21	4,942.87	4,561.60	3,802.49	3,421.22	2,662.09
80	2,115.78	1,952.12	1,626.77	1,465.07	1,139.72	2,272.66	2,096.87	1,747.39	1,573.71	1,224.23	5,008.15	4,623.44	3,854.02	3,465.85	2,696.42	5,337.91	4,929.15	4,104.76	3,696.00	2,875.07
81	2,263.67	2,090.15	1,741.13	1,567.61	1,218.59	2,431.51	2,245.13	1,870.23	1,683.85	1,308.95	5,358.51	4,946.32	4,121.94	3,709.75	2,885.36	5,712.30	5,272.63	4,393.29	3,953.63	3,074.28
82	2,433.25	2,245.92	1,871.27	1,683.95	1,309.30	2,613.67	2,412.45	2,010.03	1,808.82	1,406.39	5,760.41	5,317.28	4,431.07	3,987.98	3,101.75	6,141.66	5,667.67	4,723.05	4,252.45	3,307.85
83	2,628.46	2,425.36	2,021.14	1,820.00	1,415.77	2,823.35	2,605.20	2,171.00	1,954.95	1,520.75	6,220.70	5,743.23	4,784.87	4,307.41	3,349.06	6,632.89	6,121.09	5,100.89	4,592.54	3,572.34
84	2,851.28	2,632.41	2,192.69	1,973.82	1,534.09	3,062.70	2,827.60	2,355.27	2,120.17	1,647.85	6,749.68	6,230.98	5,193.65	4,674.97	3,634.16	7,196.20	6,643.19	5,533.71	4,980.67	3,874.61
85	3,107.62	2,869.03	2,389.88	2,151.28	1,672.11	3,338.05	3,081.76	2,567.09	2,310.80	1,796.10	7,357.67	6,790.89	5,660.79	5,094.01	3,963.92	7,841.96	7,240.85	6,031.76	5,430.65	4,221.55
86	3,387.61	3,127.34	2,604.80	2,344.51	1,823.95	3,638.80	3,359.24	2,797.94	2,518.36	1,959.20	8,020.60	7,402.32	6,169.17	5,550.88	4,317.74	8,549.58	7,890.08	6,574.48	5,918.39	4,602.83
87	3,691.29	3,407.33	2,839.45	2,555.51	1,987.61	3,964.99	3,659.99	3,050.00	2,745.00	2,134.99	8,741.93	8,068.68	6,725.62	6,052.39	4,709.32	9,319.00	8,601.09	7,168.75	6,450.82	5,018.46

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Individual																			
	2920 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	153.80	141.98	118.31	106.48	82.82	165.20	152.50	127.08	114.38	88.97	415.64	384.72	319.43	288.53	223.27	549.58	508.37	422.49	381.29	295.41
25-29	165.63	151.84	126.19	114.36	88.73	177.91	163.10	135.55	122.85	95.31	446.54	412.19	343.49	309.15	240.45	590.82	546.15	453.43	408.76	316.03
30-34	177.47	163.66	136.05	122.26	94.64	190.63	175.79	146.15	131.33	101.66	480.90	446.54	370.96	333.19	261.06	635.46	587.38	487.78	439.66	340.06
35-39	191.27	175.49	145.91	132.12	102.54	205.46	188.51	156.74	141.92	110.14	518.68	477.45	398.47	357.23	278.23	683.54	632.03	525.54	474.02	367.54
40-44	205.07	189.30	157.75	143.98	110.43	220.27	203.33	169.44	152.50	118.61	556.46	515.25	429.37	384.72	302.27	735.07	680.11	566.76	508.37	398.47
45	209.02	193.23	159.72	141.94	112.40	224.52	207.56	171.57	154.62	120.74	566.76	525.54	436.25	391.58	305.70	748.80	690.42	577.05	518.68	405.31
46	209.02	193.23	161.70	145.91	112.40	224.52	207.56	173.69	156.74	120.74	570.21	525.54	436.25	395.02	305.70	755.68	697.29	580.50	522.13	405.31
47	210.99	193.23	161.70	145.91	112.40	226.64	207.56	173.69	156.74	120.74	570.21	525.54	439.66	395.02	309.15	762.56	704.17	587.38	528.98	412.19
48	210.99	195.21	161.70	145.91	112.40	226.64	209.68	173.69	156.74	120.74	570.21	525.54	439.66	395.02	309.15	769.42	711.05	594.23	532.42	415.64
49	210.99	195.21	163.66	145.91	114.36	226.64	209.68	175.79	156.74	122.85	570.21	525.54	439.66	395.02	309.15	776.30	717.90	597.68	539.31	419.07
50	212.95	197.18	163.66	147.89	114.36	228.74	211.80	175.79	158.85	122.85	570.21	528.98	439.66	395.02	309.15	786.60	724.78	604.56	542.70	422.49
51	216.90	201.13	167.61	149.86	118.31	232.99	216.05	180.04	160.97	127.08	587.38	542.70	453.43	408.76	316.03	793.48	735.07	611.41	549.58	429.37
52	220.85	203.09	169.58	153.80	118.31	237.22	218.15	182.16	165.20	127.08	604.56	559.88	467.15	419.07	326.31	803.78	741.95	618.29	556.46	432.82
53	224.79	207.04	173.52	155.77	122.26	241.46	222.40	186.38	167.32	131.33	625.17	577.05	480.90	432.82	336.61	814.09	752.25	625.17	563.33	436.25
54	228.74	210.99	175.49	157.75	122.26	245.69	226.64	188.51	169.44	131.33	642.35	590.82	494.62	443.10	346.94	824.38	759.13	632.03	570.21	443.10
55	232.67	214.93	179.44	161.70	126.19	249.92	230.87	192.74	173.69	135.55	659.52	607.99	504.95	456.84	353.78	831.26	769.42	638.91	577.05	446.54
56	250.43	232.67	193.23	173.52	136.05	269.00	249.92	207.56	186.38	146.15	707.60	652.64	546.15	491.19	381.29	886.21	817.50	683.54	614.86	477.45
57	268.17	248.46	207.04	185.35	145.91	288.07	266.88	222.40	199.10	156.74	759.13	700.72	583.94	525.54	408.76	941.17	869.03	724.78	652.64	508.37
58	285.92	264.22	220.85	199.16	153.80	307.12	283.82	237.22	213.93	165.20	810.66	745.40	621.74	559.88	436.25	996.13	920.56	765.97	690.42	535.86
59	303.66	281.97	234.65	210.99	163.66	326.18	302.87	252.04	226.64	175.79	858.74	793.48	662.94	594.23	463.72	1,051.11	968.67	807.21	728.23	566.76
60	323.38	297.75	248.46	222.81	173.52	347.36	319.82	266.88	239.34	186.38	910.26	841.56	700.72	628.58	491.19	1,106.07	1,020.18	848.44	765.97	594.23
61	350.98	323.38	270.15	242.53	189.30	377.00	347.36	290.18	260.51	203.33	972.07	896.52	748.80	673.25	525.54	1,185.05	1,095.74	913.70	820.95	638.91
62	380.56	350.98	291.83	264.22	205.07	408.76	377.00	313.47	283.82	220.27	1,033.93	954.91	796.91	714.46	556.46	1,265.00	1,171.32	975.52	875.91	683.54
63	410.14	378.60	315.49	283.94	220.85	440.55	406.68	338.89	305.00	237.22	1,095.74	1,013.30	841.56	759.13	590.82	1,349.93	1,243.46	1,037.36	934.32	724.78
64	437.75	404.23	337.19	303.66	236.62	470.21	434.20	362.18	326.18	254.16	1,157.59	1,068.28	889.64	800.33	621.74	1,428.95	1,319.01	1,099.18	989.25	769.42
65	467.33	431.83	358.88	323.38	250.43	501.98	463.86	385.49	347.36	269.00	1,219.40	1,126.66	937.74	845.01	656.07	1,511.38	1,394.59	1,161.01	1,047.66	814.09
66	526.49	487.05	406.20	364.79	283.94	565.53	523.17	436.32	391.84	305.00	1,367.10	1,260.63	1,051.11	948.05	735.07	1,662.51	1,535.43	1,277.81	1,150.71	893.09
67	587.60	542.26	451.55	406.20	315.49	631.18	582.47	485.03	436.32	338.89	1,514.81	1,398.04	1,164.44	1,047.66	814.09	1,813.65	1,672.83	1,394.59	1,253.75	975.52
68	646.76	597.46	496.91	447.61	347.05	694.71	641.76	533.76	480.81	372.79	1,662.51	1,535.43	1,277.81	1,150.71	893.09	1,964.80	1,813.65	1,511.38	1,360.24	1,057.95
69	707.89	652.68	544.23	489.01	380.56	760.38	701.08	584.58	525.27	408.76	1,810.23	1,669.39	1,391.16	1,253.75	975.52	2,115.94	1,951.04	1,628.16	1,463.30	1,140.42
70	767.04	707.89	589.58	530.42	412.11	823.92	760.38	633.30	569.75	442.67	1,957.92	1,806.78	1,504.50	1,353.36	1,054.54	2,267.06	2,091.88	1,741.53	1,569.79	1,219.40
71	885.35	816.34	680.28	613.25	477.19	951.00	876.87	730.73	658.72	512.57	2,232.72	2,060.96	1,717.47	1,545.73	1,202.22	2,548.74	2,352.94	1,961.35	1,765.55	1,373.99
72	1,003.66	926.76	770.99	694.09	540.28	1,078.08	995.48	828.16	745.55	580.35	2,507.50	2,315.15	1,927.02	1,734.65	1,349.93	2,833.83	2,613.99	2,177.74	1,961.35	1,525.10
73	1,121.97	1,035.22	861.70	776.90	603.39	1,205.16	1,111.97	925.60	834.51	648.13	2,782.30	2,569.33	2,139.96	1,927.02	1,497.65	3,115.51	2,875.07	2,397.58	2,157.14	1,679.69
74	1,240.28	1,143.67	954.37	857.75	668.45	1,332.26	1,228.47	1,025.14	921.35	718.02	3,057.11	2,823.54	2,352.94	2,115.94	1,648.77	3,400.59	3,136.09	2,613.99	2,352.94	1,830.81
75	1,356.62	1,254.09	1,045.08	940.57	731.56	1,457.22	1,347.09	1,122.57	1,010.32	785.80	3,331.89	3,074.28	2,562.48	2,308.29	1,793.06	3,682.27	3,400.59	2,833.83	2,548.74	1,985.39
76	1,547.89	1,427.61	1,190.99	1,070.70	834.08	1,662.67	1,533.47	1,279.29	1,150.10	895.92	3,764.71	3,478.18	2,895.64	2,607.11	2,026.63	4,125.37	3,805.90	3,173.89	2,854.44	2,222.43
77	1,764.80	1,628.74	1,356.62	1,220.57	950.43	1,895.65	1,749.52	1,457.22	1,311.07	1,020.90	4,255.90	3,926.14	3,273.50	2,947.17	2,291.11	4,619.99	4,262.78	3,551.73	3,197.95	2,486.90
78	1,975.79	1,823.95	1,520.29	1,368.45	1,064.79	2,122.29	1,959.20	1,633.02	1,469.92	1,143.75	4,723.05	4,358.94	3,634.16	3,270.08	2,545.31	5,080.28	4,688.70	3,908.96	3,517.38	2,737.66
79	2,172.97	2,007.33	1,672.11	1,504.51	1,171.27	2,334.10	2,156.16	1,796.10	1,616.07	1,258.12	5,148.99	4,750.52	3,960.49	3,565.46	2,772.01	5,485.61	5,066.54	4,221.55	3,799.06	2,954.05
80	2,348.46	2,167.05	1,806.21	1,624.79	1,263.95	2,522.60	2,327.74	1,940.15	1,745.27	1,357.68	5,561.18	5,131.81	4,276.51	3,850.59	2,995.28	5,925.27	5,471.85	4,558.19	4,101.31	3,191.07
81	2,512.12	2,318.89	1,932.40	1,739.17	1,352.69	2,698.39	2,490.84	2,075.69	1,868.13	1,452.98	5,949.33	5,492.47	4,575.36	4,118.49	3,201.38	6,340.91	5,853.14	4,877.62	4,389.86	3,414.34
82	2,699.45	2,492.40	2,076.34	1,869.30	1,453.25	2,899.62	2,677.22	2,230.30	2,007.91	1,561.01	6,395.87	5,904.67	4,918.85	4,427.64	3,441.83	6,818.36	6,292.84	5,245.18	4,719.62	3,671.94
83	2,916.35	2,691.56	2,243.95	2,019.16	1,571.56	3,132.60	2,891.15	2,410.34	2,168.88	1,688.09	6,907.67	6,375.27	5,313.87	4,781.46	3,720.04	7,361.08	6,794.31	5,664.22	5,097.46	3,963.92
84	3,164.80	2,920.30	2,433.25	2,190.72	1,703.67	3,399.48	3,136.84	2,613.67	2,353.16	1,829.99	7,495.06	6,917.97	5,763.83	5,186.77	4,036.06	7,986.25	7,374.84	6,145.11	5,530.26	4,300.56
85	3,448.75	3,184.52	2,652.12	2,387.90	1,857.48	3,704.47	3,420.65	2,848.79	2,564.97	1,995.21	8,168.29	7,539.71	6,282.51	5,653.92	4,396.74	8,707.58	8,037.78	6,698.15	6,028.33	4,688.70
86	3,758.33	3,470.44	2,892.70	2,602.83	2,025.09	4,037.01	3,727.77	3,107.20	2,795.83	2,175.25	8,903.40	8,219.82	6,849.28	6,162.29	4,795.19	9,490.75	8,759.11	7,299.26	6,571.03	5,111.18
87	4,097.48	3,781.98	3,152.97	2,837.47	2,206.49	4,401.31	4,062.42	3,386.76	3,047.87	2,370.09	9,703.72	8,958.32	7,464.12	6,718.75	5,224.55	10,346.07</				

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Individual																			
	3650 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	163.66	151.84	126.19	114.36	88.73	175.79	163.10	135.55	122.85	95.31	446.54	412.19	343.49	309.15	240.45	587.38	542.70	453.43	408.76	316.03
25-29	177.47	163.66	136.05	122.26	94.64	190.63	175.79	146.15	131.33	101.66	480.90	443.10	367.54	333.19	257.62	632.03	583.94	487.78	439.66	340.06
30-34	189.30	175.49	145.91	132.12	102.54	203.33	188.51	156.74	141.92	110.14	515.25	477.45	398.47	357.23	278.23	680.11	628.58	522.13	470.60	364.11
35-39	203.09	189.30	157.75	141.98	110.43	218.15	203.33	169.44	152.50	118.61	556.46	511.80	425.94	384.72	298.86	731.64	676.70	563.33	504.95	395.02
40-44	218.88	203.09	169.58	151.84	118.31	235.10	218.15	182.16	163.10	127.08	597.68	549.58	460.27	412.19	322.88	786.60	724.78	604.56	546.15	422.49
45	222.81	205.07	171.56	153.80	120.29	239.34	220.27	184.28	165.20	129.21	607.99	559.88	467.15	422.49	326.31	800.33	741.95	618.29	556.46	432.82
46	224.79	207.04	171.56	155.77	120.29	241.46	222.40	184.28	167.32	129.21	607.99	563.33	467.15	422.49	326.31	810.66	748.80	621.74	559.88	436.25
47	224.79	207.04	173.52	155.77	122.26	241.46	222.40	186.38	167.32	131.33	607.99	563.33	467.15	422.49	326.31	817.50	755.68	628.58	566.76	439.66
48	226.76	209.02	173.52	155.77	122.26	243.57	224.52	186.38	167.32	131.33	611.41	563.33	470.60	422.49	329.76	824.38	762.56	635.46	570.21	446.54
49	226.76	209.02	173.52	157.75	122.26	243.57	224.52	186.38	169.44	131.33	611.41	563.33	470.60	422.49	329.76	831.26	769.42	638.91	577.05	446.54
50	226.76	210.99	175.49	157.75	122.26	243.57	226.64	188.51	169.44	131.33	611.41	563.33	470.60	422.49	329.76	841.56	776.30	645.76	580.50	453.43
51	232.67	214.93	179.44	159.72	126.19	249.92	230.87	192.74	171.57	135.55	628.58	580.50	484.33	436.25	340.06	851.86	786.60	652.64	587.38	456.84
52	236.62	218.88	181.42	163.66	126.19	254.16	235.10	194.86	175.79	135.55	649.19	597.68	498.07	449.98	350.37	858.74	793.48	662.94	594.23	463.72
53	240.57	222.81	185.35	167.61	130.14	258.41	239.34	199.10	180.04	139.80	666.37	614.86	511.80	460.27	357.23	869.03	803.78	669.82	601.11	470.60
54	244.51	226.76	189.30	169.58	132.12	262.63	243.57	203.33	182.16	141.92	686.99	632.03	528.98	474.02	370.96	879.34	814.09	676.70	607.99	474.02
55	250.43	230.71	191.27	173.52	134.08	269.00	247.82	205.46	186.38	144.02	704.17	649.19	542.70	487.78	381.29	889.64	820.95	683.54	614.86	477.45
56	268.17	248.46	207.04	185.35	145.91	288.07	266.88	222.40	199.10	156.74	759.13	700.72	583.94	525.54	408.76	948.05	875.91	728.23	656.07	508.37
57	287.89	266.20	220.85	199.16	153.80	309.24	285.93	237.22	213.93	165.20	810.66	748.80	625.17	563.33	436.25	1,006.42	930.87	776.30	697.29	542.70
58	307.61	283.94	236.62	212.95	165.63	330.43	305.00	254.16	228.74	177.91	865.62	800.33	666.37	601.11	467.15	1,064.83	982.40	820.95	738.52	573.64
59	325.35	301.69	250.43	224.79	175.49	349.48	324.06	269.00	241.46	188.51	920.56	848.44	707.60	635.46	494.62	1,123.24	1,037.36	865.62	779.74	604.56
60	345.07	319.44	266.20	238.60	187.32	370.65	343.13	285.93	256.29	201.21	972.07	899.97	748.80	673.25	525.54	1,181.62	1,092.30	910.26	817.50	638.91
61	376.62	347.05	289.87	260.29	203.09	404.56	372.79	311.35	279.60	218.15	1,040.78	958.34	800.33	721.34	559.88	1,270.93	1,171.32	975.52	879.34	683.54
62	406.20	376.62	313.52	281.97	218.88	436.32	404.56	336.76	302.87	235.10	1,106.07	1,020.18	851.86	765.97	597.68	1,356.81	1,250.32	1,044.22	937.74	731.64
63	437.75	404.23	337.19	303.66	236.62	470.21	434.20	362.18	326.18	254.16	1,171.32	1,082.01	903.38	810.66	632.03	1,442.67	1,332.75	1,109.48	999.58	776.30
64	469.29	433.80	360.84	325.35	252.39	504.08	465.97	387.59	349.48	271.10	1,240.03	1,143.83	954.91	858.74	669.82	1,528.55	1,411.77	1,178.17	1,057.95	824.38
65	500.84	461.41	384.51	347.05	270.15	537.97	495.61	413.03	372.79	290.18	1,305.28	1,205.67	1,003.01	903.38	700.72	1,617.87	1,490.77	1,243.46	1,119.79	869.03
66	563.95	520.56	433.80	390.42	303.66	605.77	559.16	465.97	419.36	326.18	1,463.30	1,349.93	1,126.66	1,013.30	790.03	1,779.30	1,641.89	1,367.10	1,229.70	958.34
67	629.01	579.72	483.10	435.78	339.16	675.66	622.71	518.92	468.09	364.32	1,621.30	1,497.65	1,246.87	1,123.24	872.46	1,940.74	1,789.61	1,490.77	1,343.06	1,044.22
68	692.12	638.87	532.40	479.15	372.67	743.44	686.24	571.88	514.69	400.31	1,779.30	1,641.89	1,367.10	1,229.70	958.34	2,102.19	1,940.74	1,617.87	1,456.42	1,133.54
69	757.18	698.03	581.69	524.51	408.18	813.32	749.79	624.83	563.41	438.45	1,937.30	1,786.18	1,490.77	1,339.63	1,044.22	2,283.62	2,088.43	1,741.53	1,566.34	1,219.40
70	820.29	757.18	630.99	567.88	441.69	881.12	813.32	677.77	609.99	474.44	2,091.88	1,933.86	1,610.98	1,449.55	1,126.66	2,425.07	2,239.60	1,865.16	1,679.69	1,305.28
71	946.48	873.52	727.61	656.62	508.73	1,016.67	938.28	781.56	705.31	546.44	2,387.29	2,205.25	1,837.69	1,652.22	1,288.10	2,727.34	2,517.80	2,098.76	1,889.22	1,470.14
72	1,072.68	991.83	826.20	743.39	577.74	1,152.22	1,065.38	887.45	798.52	620.58	2,682.70	2,476.60	2,064.41	1,858.31	1,446.12	3,029.63	2,799.48	2,332.33	2,098.76	1,631.59
73	1,198.87	1,108.18	922.61	830.15	646.76	1,287.76	1,190.36	991.24	891.70	694.71	2,978.11	2,747.95	2,291.11	2,060.96	1,604.14	3,335.34	3,077.71	2,565.91	2,308.29	1,796.47
74	1,327.04	1,224.52	1,019.45	918.88	713.81	1,425.44	1,315.32	1,095.03	987.01	766.74	3,270.08	3,019.30	2,514.39	2,263.62	1,758.71	3,637.61	3,355.95	2,799.48	2,517.80	1,961.35
75	1,453.25	1,340.85	1,118.04	1,005.64	782.83	1,561.01	1,440.28	1,200.94	1,080.20	840.88	3,565.46	3,290.67	2,741.07	2,469.72	1,920.14	3,939.90	3,637.61	3,029.63	2,727.34	2,119.37
76	1,656.35	1,528.18	1,273.81	1,145.64	891.28	1,779.16	1,641.49	1,368.26	1,230.60	957.37	4,029.18	3,720.04	3,098.34	2,789.19	2,167.45	4,413.90	4,073.86	3,393.71	3,053.66	2,376.99
77	1,887.06	1,743.10	1,451.28	1,307.32	1,015.50	2,026.98	1,872.35	1,558.89	1,404.26	1,090.80	4,551.31	4,200.92	3,500.20	3,153.26	2,449.11	4,942.87	4,561.60	3,802.49	3,421.22	2,662.09
78	2,113.82	1,952.12	1,626.77	1,463.11	1,139.72	2,270.55	2,096.87	1,747.39	1,571.59	1,224.23	5,052.81	4,664.64	3,888.37	3,496.77	2,720.48	5,437.51	5,018.46	4,183.74	3,764.71	2,929.99
79	2,324.80	2,147.33	1,788.47	1,609.02	1,252.12	2,497.17	2,306.56	1,921.07	1,728.33	1,344.96	5,509.65	5,083.71	4,235.27	3,812.79	2,964.34	5,870.31	5,420.34	4,516.95	4,063.53	3,163.59
80	2,512.12	2,318.89	1,932.40	1,739.17	1,352.69	2,698.39	2,490.84	2,075.69	1,868.13	1,452.98	5,949.33	5,492.47	4,575.36	4,118.49	3,201.38	6,340.91	5,853.14	4,877.62	4,389.86	3,414.34
81	2,687.61	2,480.57	2,066.48	1,861.41	1,447.33	2,886.90	2,664.50	2,219.71	1,999.44	1,554.64	6,364.94	5,873.76	4,894.79	4,407.02	3,428.06	6,784.01	6,265.33	5,221.12	4,698.99	3,654.77
82	2,888.75	2,665.93	2,222.27	1,999.44	1,555.78	3,102.95	2,863.61	2,387.05	2,147.69	1,671.13	6,842.42	6,316.86	5,262.36	4,736.78	3,682.27	7,295.83	6,732.50	5,612.69	5,049.36	3,929.57
83	3,119.46	2,880.86	2,399.74	2,159.16	1,680.01	3,350.77	3,094.48	2,577.68	2,319.27	1,804.58	7,388.57	6,821.81	5,684.84	5,114.63	3,981.10	7,879.76	7,271.79	6,059.23	5,454.69	4,242.15
84	3,385.66	3,125.37	2,604.80	2,344.51	1,823.95	3,636.70	3,357.11	2,797.94	2,518.36	1,959.20	8,017.15	7,402.32	6,169.17	5,550.88	4,317.74	8,546.13	7,890.08	6,574.48	5,918.39	4,602.83
85	3,689.32	3,405.37	2,837.47	2,553.53	1,985.65	3,962.88	3,657.89	3,047.87	2,742.88	2,132.89	8,738.50	8,068.68	6,722.20	6,048.94	4,705.87	9,315.59	8,601.09	7,165.30	6,450.82	5,015.03
86	4,022.55	3,712.97	3,093.81	2,784.24	2,165.07	4,320.83	3,988.28	3,323.21	2,990.70	2,325.62	9,525.10	8,793.46	7,326.73	6,595.09	5,128.36	10,157.15	9,373.96	7,811.06	7,031.34	5,468.45
87	4,383.39	4,046.22	3,371.85	3,034.66	2,360.30	4,708.42	4,346.25	3,621.87	3,259.68	2,535.32	10,383.84	9,583.49	7,986.25							



## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 164% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Individual																			
	Unlimited										5% Compound BIO									
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	183.37	169.58	141.98	126.19	98.59	196.98	182.16	152.50	135.55	105.91	754.83	697.54	583.04	525.78	406.03	999.50	921.41	770.43	692.34	541.38
25-29	197.18	181.42	151.84	136.05	106.48	211.80	194.86	163.10	146.15	114.38	812.09	749.60	624.68	562.19	437.26	1,072.37	994.28	827.69	744.40	577.84
30-34	212.95	195.21	163.66	147.89	114.36	228.74	209.68	175.79	158.85	122.85	874.53	806.89	671.51	603.87	468.52	1,155.66	1,067.17	890.18	801.66	624.68
35-39	228.74	210.99	175.49	157.75	122.26	245.69	226.64	188.51	169.44	131.33	942.24	869.35	723.57	650.71	504.95	1,244.15	1,145.23	957.84	858.92	671.51
40-44	246.48	226.76	189.30	169.58	132.12	264.76	243.57	203.33	182.16	141.92	1,009.88	937.02	780.86	702.77	546.59	1,337.87	1,233.75	1,025.53	926.59	718.37
45	250.43	230.71	191.27	173.52	134.08	269.00	247.82	205.46	186.38	144.02	1,030.71	952.62	796.46	713.20	557.01	1,363.90	1,254.58	1,046.34	942.24	734.00
46	250.43	230.71	193.23	173.52	136.05	269.00	247.82	207.56	186.38	146.15	1,030.71	952.62	796.46	713.20	557.01	1,374.28	1,270.18	1,056.74	952.62	739.23
47	252.39	232.67	193.23	173.52	136.05	271.10	249.92	207.56	186.38	146.15	1,035.91	952.62	796.46	713.20	557.01	1,389.93	1,280.61	1,067.17	963.05	749.60
48	252.39	232.67	195.21	175.49	136.05	271.10	249.92	209.68	188.51	146.15	1,035.91	952.62	796.46	718.37	557.01	1,400.31	1,290.99	1,077.60	968.27	754.83
49	254.36	234.65	195.21	175.49	136.05	273.23	252.04	209.68	188.51	146.15	1,035.91	957.84	796.46	718.37	557.01	1,415.96	1,306.64	1,087.97	978.65	760.03
50	254.36	234.65	195.21	175.49	136.05	273.23	252.04	209.68	188.51	146.15	1,035.91	957.84	796.46	718.37	557.01	1,426.34	1,317.02	1,098.40	989.08	770.43
51	260.29	240.57	199.16	179.44	140.00	279.60	258.41	213.93	192.74	150.38	1,067.17	983.85	822.47	739.23	577.84	1,441.99	1,332.65	1,108.80	999.50	775.63
52	264.22	244.51	203.09	183.37	141.98	283.82	262.63	218.15	196.98	152.50	1,098.40	1,015.11	848.50	760.03	593.45	1,462.80	1,348.25	1,124.43	1,009.88	786.06
53	270.15	248.46	207.04	187.32	145.91	290.18	266.88	222.40	201.21	156.74	1,129.66	1,046.34	869.35	786.06	609.07	1,478.40	1,363.90	1,134.80	1,025.53	796.46
54	274.08	252.39	210.99	189.30	147.89	294.40	271.10	226.64	203.33	158.85	1,166.06	1,072.37	895.38	806.89	624.68	1,494.03	1,379.51	1,150.46	1,035.91	806.89
55	280.01	258.31	214.93	193.23	149.86	300.77	277.46	230.87	207.56	160.97	1,197.29	1,103.63	921.41	827.69	645.51	1,509.63	1,395.11	1,160.83	1,046.34	812.09
56	301.69	278.03	230.71	209.02	161.70	324.06	296.65	247.82	224.52	173.69	1,285.81	1,186.86	989.08	890.18	692.34	1,608.55	1,488.83	1,238.93	1,114.00	869.35
57	321.40	297.75	248.46	222.81	173.52	345.23	319.82	266.88	239.34	186.38	1,379.51	1,275.38	1,061.94	952.62	744.40	1,707.45	1,577.29	1,317.02	1,181.69	921.41
58	343.10	317.47	264.22	238.60	185.35	368.54	341.01	283.82	256.29	199.10	1,468.02	1,358.68	1,129.66	1,020.31	791.29	1,811.54	1,671.01	1,389.93	1,254.58	973.47
59	364.79	337.19	280.01	252.39	195.21	391.84	362.18	300.77	271.10	209.68	1,561.69	1,441.99	1,202.52	1,082.77	843.32	1,910.49	1,759.51	1,468.02	1,322.22	1,025.53
60	386.48	356.91	297.75	268.17	209.02	415.15	383.37	319.82	288.07	224.52	1,650.21	1,525.23	1,270.18	1,145.23	890.18	2,009.38	1,853.23	1,546.09	1,389.93	1,082.77
61	421.97	388.46	323.38	291.83	226.76	453.25	417.26	347.36	313.47	243.57	1,764.71	1,629.36	1,358.68	1,223.32	952.62	2,155.14	1,988.58	1,655.39	1,494.03	1,160.83
62	455.50	420.00	350.98	315.49	246.48	489.28	451.14	377.00	338.89	264.76	1,879.26	1,733.48	1,441.99	1,301.41	1,009.88	2,300.92	2,123.88	1,769.94	1,592.95	1,238.93
63	490.99	453.52	376.62	339.16	264.22	527.39	487.15	404.56	364.32	283.82	1,988.58	1,837.57	1,530.46	1,379.51	1,072.37	2,446.65	2,259.26	1,884.46	1,697.04	1,317.02
64	524.51	485.08	404.23	362.82	283.94	563.41	521.04	434.20	389.72	305.00	2,103.08	1,941.69	1,618.98	1,457.60	1,134.80	2,597.63	2,394.61	1,998.96	1,795.94	1,400.31
65	560.00	516.63	429.85	388.46	301.69	601.52	558.94	461.72	417.26	324.06	2,217.63	2,045.82	1,702.27	1,535.66	1,192.09	2,743.41	2,529.96	2,108.30	1,900.06	1,478.40
66	630.99	583.67	485.08	437.75	339.16	677.77	626.94	521.04	470.21	364.32	2,483.10	2,290.49	1,910.49	1,717.87	1,337.87	3,019.29	2,785.02	2,321.72	2,087.47	1,624.18
67	703.95	648.73	540.28	487.05	378.60	756.16	696.84	580.35	523.17	406.68	2,748.58	2,540.34	2,113.50	1,905.29	1,478.40	3,289.99	3,040.09	2,535.17	2,280.06	1,775.14
68	774.93	715.77	597.46	536.35	418.04	832.39	768.84	641.76	576.12	449.04	3,019.29	2,785.02	2,321.72	2,087.47	1,624.18	3,565.87	3,289.99	2,743.41	2,467.48	1,920.89
69	847.89	782.83	652.68	587.60	457.47	910.76	840.88	701.08	631.18	491.40	3,284.77	3,034.89	2,524.74	2,274.89	1,769.94	3,841.75	3,545.07	2,956.80	2,660.09	2,071.85
70	918.88	847.89	707.89	636.90	494.94	987.01	910.76	760.38	684.12	531.64	3,555.45	3,279.57	2,732.98	2,462.25	1,915.66	4,117.69	3,800.12	3,165.02	2,847.50	2,217.63
71	1,060.84	980.01	816.34	733.53	571.83	1,139.51	1,052.68	876.87	787.91	614.24	4,050.00	3,742.86	3,118.18	2,805.84	2,181.17	4,627.81	4,273.84	3,560.67	3,260.70	2,493.51
72	1,202.82	1,110.14	924.79	832.12	646.76	1,292.01	1,192.46	993.36	893.82	694.71	4,549.75	4,200.98	3,503.39	3,149.41	2,451.87	5,143.17	4,747.56	3,956.30	3,560.67	2,769.44
73	1,342.83	1,240.28	1,033.24	930.71	723.67	1,442.40	1,332.26	1,109.66	999.73	777.33	5,049.48	4,664.27	3,888.64	3,498.21	2,722.55	5,658.58	5,221.26	4,351.93	3,919.85	3,045.32
74	1,484.79	1,370.43	1,141.69	1,027.33	798.60	1,594.88	1,472.04	1,226.35	1,103.50	857.81	5,549.23	5,122.37	4,268.64	3,841.75	2,988.03	6,173.93	5,700.18	4,747.56	4,273.84	3,321.20
75	1,628.77	1,502.55	1,252.12	1,125.92	877.47	1,747.39	1,613.97	1,344.96	1,209.41	942.53	6,048.98	5,585.66	4,653.84	4,190.55	3,258.76	6,689.26	6,173.93	5,143.17	4,627.81	3,602.33
76	1,853.53	1,711.55	1,425.63	1,283.67	997.75	1,990.97	1,838.46	1,531.35	1,378.85	1,071.73	6,840.21	6,314.46	5,257.72	4,731.94	3,680.42	7,490.92	6,913.10	5,762.67	5,184.85	4,034.40
77	2,113.82	1,952.12	1,626.77	1,463.11	1,139.72	2,270.55	2,096.87	1,747.39	1,571.59	1,224.23	7,725.19	7,131.75	5,944.88	5,351.41	4,159.32	8,386.33	7,746.00	6,455.01	5,809.53	4,518.49
78	2,368.18	2,184.79	1,821.98	1,638.60	1,275.79	2,543.78	2,346.79	1,957.08	1,760.10	1,370.38	8,578.92	7,917.81	6,595.59	5,939.66	4,617.44	9,229.62	8,516.46	7,100.52	6,387.35	4,971.41
79	2,604.80	2,403.67	2,003.39	1,802.26	1,401.98	2,797.94	2,581.91	2,151.94	1,935.90	1,505.95	9,349.38	8,630.95	7,189.01	6,470.61	5,033.90	9,963.62	9,198.42	7,667.91	6,897.50	5,367.04
80	2,813.82	2,596.92	2,163.11	1,948.17	1,514.37	3,022.46	2,789.47	2,323.52	2,092.63	1,626.66	10,098.98	9,318.12	7,766.85	6,991.17	5,434.70	10,765.29	9,937.59	8,277.01	7,449.31	5,793.88
81	3,009.03	2,778.32	2,314.94	2,084.24	1,620.86	3,232.14	2,984.34	2,486.59	2,238.78	1,741.05	10,801.74	9,974.05	8,308.24	7,480.55	5,814.73	11,514.94	10,629.96	8,860.05	7,975.10	6,199.93
82	3,235.79	2,987.34	2,498.47	2,240.01	1,741.13	3,475.73	3,208.85	2,672.98	2,406.10	1,870.23	11,613.84	10,718.45	8,932.92	8,042.73	6,252.00	12,379.04	11,426.42	9,521.13	8,568.52	6,663.25
83	3,494.11	3,225.93	2,687.61	2,419.45	1,881.13	3,753.20	3,465.13	2,886.90	2,598.86	2,020.61	12,540.42	11,577.38	9,646.06	8,683.01	6,751.75	13,373.32	12,342.63	10,286.39	9,255.66	7,199.41
84	3,791.84	3,500.02	2,916.35	2,624.52	2,040.85	4,073.00	3,759.55	3,132.60	2,819.13	2,192.19	13,607.59	12,561.23	10,468.58	9,422.24	7,329.54	14,508.17	13,388.97	11,160.92	10,041.72	7,813.71
85	4,132.98	3,815.51	3,178.61	2,861.14	2,224.23	4,439.44	4,098.43	3,414.30	3,073.29	2,389.15	14,836.11	13,690.88	11,410.82	10,270.74	7,985.47	15,814.76	14,596.67	12,165.65	10,947.47	8,516.46
86	4,503.68	4,158.61	3,464.53	3,119.46	2,425.36	4,837.63	4,466.98	3,721.42	3,350.77	2,605.20	16,168.79	14								

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Joint																				
1460 x Daily Maximum																				
Age	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	57.18	53.25	43.39	39.44	29.58	61.41	57.20	46.61	42.36	31.77	154.57	144.27	120.22	106.49	85.88	209.55	192.37	161.45	144.27	113.33
25-29	61.13	57.18	47.32	43.39	33.53	65.66	61.41	50.83	46.61	36.01	168.31	154.57	127.10	116.78	89.31	226.70	209.55	175.19	158.02	123.66
30-34	67.04	61.13	51.27	45.35	35.49	72.02	65.66	55.08	48.71	38.13	178.62	164.86	137.39	123.66	96.18	243.88	223.27	185.49	168.31	130.51
35-39	70.99	65.06	55.21	49.30	39.44	76.25	69.88	59.30	52.95	42.36	192.37	178.62	147.69	133.96	103.06	261.06	240.45	199.22	182.04	140.84
40-44	76.90	70.99	59.16	53.25	41.41	82.60	76.25	63.55	57.20	44.48	206.10	192.37	158.02	144.27	109.94	281.68	257.62	216.39	195.80	151.14
45	78.87	70.99	59.16	53.25	41.41	84.72	76.25	63.55	57.20	44.48	212.98	195.80	161.45	147.69	113.33	285.10	264.51	219.82	199.22	154.57
46	78.87	72.96	61.13	55.21	43.39	84.72	78.37	65.66	59.30	46.61	212.98	195.80	164.86	147.69	116.78	291.98	267.92	223.27	202.66	158.02
47	80.85	72.96	61.13	55.21	43.39	86.84	78.37	65.66	59.30	46.61	212.98	195.80	164.86	147.69	116.78	295.41	271.35	226.70	202.66	158.02
48	80.85	74.92	63.11	55.21	43.39	86.84	80.49	67.78	59.30	46.61	216.39	199.22	164.86	147.69	116.78	298.86	274.80	230.15	206.10	161.45
49	82.82	74.92	63.11	57.18	43.39	88.97	80.49	67.78	61.41	46.61	216.39	199.22	164.86	151.14	116.78	302.27	278.23	230.15	209.55	161.45
50	82.82	76.90	63.11	57.18	43.39	88.97	82.60	67.78	61.41	46.61	216.39	199.22	168.31	151.14	116.78	305.70	281.68	233.57	209.55	164.86
51	84.78	76.90	65.06	59.16	45.35	91.07	82.60	69.88	63.55	48.71	219.82	202.66	168.31	151.14	116.78	309.15	285.10	240.45	216.39	168.31
52	84.78	78.87	65.06	59.16	45.35	91.07	84.72	69.88	63.55	48.71	223.27	206.10	171.74	154.57	120.22	316.03	291.98	243.88	219.82	171.74
53	86.76	78.87	67.04	59.16	47.32	93.19	84.72	72.02	63.55	50.83	226.70	209.55	175.19	158.02	123.66	322.88	298.86	247.33	223.27	171.74
54	86.76	80.85	67.04	61.13	47.32	93.19	86.84	72.02	65.66	50.83	230.15	212.98	175.19	158.02	123.66	329.76	302.27	254.18	226.70	178.62
55	88.73	80.85	69.01	61.13	49.30	95.31	86.84	74.13	65.66	52.95	233.57	212.98	178.62	161.45	123.66	333.19	309.15	257.62	230.15	182.04
56	96.62	88.73	72.96	67.04	51.27	103.77	95.31	78.37	72.02	55.08	254.18	233.57	195.80	175.19	137.39	346.94	319.43	267.92	240.45	189.92
57	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	274.80	250.74	209.55	188.92	147.69	360.66	333.19	278.23	250.74	195.80
58	110.43	102.54	84.78	76.90	59.16	118.61	110.14	91.07	82.60	63.55	295.41	271.35	226.70	202.66	158.02	374.41	343.49	288.53	257.62	202.66
59	118.31	108.45	90.71	80.85	63.11	127.08	116.49	97.44	86.84	67.78	312.58	288.53	240.45	216.39	168.31	388.14	357.23	298.86	267.92	209.55
60	126.19	116.34	96.62	86.76	67.04	135.55	124.96	103.77	93.19	72.02	333.19	309.15	257.62	230.15	182.04	398.47	367.54	305.70	278.23	212.98
61	138.03	126.19	106.48	94.64	74.92	148.27	135.55	114.38	101.66	80.49	360.66	333.19	278.23	250.74	195.80	429.37	398.47	329.76	298.86	230.15
62	149.86	138.03	114.36	102.54	80.85	160.97	148.27	122.85	110.14	86.84	384.72	357.23	295.41	267.92	206.10	460.27	425.94	353.78	319.43	247.33
63	161.70	147.89	124.22	112.40	86.76	173.69	158.85	133.43	120.74	93.19	412.19	381.29	316.03	285.10	219.82	491.19	453.43	377.84	340.06	264.51
64	173.52	159.72	132.12	120.29	92.68	186.38	171.57	141.92	129.21	99.56	436.25	405.31	336.61	302.27	237.00	522.13	480.90	401.90	360.66	281.68
65	185.35	169.58	141.98	128.17	98.59	199.10	182.16	152.50	137.68	105.91	463.72	429.37	357.23	319.43	250.74	553.03	511.80	425.94	384.72	298.86
66	207.04	191.27	159.72	143.94	112.40	222.40	205.46	171.57	154.62	120.74	515.25	474.02	395.02	357.23	278.23	604.56	559.88	467.15	419.07	326.31
67	228.74	210.99	175.49	157.75	122.26	245.69	226.64	188.51	169.44	131.33	566.76	522.13	436.25	391.58	305.70	656.07	604.56	504.95	453.43	353.78
68	250.43	232.67	193.23	173.52	136.05	269.00	249.92	207.56	186.38	146.15	618.29	570.21	474.02	429.37	333.19	707.60	652.64	546.15	491.19	381.29
69	274.08	252.39	210.99	189.30	147.89	294.40	271.10	226.64	203.33	158.85	669.82	618.29	515.25	463.72	360.66	759.13	700.72	583.94	525.54	408.76
70	295.78	274.08	226.76	205.07	159.72	317.71	294.40	243.57	220.27	171.57	721.34	666.37	553.03	498.07	388.14	810.66	748.80	625.17	563.33	436.25
71	339.16	313.52	260.29	234.65	181.42	364.32	336.76	279.60	252.04	194.86	817.50	755.68	628.58	566.76	439.66	917.15	845.01	704.17	635.46	494.62
72	382.53	352.96	293.80	264.22	205.07	410.89	379.12	315.59	283.82	220.27	913.70	845.01	704.17	632.03	494.62	1,023.60	944.62	786.60	707.60	549.58
73	423.95	392.39	327.33	293.80	228.74	455.39	421.50	351.60	315.59	245.69	1,009.87	934.32	776.30	700.72	542.70	1,130.09	1,040.78	869.03	779.74	607.99
74	467.33	431.83	358.88	323.38	250.43	501.98	463.86	385.49	347.36	269.00	1,106.07	1,020.18	851.86	765.97	597.68	1,233.14	1,140.42	948.05	855.30	662.94
75	510.70	471.27	392.39	352.96	274.08	548.58	506.22	421.50	379.12	294.40	1,202.22	1,109.48	927.44	834.68	649.19	1,339.63	1,236.58	1,030.48	927.44	721.34
76	565.64	542.26	451.55	406.20	315.49	629.06	582.47	485.03	436.32	338.89	1,356.81	1,253.75	1,044.22	941.17	731.64	1,494.20	1,380.87	1,150.71	1,033.93	807.21
77	662.54	611.27	508.73	459.43	356.91	711.66	656.60	546.44	493.50	383.37	1,511.38	1,394.59	1,161.01	1,044.22	814.09	1,652.22	1,525.10	1,270.93	1,143.83	889.64
78	739.44	682.26	567.88	510.70	398.32	794.27	732.85	609.99	548.58	427.85	1,662.51	1,535.43	1,281.22	1,150.71	896.52	1,806.78	1,665.94	1,387.71	1,250.32	972.07
79	814.36	751.27	627.04	563.95	439.71	874.75	806.99	673.54	605.77	472.33	1,817.08	1,676.24	1,398.04	1,257.20	978.95	1,961.35	1,810.23	1,507.93	1,356.81	1,054.54
80	891.28	822.26	684.23	617.18	479.15	957.37	883.24	734.97	662.94	514.69	1,971.65	1,820.53	1,514.81	1,363.69	1,061.40	2,115.94	1,954.47	1,628.16	1,466.73	1,140.42
81	952.39	879.44	733.53	660.57	512.68	1,023.02	944.65	787.91	709.55	550.69	2,109.06	1,947.63	1,621.30	1,459.85	1,133.54	2,263.62	2,091.88	1,741.53	1,566.34	1,219.40
82	1,025.36	946.48	788.74	709.86	552.12	1,101.39	1,016.67	847.23	762.49	593.05	2,267.06	2,091.88	1,744.94	1,569.79	1,222.85	2,435.37	2,246.45	1,872.04	1,686.57	1,312.16
83	1,106.21	1,021.41	851.84	765.07	595.50	1,188.22	1,097.15	915.01	821.79	639.66	2,449.11	2,260.18	1,882.34	1,696.86	1,319.01	2,627.74	2,428.52	2,023.18	1,820.53	1,415.20
84	1,200.85	1,108.18	922.81	830.15	646.76	1,289.90	1,190.36	991.24	891.70	694.71	2,658.64	2,452.54	2,043.78	1,841.14	1,432.38	2,851.01	2,634.62	2,194.92	1,975.10	1,535.43
85	1,309.30	1,208.73	1,005.64	905.07	703.95	1,406.39	1,298.37	1,080.20	972.19	756.16	2,895.64	2,672.38	2,229.27	2,006.00	1,559.46	3,108.63	2,871.62	2,390.72	2,153.72	1,672.83
86	1,425.63	1,317.18	1,096.35	987.90	767.04	1,531.35	1,414.86	1,177.64	1,061.14	823.92	3,156.71	2,912.82	2,428.52	2,184.62	1,700.30	3,390.30	3,129.24	2,607.11	2,346.06	1,823.96
87	1,553.80	1,435.49	1,194.94	1,076.63	836.06	1,669.02	1,541.94	1,263.54	1,156.47	898.06	3,441.83	3,177.32	2,648.35	2,383.84	1,854.86	3,692.57	3,410.89	2,840.71	2,559.03	1,988.82
88	1,693.81	1,563.66	1,303.39	1,173.24	912.96	1,819.40	1,679.60	1,400.04	1,260.24	980.66	3,750.98	3,462.42	2,885.36	2,596.82	2,019.74	4,025.76	3,716.63	3,098.34	2,789.19	2,167.45
89	1,847.62	1,705.64	1,421.70	1,279.72	995.78	1,984.62	1,832.12	1,527.12	1,374.62	1,069.61	4,087.59	3,775.00	3,146.42	2,830.38	2,201.80	4,389.86	4,049.80	3,376.54	3,039.93	2,363.23
90	2,013.25	1,																		

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Joint																				
2190 x Daily Maximum																				
Age	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	72.96	67.04	55.21	49.30	39.44	78.37	72.02	59.30	52.95	42.36	188.92	171.74	144.27	130.51	99.61	250.74	230.15	192.37	175.19	133.96
25-29	76.90	70.99	59.16	53.25	41.41	82.60	76.25	63.55	57.20	44.48	202.66	185.49	154.57	140.84	109.94	267.92	247.33	206.10	185.49	144.27
30-34	82.82	76.90	65.06	57.18	45.35	88.97	82.60	69.88	61.41	48.71	216.39	199.22	168.31	151.14	116.78	288.53	267.92	223.27	199.22	158.02
35-39	88.73	82.82	69.01	61.13	49.30	95.31	88.97	74.13	65.66	52.95	233.57	216.39	178.62	161.45	123.66	312.58	288.53	240.45	216.39	168.31
40-44	96.62	88.73	74.92	67.04	53.25	103.77	95.31	80.49	72.02	57.20	250.74	230.15	192.37	175.19	133.96	336.61	309.15	257.62	233.57	182.04
45	98.59	90.71	74.92	67.04	53.25	105.91	97.44	80.49	72.02	57.20	257.62	237.00	195.80	178.62	137.39	343.49	316.03	264.51	237.00	185.49
46	98.59	90.71	76.90	69.01	53.25	105.91	97.44	82.60	74.13	57.20	257.62	237.00	199.22	178.62	140.84	346.94	319.43	267.92	240.45	188.92
47	100.57	92.68	76.90	69.01	53.25	108.02	99.56	82.60	74.13	57.20	257.62	237.00	199.22	178.62	140.84	353.78	326.31	271.35	243.88	188.92
48	100.57	92.68	76.90	69.01	53.25	108.02	99.56	82.60	74.13	57.20	257.62	237.00	199.22	178.62	140.84	357.23	329.76	274.80	247.33	192.37
49	100.57	92.68	78.87	70.99	55.21	108.02	99.56	84.72	76.25	59.30	257.62	240.45	199.22	178.62	140.84	364.11	336.61	278.23	250.74	195.80
50	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	261.06	240.45	199.22	178.62	140.84	367.54	340.06	285.10	254.18	199.22
51	104.50	96.62	80.85	72.96	57.18	112.24	103.77	86.84	78.37	61.41	264.51	247.33	206.10	185.49	144.27	374.41	346.94	288.53	261.06	202.66
52	106.48	98.59	80.85	72.96	57.18	114.38	105.91	86.84	78.37	61.41	271.35	250.74	209.55	188.92	147.69	381.29	353.78	295.41	264.51	206.10
53	108.45	98.59	82.82	74.92	57.18	116.49	105.91	88.97	80.49	61.41	278.23	257.62	212.98	192.37	147.69	388.14	357.23	298.86	267.92	209.55
54	110.43	100.57	84.78	76.90	59.16	118.61	108.02	91.07	82.60	63.55	285.10	264.51	219.82	195.80	154.57	395.02	364.11	302.27	274.80	212.98
55	112.40	102.54	86.76	76.90	61.13	120.74	110.14	93.19	82.60	65.66	291.98	267.92	223.27	202.66	158.02	401.90	370.96	309.15	278.23	216.39
56	118.31	110.43	90.71	82.82	63.11	127.08	118.61	97.44	88.97	67.78	312.58	288.53	240.45	216.39	168.31	419.07	388.14	322.88	291.98	226.70
57	126.19	116.34	96.62	86.76	67.04	135.55	124.96	103.77	93.19	72.02	336.61	309.15	257.62	233.57	182.04	439.66	405.31	336.61	305.70	237.00
58	132.12	122.26	102.54	92.68	70.99	141.92	131.33	110.14	99.56	76.25	357.23	329.76	274.80	247.33	192.37	460.27	422.49	353.78	319.43	247.33
59	140.00	128.17	106.48	96.62	74.92	150.38	137.68	114.38	103.77	80.49	377.84	350.73	291.98	261.06	206.10	477.45	443.10	367.54	329.76	257.62
60	145.91	134.08	112.40	100.57	78.87	156.74	144.02	120.74	108.02	84.72	401.90	370.96	309.15	278.23	216.39	498.07	460.27	381.29	343.49	267.92
61	159.72	147.89	124.22	110.43	86.76	171.57	158.85	133.43	118.61	93.19	436.25	401.90	333.19	302.27	233.57	532.42	491.19	408.76	367.54	285.10
62	173.52	161.70	134.08	120.29	94.64	186.38	173.69	144.02	129.21	101.66	467.15	432.82	360.66	322.88	254.18	566.76	522.13	436.25	391.58	305.70
63	187.32	173.52	143.94	130.14	100.57	201.21	186.38	154.62	139.80	108.02	501.50	463.72	388.14	346.94	271.35	601.11	553.03	460.27	415.64	322.88
64	203.99	187.32	155.77	140.00	108.45	218.15	201.21	167.32	150.38	116.49	535.86	494.62	412.19	370.96	288.53	636.46	583.94	487.78	439.66	340.06
65	216.90	199.16	165.63	149.86	116.34	232.99	213.93	177.91	160.97	124.96	570.21	525.54	439.66	395.02	309.15	669.82	618.29	515.25	463.72	360.66
66	242.53	224.79	187.32	167.61	132.12	260.51	241.46	201.21	180.04	141.92	635.46	583.94	487.78	439.66	340.06	735.07	676.70	563.33	508.37	395.02
67	270.15	248.46	207.04	187.32	145.91	290.18	266.88	222.40	201.21	156.74	697.29	642.35	535.86	480.90	374.41	800.33	738.52	614.86	553.03	429.37
68	295.78	272.11	226.76	205.07	159.72	317.71	292.28	243.57	220.27	171.57	759.13	700.72	583.94	525.54	408.76	865.62	796.91	666.37	597.68	467.15
69	321.40	297.75	248.46	222.81	173.52	345.23	319.82	266.88	239.34	186.38	824.38	759.13	632.03	570.21	443.10	930.87	858.74	714.46	642.35	501.50
70	349.02	321.40	268.17	240.57	187.32	374.90	345.23	288.07	258.41	201.21	886.21	817.50	680.11	614.86	477.45	996.13	920.56	765.97	690.42	535.86
71	404.23	372.67	309.59	280.01	216.90	434.20	400.31	332.54	300.77	232.99	1,006.42	927.44	772.86	697.29	542.70	1,126.66	1,040.78	865.62	779.74	604.56
72	457.47	421.97	352.96	317.47	246.48	491.40	453.25	379.12	341.01	264.76	1,126.66	1,037.36	865.62	779.74	604.56	1,257.20	1,161.01	968.67	872.46	676.70
73	512.68	473.24	394.37	354.93	276.06	550.69	508.33	423.61	381.25	296.53	1,243.46	1,147.26	958.34	862.19	699.82	1,387.71	1,281.22	1,068.28	961.79	748.80
74	567.88	524.51	435.78	392.39	305.64	609.99	563.41	468.09	421.50	328.29	1,363.69	1,257.20	1,047.66	944.62	735.07	1,518.26	1,401.44	1,167.89	1,051.11	817.50
75	621.13	573.81	479.15	429.85	335.21	667.19	616.36	514.69	461.72	360.07	1,483.91	1,370.54	1,140.42	1,027.05	796.91	1,652.22	1,525.10	1,270.93	1,143.83	889.64
76	711.84	656.62	546.21	492.96	382.53	764.63	705.31	586.70	529.51	410.89	1,676.24	1,545.73	1,288.10	1,161.01	903.38	1,851.43	1,707.18	1,425.50	1,281.22	999.58
77	800.57	739.44	615.22	554.09	429.85	859.93	794.27	660.84	595.17	461.72	1,868.61	1,724.35	1,435.79	1,294.99	1,006.42	2,050.66	1,892.67	1,576.63	1,418.62	1,102.62
78	889.30	820.29	684.23	615.22	479.15	955.25	881.12	734.97	660.84	514.69	2,060.96	1,902.96	1,586.96	1,428.95	1,109.48	2,253.37	2,078.14	1,731.20	1,559.46	1,212.52
79	978.04	903.10	753.25	676.33	526.49	1,050.56	970.06	809.10	726.48	565.53	2,253.33	2,081.59	1,734.65	1,559.46	1,215.97	2,452.54	2,263.62	1,885.78	1,696.86	1,319.01
80	1,066.77	985.92	820.29	739.44	573.81	1,145.86	1,059.03	881.12	794.27	616.36	2,445.70	2,260.18	1,882.34	1,693.42	1,319.01	2,651.79	2,449.11	2,040.35	1,837.69	1,428.95
81	1,141.69	1,054.93	877.47	790.71	615.22	1,226.35	1,133.16	942.53	849.34	660.84	2,617.44	2,418.19	2,012.88	1,813.65	1,408.32	2,837.27	2,620.86	2,184.62	1,964.80	1,528.55
82	1,228.45	1,133.81	944.51	849.87	660.57	1,319.54	1,217.88	1,014.55	912.88	709.55	2,813.21	2,596.82	2,164.02	1,947.63	1,514.81	3,050.22	2,816.66	2,346.06	2,112.49	1,641.89
83	1,325.08	1,224.52	1,019.45	916.91	713.81	1,423.34	1,315.32	1,095.03	984.89	766.74	3,039.93	2,806.36	2,339.21	2,105.61	1,638.47	3,294.10	3,039.93	2,534.98	2,280.80	1,775.88
84	1,439.44	1,327.04	1,108.21	995.78	774.93	1,546.17	1,425.44	1,188.22	1,069.61	832.39	3,297.55	3,043.36	2,538.42	2,284.23	1,775.88	3,575.79	3,300.99	2,751.40	2,476.60	1,927.02
85	1,567.61	1,447.33	1,206.77	1,086.49	843.94	1,683.85	1,554.64	1,296.25	1,167.05	906.53	3,596.39	3,318.16	2,765.13	2,490.33	1,937.30	3,895.22	3,596.39	2,998.70	2,696.42	2,098.76
86	1,709.59	1,577.47	1,315.22	1,183.10	920.86	1,836.36	1,694.44	1,412.74	1,270.83	989.14	3,919.27	3,616.98	3,015.87	2,713.60	2,112.49	4,249.03	3,919.27	3,266.63	2,940.32	2,287.68
87	1,863.39	1,719.45	1,433.53	1,289.58	1,003.66	2,001.56	1,846.94	1,539.84	1,385.20	1,078.08	4,273.07	3,943.31	3,287.26	2,957.50	2,301.41	4,630.29	4,273.07	3,562.04	3,204.79	2,493.78
88	2,031.00	1,875.22	1,561.70	1,405.92	1,092.40	2,181.60	2,014.26	1,677.50	1,510.16	1,173.40	4,657.79	4,297.13	3,582.63	3,221.97	2,507.50	5,045.93	4,657.79	3,881.49	3,493.35	2,717.05
89	2,212.41	2,042.83	1,701.69	1,532.13	1,190.99	2,376.46	2,194.30	1,827.87	1,645.73	1,279.29	5,073.42	4,685.27</								

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Joint																				
2920 x Daily Maximum																				
Age	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	72.96	67.04	57.18	51.27	39.44	78.37	72.02	61.41	55.08	42.36	195.80	182.04	151.14	137.39	106.49	264.51	243.88	202.66	182.04	140.84
25-29	78.87	72.96	61.13	55.21	43.39	84.72	78.37	65.66	59.30	46.61	209.55	195.80	161.45	147.69	113.33	285.10	264.51	219.82	195.80	154.57
30-34	84.78	78.87	65.06	59.16	45.35	91.07	84.72	69.88	63.55	48.71	226.70	209.55	175.19	158.02	123.66	305.70	281.68	237.00	212.98	164.86
35-39	90.71	84.78	70.99	63.11	49.30	97.44	91.07	76.25	67.78	52.95	243.88	226.70	188.92	168.31	133.96	329.76	305.70	254.18	226.70	178.62
40-44	98.59	90.71	74.92	67.04	53.25	105.91	97.44	80.49	72.02	57.20	261.06	240.45	202.66	182.04	140.84	353.78	326.31	271.35	243.88	188.92
45	100.57	92.68	76.90	69.01	53.25	108.02	99.56	82.60	74.13	57.20	267.92	247.33	206.10	185.49	144.27	360.66	333.19	278.23	250.74	195.80
46	100.57	92.68	76.90	69.01	53.25	108.02	99.56	82.60	74.13	57.20	271.35	250.74	209.55	188.92	147.69	367.54	340.06	285.10	254.18	199.22
47	100.57	92.68	78.87	70.99	55.21	108.02	99.56	84.72	76.25	59.30	274.80	254.18	209.55	188.92	147.69	377.84	346.94	288.53	261.06	202.66
48	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	278.23	254.18	212.98	192.37	147.69	384.72	353.78	295.41	264.51	206.10
49	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	278.23	257.62	216.39	192.37	151.14	391.58	360.66	302.27	271.35	212.98
50	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	281.68	261.06	216.39	195.80	151.14	398.47	367.54	305.70	274.80	212.98
51	106.48	98.59	80.85	72.96	57.18	114.38	105.91	86.84	78.37	61.41	288.53	264.51	219.82	199.22	154.57	401.90	370.96	309.15	278.23	216.39
52	108.45	100.57	84.78	74.92	59.16	116.49	108.02	91.07	80.49	63.55	291.98	271.35	226.70	202.66	158.02	408.76	377.84	312.58	281.68	219.82
53	112.40	102.54	86.76	76.90	61.13	120.74	110.14	93.19	82.60	65.66	298.86	274.80	230.15	206.10	161.45	412.19	381.29	316.03	285.10	219.82
54	114.36	106.48	88.73	78.87	63.11	122.85	114.38	95.31	84.72	67.78	302.27	278.23	233.57	209.55	164.86	419.07	384.72	319.43	288.53	223.27
55	118.31	108.45	90.71	80.85	63.11	127.08	116.49	97.44	86.84	67.78	309.15	285.10	237.00	212.98	164.86	422.49	388.14	326.31	291.98	230.15
56	126.19	116.34	96.62	86.76	67.04	135.55	124.96	103.77	93.19	72.02	333.19	309.15	257.62	230.15	182.04	443.40	408.76	340.06	305.70	237.00
57	134.08	124.22	102.54	92.68	70.99	144.02	133.43	110.14	99.56	76.25	357.23	329.76	274.80	247.33	192.37	463.72	429.37	357.23	319.43	250.74
58	141.98	130.14	108.45	98.59	76.90	152.50	139.80	116.49	105.91	82.60	384.72	353.78	295.41	264.51	206.10	484.33	446.54	370.96	336.61	261.06
59	149.86	138.03	114.36	102.54	80.85	160.97	148.27	122.85	110.14	86.84	408.76	377.84	316.03	281.68	219.82	504.95	467.15	388.14	350.37	271.35
60	157.75	145.91	120.29	108.45	84.78	169.44	156.74	129.21	116.49	91.07	432.82	401.90	333.19	298.86	233.57	525.54	484.33	405.31	364.11	285.10
61	169.58	157.75	130.14	118.31	90.71	182.16	169.44	139.80	127.08	97.44	467.15	432.82	360.66	322.88	254.18	559.88	518.68	432.82	388.14	302.27
62	183.37	169.58	141.98	126.19	98.59	196.98	182.16	152.50	135.55	105.91	501.50	463.72	388.14	346.94	271.35	597.68	553.03	460.27	415.64	322.88
63	197.18	181.42	151.84	136.05	106.48	211.80	194.86	163.10	146.15	114.38	535.86	494.62	412.19	370.96	288.53	635.46	583.94	487.78	439.66	340.06
64	209.02	193.23	161.70	145.91	112.40	224.52	207.56	173.69	156.74	120.74	570.21	525.54	439.66	395.02	309.15	669.82	618.29	515.25	463.72	360.66
65	222.81	205.07	171.56	153.80	120.29	239.34	220.27	184.28	165.20	129.21	604.56	559.88	467.15	419.07	326.31	707.60	652.64	542.70	491.19	381.29
66	252.39	232.67	193.23	173.52	136.05	271.10	249.92	207.56	186.38	146.15	673.25	621.74	518.68	467.15	364.11	779.74	721.34	601.11	539.31	422.49
67	280.01	258.31	214.93	193.23	149.86	300.77	277.46	230.87	207.56	160.97	741.95	683.54	570.21	515.25	398.47	851.86	786.60	656.07	590.82	460.27
68	309.59	285.92	238.60	214.93	167.61	332.54	307.12	256.29	230.87	180.04	810.66	748.80	621.74	559.88	436.25	927.44	855.30	714.46	642.35	501.50
69	337.19	311.54	260.29	234.65	181.42	362.18	334.64	279.60	252.04	194.86	879.34	810.66	676.70	607.99	474.02	999.58	923.99	769.42	693.87	539.31
70	366.77	339.16	281.97	254.36	197.18	393.96	364.32	302.87	273.23	211.80	948.05	875.91	728.23	656.07	508.37	1,071.71	989.25	824.38	741.95	577.05
71	425.92	392.39	327.33	293.80	228.74	457.50	421.50	351.60	315.59	245.69	1,075.13	992.70	827.83	745.40	580.50	1,215.97	1,119.79	934.32	841.56	652.64
72	485.08	447.61	372.67	335.21	260.29	521.04	480.81	400.31	360.07	279.60	1,202.22	1,109.48	927.44	834.68	649.19	1,356.81	1,250.32	1,044.22	937.74	731.64
73	542.26	500.84	418.04	376.62	291.83	582.47	537.97	449.04	404.56	313.47	1,332.75	1,229.70	1,023.60	920.56	717.90	1,497.65	1,384.28	1,150.71	1,037.36	807.21
74	601.41	556.07	463.38	416.06	325.35	646.00	597.30	497.75	446.92	349.48	1,459.85	1,346.51	1,123.24	1,009.87	786.60	1,638.47	1,514.81	1,260.63	1,133.54	882.79
75	660.57	609.30	508.73	457.47	356.91	709.55	654.47	546.44	491.40	383.37	1,586.96	1,466.73	1,222.85	1,099.18	855.30	1,782.73	1,645.34	1,370.54	1,233.14	958.34
76	769.02	709.86	591.55	532.40	414.09	826.04	762.49	635.41	571.88	444.79	1,823.96	1,683.12	1,401.44	1,260.63	982.40	2,023.18	1,868.61	1,556.02	1,401.44	1,088.89
77	877.47	810.43	674.38	607.32	471.27	942.53	870.52	724.38	652.35	506.22	2,057.53	1,899.51	1,583.51	1,425.50	1,109.48	2,267.06	2,091.88	1,744.94	1,569.79	1,222.85
78	985.92	909.02	757.18	682.26	530.42	1,059.03	976.42	813.32	732.85	569.75	2,291.11	2,115.94	1,762.12	1,586.96	1,233.14	2,507.50	2,315.15	1,930.45	1,738.08	1,349.93
79	1,094.37	1,009.59	841.98	757.18	589.58	1,175.52	1,084.45	904.41	813.32	633.30	2,528.13	2,332.33	1,944.18	1,748.38	1,360.24	2,751.40	2,538.42	2,115.94	1,902.96	1,480.47
80	1,202.82	1,110.14	924.79	832.12	646.76	1,292.01	1,192.46	993.36	893.82	694.71	2,761.70	2,548.74	2,126.23	1,913.27	1,487.32	2,991.85	2,761.70	2,301.41	2,071.26	1,610.98
81	1,285.65	1,187.05	989.87	891.28	692.12	1,380.98	1,275.08	1,063.26	957.37	743.44	2,954.05	2,727.34	2,273.94	2,047.23	1,590.38	3,201.38	2,957.50	2,462.87	2,218.96	1,724.35
82	1,382.26	1,275.79	1,062.82	956.34	743.39	1,484.76	1,370.38	1,141.63	1,027.25	798.52	3,177.32	2,933.44	2,442.25	2,198.37	1,710.59	3,441.83	3,177.32	2,648.35	2,383.84	1,854.86
83	1,492.69	1,378.31	1,149.58	1,033.24	804.50	1,603.37	1,480.51	1,234.82	1,109.86	864.17	3,431.51	3,167.03	2,638.03	2,376.99	1,847.98	3,720.04	3,431.51	2,861.30	2,572.78	2,002.57
84	1,620.86	1,494.65	1,248.21	1,121.97	871.56	1,741.05	1,605.47	1,338.62	1,205.16	936.18	3,723.47	3,434.95	2,864.74	2,576.21	2,006.00	4,036.06	3,723.47	3,105.18	2,792.60	2,174.31
85	1,766.77	1,630.72	1,358.59	1,222.54	950.43	1,897.79	1,751.64	1,459.34	1,313.19	1,020.90	4,056.68	3,747.53	3,122.36	2,809.78	2,184.62	4,396.74	4,060.11	3,383.42	3,043.36	2,370.11
86	1,924.52	1,776.63	1,480.86	1,332.97	1,037.19	2,067.22	1,908.37	1,590.67	1,431.81	1,114.11	4,424.19	4,084.14	3,404.04	3,060.54	2,383.84	4,795.19	4,424.19	3,685.69	3,318.16	2,579.66
87	2,098.03	1,936.35	1,614.93	1,453.25	1,129.86	2,253.60	2,079.93	1,734.68	1,561.01	1,213.63	4,822.66	4,451.70	3,709.75	3,338.77	2,596.82	5,224.55	4,822.66	4,018.88	3,616.98	2,813.21
88	2,287.33	2,111.84	1,758.89	1,583.38	1,230.43	2,456.95	2,268.44	1,889.32	1,700.79	1,321.65	5,255.47	4,850.15	4,042.94	3,637.61	2,830.38	5,695.12	5,258.91	4,379.56	3,943.31	3,067.40
89	2,492.40	2,301.14	1,916.63	1,725.36	1,340.85	2,677.22	2,471.77	2,058.76												

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Joint																			
	3650 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	
18-24	82.82	76.90	65.06	57.18	45.35	88.97	82.60	69.88	61.41	48.71	223.27	208.10	171.74	154.57	120.22	302.27	278.23	230.15	209.55	161.45
25-29	90.71	82.82	69.01	63.11	49.30	97.44	88.97	74.13	67.78	52.95	240.45	223.27	185.49	164.86	130.51	322.88	298.86	250.74	223.27	175.19
30-34	96.62	88.73	74.92	67.04	53.25	103.77	95.31	80.49	72.02	57.20	257.62	237.00	199.22	178.62	140.84	346.94	322.88	267.92	240.45	188.92
35-39	104.50	96.62	80.85	72.96	57.18	112.24	103.77	86.84	78.37	61.41	278.23	257.62	212.98	192.37	147.69	374.41	346.94	288.53	257.62	202.66
40-44	112.40	102.54	86.76	76.90	61.13	120.74	110.14	93.19	82.60	65.66	298.86	274.80	230.15	206.10	161.45	401.90	370.96	309.15	278.23	216.39
45	114.36	104.50	88.73	78.87	63.11	122.85	112.24	95.31	84.72	67.78	305.70	281.68	233.57	209.55	164.86	412.19	377.84	316.03	285.10	219.82
46	114.36	106.48	88.73	78.87	63.11	122.85	114.38	95.31	84.72	67.78	305.70	281.68	233.57	209.55	164.86	415.64	384.72	319.43	288.53	223.27
47	114.36	106.48	88.73	78.87	63.11	122.85	114.38	95.31	84.72	67.78	305.70	281.68	233.57	212.98	164.86	419.07	388.14	322.88	291.98	226.70
48	116.34	106.48	88.73	80.85	63.11	124.96	114.38	95.31	86.84	67.78	305.70	281.68	233.57	212.98	164.86	422.49	391.58	326.31	291.98	230.15
49	116.34	106.48	88.73	80.85	63.11	124.96	114.38	95.31	86.84	67.78	305.70	281.68	233.57	212.98	164.86	429.37	395.02	329.76	295.41	230.15
50	116.34	108.45	90.71	80.85	63.11	124.96	116.49	97.44	86.84	67.78	305.70	281.68	233.57	212.98	164.86	432.82	398.47	333.19	298.86	233.57
51	120.29	110.43	92.88	82.82	65.06	129.21	118.61	99.56	88.97	69.88	316.03	291.98	240.45	216.39	168.31	439.66	405.31	336.61	302.27	237.00
52	122.26	112.40	94.64	84.78	67.04	131.33	120.74	101.66	91.07	72.02	322.88	298.86	247.33	223.27	171.74	446.54	412.19	343.49	309.15	240.45
53	124.22	114.36	96.62	86.76	67.04	133.43	122.85	103.77	93.19	72.02	333.19	305.70	254.18	230.15	178.62	449.98	415.64	346.94	312.58	243.88
54	128.17	118.31	98.59	88.73	69.01	137.68	127.08	105.91	95.31	74.13	340.06	316.03	264.51	237.00	185.49	456.84	422.49	350.37	316.03	243.88
55	130.14	120.29	100.57	90.71	70.99	139.80	129.21	108.02	97.44	74.25	350.37	322.88	271.35	243.88	188.92	463.72	429.37	357.23	319.43	250.74
56	140.00	130.14	108.45	96.62	76.90	150.38	139.80	116.49	103.77	82.60	377.84	350.37	291.98	261.06	206.10	481.19	453.43	377.84	340.06	264.51
57	149.86	140.00	116.34	104.50	80.85	160.97	150.38	124.96	112.24	86.84	405.31	374.41	312.58	281.68	219.82	518.68	477.45	398.47	357.23	278.23
58	161.70	147.89	124.22	112.40	86.76	173.69	158.85	133.43	120.74	93.19	432.82	398.47	333.19	298.86	233.57	546.15	501.50	419.07	377.84	291.98
59	171.56	157.75	132.12	118.31	92.88	184.28	169.44	141.92	127.08	99.56	460.27	422.49	353.78	319.43	247.33	573.64	528.98	436.66	395.02	309.15
60	181.42	167.61	140.00	126.19	98.59	194.86	180.04	150.38	135.55	105.91	487.78	449.98	374.41	336.61	261.06	601.11	553.03	460.27	415.64	322.88
61	195.21	181.42	149.86	136.05	104.50	209.68	194.86	160.97	146.15	112.24	522.13	480.90	401.90	360.66	281.68	642.35	594.23	494.62	443.10	346.94
62	210.99	193.23	161.70	145.91	112.40	226.64	207.56	173.69	156.74	120.74	559.88	515.25	429.37	388.14	302.27	686.99	632.03	525.54	474.02	367.54
63	224.79	207.04	173.52	155.77	122.26	241.46	222.40	186.38	167.32	131.33	594.23	549.58	456.84	412.19	319.43	728.23	673.25	559.88	504.95	391.58
64	238.60	220.85	183.37	165.63	128.17	256.29	237.22	196.98	177.91	137.68	632.03	583.94	484.33	436.25	340.06	772.86	711.05	594.23	532.42	415.64
65	252.39	234.65	195.21	175.49	136.05	271.10	252.04	209.68	188.51	146.15	666.37	614.86	511.80	460.27	357.23	814.09	752.25	625.17	563.33	436.25
66	265.92	264.22	218.88	197.18	153.80	307.12	283.82	235.10	211.80	165.20	745.40	690.42	573.64	515.25	401.90	896.52	827.83	690.42	621.74	484.33
67	317.47	293.80	244.51	220.85	171.56	341.01	315.59	262.63	237.22	184.28	824.38	762.56	635.46	570.21	446.54	975.52	903.38	752.25	676.70	525.54
68	350.98	323.38	270.15	242.53	189.30	377.00	347.36	290.18	260.51	203.33	903.38	834.68	697.29	625.17	487.78	1,057.95	975.52	814.09	731.64	570.21
69	382.53	352.96	293.80	266.20	205.07	410.89	379.12	315.59	285.93	220.27	982.40	906.82	755.68	680.11	528.98	1,140.42	1,051.11	875.91	790.03	614.86
70	416.06	384.51	319.44	287.89	222.81	446.92	413.03	343.13	309.24	239.34	1,061.40	982.40	817.50	735.07	573.64	1,219.40	1,126.66	937.74	845.01	656.07
71	479.15	443.66	368.74	333.24	258.31	514.69	476.56	396.09	357.95	277.46	1,209.10	1,116.36	930.87	838.13	652.64	1,373.99	1,270.93	1,057.95	951.50	741.95
72	544.23	502.82	418.04	376.62	291.83	584.58	540.11	449.04	404.56	313.47	1,356.81	1,253.75	1,044.22	941.17	731.64	1,528.55	1,411.77	1,178.17	1,057.95	824.38
73	609.30	561.97	467.33	421.97	327.33	654.47	603.64	501.98	453.25	351.60	1,504.50	1,391.16	1,157.59	1,040.78	810.66	1,683.12	1,556.02	1,294.99	1,164.44	906.82
74	672.40	621.13	518.59	465.36	362.82	722.27	667.19	557.04	499.86	389.72	1,652.22	1,525.10	1,270.93	1,143.83	889.64	1,837.69	1,696.86	1,415.20	1,274.38	989.25
75	737.47	680.28	567.88	510.70	398.32	792.15	730.73	609.99	548.58	427.85	1,799.90	1,662.51	1,384.28	1,246.87	968.67	1,992.27	1,841.14	1,531.98	1,380.87	1,071.71
76	840.01	776.90	646.76	581.69	453.52	902.29	834.51	694.71	624.83	487.15	2,033.51	1,878.92	1,566.34	1,408.32	1,095.74	2,232.72	2,060.96	1,717.47	1,545.73	1,202.22
77	958.32	885.35	737.47	664.52	516.63	1,029.37	951.00	792.15	713.80	554.94	2,297.98	2,122.78	1,769.00	1,590.38	1,240.03	2,500.62	2,308.29	1,923.57	1,731.20	1,346.51
78	1,072.68	991.83	826.20	743.39	577.74	1,152.22	1,065.38	887.45	798.52	620.58	2,552.15	2,356.39	1,964.80	1,765.55	1,373.99	2,751.40	2,538.42	2,115.94	1,902.96	1,480.47
79	1,181.13	1,090.42	909.02	818.31	636.90	1,268.71	1,171.27	976.42	878.99	684.12	2,782.30	2,569.33	2,139.96	1,927.02	1,497.65	2,971.22	2,741.07	2,284.23	2,057.53	1,600.69
80	1,275.79	1,177.19	981.97	883.38	688.17	1,370.38	1,264.49	1,054.78	948.88	739.20	3,005.58	2,775.42	2,311.70	2,081.59	1,617.87	3,208.24	2,960.93	2,466.27	2,222.43	1,727.77
81	1,364.52	1,260.00	1,049.03	944.51	733.53	1,465.70	1,353.43	1,126.81	1,014.55	787.91	3,215.12	2,967.79	2,473.15	2,225.84	1,731.20	3,431.51	3,167.03	2,641.46	2,376.99	1,847.98
82	1,467.05	1,354.66	1,127.90	1,015.50	788.74	1,575.83	1,455.10	1,211.53	1,090.80	847.23	3,455.55	3,191.07	2,658.64	2,394.17	1,861.75	3,689.12	3,407.47	2,837.27	2,555.60	1,985.39
83	1,583.38	1,463.11	1,218.59	1,096.35	853.80	1,700.79	1,571.59	1,308.95	1,177.64	917.11	3,733.80	3,445.24	2,871.62	2,583.09	2,009.45	3,984.53	3,678.83	3,063.99	2,758.25	2,143.41
84	1,719.45	1,587.33	1,323.11	1,190.99	926.76	1,846.94	1,705.03	1,421.21	1,279.29	995.48	4,049.80	3,737.22	3,115.51	2,802.91	2,181.19	4,324.58	3,991.41	3,325.01	2,991.85	2,328.88
85	1,873.25	1,729.31	1,441.42	1,297.46	1,009.59	2,012.15	1,857.54	1,548.31	1,393.67	1,084.45	4,413.90	4,073.86	3,397.16	3,057.11	2,376.99	4,712.75	4,348.64	3,623.87	3,263.20	2,538.42
86	2,042.83	1,885.08	1,571.56	1,413.82	1,100.28	2,194.30	2,024.86	1,688.09	1,518.65	1,181.87	4,812.36	4,441.37	3,702.86	3,331.89	2,593.39	5,136.69	4,740.23	3,950.19	3,555.16	2,765.13
87	2,226.20	2,054.66	1,711.55	1,541.99	1,198.87	2,391.28	2,207.02	1,838.46	1,656.33	1,287.76	5,245.18	4,843.27	4,036.06	3,630.75	2,826.95	5,598.96	5,169.59	4,307.41	3,878.04	3,015.87
88	2,427.34	2,240.01	1,867.34	1,680.01	1,307.32	2,607.33	2,406.10	2,005.79	1,804.58	1,404.26	5,715.75	5,276.08	4,396.74	3,957.07	3,077.71	6,103.92	5,633.31	4,695.58	4,224.98	3,287.26
89	2,644.24	2,441.13	2,034.95	1,831																

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Joint																				
4380 x Daily Maximum																				
Age	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	88.73	82.82	69.01	61.13	49.30	95.31	88.97	74.13	65.66	52.95	243.88	223.27	185.49	168.31	130.51	319.43	295.41	247.33	223.27	171.74
25-29	96.62	88.73	74.92	67.04	53.25	103.77	95.31	80.49	72.02	57.20	261.06	240.45	202.66	182.04	140.84	343.49	319.43	264.51	240.45	185.49
30-34	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	281.68	261.06	216.39	195.80	151.14	370.96	343.49	285.10	257.62	199.22
35-39	110.43	102.54	84.78	76.90	59.16	118.61	110.14	91.07	82.60	63.55	302.27	278.23	233.57	209.55	164.86	398.47	367.54	305.70	274.80	212.98
40-44	120.29	110.43	92.68	82.82	65.06	129.21	118.61	99.56	88.97	69.88	326.31	298.86	250.74	226.70	175.19	429.37	395.02	329.76	295.41	230.15
45	122.26	112.40	94.64	84.78	67.04	131.33	120.74	101.66	91.07	72.02	333.19	305.70	254.18	230.15	178.62	436.25	405.31	336.61	302.27	237.00
46	122.26	112.40	94.64	84.78	67.04	131.33	120.74	101.66	91.07	72.02	333.19	305.70	254.18	230.15	178.62	443.10	408.76	340.06	305.70	237.00
47	122.26	114.36	94.64	84.78	67.04	131.33	122.85	101.66	91.07	72.02	333.19	305.70	254.18	230.15	178.62	446.54	412.19	343.49	309.15	240.45
48	124.22	114.36	94.64	84.78	67.04	133.43	122.85	101.66	91.07	72.02	333.19	305.70	257.62	230.15	182.04	449.98	415.64	346.94	312.58	243.88
49	124.22	114.36	94.64	84.78	67.04	133.43	122.85	101.66	91.07	72.02	333.19	309.15	257.62	230.15	182.04	453.43	419.07	350.37	316.03	243.88
50	124.22	114.36	94.64	86.76	67.04	133.43	122.85	101.66	93.19	72.02	333.19	309.15	257.62	230.15	182.04	456.84	422.49	353.78	316.03	247.33
51	126.19	116.34	96.62	86.76	67.04	135.55	124.96	103.77	93.19	72.02	343.49	316.03	264.51	237.00	185.49	463.72	429.37	357.23	319.43	250.74
52	128.17	118.31	98.59	88.73	69.01	137.68	127.08	105.91	95.31	74.13	353.78	326.31	271.35	243.88	188.92	470.60	432.82	360.66	326.31	254.18
53	132.12	122.26	100.57	90.71	70.99	141.92	131.33	108.02	97.44	76.25	364.11	336.61	281.68	250.74	195.80	474.02	439.66	364.11	329.76	254.18
54	134.08	124.22	102.54	92.68	70.99	144.02	133.43	110.14	99.56	76.25	374.41	346.94	288.53	257.62	202.66	480.90	443.10	370.96	333.19	261.06
55	135.05	126.19	104.50	94.64	72.96	146.15	135.55	112.24	101.66	78.37	384.72	353.78	295.41	264.51	206.10	487.78	449.98	374.41	336.61	261.06
56	146.91	136.05	112.40	100.57	78.87	156.74	146.15	120.74	108.02	84.72	412.19	381.29	319.43	285.10	223.27	518.68	477.45	398.47	357.23	278.23
57	157.75	145.91	120.29	108.45	84.78	169.44	156.74	129.21	116.49	91.07	443.10	408.76	340.06	305.70	237.00	549.58	508.37	422.49	381.29	295.41
58	167.61	153.80	128.17	116.34	90.71	180.04	165.20	137.68	124.96	97.44	474.02	436.25	364.11	326.31	254.18	580.50	535.86	446.54	401.90	312.58
59	177.47	163.66	138.05	122.26	94.64	190.63	175.79	146.15	131.33	101.66	501.50	463.72	384.72	346.94	264.51	611.41	566.76	470.60	425.94	329.76
60	189.30	173.52	143.94	130.14	100.57	203.33	186.38	154.62	139.80	108.02	532.42	491.19	408.76	367.54	285.10	645.76	594.23	494.62	446.54	346.94
61	205.07	189.30	157.75	141.98	110.43	220.27	203.33	169.44	152.50	118.61	566.76	525.54	436.25	391.58	305.70	693.87	638.91	532.42	480.90	374.41
62	222.81	205.07	171.56	153.80	120.29	239.34	220.27	184.28	165.20	129.21	604.56	556.46	463.72	419.07	326.31	738.52	683.54	570.21	511.80	398.47
63	238.60	220.85	183.37	165.63	128.17	256.29	237.22	196.98	177.91	137.68	638.91	590.82	491.19	443.10	343.49	786.60	728.23	604.56	546.15	422.49
64	256.34	236.62	197.18	177.47	138.03	275.35	254.16	211.80	190.63	148.27	676.70	625.17	518.68	467.15	364.11	834.68	769.42	642.35	577.05	449.98
65	272.11	252.39	209.02	189.30	145.91	292.28	271.10	224.52	203.33	156.74	711.05	656.07	549.58	494.62	384.72	882.79	814.09	680.11	611.41	477.45
66	307.61	283.94	236.62	212.95	165.63	330.43	305.00	254.16	228.74	177.91	796.91	738.52	614.86	553.03	429.37	968.67	896.52	745.40	673.25	522.13
67	343.10	315.49	264.22	236.62	185.35	368.54	338.89	283.82	254.16	199.10	882.79	817.50	680.11	611.41	477.45	1,057.95	975.52	814.09	731.64	570.21
68	378.60	349.02	289.87	262.25	203.09	406.68	374.90	311.35	281.70	218.15	972.07	896.52	745.40	673.25	522.13	1,147.26	1,057.95	882.79	793.48	618.29
69	412.11	380.56	317.47	285.92	222.81	442.67	408.78	341.01	307.12	239.34	1,057.95	975.52	814.09	731.64	570.21	1,233.14	1,140.42	951.50	855.30	666.37
70	447.61	414.09	345.07	309.59	242.53	480.81	444.79	370.65	332.54	260.51	1,143.83	1,054.54	879.34	790.03	614.86	1,322.46	1,222.85	1,016.75	917.15	711.05
71	516.63	477.19	398.32	356.91	278.03	554.94	512.57	427.85	383.37	298.65	1,301.83	1,202.22	1,003.01	903.38	700.72	1,487.32	1,373.99	1,143.83	1,030.48	800.33
72	585.64	540.28	451.55	406.20	315.49	629.06	580.35	485.03	436.32	338.89	1,463.30	1,349.93	1,126.66	1,013.30	790.03	1,652.22	1,525.10	1,270.93	1,143.83	889.64
73	654.66	603.39	502.82	453.52	352.96	703.19	648.13	540.11	487.15	379.12	1,624.71	1,497.65	1,250.32	1,123.24	875.91	1,817.08	1,679.69	1,398.04	1,260.63	978.95
74	723.67	668.45	556.07	500.84	388.46	777.33	718.02	597.30	537.97	417.26	1,786.18	1,648.77	1,373.99	1,236.58	961.79	1,985.39	1,830.81	1,525.10	1,373.99	1,068.28
75	792.69	731.56	609.30	548.17	425.92	851.46	785.80	654.47	588.82	457.50	1,944.18	1,796.47	1,497.65	1,346.51	1,047.66	2,150.29	1,985.39	1,652.22	1,487.32	1,157.59
76	903.10	834.08	696.05	625.08	487.05	970.06	895.92	747.67	671.44	523.17	2,198.37	2,030.06	1,690.00	1,521.67	1,181.62	2,407.90	2,222.43	1,851.43	1,665.94	1,294.99
77	1,029.31	950.43	792.69	713.81	554.09	1,105.64	1,020.90	851.46	766.74	595.17	2,483.45	2,291.11	1,909.84	1,720.92	1,336.18	2,696.42	2,490.33	2,074.70	1,865.16	1,452.97
78	1,153.53	1,064.79	887.33	798.60	621.13	1,239.07	1,143.75	953.12	857.81	667.19	2,758.25	2,545.31	2,119.37	1,909.84	1,483.91	2,964.34	2,737.66	2,280.80	2,054.08	1,597.26
79	1,269.86	1,171.27	976.06	879.44	684.23	1,364.03	1,258.12	1,048.44	944.65	734.97	3,005.58	2,775.42	2,311.70	2,081.59	1,617.87	3,201.38	2,957.50	2,462.87	2,218.98	1,724.35
80	1,370.43	1,265.93	1,054.93	948.46	739.44	1,472.04	1,359.80	1,133.16	1,018.78	794.27	3,246.03	2,995.28	2,497.21	2,246.45	1,748.38	3,459.00	3,194.50	2,662.09	2,394.17	1,865.16
81	1,467.05	1,354.66	1,127.90	1,015.50	788.74	1,575.83	1,455.10	1,211.53	1,090.80	847.23	3,472.73	3,204.79	2,672.38	2,404.47	1,872.04	3,702.86	3,417.77	2,847.56	2,562.48	1,992.27
82	1,577.47	1,455.21	1,212.68	1,092.40	849.87	1,694.44	1,563.11	1,302.60	1,173.40	912.88	3,733.80	3,445.24	2,871.62	2,583.09	2,009.45	3,977.65	3,671.94	3,080.54	2,754.83	2,143.41
83	1,703.67	1,571.56	1,309.30	1,179.15	916.91	1,829.99	1,688.09	1,408.39	1,266.59	984.89	4,032.63	3,720.04	3,101.75	2,792.60	2,170.90	4,297.13	3,967.37	3,304.43	2,974.67	2,311.70
84	1,847.62	1,705.64	1,421.70	1,279.72	995.78	1,984.62	1,832.12	1,527.12	1,374.62	1,069.61	4,372.68	4,039.51	3,366.24	3,029.63	2,356.39	4,661.23	4,303.98	3,586.08	3,228.85	2,510.95
85	2,013.25	1,859.44	1,549.87	1,394.10	1,084.51	2,162.53	1,997.31	1,664.80	1,497.48	1,164.93	4,767.70	4,400.17	3,668.51	3,300.99	2,569.33	5,083.71	4,692.15	3,908.96	3,517.38	2,737.66
86	2,194.65	2,027.05	1,687.90	1,520.29	1,181.13	2,357.39	2,177.35	1,813.05	1,633.02	1,268.71	5,197.07	4,798.64	3,998.27	3,596.39	2,799.48	5,540.55	5,114.63	4,262.78	3,836.84	2,984.97
87	2,391.84	2,208.46	1,839.72	1,656.35	1,287.61	2,569.19	2,372.21	1,976.14	1,779.16	1,383.08	5,664.22	5,228.00	4,358.94	3,922.72	3,050.22	6,038.63	5,574.91	4,644.05	4,180.35	3,249.46
88	2,608.74	2,407.62	2,005.37	1,806.21	1,403.96	2,802.18	2,586.14	2,154.06	1,940.15	1,508.06	6,176.02	5,698.57	4,750.52	4,276.51	3,325.01	6,581.36	6,076.41	5,063.11	4,558.19	3,

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Joint																				
5840 x Daily Maximum																				
Age	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	98.59	92.68	76.90	69.01	53.25	105.91	99.56	82.60	74.13	57.20	271.35	250.74	206.10	185.49	144.27	357.23	329.76	274.80	247.33	192.37
25-29	106.48	98.59	82.82	74.92	57.18	114.38	105.91	88.97	80.49	61.41	291.98	267.92	223.27	202.66	158.02	384.72	353.78	295.41	264.51	206.10
30-34	114.36	106.48	88.73	78.87	63.11	122.85	114.38	95.31	84.72	67.78	312.58	288.53	240.45	216.39	168.31	412.19	381.29	316.03	285.10	219.82
35-39	124.22	114.36	94.64	84.78	67.04	133.43	122.85	101.66	91.07	72.02	336.61	309.15	257.62	233.57	182.04	443.10	408.76	340.06	305.70	237.00
40-44	132.12	122.26	102.54	92.68	70.99	141.92	131.33	110.14	99.56	76.25	360.66	333.19	278.23	250.74	195.80	477.45	439.66	367.54	329.76	257.62
45	136.05	124.22	104.50	92.68	72.96	146.15	133.43	112.24	99.56	78.37	367.54	340.06	281.68	254.18	195.80	484.33	446.54	374.41	336.61	261.06
46	136.05	126.19	104.50	94.64	72.96	146.15	135.55	112.24	101.66	78.37	367.54	340.06	285.10	254.18	199.22	491.19	453.43	377.84	340.06	264.51
47	136.05	126.19	104.50	94.64	72.96	146.15	135.55	112.24	101.66	78.37	367.54	340.06	285.10	254.18	199.22	494.62	456.84	381.29	343.49	267.92
48	136.05	126.19	104.50	94.64	72.96	146.15	135.55	112.24	101.66	78.37	370.96	340.06	285.10	254.18	199.22	498.07	460.27	384.72	346.94	267.92
49	138.03	126.19	106.48	94.64	74.92	148.27	135.55	114.38	101.66	80.49	370.96	340.06	285.10	257.62	199.22	504.95	463.72	388.14	350.37	271.35
50	138.03	128.17	106.48	94.64	74.92	148.27	137.68	114.38	101.66	80.49	370.96	343.49	285.10	257.62	199.22	508.37	470.60	391.58	353.78	274.80
51	140.00	130.14	108.45	96.62	76.90	150.38	139.80	116.49	103.77	82.60	381.29	353.78	291.98	264.51	206.10	515.25	474.02	395.02	357.23	278.23
52	143.94	132.12	110.43	98.59	76.90	154.62	141.92	118.61	105.91	82.60	391.58	364.11	302.27	271.35	212.98	522.13	480.90	401.90	360.66	281.68
53	145.91	134.08	112.40	100.57	78.87	156.74	144.02	120.74	108.02	84.72	405.31	374.41	309.15	278.23	216.39	525.54	487.78	405.31	364.11	285.10
54	147.89	138.03	114.36	102.54	80.85	158.85	148.27	122.85	110.14	86.84	415.64	384.72	319.43	288.53	223.27	532.42	491.19	408.76	367.54	285.10
55	151.84	140.00	116.34	104.50	80.85	163.10	150.38	124.92	112.24	86.84	425.94	395.02	329.76	295.41	230.15	539.31	498.07	415.64	374.41	291.98
56	163.66	149.86	124.22	112.40	86.76	175.79	160.97	133.43	120.74	93.19	460.27	422.49	353.78	319.43	247.33	573.64	528.98	443.10	398.47	309.15
57	173.52	161.70	134.08	120.29	94.64	186.38	173.69	144.02	129.21	101.66	491.19	453.43	377.84	340.06	264.51	611.41	563.33	470.60	422.49	329.76
58	185.35	171.56	141.98	128.17	98.59	199.10	184.28	152.50	137.68	105.91	525.54	484.33	401.90	364.11	281.68	646.76	594.23	498.07	446.54	350.37
59	197.18	181.42	151.84	136.05	106.48	211.80	194.86	163.10	146.15	114.38	556.46	515.25	429.37	384.72	302.27	680.11	628.58	522.13	470.60	364.11
60	209.02	193.23	161.70	143.94	112.40	224.52	207.56	173.69	154.62	120.74	590.82	542.70	453.43	408.76	316.03	714.46	659.52	549.58	494.62	384.72
61	226.76	210.99	175.49	157.75	122.26	243.57	226.64	188.51	169.44	131.33	628.58	580.50	484.33	436.25	340.06	769.42	711.05	590.82	532.42	412.19
62	246.48	226.76	189.30	171.56	132.12	264.76	243.57	203.33	184.28	141.92	669.82	618.29	515.25	463.72	360.66	820.95	759.13	632.03	570.21	443.10
63	264.22	244.51	203.09	183.37	141.98	283.82	262.63	218.15	196.98	152.50	711.05	656.07	546.15	491.19	381.29	872.46	807.21	673.25	604.56	470.60
64	283.94	262.25	218.88	197.18	153.80	305.00	281.70	235.10	211.80	165.20	748.80	693.87	577.05	518.68	405.31	927.44	855.30	711.05	642.35	498.07
65	301.69	280.01	232.67	209.02	163.66	324.06	300.77	249.92	224.52	175.79	779.03	728.23	607.99	546.15	425.94	978.95	903.38	752.25	676.70	525.54
66	341.12	315.49	262.25	236.62	183.37	366.42	338.89	281.70	254.16	196.98	886.21	817.50	680.11	614.86	477.45	1,078.56	992.70	827.83	745.40	580.50
67	380.56	350.98	291.83	264.22	205.07	408.78	377.00	313.47	283.82	220.27	982.40	906.82	755.68	680.11	528.98	1,174.77	1,085.44	903.38	814.09	632.03
68	420.00	386.48	323.38	289.87	226.76	451.14	415.15	347.36	311.35	243.57	1,078.56	992.70	827.83	745.40	580.50	1,270.93	1,174.77	978.95	879.34	686.99
69	457.47	421.97	352.96	317.47	246.48	491.40	453.25	379.12	341.01	264.76	1,171.32	1,082.01	903.38	810.66	632.03	1,370.54	1,264.05	1,054.54	948.05	738.52
70	496.91	459.43	382.53	343.10	268.17	533.76	493.50	410.89	368.54	288.07	1,267.50	1,171.32	975.52	879.34	683.54	1,466.73	1,356.81	1,130.09	1,016.75	790.03
71	573.81	528.45	441.69	396.34	309.59	616.36	567.63	474.44	425.73	332.54	1,446.12	1,336.18	1,112.91	999.58	779.74	1,652.22	1,525.10	1,270.93	1,143.83	889.64
72	650.71	599.44	500.84	449.57	350.98	698.96	643.88	537.97	482.91	377.00	1,624.71	1,501.08	1,250.32	1,123.24	875.91	1,834.26	1,693.42	1,411.77	1,270.93	989.25
73	725.63	670.43	558.02	502.82	390.42	779.43	720.13	599.40	540.11	419.36	1,803.35	1,662.51	1,387.71	1,246.87	972.07	2,019.74	1,865.16	1,552.61	1,398.04	1,085.44
74	802.55	741.42	617.18	556.07	431.83	862.05	796.38	662.94	597.30	463.86	1,981.98	1,827.41	1,525.10	1,370.54	1,068.28	2,201.80	2,033.51	1,693.42	1,525.10	1,185.05
75	879.44	812.40	676.33	609.30	473.24	944.65	872.65	726.48	654.47	508.33	2,160.57	1,992.27	1,662.51	1,494.20	1,164.44	2,387.29	2,201.80	1,834.26	1,652.22	1,284.67
76	1,003.66	924.79	770.99	694.09	540.28	1,078.08	993.36	828.16	745.55	580.35	2,438.82	2,253.33	1,875.49	1,690.00	1,312.16	2,672.38	2,466.27	2,054.08	1,851.43	1,439.24
77	1,143.67	1,054.93	879.44	790.71	615.22	1,228.47	1,133.16	944.65	849.34	660.84	2,758.25	2,545.31	2,119.37	1,909.84	1,483.91	2,991.85	2,761.70	2,301.41	2,071.26	1,610.98
78	1,279.72	1,181.13	985.92	887.33	690.14	1,374.62	1,268.71	1,059.03	953.12	741.32	3,060.54	2,823.54	2,352.94	2,119.37	1,648.77	3,290.67	3,039.93	2,531.56	2,280.80	1,772.43
79	1,407.89	1,299.44	1,082.54	976.06	757.18	1,512.28	1,395.79	1,162.80	1,048.44	813.32	3,335.34	3,077.71	2,565.91	2,308.29	1,796.47	3,555.16	3,283.81	2,734.23	2,462.87	1,913.27
80	1,520.29	1,403.96	1,169.29	1,052.96	818.31	1,633.02	1,508.06	1,256.01	1,131.04	878.99	3,603.26	3,325.01	2,772.01	2,493.78	1,940.74	3,840.26	3,544.88	2,954.05	2,658.64	2,067.84
81	1,626.77	1,502.55	1,252.12	1,125.92	877.47	1,747.39	1,613.97	1,344.96	1,209.41	942.53	3,854.02	3,558.61	2,964.34	2,668.97	2,074.70	4,108.19	3,792.18	3,160.14	2,844.13	2,212.10
82	1,749.03	1,614.93	1,346.76	1,210.71	942.53	1,878.71	1,734.68	1,446.62	1,300.48	1,012.42	4,142.55	3,826.53	3,187.62	2,868.19	2,232.72	4,417.35	4,077.29	3,397.16	3,057.11	2,376.99
83	1,889.02	1,745.08	1,453.25	1,307.32	1,017.47	2,029.08	1,874.48	1,561.01	1,404.26	1,092.92	4,475.72	4,132.23	3,441.83	3,098.34	2,407.90	4,771.13	4,403.62	3,668.51	3,304.43	2,569.33
84	2,050.71	1,892.97	1,577.47	1,419.72	1,104.23	2,202.77	2,033.33	1,694.44	1,525.00	1,186.11	4,857.01	4,482.60	3,733.80	3,362.81	2,613.99	5,176.47	4,778.01	3,981.10	3,582.63	2,785.75
85	2,234.09	2,062.55	1,719.45	1,547.89	1,202.82	2,399.75	2,215.49	1,846.94	1,662.67	1,292.01	5,293.26	4,884.50	4,070.41	3,665.10	2,851.01	5,643.61	5,207.38	4,338.33	3,905.55	3,036.48
86	2,435.22	2,247.90	1,873.25	1,685.92	1,311.27	2,615.80	2,414.57	2,012.15	1,810.93	1,408.51	5,770.71	5,324.16	4,437.95	3,994.82	3,105.18	6,148.55	5,677.96	4,729.93	4,255.90	3,311.28
87	2,656.07	2,450.99	2,042.83	1,837.76	1,429.58	2,853.02	2,632.74	2,194.30	1,974.04	1,535.59	6,289.39	5,805.06	4,836.38	4,352.09	3,386.87	6,701.58	6,186.35	5,155.87	4,640.62	3,610.14
88	2,894.65	2,671.84	2,226.20	2,003.39	1,557.75	3,109.30	2,869.96	2,391.28	2,151.94	1,673.27	6,856.16	6,327.19	5,272.63	4,747.11						

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Joint																				
7300 x Daily Maximum																				
Age	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	106.48	98.59	80.85	72.96	57.18	114.38	105.91	86.84	78.37	61.41	288.53	267.92	223.27	199.22	158.02	381.29	350.37	291.98	264.51	206.10
25-29	114.36	106.48	88.73	78.87	63.11	122.85	114.38	95.31	84.72	67.78	312.58	288.53	240.45	216.39	168.31	408.76	377.84	316.03	285.10	219.82
30-34	122.26	114.36	94.64	84.78	67.04	131.33	122.85	101.66	91.07	72.02	333.19	309.15	257.62	230.15	182.04	439.66	408.76	340.06	305.70	237.00
35-39	132.12	122.26	102.54	90.71	70.99	141.92	131.33	110.14	97.44	76.25	360.66	333.19	278.23	247.33	195.80	474.02	436.25	364.11	329.76	254.18
40-44	141.98	132.12	108.45	98.69	76.90	152.50	141.92	116.49	105.91	82.60	388.14	357.23	298.86	267.92	209.55	508.37	470.60	391.58	353.78	274.80
45	143.94	134.08	110.43	100.57	78.90	154.62	144.02	118.61	108.02	82.60	395.02	364.11	302.27	271.35	212.98	518.68	480.90	398.47	360.66	278.23
46	145.91	134.08	112.40	100.57	78.87	156.74	144.02	120.74	108.02	84.72	395.02	364.11	302.27	274.80	212.98	525.54	484.33	401.90	364.11	281.68
47	145.91	134.08	112.40	100.57	78.87	156.74	144.02	120.74	108.02	84.72	395.02	364.11	302.27	274.80	212.98	528.98	487.78	408.76	367.54	285.10
48	145.91	134.08	112.40	100.57	78.87	156.74	144.02	120.74	108.02	84.72	395.02	364.11	302.27	274.80	212.98	535.86	494.62	412.19	370.96	288.53
49	147.89	136.05	112.40	102.54	78.87	158.85	146.15	120.74	110.14	84.72	395.02	364.11	305.70	274.80	212.98	539.31	498.07	415.64	374.41	291.98
50	147.89	136.05	112.40	102.54	78.87	158.85	146.15	122.85	110.14	86.84	395.02	364.11	305.70	274.80	212.98	546.15	501.50	419.07	377.84	291.98
51	149.86	138.03	116.34	104.50	80.85	160.97	148.27	124.96	112.24	86.84	408.76	377.84	312.58	281.68	219.82	549.58	508.37	422.49	381.29	295.41
52	153.80	141.98	118.31	106.48	82.82	165.20	152.50	127.08	114.38	88.97	419.07	388.14	322.88	291.98	226.70	556.46	515.25	429.37	384.72	302.27
53	155.77	143.94	120.29	108.45	84.78	167.32	154.62	129.21	116.49	91.07	432.82	398.47	333.19	298.86	233.57	563.33	522.13	432.82	391.58	302.27
54	159.72	145.91	122.26	110.43	84.78	171.57	156.74	131.33	118.61	91.07	443.10	408.76	343.49	309.15	240.45	570.21	525.54	439.66	395.02	309.15
55	161.70	149.86	124.22	112.40	86.76	173.69	160.97	133.43	120.74	93.19	456.84	422.49	350.37	316.03	243.88	577.05	532.42	443.10	398.47	309.15
56	173.52	161.70	134.08	120.29	94.64	186.38	173.69	144.02	129.21	101.66	491.19	453.43	377.84	340.06	284.51	614.86	566.76	474.02	425.94	333.19
57	187.32	171.56	143.94	128.17	100.57	201.21	184.28	154.62	137.68	108.02	525.54	484.33	405.31	364.11	285.10	652.64	601.11	501.50	453.43	350.37
58	199.16	183.37	153.80	138.03	108.45	213.93	196.98	165.20	148.27	116.49	559.88	518.68	432.82	388.14	302.27	690.42	638.91	532.42	477.45	374.41
59	210.99	195.21	161.70	145.91	112.40	226.64	209.68	173.69	156.74	120.74	597.68	549.58	456.84	412.19	319.43	728.23	673.25	559.88	504.95	391.58
60	222.81	207.04	171.56	153.80	120.29	239.34	222.40	184.28	165.20	129.21	632.03	583.94	484.33	436.25	340.06	765.97	707.60	590.82	528.98	412.19
61	244.51	224.79	187.32	169.58	132.12	262.63	241.46	201.21	182.16	141.92	673.25	621.74	518.68	467.15	364.11	820.95	759.13	632.03	570.21	443.10
62	264.22	242.53	203.09	183.37	141.98	283.82	260.51	218.15	196.98	152.50	717.90	662.94	553.03	494.62	388.14	879.34	810.66	676.70	607.99	474.02
63	283.94	262.25	218.88	197.18	153.80	305.00	281.70	235.10	211.80	165.20	759.13	700.72	583.94	525.54	408.76	934.32	862.19	717.90	645.76	501.50
64	303.66	280.01	234.65	210.99	163.66	326.18	300.77	252.04	226.64	175.79	803.78	741.95	618.29	556.46	432.82	992.70	913.70	762.56	686.99	532.42
65	323.38	299.73	248.46	224.79	173.52	347.36	321.96	266.88	241.46	186.38	845.01	779.74	649.19	587.38	453.43	1,047.66	965.22	807.21	724.78	566.76
66	364.79	337.19	281.97	252.39	197.18	391.84	362.18	302.87	271.10	211.80	948.05	875.91	728.23	656.07	508.37	1,150.71	1,064.83	886.21	796.91	621.74
67	406.20	376.62	313.52	281.97	218.88	436.32	404.56	336.76	302.87	235.10	1,051.11	968.67	807.21	728.23	566.76	1,257.20	1,161.01	965.22	869.03	676.70
68	449.57	414.09	345.07	311.54	242.53	482.91	444.79	370.65	334.64	260.51	1,150.71	1,064.83	886.21	796.91	621.74	1,360.24	1,257.20	1,047.66	941.17	735.07
69	490.99	453.52	376.62	339.16	264.22	527.39	487.15	404.56	364.32	283.82	1,253.75	1,157.59	965.22	869.03	676.70	1,466.73	1,353.36	1,126.66	1,016.75	790.03
70	532.40	490.99	408.18	368.74	285.92	571.88	527.39	438.45	396.09	307.12	1,356.81	1,253.75	1,044.22	937.74	731.64	1,569.79	1,449.55	1,209.10	1,088.89	845.01
71	613.25	565.92	471.27	423.95	329.30	658.72	607.89	506.22	455.39	353.71	1,545.73	1,428.95	1,188.50	1,071.71	831.26	1,769.00	1,631.59	1,360.24	1,222.85	951.50
72	696.05	642.82	534.37	481.13	374.65	747.67	690.49	574.00	516.80	402.43	1,738.08	1,604.14	1,336.18	1,202.22	934.32	1,964.80	1,813.65	1,511.38	1,360.24	1,057.95
73	776.90	717.75	597.46	538.31	418.04	834.51	770.96	641.76	578.22	449.04	1,930.45	1,779.30	1,483.91	1,336.18	1,037.36	2,180.57	1,995.70	1,662.51	1,494.20	1,164.44
74	859.73	792.69	660.57	595.50	463.38	923.48	851.46	709.55	639.66	497.75	2,119.37	1,957.92	1,631.59	1,466.73	1,143.83	2,356.39	2,174.31	1,813.65	1,631.59	1,270.93
75	940.57	869.58	723.67	650.71	506.77	1,010.32	934.06	777.33	698.96	544.34	2,311.70	2,133.11	1,775.88	1,600.69	1,243.46	2,552.15	2,356.39	1,964.80	1,769.00	1,373.99
76	1,072.68	989.87	826.20	743.39	577.74	1,152.22	1,063.26	887.45	798.52	620.58	2,610.56	2,411.35	2,009.45	1,806.78	1,408.32	2,861.30	2,638.03	2,198.37	1,978.53	1,538.85
77	1,222.54	1,129.86	940.57	845.92	658.59	1,313.19	1,213.63	1,010.32	908.64	707.43	2,950.62	2,723.90	2,270.51	2,043.78	1,590.38	3,201.38	2,957.50	2,462.87	2,218.98	1,724.35
78	1,370.43	1,263.95	1,052.96	948.46	737.47	1,472.04	1,357.68	1,131.04	1,018.78	792.15	3,273.50	3,022.75	2,517.80	2,267.06	1,762.12	3,524.26	3,252.91	2,710.17	2,438.82	1,896.10
79	1,506.48	1,390.15	1,159.44	1,043.10	812.40	1,618.19	1,493.23	1,245.40	1,120.44	872.65	3,568.91	3,294.10	2,744.52	2,469.72	1,920.14	3,805.90	3,513.94	2,926.58	2,634.62	2,047.23
80	1,626.77	1,502.55	1,252.12	1,125.92	877.47	1,747.39	1,613.97	1,344.96	1,209.41	942.53	3,854.02	3,558.61	2,964.34	2,688.97	2,074.70	4,108.19	3,792.18	3,160.14	2,844.13	2,212.10
81	1,741.13	1,607.05	1,338.88	1,204.80	936.62	1,870.23	1,726.21	1,438.15	1,294.13	1,006.08	4,125.37	3,805.90	3,173.89	2,854.44	2,222.43	4,396.74	4,060.11	3,383.42	3,043.36	2,370.11
82	1,871.27	1,727.34	1,439.44	1,295.51	1,007.61	2,010.03	1,855.41	1,546.17	1,391.57	1,082.33	4,434.52	4,094.47	3,410.89	3,070.83	2,387.29	4,726.50	4,362.39	3,637.61	3,273.50	2,545.31
83	2,021.14	1,865.36	1,555.78	1,400.01	1,088.46	2,171.00	2,003.68	1,671.13	1,503.81	1,169.17	4,788.31	4,420.78	3,682.27	3,314.73	2,576.21	5,104.34	4,712.75	3,926.14	3,534.55	2,747.95
84	2,192.69	2,025.09	1,687.90	1,518.32	1,181.13	2,355.27	2,175.25	1,813.05	1,630.91	1,268.71	5,197.07	4,795.19	3,998.27	3,596.39	2,799.48	5,540.55	5,111.18	4,259.33	3,833.41	2,981.52
85	2,391.84	2,206.49	1,839.72	1,654.37	1,287.61	2,569.19	2,370.09	1,976.14	1,777.04	1,383.08	5,664.22	5,228.00	4,355.51	3,919.27	3,050.22	6,038.63	5,571.49	4,644.05	4,180.35	3,249.46
86	2,606.78	2,405.64	2,005.37	1,804.23	1,403.96	2,800.08	2,584.03	2,154.06	1,938.01	1,508.06	6,172.60	5,698.57	4,747.11	4,273.07	3,321.61	6,581.36	6,072.98	5,063.11	4,554.74	3,544.88
87	2,841.42	2,622.55	2,184.79	1,965.93	1,530.15	3,052.12	2,817.01	2,346.79	2,111.70	1,643.61	6,729.05	6,210.37	5,176.47	4,657.79	3,623.87	7,172.16	6,622.56	5,516.53	4,966.93	3,860.88
88	3,095.79	2,859.17	2,381.98	2,143.40	1,668.18	3,325.35	3,071.17	2,558.60	2,302.33	1,791.88										



## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay 10 Individual														
	730 x Daily Maximum														
	No BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	350.67	323.69	269.75	242.77	188.83	955.45	892.81	736.17	657.87	516.89	1,300.05	1,190.43	1,002.47	892.81	704.85
25-29	348.66	323.76	265.65	240.74	182.63	954.44	882.13	737.53	665.22	520.61	1,287.02	1,185.80	997.82	896.59	694.15
30-34	347.84	324.64	270.54	239.62	193.23	956.01	875.22	727.11	659.80	511.66	1,292.65	1,184.93	996.41	888.68	700.18
35-39	350.73	322.10	272.00	243.37	193.27	947.63	872.83	735.65	660.85	511.22	1,284.27	1,184.53	985.05	885.30	685.77
40-44	349.05	316.13	263.43	237.09	184.40	940.75	871.92	722.77	653.93	504.81	1,273.45	1,170.22	975.19	883.40	688.37
45	336.48	305.32	255.47	230.55	180.70	900.93	835.78	694.69	629.54	488.46	1,226.56	1,128.85	944.34	846.65	662.10
46	330.09	305.64	256.73	232.28	177.28	894.46	819.92	692.13	617.61	489.82	1,224.56	1,128.71	937.04	841.23	660.20
47	330.77	306.73	252.59	228.53	174.42	880.04	817.17	680.98	607.64	481.91	1,215.27	1,120.98	932.42	838.13	649.56
48	331.26	301.69	254.36	230.71	177.47	875.91	803.78	669.82	607.99	474.02	1,205.67	1,112.91	927.44	834.68	649.19
49	323.54	300.44	248.44	225.32	173.33	855.46	795.07	664.26	593.80	462.97	1,197.66	1,107.08	915.86	825.27	644.10
50	322.57	299.93	249.01	226.37	175.43	847.81	778.81	650.65	581.64	453.48	1,182.99	1,094.29	906.95	818.25	630.92
51	322.51	294.72	250.22	222.42	177.94	842.71	774.93	649.00	581.18	455.27	1,191.44	1,094.59	910.54	823.37	639.31
52	321.09	293.88	244.90	223.13	174.15	834.26	767.91	644.66	578.29	455.08	1,185.05	1,090.27	910.13	815.33	635.19
53	312.95	291.73	244.00	217.47	169.74	822.35	757.67	637.55	572.87	443.51	1,173.46	1,090.32	905.53	813.13	637.55
54	312.33	286.31	239.46	218.64	166.58	816.13	752.67	634.78	571.31	444.35	1,178.86	1,088.19	906.82	816.13	634.78
55	310.33	284.89	239.10	213.66	167.88	815.33	744.43	620.36	558.31	434.25	1,169.81	1,081.19	903.92	806.48	629.21
56	329.26	304.31	254.43	229.48	170.60	869.03	799.51	669.15	599.63	469.28	1,190.59	1,103.66	921.19	825.60	643.09
57	343.00	318.84	265.71	236.72	188.42	908.89	833.15	698.49	631.18	488.11	1,195.01	1,102.46	917.30	824.72	639.59
58	355.17	327.12	275.73	247.68	191.61	944.34	871.07	724.53	651.26	504.73	1,196.70	1,107.16	919.92	830.36	643.11
59	364.16	337.19	278.74	251.76	193.31	971.11	892.81	744.03	673.53	524.71	1,190.43	1,104.27	916.31	830.17	642.21
60	373.07	347.05	286.31	260.29	199.55	997.50	921.94	770.80	687.67	536.55	1,193.97	1,095.74	914.39	823.70	642.35
61	398.51	368.84	300.47	275.57	216.21	1,048.68	967.45	804.98	723.73	561.25	1,255.46	1,159.46	967.45	871.45	679.41
62	424.48	391.51	325.57	292.60	226.67	1,091.21	1,012.24	839.94	753.78	588.67	1,306.57	1,206.09	1,005.05	904.57	703.56
63	444.31	408.29	340.24	308.21	240.18	1,136.59	1,045.95	871.61	787.94	613.62	1,352.75	1,248.16	1,038.96	934.37	725.19
64	466.95	431.64	357.08	321.77	251.14	1,182.56	1,086.85	909.13	820.26	635.71	1,408.13	1,298.75	1,086.85	977.47	758.75
65	483.32	445.26	372.96	334.90	262.60	1,213.18	1,120.37	934.76	841.94	656.33	1,445.22	1,339.16	1,113.75	1,001.04	782.28
66	523.60	483.04	401.92	361.36	280.24	1,303.94	1,201.16	1,002.05	905.68	700.14	1,535.19	1,413.15	1,181.89	1,059.85	828.62
67	560.33	517.51	431.85	389.03	303.36	1,386.44	1,280.75	1,069.38	963.69	746.08	1,610.27	1,485.91	1,237.24	1,112.89	864.19
68	600.38	551.80	461.57	416.46	322.75	1,475.11	1,360.24	1,136.57	1,021.70	798.03	1,686.71	1,559.73	1,299.78	1,166.77	912.88
69	630.20	583.27	486.06	435.78	341.91	1,541.60	1,424.82	1,185.38	1,068.61	829.21	1,751.82	1,617.50	1,348.90	1,214.59	945.99
70	656.46	607.95	504.48	455.97	352.48	1,599.87	1,481.57	1,233.68	1,109.76	861.91	1,802.66	1,661.82	1,385.78	1,250.58	968.94
71	730.51	674.08	561.20	504.78	391.90	1,764.11	1,627.55	1,354.46	1,217.92	950.31	1,977.08	1,824.15	1,518.31	1,365.40	1,065.01
72	795.59	734.86	613.40	552.67	428.16	1,909.62	1,761.51	1,465.27	1,322.46	1,026.21	2,131.79	1,967.80	1,639.85	1,475.87	1,147.89
73	852.16	785.02	653.71	589.50	458.18	2,028.40	1,870.80	1,560.69	1,403.09	1,092.98	2,262.25	2,089.41	1,738.64	1,565.80	1,215.01
74	905.13	837.46	696.48	625.98	487.81	2,146.54	1,979.52	1,650.42	1,483.42	1,154.32	2,392.13	2,205.46	1,841.99	1,655.32	1,291.85
75	948.21	875.26	729.39	656.44	510.56	2,235.30	2,061.15	1,717.63	1,548.24	1,204.71	2,489.41	2,296.46	1,915.28	1,722.35	1,341.17
76	1,041.00	960.92	800.76	720.69	560.54	2,407.37	2,222.90	1,853.91	1,669.41	1,295.94	2,654.88	2,447.86	2,042.91	1,835.91	1,430.93
77	1,121.48	1,035.22	862.68	776.41	603.88	2,559.03	2,361.52	1,966.51	1,773.29	1,378.27	2,795.18	2,580.49	2,151.13	1,936.44	1,507.07
78	1,202.03	1,107.39	922.81	830.54	645.97	2,708.10	2,497.91	2,081.59	1,875.49	1,459.17	2,934.82	2,712.22	2,258.80	2,032.13	1,582.83
79	1,258.82	1,162.17	968.84	872.19	678.86	2,807.65	2,592.29	2,161.54	1,942.26	1,511.52	3,030.87	2,795.91	2,329.93	2,098.90	1,632.90
80	1,303.31	1,203.22	1,003.03	902.94	702.77	2,886.18	2,663.61	2,218.44	1,995.84	1,554.37	3,097.64	2,860.19	2,381.64	2,144.23	1,665.67
81	1,343.22	1,240.68	1,033.56	928.98	723.91	2,972.18	2,743.55	2,286.31	2,057.67	1,600.41	3,190.09	2,947.17	2,454.20	2,207.69	1,718.29
82	1,443.71	1,332.97	1,111.48	998.70	777.22	3,197.25	2,950.76	2,457.77	2,211.28	1,721.88	3,429.44	3,165.11	2,639.95	2,375.62	1,846.89
83	1,558.54	1,439.60	1,199.66	1,078.68	840.80	3,450.88	3,186.52	2,654.23	2,389.90	1,857.62	3,704.52	3,418.73	2,850.73	2,564.96	1,996.94
84	1,691.83	1,560.60	1,302.20	1,170.95	912.56	3,743.82	3,458.04	2,879.30	2,593.52	2,014.81	4,018.88	3,711.66	3,093.65	2,782.86	2,164.84
85	1,843.59	1,702.09	1,419.09	1,277.59	992.54	4,083.18	3,768.83	3,140.08	2,825.72	2,196.99	4,383.27	4,043.91	3,372.30	3,032.91	2,361.33
86	2,009.70	1,855.90	1,546.24	1,392.44	1,082.77	4,447.57	4,108.19	3,422.32	3,079.37	2,397.03	4,776.23	4,408.27	3,672.36	3,307.97	2,572.08
87	2,190.16	2,022.01	1,685.69	1,517.53	1,179.15	4,847.67	4,476.14	3,729.53	3,357.98	2,611.38	5,204.90	4,804.80	4,004.60	3,604.49	2,804.29
88	2,387.03	2,204.51	1,837.45	1,652.87	1,285.80	5,287.06	4,879.83	4,065.32	3,658.08	2,847.16	5,672.89	5,237.06	4,365.40	3,929.57	3,054.35
89	2,602.35	2,403.43	2,001.50	1,802.57	1,400.64	5,762.17	5,319.21	4,433.29	3,990.31	3,104.37	6,183.73	5,708.62	4,758.36	4,283.25	3,329.41
90	2,838.19	2,618.76	2,181.96	1,964.59	1,527.78	6,280.17	5,797.90	4,829.82	4,347.54	3,379.43	6,741.02	6,223.03	5,187.05	4,669.05	3,629.51
91	3,092.47	2,854.59	2,378.83	2,140.95	1,665.18	6,844.60	6,319.47	5,265.63	4,740.50	3,686.65	7,348.31	6,783.89	5,651.45	5,087.02	3,954.58
92	3,371.37	3,110.93	2,592.10	2,333.71	1,814.88	7,462.61	6,887.48	5,740.76	5,165.60	4,018.88	8,009.21	7,394.74	6,162.29	5,544.26	4,315.40
93	3,674.87	3,391.88	2,825.88	2,542.88	1,978.93	8,134.22	7,505.49	6,255.17	5,630.00	4,379.70	8,730.82	8,059.21	6,716.00	6,044.41	4,701.19
94	4,005.05	3,697.44	3,080.18	2,772.57	2,155.29	8,862.98	8,184.23	6,819.60	6,137.29	4,772.64	9,516.72	8,784.40	7,319.74	6,587.39	5,122.75

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay 10 Individual														
	1095 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO					0 EP	30 EP	90 EP	180 EP	365 EP
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	476.56	431.59	359.67	323.69	251.76	1,237.41	1,143.41	939.79	845.83	657.87	1,644.64	1,519.35	1,268.73	1,143.41	892.81
25-29	464.88	431.67	356.97	323.76	249.04	1,214.73	1,127.98	939.98	838.76	665.22	1,634.10	1,503.94	1,258.11	1,127.98	882.13
30-34	471.50	432.86	363.29	324.64	255.08	1,225.32	1,131.06	942.54	848.30	659.80	1,629.26	1,508.07	1,252.24	1,131.06	875.22
35-39	465.26	429.46	357.89	322.10	250.52	1,221.94	1,122.20	935.18	847.88	660.85	1,620.95	1,496.27	1,246.87	1,122.20	872.83
40-44	461.01	428.09	355.64	322.72	250.27	1,204.63	1,112.86	929.29	837.52	653.93	1,606.16	1,479.97	1,239.05	1,112.86	871.92
45	448.63	411.24	342.70	311.54	243.00	1,161.41	1,074.57	890.06	803.22	618.71	1,552.19	1,432.80	1,193.97	1,074.57	835.78
46	440.11	409.55	336.19	305.64	238.39	1,139.37	1,054.19	883.80	787.98	617.61	1,544.02	1,426.87	1,192.63	1,075.49	830.59
47	439.03	402.95	336.79	300.71	234.55	1,131.46	1,037.17	869.55	785.75	607.64	1,550.54	1,424.82	1,194.33	1,068.61	838.13
48	431.83	402.25	331.26	301.69	230.71	1,112.91	1,030.48	855.30	772.86	597.68	1,545.73	1,422.06	1,185.05	1,071.71	834.68
49	427.53	392.87	329.32	294.65	231.11	1,086.96	1,006.42	835.34	754.84	583.74	1,529.79	1,409.02	1,177.54	1,056.77	825.27
50	418.78	390.48	322.57	288.62	228.37	1,074.55	985.83	828.09	739.37	581.64	1,518.17	1,409.73	1,173.13	1,054.85	818.25
51	422.60	389.25	322.51	289.16	227.98	1,075.21	997.70	833.02	745.85	581.18	1,520.78	1,404.56	1,172.07	1,055.83	823.37
52	419.05	386.40	321.09	288.44	223.13	1,080.77	995.45	834.26	748.94	587.79	1,516.88	1,393.63	1,166.09	1,052.34	815.33
53	419.03	387.21	318.26	286.42	222.78	1,061.07	997.92	831.60	748.45	582.12	1,498.87	1,386.00	1,155.00	1,034.89	813.13
54	416.46	385.22	322.75	286.31	223.84	1,079.12	997.50	834.26	752.67	580.36	1,496.27	1,378.37	1,151.67	1,033.79	807.07
55	412.08	381.55	320.50	284.89	223.84	1,081.19	1,001.42	833.02	744.43	584.91	1,488.84	1,373.65	1,143.22	1,028.01	797.61
56	429.03	399.11	329.26	299.33	229.48	1,138.43	1,051.54	877.72	790.83	617.02	1,529.51	1,407.87	1,173.20	1,060.23	825.60
57	439.62	405.81	338.17	304.36	236.72	1,178.17	1,085.61	908.89	816.32	639.59	1,548.48	1,430.65	1,186.60	1,068.80	833.15
58	453.30	415.92	345.81	313.11	243.00	1,212.99	1,123.43	936.19	838.51	659.42	1,563.04	1,440.91	1,204.85	1,082.72	846.65
59	458.56	422.60	350.67	314.70	247.27	1,245.22	1,143.41	935.45	861.49	665.69	1,566.34	1,448.87	1,206.09	1,088.61	845.83
60	464.17	425.13	355.72	321.01	247.27	1,269.55	1,171.32	974.82	876.59	680.11	1,571.82	1,450.93	1,209.10	1,088.19	846.39
61	496.01	457.87	381.55	343.40	267.08	1,344.09	1,240.70	1,033.93	930.52	723.73	1,646.87	1,513.95	1,262.86	1,137.30	886.21
62	523.39	482.17	403.88	362.66	284.35	1,407.08	1,299.41	1,084.05	976.34	760.98	1,701.43	1,572.21	1,306.57	1,177.35	911.75
63	548.39	508.37	424.29	380.27	296.20	1,464.31	1,352.75	1,129.62	1,018.04	787.94	1,750.20	1,617.73	1,345.76	1,213.30	941.34
64	576.83	533.66	443.41	400.25	310.00	1,531.17	1,414.96	1,182.56	1,059.52	827.12	1,811.42	1,674.71	1,394.45	1,257.74	977.47
65	601.30	551.82	460.49	414.81	323.47	1,584.42	1,458.47	1,219.82	1,093.87	855.18	1,856.24	1,710.40	1,425.34	1,286.12	1,001.04
66	652.67	601.03	501.48	449.86	350.30	1,702.20	1,573.72	1,310.37	1,181.89	918.54	1,971.96	1,817.79	1,515.92	1,361.76	1,059.85
67	699.53	646.00	538.92	485.39	378.32	1,815.43	1,672.44	1,392.66	1,255.88	976.09	2,076.57	1,921.11	1,597.83	1,436.17	1,119.11
68	746.14	690.62	576.10	517.10	402.57	1,922.47	1,771.34	1,481.15	1,330.02	1,039.82	2,188.49	2,019.19	1,680.65	1,511.38	1,178.86
69	787.76	727.42	606.74	546.40	425.72	2,008.75	1,856.94	1,547.44	1,389.79	1,086.14	2,271.52	2,096.34	1,745.99	1,570.80	1,220.43
70	821.39	756.71	630.59	569.15	443.03	2,089.95	1,926.60	1,605.51	1,447.78	1,126.66	2,349.09	2,163.20	1,802.66	1,622.41	1,261.87
71	921.76	849.65	708.57	636.46	495.36	2,299.32	2,119.09	1,769.54	1,589.33	1,239.78	2,572.38	2,375.77	1,982.55	1,780.48	1,387.24
72	1,014.23	935.28	780.41	701.46	546.60	2,491.50	2,295.76	1,914.93	1,724.49	1,338.34	2,782.44	2,570.84	2,142.38	1,925.50	1,502.32
73	1,091.45	1,006.82	837.56	755.84	586.59	2,646.62	2,440.19	2,033.51	1,830.13	1,423.44	2,953.65	2,724.87	2,272.44	2,043.66	1,591.20
74	1,164.85	1,077.13	896.68	806.45	628.79	2,799.81	2,588.63	2,156.37	1,940.22	1,507.96	3,124.02	2,883.32	2,401.96	2,161.26	1,679.90
75	1,223.74	1,129.19	942.80	848.24	659.14	2,917.64	2,696.46	2,244.71	2,018.82	1,571.75	3,251.76	2,997.65	2,498.81	2,249.43	1,750.59
76	1,338.05	1,234.72	1,030.67	927.33	720.69	3,154.34	2,911.37	2,425.39	2,182.40	1,696.41	3,482.83	3,217.35	2,681.88	2,411.89	1,876.40
77	1,436.98	1,326.06	1,104.23	995.78	773.95	3,357.65	3,100.05	2,580.49	2,322.89	1,807.64	3,683.98	3,400.59	2,833.83	2,550.44	1,983.69
78	1,533.30	1,414.98	1,178.36	1,062.42	825.80	3,553.11	3,281.06	2,732.85	2,460.80	1,912.59	3,882.87	3,581.95	2,988.40	2,687.52	2,093.94
79	1,602.75	1,479.12	1,231.85	1,108.21	863.19	3,692.62	3,406.79	2,838.97	2,557.05	1,989.24	4,017.64	3,708.32	3,089.61	2,780.25	2,161.54
80	1,656.82	1,529.05	1,273.50	1,145.72	892.29	3,798.78	3,505.71	2,919.57	2,630.21	2,044.06	4,114.10	3,798.78	3,164.41	2,849.08	2,214.71
81	1,706.19	1,574.94	1,312.46	1,181.21	918.72	3,911.71	3,611.65	3,011.50	2,707.83	2,107.68	4,240.38	3,915.28	3,261.55	2,936.47	2,282.72
82	1,835.39	1,693.89	1,410.89	1,269.39	988.45	4,204.65	3,883.14	3,236.55	2,911.44	2,264.86	4,558.33	4,208.22	3,508.04	3,154.36	2,454.20
83	1,980.99	1,829.23	1,523.67	1,371.93	1,066.37	4,544.01	4,193.93	3,493.76	3,143.67	2,447.07	4,922.68	4,544.01	3,786.69	3,408.03	2,650.68
84	2,149.15	1,985.10	1,652.87	1,488.82	1,156.61	4,929.84	4,551.17	3,790.24	3,411.59	2,654.23	5,340.66	4,929.84	4,108.19	3,697.38	2,875.75
85	2,343.96	2,163.51	1,802.57	1,622.11	1,261.19	5,372.80	4,958.41	4,133.19	3,718.80	2,893.62	5,822.91	5,376.37	4,479.71	4,029.59	3,136.51
86	2,553.14	2,358.32	1,964.59	1,767.72	1,376.02	5,855.07	5,404.96	4,504.72	4,054.61	3,154.36	6,348.04	5,858.64	4,883.40	4,393.99	3,418.73
87	2,782.82	2,569.54	2,140.95	1,927.66	1,499.07	6,383.77	5,890.80	4,908.40	4,419.00	3,436.60	6,919.62	6,387.34	5,322.79	4,790.52	3,725.95
88	3,035.05	2,801.28	2,333.71	2,099.93	1,634.42	6,958.92	6,423.07	5,351.35	4,815.53	3,747.39	7,541.22	6,958.92	5,801.49	5,219.19	4,061.77
89	3,307.79	3,053.51	2,544.94	2,290.65	1,782.07	7,584.08	7,001.78	5,833.63	5,251.35	4,083.18	8,219.96	7,587.65	6,323.06	5,690.75	4,426.13
90	3,605.15	3,328.30	2,772.57	2,495.72	1,939.97	8,266.42	7,630.53	6,358.77	5,722.91	4,451.14	8,959.42	8,269.95	6,891.06	6,201.59	4,822.66
91	3,929.16	3,627.71	3,022.75	2,721.30	2,116.33	9,009.43	8,316.41	6,930.34	6,237.32	4,851.26	9,766.78	9,013.02	7,512.65	6,758.86	5,258.49
92	4,283.93	3,953.78	3,295.50	2,965.33	2,307.05	9,820.37	9,066.60	7,555.51	6,798.17	5,290.65	10,645.57	9,823.94	8,187.80	7,369.74	5,730.03
93	4,669.47	4,308.55	3,590.80	3,231.92	2,514.18	10,706.31	9,881.11	8,234.26	7,412.59	5,765.76	11,602.96	10,709.87	8,923.71	8,030.62	6,248.01
94	5,087.82	4,698.18	3,914.81	3,523.13	2,739.75	11,667.29	10,770.61	8,977.29	8,077.08	6,283.74	12,646.10	11,674.41	9,727.50	8,755.81	6,808.90

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay 10 Individual														
	1460 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	512.52	467.57	395.63	350.67	278.74	1,362.71	1,268.73	1,049.45	939.79	736.17	1,848.26	1,707.32	1,425.36	1,284.39	1,002.47
25-29	506.39	464.88	390.17	348.66	273.94	1,359.33	1,258.11	1,041.19	939.98	723.05	1,836.57	1,691.95	1,417.19	1,272.58	997.82
30-34	510.15	471.50	394.21	347.84	278.27	1,359.96	1,252.24	1,050.27	942.54	740.58	1,831.23	1,696.59	1,413.82	1,265.70	996.41
35-39	508.21	465.26	386.52	350.73	272.00	1,359.11	1,246.87	1,047.38	935.18	735.65	1,832.93	1,683.29	1,408.98	1,271.82	985.05
40-44	500.53	461.01	381.98	349.05	270.02	1,342.30	1,239.05	1,032.55	929.29	722.77	1,812.67	1,675.00	1,388.20	1,250.53	975.19
45	479.78	448.63	373.86	336.48	261.70	1,291.68	1,193.97	998.62	890.06	694.69	1,747.56	1,617.31	1,345.96	1,204.85	944.34
46	476.80	440.11	366.77	330.09	256.73	1,277.81	1,181.98	990.29	883.80	692.13	1,746.32	1,618.54	1,341.69	1,213.90	937.04
47	475.12	433.01	360.84	324.77	252.59	1,278.14	1,173.39	984.79	880.04	691.45	1,749.60	1,623.86	1,351.50	1,215.27	942.91
48	467.33	431.83	360.84	325.35	254.36	1,267.50	1,174.77	978.95	875.91	690.42	1,762.12	1,628.16	1,349.93	1,215.97	948.05
49	462.20	421.75	352.43	317.77	248.44	1,247.97	1,157.40	966.18	865.53	674.29	1,751.22	1,620.37	1,348.62	1,207.73	946.05
50	452.73	418.78	350.87	311.26	243.35	1,242.13	1,143.55	956.25	857.66	670.36	1,744.91	1,616.77	1,340.73	1,212.57	936.55
51	455.97	422.60	350.32	316.95	244.66	1,239.89	1,143.00	958.97	862.10	668.39	1,733.90	1,607.95	1,336.74	1,201.13	939.60
52	462.59	424.50	353.75	321.09	250.35	1,232.45	1,137.67	948.05	853.23	663.61	1,725.45	1,592.71	1,327.26	1,194.52	929.08
53	461.47	424.34	355.39	318.26	249.29	1,228.93	1,127.28	942.49	850.10	656.05	1,700.16	1,570.80	1,302.82	1,173.46	914.74
54	463.30	428.87	359.20	322.75	249.88	1,224.23	1,133.54	943.10	843.35	661.98	1,686.71	1,559.73	1,296.74	1,169.81	906.82
55	468.04	427.34	356.12	320.50	249.28	1,214.12	1,126.49	939.37	841.89	655.81	1,666.08	1,542.02	1,285.02	1,152.09	903.92
56	488.90	448.99	374.16	339.24	264.40	1,286.17	1,190.59	990.71	895.13	695.25	1,712.02	1,611.65	1,320.94	1,181.89	921.19
57	502.42	463.78	386.48	347.84	270.54	1,346.51	1,237.10	1,035.11	934.13	723.73	1,733.62	1,598.96	1,338.08	1,203.44	934.13
58	514.05	471.99	392.55	355.17	275.73	1,392.08	1,286.26	1,066.45	960.63	748.94	1,750.27	1,620.01	1,351.37	1,212.99	944.34
59	521.51	481.05	400.12	359.67	278.74	1,425.36	1,315.72	1,096.43	986.81	767.49	1,762.12	1,621.17	1,354.88	1,213.90	947.63
60	529.24	490.20	407.78	364.40	286.31	1,458.47	1,345.14	1,125.96	1,012.62	785.90	1,768.30	1,632.29	1,360.24	1,224.23	952.18
61	559.60	517.21	432.43	385.79	301.01	1,536.11	1,417.94	1,181.62	1,063.46	827.14	1,846.28	1,705.98	1,417.94	1,277.62	989.61
62	585.20	539.87	449.21	403.88	313.20	1,608.09	1,478.87	1,234.80	1,112.75	861.49	1,909.62	1,766.06	1,471.71	1,320.94	1,033.79
63	608.43	564.41	468.33	420.30	328.23	1,666.52	1,541.03	1,283.02	1,150.54	899.50	1,966.37	1,819.94	1,513.14	1,366.69	1,059.89
64	639.60	588.60	490.50	443.41	345.31	1,736.22	1,606.37	1,332.94	1,203.06	936.46	2,043.82	1,886.60	1,572.17	1,414.96	1,100.53
65	658.37	609.09	506.15	456.68	353.92	1,783.30	1,650.74	1,372.30	1,233.09	961.27	2,088.27	1,929.16	1,604.33	1,445.22	1,120.37
66	719.03	663.73	553.09	497.79	387.16	1,927.02	1,776.26	1,483.80	1,336.04	1,040.58	2,228.89	2,061.90	1,715.02	1,548.05	1,201.16
67	774.48	717.37	596.02	535.35	417.58	2,051.69	1,896.27	1,579.19	1,423.74	1,106.68	2,362.54	2,182.26	1,815.43	1,635.15	1,268.32
68	832.91	766.96	635.56	576.10	447.69	2,182.43	2,013.16	1,680.65	1,511.38	1,178.86	2,496.81	2,303.34	1,916.41	1,729.00	1,342.11
69	878.26	811.22	677.12	606.74	472.66	2,283.22	2,108.03	1,757.66	1,582.47	1,232.12	2,598.52	2,400.01	1,997.08	1,798.53	1,395.60
70	918.41	850.50	708.20	637.06	494.78	2,377.27	2,191.35	1,825.20	1,644.92	1,278.77	2,692.71	2,484.28	2,067.44	1,864.62	1,447.78
71	1,034.63	956.25	796.35	714.82	558.07	2,616.08	2,414.01	2,009.85	1,807.78	1,409.07	2,954.71	2,725.32	2,272.02	2,042.63	1,589.33
72	1,141.77	1,053.72	877.58	789.53	613.40	2,835.35	2,613.17	2,179.40	1,962.52	1,523.47	3,195.05	2,946.44	2,454.48	2,211.14	1,719.18
73	1,228.61	1,135.23	945.54	852.16	662.46	3,014.64	2,760.79	2,318.18	2,084.34	1,621.71	3,390.86	3,131.58	2,607.95	2,348.67	1,825.06
74	1,316.82	1,215.30	1,012.29	910.78	707.75	3,192.79	2,947.17	2,455.99	2,210.39	1,719.18	3,585.75	3,310.67	2,755.60	2,480.54	1,930.40
75	1,383.13	1,277.78	1,064.37	959.00	745.59	3,327.05	3,068.22	2,559.99	2,301.16	1,792.94	3,731.76	3,444.68	2,870.57	2,583.53	2,009.41
76	1,539.54	1,423.30	1,185.65	1,066.83	829.18	3,649.33	3,370.35	2,807.88	2,528.86	1,966.40	4,054.31	3,743.82	3,118.34	2,807.88	2,182.40
77	1,676.06	1,547.89	1,289.09	1,160.92	902.12	3,933.02	3,628.17	3,022.75	2,722.19	2,116.79	4,332.32	3,997.42	3,331.89	2,996.99	2,331.48
78	1,807.79	1,668.18	1,391.33	1,251.72	974.88	4,204.37	3,882.87	3,235.73	2,910.10	2,267.06	4,604.21	4,249.73	3,540.75	3,186.24	2,477.28
79	1,906.22	1,760.10	1,465.62	1,319.52	1,025.04	4,405.31	4,064.63	3,387.20	3,050.43	2,373.00	4,796.89	4,424.89	3,688.72	3,320.64	2,580.53
80	1,984.78	1,831.44	1,528.91	1,373.59	1,069.06	4,562.98	4,210.55	3,509.42	3,156.99	2,455.85	4,945.09	4,562.98	3,802.49	3,424.09	2,663.61
81	2,044.57	1,888.70	1,572.89	1,414.98	1,101.23	4,701.19	4,336.81	3,615.22	3,254.42	2,529.23	5,094.15	4,701.19	3,918.87	3,525.91	2,743.55
82	2,198.36	2,030.21	1,691.83	1,521.63	1,185.32	5,051.29	4,661.92	3,886.72	3,497.31	2,722.14	5,476.40	5,054.87	4,211.81	3,790.24	2,947.17
83	2,374.72	2,192.22	1,827.19	1,644.67	1,279.64	5,454.95	5,037.01	4,197.51	3,775.96	2,940.04	5,912.23	5,458.54	4,547.60	4,093.91	3,182.96
84	2,575.70	2,378.83	1,980.99	1,784.12	1,386.28	5,919.37	5,465.70	4,554.74	4,097.46	3,190.09	6,415.91	5,922.94	4,936.98	4,440.41	3,454.46
85	2,807.42	2,592.10	2,159.40	1,944.08	1,511.38	6,451.64	5,955.10	4,965.55	4,469.01	3,475.90	6,994.65	6,455.22	5,379.96	4,840.51	3,765.26
86	3,061.71	2,825.88	2,354.22	2,118.39	1,648.78	7,033.93	6,494.52	5,412.10	4,869.08	3,790.24	7,623.38	7,037.51	5,862.23	5,276.36	4,104.62
87	3,336.52	3,080.18	2,567.50	2,309.11	1,796.43	7,666.26	7,076.81	5,897.94	5,308.50	4,129.64	8,309.27	7,669.82	6,390.93	5,751.47	4,472.59
88	3,635.91	3,357.03	2,797.17	2,518.28	1,958.43	8,355.69	7,712.69	6,426.66	5,787.20	4,497.58	9,055.89	8,359.28	6,966.07	6,269.46	4,876.24
89	3,964.03	3,658.47	3,049.42	2,743.86	2,134.79	9,109.49	8,409.28	7,005.37	6,305.19	4,904.81	9,870.38	9,113.03	7,594.81	6,833.88	5,315.63
90	4,320.86	3,988.63	3,324.21	2,992.00	2,327.56	9,927.54	9,166.63	7,637.66	6,873.20	5,347.80	10,759.92	9,931.12	8,277.11	7,448.32	5,794.34
91	4,710.49	4,347.51	3,623.60	3,260.63	2,536.74	10,824.21	9,988.26	8,323.55	7,491.21	5,826.50	11,728.00	10,827.78	9,023.75	8,119.93	6,315.90
92	5,132.93	4,739.19	3,949.67	3,553.89	2,764.37	11,795.87	10,888.49	9,073.76	8,166.39	6,351.63	12,785.43	11,799.45	9,834.65	8,852.29	6,883.90
93	5,596.39	5,165.75	4,304.44	3,873.80	3,012.49	12,856.85	11,867.32	9,891.83	8,902.28	6,923.20	13,935.72	12,864.01	10,720.60	9,648.89	7,505.49
94	6,098.82	5,629.21	4,692.03	4,222.42	3,285.25	14,014.30	12,939.04	10,781.33	9,702.49	7,548.35	15,189.61	14,021.46	11,685.14	10,516.99	8,180.68

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay 10 Individual														
	1825 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	593.45	548.48	449.57	404.62	314.70	1,566.34	1,456.70	1,206.09	1,080.77	845.83	2,114.56	1,957.92	1,628.98	1,472.36	1,143.41
25-29	581.11	539.60	448.28	406.77	315.46	1,561.81	1,446.12	1,200.27	1,084.59	838.76	2,111.34	1,937.80	1,619.66	1,460.56	1,127.98
30-34	587.44	541.07	448.33	401.94	316.92	1,561.93	1,440.76	1,198.37	1,077.18	834.82	2,114.00	1,938.95	1,615.79	1,454.20	1,131.06
35-39	579.78	536.84	450.95	400.83	314.94	1,558.60	1,433.93	1,197.00	1,072.32	835.43	2,094.77	1,932.68	1,608.48	1,458.86	1,122.20
40-44	579.56	533.46	441.26	401.75	309.54	1,537.33	1,422.60	1,181.70	1,066.96	826.04	2,076.57	1,915.94	1,594.71	1,434.08	1,112.86
45	554.56	517.18	429.93	386.33	299.09	1,487.04	1,367.64	1,139.72	1,031.18	803.22	2,008.07	1,845.27	1,541.32	1,389.37	1,074.57
46	550.14	507.35	421.78	378.99	293.41	1,458.84	1,352.35	1,118.07	1,011.60	787.98	1,991.25	1,831.50	1,533.36	1,373.65	1,075.49
47	541.28	499.17	414.97	372.88	288.68	1,435.30	1,330.52	1,100.04	995.27	775.26	1,980.08	1,822.92	1,519.11	1,372.43	1,068.61
48	538.31	496.91	414.09	372.67	289.87	1,411.77	1,308.71	1,092.30	978.95	762.56	1,968.22	1,813.65	1,514.81	1,360.24	1,061.40
49	525.75	485.31	404.42	363.98	283.10	1,378.83	1,278.18	1,066.82	956.11	744.76	1,942.42	1,791.46	1,489.51	1,338.55	1,046.70
50	520.64	475.37	398.14	356.53	277.31	1,350.59	1,251.99	1,044.99	936.55	729.51	1,912.51	1,774.51	1,478.73	1,330.87	1,035.11
51	522.70	478.20	400.36	361.44	278.03	1,365.80	1,259.26	1,055.83	949.29	736.17	1,908.24	1,762.94	1,472.36	1,327.06	1,026.77
52	522.46	478.91	402.73	359.20	282.99	1,374.66	1,270.37	1,061.80	957.53	739.48	1,896.10	1,753.88	1,459.99	1,308.31	1,023.88
53	519.82	477.38	397.81	360.68	281.13	1,376.75	1,275.11	1,062.60	951.71	748.45	1,875.73	1,727.87	1,441.44	1,293.61	1,007.17
54	520.56	478.91	400.83	359.20	281.10	1,396.53	1,287.69	1,070.06	961.24	752.67	1,868.05	1,722.98	1,432.80	1,287.69	1,006.56
55	518.90	478.20	398.82	356.12	279.80	1,400.20	1,286.02	1,072.32	965.97	753.29	1,843.33	1,701.53	1,417.94	1,276.15	992.56
56	548.77	503.86	419.05	378.15	294.34	1,477.36	1,364.40	1,138.43	1,025.48	799.51	1,911.90	1,772.85	1,477.36	1,329.63	1,034.17
57	570.06	526.58	439.62	396.14	309.19	1,531.64	1,413.82	1,178.17	1,060.37	824.72	1,960.83	1,809.35	1,506.39	1,354.91	1,051.96
58	588.83	542.10	453.30	406.58	317.79	1,579.33	1,457.22	1,212.99	1,090.88	846.65	1,994.50	1,839.81	1,530.47	1,383.95	1,074.57
59	602.44	557.47	463.07	418.12	323.69	1,613.32	1,488.02	1,245.22	1,119.93	869.31	2,012.74	1,856.10	1,550.68	1,394.04	1,088.61
60	616.01	568.28	472.85	425.13	329.70	1,647.39	1,526.48	1,269.55	1,141.10	891.71	2,032.81	1,881.66	1,564.28	1,405.57	1,095.74
61	648.64	602.00	500.26	449.38	351.88	1,735.50	1,602.57	1,336.71	1,196.39	937.93	2,134.30	1,964.44	1,639.50	1,477.02	1,144.70
62	679.98	626.41	523.39	469.81	366.78	1,801.94	1,665.54	1,385.57	1,249.15	969.16	2,211.14	2,038.84	1,701.43	1,529.13	1,191.72
63	704.51	648.46	540.38	488.35	380.27	1,861.78	1,722.32	1,436.44	1,290.00	1,004.12	2,280.14	2,105.83	1,757.19	1,582.85	1,227.26
64	733.78	678.85	566.06	506.18	396.33	1,941.30	1,790.90	1,490.16	1,339.77	1,045.84	2,371.92	2,187.38	1,825.09	1,640.51	1,278.24
65	753.52	696.43	578.45	521.37	403.41	1,988.82	1,836.35	1,531.41	1,378.93	1,073.98	2,426.36	2,240.75	1,862.88	1,677.27	1,305.99
66	825.96	759.59	634.23	571.53	442.48	2,151.82	1,991.25	1,657.22	1,490.21	1,162.63	2,582.18	2,383.06	1,991.25	1,792.12	1,393.88
67	888.69	820.87	685.25	613.88	478.25	2,306.58	2,126.30	1,771.91	1,597.83	1,243.46	2,729.38	2,517.99	2,101.43	1,890.05	1,473.47
68	950.91	878.02	732.27	659.38	513.63	2,454.48	2,267.06	1,892.25	1,698.78	1,323.97	2,871.62	2,653.97	2,212.65	1,988.96	1,547.65
69	1,005.64	928.53	774.34	697.24	543.05	2,581.03	2,382.46	1,985.39	1,786.86	1,389.79	2,989.78	2,762.05	2,300.73	2,067.16	1,611.66
70	1,050.98	970.15	808.45	727.61	565.92	2,692.71	2,484.28	2,067.44	1,864.62	1,447.78	3,092.69	2,850.45	2,377.27	2,140.66	1,661.82
71	1,178.84	1,087.92	906.08	815.15	633.31	2,971.09	2,741.72	2,282.94	2,059.01	1,600.25	3,375.25	3,113.08	2,594.24	2,337.55	1,818.70
72	1,293.61	1,193.39	996.02	895.81	698.42	3,226.78	2,976.16	2,480.92	2,232.30	1,735.07	3,634.11	3,353.75	2,798.33	2,517.94	1,957.22
73	1,389.12	1,284.07	1,068.11	963.04	747.09	3,441.69	3,172.23	2,643.54	2,379.17	1,850.47	3,848.37	3,548.42	2,958.73	2,663.87	2,069.10
74	1,486.01	1,370.40	1,141.99	1,029.20	800.81	3,649.59	3,369.60	2,804.74	2,524.73	1,964.80	4,057.27	3,747.83	3,119.12	2,809.64	2,185.81
75	1,568.72	1,439.85	1,199.43	1,080.56	840.15	3,807.07	3,515.29	2,927.05	2,635.30	2,047.08	4,211.77	3,891.75	3,242.33	2,917.64	2,268.22
76	1,699.69	1,567.94	1,307.06	1,177.91	914.43	4,112.79	3,797.82	3,163.35	2,848.36	2,213.89	4,513.26	4,166.79	3,469.31	3,122.85	2,429.90
77	1,848.60	1,705.64	1,422.19	1,279.23	995.78	4,435.38	4,096.17	3,413.48	3,069.98	2,391.57	4,821.80	4,452.55	3,709.75	3,340.48	2,597.67
78	1,987.61	1,836.18	1,528.57	1,377.13	1,069.53	4,727.88	4,365.14	3,635.54	3,272.80	2,543.23	5,094.71	4,703.12	3,915.84	3,524.26	2,741.07
79	2,077.05	1,917.46	1,598.25	1,438.65	1,119.45	4,894.79	4,518.89	3,767.04	3,387.20	2,635.35	5,223.74	4,824.31	4,017.64	3,618.22	2,811.57
80	2,125.32	1,961.35	1,635.52	1,471.55	1,145.72	5,008.15	4,622.34	3,850.71	3,468.60	2,696.98	5,345.75	4,933.97	4,114.10	3,702.31	2,878.74
81	2,190.16	2,022.01	1,685.69	1,515.47	1,179.15	5,162.02	4,761.95	3,968.87	3,572.34	2,779.27	5,508.55	5,083.45	4,236.79	3,815.26	2,965.04
82	2,354.22	2,173.76	1,810.77	1,630.32	1,267.33	5,547.85	5,119.16	4,268.95	3,840.26	2,990.06	5,922.94	5,465.70	4,554.74	4,101.05	3,190.09
83	2,542.88	2,348.07	1,956.39	1,759.52	1,369.88	5,990.81	5,529.98	4,608.34	4,147.51	3,225.82	6,394.50	5,905.08	4,919.13	4,426.13	3,443.72
84	2,758.21	2,549.99	2,122.49	1,909.21	1,486.76	6,501.65	6,001.56	5,001.28	4,501.15	3,500.90	6,937.48	6,405.21	5,337.07	4,804.80	3,736.66
85	3,006.35	2,776.66	2,313.20	2,081.48	1,620.07	7,083.96	6,540.95	5,451.41	4,904.81	3,815.26	7,562.67	6,980.37	5,819.34	5,237.06	4,072.48
86	3,277.05	3,024.80	2,520.32	2,270.14	1,763.61	7,723.40	7,130.41	5,940.81	5,347.80	4,158.21	8,244.97	7,609.09	6,340.91	5,708.62	4,440.41
87	3,572.35	3,297.55	2,747.95	2,473.16	1,923.57	8,420.03	7,769.86	6,476.67	5,826.50	4,533.29	8,988.02	8,294.99	6,912.50	6,223.03	4,840.51
88	3,894.31	3,594.90	2,996.09	2,696.68	2,097.88	9,177.36	8,470.02	7,058.95	6,351.63	4,940.54	9,795.37	9,041.61	7,534.06	6,780.30	5,272.77
89	4,244.97	3,918.92	3,264.74	2,938.67	2,284.49	10,002.56	9,230.95	7,694.83	6,923.20	5,387.08	10,677.73	9,856.10	8,212.82	7,391.18	5,747.89
90	4,626.41	4,271.64	3,560.04	3,203.21	2,491.61	10,902.79	10,063.29	8,384.30	7,548.35	5,869.36	11,638.69	10,742.04	8,952.29	8,055.64	6,265.89
91	5,042.71	4,655.12	3,879.94	3,492.37	2,715.15	11,881.61	10,970.66	9,141.63	8,227.10	6,398.05	12,685.38	11,710.14	9,756.07	8,780.83	6,830.31
92	5,497.96	5,073.46	4,228.57	3,806.13	2,959.18	12,953.32	11,956.64	9,963.26	8,966.58	6,973.21	13,828.55	12,763.98	10,634.88	9,573.89	7,444.77
93	5,992.18	5,530.77	4,610.00	4,148.59	3,227.83	14,117.90	13,031.90	10,859.92	9,773.93	7,601.93	15,071.70	13,910.71	11,592.26	10,434.81	8,116.34
94	6,531.53	6,029.09	5,024.24	4,521.82	3,516.97	15,389.66	14,203.64	11,838.75	10,652.73	8,287.83	16,429.20	15,164.60	12,635.37	11,374.35	8,845.13

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay 10 Individual														
	2190 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	629.41	584.46	485.55	431.59	341.68	1,707.32	1,582.00	1,315.72	1,190.43	924.13	2,255.52	2,083.24	1,738.64	1,566.34	1,221.75
25-29	622.61	572.80	481.49	431.67	340.36	1,706.41	1,561.81	1,301.50	1,171.36	911.07	2,241.47	2,067.93	1,720.89	1,547.35	1,200.27
30-34	626.09	579.72	479.23	432.86	332.37	1,696.59	1,575.40	1,306.10	1,171.46	915.63	2,248.64	2,073.61	1,723.53	1,548.48	1,211.84
35-39	622.73	572.62	479.58	429.46	336.41	1,695.75	1,558.60	1,309.23	1,172.07	922.70	2,231.92	2,057.35	1,720.70	1,546.15	1,209.47
40-44	619.08	566.40	474.19	428.09	329.30	1,675.00	1,548.81	1,284.93	1,158.74	894.88	2,214.24	2,042.15	1,697.96	1,525.89	1,193.18
45	591.95	548.32	454.87	411.24	317.79	1,617.31	1,497.91	1,248.25	1,118.02	879.22	2,138.31	1,964.66	1,639.03	1,476.21	1,150.57
46	586.81	537.91	452.34	403.44	317.86	1,586.60	1,469.46	1,224.56	1,098.78	862.50	2,108.36	1,948.64	1,629.21	1,458.84	1,139.37
47	577.35	535.26	445.04	402.95	312.73	1,561.01	1,445.76	1,204.82	1,079.08	848.62	2,095.31	1,938.15	1,613.41	1,456.24	1,131.46
48	573.81	526.49	437.75	396.34	307.61	1,545.73	1,422.06	1,185.05	1,071.71	834.68	2,081.59	1,927.02	1,607.54	1,442.67	1,123.24
49	560.41	514.20	433.32	387.08	306.20	1,509.67	1,388.90	1,157.40	1,046.70	815.22	2,053.12	1,892.11	1,580.10	1,419.09	1,107.08
50	548.94	509.33	424.44	379.17	299.93	1,478.73	1,360.43	1,133.69	1,025.25	798.52	2,030.81	1,873.07	1,557.61	1,409.73	1,094.29
51	550.50	506.01	422.60	383.69	294.72	1,501.41	1,385.19	1,152.68	1,036.46	803.99	2,014.81	1,859.83	1,549.86	1,394.87	1,084.90
52	549.67	506.14	424.50	380.95	299.33	1,507.39	1,393.63	1,156.62	1,042.85	805.83	2,000.39	1,848.68	1,535.85	1,384.14	1,071.30
53	546.33	503.91	419.03	376.61	291.73	1,515.37	1,395.25	1,164.25	1,044.10	813.13	1,988.13	1,820.27	1,515.37	1,367.50	1,062.60
54	546.60	504.95	421.65	380.01	296.72	1,523.47	1,405.57	1,169.81	1,051.92	816.13	1,958.74	1,804.59	1,505.31	1,351.16	1,051.92
55	544.34	498.55	417.17	376.47	289.98	1,533.15	1,409.07	1,178.67	1,063.46	824.19	1,931.97	1,790.17	1,488.84	1,338.20	1,045.74
56	573.71	528.81	439.00	394.12	309.30	1,616.40	1,494.76	1,242.73	1,121.06	869.03	2,024.85	1,868.43	1,555.57	1,399.16	1,086.29
57	594.21	545.91	458.94	410.64	323.68	1,674.71	1,548.48	1,287.58	1,161.36	900.46	2,078.66	1,918.76	1,598.96	1,439.07	1,119.27
58	612.20	565.47	471.99	425.27	331.80	1,725.87	1,595.60	1,326.93	1,196.70	928.03	2,124.77	1,961.94	1,636.31	1,473.47	1,147.84
59	624.92	579.95	481.05	431.59	337.19	1,762.12	1,628.98	1,354.88	1,221.75	947.63	2,153.72	1,989.20	1,660.30	1,495.86	1,159.11
60	637.69	589.97	490.20	442.48	342.70	1,806.11	1,662.51	1,390.46	1,246.87	974.82	2,191.49	2,017.71	1,685.19	1,518.04	1,178.86
61	682.56	627.43	525.70	470.59	368.84	1,883.22	1,735.50	1,447.50	1,307.18	1,011.77	2,296.79	2,119.54	1,765.03	1,587.82	1,233.30
62	717.08	659.38	552.23	494.54	387.38	1,945.58	1,794.77	1,500.42	1,349.65	1,048.13	2,383.44	2,203.96	1,837.83	1,651.17	1,285.06
63	748.53	692.50	576.42	516.36	404.29	2,008.21	1,847.83	1,541.03	1,387.61	1,080.79	2,468.43	2,273.17	1,896.65	1,708.36	1,324.84
64	784.79	725.93	604.29	545.43	423.79	2,078.00	1,913.97	1,599.50	1,436.46	1,121.03	2,563.34	2,365.10	1,968.63	1,777.26	1,380.78
65	810.60	749.71	624.13	563.24	437.64	2,121.41	1,959.69	1,630.86	1,471.75	1,140.28	2,625.26	2,426.36	2,021.99	1,816.47	1,418.70
66	888.66	818.58	682.17	615.79	479.36	2,305.99	2,126.11	1,772.85	1,592.99	1,239.71	2,800.58	2,582.18	2,151.82	1,939.86	1,509.48
67	956.50	885.12	735.22	663.84	513.94	2,468.26	2,281.74	1,902.49	1,709.74	1,330.49	2,953.20	2,729.38	2,275.52	2,045.47	1,591.61
68	1,027.25	947.43	787.79	711.44	551.80	2,635.86	2,430.28	2,025.25	1,825.76	1,420.69	3,113.44	2,871.62	2,394.03	2,158.23	1,674.58
69	1,082.74	998.94	834.68	750.88	583.27	2,773.72	2,557.66	2,131.37	1,921.18	1,494.90	3,240.87	2,989.78	2,493.41	2,242.32	1,745.99
70	1,131.83	1,047.76	873.12	785.81	611.19	2,889.89	2,670.21	2,225.14	1,999.83	1,560.43	3,346.19	3,092.69	2,574.41	2,315.29	1,802.66
71	1,169.64	1,169.44	975.05	877.86	683.48	3,195.02	2,949.24	2,457.70	2,211.94	1,720.38	3,653.79	3,369.79	2,807.25	2,528.70	1,966.18
72	1,390.78	1,284.49	1,071.94	962.62	750.04	3,475.41	3,210.92	2,676.64	2,406.85	1,872.60	3,930.34	3,628.83	3,020.49	2,718.97	2,115.94
73	1,494.17	1,380.37	1,149.81	1,036.01	805.45	3,711.12	3,421.34	2,851.97	2,567.29	1,997.92	4,153.40	3,833.13	3,197.67	2,877.37	2,236.85
74	1,595.97	1,474.72	1,229.40	1,105.34	860.03	3,939.39	3,634.86	3,030.68	2,726.16	2,121.97	4,376.55	4,042.55	3,369.60	3,030.68	2,357.76
75	1,674.88	1,547.91	1,288.58	1,158.91	902.27	4,112.93	3,797.65	3,162.36	2,847.04	2,211.77	4,545.89	4,192.94	3,496.46	3,148.23	2,447.07
76	1,826.26	1,686.78	1,405.20	1,265.72	984.17	4,441.30	4,103.80	3,419.84	3,077.85	2,393.89	4,868.77	4,490.77	3,743.82	3,370.35	2,618.87
77	1,986.63	1,833.81	1,528.18	1,375.36	1,069.72	4,791.75	4,422.49	3,683.98	3,314.73	2,580.49	5,199.64	4,800.34	4,001.70	3,602.40	2,799.48
78	2,136.68	1,973.42	1,644.51	1,478.88	1,152.34	5,107.09	4,711.38	3,928.19	3,532.50	2,749.33	5,490.40	5,069.99	4,224.98	3,800.43	2,959.55
79	2,232.16	2,061.32	1,717.40	1,546.55	1,202.63	5,286.38	4,879.13	4,064.63	3,661.30	2,846.83	5,634.88	5,200.22	4,334.83	3,900.18	3,034.77
80	2,285.04	2,108.29	1,756.91	1,582.29	1,230.90	5,408.81	4,993.30	4,162.33	3,743.12	2,912.14	5,764.92	5,323.48	4,433.15	3,991.69	3,105.05
81	2,354.22	2,173.76	1,810.77	1,630.32	1,267.33	5,572.87	5,144.16	4,286.80	3,858.13	3,000.77	5,940.81	5,483.55	4,569.02	4,111.78	3,197.25
82	2,530.58	2,335.76	1,946.13	1,751.30	1,361.68	5,990.81	5,529.98	4,608.34	4,147.51	3,225.82	6,387.34	5,894.37	4,911.97	4,422.55	3,440.17
83	2,733.61	2,522.38	2,101.98	1,892.81	1,472.42	6,469.51	5,972.95	4,976.27	4,479.71	3,483.02	6,898.18	6,365.91	5,304.93	4,776.23	3,715.25
84	2,965.33	2,737.70	2,280.40	2,052.77	1,595.45	7,019.65	6,480.24	5,401.40	4,861.96	3,779.55	7,484.05	6,908.91	5,755.05	5,179.89	4,029.59
85	3,231.92	2,983.78	2,485.47	2,237.33	1,739.01	7,651.94	7,062.52	5,887.21	5,297.81	4,122.48	8,155.66	7,530.51	6,273.05	5,647.88	4,390.40
86	3,523.13	3,252.43	2,708.99	2,438.30	1,896.92	8,341.41	7,698.40	6,415.91	5,772.92	4,490.44	8,891.55	8,205.67	6,837.47	6,155.17	4,786.93
87	3,838.94	3,543.64	2,953.02	2,657.72	2,067.11	9,091.62	8,391.42	6,994.65	6,294.49	4,897.69	9,691.77	8,945.14	7,455.48	6,708.84	5,219.19
88	4,185.50	3,863.54	3,219.61	2,897.66	2,253.73	9,909.68	9,148.76	7,623.38	6,862.45	5,337.07	10,563.42	9,748.91	8,127.09	7,312.59	5,690.75
89	4,562.83	4,212.17	3,508.77	3,158.10	2,456.76	10,802.77	9,970.39	8,309.27	7,476.93	5,815.77	11,513.68	10,627.72	8,855.82	7,969.89	6,198.02
90	4,972.99	4,589.49	3,824.58	3,443.15	2,678.23	11,774.44	10,867.07	9,055.89	8,152.07	6,340.91	12,549.63	11,585.10	9,652.47	8,687.93	6,755.30
91	5,420.03	5,003.73	4,169.10	3,752.80	2,918.17	12,835.44	11,845.88	9,873.95	8,884.43	6,912.50	13,678.51	12,628.25	10,524.12	9,470.30	7,366.17
92	5,908.11	5,452.85	4,544.38	4,091.17	3,180.65	13,989.29	12,914.02	10,759.92	9,684.61	7,530.51	14,910.96	13,764.26	11,470.79	10,324.07	8,030.62
93	6,439.24	5,945.02	4,954.52	4,458.25	3,467.75	15,246.75	14,075.01	11,728.00	10,556.26	8,209.24	16,254.17	15,003.83	12,503.21	11,252.88	8,752.23
94	7,019.59	6,480.26	5,399.52	4,860.19	3,779.47	16,618.52	15,343.22	12,785.43	11,506.52	8,948.72	17,715.27	16,354.19	13,628.47	12,263.85	9,541.72

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay 10 Individual														
	2920 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	701.35	647.39	539.49	485.55	377.65	1,895.28	1,754.30	1,456.70	1,315.72	1,018.13	2,508.13	2,318.18	1,926.60	1,738.64	1,347.05
25-29	697.32	639.20	531.29	481.49	373.56	1,879.95	1,735.33	1,446.12	1,301.50	1,012.29	2,487.31	2,299.32	1,908.87	1,720.89	1,330.44
30-34	695.66	641.56	533.34	479.23	371.02	1,885.09	1,750.45	1,454.20	1,306.10	1,023.32	2,491.03	2,302.51	1,912.04	1,723.53	1,333.03
35-39	694.30	637.04	529.68	479.58	372.20	1,882.81	1,733.17	1,446.40	1,296.74	1,009.98	2,481.30	2,294.25	1,907.75	1,720.70	1,334.18
40-44	684.95	632.25	526.88	474.19	368.82	1,858.59	1,720.92	1,434.08	1,284.93	1,009.59	2,455.16	2,271.60	1,893.00	1,697.96	1,330.85
45	660.49	610.64	504.72	454.87	355.17	1,790.99	1,660.72	1,378.51	1,237.41	966.04	2,366.26	2,181.73	1,823.54	1,639.03	1,280.81
46	647.94	599.04	501.24	452.34	348.42	1,767.62	1,628.21	1,352.35	1,224.56	947.70	2,342.64	2,161.61	1,799.57	1,618.54	1,256.50
47	643.50	589.39	493.15	445.04	342.80	1,739.11	1,602.92	1,341.01	1,204.82	942.91	2,325.80	2,147.69	1,791.49	1,613.41	1,257.20
48	632.96	585.64	485.08	437.75	337.19	1,710.59	1,576.63	1,319.01	1,185.05	927.44	2,308.29	2,133.11	1,782.73	1,597.26	1,246.87
49	618.19	571.98	479.53	427.53	335.10	1,670.68	1,539.86	1,288.24	1,157.40	905.81	2,274.55	2,103.47	1,751.22	1,580.10	1,227.85
50	611.19	565.92	469.72	424.44	328.23	1,636.47	1,518.17	1,261.87	1,133.69	887.25	2,257.54	2,080.10	1,735.07	1,557.61	1,212.57
51	611.67	567.17	472.66	422.60	333.63	1,656.40	1,530.47	1,278.63	1,152.68	891.15	2,237.58	2,072.91	1,724.21	1,549.86	1,210.81
52	609.53	560.55	468.04	424.50	326.54	1,668.56	1,545.31	1,289.34	1,156.62	900.65	2,218.44	2,047.79	1,706.50	1,535.85	1,194.52
53	604.68	556.95	466.78	419.03	328.86	1,681.69	1,552.33	1,293.61	1,164.25	905.53	2,189.89	2,023.56	1,681.69	1,515.37	1,173.46
54	603.86	557.01	463.30	416.46	322.75	1,695.75	1,559.73	1,305.84	1,169.81	915.91	2,176.37	2,004.08	1,668.56	1,505.31	1,169.81
55	600.31	554.52	462.96	417.17	325.59	1,701.53	1,568.60	1,302.75	1,178.67	912.79	2,144.65	1,985.11	1,648.37	1,488.84	1,152.09
56	633.56	588.68	488.90	439.00	344.22	1,790.22	1,651.17	1,381.77	1,242.73	964.65	2,242.13	2,068.31	1,729.39	1,555.57	1,207.96
57	657.01	608.71	507.26	454.11	357.49	1,859.85	1,716.79	1,430.65	1,287.58	1,001.44	2,305.87	2,129.14	1,775.69	1,598.96	1,245.50
58	677.63	626.22	523.41	471.99	364.52	1,921.23	1,766.54	1,473.47	1,326.93	1,033.89	2,360.85	2,181.73	1,815.41	1,636.31	1,269.97
59	692.36	642.90	530.00	481.05	373.15	1,957.92	1,808.12	1,511.52	1,354.88	1,057.27	2,396.49	2,205.53	1,840.44	1,660.30	1,292.23
60	711.44	655.05	546.60	490.20	381.74	2,002.57	1,851.43	1,541.60	1,382.90	1,080.63	2,433.31	2,244.39	1,866.54	1,685.19	1,307.34
61	754.62	695.26	580.81	521.45	406.99	2,090.00	1,927.54	1,609.97	1,447.50	1,129.93	2,547.87	2,355.86	1,964.44	1,765.03	1,373.65
62	795.39	733.56	609.93	552.23	428.61	2,160.88	1,995.76	1,665.54	1,493.24	1,163.01	2,649.06	2,448.07	2,038.84	1,830.65	1,428.63
63	832.60	768.54	640.45	576.42	448.33	2,224.38	2,057.01	1,708.36	1,541.03	1,199.35	2,740.36	2,524.21	2,105.83	1,896.65	1,471.29
64	871.12	804.41	670.99	604.29	470.87	2,303.59	2,125.83	1,770.39	1,592.68	1,237.24	2,843.57	2,624.85	2,187.38	1,968.63	1,531.17
65	901.94	833.43	692.62	623.46	483.32	2,353.46	2,174.45	1,809.83	1,630.86	1,266.22	2,891.56	2,691.56	2,240.75	2,021.99	1,571.18
66	984.51	910.78	759.59	682.17	530.97	2,556.51	2,357.36	1,965.55	1,772.85	1,374.58	3,108.90	2,871.23	2,389.48	2,151.82	1,670.07
67	1,063.58	981.48	817.30	735.22	571.04	2,741.82	2,530.41	2,107.65	1,896.27	1,473.47	3,282.71	3,027.79	2,524.21	2,269.29	1,765.69
68	1,138.31	1,051.54	874.55	787.79	610.80	2,926.04	2,702.35	2,248.92	2,025.25	1,571.82	3,458.04	3,192.02	2,602.02	2,394.03	1,862.02
69	1,203.41	1,109.56	925.18	831.33	646.96	3,077.36	2,837.96	2,364.97	2,131.37	1,658.38	3,597.09	3,316.79	2,767.88	2,487.58	1,938.67
70	1,257.95	1,160.94	966.91	869.90	675.86	3,210.99	2,963.11	2,467.39	2,219.53	1,729.42	3,718.00	3,430.68	2,856.10	2,574.41	1,999.83
71	1,407.72	1,297.99	1,081.65	975.05	758.73	3,550.02	3,276.93	2,730.78	2,457.70	1,911.55	4,052.48	3,741.17	3,118.56	2,807.25	2,184.62
72	1,545.65	1,427.21	1,187.32	1,068.90	832.04	3,861.56	3,565.32	2,967.60	2,671.36	2,078.89	4,364.09	4,025.55	3,353.75	3,020.49	2,348.67
73	1,680.53	1,532.13	1,275.31	1,149.81	893.00	4,117.81	3,802.63	3,167.17	2,851.97	2,216.50	4,610.95	4,255.06	3,548.42	3,192.58	2,485.94
74	1,773.61	1,635.44	1,364.76	1,226.59	955.88	4,371.65	4,037.63	3,364.71	3,025.78	2,357.76	4,862.85	4,484.64	3,738.00	3,364.71	2,618.07
75	1,868.57	1,718.11	1,431.75	1,288.58	1,002.23	4,564.70	4,211.77	3,510.58	3,162.36	2,456.45	5,044.69	4,658.80	3,882.34	3,491.75	2,719.99
76	2,027.74	1,870.17	1,560.20	1,402.63	1,062.65	4,931.76	4,553.78	3,793.31	3,415.31	2,654.88	5,404.22	4,985.76	4,157.81	3,739.32	2,911.37
77	2,206.00	2,035.92	1,695.78	1,525.71	1,188.03	5,319.88	4,907.68	4,091.87	3,683.98	2,863.88	5,775.01	5,328.46	4,439.66	3,997.42	3,108.63
78	2,370.95	2,188.74	1,824.35	1,642.14	1,277.75	5,667.67	5,230.72	4,361.01	3,924.10	3,054.35	6,096.34	5,626.43	4,690.77	4,220.85	3,285.19
79	2,477.19	2,288.36	1,906.22	1,715.15	1,335.26	5,869.84	5,415.60	4,514.97	4,064.63	3,160.09	6,253.59	5,775.86	4,812.55	4,330.93	3,367.62
80	2,536.34	2,340.42	1,950.70	1,754.78	1,365.07	6,006.07	5,542.35	4,618.62	4,158.62	3,234.91	6,399.29	5,909.61	4,922.82	4,429.44	3,446.34
81	2,612.61	2,411.63	2,009.70	1,808.74	1,406.78	6,187.31	5,712.16	4,758.36	4,283.25	3,329.41	6,594.55	6,087.28	5,072.74	4,565.45	3,550.91
82	2,807.42	2,592.10	2,159.40	1,944.08	1,511.38	6,651.71	6,140.85	5,115.59	4,604.75	3,579.50	7,091.09	6,544.54	5,454.95	4,908.40	3,818.85
83	3,033.00	2,799.22	2,333.71	2,099.93	1,634.42	7,183.99	6,630.28	5,526.41	4,972.70	3,868.86	7,655.53	7,066.11	5,890.80	5,301.34	4,122.48
84	3,291.39	3,037.11	2,530.58	2,278.34	1,771.81	7,794.84	7,194.70	5,994.40	5,394.24	4,197.51	8,305.68	7,669.82	6,390.93	5,751.47	4,472.59
85	3,586.69	3,311.90	2,758.21	2,483.41	1,931.77	8,495.02	7,841.28	6,533.82	5,880.09	4,572.61	9,055.89	8,359.28	6,966.07	6,269.46	4,876.24
86	3,906.67	3,609.26	3,008.40	2,706.94	2,106.08	9,259.51	8,548.60	7,123.25	6,408.78	4,987.00	9,870.38	9,109.49	7,591.24	6,833.88	5,315.63
87	4,261.39	3,933.27	3,279.08	2,950.98	2,294.74	10,091.86	9,316.69	7,762.70	6,987.49	5,433.54	10,759.92	9,931.12	8,277.11	7,448.32	5,794.34
88	4,644.87	4,288.04	3,572.35	3,215.52	2,499.81	11,002.80	10,156.17	8,462.88	7,616.25	5,922.94	11,728.00	10,824.21	9,020.18	8,119.93	6,315.90
89	5,063.20	4,673.58	3,894.31	3,504.68	2,725.41	11,992.36	11,067.14	9,223.79	8,302.13	6,455.22	12,781.86	11,799.45	9,831.10	8,848.70	6,880.33
90	5,518.47	5,093.97	4,244.97	3,820.47	2,971.49	13,071.20	12,063.82	10,052.58	9,048.75	7,037.51	13,932.15	12,860.44	10,717.03	9,645.31	7,501.92
91	6,014.74	5,553.34	4,626.41	4,165.01	3,238.08	14,246.49	13,149.78	10,959.95	9,863.24	7,673.39	15,186.04	14,017.87	11,681.57	10,513.41	8,177.10
92	6,556.13	6,051.65	5,044.75	4,540.27	3,531.33	15,528.97	14,335.81	11,945.90	10,749.19	8,362.85	16,554.23	15,278.91	12,731.84	11,460.08	8,913.00
93	7,146.74	6,597.15	5,498.37	4,948.37	3,849.20	16,925.74	15,625.43	13,021.19	11,717.28	9,116.62	18,043.90	16,654.25	13,878.55	12,492.49	9,716.77
94	7,790.66	7,191.86	5,992.18	5,393.38	4,193.72	18,451.16	17,029.34	14,192.93	12,774.70	9,934.70	19,665.75	18,154.65	15,128.87	13,614.18	10,591.99

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay 10 Individual														
	3650 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO					0 EP	30 EP	90 EP	180 EP	365 EP
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	746.30	692.36	575.47	521.51	404.62	2,036.22	1,879.62	1,566.34	1,409.70	1,096.43	2,678.43	2,474.81	2,067.58	1,863.92	1,441.02
25-29	747.13	689.02	572.80	514.69	398.48	2,024.55	1,865.49	1,547.35	1,402.75	1,084.59	2,660.85	2,458.38	2,053.49	1,851.01	1,431.65
30-34	742.05	687.93	571.99	517.88	401.94	2,019.74	1,871.64	1,561.93	1,400.34	1,090.65	2,666.08	2,464.11	2,046.68	1,844.71	1,427.29
35-39	737.24	687.14	572.62	515.36	400.83	2,019.95	1,857.88	1,546.15	1,396.53	1,084.80	2,655.87	2,456.38	2,044.90	1,832.93	1,433.93
40-44	731.03	678.36	566.40	507.12	395.16	1,996.26	1,835.63	1,537.33	1,376.74	1,078.44	2,627.27	2,420.75	2,019.19	1,824.15	1,411.14
45	704.11	648.02	542.10	486.02	380.08	1,921.23	1,769.28	1,476.21	1,335.09	1,031.18	2,529.09	2,344.54	1,953.79	1,758.43	1,367.64
46	696.84	641.83	531.81	482.91	372.88	1,884.76	1,746.32	1,448.18	1,309.74	1,011.60	2,513.01	2,321.34	1,927.35	1,735.66	1,352.35
47	685.61	631.48	529.24	475.12	372.88	1,854.34	1,718.17	1,424.82	1,288.63	995.27	2,493.41	2,304.86	1,917.21	1,728.64	1,341.01
48	680.28	627.04	520.56	467.33	366.77	1,834.26	1,690.00	1,411.77	1,267.50	989.25	2,473.15	2,287.68	1,906.39	1,710.59	1,339.63
49	664.41	612.41	508.41	462.20	358.20	1,791.46	1,650.56	1,378.83	1,237.93	966.18	2,435.59	2,254.43	1,871.99	1,690.84	1,308.36
50	650.80	605.54	503.67	452.73	350.87	1,754.77	1,616.77	1,350.59	1,212.57	946.39	2,415.28	2,227.98	1,853.35	1,666.07	1,301.29
51	656.14	606.10	506.01	450.41	355.88	1,772.62	1,637.03	1,365.80	1,230.20	958.97	2,402.25	2,218.21	1,840.44	1,656.40	1,288.30
52	653.08	604.10	500.69	451.71	348.31	1,791.82	1,649.60	1,374.66	1,241.94	967.02	2,370.11	2,189.97	1,829.71	1,640.13	1,279.85
53	647.12	599.37	498.60	450.87	350.08	1,792.55	1,653.94	1,376.75	1,238.14	960.96	2,337.71	2,162.17	1,801.80	1,617.01	1,265.89
54	645.51	598.65	499.74	447.69	348.79	1,813.65	1,668.56	1,396.53	1,251.42	979.37	2,321.48	2,149.18	1,786.44	1,605.10	1,251.42
55	646.09	595.22	493.47	447.69	345.94	1,816.75	1,674.95	1,400.20	1,256.44	983.69	2,295.31	2,118.05	1,763.58	1,586.32	1,231.84
56	678.47	628.59	523.82	468.94	369.17	1,920.57	1,772.85	1,477.36	1,329.63	1,034.17	2,398.54	2,216.07	1,842.37	1,659.86	1,286.17
57	705.33	652.19	541.07	487.94	376.81	1,986.07	1,834.60	1,531.64	1,380.17	1,068.80	2,465.78	2,280.63	1,901.93	1,708.36	1,329.67
58	729.03	672.95	560.79	504.72	392.55	2,051.50	1,896.81	1,579.33	1,424.64	1,107.16	2,523.67	2,328.27	1,945.64	1,750.27	1,359.53
59	741.81	687.85	570.96	512.52	400.12	2,098.90	1,934.42	1,613.32	1,448.87	1,127.75	2,560.97	2,365.17	1,973.58	1,777.78	1,378.37
60	759.16	702.77	585.64	524.91	412.11	2,138.58	1,979.90	1,647.39	1,481.15	1,156.22	2,599.57	2,403.09	2,002.57	1,798.53	1,405.57
61	809.73	746.14	623.20	559.60	436.66	2,237.70	2,060.44	1,720.75	1,550.87	1,203.77	2,732.48	2,518.32	2,097.39	1,890.59	1,469.66
62	848.95	787.14	655.26	589.32	457.44	2,311.65	2,132.17	1,780.39	1,600.93	1,249.15	2,835.73	2,613.17	2,162.43	1,959.87	1,529.13
63	886.62	820.59	684.49	616.44	480.34	2,377.76	2,196.47	1,833.87	1,645.62	1,283.02	2,928.62	2,705.48	2,252.25	2,029.12	1,575.88
64	933.91	863.26	718.08	647.45	502.27	2,467.63	2,276.24	1,900.28	1,708.88	1,332.94	3,041.83	2,808.41	2,344.59	2,105.33	1,640.51
65	966.63	890.52	742.09	669.79	521.37	2,519.18	2,326.93	1,936.80	1,743.53	1,352.40	3,122.47	2,899.87	2,411.21	2,161.21	1,677.27
66	1,054.59	973.45	811.22	730.09	567.85	2,736.33	2,524.38	2,106.84	1,894.90	1,477.36	3,327.31	3,070.36	2,556.51	2,299.56	1,792.12
67	1,138.52	1,049.29	874.42	788.75	613.88	2,934.54	2,710.71	2,256.85	2,033.04	1,579.19	3,512.76	3,239.20	2,698.27	2,430.94	1,890.05
68	1,218.12	1,124.42	937.02	843.31	655.91	3,131.58	2,889.75	2,406.12	2,164.30	1,686.71	3,699.87	3,415.71	2,847.42	2,563.30	1,995.03
69	1,287.21	1,186.66	988.87	891.67	693.89	3,293.43	3,036.48	2,534.30	2,277.35	1,775.19	3,848.17	3,550.35	2,960.58	2,662.77	2,073.00
70	1,345.28	1,241.79	1,034.82	931.35	724.38	3,430.68	3,171.54	2,642.02	2,377.27	1,847.72	3,977.11	3,672.92	3,058.88	2,754.69	2,140.66
71	1,504.90	1,388.90	1,156.89	1,044.03	808.88	3,795.78	3,506.32	2,921.93	2,627.02	2,048.09	4,336.48	4,003.34	3,337.01	3,003.87	2,337.55
72	1,651.92	1,527.43	1,272.34	1,144.80	889.73	4,131.34	3,813.95	3,179.17	2,861.79	2,227.03	4,665.62	4,311.19	3,591.78	3,232.07	2,512.66
73	1,774.34	1,640.10	1,385.77	1,228.61	957.21	4,407.57	4,066.98	3,390.86	3,050.22	2,374.10	4,936.31	4,555.02	3,797.54	3,416.25	2,658.78
74	1,897.67	1,751.05	1,457.80	1,313.99	1,020.74	4,676.21	4,317.63	3,595.58	3,237.00	2,514.94	5,201.77	4,798.98	4,003.26	3,600.47	2,804.74
75	1,990.94	1,836.97	1,531.70	1,377.73	1,072.46	4,884.69	4,508.23	3,755.30	3,383.54	2,630.59	5,397.62	4,983.53	4,150.59	3,736.47	2,903.51
76	2,169.81	2,001.91	1,668.69	1,500.79	1,167.57	5,278.23	4,873.28	4,058.79	3,653.81	2,839.36	5,782.22	5,336.74	4,445.78	4,000.31	3,113.86
77	2,358.81	2,178.88	1,814.09	1,634.16	1,269.37	5,689.13	5,251.17	4,375.26	3,941.61	3,061.39	6,178.61	5,702.00	4,753.10	4,276.51	3,327.60
78	2,536.58	2,342.54	1,952.12	1,755.73	1,367.66	6,063.36	5,597.59	4,666.02	4,196.13	3,264.58	6,525.03	6,022.13	5,020.53	4,517.63	3,516.00
79	2,650.28	2,447.96	2,038.85	1,834.29	1,427.42	6,280.99	5,795.46	4,828.21	4,346.59	3,379.38	6,692.17	6,179.19	5,149.33	4,632.45	3,606.50
80	2,713.10	2,504.39	2,086.99	1,878.29	1,460.90	6,425.28	5,931.89	4,941.37	4,447.97	3,457.49	6,848.17	6,321.40	5,267.83	4,741.04	3,687.48
81	2,795.11	2,579.79	2,149.15	1,935.88	1,505.22	6,619.57	6,108.71	5,090.59	4,583.31	3,565.19	7,055.38	6,515.97	5,429.97	4,886.95	3,800.97
82	3,004.29	2,772.57	2,311.16	2,079.42	1,618.01	7,116.12	6,569.52	5,472.82	4,926.25	3,829.54	7,587.65	7,001.78	5,837.20	5,251.35	4,086.77
83	3,244.23	2,996.09	2,495.72	2,245.53	1,747.21	7,684.12	7,094.68	5,912.23	5,319.21	4,140.35	8,194.96	7,562.67	6,301.62	5,672.89	4,411.84
84	3,521.08	3,250.38	2,708.99	2,438.30	1,896.92	8,337.86	7,698.40	6,415.91	5,772.92	4,490.44	8,887.98	8,205.67	6,837.47	6,155.17	4,786.93
85	3,836.89	3,541.59	2,950.98	2,655.68	2,065.08	9,088.05	8,391.42	6,991.08	6,290.90	4,894.11	9,688.20	8,945.14	7,451.91	6,708.84	5,215.62
86	4,183.46	3,861.49	3,217.58	2,895.60	2,251.69	9,906.11	9,145.20	7,619.80	6,858.92	5,333.50	10,563.42	9,748.91	8,123.50	7,312.59	5,687.18
87	4,558.74	4,208.06	3,506.72	3,156.05	2,454.70	10,799.18	9,966.85	8,305.68	7,476.93	5,815.77	11,513.68	10,627.72	8,855.82	7,969.89	6,198.02
88	4,968.88	4,587.45	3,822.53	3,441.10	2,676.19	11,770.89	10,863.48	9,055.89	8,148.52	6,340.91	12,549.63	11,581.55	9,652.47	8,687.93	6,755.30
89	5,415.94	4,999.64	4,167.04	3,750.76	2,916.11	12,828.28	11,842.31	9,870.38	8,880.86	6,908.91	13,678.51	12,624.66	10,520.53	9,470.30	7,366.17
90	5,904.00	5,450.79	4,542.33	4,087.07	3,180.65	13,985.73	12,910.43	10,756.33	9,681.04	7,530.51	14,907.39	13,760.67	11,467.22	10,320.50	8,027.07
91	6,435.13	5,940.91	4,950.42	4,456.20	3,465.70	15,243.18	14,071.48	11,724.43	10,552.71	8,205.67	16,250.60	15,000.27	12,499.62	11,249.31	8,748.67
92	7,015.48	6,476.15	5,395.43	4,856.08	3,777.42	16,614.99	15,336.06	12,781.86	11,502.93	8,948.72	17,711.68	16,350.62	13,624.93	12,263.85	9,538.16
93	7,647.11	7,058.56	5,801.44	5,292.89	4,117.83	18,111.77	16,718.58	13,932.15	12,538.93	9,752.50	19,308.52	17,822.42	14,850.22	13,367.72	10,395.52
94	8,334.11	7,694.28	6,410.53	5,770.71	4,486.96	19,740.78	18,222.52	15,186.04	13,667.78	10,631.29	21,044.68	19,426.40	16,189.85	14,568.02	11,331.47

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low Bio Rate Increase - 164% High Bio Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay 10 Individual														
	Unlimited					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	No BIO 90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	836.22	773.28	647.39	575.47	449.57	3,441.98	3,180.88	2,658.64	2,397.52	1,851.56	4,557.67	4,201.61	3,513.21	3,157.15	2,468.72
25-29	830.15	763.74	639.20	572.80	448.28	3,418.88	3,155.88	2,629.89	2,366.92	1,840.92	4,514.66	4,185.93	3,484.62	3,133.94	2,432.65
30-34	834.79	765.23	641.56	579.72	448.33	3,428.22	3,162.93	2,632.40	2,367.10	1,836.54	4,530.16	4,183.26	3,489.45	3,142.55	2,448.73
35-39	830.31	765.89	637.04	572.62	443.77	3,420.25	3,155.72	2,626.62	2,362.06	1,832.95	4,516.27	4,157.23	3,476.93	3,117.92	2,437.64
40-44	823.24	757.39	632.25	566.40	441.26	3,373.05	3,129.64	2,608.06	2,347.22	1,825.61	4,468.44	4,120.70	3,425.22	3,094.87	2,399.39
45	791.34	729.03	604.41	548.32	423.71	3,257.07	3,010.31	2,518.82	2,253.61	1,760.11	4,308.85	3,964.44	3,306.42	2,977.44	2,319.42
46	776.32	715.19	599.04	537.91	421.78	3,195.22	2,953.16	2,469.06	2,210.87	1,726.72	4,260.30	3,937.56	3,275.92	2,953.16	2,291.52
47	769.81	709.67	589.39	529.24	414.97	3,159.55	2,905.53	2,429.22	2,175.20	1,698.84	4,239.23	3,905.77	3,254.83	2,937.26	2,286.32
48	757.18	698.03	585.64	526.49	408.18	3,107.78	2,857.91	2,389.38	2,155.14	1,671.01	4,200.98	3,873.01	3,232.73	2,904.74	2,264.46
49	745.30	687.52	571.98	514.20	398.65	3,035.26	2,806.48	2,333.65	2,104.87	1,632.02	4,148.71	3,828.42	3,187.80	2,867.49	2,226.87
50	730.04	673.44	560.25	503.67	390.48	2,973.12	2,748.98	2,285.87	2,061.73	1,598.63	4,093.61	3,779.90	3,152.40	2,838.63	2,211.16
51	734.00	678.39	561.63	506.01	394.79	3,009.39	2,774.51	2,319.42	2,084.57	1,629.49	4,066.34	3,758.09	3,126.82	2,818.57	2,187.29
52	729.26	674.85	560.55	506.14	391.84	3,031.59	2,801.67	2,341.92	2,097.66	1,637.91	4,037.30	3,721.21	3,103.43	2,787.31	2,169.53
53	726.69	668.34	556.95	503.91	392.52	3,038.72	2,814.64	2,338.54	2,114.51	1,638.36	3,978.90	3,668.86	3,052.68	2,758.62	2,142.49
54	723.59	666.32	557.01	499.74	390.42	3,078.42	2,831.03	2,363.78	2,130.14	1,649.16	3,944.21	3,641.88	3,037.19	2,734.86	2,130.14
55	722.41	666.44	554.52	498.55	386.64	3,089.01	2,847.29	2,377.21	2,135.44	1,665.39	3,894.87	3,599.40	2,995.00	2,699.56	2,095.18
56	763.28	703.42	583.68	528.81	409.08	3,253.09	3,002.84	2,502.35	2,252.10	1,751.67	4,069.64	3,766.73	3,134.52	2,818.44	2,199.44
57	787.46	729.49	608.71	545.91	425.13	3,379.75	3,124.68	2,601.80	2,333.94	1,823.82	4,183.26	3,864.41	3,226.71	2,895.16	2,257.46
58	813.15	752.40	626.22	565.47	439.29	3,478.15	3,220.09	2,677.20	2,418.13	1,875.30	4,293.41	3,960.32	3,294.09	2,973.33	2,307.10
59	831.73	768.78	638.40	575.47	445.09	3,560.67	3,287.70	2,741.72	2,468.72	1,922.76	4,355.89	4,011.69	3,347.02	3,014.70	2,338.17
60	850.26	785.18	655.05	589.97	459.83	3,630.45	3,355.57	2,794.41	2,519.54	1,958.38	4,420.63	4,077.06	3,401.38	3,057.83	2,382.10
61	907.24	835.17	695.26	627.43	487.54	3,794.13	3,503.15	2,921.19	2,630.15	2,048.19	4,633.54	4,275.40	3,559.12	3,212.17	2,495.83
62	951.98	877.80	733.56	659.38	515.14	3,927.61	3,622.98	3,013.69	2,719.97	2,110.68	4,808.89	4,438.95	3,729.14	3,329.25	2,589.39
63	996.71	920.65	764.55	688.49	536.38	4,036.77	3,730.29	3,106.83	2,800.38	2,176.92	4,966.74	4,586.29	3,825.44	3,444.99	2,673.58
64	1,043.78	965.30	804.41	722.01	565.06	4,185.14	3,863.98	3,221.70	2,900.62	2,258.34	5,169.28	4,765.25	3,977.95	3,573.93	2,786.65
65	1,080.80	997.07	828.63	749.71	582.26	4,279.99	3,948.46	3,285.37	2,963.85	2,300.76	5,294.70	4,882.81	4,069.01	3,667.12	2,853.31
66	1,179.94	1,091.45	907.08	818.58	634.23	4,643.39	4,283.19	3,572.58	3,212.40	2,501.80	5,646.06	5,207.98	4,341.64	3,903.58	3,037.19
67	1,274.14	1,174.21	977.91	881.55	685.25	4,974.95	4,598.04	3,825.44	3,448.55	2,675.90	5,954.84	5,502.60	4,588.61	4,126.95	3,212.99
68	1,363.89	1,259.77	1,051.54	943.96	735.73	5,313.95	4,901.66	4,086.24	3,673.96	2,858.51	6,275.94	5,790.36	4,822.72	4,342.77	3,380.76
69	1,441.42	1,330.80	1,109.56	998.94	777.69	5,584.10	5,159.33	4,292.09	3,867.28	3,008.86	6,531.02	6,026.59	5,026.59	4,522.16	3,522.16
70	1,506.96	1,390.54	1,160.94	1,044.52	811.69	5,830.97	5,378.47	4,482.09	4,038.14	3,141.71	6,753.01	6,232.22	5,190.69	4,669.90	3,636.86
71	1,568.74	1,458.21	1,297.99	1,166.31	909.21	6,439.49	5,951.17	4,957.92	4,461.31	3,468.06	7,358.23	6,795.44	5,661.45	5,098.63	3,964.67
72	1,852.34	1,709.62	1,424.18	1,281.46	996.02	7,006.61	6,469.48	5,395.24	4,850.10	3,775.86	7,920.53	7,311.24	6,092.70	5,483.41	4,264.89
73	1,987.37	1,835.63	1,529.20	1,377.44	1,071.02	7,473.26	6,903.12	5,755.17	5,177.33	4,029.38	8,374.63	7,727.49	6,440.89	5,801.40	4,507.06
74	2,123.25	1,999.71	1,632.63	1,469.08	1,141.99	7,935.42	7,325.00	6,104.13	5,493.71	4,272.89	8,828.69	8,151.26	6,789.00	6,111.60	4,749.33
75	2,228.67	2,058.49	1,715.41	1,542.51	1,202.13	8,287.09	7,652.36	6,375.81	5,741.08	4,464.48	9,164.28	8,458.27	7,046.16	6,340.14	4,935.16
76	2,428.13	2,242.15	1,867.59	1,681.61	1,307.06	8,960.69	8,271.94	6,887.60	6,198.85	4,821.33	9,813.12	9,056.18	7,549.08	6,792.14	5,285.04
77	2,642.27	2,440.15	2,033.46	1,828.88	1,424.65	9,656.49	8,914.70	7,431.07	6,689.26	5,199.16	10,482.89	9,682.52	8,068.76	7,261.90	5,648.15
78	2,841.82	2,621.76	2,186.33	1,966.33	1,530.94	10,294.68	9,501.36	7,914.69	7,127.58	5,540.88	11,075.54	10,219.73	8,520.63	7,664.82	5,965.69
79	2,969.47	2,740.19	2,283.86	2,054.58	1,598.25	10,658.29	9,839.31	8,195.48	7,376.53	5,738.62	11,358.55	10,486.19	8,741.46	7,863.13	6,118.41
80	3,038.92	2,804.67	2,336.16	2,104.04	1,635.52	10,906.90	10,063.57	8,388.20	7,550.51	5,869.46	11,626.51	10,732.63	8,939.17	8,045.24	6,257.43
81	3,129.40	2,889.46	2,407.54	2,167.60	1,685.69	11,233.78	10,372.98	8,640.56	7,779.74	6,047.32	11,975.52	11,055.13	9,214.42	8,294.06	6,447.94
82	3,365.23	3,106.83	2,588.01	2,329.62	1,810.77	12,078.37	11,147.19	9,290.21	8,364.47	6,502.06	12,874.20	11,883.46	9,902.01	8,911.27	6,929.79
83	3,633.86	3,354.97	2,795.11	2,516.23	1,956.39	13,042.05	12,040.46	10,031.95	9,030.36	7,021.79	13,908.29	12,836.31	10,697.83	9,625.89	7,487.38
84	3,943.52	3,640.02	3,033.00	2,729.50	2,122.49	14,151.88	13,063.70	10,887.33	9,799.15	7,622.74	15,088.47	13,924.52	11,607.37	10,443.39	8,126.24
85	4,298.30	3,968.14	3,305.76	2,975.58	2,313.20	15,429.56	14,238.52	11,867.22	10,681.60	8,304.91	16,447.38	15,180.53	12,652.25	11,385.42	8,857.12
86	4,683.83	4,324.95	3,603.11	3,244.23	2,522.38	16,815.53	15,521.62	12,933.76	11,639.87	9,052.01	17,925.36	16,544.83	13,789.14	12,408.61	9,652.95
87	5,106.28	4,714.59	3,927.12	3,535.42	2,750.01	18,331.42	16,918.39	14,097.73	12,690.14	9,869.51	19,538.69	18,033.63	15,028.97	13,529.29	10,519.19
88	5,565.63	5,137.04	4,281.89	3,853.29	2,998.14	19,977.22	18,439.71	15,370.00	13,832.49	10,757.39	21,298.23	19,657.84	16,382.44	14,742.02	11,466.58
89	6,066.02	5,600.50	4,667.43	4,199.86	3,266.79	21,774.61	20,101.75	16,750.54	15,077.67	11,726.46	23,214.73	21,428.17	17,854.98	16,073.80	12,500.66
90	6,613.55	6,104.98	5,087.82	4,577.20	3,562.09	23,744.47	21,909.97	18,261.01	16,431.15	12,782.19	25,304.51	23,355.50	19,462.90	17,519.33	13,626.73
91	7,208.26	6,654.57	5,545.14	4,989.39	3,882.00	25,872.95	23,880.67	19,901.43	17,914.56	13,929.93	27,578.31	25,461.51	21,217.02	19,094.75	14,850.26
92	7,856.28	7,253.37	6,043.45	5,438.49	4,230.62	28,200.93	26,029.95	21,693.46	19,522.46	15,185.97	30,063.29	27,751.57	23,122.70	20,810.96	16,187.50
93	8,563.77	7,905.50	6,586.89	5,928.62	4,610.00	30,740.03	28,374.17	23,647.83	21,281.96	16,555.65	32,770.24	30,247.38	25,207.06	22,684.15	17,643.83
94	9,334.85	8,617.10	7,181.61	6,461.81	5,026.30	33,506.54	30,929.53	25,775.51	23,198.50	18,044.48	35,715.40	32,970.54	27,475.46	24,725.21	19,235.54



## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay to 65 Individual														
	730 x Daily Maximum					5% Simple BIO					5% Compound BIO				
	No BIO														
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	96.13	88.73	73.94	66.55	51.76	261.91	244.73	201.81	180.33	141.69	356.38	326.31	274.80	244.73	193.22
25-29	114.28	106.13	87.07	78.91	59.87	312.86	289.15	241.74	218.05	170.65	421.88	388.69	327.06	293.89	227.54
30-34	155.28	144.93	120.78	106.97	86.27	426.77	390.73	324.62	294.55	228.41	577.05	528.98	444.84	396.72	312.58
35-39	200.00	183.68	155.11	138.77	110.21	540.40	497.74	419.51	376.85	291.52	732.37	675.48	561.73	504.83	391.06
40-44	240.37	217.69	181.42	163.26	126.98	647.81	600.43	497.74	450.31	347.62	876.92	805.83	671.52	608.32	474.02
45	255.55	231.88	194.02	175.10	137.24	684.24	634.78	527.60	478.14	370.96	931.57	857.36	717.22	643.04	502.88
46	257.68	238.60	200.42	181.34	138.38	698.25	640.06	540.32	482.13	382.39	955.96	881.14	731.50	656.68	515.39
47	263.54	244.36	201.24	182.08	138.96	701.14	651.07	542.55	484.12	383.95	968.26	893.11	742.86	667.74	517.50
48	270.54	246.39	207.74	188.42	144.93	715.33	656.40	547.01	496.52	387.12	984.63	908.89	757.39	681.68	530.20
49	273.85	254.29	210.28	190.72	146.70	724.10	672.99	562.23	502.60	391.85	1,013.72	937.04	775.21	698.52	545.19
50	280.99	261.27	216.90	197.18	152.82	738.52	678.40	566.76	506.66	395.02	1,030.48	953.20	790.03	712.76	549.58
51	287.05	262.31	222.72	197.97	158.38	750.11	689.74	577.66	517.30	405.22	1,060.48	974.25	810.43	732.84	569.02
52	294.34	269.39	224.49	204.55	159.64	764.74	703.92	590.96	530.11	417.14	1,086.29	999.40	834.26	747.37	582.26
53	296.66	276.55	231.30	206.16	160.91	779.55	718.26	604.39	543.07	420.45	1,112.39	1,033.56	858.41	770.80	604.39
54	302.87	277.64	232.20	212.00	161.54	791.41	729.86	615.54	553.99	430.88	1,143.14	1,055.23	879.34	791.41	615.54
55	310.33	284.89	239.10	213.66	167.88	815.33	744.43	620.36	558.31	434.25	1,169.81	1,081.19	903.92	806.48	629.21

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay to 65 Individual														
	No BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	130.63	118.31	98.59	88.73	69.01	339.20	313.44	257.62	231.86	180.33	450.83	416.49	347.79	313.44	244.73
25-29	152.39	141.50	117.01	106.13	81.64	398.19	369.72	308.12	274.94	218.05	535.63	492.97	412.38	369.72	289.15
30-34	210.49	193.23	162.19	144.93	113.87	547.01	504.95	420.78	378.69	294.55	727.34	673.25	559.03	504.95	390.73
35-39	265.31	244.90	204.09	183.68	142.86	696.82	639.92	533.28	483.51	376.85	924.36	853.23	711.05	639.92	497.74
40-44	317.47	294.80	244.90	222.23	172.35	829.54	766.34	639.92	576.72	450.31	1,106.07	1,019.14	853.23	766.34	600.43
45	340.73	312.33	260.29	236.62	184.56	882.10	816.13	676.00	610.03	469.90	1,178.86	1,088.19	906.82	816.13	634.78
46	343.57	319.71	262.45	238.60	186.11	889.45	822.96	689.94	615.12	482.13	1,205.31	1,113.89	931.01	839.57	648.37
47	349.78	321.04	268.33	239.58	186.87	901.49	826.34	692.79	626.02	484.12	1,235.34	1,135.19	951.55	851.39	667.74
48	352.66	328.51	270.54	246.39	188.42	908.89	841.56	698.49	631.18	488.11	1,262.34	1,161.36	967.79	875.22	681.68
49	361.87	332.53	278.74	249.40	195.60	920.00	851.86	707.06	638.91	494.08	1,294.85	1,192.63	996.69	894.46	698.52
50	364.79	340.14	280.99	251.41	197.18	936.03	858.74	721.34	644.05	506.66	1,322.46	1,227.99	1,021.89	918.85	712.76
51	376.15	346.45	287.05	257.37	202.92	957.02	888.05	741.46	663.88	517.30	1,353.60	1,250.15	1,043.23	939.77	732.84
52	384.13	354.20	294.34	264.40	204.55	990.71	912.49	764.74	686.56	538.80	1,390.46	1,277.48	1,068.93	964.65	747.37
53	397.23	367.07	301.69	271.52	211.18	1,024.82	945.99	788.32	709.48	551.81	1,418.98	1,313.87	1,094.88	981.02	770.80
54	403.83	373.54	312.97	277.64	217.06	1,046.42	967.30	809.00	729.86	562.77	1,450.93	1,336.60	1,116.78	1,002.47	782.61
55	412.08	381.55	320.50	284.89	223.84	1,081.19	1,001.42	833.02	744.43	584.91	1,488.84	1,373.65	1,143.22	1,028.01	797.61

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay to 65 Individual														
	1460 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	140.49	128.17	108.45	96.13	76.41	373.55	347.79	287.67	257.62	201.81	506.66	468.01	390.73	352.08	274.80
25-29	165.99	152.39	127.90	114.28	89.79	445.59	412.38	341.29	308.12	237.00	602.00	554.60	464.54	417.14	327.06
30-34	227.74	210.49	175.98	155.28	124.22	607.12	559.03	468.86	420.78	330.61	817.50	757.39	631.18	565.05	444.84
35-39	289.80	265.31	220.41	200.00	155.11	775.03	711.05	597.26	533.28	419.51	1,045.22	959.89	803.46	725.25	561.73
40-44	344.68	317.47	263.04	240.37	185.95	924.36	853.23	711.05	639.92	497.74	1,248.25	1,153.47	955.96	861.12	671.52
45	364.40	340.73	283.94	255.55	198.76	981.02	906.82	758.43	676.00	527.60	1,327.26	1,228.32	1,022.22	915.07	717.22
46	372.20	343.57	286.31	257.68	200.42	997.50	922.70	773.05	689.94	540.32	1,363.27	1,263.49	1,047.38	947.63	731.50
47	378.54	344.99	287.50	258.74	201.24	1,018.32	934.86	784.61	701.14	550.89	1,393.93	1,293.77	1,078.75	968.26	751.24
48	381.65	352.66	294.69	265.71	207.74	1,035.11	959.39	799.47	715.33	563.85	1,439.07	1,329.67	1,102.46	993.04	774.23
49	391.21	356.99	298.30	268.96	210.28	1,056.30	979.65	817.78	732.60	570.75	1,482.25	1,371.49	1,141.52	1,022.22	800.75
50	394.37	364.79	305.64	271.13	211.97	1,082.01	996.13	832.97	747.11	583.94	1,519.96	1,408.32	1,167.89	1,056.24	815.80
51	405.84	376.15	311.81	282.11	217.77	1,103.59	1,017.36	853.56	767.33	594.89	1,543.27	1,431.19	1,189.79	1,069.10	836.30
52	424.04	389.12	324.26	294.34	229.48	1,129.76	1,042.85	869.03	782.14	608.32	1,581.65	1,459.99	1,216.65	1,095.00	851.66
53	437.45	402.25	336.89	301.69	236.32	1,164.96	1,068.61	893.42	805.83	621.89	1,611.66	1,489.06	1,235.04	1,112.39	867.15
54	449.26	413.93	348.31	312.97	242.29	1,187.12	1,099.18	914.53	817.78	641.93	1,635.60	1,512.47	1,257.46	1,134.36	879.34
55	468.04	427.34	356.12	320.50	249.28	1,214.12	1,125.49	939.37	841.89	655.81	1,666.08	1,542.02	1,285.02	1,152.09	903.92

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay to 65 Individual														
	1825 x Daily Maximum					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	No BIO		365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	162.68	150.35	123.24	110.92	86.27	429.37	399.32	330.61	296.26	231.86	579.65	536.71	446.54	403.60	313.44
25-29	190.48	176.88	146.94	133.34	103.41	511.94	474.02	393.45	355.52	274.94	692.08	635.19	530.91	478.77	369.72
30-34	262.25	241.55	200.14	179.44	141.47	697.29	643.20	535.00	480.90	372.70	943.76	865.62	721.34	649.19	504.95
35-39	330.62	306.13	257.15	228.58	179.60	888.79	817.69	682.59	611.49	476.40	1,194.52	1,102.09	917.23	831.91	639.92
40-44	399.11	367.35	303.87	276.64	213.16	1,058.65	979.65	813.74	734.74	568.83	1,429.96	1,319.37	1,098.16	987.54	766.34
45	421.18	392.79	326.54	293.41	227.16	1,129.41	1,038.74	865.62	783.15	610.03	1,525.10	1,401.44	1,170.64	1,055.23	816.13
46	429.46	396.06	329.26	295.86	229.05	1,138.82	1,055.69	872.83	789.70	615.12	1,554.46	1,429.76	1,197.00	1,072.32	839.57
47	431.25	397.70	330.62	297.07	230.00	1,143.52	1,060.08	876.44	792.96	617.68	1,577.57	1,452.36	1,210.29	1,093.45	851.39
48	439.62	405.81	338.17	304.36	236.72	1,152.94	1,068.80	892.06	799.47	622.75	1,607.38	1,481.15	1,237.10	1,110.86	866.80
49	445.01	410.77	342.31	308.08	239.62	1,167.05	1,081.87	902.97	809.28	630.38	1,644.10	1,516.32	1,260.77	1,132.98	885.93
50	453.52	414.09	345.07	310.56	241.55	1,176.48	1,090.60	910.26	815.80	635.46	1,665.94	1,545.73	1,288.10	1,159.30	901.68
51	465.23	425.64	356.35	321.70	247.46	1,215.65	1,120.82	939.77	844.92	655.25	1,698.48	1,569.14	1,310.51	1,181.18	913.89
52	478.91	439.00	369.17	329.26	259.42	1,260.11	1,164.53	973.33	877.72	677.85	1,738.08	1,607.74	1,338.34	1,199.28	938.55
53	492.77	452.54	377.11	341.91	266.50	1,305.11	1,208.76	1,007.31	902.20	709.48	1,778.11	1,637.95	1,366.41	1,226.28	954.74
54	504.79	464.41	388.70	348.31	272.58	1,354.20	1,248.67	1,037.64	932.11	729.86	1,811.47	1,670.77	1,389.37	1,248.67	976.08
55	518.90	478.20	396.82	356.12	279.80	1,400.20	1,285.02	1,072.32	965.97	753.29	1,843.33	1,701.53	1,417.94	1,276.15	992.56

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay to 65 Individual														
	2190 x Daily Maximum					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	No BIO		365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	172.54	160.21	133.10	118.31	93.66	468.01	433.65	360.66	326.31	253.32	618.29	571.06	476.59	429.37	334.90
25-29	204.09	187.75	157.83	141.50	111.56	559.34	511.94	426.62	383.95	298.63	734.74	677.85	564.09	507.20	393.45
30-34	279.50	258.80	213.95	193.23	148.38	757.39	703.32	583.08	522.98	408.76	1,003.86	925.73	769.42	691.28	541.00
35-39	355.11	326.54	273.48	244.90	191.84	967.02	888.79	746.59	668.39	526.17	1,272.74	1,173.20	981.22	881.70	689.71
40-44	426.32	390.02	326.54	294.80	228.76	1,153.47	1,066.54	884.83	797.94	616.23	1,524.77	1,406.26	1,169.27	1,050.74	821.63
45	449.57	416.46	345.47	312.33	241.36	1,228.32	1,137.67	948.05	849.14	667.74	1,624.03	1,492.14	1,244.83	1,121.17	873.84
46	458.11	419.92	353.11	314.94	248.14	1,238.56	1,147.12	955.96	856.21	673.32	1,645.88	1,521.20	1,271.82	1,138.82	889.45
47	459.99	426.44	354.58	321.04	249.17	1,243.68	1,151.86	959.89	859.73	676.09	1,669.39	1,544.18	1,285.44	1,160.22	901.49
48	468.61	429.97	357.49	323.68	251.22	1,262.34	1,161.36	967.79	875.22	681.68	1,699.97	1,573.72	1,312.84	1,178.17	917.30
49	474.35	435.23	366.77	327.64	259.18	1,277.81	1,175.59	979.65	885.93	690.02	1,737.82	1,601.51	1,337.42	1,201.13	937.04
50	478.17	443.66	369.72	330.28	261.27	1,288.10	1,185.05	987.54	893.09	695.58	1,769.00	1,631.59	1,356.81	1,227.99	953.20
51	489.99	450.39	376.15	341.50	262.31	1,336.36	1,232.90	1,026.00	922.53	715.61	1,793.32	1,655.39	1,379.49	1,241.54	965.64
52	503.86	463.95	389.12	349.21	274.38	1,381.77	1,277.48	1,060.23	955.96	738.68	1,833.68	1,694.64	1,407.87	1,268.80	982.02
53	517.91	477.68	397.23	357.00	276.55	1,436.49	1,322.61	1,103.64	989.77	770.80	1,865.68	1,725.54	1,436.49	1,296.36	1,007.31
54	530.03	489.64	408.89	368.50	287.73	1,477.30	1,362.99	1,134.36	1,020.05	791.41	1,899.37	1,749.89	1,459.71	1,310.23	1,020.05
55	544.34	498.55	417.17	376.47	289.98	1,533.15	1,409.07	1,178.67	1,063.46	824.19	1,931.97	1,790.17	1,488.84	1,338.20	1,045.74

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay to 65 Individual														
	No BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	192.25	177.47	147.89	133.10	103.52	519.53	480.90	399.32	360.66	279.09	686.99	635.46	528.12	476.59	369.25
25-29	228.58	209.52	174.15	157.83	122.45	616.23	568.83	474.02	426.62	331.82	815.33	753.71	625.73	564.09	436.11
30-34	310.56	286.41	238.11	213.95	165.63	841.56	781.44	649.19	583.08	456.84	1,112.06	1,027.90	853.60	769.42	595.12
35-39	395.93	363.27	302.05	273.48	212.24	1,073.66	988.34	824.80	739.48	575.94	1,414.96	1,308.31	1,087.88	981.22	760.80
40-44	471.66	435.38	362.82	326.54	253.97	1,279.85	1,185.05	987.54	884.83	695.25	1,690.70	1,564.28	1,303.57	1,169.27	916.45
45	501.63	463.78	383.32	345.47	269.75	1,360.24	1,261.33	1,046.98	939.79	733.70	1,797.15	1,657.03	1,384.96	1,244.83	972.77
46	505.82	467.65	391.29	353.11	272.00	1,379.89	1,271.82	1,055.69	955.96	739.81	1,828.79	1,687.44	1,404.84	1,263.49	980.89
47	512.69	469.58	392.91	354.58	273.12	1,385.59	1,277.06	1,068.40	959.89	751.24	1,853.04	1,711.11	1,427.33	1,285.44	1,001.63
48	516.91	478.27	396.14	357.49	275.36	1,396.98	1,287.58	1,077.18	967.79	757.39	1,885.09	1,742.02	1,455.89	1,304.43	1,018.29
49	523.25	484.13	405.89	361.87	283.63	1,414.10	1,303.35	1,090.40	979.65	766.67	1,925.22	1,780.39	1,482.25	1,337.42	1,039.26
50	532.40	492.96	409.16	369.72	285.92	1,425.50	1,322.46	1,099.18	987.54	772.86	1,966.51	1,811.94	1,511.38	1,356.81	1,056.24
51	544.42	504.83	420.69	376.15	296.96	1,474.31	1,362.23	1,138.07	1,026.00	793.20	1,991.61	1,845.04	1,534.67	1,379.49	1,077.71
52	558.74	513.85	429.03	389.12	299.33	1,529.51	1,416.52	1,181.89	1,060.23	825.60	2,033.56	1,877.14	1,564.28	1,407.87	1,095.00
53	573.21	527.96	442.48	397.23	311.75	1,594.17	1,471.52	1,226.28	1,103.64	858.41	2,075.91	1,918.26	1,594.17	1,436.49	1,112.39
54	585.56	540.12	449.26	403.83	312.97	1,644.38	1,512.47	1,266.24	1,134.36	888.12	2,110.43	1,943.36	1,618.00	1,459.71	1,134.36
55	600.31	554.52	462.96	417.17	325.59	1,701.53	1,568.60	1,302.75	1,178.67	912.79	2,144.65	1,985.11	1,648.37	1,488.84	1,152.09

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay to 65 Individual														
	3650 x Daily Maximum					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	No BIO		365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	204.58	189.79	157.75	142.96	110.92	558.17	515.25	429.37	386.43	300.56	734.22	678.40	566.76	510.95	395.02
25-29	244.90	225.86	187.75	168.71	130.62	663.61	611.49	507.20	459.80	355.52	872.20	805.83	673.11	606.76	469.28
30-34	331.26	307.12	255.36	231.20	179.44	901.68	835.57	697.29	625.17	486.89	1,190.20	1,100.04	913.70	823.53	637.17
35-39	420.42	391.84	326.54	293.88	228.58	1,151.86	1,059.43	881.70	796.37	618.60	1,514.51	1,400.72	1,166.09	1,045.22	817.69
40-44	503.40	467.13	390.02	349.21	272.11	1,374.66	1,264.05	1,058.65	948.05	742.65	1,809.19	1,666.97	1,390.46	1,256.16	971.74
45	534.77	492.17	411.72	369.14	288.68	1,459.17	1,343.76	1,121.17	1,014.00	783.15	1,920.82	1,780.67	1,483.91	1,335.50	1,038.74
46	543.99	501.05	415.15	376.97	291.08	1,471.33	1,363.27	1,130.51	1,022.45	789.70	1,961.77	1,812.13	1,504.58	1,354.96	1,055.69
47	546.24	503.12	421.65	378.54	297.07	1,477.41	1,368.88	1,135.19	1,026.67	792.96	1,986.58	1,836.31	1,527.47	1,377.26	1,068.40
48	555.56	512.09	425.13	381.65	299.52	1,497.98	1,380.17	1,152.94	1,035.11	807.90	2,019.74	1,868.28	1,556.90	1,396.98	1,094.03
49	562.37	518.35	430.33	391.21	303.19	1,516.32	1,397.07	1,167.05	1,047.80	817.78	2,061.52	1,908.19	1,584.47	1,431.14	1,107.44
50	566.90	527.47	438.73	394.37	305.64	1,528.55	1,408.32	1,178.48	1,056.24	824.38	2,103.90	1,940.74	1,614.42	1,451.26	1,133.54
51	584.02	539.48	450.39	400.89	316.76	1,577.76	1,457.08	1,215.65	1,094.95	853.56	2,138.20	1,974.38	1,638.12	1,474.31	1,146.69
52	598.65	553.76	458.96	414.07	319.29	1,642.50	1,512.13	1,260.11	1,138.43	886.42	2,172.60	2,007.48	1,677.27	1,503.45	1,173.20
53	613.44	568.18	472.66	427.39	331.86	1,699.29	1,567.89	1,305.11	1,173.72	910.94	2,216.07	2,049.62	1,708.03	1,532.84	1,199.99
54	625.95	580.51	484.60	434.12	338.21	1,758.71	1,618.00	1,354.20	1,213.49	949.70	2,251.13	2,084.06	1,732.31	1,556.42	1,213.49
55	646.09	595.22	493.47	447.69	345.94	1,816.75	1,674.95	1,400.20	1,258.44	983.69	2,295.31	2,118.05	1,763.58	1,586.32	1,231.84

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 164% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay to 65 Individual														
	No BIO					Unlimited					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	229.23	211.97	177.47	157.75	123.24	943.54	871.94	728.80	657.20	507.54	1,249.35	1,151.75	963.05	865.44	676.74
25-29	272.11	250.35	209.52	187.75	146.94	1,120.68	1,034.46	862.07	775.84	603.45	1,479.85	1,372.11	1,142.25	1,027.28	797.41
30-34	372.67	341.63	286.41	258.80	200.14	1,530.46	1,412.03	1,175.20	1,056.74	819.88	2,022.40	1,867.54	1,557.78	1,402.95	1,093.20
35-39	473.48	436.74	363.27	326.54	253.07	1,950.41	1,799.53	1,497.83	1,346.95	1,045.26	2,575.37	2,370.67	1,982.75	1,777.99	1,390.07
40-44	566.90	521.56	435.38	390.02	303.87	2,322.78	2,155.14	1,795.94	1,616.34	1,257.17	3,077.05	2,837.58	2,358.68	2,131.19	1,652.30
45	601.02	553.70	459.04	416.46	321.80	2,473.73	2,286.32	1,911.54	1,711.62	1,336.82	3,273.31	3,010.95	2,511.22	2,261.34	1,761.59
46	606.02	558.31	467.65	419.92	329.26	2,494.32	2,305.38	1,927.44	1,725.87	1,347.96	3,325.79	3,073.83	2,557.32	2,305.38	1,788.86
47	613.32	565.40	469.58	421.65	330.62	2,517.32	2,314.88	1,935.38	1,733.00	1,353.50	3,377.46	3,111.85	2,593.19	2,340.20	1,821.57
48	618.36	570.06	478.27	429.97	333.33	2,538.02	2,333.94	1,951.33	1,760.04	1,364.64	3,430.76	3,162.93	2,640.03	2,372.20	1,849.29
49	630.83	581.93	484.13	435.23	337.42	2,569.09	2,375.45	1,975.22	1,781.60	1,381.38	3,511.52	3,240.44	2,698.19	2,427.08	1,884.88
50	635.92	586.62	488.03	438.73	340.14	2,589.81	2,394.61	1,991.17	1,795.94	1,392.52	3,565.87	3,292.58	2,746.00	2,472.68	1,926.09
51	653.31	603.81	499.88	450.39	351.41	2,678.57	2,469.51	2,064.45	1,855.39	1,450.36	3,619.36	3,344.93	2,783.11	2,508.74	1,946.87
52	668.50	618.60	513.85	463.95	359.20	2,778.94	2,568.22	2,146.74	1,922.87	1,501.42	3,700.86	3,411.12	2,844.81	2,555.02	1,988.71
53	688.86	633.55	527.96	477.68	372.09	2,880.56	2,668.14	2,216.83	2,004.42	1,553.11	3,769.92	3,477.91	2,893.81	2,615.05	2,031.00
54	701.66	646.13	540.12	484.60	378.60	2,985.13	2,745.28	2,292.15	2,065.62	1,599.21	3,824.70	3,531.50	2,945.16	2,651.96	2,065.62
55	722.41	666.44	554.52	498.55	386.64	3,089.01	2,847.29	2,377.21	2,135.44	1,665.39	3,894.87	3,599.40	2,995.00	2,699.56	2,095.18



## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Individual																			
	730 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	65.06	61.13	51.27	45.35	35.49	69.88	65.66	55.08	48.71	38.13	178.62	164.86	137.39	123.66	96.18	243.88	223.27	185.49	164.86	130.51
25-29	70.99	65.06	53.25	49.30	37.46	76.25	69.88	57.20	52.95	40.24	192.37	178.62	147.69	133.96	103.06	261.06	240.45	202.66	182.04	140.84
30-34	74.92	70.99	59.16	51.27	41.41	80.49	76.25	63.55	55.08	44.48	206.10	188.92	158.02	144.27	109.94	281.68	257.62	216.39	192.37	151.14
35-39	82.82	74.92	63.11	57.18	43.39	88.97	80.49	67.78	61.41	46.61	223.27	206.10	171.74	154.57	120.22	302.27	278.23	230.15	206.10	161.45
40-44	88.73	80.85	67.04	61.13	47.32	95.31	86.84	72.02	65.66	50.83	240.45	223.27	185.49	164.86	130.51	322.88	298.86	247.33	223.27	171.74
45	90.71	82.82	69.01	61.13	49.30	97.44	88.97	74.13	65.66	52.95	243.88	223.27	185.49	168.31	130.51	329.76	302.27	254.18	226.70	178.62
46	90.71	84.78	70.99	63.11	49.30	97.44	91.07	76.25	67.78	52.95	243.88	223.27	188.92	168.31	133.96	336.61	309.15	257.62	230.15	182.04
47	92.68	84.78	70.99	63.11	49.30	99.56	91.07	76.25	67.78	52.95	243.88	226.70	188.92	168.31	133.96	340.06	312.58	261.06	233.57	182.04
48	94.64	84.78	72.96	65.06	51.27	101.66	91.07	78.37	69.88	55.08	247.33	226.70	188.92	171.74	133.96	340.06	316.03	264.51	237.00	185.49
49	94.64	86.76	72.96	65.06	51.27	101.66	93.19	78.37	69.88	55.08	247.33	230.15	192.37	171.74	133.96	346.94	322.88	264.51	240.45	185.49
50	94.64	88.73	72.96	67.04	51.27	101.66	95.31	78.37	72.02	55.08	250.74	230.15	192.37	171.74	133.96	350.37	322.88	267.92	243.88	188.92
51	96.62	88.73	74.92	67.04	53.25	103.77	95.31	80.49	72.02	57.20	254.18	233.57	195.80	175.19	137.39	360.66	329.76	274.80	247.33	192.37
52	98.59	90.71	74.92	69.01	53.25	105.91	97.44	80.49	74.13	57.20	257.62	237.00	199.22	178.62	140.84	364.11	336.61	281.68	250.74	195.80
53	98.59	92.68	76.90	69.01	53.25	105.91	99.56	82.60	74.13	57.20	261.06	240.45	202.66	182.04	140.84	370.96	343.49	285.10	257.62	199.22
54	100.57	92.68	76.90	70.99	53.25	108.02	99.56	82.60	76.25	57.20	264.51	243.88	206.10	185.49	144.27	381.29	350.37	291.98	264.51	206.10
55	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	267.92	243.88	206.10	185.49	144.27	384.72	357.23	298.86	264.51	209.55
56	110.43	102.54	84.78	76.90	59.16	118.61	110.14	91.07	82.60	63.55	291.98	267.92	223.27	202.66	158.02	438.47	370.96	309.15	278.23	216.39
57	118.31	110.43	92.68	82.82	65.06	127.08	118.61	99.56	88.97	69.88	316.03	288.53	243.88	219.82	171.74	415.64	381.29	319.43	285.10	223.27
58	128.17	118.31	98.59	88.73	69.01	137.68	127.08	105.91	95.31	74.13	340.06	312.58	261.06	233.57	182.04	429.37	398.47	329.76	298.86	230.15
59	138.05	126.19	104.50	94.64	72.96	146.15	135.55	112.24	101.66	78.37	360.66	333.19	278.23	250.74	195.80	443.10	412.19	340.06	309.15	237.00
60	143.94	134.08	110.43	100.57	76.90	154.62	144.02	118.61	108.02	82.60	384.72	357.23	298.86	264.51	209.55	460.27	422.49	353.78	319.43	247.33
61	157.75	145.91	122.26	108.45	84.78	169.44	156.74	131.33	116.49	91.07	415.64	381.29	319.43	285.10	223.27	498.07	456.84	381.29	343.49	267.92
62	173.52	159.72	132.12	118.31	92.68	186.38	171.57	141.92	127.08	99.56	443.10	412.19	340.06	307.70	237.00	532.42	491.19	408.76	367.54	285.10
63	185.35	171.56	141.98	128.17	98.59	199.10	184.28	152.50	137.68	105.91	477.45	439.66	364.11	329.76	254.18	566.76	522.13	436.25	391.58	305.70
64	199.16	185.35	151.84	138.03	106.48	213.93	199.10	163.10	148.27	114.38	504.95	463.72	388.14	350.37	271.35	601.11	556.46	463.72	419.07	326.31
65	212.95	195.21	163.66	147.89	114.36	228.74	209.68	175.79	158.85	122.85	535.86	494.62	412.19	370.96	288.53	636.46	590.82	491.19	439.66	343.49
66	238.60	218.88	183.37	163.66	128.17	256.29	235.10	196.98	175.79	137.68	594.23	546.15	456.84	412.19	319.43	697.29	642.35	535.86	480.90	374.41
67	262.25	242.53	203.09	183.37	141.98	281.70	260.51	218.15	196.98	152.50	652.64	601.11	501.50	453.43	350.37	755.68	697.29	580.50	522.13	405.31
68	289.87	266.20	222.81	201.13	155.77	311.35	285.93	239.34	216.05	167.32	711.05	656.07	549.58	494.62	384.72	814.09	752.25	628.58	563.33	439.66
69	315.49	291.83	242.53	218.88	169.58	338.89	313.47	260.51	235.10	182.16	769.42	711.05	594.23	535.86	415.64	875.91	807.21	673.25	607.99	470.60
70	341.12	315.49	262.25	236.62	183.37	366.42	338.89	281.70	254.16	196.98	827.83	769.42	638.91	573.64	446.54	934.32	862.19	717.90	649.19	501.50
71	390.42	360.84	299.73	270.15	209.02	419.36	387.59	321.96	290.18	224.52	944.62	869.03	724.78	652.64	508.37	1,057.95	975.52	810.66	731.64	566.76
72	439.71	406.20	339.16	305.64	236.62	472.33	436.32	364.32	328.29	254.16	1,054.54	972.07	807.21	731.64	566.76	1,178.17	1,085.44	906.82	814.09	635.46
73	489.01	451.55	374.65	339.16	262.25	525.27	485.03	402.43	364.32	281.70	1,164.44	1,075.13	896.52	807.21	628.58	1,298.40	1,198.79	999.58	899.97	700.72
74	538.31	496.91	414.09	372.67	289.87	578.22	533.76	444.79	400.31	311.35	1,274.38	1,178.17	982.40	882.79	686.99	1,422.06	1,312.16	1,095.74	982.40	765.97
75	587.60	542.26	453.52	408.18	317.47	631.18	582.47	487.15	438.45	341.01	1,387.71	1,277.81	1,064.83	961.79	745.40	1,545.73	1,425.50	1,188.50	1,068.28	831.26
76	676.33	623.10	520.56	467.33	364.79	726.48	669.30	559.16	501.98	391.84	1,562.90	1,442.67	1,202.22	1,082.01	841.56	1,724.35	1,586.96	1,325.89	1,191.93	927.44
77	763.11	703.95	587.60	528.45	412.11	819.69	756.16	631.18	567.63	442.67	1,741.53	1,607.54	1,336.18	1,205.67	934.32	1,899.51	1,755.26	1,463.30	1,315.58	1,023.60
78	851.84	784.79	654.66	587.60	457.47	915.01	842.98	703.19	631.18	491.40	1,916.69	1,769.00	1,473.59	1,329.34	1,030.48	2,078.14	1,920.14	1,600.69	1,439.24	1,119.79
79	938.60	865.63	721.70	650.71	504.79	1,008.20	929.81	775.21	698.96	542.22	2,091.88	1,933.86	1,610.98	1,449.55	1,126.66	2,260.18	2,085.02	1,738.08	1,566.34	1,215.97
80	1,025.36	946.48	788.74	709.86	552.12	1,101.39	1,016.67	847.23	762.49	593.05	2,270.51	2,095.31	1,744.94	1,569.79	1,222.85	2,438.82	2,249.90	1,875.49	1,686.57	1,312.16
81	1,098.32	1,013.52	843.94	759.16	591.55	1,179.75	1,088.68	906.53	815.45	635.41	2,428.52	2,243.02	1,868.61	1,683.12	1,308.71	2,607.11	2,407.90	2,006.00	1,803.35	1,404.89
82	1,179.15	1,090.42	909.02	816.34	636.90	1,266.59	1,171.27	976.42	876.87	684.12	2,613.99	2,411.35	2,009.45	1,806.78	1,408.32	2,802.91	2,586.50	2,157.14	1,940.74	1,511.38
83	1,273.81	1,177.19	980.01	881.42	686.19	1,368.26	1,264.49	1,052.68	946.78	737.07	2,820.09	2,603.68	2,170.90	1,954.47	1,518.26	3,026.18	2,792.60	2,328.88	2,095.31	1,631.59
84	1,382.26	1,275.79	1,064.79	956.34	745.35	1,484.76	1,370.38	1,143.75	1,027.25	800.62	3,060.54	2,826.95	2,352.94	2,119.37	1,648.77	3,283.81	3,033.05	2,528.13	2,273.94	1,769.00
85	1,506.48	1,392.12	1,159.44	1,045.08	812.40	1,618.19	1,495.34	1,245.40	1,122.57	872.65	3,338.77	3,081.16	2,565.91	2,308.29	1,796.47	3,582.63	3,304.43	2,754.83	2,480.03	1,927.02
86	1,642.54	1,516.34	1,263.95	1,137.76	885.35	1,764.32	1,628.77	1,357.68	1,222.13	951.00	3,634.16	3,359.36	2,796.03	2,517.80	1,957.92	3,902.10	3,603.26	3,002.15	2,703.31	2,102.19
87	1,790.42	1,652.40	1,378.31	1,240.28	964.23	1,923.19	1,774.92	1,480.51	1,332.26	1,035.72	3,960.49	3,658.22	3,046.81	2,744.52	2,133.11	4,252.45	3,926.14	3,273.50	2,947.17	2,291.11
88	1,950.15	1,802.26	1,502.55	1,350.71	1,050.98	2,094.75	1,935.90	1,613.97	1,450.87	1,128.91	4,321.15	3,967.98	3,321.61	2,988.40	2,325.47	4,637.17	4,279.95	3,568.91	3,211.67	2,497.21
89	2,127.61	1,963.96	1,636.63	1,472.97	1,145.64	2,285.38	2,109.58	1,757.99	1,582.20	1,230.60	4,709.32	4,348.64	3,623.87	3,259.75	2,538.42	5,052.				

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Individual																			
	1095 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	
18-24	88.73	80.85	67.04	61.13	47.32	95.31	86.84	72.02	65.66	50.83	230.15	212.98	175.19	158.02	123.66	305.70	281.68	237.00	212.98	164.86
25-29	94.64	86.76	72.96	65.06	51.27	101.66	93.19	78.37	69.88	55.08	243.88	226.70	188.92	168.31	133.96	329.76	302.27	254.18	226.70	178.62
30-34	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	264.51	243.88	206.10	185.49	144.27	353.78	326.31	271.35	243.88	188.92
35-39	108.45	100.57	84.78	74.92	59.16	116.49	108.02	91.07	80.49	63.55	285.10	264.51	219.82	199.22	154.57	381.29	350.37	291.98	264.51	206.10
40-44	118.31	108.45	90.71	82.82	63.11	127.08	116.49	97.44	88.97	67.78	305.70	281.68	237.00	212.98	164.86	408.76	377.84	316.03	281.68	219.82
45	120.29	110.43	92.68	84.78	65.06	129.21	118.61	99.56	91.07	69.88	312.58	288.53	240.45	216.39	168.31	419.07	384.72	322.88	288.53	226.70
46	120.29	112.40	92.68	84.78	65.06	129.21	120.74	99.56	91.07	69.88	312.58	288.53	243.88	216.39	171.74	422.49	391.58	326.31	295.41	230.15
47	122.26	112.40	94.64	84.78	67.04	131.33	120.74	101.66	91.07	72.02	316.03	288.53	243.88	219.82	171.74	432.82	398.47	333.19	298.86	233.57
48	122.26	114.36	94.64	84.78	67.04	131.33	122.85	101.66	91.07	72.02	316.03	291.98	243.88	219.82	171.74	439.66	401.90	336.61	302.27	237.00
49	124.22	114.36	94.64	84.78	67.04	133.43	122.85	101.66	91.07	72.02	316.03	291.98	243.88	219.82	171.74	443.10	408.76	340.06	305.70	237.00
50	124.22	116.34	94.64	84.78	67.04	133.43	124.96	101.66	91.07	72.02	319.43	291.98	243.88	219.82	171.74	449.98	419.07	346.94	312.58	243.88
51	128.17	118.31	96.62	86.76	67.04	137.68	127.08	103.77	93.19	72.02	322.88	302.27	250.74	223.27	175.19	456.84	422.49	353.78	319.43	247.33
52	128.17	118.31	98.59	88.73	69.01	137.68	127.08	105.91	95.31	74.13	333.19	305.70	257.62	230.15	182.04	467.15	429.37	360.66	322.88	254.18
53	132.12	122.26	100.57	90.71	70.99	141.92	131.33	108.02	97.44	76.25	340.06	316.03	264.51	237.00	185.49	474.02	439.66	364.11	326.31	254.18
54	134.08	124.22	104.50	92.68	72.96	144.02	133.43	112.24	99.56	78.37	346.94	322.88	267.92	243.88	188.92	480.90	443.10	370.96	333.19	261.06
55	136.05	126.19	106.48	94.64	74.92	146.15	135.55	114.38	101.66	80.49	357.23	329.76	274.80	243.88	192.37	491.19	453.43	377.84	340.06	264.51
56	143.94	134.08	110.43	100.57	78.90	154.62	144.02	118.61	108.02	82.60	381.29	353.78	295.41	264.51	206.10	515.25	474.02	395.02	357.23	278.23
57	151.84	140.00	118.31	106.48	82.82	163.10	150.38	127.08	114.38	88.97	408.76	377.84	316.03	281.68	219.82	535.86	498.07	412.19	370.96	288.53
58	161.70	149.86	124.22	112.40	86.76	173.69	160.97	133.43	120.74	93.19	436.25	401.90	336.61	302.27	237.00	559.88	515.25	432.82	388.14	302.27
59	171.56	157.75	130.14	118.31	90.71	184.28	169.44	139.80	127.08	97.44	463.72	425.94	357.23	322.88	250.74	583.94	539.31	449.98	405.31	316.03
60	179.44	163.66	138.03	124.22	96.62	192.74	175.79	148.27	133.43	103.77	491.19	453.43	377.84	340.06	264.51	607.99	559.88	467.15	419.07	326.31
61	195.21	181.42	151.84	136.05	106.48	209.68	194.86	163.10	146.15	114.38	532.42	491.19	408.76	367.54	285.10	652.64	597.68	498.07	449.98	350.37
62	212.95	195.21	163.66	147.89	114.36	228.74	209.68	175.79	158.85	122.85	573.64	528.98	439.66	398.47	309.15	690.42	638.91	532.42	477.45	374.41
63	228.74	212.95	177.47	159.72	124.22	245.69	228.74	190.63	171.57	133.43	614.86	566.76	474.02	425.94	333.19	731.64	676.70	563.33	508.37	395.02
64	246.48	228.74	189.30	171.56	132.12	264.76	245.69	203.33	184.28	141.92	652.64	604.56	504.95	453.43	353.78	772.86	714.46	594.23	535.86	415.64
65	264.22	242.53	203.09	183.37	141.98	283.82	260.51	218.15	196.98	152.50	697.29	642.35	535.86	480.90	374.41	817.50	752.25	628.58	566.76	439.66
66	295.78	274.08	228.74	205.07	159.72	317.71	294.40	245.69	220.27	171.57	772.86	714.46	594.23	535.86	415.64	896.52	827.83	690.42	618.29	484.33
67	329.30	303.66	252.39	228.74	177.47	353.71	326.18	271.10	245.69	190.63	851.86	786.60	652.64	590.82	456.84	975.52	903.38	748.80	673.25	525.54
68	360.84	333.24	278.03	250.43	195.21	387.59	357.95	298.65	269.00	209.68	927.44	855.30	714.46	642.35	501.50	1,057.95	975.52	810.66	731.64	566.76
69	394.37	362.82	303.66	274.08	212.95	423.61	389.72	326.18	294.40	228.74	1,003.01	927.44	772.86	693.87	542.70	1,136.97	1,047.66	872.46	786.60	611.41
70	425.92	392.39	327.33	295.78	228.74	457.50	421.50	351.60	317.71	245.69	1,082.01	999.58	831.26	748.80	580.50	1,215.97	1,119.79	934.32	841.56	652.64
71	492.96	453.52	378.60	341.12	264.22	529.51	487.15	406.68	366.42	283.82	1,229.70	1,133.54	944.62	848.44	662.94	1,373.99	1,270.93	1,061.40	951.50	741.95
72	560.00	516.63	429.85	386.48	301.69	601.52	554.94	461.72	415.15	324.06	1,373.99	1,267.50	1,057.95	951.50	741.95	1,535.43	1,418.62	1,181.62	1,061.40	827.83
73	627.04	577.74	481.13	433.80	337.19	673.54	620.58	516.80	485.97	362.18	1,521.67	1,401.44	1,167.89	1,051.11	817.50	1,696.86	1,566.34	1,305.28	1,174.77	913.70
74	692.12	640.85	532.40	479.15	372.67	743.44	688.37	571.88	514.69	400.31	1,665.94	1,538.85	1,281.22	1,154.14	896.52	1,858.31	1,714.04	1,428.95	1,284.67	999.58
75	759.16	700.00	585.64	526.49	410.14	815.45	751.91	629.06	565.53	440.55	1,810.23	1,672.83	1,391.16	1,253.75	975.52	2,016.33	1,858.31	1,549.16	1,394.59	1,085.44
76	867.61	800.57	668.45	601.41	467.33	931.95	859.93	718.02	646.00	501.98	2,047.23	1,889.22	1,573.20	1,415.20	1,102.62	2,280.18	2,088.43	1,741.53	1,568.34	1,219.40
77	978.04	901.14	751.27	676.33	526.49	1,050.56	967.96	806.99	726.48	565.53	2,284.23	2,109.06	1,755.26	1,580.08	1,229.70	2,504.07	2,311.70	1,927.02	1,734.65	1,349.93
78	1,086.49	1,001.69	834.08	753.25	583.67	1,167.05	1,075.96	895.92	809.10	626.94	2,517.80	2,325.47	1,937.30	1,741.53	1,356.81	2,751.40	2,538.42	2,115.94	1,902.96	1,480.47
79	1,194.94	1,102.26	918.88	826.20	642.82	1,283.54	1,183.99	987.01	887.45	690.49	2,754.83	2,541.86	2,115.94	1,906.39	1,480.47	2,995.28	2,765.13	2,304.86	2,074.70	1,614.42
80	1,303.39	1,202.82	1,001.69	901.14	701.98	1,400.04	1,292.01	1,075.96	967.96	754.02	2,988.40	2,758.25	2,297.98	2,071.26	1,607.54	3,239.14	2,988.40	2,490.33	2,243.02	1,744.94
81	1,394.10	1,287.61	1,072.68	966.20	751.27	1,497.48	1,383.08	1,152.22	1,037.84	806.99	3,197.95	2,950.62	2,462.87	2,212.10	1,724.35	3,465.85	3,201.38	2,665.52	2,401.02	1,865.16
82	1,500.57	1,384.24	1,153.53	1,037.19	808.45	1,611.84	1,486.87	1,239.07	1,114.11	868.40	3,434.95	3,173.89	2,644.91	2,380.41	1,851.43	3,726.92	3,438.39	2,868.19	2,579.66	2,009.45
83	1,618.88	1,494.65	1,246.21	1,121.97	871.56	1,738.92	1,605.47	1,338.62	1,205.16	936.18	3,713.18	3,428.06	2,854.44	2,569.33	1,999.15	4,022.33	3,713.18	3,094.89	2,785.75	2,167.45
84	1,756.91	1,622.82	1,350.71	1,216.63	946.48	1,887.18	1,743.15	1,450.87	1,306.85	1,016.67	4,029.18	3,720.04	3,098.34	2,789.19	2,167.45	4,365.82	4,029.18	3,359.36	3,022.75	2,352.94
85	1,916.63	1,768.75	1,472.97	1,325.08	1,031.27	2,058.76	1,899.90	1,582.20	1,423.34	1,107.74	4,389.86	4,053.23	3,376.54	3,039.93	2,363.23	4,760.83	4,393.29	3,661.65	3,294.10	2,562.48
86	2,086.20	1,928.45	1,605.07	1,445.35	1,123.95	2,240.90	2,071.44	1,724.10	1,552.52	1,207.29	4,784.87	4,417.35	3,682.27	3,314.73	2,576.21	5,186.77	4,788.31	3,991.41	3,592.96	2,792.60
87	2,273.53	2,100.01	1,749.03	1,575.50	1,224.52	2,442.11	2,255.72	1,878.71	1,692.32	1,315.32	5,217.67	4,815.81	4,012.00	3,610.14	2,809.78	5,653.92	5,221.12	4,352.09	3,915.84	3,046.81
88	2,480.57	2,289.31	1,906.78	1,715.50	1,334.94	2,664.50	2,459.06	2,048.17	1,842.71	1,433.93	5,688.27	5,248.59	4,372.68	3,936.45	3,060.54	6,162.29	5,688.27	4,740.23	4,266.21	3,318.16
89	2,703.40	2,496																		

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Individual																			
	1460 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	94.64	86.76	72.96	65.06	51.27	101.66	93.19	78.37	69.88	55.08	254.18	237.00	195.80	175.19	137.39	343.49	319.43	264.51	240.45	185.49
25-29	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	274.80	254.18	209.55	188.92	147.69	370.96	340.06	285.10	257.62	199.22
30-34	110.43	102.54	84.78	74.92	59.16	118.61	110.14	91.07	80.49	63.55	295.41	271.35	226.70	206.10	158.02	398.47	367.54	305.70	274.80	212.98
35-39	118.31	108.45	90.71	82.82	63.11	127.08	116.49	97.44	88.97	67.78	319.43	291.98	243.88	219.82	171.74	429.37	395.02	329.76	298.86	230.15
40-44	128.17	118.31	96.82	88.73	67.04	137.68	127.08	103.77	95.31	72.02	340.06	316.03	264.51	237.00	185.49	460.27	425.94	353.78	319.43	247.33
45	128.17	120.29	100.57	90.71	70.99	137.68	129.21	108.02	97.44	76.25	346.94	322.88	267.92	240.45	188.92	470.60	436.25	360.66	322.88	254.18
46	130.14	120.29	100.57	90.71	70.99	139.80	129.21	108.02	97.44	76.25	350.37	322.88	271.35	243.88	188.92	477.45	443.10	367.54	333.19	257.62
47	132.12	120.29	100.57	90.71	70.99	141.92	129.21	108.02	97.44	76.25	357.23	326.31	274.80	243.88	192.37	487.78	453.43	377.84	340.06	264.51
48	132.12	122.26	102.54	92.68	70.99	141.92	131.33	110.14	99.56	76.25	360.66	333.19	278.23	247.33	195.80	498.07	460.27	381.29	343.49	267.92
49	134.08	122.26	102.54	92.68	70.99	144.02	131.33	110.14	99.56	76.25	360.66	336.61	281.68	250.74	195.80	508.37	470.60	391.58	350.37	274.80
50	134.08	124.22	104.50	92.68	72.96	144.02	133.43	112.24	99.56	78.37	367.54	340.06	281.68	254.18	195.80	515.25	477.45	398.47	360.66	278.23
51	138.03	128.17	106.48	94.64	74.92	148.27	137.68	114.38	101.66	80.49	374.41	343.49	288.53	261.06	202.66	522.13	484.33	401.90	360.66	281.68
52	141.98	130.14	108.45	96.89	76.90	152.50	139.80	116.49	105.91	82.60	381.29	350.37	291.98	264.51	206.10	532.42	491.19	408.76	367.54	285.10
53	145.91	134.08	112.40	100.57	78.87	156.74	144.02	120.74	108.02	84.72	388.14	357.23	298.86	267.92	209.55	535.86	498.07	412.19	370.96	288.53
54	149.86	138.03	116.34	104.50	80.85	160.97	148.27	124.96	112.24	86.84	395.02	364.11	302.27	271.35	212.98	542.70	501.50	419.07	377.84	291.98
55	153.80	140.00	118.31	106.48	82.82	165.20	150.38	127.08	114.38	88.97	398.47	370.96	309.15	278.23	216.39	549.58	508.37	422.49	381.29	296.41
56	163.66	151.84	126.19	114.36	88.73	175.79	163.10	135.55	122.85	95.31	432.82	398.47	333.19	302.27	233.57	574.64	532.42	443.10	398.47	309.15
57	173.52	161.70	134.08	120.29	94.64	186.38	173.69	144.02	129.21	101.66	467.15	429.37	360.66	322.88	254.18	601.11	556.46	463.72	419.07	326.31
58	185.35	169.58	140.00	128.17	98.59	199.10	182.16	150.38	137.68	105.91	498.07	460.27	381.29	343.49	267.92	628.58	580.50	484.33	436.25	340.06
59	195.21	179.44	148.86	134.08	104.50	209.68	192.74	160.97	144.02	112.24	532.42	491.19	408.76	367.54	285.10	658.07	604.56	504.95	453.43	353.78
60	205.07	189.30	157.75	140.00	110.43	220.27	203.33	169.44	150.38	118.61	563.33	518.68	436.25	391.58	305.70	683.54	632.03	525.54	474.02	367.54
61	220.85	205.07	171.56	151.84	120.29	237.22	220.27	184.28	163.10	129.21	607.99	559.88	467.15	419.07	326.31	731.64	673.25	559.88	504.95	391.58
62	238.60	218.88	183.37	163.66	128.17	256.29	235.10	196.98	175.79	137.68	652.64	601.11	501.50	453.43	350.37	776.30	717.90	597.68	535.86	419.07
63	254.36	236.62	195.21	175.49	136.05	273.23	254.16	209.68	188.51	146.15	697.29	645.76	535.86	480.90	374.41	824.38	762.56	632.03	573.64	443.10
64	274.08	252.39	209.02	189.30	145.91	294.40	271.10	224.52	203.33	156.74	741.95	686.99	570.21	515.25	398.47	922.56	807.21	673.25	604.56	470.60
65	289.87	266.20	222.81	201.13	155.77	311.35	285.93	239.34	216.05	167.32	786.60	728.23	604.56	542.70	422.49	870.56	848.44	707.60	635.46	494.62
66	327.33	301.69	252.39	226.76	177.47	351.60	324.06	271.10	243.57	190.63	875.91	807.21	673.25	607.99	470.60	1,013.30	937.74	776.74	704.17	546.15
67	362.82	337.19	280.01	252.39	195.21	389.72	362.18	300.77	271.10	209.68	965.22	889.64	741.95	669.82	518.68	1,109.48	1,023.60	851.86	769.42	597.68
68	402.25	370.70	307.61	278.03	214.93	432.08	398.19	330.43	298.65	230.87	1,054.54	972.07	810.66	731.64	566.76	1,205.67	1,112.91	923.99	834.68	645.76
69	439.71	406.20	336.16	303.66	236.62	472.33	436.32	364.32	326.18	254.16	1,140.42	1,054.54	879.34	790.03	614.86	1,298.40	1,198.79	999.58	899.97	700.72
70	475.22	441.69	366.77	329.30	256.34	510.45	474.44	393.96	353.71	275.35	1,233.14	1,136.97	944.62	851.86	662.94	1,394.59	1,288.10	1,071.71	965.22	748.80
71	554.09	510.70	425.92	382.53	297.75	595.17	548.58	457.50	410.89	319.82	1,398.04	1,291.55	1,075.13	965.22	752.25	1,580.08	1,456.42	1,215.97	1,092.30	851.86
72	630.99	581.69	485.08	435.78	339.16	677.77	624.83	521.04	468.09	364.32	1,566.34	1,442.67	1,202.22	1,082.01	841.56	1,762.12	1,624.71	1,353.36	1,219.40	948.05
73	705.91	652.68	542.26	489.01	380.56	758.26	701.08	582.47	525.27	408.78	1,731.20	1,597.26	1,332.75	1,198.79	934.32	1,947.63	1,799.90	1,497.65	1,349.93	1,047.66
74	782.83	721.70	601.41	542.26	421.97	840.88	775.21	646.00	582.47	453.25	1,899.51	1,751.82	1,459.85	1,315.58	1,023.60	2,133.11	1,968.22	1,638.47	1,473.59	1,147.26
75	857.75	792.69	660.57	595.50	463.38	921.35	851.46	709.55	639.66	497.75	2,064.41	1,902.96	1,586.96	1,428.95	1,109.48	2,315.15	2,136.55	1,782.73	1,604.14	1,246.87
76	999.73	922.81	769.02	692.12	538.31	1,073.86	991.24	826.04	743.44	578.22	2,366.66	2,188.07	1,820.53	1,641.89	1,274.38	2,631.17	2,428.52	2,023.18	1,820.53	1,415.20
77	1,139.72	1,052.96	877.47	788.74	615.22	1,224.23	1,131.04	942.53	847.23	660.84	2,675.82	2,466.27	2,054.08	1,851.43	1,439.24	2,947.17	2,717.05	2,267.06	2,036.90	1,586.96
78	1,279.72	1,181.13	985.92	887.33	690.14	1,374.62	1,268.71	1,059.03	953.12	741.32	2,978.11	2,751.40	2,291.11	2,060.96	1,604.14	3,259.75	3,009.03	2,507.50	2,256.78	1,755.26
79	1,421.70	1,313.25	1,092.40	983.95	765.07	1,527.12	1,410.62	1,173.40	1,056.91	821.79	3,283.81	3,029.63	2,524.68	2,273.94	1,769.00	3,575.79	3,300.99	2,751.40	2,476.60	1,927.02
80	1,561.70	1,441.42	1,200.85	1,080.56	840.01	1,677.50	1,548.31	1,289.90	1,160.68	902.29	3,592.96	3,314.73	2,761.70	2,483.45	1,933.86	3,891.78	3,592.96	2,991.85	2,696.42	2,095.31
81	1,670.15	1,543.94	1,285.65	1,157.48	899.16	1,794.00	1,658.43	1,380.98	1,243.30	965.84	3,843.71	3,544.88	2,954.05	2,658.64	2,067.84	4,163.17	3,843.71	3,201.38	2,881.91	2,239.60
82	1,796.35	1,660.30	1,382.26	1,244.23	968.18	1,929.54	1,783.41	1,484.76	1,336.49	1,039.97	4,128.82	3,809.35	3,177.32	2,857.89	2,225.84	4,475.72	4,132.23	3,441.83	3,098.34	2,407.90
83	1,940.29	1,792.40	1,492.69	1,344.80	1,045.08	2,084.16	1,925.31	1,603.37	1,444.52	1,122.57	4,458.54	4,118.49	3,431.51	3,084.58	2,401.02	4,832.99	4,461.99	3,716.63	3,345.63	2,600.27
84	2,105.92	1,944.24	1,618.88	1,459.16	1,133.81	2,262.07	2,088.40	1,738.92	1,567.36	1,217.88	4,836.38	4,468.87	3,723.47	3,349.06	2,607.11	5,245.18	4,839.83	4,036.06	3,630.75	2,826.95
85	2,295.22	2,117.75	1,764.80	1,589.31	1,236.35	2,465.42	2,274.79	1,895.65	1,707.16	1,328.02	5,272.63	4,867.32	4,060.11	3,651.34	2,840.71	5,715.75	5,276.08	4,396.74	3,957.07	3,077.71
86	2,502.26	2,309.03	1,924.52	1,731.27	1,346.76	2,687.80	2,480.24	2,067.22	1,859.64	1,446.62	5,750.10	5,306.99	4,424.19	3,981.10	3,098.34	6,230.98	5,753.53	4,791.75	4,310.86	3,355.95
87	2,727.05	2,518.05	2,098.03	1,887.06	1,469.02	2,929.26	2,704.75	2,253.60	2,026.98	1,577.95	6,265.33	5,784.45	4,819.23	4,338.33	3,373.12	6,790.89	6,268.78	5,224.55	4,702.44	3,658.22
88	2,971.57	2,742.83	2,285.36	2,058.60	1,599.17	3,191.92	2,946.21	2,454.81	2,211.24	1,717.74	6,828.66	6,303.13	5,252.03	4,729.93	3,675.39	7,4				

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Individual																			
	1825 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	110.43	102.54	84.78	74.92	59.16	118.61	110.14	91.07	80.49	63.55	291.98	271.35	223.27	202.66	158.02	395.02	364.11	302.27	274.80	212.98
25-29	118.31	108.45	90.71	82.82	63.11	127.08	116.49	97.44	88.97	67.78	316.03	291.98	243.88	219.82	171.74	425.94	391.58	326.31	295.41	230.15
30-34	128.17	118.31	96.62	86.76	67.04	137.68	127.08	103.77	93.19	72.02	340.06	312.58	261.06	233.57	182.04	456.84	419.07	350.37	316.03	243.88
35-39	136.05	126.19	106.48	94.64	74.92	146.15	135.55	114.38	101.66	80.49	364.11	336.61	281.68	250.74	195.80	491.19	453.43	377.84	340.06	264.51
40-44	147.89	136.05	112.40	102.54	78.87	158.85	146.15	120.74	110.14	84.72	391.58	360.66	302.27	271.35	212.98	528.98	487.78	405.31	364.11	285.10
45	149.86	140.00	116.34	104.50	80.85	160.97	150.38	124.96	112.24	86.84	398.47	367.54	305.70	278.23	212.98	539.31	498.07	415.64	374.41	291.98
46	151.84	140.00	116.34	104.50	80.85	163.10	150.38	124.96	112.24	86.84	398.47	370.96	305.70	278.23	212.98	548.15	501.50	419.07	377.84	291.98
47	151.84	140.00	116.34	104.50	80.85	163.10	150.38	124.96	112.24	86.84	398.47	370.96	305.70	278.23	212.98	553.03	508.37	422.49	381.29	295.41
48	151.84	140.00	118.31	106.48	82.82	163.10	150.38	127.08	114.38	88.97	398.47	370.96	309.15	278.23	216.39	556.46	515.25	429.37	384.72	302.27
49	151.84	140.00	118.31	106.48	82.82	163.10	150.38	127.08	114.38	88.97	398.47	370.96	309.15	278.23	216.39	563.33	518.68	432.82	388.14	302.27
50	153.80	140.00	118.31	106.48	82.82	165.20	150.38	127.08	114.38	88.97	398.47	370.96	309.15	278.23	216.39	566.76	525.54	439.66	395.02	309.15
51	157.75	143.94	120.29	108.45	84.78	169.44	154.62	129.21	116.49	91.07	412.19	381.29	319.43	285.10	223.27	573.64	532.42	443.10	398.47	309.15
52	161.70	147.89	124.22	110.43	86.76	173.69	158.85	133.43	118.61	93.19	422.49	391.58	326.31	295.41	230.15	583.94	539.31	449.98	401.90	316.03
53	163.66	151.84	126.19	114.38	88.73	175.79	163.10	135.55	122.85	95.31	436.25	401.90	336.61	302.27	237.00	594.23	546.15	456.84	408.76	319.43
54	167.61	153.80	128.17	116.34	90.71	180.04	165.20	137.68	124.96	97.44	449.98	415.64	343.49	309.15	240.45	601.11	556.46	460.27	415.64	322.88
55	171.56	157.75	130.14	118.31	90.71	184.28	169.44	139.80	127.08	97.44	460.27	422.49	353.78	319.43	247.33	607.99	559.88	467.15	419.07	326.31
56	185.35	169.58	140.00	128.17	98.59	199.10	182.16	150.38	137.68	105.91	498.07	456.84	381.29	343.49	267.92	642.35	594.23	498.07	446.54	350.37
57	197.18	183.37	151.84	138.03	106.48	211.80	196.98	163.10	148.27	114.38	532.42	491.19	408.76	367.54	285.10	680.11	628.58	522.13	470.60	364.11
58	210.99	195.21	161.70	145.91	112.40	226.64	209.68	173.69	156.74	120.74	566.76	522.13	436.25	391.58	305.70	714.46	659.52	549.58	498.07	384.72
59	224.79	207.04	173.52	155.77	122.26	241.46	222.40	186.38	167.32	131.33	601.11	556.46	463.72	419.07	326.31	748.80	690.42	577.05	518.68	405.31
60	238.60	218.88	183.37	163.66	128.17	256.29	235.10	196.98	175.79	137.68	635.46	590.82	491.19	439.66	343.49	786.60	728.23	604.56	542.70	422.49
61	256.34	238.60	197.18	177.47	138.03	275.35	256.29	211.80	190.63	148.27	686.99	632.03	528.98	474.02	370.96	845.01	776.30	649.19	583.94	453.43
62	276.06	254.36	212.95	191.27	149.86	296.53	273.23	228.74	205.46	160.97	731.64	676.70	563.33	395.02	302.27	899.97	827.83	690.42	621.74	484.33
63	295.78	272.11	226.76	205.07	159.72	317.71	292.28	243.57	220.27	171.57	779.74	721.34	601.11	539.31	422.49	954.91	882.79	735.07	662.94	515.25
64	313.52	289.87	240.57	216.90	167.61	336.76	311.35	258.41	232.99	180.04	827.83	765.97	635.46	573.64	446.54	1,013.30	934.32	779.74	700.72	546.15
65	331.26	307.61	254.36	228.74	177.47	355.83	330.43	273.23	245.69	190.63	875.91	807.21	673.25	607.99	470.60	1,068.28	985.83	820.95	738.52	573.64
66	374.65	345.07	287.89	260.29	201.13	402.43	370.65	309.24	279.60	216.05	978.95	906.82	752.25	676.70	525.54	1,174.77	1,082.01	906.82	814.09	635.46
67	418.04	386.48	321.40	287.89	224.79	449.04	415.15	345.23	309.24	241.46	1,082.01	999.58	831.26	748.80	580.50	1,281.22	1,181.62	985.83	886.21	690.42
68	459.43	423.95	352.96	319.44	246.48	493.50	455.39	379.12	343.13	264.76	1,185.05	1,095.74	913.70	820.95	638.91	1,387.71	1,281.22	1,068.28	961.79	748.80
69	502.82	463.38	386.48	349.02	270.15	540.11	497.75	415.15	374.90	290.18	1,291.55	1,191.93	992.70	893.09	693.87	1,494.20	1,380.87	1,150.71	1,033.93	807.21
70	544.23	502.82	420.00	376.62	293.80	584.58	540.11	451.14	404.56	315.59	1,394.59	1,288.10	1,071.71	965.22	748.80	1,604.14	1,477.02	1,233.14	1,109.48	862.19
71	630.99	581.69	485.08	435.78	339.16	677.77	624.83	521.04	468.09	364.32	1,586.96	1,466.73	1,219.40	1,099.18	855.30	1,803.35	1,665.94	1,387.71	1,250.32	972.07
72	713.81	658.59	550.14	494.94	384.51	766.74	707.43	590.94	531.64	413.03	1,782.73	1,645.34	1,370.54	1,233.14	958.34	2,006.00	1,851.43	1,545.73	1,391.16	1,082.01
73	798.60	737.47	613.25	554.09	429.85	857.81	792.15	658.72	595.17	461.72	1,975.10	1,820.53	1,518.26	1,367.10	1,061.40	2,208.66	2,036.90	1,700.30	1,528.55	1,191.93
74	883.38	814.36	678.31	611.27	475.22	948.88	874.75	728.60	656.60	510.45	2,170.90	2,002.57	1,665.94	1,501.08	1,167.89	2,411.35	2,229.27	1,854.86	1,669.39	1,298.40
75	966.20	893.24	743.39	670.43	520.56	1,037.84	959.47	798.52	720.13	559.16	2,363.23	2,181.19	1,817.08	1,635.04	1,270.93	2,613.99	2,414.76	2,012.88	1,810.23	1,408.32
76	1,102.26	1,017.47	847.89	765.07	593.53	1,183.99	1,092.92	910.76	821.79	637.53	2,668.97	2,462.87	2,054.08	1,847.98	1,439.24	2,929.99	2,703.31	2,249.90	2,026.63	1,576.63
77	1,258.03	1,159.44	966.20	869.58	676.33	1,351.31	1,245.40	1,037.84	934.06	726.48	3,015.87	2,785.75	2,322.03	2,088.43	1,624.71	3,280.38	3,026.18	2,521.25	2,270.51	1,765.55
78	1,407.89	1,301.41	1,082.54	976.06	757.18	1,512.28	1,397.92	1,162.80	1,048.44	813.32	3,349.06	3,091.46	2,576.21	2,318.58	1,803.35	3,610.14	3,331.89	2,775.42	2,497.21	1,944.18
79	1,547.89	1,429.58	1,190.99	1,072.68	834.08	1,662.67	1,535.59	1,279.29	1,152.22	895.92	3,651.34	3,369.69	2,809.78	2,524.68	1,968.22	3,895.22	3,596.39	2,995.28	2,696.42	2,095.31
80	1,672.11	1,543.94	1,287.61	1,157.48	901.14	1,796.10	1,658.43	1,383.08	1,243.30	967.96	3,943.31	3,637.61	3,029.63	2,730.78	2,119.37	4,207.80	3,884.92	3,239.14	2,912.82	2,267.06
81	1,790.42	1,652.40	1,378.31	1,238.31	964.23	1,923.19	1,774.92	1,480.51	1,330.12	1,035.72	4,218.10	3,891.78	3,242.58	2,919.70	2,270.51	4,503.23	4,156.29	3,462.42	3,118.91	2,425.07
82	1,924.52	1,776.63	1,480.86	1,332.97	1,037.19	2,067.22	1,908.37	1,590.67	1,431.81	1,114.11	4,534.13	4,183.74	3,489.91	3,139.54	2,442.25	4,839.83	4,468.87	3,723.47	3,352.51	2,607.11
83	2,078.32	1,918.59	1,599.17	1,437.47	1,120.00	2,232.43	2,060.86	1,717.74	1,544.06	1,203.04	4,894.79	4,520.39	3,768.14	3,390.30	2,638.03	5,228.00	4,826.11	4,018.88	3,616.98	2,813.21
84	2,253.81	2,082.27	1,735.22	1,559.73	1,214.66	2,420.92	2,236.66	1,863.88	1,675.38	1,304.72	5,313.87	4,905.09	4,087.59	3,678.83	2,861.30	5,671.10	5,234.85	4,362.39	3,926.14	3,053.66
85	2,456.92	2,269.59	1,890.99	1,701.69	1,323.11	2,639.09	2,437.88	2,031.20	1,827.87	1,421.21	5,791.33	5,344.79	4,455.13	4,008.59	3,118.91	6,179.47	5,705.45	4,757.40	4,279.95	3,331.89
86	2,677.75	2,472.68	2,060.57	1,855.50	1,443.39	2,876.31	2,656.03	2,213.36	1,993.09	1,550.42	6,313.43	5,829.12	4,857.01	4,369.27	3,400.59	6,739.38	6,220.70	5,183.32	4,664.64	3,627.31
87	2,920.30	2,695.51	2,245.92	2,021.14	1,571.56	3,136.84	2,895.38	2,412.45	2,171.00	1,688.09	6,880.19	6,351.21	5,293.26	4,760.83	3,706.30	7,347.34	6,780.58	5,650.49	5,087.16	3,957.07
88	3,182.55	2,938.04	2,449.03	2,204.51	1,713.53	3,418.54	3,155.89	2,630.62	2,367.98	1,840.5										

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

50% Home Care Individual																				
2190 x Daily Maximum																				
Age	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	118.31	108.45	90.71	80.85	63.11	127.08	116.49	97.44	86.84	67.78	319.43	295.41	243.88	223.27	171.74	419.07	388.14	322.88	291.98	226.70
25-29	126.19	116.34	96.62	86.76	67.04	135.55	124.96	103.77	93.19	72.02	343.49	316.03	264.51	237.00	185.49	453.43	419.07	346.94	312.58	243.88
30-34	136.05	126.19	104.50	94.64	72.96	146.15	135.55	112.24	101.66	78.37	367.54	340.06	281.68	254.18	195.80	487.78	449.98	374.41	336.61	261.06
35-39	145.91	134.08	112.40	100.57	78.87	156.74	144.02	120.74	108.02	84.72	398.47	364.11	305.70	274.80	212.98	522.13	480.90	401.90	360.66	281.68
40-44	157.75	143.94	120.29	108.45	84.78	169.44	154.62	129.21	116.49	91.07	425.94	395.02	326.31	295.41	230.15	563.33	518.68	432.82	388.14	302.27
45	159.72	147.89	122.26	110.43	84.78	171.57	158.85	131.33	118.61	91.07	436.25	401.90	336.61	302.27	237.00	573.64	528.98	439.66	398.47	309.15
46	161.70	147.89	124.22	110.43	86.76	173.69	158.85	133.43	118.61	93.19	436.25	401.90	336.61	302.27	237.00	577.05	535.86	446.54	398.47	312.58
47	161.70	149.86	124.22	112.40	86.76	173.69	160.97	133.43	120.74	93.19	436.25	401.90	336.61	302.27	237.00	583.94	539.31	449.98	405.31	316.03
48	161.70	149.86	124.22	112.40	86.76	173.69	160.97	133.43	120.74	93.19	439.66	401.90	336.61	302.27	237.00	590.82	546.15	456.84	408.76	319.43
49	161.70	149.86	126.19	112.40	88.73	173.69	160.97	135.55	120.74	95.31	439.66	401.90	336.61	302.27	237.00	594.23	549.58	456.84	412.19	319.43
50	161.70	151.84	126.19	112.40	88.73	173.69	163.10	135.55	120.74	95.31	439.66	401.90	336.61	302.27	237.00	601.11	556.46	460.27	419.07	322.88
51	165.63	151.84	128.17	116.34	90.71	177.91	163.10	137.68	124.96	97.44	453.43	419.07	346.94	312.58	243.88	607.99	559.88	467.15	419.07	326.31
52	169.58	155.77	130.14	118.31	90.71	182.16	167.32	139.80	127.08	97.44	463.72	429.37	357.23	322.88	250.74	614.86	570.21	474.02	425.94	333.19
53	173.52	159.72	132.12	118.31	92.68	186.38	171.57	141.92	127.08	99.56	477.45	439.66	367.54	329.76	257.62	621.74	573.64	477.45	432.82	333.19
54	175.49	161.70	136.05	122.26	94.64	188.51	173.69	146.15	131.33	101.66	491.19	453.43	377.84	340.06	264.51	632.03	580.50	484.33	436.25	340.06
55	179.44	163.66	138.03	124.22	96.62	192.74	175.79	148.27	133.43	103.77	504.95	463.72	388.14	350.37	271.35	635.46	590.82	491.19	439.66	343.49
56	193.23	177.47	147.89	132.12	104.50	207.56	190.63	158.85	141.92	112.24	542.70	501.50	419.07	377.84	291.98	680.11	628.58	522.13	470.60	364.11
57	207.04	189.30	159.72	141.98	112.40	222.40	203.33	171.57	152.50	120.74	580.50	535.86	446.54	401.90	312.58	721.34	666.37	556.46	498.07	388.14
58	218.88	203.09	169.58	151.84	118.31	235.10	218.15	182.16	163.10	127.08	618.29	573.64	477.45	429.37	333.19	762.56	704.17	587.38	528.98	412.19
59	232.67	216.90	179.44	161.70	126.19	249.92	232.99	192.74	173.69	135.55	656.07	607.99	504.95	456.84	353.78	803.78	741.95	618.29	556.46	432.82
60	246.48	228.74	189.30	171.56	132.12	264.76	245.69	203.33	184.28	141.92	697.29	642.35	535.86	480.90	374.41	848.44	779.74	652.64	587.38	456.84
61	270.15	248.46	207.04	185.35	145.91	290.18	266.88	222.40	199.10	156.74	745.40	686.99	573.64	515.25	401.90	906.82	838.13	697.29	628.58	487.78
62	291.83	268.17	224.79	201.13	157.75	313.47	288.07	241.46	216.05	169.44	790.03	731.64	611.41	549.58	429.37	968.67	896.52	748.80	673.25	525.54
63	313.52	289.87	240.57	216.90	167.61	336.76	311.35	258.41	232.99	180.04	841.56	772.86	645.76	580.50	453.43	1,033.93	951.50	793.48	714.46	556.46
64	335.21	309.59	258.31	232.67	181.42	360.07	332.54	277.46	249.92	194.86	886.21	817.50	683.54	614.86	477.45	1,095.74	1,009.87	841.56	759.13	590.82
65	356.91	329.30	274.08	248.46	191.27	383.37	353.71	294.40	266.88	205.46	934.32	862.19	717.90	649.19	501.50	1,157.59	1,068.28	889.64	800.33	621.74
66	404.23	372.67	309.59	280.01	216.90	434.20	400.31	332.54	300.77	232.99	1,047.66	965.22	807.21	724.78	566.76	1,274.38	1,174.77	978.95	882.79	686.99
67	449.57	416.06	345.07	311.54	242.53	482.91	446.92	370.65	334.64	260.51	1,157.59	1,071.71	893.09	803.78	625.17	1,387.71	1,281.22	1,068.28	961.79	748.80
68	496.91	457.47	380.56	343.10	266.20	533.76	491.40	408.78	368.54	285.93	1,274.38	1,174.77	978.95	882.79	686.99	1,504.50	1,387.71	1,157.59	1,040.78	810.66
69	542.26	498.87	418.04	374.65	291.83	582.47	535.86	449.04	402.43	313.47	1,387.71	1,277.81	1,064.83	961.79	745.40	1,621.30	1,494.20	1,246.87	1,119.79	872.46
70	587.60	542.26	453.52	408.18	317.47	631.18	582.47	487.15	438.45	341.01	1,497.65	1,384.28	1,154.14	1,037.36	807.21	1,734.65	1,604.14	1,332.75	1,198.79	934.32
71	676.33	625.08	520.56	469.29	364.79	726.48	671.44	559.16	504.08	391.84	1,707.18	1,576.63	1,315.58	1,181.62	920.56	1,954.47	1,799.90	1,501.08	1,353.36	1,051.11
72	767.04	709.86	591.55	530.42	414.09	823.92	762.49	635.41	569.75	444.79	1,916.69	1,772.43	1,477.02	1,329.34	1,033.93	2,170.90	2,002.57	1,685.94	1,501.08	1,167.89
73	857.75	792.69	660.57	595.50	463.38	921.35	851.46	709.55	639.66	497.75	2,133.11	1,964.80	1,638.47	1,473.59	1,147.26	2,383.84	2,201.80	1,837.69	1,652.22	1,288.10
74	948.46	877.47	731.56	656.62	512.68	1,018.78	942.53	785.80	705.31	550.69	2,342.64	2,160.57	1,799.90	1,621.30	1,260.63	2,600.27	2,404.47	2,002.57	1,799.90	1,401.44
75	1,039.17	960.29	798.60	719.72	560.00	1,116.22	1,031.50	857.81	773.09	601.52	2,552.15	2,356.39	1,961.35	1,765.55	1,373.99	2,820.09	2,600.27	2,170.90	1,954.47	1,518.26
76	1,185.08	1,094.37	911.00	822.26	636.90	1,272.96	1,175.52	978.54	883.24	684.12	2,881.91	2,662.09	2,218.98	1,995.70	1,552.61	3,160.14	2,912.82	2,428.52	2,188.07	1,700.30
77	1,350.71	1,246.21	1,039.17	934.65	727.61	1,450.87	1,338.62	1,116.22	1,003.95	781.56	3,259.75	3,009.03	2,504.07	2,253.33	1,751.82	3,534.55	3,263.20	2,720.48	2,449.11	1,902.96
78	1,514.37	1,398.03	1,165.36	1,047.05	816.34	1,626.66	1,501.70	1,251.77	1,124.69	876.87	3,616.98	3,338.77	2,782.30	2,500.62	1,947.63	3,888.37	3,592.96	2,991.85	2,692.99	2,095.31
79	1,664.23	1,536.06	1,279.72	1,153.53	895.21	1,787.63	1,649.96	1,374.62	1,239.07	961.59	3,943.31	3,637.61	3,029.63	2,730.78	2,119.37	4,200.92	3,878.04	3,232.28	2,909.40	2,263.62
80	1,798.32	1,660.30	1,382.26	1,246.21	968.18	1,931.68	1,783.41	1,484.76	1,338.62	1,039.97	4,255.90	3,929.57	3,276.93	2,947.17	2,294.53	4,537.56	4,190.62	3,489.91	3,142.97	2,442.25
81	1,924.52	1,776.63	1,480.86	1,332.97	1,037.19	2,067.22	1,908.37	1,590.67	1,431.81	1,114.11	4,554.74	4,204.37	3,503.65	3,153.26	2,452.54	4,857.01	4,482.60	3,733.80	3,359.36	2,613.99
82	2,068.46	1,908.73	1,591.28	1,431.56	1,114.09	2,221.83	2,050.27	1,709.28	1,537.70	1,196.69	4,894.79	4,520.39	3,768.14	3,390.30	2,638.03	5,221.12	4,819.23	4,015.45	3,613.57	2,809.78
83	2,234.09	2,062.55	1,717.48	1,547.89	1,202.82	2,399.75	2,215.49	1,844.82	1,662.67	1,292.01	5,286.38	4,881.07	4,066.98	3,661.65	2,847.56	5,636.75	5,203.95	4,334.91	3,902.10	3,033.05
84	2,423.39	2,238.04	1,863.39	1,678.04	1,305.36	2,603.08	2,403.99	2,001.56	1,802.46	1,402.16	5,736.35	5,296.69	4,413.90	3,974.25	3,091.46	6,117.64	5,647.04	4,702.44	4,235.27	3,290.67
85	2,642.27	2,439.17	2,031.00	1,827.90	1,421.70	2,838.19	2,620.04	2,181.60	1,963.43	1,527.12	6,255.03	5,770.71	4,812.36	4,331.47	3,369.69	6,667.23	6,155.43	5,128.36	4,616.56	3,589.51
86	2,878.89	2,658.03	2,214.37	1,993.53	1,549.87	3,092.36	2,855.12	2,378.56	2,141.36	1,664.80	6,818.36	6,292.84	5,245.18	4,719.62	3,671.94	7,268.36	6,705.03	5,588.67	5,032.20	3,912.39
87	3,137.20	2,896.63	2,413.53	2,172.97	1,689.87	3,369.82	3,111.42	2,592.50	2,334.10	1,815.18	7,429.77	6,859.60	5,715.75	5,145.54	4,001.70	7,921.00	7,309.55	6,093.59	5,482.18	4,266.21
88	3,421.14	3,156.92	2,632.41	2,368.18	1,843.67	3,674														

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Individual																			
	2920 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	130.14	120.29	100.57	90.71	70.99	139.80	129.21	108.02	97.44	76.25	353.78	326.31	271.35	243.88	188.92	467.15	432.82	360.66	322.88	254.18
25-29	140.00	128.17	106.48	96.62	74.92	150.38	137.68	114.38	103.77	80.49	381.29	350.37	291.98	264.51	206.10	501.50	463.72	384.72	346.94	267.92
30-34	151.84	140.00	116.34	104.50	80.85	163.10	150.38	124.96	112.24	86.84	408.76	381.29	316.03	281.68	219.82	539.31	498.07	415.64	374.41	291.98
35-39	161.70	149.86	124.22	112.40	86.76	173.69	160.97	133.43	120.74	93.19	439.66	405.31	340.06	302.27	237.00	580.50	535.86	446.54	401.90	312.58
40-44	173.52	161.70	134.08	120.29	94.64	186.38	173.69	144.02	129.21	101.66	474.02	439.66	364.11	326.31	254.18	625.17	577.05	480.90	432.82	336.61
45	177.47	163.66	138.03	122.26	94.64	190.63	175.79	146.15	131.33	101.66	480.90	446.54	370.96	333.19	261.06	635.46	587.38	491.19	439.66	343.49
46	177.47	163.66	138.03	124.22	96.62	190.63	175.79	148.27	133.43	103.77	484.33	446.54	370.96	336.61	261.06	642.35	594.23	494.62	443.10	346.94
47	179.44	163.66	138.03	124.22	96.62	192.74	175.79	148.27	133.43	103.77	484.33	446.54	374.41	336.61	261.06	649.19	597.68	498.07	449.98	350.37
48	179.44	165.63	138.03	124.22	96.62	192.74	177.91	148.27	133.43	103.77	484.33	446.54	374.41	336.61	261.06	652.64	604.56	504.95	453.43	353.78
49	179.44	165.63	140.00	124.22	98.59	192.74	177.91	150.38	133.43	105.91	484.33	446.54	374.41	336.61	261.06	659.52	611.41	508.37	456.84	357.23
50	181.42	167.61	140.00	126.19	98.59	194.86	180.04	150.38	135.55	105.91	484.33	449.98	374.41	336.61	261.06	669.82	614.86	515.25	460.27	360.66
51	185.35	171.56	141.98	128.17	98.59	199.10	184.28	152.50	137.68	105.91	498.07	460.27	384.72	346.94	267.92	673.25	625.17	518.68	467.15	364.11
52	187.32	173.52	143.94	130.14	100.57	201.21	186.38	154.62	139.80	108.02	515.25	477.45	398.47	357.23	278.23	683.54	632.03	525.54	474.02	367.54
53	191.27	175.49	147.89	132.12	104.50	205.46	188.51	158.85	141.92	112.24	532.42	491.19	408.76	367.54	285.10	690.42	638.91	532.42	477.45	374.41
54	195.21	179.44	149.86	134.08	104.50	209.68	192.74	160.97	144.02	112.24	546.15	501.50	419.07	377.84	291.98	700.72	645.76	538.86	484.33	374.41
55	197.18	183.37	151.84	138.03	106.48	211.80	196.98	163.10	148.27	114.38	559.88	515.25	429.37	388.14	302.27	707.60	652.64	542.70	491.19	381.29
56	212.95	197.18	163.66	147.89	114.36	228.74	211.80	175.79	158.85	122.85	601.11	556.46	432.72	419.07	326.31	752.25	693.87	580.50	522.13	405.31
57	228.74	210.99	175.49	157.75	122.26	245.69	226.64	188.51	169.44	131.33	645.76	594.23	498.07	446.54	350.37	800.33	738.52	614.86	556.46	429.37
58	242.53	224.79	187.32	169.58	132.12	260.51	241.46	201.21	182.16	141.92	690.42	632.03	528.98	477.45	370.96	848.44	783.15	652.64	587.38	456.84
59	258.31	240.57	199.16	179.44	140.00	277.46	258.41	213.93	192.74	150.38	731.64	673.25	563.33	504.95	395.02	893.09	824.38	686.99	618.29	480.90
60	274.08	252.39	210.99	189.30	147.89	294.40	271.10	226.64	203.33	158.85	772.86	714.46	594.23	535.86	415.64	941.17	865.62	721.34	652.64	504.95
61	297.75	274.08	228.74	207.04	159.72	319.82	294.40	245.69	222.40	171.57	827.83	762.56	635.46	573.64	446.54	1,006.42	930.87	776.30	697.29	542.70
62	323.38	297.75	248.46	224.79	173.52	347.36	319.82	266.88	241.46	186.38	879.34	810.66	676.70	607.99	474.02	1,078.56	996.13	827.83	745.40	580.50
63	349.02	321.40	268.17	240.57	187.32	374.90	345.23	288.07	258.41	201.21	930.87	862.19	714.46	645.76	501.50	1,147.26	1,057.95	882.79	793.48	618.29
64	372.67	343.10	285.92	258.31	201.13	400.31	368.54	307.12	277.46	216.05	982.40	906.82	755.68	680.11	528.98	1,215.97	1,119.79	934.32	841.56	652.64
65	396.34	366.77	305.64	274.08	214.93	425.73	393.96	328.29	294.40	230.87	1,037.36	958.34	796.91	717.90	556.46	1,284.67	1,185.05	985.83	889.64	690.42
66	447.61	414.09	345.07	309.59	242.53	480.81	444.79	370.65	332.54	260.51	1,161.01	1,071.71	893.09	807.21	625.17	1,411.77	1,305.28	1,085.44	978.95	759.13
67	498.87	461.41	384.51	345.07	270.15	535.86	495.61	413.03	370.65	290.18	1,288.10	1,188.50	989.25	889.64	693.87	1,542.28	1,422.06	1,185.05	1,064.83	831.26
68	550.14	508.73	421.97	380.56	295.78	590.94	546.44	453.25	408.78	317.71	1,411.77	1,305.28	1,085.44	978.95	759.13	1,669.39	1,542.28	1,284.67	1,157.59	899.97
69	601.41	554.09	463.38	416.06	325.35	646.00	595.17	497.75	446.92	349.48	1,538.85	1,418.62	1,181.62	1,064.83	827.83	1,799.90	1,659.06	1,384.28	1,243.46	968.67
70	652.68	601.41	500.84	451.55	350.98	701.08	646.00	537.97	485.03	377.00	1,665.94	1,535.43	1,277.81	1,150.71	893.09	1,927.02	1,779.30	1,480.47	1,332.75	1,037.36
71	753.25	694.09	577.74	520.56	404.23	809.10	745.55	620.58	559.16	434.20	1,899.51	1,751.82	1,459.85	1,315.58	1,023.80	2,167.45	1,999.15	1,665.94	1,501.08	1,167.89
72	853.80	788.74	654.66	589.58	457.47	917.11	847.23	703.19	633.30	491.40	2,133.11	1,968.22	1,638.47	1,473.59	1,147.26	2,407.90	2,222.43	1,851.43	1,665.94	1,294.99
73	954.37	879.44	731.56	660.57	512.68	1,025.14	944.65	785.80	709.55	550.69	2,366.66	2,184.62	1,820.53	1,638.47	1,274.38	2,648.35	2,442.25	2,036.90	1,834.26	1,425.50
74	1,054.93	972.11	810.43	729.58	567.88	1,133.16	1,044.19	870.52	783.68	609.99	2,600.27	2,401.02	1,999.15	1,799.90	1,398.04	2,892.24	2,665.52	2,222.43	1,999.15	1,556.02
75	1,153.53	1,066.77	889.30	798.60	623.10	1,239.07	1,145.86	955.25	857.81	669.30	2,833.83	2,613.99	2,177.74	1,961.35	1,525.10	3,129.24	2,892.24	2,407.90	2,167.45	1,686.57
76	1,315.22	1,212.68	1,011.55	911.00	707.89	1,412.74	1,302.60	1,086.55	978.54	760.38	3,201.38	2,954.05	2,462.87	2,215.55	1,724.35	3,507.08	3,235.73	2,696.42	2,425.07	1,889.22
77	1,500.57	1,384.24	1,153.53	1,037.19	808.45	1,611.84	1,486.87	1,239.07	1,114.11	868.40	3,616.98	3,338.77	2,782.30	2,504.07	1,947.63	3,926.14	3,623.87	3,019.30	2,717.05	2,112.49
78	1,680.01	1,549.87	1,291.56	1,163.39	905.07	1,804.58	1,664.80	1,387.32	1,249.65	972.19	4,015.45	3,706.30	3,088.01	2,778.87	2,160.57	4,317.74	3,984.53	3,321.61	2,988.40	2,325.47
79	1,847.62	1,705.64	1,421.70	1,279.72	995.78	1,984.62	1,832.12	1,527.12	1,374.62	1,069.61	4,376.11	4,039.51	3,366.24	3,029.63	2,356.39	4,661.23	4,307.41	3,589.51	3,228.85	2,514.39
80	1,995.51	1,841.70	1,536.06	1,380.29	1,074.85	2,143.48	1,978.25	1,649.96	1,482.64	1,154.33	4,726.50	4,362.39	3,634.16	3,273.50	2,545.31	5,035.63	4,650.91	3,874.61	3,486.47	2,713.60
81	2,135.50	1,971.84	1,642.54	1,478.88	1,149.58	2,293.84	2,118.05	1,764.32	1,588.53	1,234.82	5,056.24	4,668.09	3,888.37	3,500.20	2,720.48	5,389.42	4,973.79	4,145.99	3,730.35	2,902.52
82	2,295.22	2,117.75	1,764.80	1,589.31	1,236.35	2,465.42	2,274.79	1,895.65	1,707.16	1,328.02	5,437.51	5,018.46	4,180.35	3,764.71	2,926.58	5,794.76	5,348.22	4,458.54	4,012.00	3,122.36
83	2,478.61	2,287.33	1,906.78	1,715.50	1,334.94	2,662.39	2,456.95	2,048.17	1,842.71	1,433.93	5,870.31	5,420.34	4,516.95	4,063.53	3,163.59	6,258.48	5,774.16	4,815.81	4,331.47	3,369.69
84	2,689.59	2,482.54	2,088.46	1,861.41	1,447.33	2,889.01	2,666.63	2,221.83	1,999.44	1,554.64	6,371.82	5,880.64	4,898.24	4,410.47	3,428.06	6,787.46	6,268.78	5,224.55	4,702.44	3,658.22
85	2,932.13	2,707.33	2,253.81	2,029.02	1,577.47	3,149.56	2,908.08	2,420.92	2,179.47	1,694.44	6,942.03	6,409.62	5,341.34	4,805.48	3,740.65	7,402.32	6,832.11	5,695.12	5,124.95	3,987.98
86	3,194.38	2,949.88	2,458.89	2,212.41	1,721.41	3,431.24	3,168.61	2,641.22	2,376.46	1,849.06	7,567.18	6,986.67	5,822.23	5,238.30	4,077.29	8,068.68	7,446.95	6,203.52	5,585.24	4,341.76
87	3,482.27	3,214.10	2,679.73	2,411.55	1,875.22	3,740.48	3,452.43	2,878.43	2,590.38	2,014.26	8,247.31	7,615.29	6,344.35	5,712.30	4,441.37	8,793.46	8,116.76	6,763.40	6,086.74	4,733.34
88	3,795.79	3,503.9																		

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

50% Home Care Individual																				
3650 x Daily Maximum																				
Age	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	140.00	128.17	106.48	96.62	74.92	150.38	137.68	114.38	103.77	80.49	381.29	350.37	291.98	264.51	206.10	498.07	460.27	384.72	346.94	267.92
25-29	151.84	140.00	116.34	104.50	80.85	163.10	150.38	124.96	112.24	86.84	408.76	377.84	312.58	281.68	219.82	535.86	498.07	415.64	374.41	291.98
30-34	161.70	149.86	124.22	112.40	86.76	173.69	160.97	133.43	120.74	93.19	439.66	405.31	340.06	302.27	237.00	577.05	535.86	443.10	398.47	309.15
35-39	173.52	161.70	134.08	120.29	94.64	186.38	173.69	144.02	129.21	101.66	474.02	436.25	360.66	326.31	254.18	621.74	573.64	477.45	429.37	333.19
40-44	185.35	173.52	143.94	128.17	100.57	199.10	186.38	154.62	137.68	108.02	508.37	467.15	391.58	350.37	274.80	669.82	614.86	515.25	463.72	360.66
45	189.30	173.52	145.91	130.14	102.54	203.33	186.38	156.74	139.80	110.14	515.25	477.45	398.47	360.66	278.23	680.11	632.03	525.54	474.02	367.54
46	191.27	175.49	145.91	132.12	102.54	205.46	188.51	156.74	141.92	110.14	515.25	477.45	398.47	360.66	278.23	690.42	635.46	528.98	477.45	370.96
47	191.27	175.49	147.89	132.12	104.50	205.46	188.51	158.85	141.92	112.24	515.25	477.45	398.47	360.66	278.23	693.87	642.35	535.86	480.90	374.41
48	193.23	177.47	147.89	132.12	104.50	207.56	190.63	158.85	141.92	112.24	518.68	477.45	398.47	360.66	278.23	700.72	649.19	539.31	484.33	377.84
49	193.23	177.47	147.89	134.08	104.50	207.56	190.63	158.85	144.02	112.24	518.68	477.45	398.47	360.66	278.23	707.60	652.64	542.70	491.19	381.29
50	193.23	179.44	149.86	134.08	104.50	207.56	192.74	160.97	144.02	112.24	518.68	477.45	398.47	360.66	278.23	714.46	659.52	549.58	494.62	384.72
51	197.18	183.37	151.84	136.05	106.48	211.80	196.98	163.10	146.15	114.38	535.86	494.62	412.19	370.96	288.53	724.78	669.82	556.46	498.07	388.14
52	201.13	185.35	153.80	140.00	108.45	216.05	199.10	165.20	150.38	116.49	553.03	508.37	422.49	381.29	295.41	731.64	673.25	563.33	504.95	395.02
53	205.07	189.30	157.75	141.98	110.43	220.27	203.33	169.44	152.50	118.61	566.76	522.13	436.25	391.58	305.70	738.52	683.54	570.21	511.80	398.47
54	207.04	193.23	161.70	143.94	112.40	222.40	207.56	173.69	154.62	120.74	583.94	535.86	449.98	401.90	316.03	748.80	690.42	573.64	515.25	401.90
55	212.95	195.21	161.70	147.89	112.40	228.74	209.68	173.69	158.85	120.74	597.68	553.03	460.27	415.64	322.88	755.68	697.29	580.50	522.13	405.31
56	228.74	210.99	175.49	157.75	122.26	245.69	226.64	188.51	169.44	131.33	645.76	594.23	498.07	446.54	350.37	807.21	745.40	618.29	556.46	432.82
57	244.51	226.76	187.32	169.58	132.12	262.63	243.57	201.21	182.16	141.92	690.42	635.46	532.42	477.45	374.41	855.30	790.03	659.52	594.23	460.27
58	262.25	240.57	201.13	181.42	140.00	281.70	258.41	216.05	194.86	150.38	735.07	680.11	566.76	511.80	398.47	906.82	834.68	697.29	628.58	487.78
59	278.06	256.34	212.95	191.27	149.86	296.53	275.35	228.74	205.46	160.97	783.15	721.34	601.11	539.31	422.49	954.91	882.79	735.07	662.94	515.25
60	293.80	272.11	226.76	203.09	159.72	315.59	292.28	243.57	218.15	171.57	827.83	765.97	635.46	573.64	446.54	1,003.01	927.44	772.86	693.87	542.70
61	319.44	295.78	246.48	220.85	173.52	343.13	317.71	264.76	237.22	186.38	886.21	814.09	680.11	614.86	477.45	1,082.01	996.13	827.83	748.80	580.50
62	345.07	319.44	266.20	240.57	187.32	370.65	343.13	285.93	258.41	201.21	941.17	865.62	724.78	652.64	508.37	1,154.14	1,061.40	886.21	796.91	621.74
63	372.67	343.10	285.92	258.31	201.13	400.31	368.54	307.12	277.46	216.05	996.13	920.56	769.42	690.42	539.31	1,226.28	1,133.54	944.62	848.44	662.94
64	398.32	368.74	307.61	276.06	214.93	427.85	396.09	330.43	296.53	230.87	1,054.54	972.07	810.66	731.64	566.76	1,298.40	1,198.79	1,003.01	899.97	700.72
65	425.92	392.39	327.33	295.78	228.74	457.50	421.50	351.60	317.71	245.69	1,109.48	1,023.60	851.86	769.42	597.68	1,373.99	1,267.50	1,057.95	951.50	741.95
66	479.15	441.69	368.74	331.26	258.31	514.69	474.44	396.09	355.83	277.46	1,243.46	1,147.26	958.34	862.19	669.82	1,511.38	1,394.59	1,161.01	1,044.22	814.09
67	534.37	492.96	410.14	370.70	287.89	574.00	529.51	440.55	398.19	309.24	1,377.42	1,274.38	1,061.40	954.91	741.95	1,648.77	1,521.67	1,267.50	1,140.42	886.21
68	587.60	542.26	453.52	408.18	317.47	631.18	582.47	487.15	438.45	341.01	1,511.38	1,394.59	1,161.01	1,044.22	814.09	1,786.18	1,648.77	1,373.99	1,236.58	961.79
69	642.82	593.53	494.94	445.64	347.05	690.49	637.53	531.64	478.68	372.79	1,645.34	1,518.26	1,267.50	1,140.42	886.21	1,923.57	1,775.88	1,480.47	1,332.75	1,037.36
70	698.03	642.82	536.35	483.10	374.65	749.79	690.49	576.12	518.92	402.43	1,779.30	1,645.34	1,370.54	1,233.14	958.34	2,080.96	1,902.96	1,586.96	1,428.95	1,109.48
71	804.50	743.39	619.15	558.02	433.80	864.17	798.52	665.07	599.40	465.97	2,030.06	1,875.49	1,562.90	1,404.89	1,095.74	2,318.58	2,139.96	1,782.73	1,607.54	1,246.87
72	911.00	843.94	701.98	630.99	490.99	978.54	906.53	754.02	677.77	527.39	2,280.80	2,105.61	1,755.26	1,580.08	1,229.70	2,576.21	2,380.41	1,981.98	1,782.73	1,387.71
73	1,019.45	942.53	784.79	705.91	550.14	1,095.03	1,012.42	842.98	758.26	590.94	2,531.56	2,335.76	1,947.63	1,751.82	1,363.69	2,833.83	2,617.44	2,181.19	1,961.35	1,528.55
74	1,127.90	1,041.13	865.63	780.85	605.36	1,211.53	1,118.32	929.81	838.76	650.25	2,778.87	2,565.91	2,136.55	1,923.57	1,494.20	3,091.46	2,851.01	2,380.41	2,139.96	1,665.94
75	1,234.38	1,139.72	950.43	855.78	664.52	1,325.90	1,224.23	1,020.90	919.23	713.80	3,029.63	2,796.03	2,328.88	2,098.76	1,631.59	3,349.06	3,091.46	2,576.21	2,318.58	1,803.35
76	1,407.89	1,299.44	1,082.54	974.09	757.18	1,512.28	1,395.79	1,162.80	1,046.31	813.32	3,424.65	3,163.59	2,634.62	2,370.11	1,844.57	3,750.98	3,462.42	2,885.36	2,596.82	2,019.74
77	1,603.10	1,480.86	1,234.38	1,112.11	863.66	1,721.96	1,590.67	1,325.90	1,194.57	927.70	3,867.76	3,572.34	2,974.67	2,679.27	2,081.59	4,200.92	3,878.04	3,232.28	2,909.40	2,263.62
78	1,796.35	1,660.30	1,382.26	1,244.23	968.18	1,929.54	1,783.41	1,484.76	1,336.49	1,039.97	4,293.68	3,963.92	3,304.43	2,971.22	2,311.70	4,623.44	4,266.21	3,555.16	3,201.38	2,490.33
79	1,975.79	1,825.93	1,520.29	1,368.45	1,064.79	2,122.29	1,961.32	1,633.02	1,469.92	1,143.75	4,681.82	4,321.15	3,599.81	3,242.58	2,521.25	4,990.97	4,606.27	3,840.26	3,455.55	2,689.54
80	2,135.50	1,971.84	1,642.54	1,478.88	1,149.58	2,293.84	2,118.05	1,764.32	1,588.53	1,234.82	5,056.24	4,668.09	3,888.37	3,500.20	2,720.48	5,389.42	4,973.79	4,145.99	3,730.35	2,902.52
81	2,285.36	2,107.89	1,756.91	1,581.42	1,230.43	2,454.81	2,264.19	1,887.18	1,698.69	1,321.65	5,410.04	4,994.40	4,159.72	3,747.53	2,912.82	5,767.27	5,324.16	4,437.95	3,994.82	3,105.18
82	2,454.94	2,265.64	1,889.02	1,699.73	1,323.11	2,636.97	2,433.64	2,029.08	1,825.77	1,421.21	5,815.35	5,368.81	4,472.31	4,025.76	3,129.24	6,200.07	5,722.63	4,771.13	4,293.68	3,338.77
83	2,652.12	2,449.03	2,038.88	1,835.79	1,427.61	2,848.79	2,630.62	2,190.07	1,971.90	1,533.47	6,279.07	5,798.18	4,832.99	4,348.64	3,383.42	6,698.15	6,179.47	5,148.99	4,637.17	3,603.26
84	2,876.91	2,656.07	2,214.37	1,993.53	1,549.87	3,090.23	2,853.02	2,378.56	2,141.36	1,664.80	6,814.93	6,292.84	5,245.18	4,719.62	3,671.94	7,264.91	6,705.03	5,588.67	5,032.20	3,912.39
85	3,135.23	2,894.65	2,411.55	2,171.00	1,687.90	3,367.71	3,109.30	2,590.38	2,331.99	1,813.05	7,426.36	6,859.60	5,712.30	5,142.12	3,998.27	7,917.55	7,309.55	6,090.15	5,482.18	4,262.78
86	3,419.17	3,156.92	2,630.43	2,366.21	1,841.70	3,672.69	3,391.01	2,825.48	2,541.67	1,978.25	8,096.17	7,474.45	6,227.55	5,605.84	4,358.94	8,632.01	7,969.08	6,639.74	5,978.80	4,647.46
87	3,726.78	3,438.89	2,867.05	2,579.16	2,007.33	4,003.12	3,693.88	3,079.64	2,770.40	2,156.16	8,827.81	8,147.70	6,787.46	6,110.76	4,750.52	9,411.75	8,686.97	7,237.44	6,51	

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low Bio Rate Increase - 164% High Bio Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Individual																			
	Unlimited										5% Compound BIO									
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	155.77	143.94	120.29	106.48	84.78	167.32	154.62	129.21	114.38	91.07	640.28	593.45	494.52	447.69	348.80	848.50	780.86	655.93	588.22	458.09
25-29	167.61	153.80	128.17	116.34	90.71	180.04	165.20	137.68	124.96	97.44	692.34	635.10	530.98	478.95	369.60	910.98	843.32	702.77	635.10	494.52
30-34	181.42	165.63	140.00	126.19	98.59	194.86	177.91	150.38	135.55	105.91	744.40	687.17	572.62	515.35	400.86	983.85	905.78	754.83	681.94	530.98
35-39	195.21	179.44	149.86	134.08	104.50	209.68	192.74	160.97	144.02	112.24	801.66	739.23	614.25	551.81	432.06	1,056.74	973.47	812.09	728.80	567.42
40-44	209.02	193.23	161.70	143.94	112.40	224.52	207.56	173.69	154.62	120.74	858.92	796.46	666.31	598.65	468.52	1,134.80	1,046.34	869.35	786.06	609.07
45	212.95	195.21	161.70	147.89	112.40	228.74	209.68	173.69	158.85	120.74	874.53	812.09	676.74	603.87	473.72	1,160.83	1,067.17	890.18	801.66	624.68
46	212.95	195.21	163.66	147.89	114.36	228.74	209.68	175.79	158.85	122.85	874.53	812.09	676.74	603.87	473.72	1,166.06	1,077.60	900.56	812.09	629.90
47	214.93	197.18	163.66	147.89	114.36	230.87	211.80	175.79	158.85	122.85	879.75	812.09	676.74	603.87	473.72	1,181.69	1,087.97	905.78	817.32	635.10
48	214.93	197.18	165.63	149.86	116.34	230.87	211.80	177.91	160.97	124.96	879.75	812.09	676.74	609.07	473.72	1,192.09	1,098.40	916.21	822.47	640.28
49	216.90	199.16	165.63	149.86	116.34	232.99	213.93	177.91	160.97	124.96	879.75	812.09	676.74	609.07	473.72	1,202.52	1,108.80	926.59	832.89	650.71
50	216.90	199.16	165.63	149.86	116.34	232.99	213.93	177.91	160.97	124.96	879.75	812.09	676.74	609.07	473.72	1,212.90	1,119.23	931.81	843.32	650.71
51	220.85	205.07	169.58	151.84	118.31	237.22	220.27	182.16	163.10	127.08	905.78	838.12	697.54	629.90	489.32	1,223.32	1,134.80	942.24	848.50	661.14
52	224.79	207.04	173.52	155.77	122.26	241.46	222.40	186.38	167.32	131.33	931.81	864.15	723.57	645.51	504.95	1,244.15	1,145.23	957.84	858.92	671.51
53	228.74	210.99	175.49	159.72	122.26	245.69	226.64	188.51	171.57	131.33	957.84	890.18	739.23	666.31	515.35	1,254.58	1,160.83	963.05	869.35	676.74
54	232.67	214.93	179.44	161.70	126.19	249.92	230.87	192.74	173.69	135.55	989.08	910.98	760.03	687.17	530.98	1,270.18	1,171.26	978.65	879.75	687.17
55	238.60	218.88	183.37	163.66	128.17	256.29	235.10	196.98	175.79	137.68	1,020.31	937.02	780.86	702.77	546.59	1,285.81	1,186.86	989.08	890.18	692.34
56	256.34	236.62	195.21	177.47	136.05	275.35	254.16	209.68	190.63	146.15	1,093.20	1,000.88	843.32	754.83	588.22	1,369.08	1,264.96	1,051.56	947.44	734.00
57	274.08	252.39	210.99	189.30	147.89	294.40	271.10	226.64	203.33	158.85	1,171.26	1,082.77	900.56	812.09	629.90	1,452.37	1,343.05	1,119.23	1,004.68	786.06
58	291.83	270.15	224.79	203.09	157.75	313.47	290.18	241.46	218.15	169.44	1,249.35	1,155.66	957.84	869.35	671.51	1,540.89	1,421.14	1,181.69	1,067.17	827.69
59	309.59	285.92	238.60	214.93	167.61	332.54	307.12	256.29	230.87	180.04	1,327.44	1,223.32	1,020.31	921.41	713.20	1,624.18	1,494.03	1,249.35	1,124.43	874.53
60	329.30	303.66	252.39	228.74	177.47	353.71	326.18	271.10	245.69	190.63	1,400.31	1,296.21	1,077.60	973.47	754.83	1,707.45	1,577.29	1,311.84	1,181.69	916.21
61	358.88	329.30	274.08	248.46	191.27	385.49	353.71	294.40	266.88	205.46	1,499.20	1,384.71	1,155.66	1,041.14	806.89	1,832.40	1,691.84	1,405.54	1,270.18	983.85
62	386.48	356.91	297.75	268.17	209.02	415.15	383.37	319.82	288.07	224.52	1,598.15	1,473.17	1,223.32	1,108.80	858.92	1,957.35	1,806.37	1,504.43	1,353.48	1,051.56
63	418.04	386.48	319.44	287.89	222.81	449.04	415.15	343.13	309.24	239.34	1,691.84	1,561.69	1,301.41	1,171.26	910.98	2,082.27	1,920.89	1,603.32	1,441.99	1,124.43
64	445.64	412.11	343.10	307.61	240.57	478.68	442.67	368.54	330.43	258.41	1,785.51	1,650.21	1,374.28	1,238.93	963.05	2,207.20	2,035.41	1,697.04	1,525.23	1,186.86
65	475.22	439.71	364.79	329.30	256.34	510.45	472.33	391.84	353.71	275.35	1,884.46	1,738.68	1,447.17	1,306.64	1,015.11	2,332.12	2,149.91	1,790.74	1,613.75	1,254.58
66	536.35	496.91	412.11	372.67	287.89	576.12	533.76	442.67	400.31	309.24	2,108.30	1,946.92	1,624.18	1,462.80	1,134.80	2,566.37	2,368.58	1,972.92	1,775.14	1,379.51
67	597.46	552.12	459.43	414.09	321.40	641.76	593.05	493.50	444.79	345.23	2,337.32	2,160.34	1,795.94	1,618.98	1,259.78	2,795.44	2,582.03	2,155.14	1,936.52	1,509.63
68	658.59	609.30	508.73	455.50	356.91	707.43	654.47	546.44	489.28	383.37	2,566.37	2,368.58	1,972.92	1,775.14	1,379.51	3,029.72	2,795.44	2,332.12	2,097.88	1,634.56
69	721.70	664.52	554.09	498.87	388.46	775.21	713.80	595.17	535.86	417.26	2,790.24	2,582.03	2,144.74	1,931.32	1,499.20	3,263.96	3,014.06	2,514.31	2,259.26	1,759.51
70	780.85	721.70	601.41	542.26	421.97	838.76	775.21	646.00	582.47	453.25	3,024.49	2,790.24	2,321.72	2,092.70	1,624.18	3,498.21	3,232.73	2,691.35	2,420.64	1,884.46
71	901.14	832.12	694.09	623.10	485.08	967.96	893.82	745.55	669.30	521.04	3,440.95	3,180.67	2,649.66	2,384.18	1,853.23	3,935.47	3,633.54	3,024.49	2,727.75	2,118.73
72	1,023.38	944.51	786.76	707.89	550.14	1,099.27	1,014.55	845.09	760.38	590.94	3,867.78	3,571.10	2,977.66	2,675.69	2,082.27	4,372.76	4,034.40	3,362.86	3,024.49	2,352.98
73	1,141.69	1,054.93	877.47	790.71	615.22	1,226.35	1,133.16	942.53	849.34	660.84	4,294.67	3,966.73	3,305.60	2,972.43	2,316.52	4,810.03	4,440.40	3,701.23	3,331.63	2,592.40
74	1,261.98	1,165.36	970.15	873.52	678.31	1,355.56	1,251.77	1,042.09	938.28	728.60	4,716.33	4,351.93	3,628.36	3,263.96	2,540.34	5,247.29	4,846.49	4,034.40	3,633.54	2,826.65
75	1,382.26	1,277.75	1,064.79	956.34	745.35	1,484.76	1,372.50	1,143.75	1,027.25	800.62	5,143.17	4,747.56	3,956.30	3,560.67	2,769.44	5,684.61	5,247.29	4,372.76	3,935.47	3,060.92
76	1,575.50	1,455.21	1,212.68	1,090.42	849.87	1,692.32	1,563.11	1,302.60	1,171.27	912.88	5,814.73	5,367.04	4,471.66	4,023.97	3,128.61	6,366.49	5,877.17	4,898.52	4,409.20	3,430.52
77	1,796.35	1,660.30	1,382.26	1,244.23	968.18	1,929.54	1,783.41	1,484.76	1,336.49	1,039.97	6,564.33	6,064.58	5,054.70	4,549.75	3,539.84	7,126.55	6,585.16	5,486.76	4,940.15	3,841.75
78	2,013.25	1,857.48	1,547.89	1,392.12	1,084.51	2,162.53	1,995.21	1,662.67	1,495.34	1,164.93	7,293.13	6,730.89	5,606.52	5,049.48	3,925.05	7,844.94	7,241.07	6,033.35	5,429.48	4,221.81
79	2,214.37	2,042.83	1,703.67	1,532.13	1,192.96	2,378.56	2,194.30	1,829.99	1,645.73	1,281.43	7,949.07	7,334.76	6,111.44	5,502.39	4,279.07	8,489.62	7,818.91	6,517.50	5,861.59	4,560.18
80	2,391.84	2,206.49	1,837.76	1,656.35	1,285.65	2,569.19	2,370.09	1,974.04	1,779.16	1,380.98	8,584.12	7,923.04	6,600.77	5,944.88	4,622.61	9,151.53	8,448.77	7,038.06	6,330.09	4,924.55
81	2,557.48	2,362.26	1,967.89	1,770.71	1,378.31	2,747.11	2,537.42	2,113.80	1,902.00	1,480.51	9,182.76	8,480.00	7,064.09	6,356.12	4,945.38	9,786.64	9,037.04	7,532.61	6,777.78	5,273.32
82	2,750.72	2,539.72	2,115.78	1,904.80	1,480.86	2,954.68	2,728.04	2,272.66	2,046.04	1,590.67	9,869.93	9,109.90	7,595.04	6,835.01	5,314.98	10,520.64	9,713.77	8,094.79	7,282.70	5,668.95
83	2,969.59	2,742.83	2,285.36	2,056.62	1,599.17	3,189.78	2,946.21	2,454.81	2,209.12	1,717.74	10,661.16	9,838.70	8,198.92	7,381.60	5,741.82	11,369.16	10,489.41	8,745.50	7,865.75	6,121.87
84	3,223.96	2,975.50	2,478.61	2,230.15	1,735.22	3,463.01	3,196.13	2,662.39	2,395.52	1,863.88	11,566.98	10,676.82	8,896.46	8,011.50	6,225.96	12,332.21	11,379.59	9,484.73	8,537.28	6,637.22
85	3,513.83	3,243.68	2,701.42	2,431.27	1,890.99	3,774.38	3,484.20	2,901.73	2,611.55	2,031.20	12,613.29	11,639.87	9,698.12	8,729.90	6,788.18	13,441.03	12,405.07	10,338.45	9,307.69	7,235.87
86	3,827.34	3,535.50	2,943.95	2,652.12	2,060.57	4,111.14	3,797.66	3,162.24	2,848.79	2,213.36	13,742.94	12,686.20	10,572.70	9,515.93	7,402.45	14,648.70	13,524.27	11,270.24	10,140.61	7,891.78
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## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay 10 Individual														
	730 x Daily Maximum														
	No BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	296.72	278.74	233.78	206.61	161.86	814.51	751.83	626.55	563.87	438.57	1,112.09	1,018.13	845.83	751.83	595.21
25-29	298.86	273.94	224.14	207.53	157.73	809.82	751.97	621.84	563.99	433.83	1,099.05	1,012.29	853.20	766.45	592.91
30-34	293.72	278.27	231.88	200.98	162.33	807.90	740.58	619.39	565.52	430.88	1,104.13	1,009.87	848.30	754.04	592.47
35-39	300.63	272.00	229.05	207.58	157.48	810.48	748.12	623.44	561.10	436.41	1,097.25	1,009.98	835.43	748.12	586.03
40-44	296.36	270.02	223.92	204.17	158.06	803.08	745.73	619.52	550.70	435.97	1,078.44	998.11	826.04	745.73	573.84
45	286.63	261.70	218.09	193.16	155.77	770.66	705.54	586.15	531.87	412.47	1,042.01	955.17	803.22	716.38	564.43
46	281.18	262.85	220.06	195.60	152.82	756.01	692.13	585.64	521.76	415.28	1,043.53	958.34	798.62	713.44	564.37
47	282.66	258.61	216.51	192.44	150.35	743.83	691.45	576.20	513.35	408.59	1,037.17	953.36	796.23	712.43	555.26
48	283.94	254.36	218.88	195.21	153.80	741.95	680.11	566.76	515.25	401.90	1,020.18	948.05	793.48	711.05	556.46
49	277.32	254.21	213.77	190.66	150.21	724.64	674.29	563.61	503.21	392.51	1,016.51	946.05	774.95	704.50	543.49
50	271.63	254.66	209.40	192.41	147.15	719.66	660.51	552.07	492.92	384.48	1,005.55	926.69	768.95	699.92	542.21
51	272.47	250.22	211.31	189.06	150.13	716.80	658.70	552.13	494.01	387.46	1,017.08	929.91	774.93	697.43	542.44
52	272.11	250.35	206.81	190.48	146.94	711.05	654.16	549.86	492.97	388.69	1,004.91	929.08	777.40	692.08	540.40
53	265.22	249.29	206.87	185.65	143.21	702.24	646.80	545.16	489.73	378.83	997.92	923.99	766.92	692.99	535.91
54	265.49	244.66	203.01	187.40	140.56	698.25	643.86	544.08	489.68	380.87	1,006.56	924.95	770.80	698.25	544.08
55	264.54	244.19	203.49	183.14	142.45	691.26	629.21	531.73	478.54	372.20	992.56	921.66	771.03	682.39	540.59
56	270.38	250.42	214.52	194.56	149.66	738.68	677.85	564.66	512.74	399.75	1,008.08	938.55	782.14	703.92	547.49
57	289.87	270.54	227.06	202.90	159.42	774.23	706.92	597.51	538.61	420.78	1,018.29	934.13	782.66	698.49	547.01
58	303.76	280.40	233.67	210.30	163.56	805.95	740.82	618.71	553.59	431.46	1,017.61	944.34	781.51	708.26	545.44
59	310.22	287.73	238.28	215.80	166.34	822.33	759.69	634.37	571.72	446.40	1,010.27	939.79	775.35	704.85	540.40
60	316.68	294.99	242.93	221.25	169.19	846.39	785.90	657.45	581.88	460.97	1,012.62	929.50	778.36	702.79	544.08
61	339.16	313.72	262.85	233.18	182.30	893.61	819.77	686.82	612.97	480.04	1,070.82	982.23	819.77	738.52	576.04
62	362.66	333.81	276.12	247.27	193.69	926.08	861.49	710.72	638.93	495.34	1,112.75	1,026.60	854.31	768.15	595.85
63	376.26	348.25	288.21	260.18	200.14	969.25	892.53	739.11	669.40	515.98	1,150.54	1,059.89	885.58	794.91	620.60
64	396.33	368.85	302.14	274.68	211.89	1,004.84	922.81	772.42	697.24	540.02	1,196.23	1,107.35	922.81	833.93	649.37
65	411.01	376.77	315.87	285.43	220.73	1,034.21	954.63	795.54	715.98	556.88	1,226.46	1,140.28	948.03	848.58	662.94
66	446.16	409.30	342.92	306.05	239.67	1,111.24	1,021.32	854.31	770.80	597.37	1,303.94	1,201.16	1,002.05	899.27	700.14
67	474.68	438.99	367.60	331.93	256.97	1,181.29	1,088.00	907.72	820.67	634.18	1,367.78	1,262.10	1,050.72	945.02	733.64
68	510.15	468.50	392.16	353.98	274.16	1,251.42	1,154.70	967.30	870.55	677.12	1,432.80	1,323.97	1,106.34	991.46	773.83
69	536.35	496.12	412.32	372.09	288.29	1,308.03	1,208.76	1,010.22	910.94	706.56	1,489.06	1,372.28	1,144.51	1,033.56	800.00
70	559.45	517.42	430.09	388.06	300.74	1,357.63	1,261.87	1,047.80	940.75	732.32	1,532.26	1,413.96	1,177.35	1,064.69	822.47
71	620.78	573.75	476.56	429.52	332.34	1,501.93	1,381.77	1,152.39	1,037.69	808.31	1,682.16	1,551.09	1,288.92	1,163.31	901.15
72	677.17	625.55	522.30	470.68	364.40	1,623.98	1,497.01	1,243.11	1,126.73	872.83	1,814.41	1,671.59	1,396.53	1,253.70	978.62
73	723.75	668.29	554.49	501.95	388.14	1,723.40	1,591.20	1,326.86	1,194.66	930.33	1,921.64	1,774.23	1,479.36	1,331.92	1,037.08
74	769.79	710.57	592.14	532.93	414.50	1,822.34	1,684.81	1,404.84	1,262.38	982.40	2,033.56	1,876.36	1,566.91	1,404.84	1,095.35
75	805.03	742.88	621.32	559.19	434.93	1,901.17	1,750.59	1,458.84	1,317.63	1,021.18	2,117.64	1,952.94	1,628.25	1,463.54	1,138.82
76	886.00	816.26	681.94	612.20	477.87	2,047.39	1,889.91	1,574.92	1,417.43	1,102.46	2,258.89	2,078.89	1,736.90	1,561.41	1,214.94
77	953.88	879.93	734.51	660.57	515.14	2,176.89	2,009.45	1,670.25	1,507.07	1,167.89	2,374.40	2,194.07	1,829.10	1,644.48	1,279.52
78	1,022.20	941.74	785.58	705.12	548.96	2,300.03	2,122.78	1,768.30	1,595.18	1,236.58	2,493.78	2,304.16	1,920.82	1,727.07	1,343.76
79	1,069.99	986.82	822.74	741.81	575.47	2,384.76	2,204.61	1,836.54	1,652.50	1,284.39	2,576.63	2,376.91	1,981.42	1,785.62	1,386.20
80	1,107.39	1,022.20	851.84	766.65	596.29	2,452.13	2,262.93	1,884.55	1,695.35	1,320.66	2,633.92	2,429.90	2,025.51	1,821.49	1,417.10
81	1,142.25	1,054.07	877.71	789.53	615.22	2,525.66	2,332.73	1,943.36	1,750.45	1,361.08	2,711.41	2,504.21	2,086.25	1,875.49	1,461.09
82	1,226.33	1,134.05	945.38	849.00	662.38	2,718.57	2,507.78	2,089.81	1,879.06	1,464.67	2,915.03	2,689.96	2,243.42	2,018.37	1,571.82
83	1,324.77	1,224.28	1,019.21	916.67	713.65	2,932.88	2,707.83	2,257.74	2,032.67	1,578.97	3,147.24	2,904.31	2,422.04	2,179.12	1,696.86
84	1,437.55	1,326.81	1,107.39	994.59	775.16	3,182.96	2,940.04	2,447.07	2,204.15	1,714.72	3,415.16	3,154.36	2,629.25	2,364.89	1,839.76
85	1,566.74	1,447.80	1,205.82	1,086.88	844.89	3,472.33	3,204.37	2,668.55	2,400.62	1,868.33	3,725.95	3,436.60	2,865.02	2,579.24	2,004.08
86	1,708.25	1,577.00	1,314.51	1,183.26	920.78	3,779.55	3,493.76	2,907.90	2,618.54	2,036.22	4,058.20	3,747.39	3,122.22	2,811.43	2,186.28
87	1,862.05	1,718.50	1,433.46	1,289.90	1,002.79	4,118.91	3,804.53	3,168.68	2,854.30	2,218.44	4,422.55	4,083.18	3,404.44	3,065.08	2,382.74
88	2,028.15	1,874.35	1,562.65	1,404.75	1,093.03	4,493.99	4,147.51	3,454.46	3,107.94	2,418.47	4,822.66	4,451.14	3,711.66	3,340.15	2,597.10
89	2,212.73	2,042.51	1,702.09	1,531.89	1,191.46	4,897.69	4,522.60	3,768.83	3,390.16	2,639.95	5,254.92	4,851.26	4,043.91	3,640.22	2,829.29
90	2,411.63	2,225.02	1,853.85	1,669.29	1,298.10	5,337.07	4,929.84	4,104.62	3,693.81	2,872.17	5,730.03	5,290.65	4,408.27	3,968.87	3,086.49
91	2,629.01	2,426.00	2,022.01	1,818.99	1,414.98	5,819.34	5,372.80	4,476.14	4,029.59	3,132.95	6,244.44	5,765.76	4,804.80	4,322.53	3,365.14
92	2,864.84	2,643.37	2,202.47	1,983.04	1,542.14	6,344.49	5,855.07	4,879.83	4,390.40	3,415.16	6,808.90	6,287.33	5,237.06	4,711.94	3,665.24
93	3,123.23	2,883.31	2,401.38	2,161.46	1,681.58	6,912.50	6,380.21	5,315.63	4,786.93	3,722.38	7,419.75	6,851.76	5,708.62	5,137.04	3,997.44
94	3,404.19	3,143.74	2,618.76	2,356.27	1,833.34	7,534.06	6,955.35	5,797.90	5,215.62	4,058.20	8,087.78	7,466.19	6,223.03	5,597.86	4,354.67

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay 10 Individual														
	1095 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	404.62	368.66	305.71	278.74	215.80	1,049.45	971.11	798.81	720.51	563.87	1,394.04	1,284.39	1,080.77	971.11	751.83
25-29	398.48	365.26	307.15	273.94	215.84	1,026.73	954.44	795.34	708.59	563.99	1,388.27	1,272.58	1,070.11	954.44	751.97
30-34	401.94	371.02	309.19	278.27	216.43	1,036.82	956.01	807.90	727.11	565.52	1,386.89	1,279.19	1,063.73	956.01	740.58
35-39	393.67	365.04	307.78	272.00	214.74	1,034.92	960.10	798.03	723.19	561.10	1,384.05	1,271.82	1,059.85	960.10	748.12
40-44	395.16	362.23	302.95	276.61	210.76	1,021.07	940.75	791.60	711.33	550.70	1,365.26	1,262.01	1,055.50	940.75	734.25
45	380.08	348.94	292.85	267.94	205.62	987.73	911.78	759.81	683.82	531.87	1,324.25	1,215.69	1,020.32	911.78	716.38
46	372.88	348.42	287.29	262.85	201.72	968.99	894.46	756.01	670.83	532.42	1,309.74	1,213.90	1,011.60	915.77	713.44
47	372.88	342.80	288.68	258.61	204.48	963.85	880.04	743.83	670.50	523.84	1,320.05	1,215.27	1,016.23	911.47	712.43
48	366.77	343.10	283.94	254.36	201.13	948.05	875.91	731.64	659.52	515.25	1,319.01	1,205.67	1,009.87	906.82	711.05
49	363.98	335.10	277.32	248.44	196.44	925.93	855.46	714.57	644.10	503.21	1,298.31	1,197.66	996.39	895.74	694.45
50	356.53	333.89	271.63	243.35	192.41	916.81	837.95	699.92	630.92	492.92	1,291.43	1,202.69	995.69	897.11	699.92
51	361.44	333.63	272.47	244.66	189.06	910.54	852.41	707.11	629.63	494.01	1,288.30	1,191.44	997.70	900.84	697.43
52	353.75	326.54	272.11	244.90	190.48	919.58	843.76	711.05	635.19	502.46	1,289.34	1,185.05	995.45	891.15	701.56
53	355.39	328.86	270.51	244.00	190.96	914.74	850.10	711.49	637.55	498.94	1,275.11	1,182.71	979.42	877.81	683.77
54	353.98	327.96	275.90	244.66	192.60	915.91	852.41	707.32	643.86	498.75	1,269.55	1,169.81	979.37	879.62	689.19
55	351.03	325.59	274.71	244.19	193.31	921.66	850.76	708.98	629.21	496.28	1,267.31	1,169.81	974.82	877.34	682.39
56	364.17	333.24	279.38	254.43	194.56	964.65	895.13	747.37	669.15	521.43	1,303.57	1,199.28	999.40	903.78	703.92
57	372.00	343.00	289.87	260.87	202.90	1,001.44	925.73	774.23	690.08	538.61	1,312.84	1,220.25	1,009.87	908.89	706.92
58	383.21	355.17	294.42	266.37	205.62	1,033.89	952.47	797.80	716.38	561.73	1,326.93	1,221.11	1,025.74	919.92	716.38
59	391.13	359.67	298.72	269.75	206.81	1,057.27	971.11	814.51	736.17	571.72	1,331.38	1,229.56	1,025.95	924.13	720.51
60	394.76	360.05	303.66	273.29	212.56	1,080.63	997.50	831.26	748.12	581.88	1,337.56	1,231.77	1,027.73	921.94	717.90
61	419.71	390.02	326.44	292.52	228.93	1,144.70	1,056.09	878.82	790.21	612.97	1,403.18	1,285.02	1,070.82	967.45	753.29
62	445.09	407.99	342.05	309.08	239.02	1,198.90	1,105.56	918.91	832.78	646.13	1,442.99	1,335.31	1,112.75	997.89	782.52
63	464.33	432.30	360.26	324.23	252.18	1,248.16	1,150.54	962.25	864.66	676.37	1,485.23	1,373.67	1,143.55	1,032.00	801.89
64	490.50	455.18	376.70	341.39	262.91	1,298.75	1,203.06	1,004.84	902.29	704.05	1,537.99	1,421.79	1,182.56	1,066.35	827.12
65	509.96	468.09	391.98	353.92	274.00	1,345.76	1,239.71	1,034.21	928.12	722.60	1,577.82	1,451.84	1,213.18	1,093.87	848.58
66	553.09	512.54	427.74	383.48	298.67	1,445.27	1,336.04	1,111.24	1,002.05	777.21	1,678.48	1,548.05	1,291.10	1,156.22	905.68
67	596.02	549.63	456.84	414.01	321.21	1,541.88	1,423.74	1,181.29	1,069.38	826.89	1,765.69	1,635.15	1,355.38	1,218.58	951.24
68	635.10	586.51	489.33	440.74	343.57	1,632.29	1,505.31	1,257.46	1,130.51	882.65	1,862.02	1,716.92	1,426.73	1,287.69	997.50
69	670.43	616.78	516.23	465.94	362.03	1,705.12	1,576.63	1,313.87	1,179.54	922.62	1,932.85	1,781.02	1,483.23	1,337.23	1,039.40
70	698.50	643.53	536.82	485.08	375.12	1,774.51	1,639.31	1,363.27	1,228.04	952.04	1,994.19	1,836.45	1,532.26	1,380.17	1,070.34
71	783.81	721.10	601.96	542.40	420.12	1,955.26	1,802.33	1,501.93	1,349.02	1,054.07	2,184.62	2,020.79	1,687.61	1,512.86	1,179.68
72	862.41	795.59	661.99	595.19	464.60	2,115.94	1,951.95	1,629.26	1,465.27	1,142.60	2,364.56	2,184.69	1,819.69	1,634.54	1,274.83
73	928.03	855.06	712.07	642.03	499.03	2,252.09	2,074.15	1,728.45	1,555.61	1,209.94	2,511.37	2,318.18	1,931.83	1,738.64	1,352.26
74	989.73	916.42	761.32	685.20	532.93	2,382.31	2,200.56	1,832.17	1,650.42	1,282.02	2,657.37	2,451.08	2,043.38	1,837.10	1,429.38
75	1,040.05	959.00	802.32	721.29	561.90	2,479.98	2,291.76	1,905.87	1,717.63	1,336.46	2,762.36	2,545.88	2,122.35	1,910.57	1,487.04
76	1,136.57	1,048.74	875.67	787.85	612.20	2,681.88	2,474.86	2,060.91	1,853.91	1,444.43	2,960.86	2,735.88	2,281.38	2,051.92	1,597.41
77	1,222.54	1,126.41	939.09	845.43	658.10	2,855.29	2,636.33	2,194.07	1,975.10	1,537.14	3,130.10	2,889.65	2,408.75	2,168.30	1,687.42
78	1,303.78	1,202.03	1,000.90	903.89	700.40	3,021.38	2,790.56	2,324.79	2,089.81	1,628.16	3,301.68	3,046.11	2,539.10	2,283.55	1,776.56
79	1,362.23	1,256.57	1,047.52	941.87	732.82	3,140.50	2,897.71	2,412.16	2,173.28	1,687.72	3,414.60	3,152.25	2,627.55	2,365.17	1,840.44
80	1,407.65	1,299.04	1,081.83	973.22	758.13	3,227.47	2,978.94	2,481.81	2,236.99	1,736.16	3,498.28	3,227.47	2,689.54	2,422.46	1,884.55
81	1,449.86	1,339.11	1,115.59	1,004.85	781.33	3,325.84	3,068.64	2,561.37	2,300.59	1,793.32	3,604.49	3,329.41	2,772.15	2,497.09	1,939.79
82	1,590.60	1,439.60	1,199.66	1,078.68	840.80	3,572.34	3,300.85	2,750.71	2,475.64	1,925.50	3,875.98	3,575.93	2,982.90	2,682.84	2,089.81
83	1,683.63	1,554.44	1,296.06	1,166.86	906.41	3,861.70	3,565.19	2,968.61	2,672.11	2,079.11	4,183.20	3,861.70	3,218.69	2,897.16	2,254.15
84	1,827.19	1,687.74	1,404.75	1,265.30	984.34	4,190.36	3,868.86	3,222.25	2,900.74	2,254.15	4,540.45	4,190.36	3,493.76	3,143.67	2,447.07
85	1,993.30	1,839.48	1,531.89	1,378.08	1,072.52	4,565.45	4,215.38	3,511.63	3,161.52	2,457.77	4,951.27	4,569.02	3,808.12	3,425.89	2,664.98
86	2,169.66	2,005.60	1,669.29	1,503.18	1,169.90	4,976.27	4,594.05	3,829.54	3,447.30	2,679.27	5,394.24	4,979.84	4,151.05	3,736.66	2,904.31
87	2,364.47	2,184.00	1,818.99	1,638.52	1,273.50	5,426.38	5,008.41	4,172.49	3,754.52	2,922.19	5,880.09	5,429.97	4,526.15	4,072.48	3,168.68
88	2,579.79	2,380.89	1,983.04	1,784.12	1,388.33	5,915.81	5,458.54	4,547.60	4,093.91	3,182.96	6,408.78	5,915.81	4,929.84	4,436.86	3,450.88
89	2,811.53	2,596.21	2,163.51	1,946.13	1,515.47	6,448.10	5,951.51	4,958.41	4,465.43	3,472.33	6,987.49	6,448.10	5,376.37	4,836.94	3,765.26
90	3,063.76	2,829.99	2,356.27	2,120.44	1,648.78	7,026.81	6,487.36	5,404.96	4,865.55	3,783.12	7,616.25	7,030.38	5,858.64	5,272.77	4,101.05
91	3,340.61	3,084.27	2,569.54	2,313.20	1,798.48	7,659.10	7,069.66	5,890.80	5,301.34	4,122.48	8,302.13	7,662.67	6,387.34	5,744.33	4,472.59
92	3,642.07	3,361.12	2,801.28	2,520.32	1,960.48	8,348.57	7,705.53	6,423.07	5,780.04	4,497.58	9,048.75	8,352.14	6,958.92	6,265.89	4,872.67
93	3,968.14	3,662.58	3,051.45	2,747.95	2,136.84	9,098.74	8,398.58	6,998.24	6,301.62	4,897.69	9,863.24	9,102.33	7,584.08	6,826.78	5,308.50
94	4,324.95	3,992.74	3,328.30	2,994.04	2,329.62	9,916.84	9,155.92	7,630.53	6,866.04	5,340.66	10,749.19	9,923.96	8,269.95	7,441.20	5,790.77

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay 10 Individual														
	1460 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	431.59	395.63	332.68	296.72	233.78	1,159.11	1,080.77	892.81	798.81	626.55	1,566.34	1,456.70	1,206.09	1,096.43	845.83
25-29	431.67	398.48	332.05	296.86	232.43	1,156.90	1,070.11	882.13	795.34	621.84	1,561.81	1,431.65	1,200.27	1,084.59	838.76
30-34	432.86	401.94	332.37	293.72	231.88	1,157.99	1,063.73	888.68	807.90	619.39	1,561.93	1,440.76	1,198.37	1,077.18	834.82
35-39	429.46	393.67	329.26	300.63	229.05	1,159.60	1,059.85	885.30	798.03	623.44	1,558.60	1,433.93	1,197.00	1,084.80	835.43
40-44	428.09	395.16	322.72	296.36	223.92	1,135.78	1,055.50	883.40	791.60	619.52	1,537.33	1,422.60	1,181.70	1,066.96	826.04
45	405.02	380.08	317.79	286.63	224.31	1,096.29	1,020.32	846.65	759.81	596.98	1,487.04	1,378.51	1,139.72	1,020.32	803.22
46	403.44	372.88	311.75	281.18	220.06	1,086.14	1,000.95	841.23	756.01	585.64	1,480.11	1,373.65	1,139.37	1,032.88	798.62
47	402.95	366.86	306.73	276.64	216.51	1,089.57	995.27	838.13	743.83	586.69	1,487.69	1,382.90	1,152.42	1,037.17	806.69
48	396.34	366.77	307.61	278.03	212.95	1,082.01	999.58	834.68	741.95	587.38	1,494.20	1,380.87	1,143.83	1,030.48	803.78
49	392.87	358.20	300.44	271.54	207.99	1,056.77	986.30	825.27	734.69	573.68	1,489.51	1,378.83	1,147.35	1,026.58	805.15
50	384.82	356.53	299.93	265.98	209.40	1,054.85	975.96	808.38	729.51	561.92	1,478.73	1,370.29	1,143.55	1,035.11	798.52
51	389.25	361.44	300.28	266.91	211.31	1,055.83	968.67	813.69	736.17	571.50	1,472.36	1,365.80	1,133.35	1,017.08	794.30
52	391.84	359.20	299.33	272.11	212.24	1,052.34	967.02	805.83	729.99	568.83	1,469.46	1,355.69	1,128.17	1,014.40	786.88
53	392.52	360.68	302.35	270.51	212.16	1,044.10	960.96	803.88	720.74	563.62	1,441.44	1,339.79	1,108.78	997.92	776.17
54	395.63	364.40	307.14	275.90	213.43	1,042.85	961.24	798.03	716.38	562.23	1,432.80	1,323.97	1,106.34	997.50	770.80
55	396.82	361.20	305.24	274.71	213.66	1,028.01	957.11	797.61	717.84	558.31	1,417.94	1,311.60	1,090.04	983.69	762.16
56	414.07	384.13	319.29	289.35	224.49	1,095.00	1,008.08	842.97	764.74	590.96	1,451.30	1,347.00	1,121.06	1,008.08	782.14
57	425.13	396.14	328.51	294.69	231.88	1,144.51	1,051.96	883.65	791.06	622.75	1,472.74	1,363.32	1,136.11	1,026.72	799.47
58	439.29	401.90	331.80	303.76	233.67	1,180.43	1,090.88	903.63	814.09	634.99	1,489.78	1,375.80	1,147.84	1,033.89	805.95
59	445.09	409.13	341.68	305.71	238.28	1,213.90	1,119.93	931.97	837.99	650.03	1,495.86	1,378.37	1,151.25	1,033.79	806.67
60	451.15	416.46	347.05	308.01	242.93	1,239.33	1,141.10	959.72	861.49	672.57	1,503.80	1,390.46	1,156.22	1,042.85	808.58
61	474.82	440.90	368.84	326.44	258.61	1,307.18	1,203.77	1,004.38	900.98	701.57	1,573.03	1,447.50	1,203.77	1,085.61	841.89
62	498.66	457.44	383.26	342.05	267.87	1,364.02	1,256.35	1,048.13	947.63	732.27	1,622.46	1,500.42	1,249.15	1,119.93	875.86
63	516.36	480.34	396.28	356.26	276.20	1,415.51	1,310.92	1,087.79	976.20	760.03	1,673.52	1,547.98	1,283.02	1,164.47	899.50
64	545.43	502.27	415.94	376.70	290.37	1,476.48	1,367.10	1,134.69	1,025.34	792.92	1,736.22	1,606.37	1,339.77	1,203.06	936.46
65	559.43	513.77	430.64	388.17	300.64	1,516.15	1,405.45	1,166.77	1,047.46	815.41	1,776.70	1,637.46	1,365.66	1,226.46	954.63
66	612.09	564.17	471.98	424.04	331.86	1,637.95	1,509.48	1,258.98	1,136.95	880.01	1,894.90	1,753.58	1,458.09	1,316.78	1,021.32
67	656.70	610.31	506.80	456.84	353.34	1,747.07	1,610.27	1,342.93	1,212.36	938.80	2,008.18	1,852.76	1,541.88	1,392.66	1,081.82
68	707.97	652.45	541.39	489.33	378.28	1,855.98	1,710.87	1,426.73	1,287.69	997.50	2,121.97	1,958.74	1,626.23	1,469.05	1,136.57
69	747.53	690.54	576.57	516.23	402.25	1,938.67	1,792.69	1,494.90	1,343.06	1,045.27	2,207.29	2,037.97	1,699.29	1,529.93	1,191.25
70	779.35	724.38	601.49	540.04	420.39	2,022.36	1,864.62	1,549.16	1,397.07	1,087.23	2,287.12	2,112.49	1,757.61	1,582.97	1,228.04
71	880.99	812.03	677.20	608.24	473.42	2,222.86	2,053.54	1,709.46	1,534.68	1,196.09	2,512.33	2,315.69	1,933.39	1,736.77	1,354.46
72	971.72	895.81	747.01	671.09	522.30	2,412.16	2,221.73	1,851.43	1,666.28	1,296.00	2,713.67	2,502.09	2,084.20	1,877.88	1,459.99
73	1,044.76	965.96	802.55	723.75	563.24	2,562.20	2,363.91	1,972.48	1,774.23	1,382.76	2,882.47	2,663.87	2,216.50	1,997.92	1,550.54
74	1,119.43	1,032.02	860.03	775.43	603.42	2,716.34	2,505.12	2,087.58	1,881.29	1,463.77	3,050.33	2,814.57	2,343.01	2,107.23	1,640.60
75	1,175.13	1,085.97	904.98	815.83	634.83	2,828.24	2,607.06	2,174.12	1,957.64	1,520.00	3,171.76	2,927.05	2,442.35	2,197.65	1,708.22
76	1,309.63	1,208.89	1,007.41	906.67	705.19	3,100.34	2,866.36	2,384.89	2,150.88	1,669.41	3,446.84	3,181.34	2,650.37	2,384.89	1,853.91
77	1,424.65	1,316.20	1,096.84	985.92	769.02	3,344.78	3,082.87	2,567.62	2,314.30	1,799.05	3,683.98	3,396.31	2,833.83	2,546.16	1,983.69
78	1,535.67	1,417.35	1,183.10	1,064.79	828.17	3,573.71	3,301.68	2,749.33	2,473.15	1,924.94	3,911.71	3,610.82	3,009.03	2,708.10	2,106.30
79	1,620.73	1,497.10	1,245.34	1,121.71	872.19	3,743.54	3,453.78	2,878.15	2,592.29	2,016.66	4,076.38	3,763.10	3,136.59	2,823.31	2,196.80
80	1,686.63	1,556.73	1,296.91	1,167.02	907.20	3,880.39	3,579.91	2,982.62	2,682.14	2,088.57	4,203.13	3,880.39	3,231.18	2,912.14	2,262.93
81	1,736.96	1,605.71	1,337.06	1,203.77	935.12	3,997.44	3,686.65	3,072.21	2,764.99	2,150.55	4,329.69	3,997.44	3,329.41	2,997.18	2,329.16
82	1,868.21	1,726.70	1,437.55	1,294.00	1,006.90	4,296.96	3,961.73	3,304.43	2,972.18	2,314.87	4,654.76	4,297.53	3,579.50	3,222.25	2,504.21
83	2,017.90	1,864.10	1,552.40	1,398.58	1,086.88	4,636.91	4,283.25	3,568.77	3,207.96	2,497.09	5,026.28	4,640.48	3,865.27	3,479.45	2,704.28
84	2,190.16	2,022.01	1,683.63	1,517.53	1,179.15	5,029.85	4,647.60	3,872.43	3,483.02	2,711.41	5,454.95	5,033.44	4,197.51	3,775.96	2,940.04
85	2,387.03	2,202.47	1,835.39	1,652.87	1,285.80	5,483.55	5,062.01	4,222.50	3,797.40	2,954.33	5,944.38	5,487.13	4,572.61	4,115.34	3,200.84
86	2,602.35	2,401.38	2,001.50	1,800.52	1,400.64	5,980.11	5,519.28	4,601.18	4,140.35	3,222.25	6,480.24	5,983.68	4,983.43	4,483.30	3,490.18
87	2,836.13	2,618.76	2,181.96	1,962.53	1,527.78	6,515.97	6,015.84	5,012.00	4,511.87	3,508.04	7,062.52	6,519.52	5,433.54	4,890.53	3,804.53
88	3,090.43	2,852.55	2,376.78	2,140.95	1,663.12	7,101.80	6,555.23	5,462.11	4,919.13	3,822.40	7,698.40	7,105.37	5,922.94	5,329.95	4,147.51
89	3,369.32	3,108.89	2,592.10	2,331.67	1,814.88	7,744.84	7,148.26	5,955.10	5,358.51	4,168.92	8,391.42	7,744.84	6,455.22	5,808.63	4,519.01
90	3,672.82	3,389.83	2,825.88	2,542.88	1,978.93	8,437.88	7,791.27	6,490.95	5,840.79	4,544.01	9,145.20	8,441.44	7,033.93	6,330.18	4,922.68
91	4,002.99	3,695.38	3,080.18	2,772.57	2,155.29	9,202.36	8,491.47	7,076.81	6,365.91	4,954.86	9,970.39	9,202.36	7,669.82	6,901.77	5,369.23
92	4,363.91	4,027.59	3,357.03	3,020.71	2,350.12	10,027.56	9,255.94	7,712.69	6,941.07	5,397.81	10,867.07	10,031.13	8,359.28	7,523.35	5,851.48
93	4,757.65	4,390.58	3,658.47	3,293.45	2,561.34	10,927.81	10,088.31	8,408.28	7,566.20	5,887.21	11,845.88	10,934.93	9,113.03	8,202.09	6,380.21
94	5,184.20	4,784.32	3,988.63	3,588.75	2,793.08	11,913.75	10,999.25	9,163.04	8,248.54	6,415.91	12,910.43	11,917.34	9,931.12	8,938.01	6,951.78

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low Bio Rate Increase - 74.2% High Bio Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay 10 Individual														
	1825 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO					0 EP	30 EP	90 EP	180 EP	365 EP
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	503.53	467.57	386.64	341.68	269.75	1,331.38	1,237.41	1,018.13	924.13	720.51	1,801.28	1,660.30	1,378.37	1,253.07	971.11
25-29	498.08	456.57	381.87	348.66	265.65	1,330.44	1,229.21	1,026.73	925.51	723.05	1,793.20	1,648.58	1,373.81	1,243.65	968.88
30-34	502.42	463.78	378.76	340.11	262.80	1,333.03	1,225.32	1,023.32	915.63	713.63	1,790.85	1,642.72	1,373.43	1,238.79	956.01
35-39	493.89	458.11	386.52	343.57	272.00	1,321.71	1,221.94	1,022.45	910.23	710.72	1,783.04	1,645.88	1,371.58	1,234.40	960.10
40-44	493.94	454.42	375.39	342.47	263.43	1,307.89	1,204.63	1,009.59	906.35	711.33	1,766.79	1,629.12	1,353.78	1,216.11	952.23
45	473.56	442.40	367.63	330.25	255.47	1,259.12	1,161.41	966.04	879.22	672.99	1,704.15	1,573.88	1,313.40	1,183.13	922.62
46	470.68	433.99	360.65	323.98	250.62	1,235.20	1,150.02	947.70	862.50	660.20	1,693.08	1,554.65	1,299.08	1,171.32	905.11
47	463.08	427.00	354.84	318.75	246.57	1,215.27	1,131.46	932.42	848.62	649.56	1,686.73	1,550.54	1,288.63	1,162.91	900.98
48	455.50	420.00	354.93	319.44	248.46	1,195.34	1,112.91	927.44	834.68	649.19	1,669.39	1,545.73	1,288.10	1,154.14	906.82
49	444.86	410.20	346.65	311.99	242.66	1,167.47	1,086.96	905.81	815.22	634.05	1,650.56	1,519.72	1,268.12	1,137.28	885.65
50	441.42	401.79	339.56	305.60	237.68	1,143.55	1,064.69	887.25	798.52	621.08	1,626.61	1,508.33	1,261.87	1,133.69	887.25
51	444.85	405.92	339.19	305.82	239.10	1,162.38	1,075.21	900.84	803.99	629.63	1,617.64	1,501.41	1,249.57	1,123.66	871.78
52	446.27	408.18	342.86	304.77	239.46	1,166.09	1,080.77	900.65	815.33	635.19	1,611.66	1,488.42	1,241.94	1,109.20	872.20
53	440.25	408.43	339.48	307.64	238.69	1,173.46	1,081.07	905.53	813.13	637.55	1,598.51	1,469.15	1,228.93	1,099.57	859.31
54	442.48	406.04	338.37	307.14	238.46	1,187.94	1,097.25	906.82	816.13	634.78	1,586.96	1,469.05	1,215.13	1,097.25	852.41
55	442.61	406.99	335.77	305.24	234.01	1,187.54	1,090.04	912.79	824.19	638.08	1,568.60	1,444.52	1,205.25	1,081.19	841.89
56	468.94	429.03	354.20	324.26	249.43	1,260.11	1,155.83	964.65	869.03	677.85	1,625.11	1,503.45	1,260.11	1,129.76	886.42
57	483.10	449.29	372.00	338.17	260.87	1,304.43	1,203.44	1,001.44	900.46	698.49	1,666.28	1,540.05	1,279.19	1,152.94	892.06
58	500.04	462.66	383.21	345.81	266.37	1,343.24	1,237.41	1,033.89	928.03	724.53	1,693.28	1,563.04	1,302.53	1,180.43	911.78
59	512.52	472.06	395.63	355.17	278.74	1,370.54	1,268.73	1,057.27	955.45	744.03	1,707.32	1,574.16	1,315.72	1,182.57	924.13
60	524.91	481.52	403.44	360.05	281.97	1,398.04	1,299.78	1,080.63	967.30	755.68	1,730.52	1,602.07	1,330.02	1,193.97	929.50
61	551.14	512.98	423.95	381.55	296.76	1,477.02	1,358.86	1,137.30	1,019.14	797.61	1,816.75	1,669.03	1,395.78	1,255.46	974.82
62	576.95	531.62	445.09	399.76	313.20	1,529.13	1,414.28	1,177.35	1,062.50	825.60	1,880.91	1,730.15	1,442.99	1,299.41	1,012.24
63	600.43	552.38	460.33	416.30	324.23	1,582.85	1,464.31	1,220.25	1,094.76	857.66	1,938.48	1,792.03	1,492.21	1,345.76	1,045.95
64	623.91	576.83	478.72	431.64	333.54	1,647.37	1,524.32	1,264.57	1,141.55	888.63	2,016.49	1,859.27	1,551.67	1,394.45	1,086.85
65	639.35	593.69	490.92	441.45	342.51	1,690.51	1,557.92	1,299.36	1,173.41	908.23	2,061.76	1,902.65	1,584.42	1,425.34	1,107.11
66	700.59	645.29	538.35	486.73	376.10	1,830.65	1,695.75	1,406.70	1,265.41	982.78	2,196.80	2,023.35	1,695.75	1,522.33	1,188.34
67	756.63	699.53	581.76	521.08	406.87	1,958.44	1,809.21	1,504.58	1,355.38	1,050.72	2,319.02	2,138.72	1,784.35	1,604.05	1,249.66
68	808.61	746.14	621.21	562.21	433.80	2,085.71	1,928.52	1,608.09	1,444.88	1,124.48	2,442.39	2,254.98	1,880.16	1,692.74	1,317.91
69	854.80	787.76	657.01	593.32	459.24	2,195.62	2,026.29	1,687.58	1,518.26	1,179.54	2,540.15	2,347.43	1,956.21	1,757.66	1,372.28
70	892.53	824.62	688.80	617.65	481.84	2,287.12	2,112.49	1,757.61	1,582.97	1,228.04	2,630.77	2,422.32	2,022.36	1,819.55	1,413.96
71	1,003.27	924.88	771.26	692.88	539.25	2,523.25	2,332.07	1,938.85	1,747.70	1,359.94	2,867.33	2,648.87	2,206.49	1,988.01	1,545.61
72	1,099.27	1,014.23	847.23	762.19	592.14	2,745.43	2,533.83	2,110.64	1,899.04	1,475.87	3,089.25	2,851.20	2,380.41	2,142.38	1,666.28
73	1,181.92	1,091.45	907.60	820.05	638.19	2,923.15	2,694.37	2,247.01	2,023.32	1,570.88	3,268.85	3,014.64	2,516.42	2,262.25	1,764.04
74	1,263.24	1,164.55	969.99	874.12	679.56	3,104.37	2,863.69	2,382.31	2,146.54	1,670.07	3,448.22	3,187.86	2,652.47	2,387.24	1,856.71
75	1,323.69	1,223.74	1,018.44	918.49	713.18	3,237.63	2,988.24	2,489.41	2,240.00	1,741.16	3,581.19	3,308.23	2,757.64	2,479.98	1,929.40
76	1,443.96	1,332.89	1,110.74	1,002.24	777.52	3,496.32	3,226.34	2,690.87	2,420.89	1,885.40	3,838.31	3,541.33	2,947.36	2,654.88	2,065.40
77	1,572.54	1,449.30	1,207.75	1,086.98	845.43	3,769.84	3,482.17	2,902.52	2,610.56	2,030.91	4,100.46	3,782.74	3,151.56	2,838.12	2,206.96
78	1,689.48	1,561.70	1,299.04	1,171.27	908.63	4,018.88	3,709.75	3,091.46	2,782.30	2,164.02	4,332.16	3,998.27	3,330.51	2,996.66	2,333.01
79	1,764.61	1,629.72	1,357.73	1,222.86	950.86	4,162.53	3,841.44	3,203.14	2,878.15	2,243.78	4,440.55	4,099.88	3,414.60	3,073.95	2,388.67
80	1,805.89	1,667.47	1,390.62	1,250.06	973.22	4,258.79	3,928.61	3,271.98	2,949.24	2,288.92	4,544.43	4,195.73	3,498.28	3,145.86	2,448.42
81	1,862.05	1,718.50	1,433.46	1,287.84	1,002.79	4,386.84	4,047.45	3,372.30	3,036.48	2,361.33	4,683.33	4,322.53	3,600.91	3,243.69	2,522.07
82	2,001.50	1,847.70	1,540.09	1,386.28	1,078.68	4,715.49	4,351.12	3,629.51	3,265.12	2,539.94	5,033.44	4,647.60	3,872.43	3,486.61	2,711.41
83	2,161.46	1,995.35	1,663.12	1,494.96	1,164.81	5,090.59	4,701.19	3,918.87	3,525.91	2,743.55	5,437.10	5,019.15	4,179.65	3,761.67	2,925.76
84	2,343.96	2,165.55	1,804.63	1,622.11	1,263.24	5,526.41	5,101.31	4,251.07	3,825.97	2,975.77	5,897.94	5,444.26	4,536.88	4,083.18	3,175.81
85	2,555.19	2,360.38	1,966.64	1,769.76	1,376.02	6,022.97	5,558.55	4,633.32	4,168.92	3,243.69	6,426.66	5,933.67	4,947.70	4,451.14	3,465.17
86	2,784.88	2,571.59	2,143.00	1,929.72	1,501.13	6,565.98	6,062.26	5,051.29	4,544.01	3,536.63	7,008.94	6,469.51	5,390.65	4,851.26	3,772.39
87	3,037.11	2,803.33	2,335.76	2,101.98	1,634.42	7,155.39	6,605.25	5,504.96	4,951.27	3,854.58	7,641.25	7,051.79	5,878.52	5,290.65	4,115.34
88	3,309.85	3,055.56	2,546.99	2,292.69	1,782.07	7,802.00	7,198.27	6,001.56	5,397.81	4,201.06	8,327.13	7,684.12	6,405.21	5,762.17	4,483.30
89	3,609.26	3,330.36	2,774.62	2,497.77	1,942.03	8,502.18	7,844.85	6,540.95	5,883.64	4,579.74	9,077.32	8,377.14	6,980.37	6,283.74	4,886.95
90	3,933.27	3,631.82	3,026.85	2,723.35	2,118.39	9,266.64	8,552.19	7,126.82	6,415.91	4,990.55	9,891.83	9,130.90	7,609.09	6,848.17	5,326.37
91	4,285.99	3,957.88	3,297.55	2,969.44	2,309.11	10,099.02	9,323.81	7,769.86	6,994.65	5,440.67	10,781.33	9,952.57	8,291.40	7,462.61	5,805.06
92	4,673.58	4,312.66	3,594.90	3,236.03	2,516.23	11,009.96	10,163.32	8,470.02	7,623.38	5,930.10	11,753.01	10,849.19	9,038.04	8,137.79	6,326.63
93	5,093.97	4,700.23	3,918.92	3,527.22	2,743.86	11,999.49	11,077.83	9,230.95	8,309.27	6,462.38	12,810.42	11,824.47	9,852.51	8,870.14	6,898.18
94	5,551.28	5,124.73	4,271.64	3,843.03	2,989.94	13,081.91	12,074.52	10,063.29	9,055.89	7,044.67	13,964.29	12,889.02	10,738.47	9,666.76	7,516.21

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

50% Home Care Pay 10 Individual															
2190 x Daily Maximum															
Age	No BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	539.49	494.54	413.61	368.66	287.73	1,456.70	1,347.05	1,112.09	1,018.13	783.15	1,910.94	1,769.96	1,472.36	1,331.38	1,033.79
25-29	531.29	489.78	406.77	365.26	282.25	1,446.12	1,330.44	1,113.49	997.82	780.90	1,908.87	1,764.26	1,460.56	1,315.96	1,026.73
30-34	533.34	494.70	409.66	371.02	286.00	1,440.76	1,333.03	1,104.13	996.41	767.49	1,912.04	1,763.90	1,467.70	1,319.57	1,023.32
35-39	529.68	486.73	407.99	365.04	286.31	1,446.40	1,321.71	1,109.72	997.50	773.05	1,895.28	1,745.62	1,458.86	1,309.23	1,022.45
40-44	526.88	480.78	401.75	362.23	283.20	1,422.60	1,319.37	1,089.90	986.67	768.67	1,881.52	1,732.38	1,445.56	1,296.41	1,009.59
45	504.72	467.33	386.33	348.94	267.94	1,378.51	1,269.97	1,063.73	955.17	748.94	1,812.67	1,671.59	1,389.37	1,259.12	976.90
46	501.24	458.45	385.09	342.31	268.96	1,352.35	1,245.86	1,043.53	937.04	734.74	1,788.93	1,661.14	1,384.28	1,235.20	968.99
47	493.15	457.08	378.88	342.80	264.62	1,330.52	1,225.76	1,026.72	921.94	722.88	1,781.02	1,644.81	1,372.43	1,236.25	963.85
48	485.08	449.57	372.67	337.19	260.29	1,319.01	1,205.67	1,009.87	906.82	711.05	1,772.43	1,638.47	1,370.54	1,226.28	958.34
49	473.75	439.08	369.75	329.32	259.99	1,288.24	1,177.54	986.30	885.65	694.45	1,741.15	1,610.29	1,338.55	1,207.73	935.99
50	464.05	435.76	362.18	322.57	254.66	1,261.87	1,153.43	966.11	867.52	680.22	1,725.21	1,597.07	1,321.03	1,202.69	926.69
51	467.10	428.16	361.44	328.07	255.79	1,278.63	1,181.76	978.36	881.47	687.72	1,714.53	1,578.91	1,317.37	1,181.76	920.23
52	468.04	429.93	359.20	326.54	250.35	1,279.85	1,185.05	985.97	891.15	692.08	1,696.99	1,573.74	1,308.31	1,175.59	919.58
53	466.78	429.65	355.39	318.26	249.29	1,284.36	1,182.71	988.67	887.03	692.99	1,672.44	1,543.08	1,284.36	1,164.25	896.28
54	463.30	428.87	359.20	322.75	249.88	1,298.74	1,197.00	997.50	897.76	698.25	1,668.56	1,532.54	1,278.63	1,151.67	897.76
55	462.96	422.26	356.12	320.50	249.28	1,302.75	1,196.39	1,001.42	903.92	700.11	1,638.50	1,520.28	1,267.31	1,134.36	886.21
56	488.90	444.99	374.16	334.25	264.40	1,373.10	1,268.80	1,060.23	955.96	738.68	1,720.70	1,600.34	1,320.94	1,190.59	921.19
57	507.26	463.78	391.32	347.84	275.36	1,422.22	1,312.84	1,094.03	984.63	765.82	1,767.29	1,632.62	1,363.32	1,220.25	950.98
58	518.73	481.35	401.90	359.85	280.40	1,465.35	1,359.53	1,131.59	1,017.61	789.65	1,807.26	1,668.87	1,392.08	1,253.70	976.90
59	530.50	494.54	409.13	368.66	287.73	1,495.86	1,382.20	1,151.25	1,041.61	806.67	1,832.60	1,691.66	1,409.70	1,268.73	986.81
60	542.26	503.21	416.46	377.41	290.66	1,534.06	1,413.15	1,178.86	1,057.95	823.70	1,868.54	1,715.42	1,435.79	1,292.23	1,005.05
61	580.81	534.17	445.15	398.51	313.72	1,602.57	1,477.02	1,233.30	1,107.77	864.05	1,949.66	1,801.98	1,499.18	1,351.50	1,048.68
62	609.93	560.47	469.81	420.36	329.70	1,651.17	1,529.13	1,277.86	1,148.64	897.37	2,024.50	1,873.73	1,565.01	1,407.08	1,098.38
63	636.46	588.42	488.35	440.31	340.24	1,708.36	1,568.90	1,310.92	1,178.43	920.42	2,098.87	1,931.49	1,610.74	1,450.39	1,129.62
64	667.08	616.06	514.04	463.03	361.00	1,763.58	1,626.87	1,360.28	1,223.56	950.14	2,180.53	2,008.64	1,674.71	1,510.66	1,175.73
65	688.82	635.54	528.98	479.51	369.15	1,803.21	1,663.99	1,385.57	1,252.95	967.89	2,234.12	2,061.76	1,717.04	1,544.65	1,199.92
66	755.90	696.91	578.91	523.60	405.60	1,959.12	1,804.97	1,500.48	1,355.31	1,059.85	2,383.06	2,196.80	1,830.65	1,650.81	1,284.67
67	813.73	753.06	624.57	563.90	438.99	2,095.21	1,939.79	1,616.49	1,454.85	1,131.55	2,511.77	2,319.02	1,933.57	1,740.83	1,355.38
68	874.55	805.14	668.79	603.86	468.50	2,242.88	2,067.58	1,722.98	1,553.71	1,209.10	2,647.93	2,442.39	2,037.32	1,831.78	1,426.73
69	921.84	848.08	710.65	636.90	496.12	2,359.14	2,172.27	1,810.23	1,635.04	1,267.17	2,756.21	2,540.15	2,119.70	1,903.64	1,483.23
70	963.67	889.30	743.79	669.40	520.64	2,456.12	2,270.23	1,892.80	1,701.25	1,323.83	2,844.81	2,630.77	2,185.74	1,966.04	1,532.26
71	1,075.38	993.87	827.70	746.19	580.02	2,714.40	2,506.84	2,091.76	1,878.78	1,463.70	3,107.64	2,861.84	2,386.71	2,151.86	1,671.24
72	1,181.26	1,093.19	911.00	816.86	637.69	2,951.71	2,729.54	2,274.63	2,047.15	1,592.24	3,343.16	3,083.97	2,565.57	2,311.65	1,798.53
73	1,269.47	1,173.17	977.64	881.34	685.80	3,156.99	2,907.90	2,424.93	2,180.91	1,697.96	3,528.11	3,258.65	2,719.80	2,445.28	1,906.39
74	1,356.29	1,254.77	1,046.12	938.98	733.14	3,349.95	3,089.63	2,573.87	2,318.45	1,802.69	3,718.35	3,438.39	2,863.69	2,573.87	2,004.08
75	1,423.64	1,315.59	1,094.07	986.01	767.20	3,496.46	3,228.24	2,687.05	2,418.84	1,882.34	3,863.51	3,562.36	2,974.12	2,677.63	2,079.98
76	1,552.44	1,433.63	1,193.39	1,077.15	834.35	3,775.30	3,487.33	2,906.86	2,614.38	2,033.91	4,139.79	3,815.82	3,181.34	2,866.36	2,227.41
77	1,688.39	1,557.75	1,298.95	1,168.32	909.51	4,074.71	3,761.26	3,130.10	2,816.66	2,189.78	4,418.20	4,079.00	3,400.59	3,061.39	2,378.70
78	1,817.25	1,677.64	1,398.43	1,256.46	979.62	4,340.38	4,006.53	3,338.77	3,000.77	2,337.14	4,666.02	4,311.54	3,590.21	3,231.60	2,514.39
79	1,897.23	1,751.11	1,458.89	1,315.02	1,020.54	4,495.37	4,146.87	3,453.78	3,113.08	2,416.08	4,789.07	4,420.99	3,684.80	3,316.70	2,580.53
80	1,942.18	1,793.11	1,492.85	1,345.89	1,045.63	4,596.35	4,243.95	3,539.10	3,182.96	2,478.12	4,900.58	4,525.87	3,769.11	3,394.41	2,637.61
81	2,001.50	1,847.70	1,540.09	1,386.28	1,078.68	4,736.92	4,372.54	3,643.79	3,279.40	2,550.64	5,051.29	4,661.92	3,883.14	3,493.76	2,718.57
82	2,151.20	1,985.10	1,654.92	1,488.82	1,158.65	5,090.59	4,701.19	3,918.87	3,525.91	2,743.55	5,429.97	5,012.00	4,176.08	3,758.10	2,922.19
83	2,323.45	2,145.04	1,786.17	1,609.81	1,250.93	5,497.84	5,076.29	4,229.66	3,808.12	2,961.49	5,862.23	5,412.10	4,508.31	4,058.20	3,154.36
84	2,520.32	2,327.56	1,937.92	1,745.16	1,357.57	5,965.83	5,508.55	4,590.47	4,133.19	3,215.12	6,362.36	5,872.93	4,890.53	4,404.72	3,422.32
85	2,747.95	2,536.74	2,112.24	1,901.01	1,478.56	6,505.24	6,001.56	5,004.87	4,504.72	3,504.47	6,933.91	6,401.62	5,333.50	4,801.21	3,733.11
86	2,994.04	2,764.37	2,302.94	2,073.28	1,611.87	7,091.09	6,544.54	5,454.95	4,908.40	3,818.85	7,559.08	6,973.21	5,812.22	5,233.47	4,068.89
87	3,262.68	3,012.49	2,510.07	2,259.89	1,757.47	7,726.97	7,133.98	5,944.38	5,351.35	4,161.79	8,237.81	7,601.93	6,337.34	5,701.46	4,436.86
88	3,557.99	3,283.19	2,737.70	2,462.90	1,917.42	8,423.60	7,776.98	6,480.24	5,833.63	4,536.88	8,977.29	8,287.83	6,908.91	6,215.87	4,836.94
89	3,877.90	3,580.55	2,981.74	2,684.39	2,087.62	9,180.91	8,473.61	7,062.52	6,355.20	4,944.13	9,788.21	9,034.46	7,526.94	6,773.17	5,269.20
90	4,226.52	3,900.45	3,250.38	2,926.37	2,276.29	10,009.71	9,238.07	7,698.40	6,930.34	5,390.65	10,667.02	9,848.95	8,205.67	7,384.02	5,744.33
91	4,607.96	4,253.19	3,543.64	3,190.90	2,481.36	10,909.94	10,070.45	8,391.42	7,551.92	5,872.93	11,627.97	10,734.90	8,945.14	8,048.48	6,262.32
92	5,022.20	4,634.61	3,863.54	3,478.01	2,704.90	11,892.34	10,977.82	9,145.20	8,230.69	6,401.62	12,674.67	11,699.43	9,748.91	8,777.24	6,823.19
93	5,473.36	5,052.95	4,212.17	3,789.72	2,948.93	12,960.45	11,963.76	9,970.39	8,973.74	6,980.37	13,817.81	12,753.25	10,627.72	9,566.73	7,441.20
94	5,967.58	5,508.21	4,589.49	4,132.19	3,213.47	14,125.06	13,042.63	10,867.07	9,781.07	7,605.52	15,057.41	13,899.99	11,585.10	10,424.09	8,109.22

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay 10 Individual														
	2920 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	593.45	548.48	458.56	413.61	323.69	1,613.32	1,488.02	1,237.41	1,112.09	861.49	2,130.22	1,973.58	1,644.64	1,472.36	1,159.11
25-29	589.40	539.60	448.28	406.77	315.46	1,605.18	1,475.04	1,229.21	1,113.49	867.66	2,111.34	1,952.24	1,619.66	1,460.56	1,127.98
30-34	595.19	548.80	456.05	409.66	316.92	1,602.34	1,494.62	1,238.79	1,104.13	861.77	2,114.00	1,952.42	1,629.26	1,467.70	1,144.51
35-39	586.94	543.99	450.95	407.99	314.94	1,596.00	1,471.33	1,234.40	1,097.25	860.36	2,107.23	1,945.15	1,620.95	1,458.86	1,134.67
40-44	579.56	540.04	447.85	401.75	316.13	1,583.23	1,468.49	1,216.11	1,089.90	849.00	2,088.03	1,927.42	1,606.16	1,445.56	1,124.34
45	560.79	517.18	429.93	386.33	299.09	1,519.63	1,411.07	1,172.28	1,052.88	824.94	2,008.07	1,856.10	1,552.19	1,389.37	1,085.44
46	550.14	507.35	427.90	385.09	299.52	1,501.41	1,384.28	1,150.02	1,043.53	809.28	1,991.25	1,842.15	1,533.36	1,373.65	1,075.49
47	547.28	499.17	420.99	378.88	294.69	1,477.20	1,361.95	1,141.95	1,026.72	796.23	1,980.08	1,822.92	1,519.11	1,372.43	1,068.61
48	538.31	496.91	414.09	372.67	289.87	1,452.97	1,339.63	1,123.24	1,009.87	783.15	1,957.92	1,813.65	1,514.81	1,360.24	1,061.40
49	525.75	485.31	410.20	363.98	288.87	1,419.09	1,308.36	1,097.01	986.30	764.88	1,932.35	1,791.46	1,489.51	1,338.55	1,046.70
50	520.64	481.03	401.79	362.18	282.96	1,390.03	1,291.43	1,074.55	966.11	749.22	1,922.37	1,764.65	1,478.73	1,321.03	1,035.11
51	522.70	483.76	400.36	361.44	278.03	1,404.56	1,297.98	1,084.90	978.36	755.56	1,898.55	1,762.94	1,462.65	1,317.37	1,026.77
52	517.02	478.91	397.29	359.20	277.56	1,422.06	1,317.77	1,099.72	985.97	767.91	1,886.60	1,744.39	1,450.53	1,308.31	1,014.40
53	514.51	472.07	397.81	355.39	281.13	1,432.19	1,321.32	1,099.57	988.67	766.92	1,857.23	1,718.62	1,432.19	1,284.36	1,007.17
54	515.36	473.72	395.63	353.98	275.90	1,441.85	1,323.97	1,106.34	997.50	770.80	1,849.92	1,704.84	1,414.66	1,278.63	998.43
55	508.73	473.13	391.73	356.12	274.71	1,444.52	1,329.34	1,107.77	1,001.42	779.88	1,825.62	1,683.82	1,400.20	1,267.31	983.69
56	538.78	498.87	414.07	374.16	289.35	1,520.82	1,407.87	1,173.20	1,060.23	825.60	1,903.20	1,768.68	1,468.68	1,320.94	1,025.48
57	560.39	516.91	429.97	386.48	299.52	1,582.14	1,455.89	1,220.25	1,094.03	858.41	1,960.83	1,809.35	1,506.39	1,363.32	1,051.96
58	574.80	532.74	443.96	401.90	313.11	1,636.31	1,497.91	1,253.70	1,131.59	879.22	2,010.79	1,856.10	1,546.74	1,392.08	1,082.72
59	588.95	548.48	454.08	409.13	319.21	1,668.16	1,535.02	1,284.39	1,151.25	900.65	2,036.22	1,879.62	1,566.34	1,409.70	1,096.43
60	602.99	555.28	464.17	416.46	325.35	1,700.30	1,571.82	1,307.34	1,178.86	914.39	2,070.58	1,904.34	1,586.96	1,435.79	1,110.86
61	640.15	589.28	491.78	445.15	343.40	1,779.82	1,630.50	1,366.25	1,233.30	960.09	2,163.84	2,001.38	1,669.03	1,499.18	1,166.86
62	675.86	622.30	519.27	469.81	362.66	1,837.83	1,694.23	1,414.28	1,270.68	990.71	2,254.22	2,081.92	1,730.15	1,557.87	1,213.27
63	708.50	652.46	544.39	488.35	380.27	1,889.65	1,750.20	1,450.39	1,310.92	1,018.04	2,328.97	2,147.66	1,792.03	1,610.74	1,255.13
64	741.64	682.77	568.97	514.04	400.25	1,954.98	1,804.59	1,503.80	1,353.45	1,052.67	2,419.79	2,228.40	1,859.27	1,674.71	1,298.75
65	764.94	707.86	589.88	524.81	414.81	2,002.10	1,849.62	1,538.01	1,385.57	1,073.98	2,479.41	2,287.16	1,902.65	1,717.04	1,332.53
66	837.02	774.34	645.29	578.91	453.54	2,171.09	2,004.08	1,670.07	1,500.48	1,169.04	2,640.00	2,440.87	2,029.78	1,830.65	1,419.56
67	902.97	835.16	695.96	624.57	488.96	2,331.48	2,151.16	1,790.57	1,610.27	1,255.88	2,791.56	2,573.94	2,144.94	1,927.35	1,504.58
68	968.26	895.37	742.68	669.79	520.56	2,484.70	2,297.28	1,910.38	1,722.98	1,336.04	2,938.11	2,714.44	2,261.01	2,037.32	1,583.93
69	1,022.40	941.95	787.76	707.30	553.09	2,616.07	2,411.68	2,008.75	1,810.23	1,407.31	3,059.86	2,820.42	2,353.27	2,113.86	1,646.71
70	1,070.39	986.32	821.39	740.55	575.63	2,732.15	2,518.08	2,095.59	1,887.16	1,464.67	3,160.28	2,918.06	2,427.96	2,185.74	1,701.25
71	1,197.66	1,103.60	918.63	827.70	642.73	3,020.24	2,785.39	2,321.18	2,091.76	1,627.55	3,446.25	3,178.61	2,648.87	2,386.71	1,856.94
72	1,314.86	1,214.66	1,008.17	907.95	704.51	3,284.98	3,031.06	2,523.25	2,269.32	1,766.79	3,708.18	3,422.51	2,851.20	2,565.57	1,994.24
73	1,412.47	1,301.57	1,082.70	977.64	758.76	3,502.67	3,233.26	2,694.37	2,424.93	1,886.06	3,919.55	3,614.55	3,014.64	2,714.72	2,109.74
74	1,508.55	1,390.13	1,158.91	1,043.31	812.09	3,718.35	3,433.46	2,858.76	2,573.87	1,999.17	4,135.89	3,811.69	3,178.04	2,858.76	2,225.13
75	1,580.33	1,461.47	1,218.34	1,094.07	853.64	3,882.34	3,581.19	2,983.52	2,687.05	2,089.41	4,287.04	3,962.35	3,298.81	2,969.41	2,310.57
76	1,722.93	1,586.61	1,325.13	1,193.39	927.33	4,193.80	3,869.82	3,226.34	2,902.36	2,258.89	4,594.26	4,238.79	3,532.32	3,176.85	2,474.86
77	1,875.71	1,730.29	1,441.91	1,296.48	1,010.57	4,521.24	4,173.47	3,477.89	3,130.10	2,434.51	4,907.68	4,529.83	3,774.15	3,396.31	2,640.61
78	2,016.02	1,859.83	1,549.87	1,396.06	1,086.09	4,818.53	4,447.57	3,705.62	3,334.64	2,592.69	5,181.27	4,781.46	3,985.91	3,586.08	2,790.56
79	2,106.28	1,944.43	1,620.73	1,458.89	1,135.18	4,988.79	4,605.03	3,837.54	3,453.78	2,686.27	5,313.80	4,910.45	4,092.05	3,680.90	2,866.39
80	2,155.14	1,989.03	1,658.95	1,490.71	1,160.62	5,104.62	4,711.38	3,924.90	3,535.37	2,748.93	5,438.47	5,023.00	4,184.58	3,765.39	2,930.69
81	2,220.93	2,050.71	1,708.25	1,538.04	1,195.57	5,258.49	4,854.80	4,043.91	3,640.22	2,829.29	5,605.02	5,172.76	4,311.82	3,879.56	3,018.62
82	2,387.03	2,202.47	1,835.39	1,652.87	1,285.80	5,655.02	5,219.19	4,347.54	3,915.28	3,043.64	6,026.54	5,562.14	4,636.91	4,172.49	3,247.26
83	2,577.75	2,378.83	1,983.04	1,784.12	1,388.33	6,105.15	5,637.16	4,697.62	4,226.09	3,290.12	6,508.81	6,005.09	5,008.41	4,504.72	3,504.47
84	2,797.17	2,581.85	2,151.20	1,935.88	1,505.22	6,626.69	6,115.85	5,094.15	4,586.90	3,565.19	7,058.95	6,519.52	5,433.54	4,890.53	3,804.53
85	3,049.42	2,815.62	2,343.96	2,110.18	1,640.58	7,219.72	6,666.99	5,555.01	4,997.71	3,890.27	7,698.40	7,105.37	5,922.94	5,329.95	4,147.51
86	3,322.16	3,067.87	2,557.25	2,300.91	1,790.27	7,869.89	7,266.14	6,055.10	5,447.83	4,240.38	8,391.42	7,744.84	6,451.64	5,808.63	4,515.44
87	3,621.57	3,342.66	2,786.91	2,508.03	1,990.23	8,577.21	7,919.88	6,598.12	5,940.81	4,619.03	9,145.20	8,441.44	7,033.93	6,330.18	4,922.68
88	3,947.63	3,644.11	3,037.11	2,733.61	2,126.59	9,352.38	8,634.34	7,194.70	6,473.08	5,037.01	9,970.39	9,202.36	7,666.26	6,901.77	5,365.67
89	4,304.44	3,972.23	3,309.85	2,979.69	2,317.31	10,191.90	9,405.96	7,841.28	7,055.38	5,490.68	10,863.48	10,031.13	8,355.69	7,519.78	5,847.95
90	4,689.98	4,329.06	3,609.26	3,248.34	2,526.48	11,109.99	10,252.63	8,545.03	7,691.24	5,980.11	11,842.31	10,931.38	9,109.49	8,198.53	6,376.64
91	5,112.42	4,720.74	3,933.27	3,539.53	2,754.11	12,110.24	11,177.86	9,316.69	8,384.30	6,523.09	12,906.86	11,913.75	9,931.12	8,938.01	6,951.78
92	5,571.79	5,143.18	4,288.04	3,859.45	3,002.24	13,199.80	12,185.27	10,152.60	9,138.06	7,105.37	14,071.48	12,985.48	10,820.62	9,741.79	7,573.36
93	6,074.22	5,606.65	4,673.58	4,206.01	3,270.88	14,385.82	13,281.98	11,067.14	9,959.69	7,748.42	15,336.06	14,157.20	11,795.87	10,617.00	8,255.67
94	6,621.75	6,113.18	5,093.97	4,585.40	3,566.19	15,682.58	14,475.13	12,063.82	10,859.92	8,445.01	16,715.00	15,432.52	12,860.44	11,570.82	9,002.31

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay 10 Individual														
	3650 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	638.40	584.46	485.55	440.58	341.68	1,738.64	1,597.66	1,331.38	1,206.09	939.79	2,271.18	2,098.90	1,754.30	1,582.00	1,221.75
25-29	639.20	589.40	489.78	439.98	340.36	1,720.89	1,590.72	1,315.96	1,185.80	925.51	2,255.94	2,096.86	1,749.79	1,576.25	1,229.21
30-34	633.83	587.44	486.97	440.58	340.11	1,723.53	1,588.86	1,333.03	1,184.93	929.08	2,262.11	2,100.54	1,736.98	1,561.93	1,211.84
35-39	629.88	586.94	486.73	436.62	343.57	1,720.70	1,583.55	1,309.23	1,184.53	922.70	2,256.85	2,082.30	1,733.17	1,558.60	1,209.47
40-44	619.08	579.56	480.78	428.09	335.88	1,697.96	1,560.29	1,307.89	1,170.22	917.82	2,237.18	2,053.63	1,720.92	1,548.81	1,204.63
45	598.17	548.32	461.09	411.24	324.01	1,628.16	1,508.76	1,259.12	1,139.72	879.22	2,149.18	1,997.22	1,660.72	1,497.91	1,161.41
46	592.93	544.03	452.34	409.55	317.86	1,597.26	1,480.11	1,235.20	1,118.07	862.50	2,140.33	1,969.94	1,639.85	1,480.11	1,150.02
47	583.37	535.26	451.06	402.95	318.75	1,571.49	1,456.24	1,215.27	1,100.04	848.62	2,116.27	1,958.12	1,634.34	1,466.73	1,141.95
48	579.72	532.40	443.66	396.34	313.52	1,556.02	1,432.38	1,195.34	1,082.01	834.68	2,102.19	1,947.63	1,617.87	1,452.97	1,133.54
49	566.19	519.98	433.32	392.87	306.20	1,519.72	1,398.95	1,167.47	1,056.77	815.22	2,073.28	1,912.23	1,590.18	1,439.21	1,117.16
50	554.60	514.99	430.09	384.82	299.93	1,488.61	1,370.29	1,143.55	1,035.11	798.52	2,050.54	1,892.80	1,577.33	1,419.59	1,104.13
51	556.07	517.13	428.16	383.69	300.28	1,511.10	1,394.87	1,162.38	1,046.14	813.69	2,043.85	1,888.89	1,569.23	1,404.56	1,094.59
52	555.12	511.57	424.50	386.40	299.33	1,526.34	1,403.09	1,166.09	1,052.34	815.33	2,019.33	1,858.17	1,554.79	1,393.63	1,090.27
53	551.64	509.20	424.34	381.90	297.04	1,524.58	1,404.47	1,173.46	1,053.35	822.35	1,986.59	1,838.77	1,533.83	1,376.75	1,071.85
54	546.60	510.15	426.87	380.01	296.72	1,541.60	1,414.66	1,187.94	1,060.98	834.26	1,976.89	1,822.72	1,514.41	1,360.24	1,060.98
55	549.43	503.64	417.17	381.55	289.98	1,542.02	1,426.80	1,187.54	1,072.32	833.02	1,949.66	1,799.03	1,497.70	1,347.05	1,045.74
56	578.69	533.80	444.00	399.11	309.30	1,633.80	1,503.45	1,260.11	1,129.76	886.42	2,042.25	1,885.80	1,564.28	1,407.87	1,095.00
57	599.04	555.56	458.94	415.46	323.68	1,691.55	1,556.90	1,304.43	1,169.79	917.30	2,095.49	1,935.61	1,615.79	1,455.89	1,127.70
58	621.54	570.14	476.67	429.93	331.80	1,742.14	1,611.89	1,343.24	1,212.99	944.34	2,149.18	1,978.23	1,652.60	1,489.78	1,155.99
59	629.41	584.46	485.55	436.10	341.68	1,785.62	1,644.64	1,370.54	1,229.56	963.29	2,177.20	2,012.74	1,675.96	1,511.52	1,174.77
60	646.36	598.65	498.87	446.82	351.38	1,821.21	1,685.19	1,398.04	1,262.01	982.40	2,206.63	2,040.35	1,700.30	1,526.48	1,193.97
61	686.79	636.92	529.93	474.82	373.07	1,905.38	1,750.27	1,462.25	1,321.93	1,026.53	2,326.32	2,141.70	1,779.82	1,609.97	1,248.09
62	721.21	667.63	556.35	502.79	391.51	1,967.05	1,809.12	1,514.79	1,364.02	1,062.50	2,412.16	2,218.32	1,852.20	1,665.54	1,299.41
63	756.54	696.50	580.41	524.37	408.29	2,022.17	1,868.75	1,561.93	1,401.56	1,094.76	2,489.35	2,301.08	1,917.58	1,722.32	1,345.76
64	792.64	733.78	612.14	549.35	427.71	2,098.52	1,934.47	1,613.18	1,455.96	1,127.86	2,583.84	2,385.62	1,995.98	1,790.90	1,394.45
65	822.03	757.33	631.73	570.85	441.45	2,141.30	1,975.57	1,644.10	1,485.00	1,153.52	2,651.79	2,446.27	2,041.87	1,836.35	1,431.98
66	896.02	825.96	689.53	619.47	483.04	2,325.26	2,145.41	1,792.12	1,612.26	1,252.55	2,826.26	2,607.90	2,171.09	1,952.69	1,522.33
67	967.21	892.26	742.36	670.98	521.08	2,493.12	2,306.58	1,921.11	1,728.39	1,342.93	2,984.27	2,754.22	2,294.18	2,064.13	1,604.05
68	1,034.19	954.37	798.20	718.38	558.74	2,660.02	2,454.48	2,043.38	1,837.83	1,432.80	3,143.67	2,901.84	2,418.19	2,176.37	1,692.74
69	1,092.79	1,008.99	841.38	757.58	589.97	2,797.09	2,581.03	2,154.73	1,938.67	1,506.55	3,270.08	3,018.97	2,516.79	2,265.68	1,763.50
70	1,144.77	1,054.22	879.60	792.29	614.43	2,918.06	2,698.36	2,247.69	2,022.36	1,571.68	3,379.99	3,120.85	2,602.58	2,343.48	1,819.55
71	1,279.17	1,181.98	984.47	887.26	689.75	3,227.77	2,982.03	2,485.02	2,233.78	1,742.24	3,686.56	3,402.54	2,834.55	2,556.00	1,982.55
72	1,402.93	1,299.68	1,081.04	971.72	756.12	3,512.43	3,242.66	2,703.10	2,433.31	1,893.76	3,967.37	3,665.85	3,052.23	2,745.43	2,137.10
73	1,508.77	1,394.97	1,161.49	1,044.76	814.21	3,746.71	3,456.93	2,882.47	2,592.69	2,018.23	4,194.07	3,873.79	3,228.15	2,902.80	2,262.25
74	1,612.88	1,488.82	1,237.87	1,116.62	865.65	3,973.78	3,669.26	3,055.26	2,750.71	2,136.72	4,420.78	4,076.94	3,404.01	3,060.15	2,382.31
75	1,691.09	1,561.42	1,302.08	1,172.42	910.38	4,150.59	3,830.57	3,190.59	2,875.28	2,235.30	4,588.24	4,235.27	3,529.41	3,176.47	2,470.57
76	1,844.33	1,702.28	1,418.13	1,276.06	991.91	4,486.29	4,144.29	3,451.32	3,104.85	2,416.38	4,913.76	4,535.78	3,779.81	3,401.83	2,645.87
77	2,003.88	1,851.06	1,542.96	1,390.15	1,079.58	4,834.68	4,465.43	3,718.33	3,349.06	2,601.97	5,251.17	4,847.57	4,040.36	3,636.76	2,829.53
78	2,155.61	1,992.35	1,658.72	1,493.08	1,161.81	5,152.42	4,756.71	3,965.30	3,565.46	2,774.05	5,548.13	5,119.44	4,266.21	3,841.63	2,988.40
79	2,252.40	2,081.56	1,733.13	1,560.04	1,213.87	5,337.30	4,926.11	4,103.80	3,696.56	2,874.23	5,689.70	5,251.14	4,377.91	3,939.34	3,066.09
80	2,306.34	2,129.59	1,773.95	1,597.19	1,241.55	5,460.73	5,041.52	4,199.42	3,780.23	2,938.11	5,820.58	5,371.70	4,477.65	4,028.78	3,134.71
81	2,376.78	2,192.22	1,827.19	1,644.67	1,279.64	5,626.43	5,194.19	4,326.10	3,897.43	3,029.36	5,997.97	5,537.14	4,615.46	4,154.64	3,229.41
82	2,553.14	2,356.27	1,964.59	1,767.72	1,376.02	6,047.98	5,583.58	4,651.19	4,186.78	3,254.42	6,448.10	5,951.51	4,961.98	4,465.43	3,472.33
83	2,758.21	2,546.99	2,120.44	1,909.21	1,484.71	6,530.25	6,030.12	5,026.28	4,522.60	3,518.75	6,966.07	6,426.66	5,354.94	4,822.66	3,747.39
84	2,992.00	2,762.31	2,302.94	2,073.28	1,611.87	7,087.52	6,544.54	5,454.95	4,908.40	3,818.85	7,555.51	6,973.21	5,812.22	5,233.47	4,068.89
85	3,260.63	3,010.45	2,508.03	2,257.84	1,755.41	7,723.40	7,133.98	5,940.81	5,347.80	4,158.21	8,234.26	7,601.93	6,333.76	5,701.46	4,433.29
86	3,555.93	3,283.19	2,735.66	2,460.85	1,915.37	8,420.03	7,773.41	6,476.67	5,830.07	4,533.29	8,977.29	8,287.83	6,905.34	6,215.87	4,833.39
87	3,875.85	3,576.44	2,981.74	2,682.33	2,087.62	9,180.91	8,473.61	7,058.95	6,355.20	4,940.54	9,788.21	9,034.46	7,526.94	6,773.17	5,269.20
88	4,224.48	3,898.41	3,248.34	2,924.31	2,274.24	10,006.12	9,234.50	7,698.40	6,926.78	5,390.65	10,667.02	9,845.38	8,205.67	7,384.02	5,744.33
89	4,603.85	4,249.08	3,541.59	3,188.87	2,479.32	10,902.79	10,066.86	8,391.42	7,548.35	5,872.93	11,627.97	10,731.31	8,941.56	8,048.48	6,258.76
90	5,018.10	4,632.56	3,861.49	3,473.91	2,702.84	11,888.77	10,974.23	9,141.63	8,230.69	6,398.05	12,671.10	11,695.86	9,748.91	8,773.67	6,823.19
91	5,469.25	5,048.86	4,208.06	3,787.67	2,944.82	12,956.89	11,960.22	9,966.85	8,970.17	6,976.80	13,814.25	12,749.70	10,624.14	9,563.16	7,437.63
92	5,963.47	5,504.12	4,585.40	4,128.08	3,209.36	14,121.47	13,035.47	10,863.48	9,777.52	7,605.52	15,053.84	13,896.42	11,581.55	10,424.09	8,105.65
93	6,500.77	6,000.38	4,999.64	4,499.27	3,500.57	15,396.81	14,210.80	11,842.31	10,659.86	8,291.40	16,411.33	15,150.31	12,621.09	11,363.61	8,834.41
94	7,083.17	6,539.73	5,448.74	4,905.30	3,814.33	16,779.29	15,489.67	12,906.86	11,617.28	9,034.46	17,886.73	16,511.37	13,760.67	12,381.74	9,631.03

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 164% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay 10 Individual														
	Unlimited					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	No BIO 90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	710.34	656.38	548.48	485.55	386.64	2,919.76	2,706.11	2,255.09	2,041.46	1,590.44	3,869.24	3,560.67	2,990.96	2,682.37	2,088.93
25-29	705.63	647.52	539.60	489.78	381.87	2,914.80	2,673.74	2,235.42	2,016.27	1,556.02	3,835.26	3,550.35	2,958.62	2,673.74	2,082.01
30-34	711.13	649.29	548.80	494.70	386.48	2,918.10	2,693.64	2,244.69	2,020.21	1,571.30	3,856.78	3,550.69	2,958.89	2,673.18	2,081.43
35-39	708.61	651.36	543.99	486.73	379.36	2,910.07	2,683.30	2,229.80	2,003.05	1,568.42	3,836.00	3,533.64	2,947.88	2,645.49	2,059.73
40-44	698.11	645.43	540.04	480.78	375.39	2,868.84	2,660.20	2,225.49	1,999.51	1,564.83	3,790.33	3,494.75	2,903.60	2,625.43	2,034.25
45	672.95	616.86	510.94	467.33	355.17	2,763.58	2,566.16	2,138.48	1,908.19	1,496.91	3,668.33	3,372.20	2,812.92	2,533.29	1,973.98
46	660.17	605.16	507.35	458.45	354.54	2,711.12	2,517.45	2,097.88	1,871.94	1,468.50	3,614.79	3,340.47	2,791.77	2,517.45	1,952.62
47	655.54	601.41	499.17	451.06	348.82	2,683.24	2,476.85	2,064.03	1,841.74	1,444.82	3,604.13	3,318.35	2,762.63	2,492.71	1,937.02
48	644.80	591.55	496.91	449.57	349.02	2,639.29	2,436.22	2,030.21	1,827.20	1,421.14	3,576.30	3,295.17	2,748.58	2,467.48	1,920.89
49	635.52	583.53	485.31	439.08	340.87	2,577.67	2,379.43	1,982.82	1,784.56	1,387.98	3,523.32	3,248.78	2,714.95	2,440.39	1,906.58
50	622.50	571.58	475.37	430.09	333.89	2,524.92	2,330.67	1,942.25	1,748.02	1,359.57	3,481.08	3,212.17	2,674.32	2,420.35	1,887.54
51	622.79	578.30	478.20	428.16	333.63	2,554.31	2,363.49	1,967.09	1,776.27	1,379.93	3,449.79	3,200.23	2,657.05	2,392.84	1,864.37
52	620.42	571.44	478.91	429.93	337.42	2,571.78	2,385.00	1,997.08	1,781.60	1,393.63	3,433.85	3,160.90	2,643.62	2,370.67	1,853.44
53	615.30	567.55	472.07	428.65	328.86	2,576.59	2,394.56	1,988.45	1,792.40	1,388.29	3,374.79	3,122.72	2,590.61	2,338.54	1,820.44
54	614.27	567.41	473.72	426.87	333.16	2,611.17	2,405.04	2,006.48	1,814.05	1,401.76	3,353.28	3,092.15	2,583.69	2,322.57	1,814.05
55	615.57	564.69	473.13	422.26	330.68	2,632.40	2,417.50	2,014.61	1,813.13	1,410.21	3,317.34	3,062.16	2,551.82	2,296.62	1,786.28
56	648.54	598.65	493.89	448.99	344.22	2,765.74	2,550.02	2,133.62	1,909.70	1,488.25	3,463.81	3,200.39	2,602.39	2,396.99	1,857.03
57	671.52	618.36	516.91	463.78	362.33	2,869.63	2,652.80	2,206.41	1,989.61	1,543.21	3,558.32	3,290.50	2,742.06	2,461.51	1,925.85
58	691.65	640.23	532.74	481.35	373.86	2,960.97	2,738.89	2,270.08	2,060.36	1,591.52	3,651.89	3,368.11	2,800.59	2,529.17	1,961.63
59	705.83	651.89	543.99	490.04	382.14	3,026.58	2,782.19	2,326.32	2,100.78	1,626.06	3,706.37	3,406.37	2,848.56	2,563.70	1,993.97
60	724.46	668.06	555.28	503.21	390.42	3,080.72	2,851.65	2,370.67	2,141.62	1,660.59	3,758.40	3,470.10	2,886.02	2,599.71	2,015.64
61	771.58	707.98	589.28	534.17	411.23	3,223.33	2,977.10	2,484.66	2,238.43	1,734.80	3,939.65	3,637.44	3,021.88	2,730.90	2,115.30
62	807.74	745.93	622.30	560.47	436.84	3,340.10	3,078.98	2,556.79	2,317.39	1,795.15	4,090.81	3,775.31	3,144.24	2,828.73	2,197.72
63	848.60	784.55	648.46	584.41	452.32	3,434.43	3,170.24	2,641.87	2,377.66	1,849.29	4,227.01	3,899.41	3,254.78	2,927.18	2,282.57
64	886.82	820.11	682.77	612.14	478.72	3,553.23	3,283.90	2,734.86	2,465.52	1,916.46	4,392.33	4,050.47	3,377.14	3,035.26	2,361.90
65	917.16	848.67	704.05	635.54	494.73	3,637.00	3,356.68	2,793.04	2,521.78	1,959.12	4,501.02	4,149.39	3,456.13	3,114.54	2,421.30
66	1,002.95	929.21	770.66	696.91	538.35	3,942.50	3,640.74	3,037.19	2,735.44	2,122.14	4,799.12	4,429.23	3,689.43	3,319.48	2,579.68
67	1,081.42	999.33	831.59	749.49	581.76	4,230.60	3,910.26	3,250.66	2,930.32	2,280.19	5,059.74	4,673.41	3,900.81	3,505.05	2,732.48
68	1,159.12	1,072.36	895.37	801.68	628.14	4,516.83	4,168.69	3,472.39	3,124.23	2,427.93	5,332.25	4,919.98	4,104.54	3,692.25	2,876.83
69	1,226.89	1,129.67	941.95	848.08	660.38	4,743.39	4,389.40	3,646.05	3,283.18	2,548.68	5,548.70	5,123.95	4,274.34	3,840.72	2,991.17
70	1,280.59	1,183.58	986.32	889.30	692.04	4,960.14	4,575.96	3,807.65	3,431.97	2,663.65	5,737.06	5,301.65	4,413.76	3,969.82	3,090.49
71	1,432.79	1,323.06	1,103.60	990.74	771.26	5,471.11	5,057.24	4,212.99	3,790.88	2,946.61	6,257.43	5,777.35	4,808.94	4,337.12	3,368.75
72	1,576.02	1,454.55	1,211.62	1,090.15	847.23	5,956.42	5,499.49	4,585.57	4,120.59	3,206.70	6,734.03	6,212.95	5,178.78	4,657.73	3,623.56
73	1,689.72	1,561.31	1,298.65	1,170.24	910.52	6,356.12	5,870.73	4,892.26	4,399.19	3,428.44	7,118.81	6,571.86	5,477.84	4,930.81	3,836.79
74	1,804.63	1,666.46	1,387.30	1,249.15	969.99	6,744.33	6,223.27	5,188.52	4,667.44	3,632.69	7,503.65	6,930.45	5,769.19	5,195.97	4,042.13
75	1,893.69	1,750.51	1,458.77	1,310.18	1,021.14	7,046.16	6,504.14	5,420.13	4,878.14	3,794.08	7,787.87	7,188.83	5,990.69	5,391.62	4,193.48
76	2,063.91	1,906.33	1,588.61	1,428.46	1,113.32	7,617.27	7,030.80	5,857.87	5,271.39	4,098.44	8,340.16	7,690.11	6,417.05	5,776.03	4,494.02
77	2,245.43	2,075.36	1,727.82	1,555.29	1,210.22	8,205.41	7,580.73	6,318.36	5,687.19	4,424.80	8,908.18	8,231.44	6,858.46	6,175.22	4,802.21
78	2,415.90	2,228.97	1,857.48	1,670.55	1,301.41	8,751.76	8,077.11	6,727.80	6,059.38	4,710.08	9,413.90	8,689.27	7,240.04	6,515.41	5,066.13
79	2,524.38	2,328.83	1,942.18	1,746.61	1,359.99	9,061.88	8,361.62	6,967.04	6,272.75	4,878.14	9,655.38	8,913.56	7,429.96	6,682.18	5,198.56
80	2,583.19	2,383.00	1,984.78	1,788.86	1,388.49	9,270.86	8,556.85	7,128.82	6,420.43	4,992.42	9,883.66	9,124.66	7,601.09	6,836.46	5,318.52
81	2,659.77	2,456.76	2,046.61	1,841.54	1,433.46	9,550.09	8,819.21	7,346.64	6,610.35	5,143.17	10,178.10	9,398.51	7,833.88	7,048.88	5,484.26
82	2,860.75	2,641.32	2,200.42	1,980.99	1,540.09	10,264.74	9,474.30	7,898.88	7,108.44	5,527.58	10,941.48	10,102.30	8,418.62	7,574.03	5,895.70
83	3,088.38	2,852.55	2,376.78	2,138.89	1,663.12	11,087.63	10,232.24	8,526.86	7,676.88	5,971.52	11,823.93	10,908.98	9,095.35	8,180.38	6,366.70
84	3,352.92	3,094.52	2,577.75	2,319.36	1,804.63	12,029.66	11,103.87	9,252.36	8,331.97	6,475.00	12,825.49	11,834.75	9,864.10	8,878.77	6,902.70
85	3,654.37	3,373.43	2,809.48	2,528.54	1,966.64	13,117.84	12,105.46	10,086.04	9,079.07	7,059.70	13,978.64	12,901.28	10,751.98	9,680.01	7,525.29
86	3,980.43	3,676.93	3,061.71	2,758.21	2,143.00	14,292.67	13,193.64	10,995.63	9,896.59	7,698.53	15,234.67	14,065.29	11,721.07	10,546.25	8,207.47
87	4,341.37	4,007.10	3,338.56	3,004.29	2,337.82	15,581.15	14,379.29	11,980.93	10,784.48	8,386.12	16,609.80	15,326.70	12,776.76	11,499.07	8,943.71
88	4,730.99	4,365.97	3,640.02	3,274.99	2,549.03	16,983.38	15,673.20	13,063.70	11,758.96	9,144.06	18,104.01	16,707.24	13,924.52	12,533.11	9,745.01
89	5,155.49	4,759.70	3,968.14	3,570.29	2,778.71	18,510.07	17,086.24	14,238.52	12,814.67	9,966.95	19,733.60	18,212.30	15,175.12	13,664.64	10,622.04
90	5,621.01	5,188.31	4,324.95	3,890.20	3,026.85	20,172.13	18,623.75	15,521.62	13,967.82	10,865.69	21,509.37	19,852.69	16,544.83	14,893.61	11,580.31
91	6,127.52	5,655.86	4,712.54	4,240.88	3,299.59	21,991.20	20,296.64	16,918.39	15,229.26	11,845.57	23,442.09	21,644.70	18,033.63	16,230.80	12,625.19
92	6,677.13	6,164.45	5,137.04	4,622.31	3,596.95	23,972.68	22,126.55	18,439.71	16,593.54	12,906.70	25,553.51	23,588.29	19,652.40	17,687.13	13,756.67
93	7,280.04	6,720.18	5,598.45	5,038.60	3,918.92	26,127.39	24,118.83	20,101.75	18,087.78	14,070.67	27,854.43	25,710.54	21,428.17	19,284.25	15,001.88
94	7,934.21	7,325.15	6,104.98	5,491.81	4,273.69	28,482.46	26,289.83	21,909.97	19,717.34	15,337.56	30,355.67	28,027.67	23,355.50	21,016.72	16,349.94



## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay to 65 Individual														
	730 x Daily Maximum					5% Simple BIO					5% Compound BIO				
	No BIO														
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	81.34	76.41	64.08	56.69	44.37	223.27	206.10	171.74	154.57	120.22	304.85	279.09	231.86	206.10	163.16
25-29	97.96	89.79	73.47	68.03	51.70	265.46	246.49	203.83	184.88	142.22	360.26	331.82	279.66	251.23	194.34
30-34	131.12	124.22	103.52	89.71	72.46	360.66	330.61	276.51	252.47	192.37	492.92	450.83	378.69	336.61	264.51
35-39	171.43	155.11	130.62	118.37	89.79	462.17	426.62	355.52	319.97	248.86	625.73	575.94	476.40	426.62	334.19
40-44	204.09	185.95	154.19	140.59	108.85	553.03	513.54	426.62	379.22	300.23	742.65	687.32	568.83	513.54	395.02
45	217.69	198.76	165.63	146.70	118.31	585.31	535.86	445.17	403.93	313.28	791.41	725.47	610.03	544.08	428.69
46	219.51	205.19	171.79	152.71	119.29	590.19	540.32	457.19	407.31	324.20	814.65	748.12	623.44	556.93	440.57
47	225.20	206.03	172.50	153.32	119.80	592.65	550.89	459.09	409.00	325.53	826.34	759.56	634.37	567.60	442.38
48	231.88	207.74	178.75	159.42	125.61	605.94	555.42	462.87	420.78	328.23	833.15	774.23	648.02	580.66	454.44
49	234.72	215.16	180.94	161.38	127.14	613.34	570.75	477.05	425.94	332.23	860.39	800.75	655.95	596.30	460.01
50	236.62	221.83	182.40	167.61	128.17	628.88	575.35	480.90	429.37	334.90	875.91	807.21	669.82	609.70	472.31
51	242.51	222.72	188.07	168.27	133.64	637.99	586.29	491.44	439.72	344.86	905.28	827.69	689.74	620.76	482.81
52	249.43	229.48	189.57	174.61	134.70	651.79	599.63	504.05	451.91	356.33	921.19	851.66	712.62	634.38	495.34
53	251.41	236.32	196.09	175.98	135.75	665.69	613.15	516.78	464.24	359.13	945.99	875.91	727.01	656.93	508.04
54	257.45	237.25	196.87	181.73	136.29	677.12	624.35	527.60	474.83	369.30	976.08	896.94	747.42	677.12	527.60
55	264.54	244.19	203.49	183.14	142.45	691.26	629.21	531.73	478.54	372.20	992.56	921.66	771.03	682.39	540.59

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay to 65 Individual														
	1095 x Daily Maximum					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	No BIO		365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	110.92	101.06	83.80	76.41	59.16	287.67	266.21	218.97	197.51	154.57	382.14	352.08	296.26	266.21	206.10
25-29	130.62	119.73	100.68	89.79	70.75	336.55	312.86	260.71	232.28	184.88	455.08	417.14	350.79	312.86	246.49
30-34	179.44	165.63	138.03	124.22	96.62	462.87	426.77	360.66	324.62	252.47	619.14	571.06	474.89	426.77	330.61
35-39	224.49	208.17	175.51	155.11	122.45	590.15	547.49	455.08	412.38	319.97	789.25	725.25	604.39	547.49	426.62
40-44	272.11	249.43	208.62	190.48	145.12	703.14	647.81	545.12	489.82	379.22	940.16	869.03	726.85	647.81	505.63
45	288.68	265.01	222.42	203.49	156.17	750.17	692.50	577.05	519.38	403.93	1,005.74	923.31	774.93	692.50	544.08
46	291.08	272.00	224.28	205.19	157.48	756.43	698.25	590.19	523.70	415.64	1,022.45	947.63	789.70	714.86	556.93
47	297.07	273.12	230.00	206.03	162.91	767.91	701.14	592.65	534.20	417.35	1,051.70	968.26	809.66	726.19	567.60
48	299.52	280.20	231.88	207.74	164.26	774.23	715.33	597.51	538.61	420.78	1,077.18	984.63	824.72	740.58	580.66
49	308.08	283.63	234.72	210.28	166.26	783.71	724.10	604.84	545.19	425.94	1,098.91	1,013.72	843.35	758.17	587.79
50	310.56	290.85	236.62	211.97	167.61	798.62	729.93	609.70	549.58	429.37	1,124.95	1,047.66	867.32	781.44	609.70
51	321.70	296.96	242.51	217.77	168.27	810.43	758.71	629.38	560.40	439.72	1,146.69	1,060.48	888.05	801.83	620.76
52	324.26	299.33	249.43	224.49	174.61	842.97	773.45	651.79	582.26	460.58	1,181.89	1,086.29	912.49	816.89	643.09
53	336.89	311.75	256.43	231.30	181.02	867.15	805.83	674.43	604.39	472.99	1,208.76	1,121.17	928.45	832.12	648.18
54	343.26	318.02	267.54	237.25	186.77	888.12	826.60	685.90	624.35	483.65	1,231.07	1,134.36	949.70	852.95	668.30
55	351.03	325.59	274.71	244.19	193.31	921.66	850.76	708.98	629.21	496.28	1,267.31	1,169.81	974.82	877.34	682.39

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay to 65 Individual														
	1460 x Daily Maximum					5% Simple BIO					5% Compound BIO				
	No BIO					1460 x Daily Maximum					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	118.31	108.45	91.20	81.34	64.08	317.74	296.26	244.73	218.97	171.74	429.37	399.32	330.61	300.56	231.86
25-29	141.50	130.62	108.85	97.96	76.19	379.22	350.79	289.15	260.71	203.83	511.94	469.28	393.45	355.52	274.94
30-34	193.23	179.44	148.38	131.12	103.52	516.96	474.89	396.72	360.66	276.51	697.29	643.20	535.00	480.90	372.70
35-39	244.90	224.49	187.75	171.43	130.62	661.26	604.39	504.83	455.08	355.52	888.79	817.69	682.59	618.60	476.40
40-44	294.80	272.11	222.23	204.09	154.19	782.14	726.85	608.32	545.12	426.62	1,058.65	979.65	813.74	734.74	568.83
45	307.61	288.68	241.36	217.69	170.37	832.64	774.93	643.04	577.05	453.43	1,129.41	1,046.98	865.62	774.93	610.03
46	314.94	291.08	243.37	219.51	171.79	847.88	781.39	656.68	590.19	457.19	1,155.43	1,072.32	889.45	806.34	623.44
47	321.04	292.28	244.36	220.41	172.50	868.07	792.96	667.74	592.65	467.43	1,185.26	1,101.80	918.16	826.34	642.71
48	323.68	299.52	251.22	227.06	173.91	883.65	816.32	681.68	605.94	479.68	1,220.25	1,127.70	934.13	841.56	656.40
49	332.53	303.19	254.29	229.84	176.04	894.46	834.82	698.52	621.88	485.57	1,260.77	1,167.05	971.11	868.89	681.49
50	335.21	310.56	261.27	231.69	182.40	918.85	850.15	704.17	635.46	489.48	1,288.10	1,193.64	996.13	901.68	695.58
51	346.45	321.70	267.26	237.57	188.07	939.77	862.19	724.24	655.25	508.70	1,310.51	1,215.65	1,008.74	905.28	706.97
52	359.20	329.26	274.38	249.43	194.56	964.65	886.42	738.68	669.15	521.43	1,347.00	1,242.73	1,034.17	929.88	721.31
53	372.09	341.91	286.61	256.43	201.13	989.77	910.94	762.04	683.21	534.32	1,366.41	1,270.07	1,051.11	945.99	735.77
54	383.64	353.35	297.83	267.54	208.96	1,011.25	932.11	773.83	694.69	545.19	1,389.37	1,283.84	1,072.81	967.30	747.42
55	396.82	361.20	305.24	274.71	213.66	1,028.01	957.11	797.61	717.84	558.31	1,417.94	1,311.60	1,090.04	983.69	762.16

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay to 65 Individual														
	1825 x Daily Maximum					5% Simple BIO					5% Compound BIO				
	No BIO														
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	138.03	128.17	105.99	93.66	73.94	364.97	339.20	279.09	253.32	197.51	493.77	455.13	377.84	343.49	266.21
25-29	163.26	149.66	125.17	114.28	87.07	436.11	402.92	336.55	303.37	237.00	587.79	540.40	450.31	407.65	317.60
30-34	224.30	207.04	169.09	151.84	117.33	595.12	547.01	456.84	408.76	318.59	799.47	733.36	613.15	553.03	426.77
35-39	281.64	261.24	220.41	195.92	155.11	753.71	696.82	583.06	519.06	405.29	1,016.77	938.55	782.14	703.92	547.49
40-44	340.14	312.93	258.50	235.83	181.42	900.65	829.54	695.25	624.12	489.82	1,216.65	1,121.87	932.25	837.43	655.72
45	359.67	336.00	279.22	250.83	194.02	956.29	882.10	733.70	667.74	511.12	1,294.31	1,195.34	997.50	898.59	700.72
46	367.43	338.80	281.54	252.91	195.65	964.27	897.76	739.81	673.32	515.39	1,321.71	1,213.63	1,014.14	914.39	706.56
47	368.95	340.21	282.71	253.95	196.46	968.26	901.49	742.86	676.09	517.50	1,343.87	1,235.34	1,026.67	926.50	717.84
48	372.00	343.00	289.87	260.87	202.90	976.20	908.89	757.39	681.68	530.20	1,363.32	1,262.34	1,051.96	942.54	740.58
49	376.55	347.21	293.41	264.07	205.38	988.15	920.00	766.67	690.02	536.68	1,397.07	1,286.31	1,073.37	962.61	749.63
50	384.51	350.00	295.78	266.20	207.04	996.13	927.44	772.86	695.58	541.00	1,416.91	1,313.87	1,099.18	987.54	772.86
51	395.95	361.30	301.91	272.22	212.83	1,034.61	957.02	801.83	715.61	560.40	1,439.82	1,336.36	1,112.20	1,000.12	775.94
52	409.08	374.16	314.29	279.38	219.51	1,068.93	990.71	825.60	747.37	582.26	1,477.36	1,364.40	1,138.43	1,016.77	799.51
53	417.34	387.16	321.80	291.64	226.27	1,112.39	1,024.82	858.41	770.80	604.39	1,515.33	1,392.69	1,164.96	1,042.34	814.59
54	429.06	393.74	328.12	297.83	232.20	1,151.95	1,064.01	879.34	791.41	615.54	1,538.85	1,424.54	1,178.31	1,064.01	826.60
55	442.61	406.99	335.77	305.24	234.01	1,187.54	1,090.04	912.79	824.19	638.08	1,568.60	1,444.52	1,205.25	1,081.19	841.89

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay to 65 Individual														
	2190 x Daily Maximum					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	No BIO		365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	147.89	135.56	113.38	101.06	78.87	399.32	369.25	304.85	279.09	214.68	523.84	485.18	403.60	364.97	283.39
25-29	174.15	160.54	133.34	119.73	92.52	474.02	436.11	364.98	327.06	255.97	625.73	578.29	478.77	431.35	336.55
30-34	238.11	220.85	182.89	165.63	127.68	643.20	595.12	492.92	444.84	342.63	853.60	787.45	655.22	589.09	456.84
35-39	302.05	277.56	232.66	208.17	163.26	824.80	753.71	632.82	568.83	440.85	1,080.77	995.45	831.91	746.59	583.06
40-44	362.82	331.07	276.64	249.43	195.02	979.65	908.56	750.54	679.41	529.34	1,295.68	1,192.96	995.45	892.76	695.25
45	383.32	354.93	293.41	265.01	203.49	1,046.98	964.55	807.90	725.47	568.83	1,376.74	1,269.55	1,055.23	956.29	741.95
46	391.29	357.89	300.63	267.23	209.97	1,055.69	972.58	814.65	731.50	573.57	1,396.53	1,296.74	1,080.63	964.27	756.43
47	392.91	364.16	301.87	273.12	210.84	1,060.08	976.60	818.01	734.51	575.94	1,418.98	1,310.45	1,093.45	984.93	767.91
48	396.14	367.16	304.36	275.36	212.56	1,077.18	984.63	824.72	740.58	580.66	1,447.50	1,338.08	1,119.27	1,001.44	782.66
49	400.99	371.65	312.97	278.74	220.06	1,090.40	996.69	834.82	749.63	587.79	1,473.73	1,362.99	1,132.98	1,022.22	792.24
50	404.23	379.58	315.49	280.99	221.83	1,099.18	1,004.72	841.56	755.68	592.52	1,502.79	1,391.16	1,150.71	1,047.66	807.21
51	415.75	381.10	321.70	292.02	227.66	1,138.07	1,051.84	870.79	784.58	612.16	1,526.04	1,405.32	1,172.56	1,051.84	819.07
52	429.03	394.12	329.26	299.33	229.48	1,173.20	1,086.29	903.78	816.89	634.38	1,555.57	1,442.62	1,199.28	1,077.60	842.97
53	442.48	407.28	336.89	301.69	236.32	1,217.50	1,121.17	937.23	840.88	656.93	1,585.39	1,462.77	1,217.50	1,103.64	849.63
54	449.26	413.93	348.31	312.97	242.29	1,257.46	1,160.73	967.30	870.55	677.12	1,618.00	1,486.08	1,239.89	1,116.78	870.55
55	462.96	422.26	356.12	320.50	249.28	1,302.75	1,196.39	1,001.42	903.92	700.11	1,639.50	1,524.28	1,267.31	1,134.36	886.21

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay to 65 Individual														
	2920 x Daily Maximum					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	No BIO		365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	162.68	150.35	125.70	113.38	88.73	442.24	407.91	339.20	304.85	236.15	583.94	541.00	450.83	403.60	317.74
25-29	193.20	176.88	146.94	133.34	103.41	526.17	483.51	402.92	364.98	284.40	692.08	639.92	530.91	478.77	369.72
30-34	265.71	244.99	203.60	182.89	141.47	715.33	667.22	553.03	492.92	384.72	943.76	871.61	727.34	655.22	510.95
35-39	334.71	310.22	257.15	232.66	179.60	910.13	839.03	703.92	625.73	490.62	1,201.65	1,109.20	924.36	831.91	647.05
40-44	399.11	371.88	308.40	276.64	217.69	1,090.27	1,011.25	837.43	750.54	584.63	1,437.86	1,327.26	1,106.07	995.45	774.23
45	425.92	392.79	326.54	293.41	227.16	1,154.14	1,071.71	890.34	799.65	626.55	1,525.10	1,409.70	1,178.86	1,055.23	824.38
46	429.46	396.06	334.03	300.63	233.82	1,172.07	1,080.63	897.76	814.65	631.75	1,554.46	1,438.07	1,197.00	1,072.32	839.57
47	436.03	397.70	335.40	301.87	234.79	1,176.91	1,085.09	909.81	818.01	634.37	1,577.57	1,452.36	1,210.29	1,093.45	851.39
48	439.62	405.81	338.17	304.36	236.72	1,186.60	1,094.03	917.30	824.72	639.59	1,598.96	1,481.15	1,237.10	1,110.86	866.80
49	445.01	410.77	347.21	308.08	244.51	1,201.13	1,107.44	928.54	834.82	647.41	1,635.60	1,516.32	1,260.77	1,132.98	885.93
50	453.52	419.02	350.00	315.49	246.48	1,210.81	1,124.95	936.03	841.56	652.64	1,674.53	1,537.14	1,288.10	1,150.71	901.68
51	465.23	430.60	356.35	321.70	247.46	1,250.15	1,155.31	965.64	870.79	672.48	1,689.86	1,569.14	1,301.87	1,172.56	913.89
52	473.94	439.00	364.17	329.26	254.43	1,303.57	1,207.96	1,008.08	903.78	703.92	1,729.39	1,599.03	1,329.63	1,199.28	929.88
53	487.73	447.50	377.11	336.89	266.50	1,357.66	1,252.55	1,042.34	937.23	727.01	1,760.57	1,629.21	1,357.66	1,217.50	954.74
54	499.74	459.35	383.64	343.26	267.54	1,398.16	1,283.84	1,072.81	967.30	747.42	1,793.88	1,653.18	1,371.77	1,239.89	958.48
55	508.73	473.13	391.73	356.12	274.71	1,444.52	1,329.34	1,107.77	1,001.42	779.88	1,825.62	1,683.82	1,400.20	1,267.31	983.69

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay to 65 Individual														
	3650 x Daily Maximum					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	175.00	160.21	133.10	120.78	93.66	478.59	437.96	364.97	330.61	257.62	622.59	575.35	480.90	433.65	334.90
25-29	209.52	193.20	160.54	144.22	111.56	564.09	521.43	431.35	388.69	303.37	739.48	687.32	573.57	516.68	402.92
30-34	282.96	262.25	217.39	196.69	151.84	769.42	709.31	595.12	528.98	414.79	1,009.87	937.74	775.45	697.29	541.00
35-39	359.20	334.71	277.56	248.98	195.92	981.22	903.02	746.59	675.48	526.17	1,286.97	1,187.42	988.34	888.79	689.71
40-44	426.32	399.11	331.07	294.80	231.30	1,169.27	1,074.43	900.65	805.83	632.03	1,540.57	1,414.16	1,185.05	1,066.54	829.54
45	454.31	416.46	350.19	312.33	246.09	1,236.58	1,145.89	956.29	865.62	667.74	1,632.29	1,516.88	1,261.33	1,137.67	882.10
46	462.88	424.69	353.11	319.71	248.14	1,246.87	1,155.43	964.27	872.83	673.32	1,670.82	1,537.82	1,280.13	1,155.43	897.76
47	464.79	426.44	359.37	321.04	253.95	1,252.05	1,160.22	968.26	876.44	676.09	1,686.06	1,560.87	1,302.11	1,168.57	909.81
48	473.43	434.78	362.33	323.68	256.04	1,270.77	1,169.79	976.20	883.65	681.68	1,716.79	1,590.57	1,321.24	1,186.60	925.73
49	479.23	440.11	366.77	332.53	259.18	1,286.31	1,184.09	988.15	894.46	690.02	1,754.86	1,618.54	1,345.96	1,218.16	945.58
50	483.10	448.59	374.65	335.21	261.27	1,296.69	1,193.64	996.13	901.68	695.58	1,786.18	1,648.77	1,373.99	1,236.58	961.79
51	494.94	460.29	381.10	341.50	267.26	1,345.00	1,241.54	1,034.61	931.15	724.24	1,819.17	1,681.22	1,396.72	1,250.15	974.25
52	508.85	468.94	389.12	354.20	274.38	1,399.16	1,286.17	1,068.93	964.65	747.37	1,851.05	1,703.33	1,425.23	1,277.48	999.40
53	522.93	482.71	402.25	362.03	281.57	1,445.27	1,331.38	1,112.39	998.53	779.55	1,883.22	1,743.06	1,454.01	1,305.11	1,016.06
54	530.03	494.70	413.93	368.50	287.73	1,494.90	1,371.77	1,151.95	1,028.83	809.00	1,916.97	1,767.49	1,468.49	1,319.01	1,028.83
55	549.43	503.64	417.17	381.55	289.98	1,542.02	1,426.80	1,187.54	1,072.32	833.02	1,949.66	1,799.03	1,497.70	1,347.05	1,045.74

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 164% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay to 65 Individual														
	No BIO					Unlimited					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	194.72	179.93	150.35	133.10	105.99	800.37	741.81	618.18	559.60	435.97	1,060.65	976.06	819.88	735.29	572.62
25-29	231.30	212.24	176.88	160.54	125.17	955.44	876.40	732.76	660.92	510.05	1,257.17	1,163.76	969.80	876.40	682.44
30-34	317.47	289.87	244.99	220.85	172.54	1,302.71	1,202.52	1,002.09	901.90	701.47	1,721.78	1,585.14	1,320.92	1,193.39	929.23
35-39	404.09	371.44	310.22	277.56	216.33	1,659.48	1,530.17	1,271.56	1,142.25	894.38	2,187.45	2,015.06	1,680.99	1,508.60	1,174.56
40-44	480.73	444.45	371.88	331.07	258.50	1,975.56	1,831.87	1,532.55	1,376.92	1,077.60	2,610.14	2,406.57	1,999.51	1,807.92	1,400.86
45	511.10	468.50	388.06	354.93	269.75	2,098.91	1,949.01	1,624.18	1,449.25	1,136.89	2,786.07	2,561.20	2,136.39	1,924.01	1,499.20
46	515.36	472.42	396.06	357.89	276.77	2,116.44	1,965.22	1,637.70	1,461.35	1,146.37	2,821.90	2,607.71	2,179.40	1,965.22	1,524.34
47	522.28	479.15	397.70	359.37	277.91	2,137.82	1,973.35	1,644.46	1,467.39	1,151.12	2,871.50	2,643.80	2,201.05	1,985.99	1,543.26
48	526.58	483.10	405.81	367.16	285.03	2,155.38	1,989.61	1,658.00	1,492.21	1,160.60	2,920.63	2,691.06	2,244.69	2,015.11	1,568.71
49	537.91	493.91	410.77	371.65	288.52	2,181.78	2,013.98	1,678.33	1,510.48	1,174.83	2,982.20	2,749.82	2,297.99	2,065.62	1,613.75
50	542.26	497.89	414.09	374.65	290.85	2,199.38	2,030.21	1,691.84	1,522.65	1,184.28	3,032.30	2,798.03	2,329.54	2,108.30	1,626.77
51	554.33	514.73	425.64	381.10	296.96	2,273.52	2,103.66	1,750.87	1,581.02	1,228.21	3,070.56	2,848.43	2,364.99	2,129.77	1,659.40
52	568.72	523.82	439.00	394.12	309.30	2,357.47	2,186.29	1,830.66	1,633.10	1,277.52	3,147.72	2,897.48	2,423.34	2,173.12	1,698.97
53	583.27	538.02	447.50	407.28	311.75	2,442.48	2,269.92	1,884.96	1,699.13	1,314.17	3,199.15	2,960.21	2,455.75	2,216.83	1,725.66
54	595.66	550.22	459.35	413.93	323.06	2,532.05	2,332.12	1,945.65	1,759.08	1,359.31	3,251.66	2,998.46	2,505.39	2,252.16	1,759.08
55	615.57	564.69	473.13	422.26	330.68	2,632.40	2,417.50	2,014.61	1,813.13	1,410.21	3,317.34	3,062.16	2,551.82	2,296.62	1,786.28



## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Individual															
	730 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	27.60	25.63	23.67	21.69	29.66	27.52	25.42	23.31	75.59	68.70	61.82	58.41	103.06	92.76	85.88	82.43
25-29	29.58	27.60	25.63	23.67	31.77	29.66	27.52	25.42	82.43	75.59	68.70	65.26	109.94	99.61	92.76	85.88
30-34	31.55	29.58	27.60	25.63	33.89	31.77	29.66	27.52	89.31	79.00	72.14	68.70	116.78	109.94	99.61	92.76
35-39	35.49	31.55	29.58	27.60	38.13	33.89	31.77	29.66	92.76	85.88	79.00	75.59	127.10	116.78	106.49	99.61
40-44	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	103.06	92.76	85.88	79.00	137.39	127.10	113.33	109.94
45	37.46	35.49	31.55	29.58	40.24	38.13	33.89	31.77	103.06	96.18	85.88	82.43	140.84	127.10	116.78	109.94
46	39.44	35.49	31.55	29.58	42.36	38.13	33.89	31.77	103.06	96.18	85.88	82.43	140.84	130.51	116.78	113.33
47	39.44	35.49	31.55	31.55	42.36	38.13	33.89	33.89	103.06	96.18	85.88	82.43	144.27	130.51	120.22	113.33
48	39.44	35.49	33.53	31.55	42.36	38.13	36.01	33.89	106.49	96.18	85.88	82.43	144.27	133.96	120.22	113.33
49	39.44	37.46	33.53	31.55	42.36	40.24	36.01	33.89	106.49	96.18	89.31	82.43	147.69	133.96	123.66	116.78
50	41.41	37.46	33.53	31.55	44.48	40.24	36.01	33.89	106.49	96.18	89.31	82.43	147.69	137.39	123.66	116.78
51	41.41	37.46	33.53	31.55	44.48	40.24	36.01	33.89	106.49	99.61	89.31	85.88	151.14	137.39	127.10	120.22
52	41.41	37.46	35.49	33.53	44.48	40.24	38.13	36.01	109.94	99.61	89.31	85.88	154.57	140.84	127.10	123.66
53	41.41	39.44	35.49	33.53	44.48	42.36	38.13	36.01	109.94	99.61	92.76	85.88	158.02	144.27	130.51	123.66
54	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	113.33	103.06	92.76	89.31	161.45	147.69	133.96	127.10
55	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	113.33	103.06	92.76	89.31	164.86	151.14	137.39	130.51
56	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	123.66	113.33	103.06	96.18	168.31	154.57	140.84	133.96
57	51.27	45.35	41.41	39.44	55.08	48.71	44.48	42.36	133.96	123.66	109.94	106.49	175.19	161.45	147.69	140.84
58	53.25	49.30	45.35	43.39	57.20	52.95	48.71	46.61	144.27	130.51	120.22	113.33	182.04	168.31	151.14	144.27
59	57.18	53.25	47.32	45.35	61.41	57.20	50.83	48.71	154.57	140.84	127.10	120.22	188.92	171.74	158.02	147.69
60	61.13	55.21	51.27	49.30	65.66	59.30	55.08	52.95	164.86	151.14	137.39	130.51	195.80	178.62	161.45	154.57
61	67.04	61.13	55.21	53.25	72.02	65.66	59.30	57.20	175.19	161.45	147.69	140.84	209.55	192.37	175.19	164.86
62	72.96	67.04	61.13	57.18	78.37	72.02	65.66	61.41	188.92	171.74	158.02	147.69	223.27	206.10	188.92	178.62
63	78.87	72.96	65.06	63.11	84.72	78.37	69.88	67.78	202.66	185.49	168.31	158.02	240.45	219.82	199.22	188.92
64	84.78	76.90	70.99	67.04	91.07	82.60	76.25	72.02	212.98	195.80	178.62	168.31	254.18	233.57	212.98	202.66
65	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	226.70	206.10	188.92	178.62	271.35	247.33	226.70	212.98
66	100.57	92.68	84.78	80.85	108.02	99.56	91.07	86.84	250.74	230.15	209.55	199.22	295.41	271.35	247.33	233.57
67	112.40	102.54	92.68	88.73	120.74	110.14	99.56	95.31	274.80	254.18	230.15	219.82	319.43	291.98	267.92	254.18
68	122.26	112.40	102.54	96.62	131.33	120.74	110.14	103.77	302.27	274.80	250.74	237.00	346.94	316.03	288.53	274.80
69	134.08	122.26	110.43	106.48	144.02	131.33	118.61	114.38	326.31	298.86	271.35	257.62	370.96	340.06	309.15	291.98
70	143.94	132.12	120.29	114.36	154.62	141.92	129.21	122.85	350.37	322.88	291.98	278.23	395.02	364.11	329.76	312.58
71	165.63	151.84	138.03	130.14	177.91	163.10	148.27	139.80	398.47	364.11	333.19	316.03	446.54	408.76	374.41	353.78
72	185.35	171.56	155.77	147.89	199.10	184.28	167.32	158.85	446.54	408.76	370.96	353.78	498.07	456.84	415.64	395.02
73	207.04	189.30	173.52	163.66	222.40	203.33	186.38	175.79	491.19	453.43	412.19	391.58	549.58	504.95	460.27	436.25
74	228.74	209.02	189.30	181.42	245.69	224.52	203.33	194.86	539.31	494.62	449.98	425.94	601.11	553.03	501.50	477.45
75	248.46	228.74	207.04	197.18	266.88	245.69	222.40	211.80	587.38	539.31	487.78	463.72	652.64	597.68	546.15	518.68
76	285.92	262.25	238.60	226.76	307.12	281.70	256.29	243.57	662.94	607.99	553.03	525.54	728.23	669.82	607.99	577.05
77	323.38	295.78	270.15	256.34	347.36	317.71	290.18	275.35	735.07	676.70	614.86	583.94	803.78	738.52	669.82	638.91
78	360.84	329.30	299.73	285.92	387.59	353.71	321.96	307.12	810.66	745.40	676.70	642.35	879.34	807.21	735.07	697.29
79	398.32	364.79	331.26	315.49	427.85	391.84	355.83	338.89	886.21	814.09	738.52	700.72	958.34	875.91	796.91	755.68
80	433.80	398.32	362.82	343.10	465.97	427.85	389.72	368.54	961.79	882.79	800.33	762.56	1,033.93	948.05	858.74	817.50
81	465.36	425.92	386.48	368.74	499.86	457.50	415.15	396.09	1,030.48	944.62	858.74	814.09	1,106.07	1,013.30	920.56	875.91
82	498.87	457.47	416.06	396.34	535.86	491.40	446.92	425.73	1,106.07	1,013.30	920.56	875.91	1,188.50	1,088.89	989.25	941.17
83	540.28	494.94	449.57	427.90	580.35	531.64	482.91	459.62	1,195.34	1,095.74	996.13	944.62	1,281.22	1,174.77	1,088.28	1,016.75
84	585.64	536.35	487.05	463.38	629.06	576.12	523.17	497.75	1,294.99	1,188.50	1,078.56	1,027.05	1,391.16	1,274.38	1,161.01	1,102.62
85	638.87	585.64	532.40	504.79	686.24	629.06	571.88	542.22	1,411.77	1,294.99	1,178.17	1,119.79	1,518.26	1,391.16	1,264.05	1,202.22
86	696.05	636.90	579.72	550.14	747.67	684.12	622.71	590.94	1,538.85	1,411.77	1,284.67	1,219.40	1,652.22	1,514.81	1,377.42	1,308.71
87	759.16	696.05	630.99	599.44	815.45	747.67	677.77	643.88	1,679.69	1,538.85	1,398.04	1,329.34	1,803.35	1,652.22	1,501.08	1,425.50
88	826.20	757.18	688.17	654.66	887.45	813.32	739.20	703.19	1,830.81	1,676.24	1,525.10	1,449.55	1,964.80	1,799.90	1,638.47	1,556.02
89	901.14	826.20	751.27	713.81	967.96	887.45	806.99	766.74	1,995.70	1,827.41	1,662.51	1,580.08	2,139.96	1,961.35	1,782.73	1,693.42
90	981.97	901.14	818.31	776.90	1,054.78	967.96	878.99	834.51	2,174.31	1,992.27	1,810.23	1,720.92	2,332.33	2,139.96	1,944.18	1,847.98
91	1,070.70	981.97	891.28	847.89	1,150.10	1,054.78	957.37	910.76	2,370.11	2,170.90	1,975.10	1,875.49	2,545.31	2,332.33	2,119.37	2,012.88
92	1,167.34	1,068.74	972.11	922.81	1,253.89	1,148.00	1,044.19	991.24	2,583.09	2,366.66	2,150.29	2,043.78	2,772.01	2,541.86	2,311.70	2,194.92
93	1,271.84	1,165.36	1,058.88	1,007.61	1,366.15	1,251.77	1,137.39	1,082.33	2,813.21	2,579.66	2,346.06	2,229.27	3,022.75	2,772.01	2,517.80	2,394.17
94	1,386.20	1,269.86	1,155.50	1,098.32	1,488.98	1,364.03	1,241.18	1,179.75	3,067.40	2,813.21	2,555.60	2,428.52	3,294.10	3,019.30	2,744.52	2,607.11

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Individual															
	1095 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	96.18	89.31	82.43	75.59	130.51	120.22	106.49	103.06
25-29	39.44	37.46	33.53	31.55	42.36	40.24	36.01	33.89	103.06	96.18	85.88	82.43	140.84	127.10	116.78	109.94
30-34	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	113.33	103.06	92.76	89.31	151.14	137.39	123.66	120.22
35-39	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	120.22	109.94	99.61	96.18	161.45	147.69	133.96	127.10
40-44	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	130.51	120.22	109.94	103.06	171.74	158.02	144.27	137.39
45	51.27	47.32	41.41	39.44	55.08	50.83	44.48	42.36	133.96	120.22	109.94	106.49	178.62	161.45	147.69	140.84
46	51.27	47.32	43.39	41.41	55.08	50.83	46.61	44.48	133.96	120.22	109.94	106.49	178.62	164.86	151.14	140.84
47	51.27	47.32	43.39	41.41	55.08	50.83	46.61	44.48	133.96	123.66	109.94	106.49	182.04	168.31	151.14	144.27
48	51.27	47.32	43.39	41.41	55.08	50.83	46.61	44.48	133.96	123.66	109.94	106.49	185.49	168.31	154.57	147.69
49	53.25	47.32	43.39	41.41	57.20	50.83	46.61	44.48	133.96	123.66	113.33	106.49	188.92	171.74	158.02	147.69
50	53.25	49.30	43.39	41.41	57.20	52.95	46.61	44.48	133.96	123.66	113.33	106.49	192.37	175.19	158.02	151.14
51	53.25	49.30	45.35	43.39	57.20	52.95	48.71	46.61	137.39	127.10	113.33	109.94	195.80	178.62	161.45	154.57
52	55.21	49.30	45.35	43.39	59.30	52.95	48.71	46.61	140.84	130.51	116.78	109.94	199.22	182.04	164.86	158.02
53	55.21	51.27	47.32	43.39	59.30	55.08	50.83	46.61	144.27	133.96	120.22	113.33	199.22	185.49	168.31	158.02
54	57.18	51.27	47.32	45.35	61.41	55.08	50.83	48.71	147.69	133.96	123.66	116.78	202.66	185.49	171.74	161.45
55	57.18	53.25	47.32	45.35	61.41	57.20	50.83	48.71	151.14	137.39	127.10	120.22	206.10	188.92	171.74	164.86
56	61.13	57.18	51.27	49.30	65.66	61.41	55.08	52.95	161.45	147.69	133.96	127.10	216.39	199.22	182.04	171.74
57	65.06	59.16	53.25	51.27	69.88	63.55	57.20	55.08	175.19	158.02	144.27	137.39	226.70	209.55	188.92	178.62
58	69.01	63.11	57.18	55.21	74.13	67.78	61.41	59.30	185.49	168.31	154.57	147.69	237.00	216.39	199.22	188.92
59	72.96	67.04	59.16	57.18	78.37	72.02	63.55	61.41	195.80	178.62	164.86	154.57	247.33	226.70	206.10	195.80
60	74.92	69.01	63.11	59.16	80.49	74.13	67.78	63.55	206.10	188.92	171.74	164.86	257.62	237.00	212.98	202.66
61	82.82	76.90	69.01	65.06	88.97	82.60	74.13	69.88	226.70	206.10	188.92	178.62	274.80	250.74	230.15	216.39
62	90.71	82.82	76.90	70.99	97.44	88.97	80.49	76.25	243.88	223.27	202.66	192.37	291.98	267.92	243.88	230.15
63	96.62	88.73	80.85	76.90	103.77	95.31	86.84	82.60	261.06	237.00	216.39	206.10	309.15	285.10	257.62	247.33
64	104.50	96.62	86.76	82.82	112.24	103.77	93.19	88.97	278.23	254.18	230.15	219.82	329.76	302.27	274.80	261.06
65	112.40	102.54	92.68	88.73	120.74	110.14	99.56	95.31	295.41	271.35	247.33	233.57	346.94	316.03	288.53	274.80
66	126.19	114.36	104.50	98.59	135.55	122.85	112.24	105.91	326.31	298.86	274.80	261.06	377.84	346.94	316.03	298.86
67	140.00	128.17	116.34	110.43	150.38	137.68	124.96	118.61	360.66	329.76	298.86	285.10	412.19	377.84	343.49	326.31
68	153.80	140.00	128.17	120.29	165.20	150.38	137.68	129.21	391.58	360.66	326.31	312.58	446.54	408.76	374.41	353.78
69	165.63	151.84	138.03	132.12	177.91	163.10	148.27	141.92	425.94	391.58	353.78	336.61	480.90	439.66	401.90	381.29
70	179.44	165.63	149.86	141.98	192.74	177.91	160.97	152.50	456.84	419.07	381.29	364.11	515.25	470.60	429.37	408.76
71	209.02	191.27	173.52	165.63	224.52	205.46	186.38	177.91	518.68	477.45	432.82	412.19	583.94	535.86	484.33	460.27
72	236.62	216.90	197.18	187.32	254.16	232.99	211.80	201.21	580.50	532.42	484.33	460.27	649.19	597.68	542.70	515.25
73	264.22	242.53	220.85	209.02	283.82	260.51	237.22	224.52	642.35	590.82	535.86	508.37	717.90	659.52	597.68	570.21
74	293.80	268.17	244.51	232.67	315.59	288.07	262.63	249.92	704.17	645.76	587.38	559.88	786.60	721.34	656.07	621.74
75	321.40	295.78	268.17	254.36	345.23	317.71	288.07	273.23	765.97	704.17	638.91	607.99	855.30	783.15	711.05	676.70
76	366.77	337.19	305.64	291.83	393.96	362.18	328.29	313.47	865.62	793.48	721.34	686.99	958.34	879.34	796.91	759.13
77	414.09	378.60	345.07	327.33	444.79	406.68	370.65	351.60	965.22	886.21	807.21	765.97	1,061.40	972.07	882.79	841.56
78	459.43	421.97	382.53	364.79	493.50	453.25	410.89	391.84	1,064.83	978.95	889.64	845.01	1,164.44	1,068.28	972.07	920.56
79	506.77	463.38	421.97	400.28	544.34	497.75	453.25	429.97	1,164.44	1,068.28	972.07	923.99	1,267.50	1,161.01	1,057.95	1,003.01
80	552.12	506.77	459.43	437.75	593.05	544.34	493.50	470.21	1,264.05	1,161.01	1,054.54	1,003.01	1,370.54	1,257.20	1,143.83	1,085.44
81	591.55	542.26	492.96	467.33	635.41	582.47	529.51	501.98	1,353.36	1,240.03	1,130.09	1,071.71	1,466.73	1,346.51	1,222.85	1,161.01
82	634.94	581.69	528.45	502.82	682.02	624.83	567.63	540.11	1,456.42	1,336.18	1,212.52	1,154.14	1,576.63	1,446.12	1,315.58	1,250.32
83	686.19	629.01	571.83	542.26	737.07	675.66	614.24	582.47	1,573.20	1,442.67	1,308.71	1,243.46	1,703.75	1,562.90	1,418.62	1,349.93
84	743.39	682.26	619.15	589.58	798.52	732.85	665.07	633.30	1,707.18	1,562.90	1,422.06	1,349.93	1,847.98	1,693.42	1,542.28	1,463.30
85	810.43	743.39	676.33	642.82	870.52	798.52	726.48	690.49	1,858.31	1,703.75	1,549.16	1,473.59	2,016.33	1,847.98	1,679.69	1,593.81
86	883.38	810.43	737.47	700.00	948.88	870.52	792.15	751.91	2,026.63	1,858.31	1,690.00	1,604.14	2,198.37	2,012.88	1,830.81	1,738.08
87	964.23	883.38	802.55	763.11	1,035.72	948.88	862.05	819.69	2,208.66	2,026.63	1,841.14	1,748.38	2,394.17	2,194.92	1,995.70	1,896.10
88	1,050.98	962.25	875.49	832.12	1,128.91	1,033.60	940.42	893.82	2,407.90	2,208.66	2,006.00	1,906.39	2,610.56	2,394.17	2,174.31	2,067.84
89	1,145.64	1,049.03	954.37	907.05	1,230.60	1,126.81	1,025.14	974.31	2,624.29	2,404.47	2,188.07	2,078.14	2,844.13	2,607.11	2,370.11	2,253.33
90	1,248.17	1,143.67	1,039.17	987.90	1,340.72	1,228.47	1,116.22	1,061.14	2,861.30	2,624.29	2,383.84	2,263.62	3,101.75	2,844.13	2,583.09	2,455.99
91	1,360.57	1,246.21	1,133.81	1,076.63	1,461.45	1,338.62	1,217.88	1,156.47	3,118.91	2,857.89	2,600.27	2,469.72	3,379.99	3,098.34	2,816.66	2,675.82
92	1,482.83	1,358.59	1,234.38	1,173.24	1,592.78	1,459.34	1,325.90	1,260.24	3,400.59	3,115.51	2,833.83	2,689.54	3,685.69	3,376.54	3,070.83	2,916.26
93	1,614.93	1,480.86	1,346.76	1,279.72	1,734.68	1,590.67	1,446.62	1,374.62	3,706.30	3,397.16	3,088.01	2,933.44	4,015.45	3,682.27	3,345.63	3,180.77
94	1,760.85	1,614.93	1,467.05	1,394.10	1,891.42	1,734.68	1,575.83	1,497.48	4,039.51	3,702.86	3,366.24	3,197.95	4,376.11	4,012.00	3,647.92	3,465.85

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Individual															
	1460 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	39.44	37.46	33.53	31.55	42.36	40.24	36.01	33.89	106.49	99.61	89.31	85.88	144.27	133.96	120.22	116.78
25-29	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	116.78	106.49	96.18	92.76	158.02	144.27	130.51	123.66
30-34	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	123.66	113.33	103.06	99.61	168.31	154.57	140.84	133.96
35-39	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	133.96	123.66	113.33	108.49	182.04	164.86	151.14	144.27
40-44	53.25	49.30	45.35	43.39	57.20	52.95	48.71	46.61	144.27	133.96	120.22	113.33	195.80	178.62	161.45	154.57
45	55.21	51.27	45.35	43.39	59.30	55.08	48.71	46.61	147.69	133.96	123.66	116.78	199.22	182.04	164.86	158.02
46	55.21	51.27	45.35	43.39	59.30	55.08	48.71	46.61	147.69	133.96	123.66	116.78	202.66	185.49	168.31	161.45
47	55.21	51.27	47.32	43.39	59.30	55.08	50.83	46.61	151.14	137.39	127.10	120.22	206.10	188.92	171.74	164.86
48	55.21	51.27	47.32	43.39	59.30	55.08	50.83	48.71	151.14	140.84	127.10	120.22	209.55	192.37	175.19	168.31
49	57.18	51.27	47.32	45.35	61.41	55.08	50.83	48.71	154.57	140.84	127.10	120.22	216.39	195.80	178.62	171.74
50	57.18	51.27	47.32	45.35	61.41	55.08	50.83	48.71	154.57	144.27	130.51	123.66	219.82	202.66	182.04	175.19
51	59.16	53.25	49.30	45.35	63.55	57.20	52.95	48.71	158.02	144.27	130.51	127.10	223.27	202.66	185.49	175.19
52	59.16	55.21	49.30	47.32	63.55	59.30	52.95	50.83	161.45	147.69	133.96	127.10	223.27	206.10	185.49	178.62
53	61.13	57.18	51.27	49.30	65.66	61.41	55.08	52.95	164.86	151.14	137.39	130.51	226.70	209.55	188.92	178.62
54	63.11	57.18	53.25	49.30	67.78	61.41	57.20	52.95	168.31	154.57	140.84	130.51	230.15	209.55	192.37	182.04
55	65.06	59.16	53.25	51.27	69.88	63.55	57.20	55.08	168.31	154.57	140.84	133.96	233.57	212.98	192.37	185.49
56	69.01	63.11	57.18	55.21	74.13	67.78	61.41	59.30	182.04	168.31	154.57	144.27	243.88	223.27	202.66	192.37
57	72.96	67.04	61.13	59.16	78.37	72.02	65.66	63.55	195.80	182.04	164.86	154.57	254.18	233.57	212.98	202.66
58	78.87	70.99	65.06	61.13	84.72	76.25	69.88	65.66	209.55	192.37	175.19	168.31	267.92	243.88	223.27	209.55
59	82.82	74.92	69.01	65.06	88.97	80.49	74.13	69.88	226.70	206.10	188.92	178.62	278.23	254.18	230.15	219.82
60	86.76	78.87	72.96	69.01	93.19	84.72	78.37	74.13	240.45	219.82	199.22	188.92	288.53	264.51	240.45	230.15
61	94.64	86.76	78.87	74.92	101.66	93.19	84.72	80.49	257.62	237.00	216.39	202.66	309.15	285.10	257.62	243.88
62	100.57	92.68	84.78	80.85	108.02	99.56	91.07	86.84	274.80	254.18	230.15	219.82	329.76	302.27	274.80	261.06
63	108.45	98.59	90.71	84.78	116.49	105.91	97.44	91.07	295.41	271.35	247.33	233.57	350.37	319.43	291.98	274.80
64	116.34	106.48	96.62	90.71	124.96	114.38	103.77	97.44	312.58	288.53	261.06	247.33	370.96	340.06	309.15	291.98
65	122.26	112.40	102.54	96.62	131.33	120.74	110.14	103.77	333.19	305.70	278.23	264.51	388.14	357.23	322.88	309.15
66	138.03	126.19	116.34	110.43	148.27	135.55	124.96	118.61	370.96	340.06	309.15	291.98	429.37	395.02	357.23	340.06
67	153.80	141.98	128.17	122.26	165.20	152.50	137.68	131.33	408.76	374.41	340.06	322.88	470.60	429.37	391.58	370.96
68	169.58	155.77	141.98	134.08	182.16	167.32	152.50	144.02	446.54	408.76	370.96	353.78	508.37	467.15	425.94	405.31
69	185.35	169.58	155.77	147.89	199.10	182.16	167.32	158.85	484.33	443.10	401.90	384.72	549.58	504.95	460.27	436.25
70	201.13	185.35	167.61	159.72	216.05	199.10	180.04	171.57	522.13	477.45	436.25	412.19	590.82	542.70	491.19	467.15
71	234.65	214.93	195.21	185.35	252.04	230.87	209.68	199.10	590.82	542.70	494.62	467.15	669.82	611.41	556.46	528.98
72	266.20	244.51	222.81	210.99	285.93	262.63	239.34	226.64	662.94	607.99	553.03	525.54	745.40	683.54	621.74	590.82
73	299.73	274.08	248.46	236.62	321.96	294.40	266.88	254.16	731.64	673.25	611.41	580.50	824.38	755.68	686.99	652.64
74	331.26	303.66	276.06	262.25	355.83	326.18	296.53	281.70	803.78	735.07	669.82	635.46	903.38	827.83	752.25	714.46
75	362.82	333.24	303.66	287.89	389.72	357.95	326.18	309.24	872.46	800.33	728.23	690.42	982.40	899.97	817.50	776.30
76	423.95	388.46	352.96	335.21	455.39	417.26	379.12	360.07	1,003.01	920.56	834.68	793.48	1,112.91	1,020.18	927.44	882.79
77	483.10	441.69	402.25	382.53	518.92	474.44	432.08	410.89	1,133.54	1,037.36	944.62	896.52	1,246.87	1,143.83	1,040.78	989.25
78	542.26	496.91	451.55	429.85	582.47	533.76	485.03	461.72	1,260.63	1,157.59	1,051.11	999.58	1,380.87	1,267.50	1,150.71	1,092.30
79	601.41	552.12	500.84	477.19	646.00	593.05	537.97	512.57	1,391.16	1,274.38	1,157.59	1,102.62	1,514.81	1,387.71	1,260.63	1,198.79
80	662.54	607.32	552.12	524.51	711.66	652.35	593.05	563.41	1,521.67	1,394.59	1,267.50	1,202.22	1,648.77	1,511.38	1,373.99	1,305.28
81	707.89	648.73	589.58	560.00	760.38	696.84	633.30	601.52	1,628.16	1,490.77	1,356.81	1,288.10	1,762.12	1,614.42	1,470.14	1,394.59
82	761.13	698.03	634.94	603.39	817.57	749.79	682.02	648.13	1,748.38	1,604.14	1,456.42	1,384.28	1,896.10	1,738.08	1,580.08	1,501.08
83	822.26	753.25	684.23	650.71	883.24	809.10	734.97	698.96	1,889.22	1,731.20	1,573.20	1,494.20	2,047.23	1,875.49	1,707.18	1,621.30
84	891.28	818.31	743.39	705.91	957.37	878.99	798.52	758.26	2,050.66	1,878.92	1,707.18	1,621.30	2,222.43	2,036.90	1,851.43	1,758.71
85	972.11	891.28	810.43	769.02	1,044.19	957.37	870.52	826.04	2,232.72	2,047.23	1,861.75	1,769.00	2,421.64	2,218.98	2,016.33	1,916.69
86	1,058.88	972.11	883.38	838.03	1,137.39	1,044.19	948.88	900.17	2,435.37	2,232.72	2,030.06	1,827.02	2,638.03	2,418.19	2,198.37	2,088.43
87	1,155.50	1,058.88	962.25	914.93	1,241.18	1,137.39	1,033.60	982.78	2,655.21	2,431.94	2,212.10	2,102.19	2,875.07	2,638.03	2,397.58	2,277.35
88	1,258.03	1,153.53	1,049.03	995.78	1,351.31	1,239.07	1,126.81	1,069.61	2,892.24	2,651.79	2,411.35	2,291.11	3,136.09	2,875.07	2,613.99	2,483.45
89	1,372.40	1,258.03	1,143.67	1,086.49	1,474.17	1,351.31	1,228.47	1,167.05	3,153.26	2,888.79	2,627.74	2,497.21	3,417.77	3,132.67	2,847.56	2,706.72
90	1,494.65	1,370.43	1,246.21	1,183.10	1,605.47	1,472.04	1,338.62	1,270.83	3,438.39	3,149.85	2,864.74	2,720.48	3,723.47	3,414.34	3,105.18	2,947.17
91	1,630.72	1,494.65	1,358.59	1,289.58	1,751.64	1,605.47	1,459.34	1,385.20	3,747.53	3,434.95	3,122.36	2,964.34	4,060.11	3,720.04	3,383.42	3,215.12
92	1,776.63	1,628.74	1,480.86	1,405.92	1,908.37	1,749.52	1,590.67	1,510.16	4,084.14	3,744.10	3,404.04	3,232.28	4,424.19	4,056.68	3,689.12	3,503.65
93	1,936.35	1,774.66	1,614.93	1,534.09	2,079.93	1,906.25	1,734.68	1,647.85	4,451.70	4,080.70	3,709.75	3,524.26	4,822.66	4,420.78	4,018.88	3,819.67
94	2,111.84	1,934.38	1,758.89	1,672.11	2,268.44	2,077.81	1,889.32	1,796.10	4,850.15	4,448.25	4,042.94	3,840.26	5,258.91	4,819.23	4,382.99	4,163.17

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Individual															
	1825 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	123.66	113.33	103.06	99.61	168.31	154.57	140.84	133.96
25-29	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	133.96	123.66	109.94	106.49	178.62	164.86	151.14	140.84
30-34	53.25	49.30	45.35	43.39	57.20	52.95	48.71	46.61	144.27	130.51	120.22	113.33	192.37	178.62	161.45	154.57
35-39	57.18	53.25	47.32	45.35	61.41	57.20	50.83	48.71	154.57	140.84	127.10	123.66	209.55	192.37	171.74	164.86
40-44	63.11	57.18	51.27	49.30	67.78	61.41	55.08	52.95	164.86	151.14	137.39	130.51	223.27	206.10	185.49	178.62
45	63.11	57.18	53.25	49.30	67.78	61.41	57.20	52.95	168.31	154.57	140.84	133.96	226.70	209.55	188.92	182.04
46	63.11	59.16	53.25	51.27	67.78	63.55	57.20	55.08	168.31	154.57	140.84	133.96	230.15	212.98	192.37	182.04
47	63.11	59.16	53.25	51.27	67.78	63.55	57.20	55.08	168.31	154.57	140.84	133.96	233.57	212.98	195.80	185.49
48	65.06	59.16	53.25	51.27	69.88	63.55	57.20	55.08	168.31	154.57	140.84	133.96	237.00	216.39	195.80	185.49
49	65.06	59.16	53.25	51.27	69.88	63.55	57.20	55.08	168.31	154.57	140.84	133.96	237.00	219.82	199.22	188.92
50	65.06	59.16	53.25	51.27	69.88	63.55	57.20	55.08	168.31	154.57	140.84	133.96	240.45	219.82	199.22	188.92
51	67.04	61.13	55.21	53.25	72.02	65.66	59.30	57.20	175.19	161.45	144.27	137.39	243.88	223.27	202.66	192.37
52	67.04	63.11	57.18	53.25	72.02	67.78	61.41	57.20	178.62	164.86	151.14	140.84	247.33	226.70	206.10	195.80
53	69.01	63.11	57.18	55.21	74.13	67.78	61.41	59.30	185.49	168.31	154.57	147.69	250.74	230.15	209.55	199.22
54	70.99	65.06	59.16	55.21	76.25	69.88	63.55	59.30	188.92	175.19	158.02	151.14	254.18	233.57	212.98	202.66
55	72.96	67.04	59.16	57.18	78.37	72.02	63.55	61.41	195.80	178.62	161.45	154.57	257.62	237.00	212.98	202.66
56	76.90	70.99	65.06	61.13	82.60	76.25	69.88	65.66	209.55	192.37	175.19	164.86	271.35	250.74	226.70	216.39
57	82.82	76.90	69.01	67.04	88.97	82.60	74.13	72.02	223.27	206.10	188.92	178.62	288.53	264.51	240.45	226.70
58	88.73	82.82	74.92	70.99	95.31	88.97	80.49	76.25	240.45	219.82	199.22	188.92	302.27	278.23	250.74	240.45
59	94.64	86.76	78.87	74.92	101.66	93.19	84.72	80.49	254.18	233.57	212.98	202.66	319.43	291.98	264.51	250.74
60	100.57	92.68	84.78	80.85	108.02	99.56	91.07	86.84	271.35	247.33	226.70	212.98	333.19	305.70	278.23	264.51
61	108.45	100.57	90.71	86.76	116.49	108.02	97.44	93.19	288.53	264.51	240.45	230.15	357.23	326.31	298.86	281.68
62	116.34	106.48	96.62	92.68	124.96	114.38	103.77	96.56	309.15	285.10	257.62	247.33	381.29	350.37	316.03	302.27
63	124.22	114.36	104.50	98.59	133.43	122.85	112.24	105.91	329.76	302.27	274.80	261.06	405.31	370.96	336.61	319.43
64	132.12	122.26	110.43	104.50	141.92	131.33	118.61	112.24	350.37	322.88	291.98	278.23	429.37	391.58	357.23	340.06
65	140.00	128.17	116.34	110.43	150.38	137.68	124.96	118.61	369.15	340.06	309.15	291.98	453.43	415.64	377.84	357.23
66	159.72	145.91	132.12	126.19	171.57	156.74	141.92	135.55	415.64	381.29	346.94	329.76	498.07	456.84	415.64	395.02
67	177.47	161.70	147.89	140.00	190.63	173.69	158.85	150.38	460.27	419.07	381.29	364.11	542.70	498.07	453.43	429.37
68	195.21	179.44	161.70	153.80	209.68	192.74	173.69	165.20	501.50	460.27	419.07	398.47	587.38	539.31	491.19	467.15
69	212.95	195.21	177.47	167.61	228.74	209.68	190.63	180.04	546.15	501.50	456.84	432.82	632.03	580.50	528.98	501.50
70	230.71	210.99	193.23	183.37	247.82	226.64	207.56	196.98	590.82	542.70	491.19	467.15	680.11	621.74	566.76	535.86
71	266.20	244.51	222.81	210.99	285.93	262.63	239.34	226.64	673.25	614.86	559.88	532.42	762.56	700.72	635.46	604.56
72	301.69	278.03	252.39	238.60	324.06	298.65	271.10	256.29	755.68	690.42	628.58	597.68	848.44	779.74	707.60	673.25
73	339.16	309.59	281.97	268.17	364.32	332.54	302.87	288.07	838.13	765.97	697.29	662.94	934.32	858.74	779.74	741.95
74	374.65	343.10	311.54	295.78	402.43	368.54	334.64	317.71	917.15	841.56	765.97	728.23	1,020.18	937.74	851.86	807.21
75	410.14	374.65	341.12	323.38	440.55	402.43	366.42	347.36	999.58	917.15	834.68	793.48	1,106.07	1,013.30	923.99	875.91
76	467.33	427.90	388.46	370.70	501.98	459.62	417.26	398.19	1,130.09	1,037.36	941.17	896.52	1,240.03	1,136.97	1,033.93	982.40
77	532.40	489.01	443.66	421.97	571.88	525.27	476.56	453.25	1,277.81	1,171.32	1,064.83	1,009.87	1,387.71	1,274.38	1,157.59	1,099.18
78	595.50	546.21	496.91	471.27	639.66	586.70	533.76	506.22	1,418.62	1,298.40	1,181.62	1,123.24	1,528.55	1,401.44	1,274.38	1,209.10
79	656.62	601.41	546.21	518.59	705.31	646.00	586.70	557.04	1,545.73	1,418.62	1,288.10	1,222.85	1,648.77	1,511.38	1,373.99	1,305.28
80	707.89	648.73	589.58	560.00	760.38	696.84	633.30	601.52	1,669.39	1,531.98	1,391.16	1,322.46	1,782.73	1,635.04	1,483.91	1,411.77
81	757.18	694.09	630.99	599.44	813.32	745.55	677.77	643.88	1,786.18	1,638.47	1,487.32	1,415.20	1,906.39	1,748.38	1,590.38	1,507.93
82	814.36	747.32	678.31	644.80	874.75	802.73	728.60	692.61	1,920.14	1,758.71	1,600.69	1,521.67	2,050.66	1,878.92	1,707.18	1,621.30
83	879.44	806.48	733.53	696.05	944.65	866.28	787.91	747.67	2,074.70	1,899.51	1,727.77	1,641.89	2,212.10	2,030.08	1,844.57	1,751.82
84	954.37	875.49	796.62	755.21	1,025.14	940.42	855.70	811.20	2,249.90	2,060.96	1,875.49	1,782.73	2,401.02	2,201.80	2,002.57	1,902.96
85	1,041.13	954.37	867.61	824.22	1,118.32	1,025.14	931.95	885.34	2,452.54	2,249.90	2,043.78	1,940.74	2,617.44	2,401.02	2,181.19	2,071.26
86	1,133.81	1,039.17	944.51	897.19	1,217.88	1,116.22	1,014.55	963.72	2,672.38	2,449.11	2,229.27	2,115.94	2,854.44	2,617.44	2,376.99	2,260.18
87	1,236.35	1,133.81	1,031.27	978.04	1,328.02	1,217.88	1,107.74	1,050.56	2,912.82	2,672.38	2,428.52	2,308.29	3,112.07	2,851.01	2,593.39	2,462.87
88	1,348.74	1,236.35	1,123.95	1,066.77	1,448.75	1,328.02	1,207.29	1,145.86	3,177.32	2,912.82	2,648.35	2,514.39	3,390.30	3,108.63	2,823.54	2,682.70
89	1,469.02	1,346.76	1,224.52	1,163.39	1,577.95	1,446.62	1,315.32	1,249.65	3,462.42	3,173.89	2,885.36	2,741.07	3,696.00	3,386.87	3,081.16	2,926.58
90	1,601.14	1,467.05	1,334.94	1,267.89	1,719.86	1,575.83	1,433.93	1,361.90	3,775.00	3,459.00	3,146.42	2,988.40	4,029.18	3,692.57	3,355.95	3,187.62
91	1,745.08	1,599.17	1,455.21	1,382.26	1,874.48	1,717.74	1,563.11	1,484.76	4,111.64	3,771.55	3,428.06	3,256.32	4,389.86	4,025.76	3,658.22	3,476.18
92	1,902.83	1,743.10	1,585.36	1,506.48	2,043.92	1,872.35	1,702.91	1,618.19	4,482.60	4,108.19	3,737.22	3,548.28	4,784.87	4,386.44	3,987.98	3,788.73
93	2,074.38	1,900.85	1,727.34	1,642.54	2,228.20	2,041.80	1,855.41	1,764.32	4,887.91	4,479.17	4,073.86	3,867.76	5,217.67	4,781.46	4,348.64	4,128.82
94	2,259.73	2,072.41	1,883.11	1,790.42	2,427.29	2,226.08	2,022.73	1,923.19	5,327.61	4,884.50	4,437.95	4,218.10	5,684.84	5,210.83	4,736.78	4,499.78

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Individual															
	2190 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	133.96	123.66	113.33	106.49	178.62	164.86	147.69	140.84
25-29	53.25	49.30	45.35	41.41	57.20	52.95	48.71	44.48	144.27	133.96	120.22	116.78	192.37	175.19	158.02	151.14
30-34	57.18	53.25	47.32	45.35	61.41	57.20	50.83	48.71	158.02	144.27	130.51	123.66	206.10	188.92	171.74	161.45
35-39	61.13	57.18	51.27	49.30	65.66	61.41	55.08	52.95	168.31	154.57	140.84	133.96	223.27	202.66	185.49	175.19
40-44	67.04	61.13	55.21	53.25	72.02	65.66	59.30	57.20	182.04	164.86	151.14	144.27	237.00	219.82	199.22	188.92
45	67.04	61.13	55.21	53.25	72.02	65.66	61.41	57.20	185.49	168.31	154.57	144.27	243.88	223.27	202.66	192.37
46	67.04	63.11	57.18	53.25	72.02	67.78	61.41	57.20	185.49	168.31	154.57	144.27	243.88	226.70	206.10	195.80
47	69.01	63.11	57.18	53.25	74.13	67.78	61.41	57.20	185.49	168.31	154.57	147.69	247.33	226.70	206.10	195.80
48	69.01	63.11	57.18	53.25	74.13	67.78	61.41	59.30	185.49	168.31	154.57	147.69	250.74	230.15	209.55	199.22
49	69.01	63.11	57.18	53.25	74.13	67.78	61.41	59.30	185.49	168.31	154.57	147.69	250.74	230.15	209.55	199.22
50	69.01	63.11	57.18	53.25	74.13	67.78	61.41	59.30	185.49	168.31	154.57	147.69	254.18	233.57	212.98	202.66
51	70.99	65.06	59.16	55.21	76.25	69.88	63.55	59.30	192.37	175.19	158.02	151.14	257.62	237.00	216.39	202.66
52	70.99	65.06	59.16	57.18	76.25	69.88	63.55	61.41	195.80	178.62	164.86	154.57	261.06	240.45	216.39	206.10
53	72.96	67.04	61.13	57.18	78.37	72.02	65.66	61.41	202.66	185.49	168.31	161.45	264.51	240.45	219.82	209.55
54	74.92	69.01	61.13	59.16	80.49	74.13	65.66	63.55	209.55	188.92	171.74	164.86	267.92	243.88	223.27	212.98
55	74.92	69.01	63.11	59.16	80.49	74.13	67.78	63.55	212.98	195.80	178.62	168.31	271.35	247.33	226.70	212.98
56	80.85	74.92	67.04	65.06	86.84	80.49	72.02	69.88	230.15	209.55	192.37	182.04	286.53	264.51	240.45	226.70
57	86.76	80.85	72.96	69.01	93.19	86.84	78.37	74.13	247.33	226.70	206.10	195.80	305.70	278.23	254.18	240.45
58	92.68	84.78	76.90	72.96	99.56	91.07	82.60	78.37	261.06	240.45	219.82	206.10	322.88	295.41	267.92	254.18
59	98.59	90.71	82.82	78.87	105.91	97.44	88.97	84.72	278.23	254.18	233.57	219.82	340.06	312.58	286.10	267.92
60	104.50	96.62	86.76	82.82	112.24	103.77	93.19	88.97	295.41	271.35	247.33	233.57	357.23	329.76	298.86	285.10
61	114.36	104.50	94.64	90.71	122.85	112.24	101.66	97.44	316.03	288.53	261.06	250.74	384.72	353.78	319.43	305.70
62	124.22	112.40	102.54	98.59	133.43	120.74	110.14	101.66	336.61	305.70	278.23	264.51	412.19	377.84	343.49	326.31
63	132.12	122.26	110.43	104.50	141.92	131.33	118.61	112.24	353.78	326.31	295.41	281.68	436.25	401.90	364.11	346.94
64	141.98	130.14	118.31	112.40	152.50	139.80	127.08	120.74	374.41	343.49	312.58	298.86	463.72	425.94	384.72	367.54
65	151.84	138.03	126.19	120.22	163.10	148.27	135.55	129.21	395.02	364.11	329.76	312.58	491.19	449.98	408.76	388.14
66	171.56	157.75	141.98	136.05	184.28	169.44	152.50	146.15	443.10	405.31	370.96	350.37	539.31	494.62	449.98	425.94
67	191.27	175.49	157.75	149.86	205.46	188.51	169.44	160.37	491.19	449.98	408.76	388.14	587.38	539.31	491.19	467.15
68	209.02	193.23	175.49	165.63	224.52	207.56	188.51	177.91	539.31	494.62	449.98	425.94	635.46	583.94	532.42	504.95
69	228.74	210.99	191.27	181.42	245.69	226.64	205.46	194.86	587.38	539.31	487.78	463.72	686.99	628.58	570.21	542.70
70	248.46	228.74	207.04	197.18	266.88	245.69	222.40	211.80	635.46	580.50	528.98	501.50	735.07	673.25	611.41	580.50
71	287.89	262.25	238.60	226.76	309.24	281.70	256.29	243.57	724.78	662.94	604.56	573.64	827.83	759.13	690.42	656.07
72	325.35	297.75	272.11	258.31	349.48	319.82	292.28	277.46	814.09	745.40	676.70	642.35	917.15	841.56	765.97	728.23
73	362.82	333.24	303.66	287.89	389.72	357.95	326.18	309.24	903.38	827.83	752.25	714.46	1,009.87	927.44	841.56	800.33
74	402.25	368.74	335.21	317.47	432.08	396.09	360.07	341.01	992.70	910.26	827.83	783.15	1,102.62	1,009.87	917.15	872.46
75	439.71	404.23	366.77	349.02	472.33	434.20	393.96	374.90	1,082.01	989.25	899.97	855.30	1,195.34	1,095.74	996.13	944.62
76	502.82	459.43	418.04	398.32	540.11	493.50	449.04	427.85	1,219.40	1,119.79	1,016.75	965.22	1,338.18	1,226.28	1,112.91	1,057.95
77	571.83	524.51	477.19	453.52	614.24	563.41	512.57	487.15	1,380.87	1,264.05	1,150.71	1,062.30	1,497.65	1,373.99	1,246.87	1,185.05
78	640.85	587.60	534.37	506.77	688.37	631.18	574.00	544.34	1,531.98	1,404.89	1,277.81	1,212.52	1,648.77	1,511.38	1,373.99	1,305.28
79	705.91	646.76	587.60	558.02	758.26	694.71	631.18	599.40	1,669.39	1,528.55	1,391.16	1,322.46	1,779.30	1,631.59	1,483.91	1,408.32
80	761.13	698.03	634.94	603.39	817.57	749.79	682.02	648.13	1,803.35	1,652.22	1,501.08	1,428.95	1,920.14	1,762.12	1,600.69	1,521.67
81	814.36	747.32	678.31	644.80	874.75	802.73	728.60	692.61	1,930.45	1,769.00	1,607.54	1,528.55	2,057.53	1,885.78	1,714.04	1,628.16
82	875.49	802.55	729.58	694.09	940.42	862.05	783.68	745.55	2,074.70	1,899.51	1,727.77	1,641.89	2,208.66	2,026.63	1,841.14	1,748.38
83	946.48	867.61	788.74	749.30	1,016.67	931.95	847.23	804.85	2,239.60	2,054.08	1,865.16	1,772.43	2,387.29	2,188.07	1,988.82	1,889.22
84	1,027.33	940.57	855.78	812.40	1,103.50	1,010.32	919.23	872.65	2,428.52	2,225.84	2,026.63	1,923.57	2,589.94	2,373.54	2,157.14	2,050.66
85	1,118.04	1,025.36	932.67	885.35	1,200.94	1,101.39	1,001.83	951.00	2,648.35	2,428.52	2,208.66	2,095.31	2,823.54	2,586.50	2,352.94	2,236.15
86	1,220.57	1,118.04	1,015.50	966.20	1,311.07	1,200.94	1,090.80	1,037.84	2,885.36	2,644.91	2,404.47	2,284.23	3,077.71	2,820.09	2,565.91	2,435.37
87	1,329.02	1,218.59	1,108.18	1,052.96	1,427.56	1,308.95	1,190.36	1,131.04	3,146.42	2,885.36	2,620.86	2,490.33	3,355.95	3,074.28	2,796.03	2,655.21
88	1,449.30	1,329.02	1,206.77	1,147.62	1,556.77	1,427.56	1,296.25	1,232.72	3,431.51	3,142.97	2,857.89	2,717.05	3,654.77	3,352.51	3,046.81	2,895.64
89	1,579.45	1,447.33	1,315.22	1,250.14	1,696.56	1,554.64	1,412.74	1,342.84	3,737.22	3,428.06	3,115.51	2,960.93	3,984.53	3,654.77	3,321.61	3,153.26
90	1,721.41	1,577.47	1,435.49	1,362.54	1,849.06	1,694.44	1,541.94	1,463.57	4,073.86	3,737.22	3,397.16	3,225.40	4,345.21	3,981.10	3,620.43	3,438.39
91	1,877.20	1,719.45	1,563.66	1,484.79	2,016.40	1,846.94	1,679.60	1,594.88	4,441.37	4,070.41	3,702.86	3,517.38	4,733.34	4,341.76	3,946.74	3,747.53
92	2,044.80	1,875.22	1,703.67	1,618.88	2,196.42	2,014.26	1,829.99	1,738.92	4,843.27	4,437.95	4,036.06	3,833.41	5,159.30	4,729.93	4,300.56	4,084.14
93	2,230.15	2,042.83	1,857.48	1,764.80	2,395.52	2,194.30	1,995.21	1,895.65	5,276.08	4,836.38	4,396.74	4,176.90	5,626.43	5,155.87	4,688.70	4,455.13
94	2,429.31	2,228.18	2,025.09	1,924.52	2,609.45	2,393.40	2,175.25	2,067.22	5,753.53	5,272.63	4,795.19	4,554.74	6,131.37	5,619.57	5,111.18	4,853.56

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Individual															
	2920 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	55.21	51.27	45.35	43.39	59.30	55.08	48.71	46.61	151.14	137.39	123.66	120.22	199.22	182.04	164.86	158.02
25-29	59.16	55.21	49.30	47.32	63.55	59.30	52.95	50.83	161.45	147.69	133.96	127.10	212.98	195.80	178.62	168.31
30-34	63.11	59.16	53.25	51.27	67.78	63.55	57.20	55.08	175.19	158.02	144.27	137.39	230.15	209.55	192.37	182.04
35-39	69.01	63.11	57.18	55.21	74.13	67.78	61.41	59.30	185.49	171.74	154.57	147.69	247.33	226.70	206.10	195.80
40-44	72.96	67.04	61.13	59.16	78.37	72.02	65.66	63.55	199.22	185.49	168.31	158.02	264.51	243.88	219.82	209.55
45	74.92	69.01	63.11	59.16	80.49	74.13	67.78	63.55	206.10	188.92	171.74	161.45	271.35	247.33	223.27	212.98
46	74.92	69.01	63.11	59.16	80.49	74.13	67.78	63.55	206.10	188.92	171.74	161.45	271.35	250.74	226.70	216.39
47	74.92	69.01	63.11	59.16	80.49	74.13	67.78	63.55	206.10	188.92	171.74	161.45	274.80	250.74	230.15	216.39
48	76.90	69.01	63.11	61.13	82.60	74.13	67.78	65.66	206.10	188.92	171.74	161.45	278.23	254.18	230.15	219.82
49	76.90	69.01	63.11	61.13	82.60	74.13	67.78	65.66	206.10	188.92	171.74	161.45	281.68	257.62	233.57	223.27
50	76.90	70.99	63.11	61.13	82.60	76.25	67.78	65.66	206.10	188.92	171.74	161.45	281.68	257.62	237.00	223.27
51	78.87	70.99	65.06	61.13	84.72	76.25	69.88	65.66	212.98	195.80	175.19	168.31	285.10	261.06	237.00	226.70
52	78.87	72.96	67.04	63.11	84.72	78.37	72.02	67.78	216.39	199.22	182.04	171.74	288.53	264.51	240.45	230.15
53	80.85	74.92	67.04	65.06	86.84	80.49	72.02	69.88	223.27	206.10	185.49	178.62	291.98	267.92	243.88	230.15
54	82.82	74.92	69.01	65.06	88.97	80.49	74.13	69.88	230.15	212.98	192.37	182.04	295.41	271.35	247.33	233.57
55	84.78	76.90	69.01	67.04	91.07	82.60	74.13	72.02	237.00	216.39	195.80	188.92	298.86	274.80	250.74	237.00
56	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	254.18	233.57	212.98	202.66	319.43	291.98	264.51	254.18
57	96.62	88.73	80.85	76.90	103.77	95.31	86.84	82.60	274.80	250.74	226.70	216.39	340.06	309.15	281.68	267.92
58	102.54	94.64	86.76	80.85	110.14	101.66	93.19	86.84	291.98	267.92	243.88	230.15	357.23	329.76	298.86	285.10
59	110.43	100.57	90.71	86.76	118.61	108.02	97.44	93.19	309.15	285.10	257.62	243.88	377.84	346.94	316.03	298.86
60	116.34	106.48	96.62	92.68	124.96	114.38	103.77	99.56	326.31	298.86	271.35	257.62	398.47	364.11	329.76	316.03
61	126.19	116.34	104.50	100.57	135.55	124.96	112.24	108.02	350.37	319.43	291.98	278.23	425.94	391.58	357.23	336.61
62	136.05	126.19	114.36	108.45	146.15	135.55	122.85	116.49	370.96	340.06	309.15	295.41	456.84	419.07	381.29	360.66
63	147.89	134.08	122.26	116.34	158.85	144.02	131.33	124.96	395.02	360.66	329.76	312.58	484.33	446.54	405.31	384.72
64	157.75	143.94	132.12	124.22	169.44	154.62	141.92	133.43	415.64	381.29	346.94	329.76	515.25	470.60	429.37	408.76
65	167.61	153.80	140.00	134.08	180.04	165.20	150.38	144.02	439.66	401.90	367.54	346.94	542.70	498.07	453.43	429.37
66	189.30	173.52	157.75	149.86	203.33	186.38	169.44	160.97	491.19	449.98	408.76	388.14	597.68	549.58	498.07	474.02
67	210.99	193.23	175.49	167.61	226.64	207.56	188.51	180.04	546.15	498.07	453.43	432.82	652.64	597.68	542.70	515.25
68	232.67	212.95	193.23	185.35	249.92	228.74	207.56	199.68	597.68	549.58	498.07	474.02	707.60	649.19	590.82	559.88
69	254.36	232.67	212.95	201.13	273.23	249.92	228.74	216.05	652.64	597.68	542.70	515.25	762.56	697.29	636.46	601.11
70	276.06	252.39	230.71	218.88	296.53	271.10	247.82	235.10	704.17	645.76	587.38	556.46	814.09	748.80	680.11	645.76
71	319.44	291.83	266.20	252.39	343.13	313.47	285.93	271.10	803.78	735.07	669.82	635.46	917.15	841.56	765.97	724.78
72	360.84	331.26	301.69	285.92	387.59	355.83	324.06	307.12	903.38	827.83	752.25	714.46	1,020.18	934.32	848.44	807.21
73	404.23	370.70	337.19	319.44	434.20	398.19	362.18	343.13	1,003.01	917.15	834.68	793.48	1,123.24	1,027.05	934.32	889.64
74	445.64	408.18	372.67	352.96	478.68	438.45	400.31	379.12	1,099.18	1,009.87	917.15	872.46	1,222.85	1,123.24	1,020.18	968.67
75	489.01	447.61	408.18	386.48	525.27	480.81	438.45	415.15	1,198.79	1,099.18	999.58	948.05	1,325.89	1,215.97	1,106.07	1,051.11
76	558.02	510.70	463.38	441.69	599.40	548.58	497.75	474.44	1,356.81	1,243.46	1,130.09	1,071.71	1,483.91	1,360.24	1,236.58	1,174.77
77	634.94	581.69	528.45	502.82	682.02	624.83	567.63	540.11	1,531.98	1,404.89	1,277.81	1,212.52	1,662.51	1,525.10	1,384.28	1,315.58
78	711.84	652.68	593.53	563.95	784.63	701.08	637.53	605.77	1,700.30	1,559.46	1,415.20	1,346.51	1,830.81	1,676.24	1,525.10	1,449.55
79	782.83	717.75	652.68	619.15	840.88	770.96	701.08	665.07	1,851.43	1,700.30	1,545.73	1,466.73	1,975.10	1,810.23	1,645.34	1,562.90
80	845.92	774.93	703.95	668.45	908.64	832.39	756.16	718.02	2,002.57	1,834.26	1,669.39	1,583.51	2,133.11	1,954.47	1,779.30	1,690.00
81	905.07	828.17	753.25	715.77	972.19	889.59	809.10	768.84	2,139.96	1,961.35	1,786.18	1,696.86	2,284.23	2,091.88	1,902.96	1,806.78
82	972.11	891.28	810.43	769.02	1,044.19	957.37	870.52	826.04	2,301.41	2,109.06	1,916.69	1,823.96	2,452.54	2,249.90	2,043.78	1,944.18
83	1,048.03	962.25	875.49	830.15	1,126.81	1,033.60	940.42	891.70	2,486.90	2,277.35	2,071.26	1,968.22	2,651.79	2,428.52	2,208.66	2,098.76
84	1,139.72	1,045.08	948.46	901.14	1,224.23	1,122.57	1,018.78	967.96	2,696.42	2,473.15	2,246.45	2,136.55	2,875.07	2,634.62	2,397.58	2,277.35
85	1,242.26	1,137.76	1,035.22	981.97	1,334.37	1,222.13	1,111.97	1,054.78	2,940.32	2,696.42	2,449.11	2,328.88	3,136.09	2,871.62	2,610.56	2,480.03
86	1,352.69	1,240.28	1,127.90	1,070.70	1,452.98	1,332.26	1,211.53	1,150.10	3,204.79	2,936.87	2,672.38	2,538.42	3,417.77	3,132.67	2,847.56	2,703.31
87	1,474.93	1,352.69	1,228.45	1,167.34	1,584.30	1,452.98	1,319.54	1,253.89	3,493.35	3,201.38	2,912.82	2,765.13	3,723.47	3,414.34	3,101.75	2,947.17
88	1,607.05	1,472.97	1,338.88	1,273.81	1,726.21	1,582.20	1,438.15	1,368.26	3,809.35	3,489.91	3,173.89	3,015.87	4,060.11	3,720.04	3,383.42	3,215.12
89	1,752.96	1,607.05	1,461.14	1,388.17	1,882.95	1,726.21	1,569.48	1,491.11	4,149.41	3,805.90	3,459.00	3,287.26	4,424.19	4,056.68	3,685.69	3,503.65
90	1,910.71	1,750.99	1,591.28	1,512.41	2,052.39	1,880.82	1,709.28	1,624.56	4,523.83	4,145.99	3,771.55	3,582.63	4,822.66	4,420.78	4,018.88	3,819.67
91	2,082.27	1,908.73	1,735.22	1,648.46	2,236.66	2,050.27	1,863.88	1,770.69	4,932.59	4,520.39	4,108.19	3,905.55	5,255.47	4,819.23	4,379.56	4,163.17
92	2,269.59	2,080.29	1,890.99	1,796.35	2,437.88	2,234.55	2,031.20	1,929.54	5,375.69	4,925.71	4,479.17	4,255.90	5,729.47	5,252.03	4,774.58	4,537.56
93	2,474.66	2,267.62	2,060.57	1,958.03	2,658.16	2,435.76	2,213.36	2,103.22	5,860.02	5,372.24	4,881.07	4,637.17	6,244.72	5,726.06	5,203.95	4,942.87
94	2,695.51	2,472.68	2,247.90	2,135.50	2,895.38	2,656.03	2,414.57	2,293.84	6,385.56	5,853.14	5,320.73	5,056.24	6,808.07	6,241.31	5,674.55	5,389.42

# Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Individual															
	3650 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	59.16	53.25	49.30	47.32	63.55	57.20	52.95	50.83	161.45	147.69	133.96	127.10	212.98	195.80	175.19	168.31
25-29	63.11	59.16	53.25	51.27	67.78	63.55	57.20	55.08	171.74	158.02	144.27	137.39	226.70	209.55	188.92	182.04
30-34	69.01	63.11	57.18	53.25	74.13	67.78	61.41	57.20	185.49	171.74	154.57	147.69	243.88	223.27	202.66	192.37
35-39	72.96	67.04	61.13	59.16	78.37	72.02	65.66	63.55	199.22	182.04	164.86	158.02	264.51	240.45	219.82	209.55
40-44	78.87	72.96	65.06	63.11	84.72	78.37	69.88	67.78	216.39	195.80	178.62	171.74	281.68	261.06	237.00	223.27
45	80.85	72.96	67.04	63.11	86.84	78.37	72.02	67.78	219.82	199.22	182.04	171.74	288.53	264.51	240.45	230.15
46	80.85	72.96	67.04	63.11	86.84	78.37	72.02	67.78	219.82	199.22	182.04	175.19	291.98	267.92	243.88	230.15
47	80.85	74.92	67.04	63.11	86.84	80.49	72.02	67.78	219.82	202.66	182.04	175.19	295.41	271.35	243.88	233.57
48	80.85	74.92	67.04	65.06	86.84	80.49	72.02	69.88	219.82	202.66	182.04	175.19	295.41	271.35	247.33	233.57
49	80.85	74.92	67.04	65.06	86.84	80.49	72.02	69.88	219.82	202.66	182.04	175.19	298.86	274.80	250.74	237.00
50	82.82	74.92	69.01	65.06	88.97	80.49	74.13	69.88	219.82	202.66	182.04	175.19	302.27	278.23	250.74	240.45
51	82.82	76.90	69.01	67.04	88.97	82.60	74.13	72.02	226.70	206.10	188.92	178.62	305.70	281.68	254.18	243.88
52	84.78	78.87	70.99	67.04	91.07	84.72	76.25	72.02	233.57	212.98	195.80	185.49	309.15	285.10	257.62	243.88
53	86.76	78.87	72.96	69.01	93.19	84.72	78.37	74.13	240.45	219.82	199.22	188.92	312.58	288.53	261.06	247.33
54	88.73	80.85	72.96	69.01	95.31	86.84	78.37	74.13	247.33	226.70	206.10	195.80	316.03	291.98	264.51	250.74
55	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	254.18	233.57	212.98	199.22	319.43	295.41	267.92	254.18
56	96.62	88.73	80.85	76.90	103.77	95.31	86.84	82.60	271.35	250.74	226.70	216.39	340.06	312.58	281.68	271.35
57	104.50	94.64	86.76	82.82	112.24	101.66	93.19	88.97	291.98	267.92	243.88	230.15	364.11	333.19	302.27	288.53
58	110.43	100.57	92.68	86.76	118.61	108.02	99.56	93.19	312.58	285.10	261.06	247.33	384.72	350.37	319.43	302.27
59	116.34	108.45	98.59	92.68	124.96	116.49	105.91	99.56	329.76	302.27	274.80	261.06	405.31	370.96	336.61	319.43
60	124.22	114.36	102.54	98.59	133.43	122.85	110.14	105.91	350.37	322.88	291.98	278.23	425.94	391.58	353.78	336.61
61	136.05	124.22	112.40	106.48	146.15	133.43	120.74	114.38	374.41	343.49	312.58	295.41	456.84	419.07	381.29	360.66
62	145.91	134.08	122.26	116.34	156.74	144.02	131.33	124.96	398.47	364.11	333.19	316.03	487.78	446.54	405.31	388.14
63	157.75	143.94	132.12	124.22	169.44	154.62	141.92	133.43	422.49	388.14	350.37	333.19	518.68	477.45	432.82	412.19
64	169.58	153.80	140.00	134.08	182.16	165.20	150.38	144.02	446.54	408.76	370.96	353.78	548.58	504.95	460.27	436.25
65	179.44	165.63	149.86	141.98	192.74	177.91	160.97	152.50	470.80	429.37	391.58	370.96	580.50	532.42	484.33	460.27
66	203.09	185.35	169.58	161.70	218.15	199.10	182.16	173.69	525.54	484.33	439.66	415.64	638.91	587.38	532.42	508.37
67	226.76	207.04	189.30	179.44	243.57	222.40	203.33	192.74	583.94	535.86	487.78	460.27	697.29	638.91	580.50	553.03
68	248.46	228.74	207.04	197.18	266.88	245.69	222.40	211.80	638.91	587.38	532.42	508.37	755.68	693.87	632.03	597.68
69	272.11	250.43	228.76	214.93	292.28	269.00	243.57	230.87	697.29	638.91	580.50	553.03	814.09	745.40	680.11	645.76
70	295.78	270.15	246.48	234.65	317.71	290.18	264.76	252.04	752.25	690.42	628.58	597.68	872.46	800.33	728.23	690.42
71	341.12	313.52	283.94	270.15	366.42	336.76	305.00	290.18	858.74	786.60	717.90	680.11	982.40	899.97	817.50	776.30
72	386.48	354.93	321.40	305.64	415.15	381.25	345.23	328.29	965.22	886.21	803.78	765.97	1,092.30	999.58	910.26	862.19
73	431.83	396.34	360.84	341.12	463.86	425.73	387.59	366.42	1,071.71	982.40	893.09	848.44	1,198.79	1,099.18	999.58	951.50
74	477.19	437.75	398.32	378.60	512.57	470.21	427.85	406.68	1,178.17	1,078.96	982.40	930.87	1,308.71	1,198.79	1,092.30	1,037.36
75	522.54	479.15	435.78	414.09	561.28	514.69	468.09	444.79	1,284.67	1,178.17	1,068.28	1,016.75	1,418.62	1,301.83	1,181.62	1,123.24
76	595.50	546.21	496.91	471.27	639.66	586.70	533.76	506.22	1,449.55	1,329.34	1,209.10	1,147.26	1,590.38	1,456.42	1,322.46	1,257.20
77	680.28	623.10	565.92	538.31	730.73	669.30	607.89	578.22	1,638.47	1,501.08	1,367.10	1,298.40	1,779.30	1,631.59	1,483.91	1,408.32
78	761.13	698.03	634.94	603.39	817.57	749.79	682.02	648.13	1,820.53	1,669.39	1,514.81	1,439.24	1,957.92	1,793.06	1,631.59	1,549.16
79	838.03	767.04	698.03	662.54	900.17	823.92	749.79	711.66	1,981.98	1,817.08	1,652.22	1,569.79	2,112.49	1,937.30	1,762.12	1,672.83
80	905.07	828.17	753.25	715.77	972.19	889.59	809.10	768.84	2,139.96	1,984.80	1,786.18	1,696.86	2,284.23	2,091.88	1,902.96	1,806.78
81	968.18	887.33	806.48	765.07	1,039.97	953.12	866.28	821.79	2,291.11	2,102.19	1,909.84	1,813.65	2,442.25	2,239.60	2,036.90	1,933.86
82	1,039.17	954.37	867.61	824.22	1,116.22	1,025.14	931.95	885.34	2,462.87	2,256.78	2,054.08	1,951.04	2,624.29	2,407.90	2,188.07	2,078.14
83	1,123.95	1,029.31	936.62	889.30	1,207.29	1,105.64	1,006.08	955.25	2,662.09	2,438.82	2,215.55	2,105.61	2,837.27	2,600.27	2,363.23	2,246.45
84	1,218.59	1,118.04	1,015.50	964.23	1,308.95	1,200.94	1,090.80	1,035.72	2,885.36	2,644.91	2,404.47	2,284.23	3,077.71	2,820.09	2,565.91	2,435.37
85	1,329.02	1,218.59	1,106.21	1,050.98	1,427.56	1,308.95	1,188.22	1,128.91	3,146.42	2,885.36	2,620.86	2,490.33	3,352.51	3,074.28	2,796.03	2,655.21
86	1,447.33	1,327.04	1,206.77	1,145.64	1,554.64	1,425.44	1,296.25	1,230.60	3,428.06	3,142.97	2,857.89	2,713.60	3,654.77	3,352.51	3,046.81	2,895.64
87	1,577.47	1,447.33	1,315.22	1,250.14	1,694.44	1,554.64	1,412.74	1,342.84	3,737.22	3,428.06	3,115.51	2,960.93	3,984.53	3,651.34	3,321.61	3,153.26
88	1,721.41	1,577.47	1,433.53	1,362.54	1,849.06	1,694.44	1,539.84	1,463.57	4,073.86	3,733.80	3,397.16	3,225.40	4,345.21	3,981.10	3,620.43	3,438.39
89	1,875.22	1,719.45	1,563.66	1,484.79	2,014.26	1,846.94	1,679.60	1,594.88	4,441.37	4,070.41	3,702.86	3,517.38	4,733.34	4,338.33	3,946.74	3,747.53
90	2,044.80	1,873.25	1,703.67	1,618.88	2,196.42	2,012.15	1,829.99	1,738.92	4,839.83	4,437.95	4,036.06	3,833.41	5,159.30	4,729.93	4,300.56	4,084.14
91	2,228.18	2,042.83	1,857.48	1,764.80	2,393.40	2,194.30	1,995.21	1,895.65	5,276.08	4,836.38	4,396.74	4,176.90	5,626.43	5,155.87	4,688.70	4,451.70
92	2,429.31	2,226.20	2,023.11	1,922.54	2,609.45	2,391.28	2,173.13	2,065.11	5,753.53	5,272.63	4,791.75	4,554.74	6,131.37	5,619.57	5,111.18	4,853.56
93	2,646.22	2,427.34	2,206.49	2,096.06	2,842.44	2,607.33	2,370.09	2,251.48	6,268.78	5,746.65	5,224.55	4,963.50	6,684.40	6,127.94	5,568.06	5,289.81
94	2,884.80	2,644.24	2,403.67	2,283.38	3,098.70	2,840.32	2,581.91	2,452.70	6,832.11	6,265.33	5,695.12	5,410.04	7,285.53	6,677.52	6,069.56	5,767.27

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 164% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Individual															
	Unlimited															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	67.04	61.13	55.21	53.25	72.02	65.66	59.30	57.20	270.71	249.85	229.05	213.44	358.17	327.94	301.91	286.31
25-29	70.99	65.06	59.16	57.18	76.25	69.88	63.55	61.41	291.54	270.71	244.68	234.25	385.20	353.97	322.77	307.14
30-34	76.90	70.99	63.11	61.13	82.60	76.25	67.78	65.66	317.57	286.31	260.28	249.85	416.46	380.00	348.80	327.94
35-39	82.82	74.92	69.01	65.06	88.97	80.49	74.13	69.88	338.37	312.34	281.11	270.71	447.69	411.23	374.83	353.97
40-44	88.73	80.85	72.96	69.01	95.31	86.84	78.37	74.13	364.40	333.14	301.91	286.31	478.95	442.49	400.86	380.00
45	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	369.60	338.37	312.34	296.74	489.32	447.69	406.03	390.43
46	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	369.60	343.57	312.34	296.74	494.52	452.92	411.23	390.43
47	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	369.60	343.57	312.34	296.74	499.75	458.09	416.46	395.63
48	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	369.60	343.57	312.34	296.74	504.95	463.29	421.66	400.86
49	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	374.83	343.57	312.34	296.74	510.13	468.52	421.66	400.86
50	90.71	84.78	76.90	72.96	97.44	91.07	82.60	78.37	374.83	343.57	312.34	296.74	515.35	468.52	426.89	406.03
51	92.68	84.78	76.90	74.92	99.56	91.07	82.60	80.49	385.20	353.97	317.57	301.91	520.56	478.95	432.06	411.23
52	94.64	86.76	78.77	74.92	101.66	93.19	84.72	80.49	395.63	364.40	327.94	312.34	525.78	484.10	437.26	416.46
53	96.62	88.73	80.85	76.90	103.77	95.31	86.84	82.60	406.03	374.83	338.37	327.94	530.98	489.32	442.49	421.66
54	98.59	90.71	82.82	78.77	105.91	97.44	88.97	84.72	416.46	385.20	348.80	333.14	536.16	494.52	447.69	426.89
55	100.57	92.68	84.78	78.77	108.02	99.56	91.07	84.72	432.06	395.63	359.17	338.37	546.59	499.75	452.92	432.06
56	108.45	98.59	90.71	84.78	116.49	105.91	97.44	91.07	463.29	426.89	385.20	364.40	577.84	530.98	484.10	458.09
57	116.34	106.48	96.62	92.68	124.96	114.38	103.77	99.56	494.52	452.92	411.23	390.43	614.25	562.19	515.35	489.32
58	124.22	114.36	102.54	98.59	133.43	122.85	110.14	105.91	530.98	484.10	442.49	416.46	650.71	598.65	541.38	515.35
59	132.12	120.29	110.43	104.50	141.92	129.21	118.61	112.24	562.19	515.35	468.52	447.69	687.17	629.90	572.62	541.38
60	140.00	128.17	116.34	110.43	150.38	137.68	124.96	118.61	593.45	546.59	494.52	473.72	723.57	661.14	603.87	572.62
61	151.84	138.03	126.19	120.29	163.10	148.27	135.55	129.21	635.10	583.04	530.98	504.95	775.63	713.20	645.51	614.25
62	163.66	149.86	136.05	130.14	175.79	160.97	146.15	139.80	676.74	619.48	562.19	536.16	822.69	760.03	692.34	655.93
63	177.47	161.70	147.89	140.00	190.63	173.69	158.85	150.38	718.37	655.93	598.65	567.42	879.75	806.89	734.00	697.54
64	189.30	173.52	157.75	149.86	203.33	186.38	169.44	160.97	754.83	692.34	629.90	598.65	937.02	858.92	780.86	739.23
65	201.13	185.35	167.61	159.72	216.05	199.10	180.04	171.57	796.46	728.80	666.31	629.90	989.08	905.78	822.47	780.86
66	226.76	209.02	189.30	179.44	243.57	224.52	203.33	192.74	895.38	817.32	744.40	707.97	1,087.97	994.26	905.78	858.92
67	252.39	232.67	210.99	201.13	271.10	249.92	226.64	216.05	989.08	905.78	822.47	786.06	1,186.86	1,087.97	989.08	937.02
68	280.01	256.34	232.67	220.85	300.77	275.35	249.92	232.22	1,087.97	994.26	905.78	858.92	1,285.81	1,176.49	1,072.37	1,015.11
69	305.64	280.01	254.36	240.57	328.29	300.77	273.23	258.41	1,181.69	1,082.77	983.85	937.02	1,384.71	1,270.18	1,150.46	1,093.20
70	331.26	303.66	276.06	262.25	355.83	326.18	296.53	281.70	1,280.61	1,171.26	1,067.17	1,009.88	1,483.60	1,358.68	1,233.75	1,171.26
71	382.53	350.98	317.47	301.69	410.89	377.00	341.01	324.06	1,457.60	1,337.87	1,218.12	1,155.66	1,665.81	1,530.46	1,389.93	1,317.02
72	431.83	396.34	360.84	343.10	463.86	425.73	387.59	368.54	1,639.78	1,504.43	1,363.90	1,296.21	1,853.23	1,697.04	1,540.89	1,468.02
73	483.10	443.66	402.25	382.53	518.92	476.56	432.08	410.89	1,816.77	1,665.81	1,514.86	1,441.99	2,035.41	1,868.83	1,697.04	1,613.75
74	534.37	490.99	445.64	423.95	574.00	527.39	478.68	455.39	1,998.96	1,832.40	1,665.81	1,582.52	2,222.83	2,035.41	1,853.23	1,759.51
75	585.64	536.35	487.05	463.38	629.06	576.12	523.17	497.75	2,175.94	1,998.96	1,816.77	1,723.08	2,405.04	2,207.20	2,004.18	1,905.29
76	668.45	611.27	556.07	528.45	718.02	656.60	597.30	567.63	2,462.25	2,254.03	2,051.02	1,946.92	2,696.52	2,472.68	2,248.86	2,134.31
77	761.13	698.03	634.94	603.39	817.57	749.79	682.02	648.13	2,779.81	2,550.77	2,316.52	2,201.97	3,019.29	2,769.44	2,514.31	2,389.38
78	851.84	780.85	709.86	674.38	915.01	838.76	762.49	724.38	3,086.93	2,831.88	2,571.60	2,446.65	3,321.20	3,045.32	2,769.44	2,628.86
79	936.62	859.73	780.85	741.42	1,006.08	923.48	838.76	796.38	3,368.09	3,086.93	2,805.84	2,665.32	3,586.68	3,289.99	2,988.03	2,842.30
80	1,013.52	928.74	843.94	802.55	1,088.68	997.61	906.53	862.05	3,633.54	3,331.63	3,029.72	2,878.71	3,873.01	3,550.27	3,227.51	3,066.12
81	1,082.54	993.80	903.10	857.75	1,162.80	1,067.50	970.06	921.35	3,888.64	3,565.87	3,243.11	3,076.55	4,143.72	3,800.12	3,456.55	3,284.77
82	1,165.36	1,066.77	970.15	922.81	1,251.77	1,145.86	1,042.09	991.24	4,180.12	3,831.38	3,482.58	3,310.80	4,456.06	4,086.43	3,711.63	3,529.42
83	1,258.03	1,153.53	1,049.03	995.78	1,351.31	1,239.07	1,126.81	1,069.61	4,513.32	4,138.49	3,763.66	3,576.30	4,815.23	4,414.37	4,013.57	3,810.55
84	1,364.52	1,250.14	1,137.76	1,080.56	1,465.70	1,342.84	1,222.13	1,160.68	4,898.52	4,492.46	4,081.23	3,878.21	5,221.26	4,789.20	4,351.93	4,133.29
85	1,486.76	1,364.52	1,240.28	1,177.19	1,597.00	1,465.70	1,332.26	1,264.49	5,341.01	4,893.32	4,450.83	4,227.01	5,694.98	5,216.09	4,742.36	4,508.12
86	1,620.86	1,486.76	1,350.71	1,283.67	1,741.05	1,597.00	1,450.87	1,378.85	5,819.91	5,335.81	4,851.69	4,607.01	6,205.16	5,689.75	5,169.20	4,914.12
87	1,766.77	1,620.86	1,472.97	1,400.01	1,897.79	1,741.05	1,582.20	1,503.81	6,345.69	5,814.73	5,288.95	5,023.47	6,762.15	6,199.93	5,637.72	5,356.61
88	1,926.49	1,766.77	1,605.07	1,524.23	2,069.34	1,897.79	1,724.10	1,637.24	6,913.10	6,340.46	5,762.67	5,476.36	7,371.22	6,756.92	6,142.67	5,835.56
89	2,100.01	1,924.52	1,749.03	1,662.25	2,255.72	2,067.22	1,878.71	1,785.51	7,537.78	6,907.93	6,283.25	5,965.69	8,037.53	7,366.00	6,694.49	6,361.32
90	2,289.31	2,098.03	1,906.78	1,812.12	2,459.06	2,253.60	2,048.17	1,946.48	8,214.52	7,532.61	6,845.44	6,507.07	8,761.10	8,027.13	7,298.36	6,933.96
91	2,494.38	2,287.33	2,078.32	1,975.79	2,679.33	2,456.95	2,232.43	2,122.29	8,953.72	8,209.34	7,464.92	7,090.12	9,547.16	8,750.73	7,954.24	7,558.64
92	2,719.16	2,492.40	2,265.64	2,153.26	2,920.79	2,677.22	2,433.64	2,312.91	9,760.61	8,948.52	8,136.43	7,730.40	10,406.11	9,536.79	8,672.64	8,240.55
93	2,963.67	2,717.19	2,470.71	2,346.49	3,183.43	2,918.67	2,653.91	2,520.48	10,640.36	9,755.41	8,865.23	8,422.74	11,343.13	10,395.71	9,453.47	8,979.75
94	3,231.84	2,961.71	2,691.56	2,557.48	3,471.48	3,181.31	2,891.15	2,747.11	11,598.18	10,629.96	9,666.91	9,182.76	12,363.44	11,332.73	10,301.99	9,786.64



## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Joint															
	1460 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	19.72	19.72	17.74	15.77	21.19	21.19	19.05	16.94	54.96	51.53	48.08	44.65	75.59	68.70	61.82	58.41
25-29	21.69	19.72	17.74	17.74	23.31	21.19	19.05	19.05	61.82	54.96	51.53	48.08	82.43	75.59	68.70	65.26
30-34	23.67	21.69	19.72	19.72	25.42	23.31	21.19	21.19	65.26	58.41	54.96	51.53	85.88	79.00	72.14	68.70
35-39	25.63	23.67	21.69	19.72	27.52	25.42	23.31	21.19	68.70	65.26	58.41	54.96	92.76	85.88	79.00	75.59
40-44	27.60	25.63	23.67	21.69	29.66	27.52	25.42	23.31	75.59	68.70	61.82	58.41	99.61	92.76	85.88	79.00
45	27.60	25.63	23.67	21.69	29.66	27.52	25.42	23.31	75.59	68.70	61.82	61.82	103.06	96.18	85.88	82.43
46	27.60	25.63	23.67	21.69	29.66	27.52	25.42	23.31	75.59	68.70	65.26	61.82	103.06	96.18	85.88	82.43
47	29.58	25.63	23.67	23.67	31.77	27.52	25.42	25.42	75.59	72.14	65.26	61.82	106.49	96.18	89.31	82.43
48	29.58	27.60	23.67	23.67	31.77	29.66	25.42	25.42	79.00	72.14	65.26	61.82	106.49	99.61	89.31	85.88
49	29.58	27.60	23.67	23.67	31.77	29.66	25.42	25.42	79.00	72.14	65.26	61.82	109.94	99.61	89.31	85.88
50	29.58	27.60	25.63	23.67	31.77	29.66	27.52	25.42	79.00	72.14	65.26	61.82	109.94	99.61	92.76	85.88
51	29.58	27.60	25.63	23.67	31.77	29.66	27.52	25.42	79.00	72.14	65.26	61.82	113.33	103.06	92.76	89.31
52	31.55	27.60	25.63	23.67	33.89	29.66	27.52	25.42	79.00	72.14	68.70	65.26	113.33	103.06	96.18	89.31
53	31.55	27.60	25.63	23.67	33.89	29.66	27.52	25.42	82.43	75.59	68.70	65.26	116.78	106.49	96.18	92.76
54	31.55	29.58	25.63	25.63	33.89	31.77	27.52	27.52	82.43	75.59	68.70	65.26	116.78	109.94	99.61	92.76
55	31.55	29.58	25.63	25.63	33.89	31.77	27.52	27.52	82.43	75.59	68.70	65.26	120.22	109.94	99.61	96.18
56	35.49	31.55	29.58	27.60	38.13	33.89	31.77	29.66	89.31	82.43	72.14	68.70	123.66	113.33	103.06	99.61
57	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	99.61	89.31	82.43	79.00	130.51	120.22	106.49	103.06
58	39.44	37.46	33.53	31.55	42.36	40.24	36.01	33.89	106.49	96.18	89.31	82.43	133.96	123.66	113.33	106.49
59	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	113.33	103.06	92.76	89.31	140.84	127.10	116.78	109.94
60	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	120.22	109.94	99.61	96.18	144.27	130.51	120.22	113.33
61	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	130.51	120.22	106.49	103.06	154.57	140.84	130.51	123.66
62	53.25	49.30	45.35	43.39	57.20	52.95	48.71	46.61	137.39	127.10	116.78	109.94	164.86	151.14	137.39	130.51
63	57.18	53.25	47.32	45.35	61.41	57.20	50.83	48.71	147.69	137.39	123.66	116.78	178.62	161.45	147.69	140.84
64	63.11	57.18	51.27	49.30	67.78	61.41	55.08	52.95	158.02	144.27	130.51	123.66	188.92	171.74	158.02	147.69
65	67.04	61.13	55.21	53.25	72.02	65.66	59.30	57.20	168.31	154.57	137.39	130.51	199.22	182.04	164.86	158.02
66	74.92	69.01	61.13	59.16	80.49	74.13	65.66	63.55	185.49	168.31	154.57	147.69	216.39	199.22	182.04	171.74
67	82.82	74.92	69.01	65.06	88.97	80.49	74.13	69.88	202.66	185.49	168.31	161.45	237.00	216.39	195.80	185.49
68	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	223.27	202.66	185.49	175.19	254.18	233.57	212.98	202.66
69	98.59	90.71	82.82	78.87	105.91	97.44	88.97	84.72	240.45	219.82	199.22	192.37	274.80	250.74	228.70	216.39
70	106.48	98.59	88.73	84.78	114.38	105.91	95.31	91.07	261.06	237.00	216.39	206.10	291.98	267.92	243.88	230.15
71	122.26	112.40	102.54	96.62	131.33	120.74	110.14	103.77	295.41	271.35	243.88	233.57	329.76	302.27	274.80	261.06
72	138.03	126.19	114.36	108.45	148.27	135.55	122.85	116.49	329.76	302.27	274.80	261.06	367.54	336.61	305.70	291.98
73	153.80	140.00	128.17	120.29	165.20	150.38	137.68	129.21	364.11	333.19	302.27	288.53	405.31	370.96	340.06	322.88
74	167.61	153.80	140.00	134.08	180.04	165.20	150.38	144.02	398.47	364.11	333.19	316.03	443.10	408.76	370.96	350.37
75	183.37	167.61	153.80	145.91	196.98	180.04	165.20	156.74	432.82	398.47	360.66	343.49	480.90	443.10	401.90	381.29
76	210.99	193.23	175.49	167.61	226.64	207.56	188.51	180.04	487.78	446.54	408.76	388.14	539.31	494.62	449.98	425.94
77	238.60	218.88	199.16	189.30	256.29	235.10	213.93	203.33	542.70	498.07	453.43	429.37	594.23	546.15	494.62	470.60
78	266.20	244.51	220.85	210.99	285.93	262.63	237.22	226.64	597.68	549.58	498.07	474.02	649.19	594.23	542.70	515.25
79	293.80	268.17	244.51	232.67	315.59	288.07	262.63	249.92	652.64	601.11	546.15	518.68	707.60	645.76	587.38	559.88
80	321.40	293.80	266.20	254.36	345.23	315.59	285.93	273.23	711.05	649.19	590.82	563.33	762.56	697.29	635.46	604.56
81	343.10	313.52	285.92	272.11	368.54	336.76	307.12	292.28	759.13	697.29	632.03	601.11	814.09	748.80	680.11	645.76
82	368.74	337.19	307.61	291.83	396.09	362.18	330.43	313.47	817.50	748.80	680.11	645.76	875.91	803.78	731.64	693.87
83	398.32	364.79	331.26	315.49	427.85	391.84	355.83	338.89	882.79	807.21	735.07	697.29	948.05	869.03	790.03	748.80
84	431.83	396.34	360.84	341.12	463.86	425.73	387.59	366.42	954.91	875.91	796.91	755.68	1,027.05	941.17	855.30	814.09
85	471.27	431.83	392.39	372.67	506.22	463.86	421.50	400.31	1,044.22	954.91	869.03	824.38	1,119.79	1,027.05	934.32	886.21
86	512.68	471.27	427.90	406.20	550.69	506.22	459.62	436.32	1,136.97	1,040.78	948.05	899.97	1,219.40	1,119.79	1,016.75	965.22
87	560.00	512.68	467.33	443.66	601.52	550.69	501.98	476.56	1,240.03	1,136.97	1,030.48	978.95	1,329.34	1,219.40	1,109.48	1,054.54
88	609.30	560.00	508.73	483.10	654.47	601.52	546.44	518.92	1,349.93	1,236.58	1,126.66	1,068.28	1,449.55	1,329.34	1,209.10	1,147.26
89	664.52	609.30	554.09	526.49	713.80	654.47	595.17	565.53	1,470.14	1,349.93	1,226.28	1,164.44	1,580.08	1,449.55	1,315.58	1,250.32
90	725.63	664.52	603.39	573.81	779.43	713.80	648.13	616.36	1,604.14	1,470.14	1,336.18	1,270.93	1,720.92	1,580.08	1,435.79	1,363.69
91	790.71	725.63	658.59	625.08	849.34	777.33	707.43	671.44	1,748.38	1,604.14	1,456.42	1,384.28	1,878.92	1,720.92	1,562.90	1,487.32
92	861.70	788.74	717.75	682.26	925.60	847.23	770.96	732.85	1,906.39	1,748.38	1,586.96	1,507.93	2,047.23	1,875.49	1,703.75	1,621.30
93	938.60	859.73	782.83	743.39	1,008.20	923.48	840.88	798.52	2,078.14	1,902.96	1,731.20	1,645.34	2,229.27	2,043.78	1,858.31	1,765.55
94	1,023.38	938.60	851.84	810.43	1,099.27	1,008.20	915.01	870.52	2,263.62	2,074.70	1,885.78	1,793.06	2,431.94	2,229.27	2,026.63	1,923.57

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Joint															
	2190 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	25.63	23.67	21.69	19.72	27.52	25.42	23.31	21.19	68.70	61.82	54.96	54.96	89.31	82.43	75.59	72.14
25-29	27.60	25.63	23.67	21.69	29.66	27.52	25.42	23.31	72.14	65.26	61.82	58.41	96.18	89.31	82.43	75.59
30-34	29.58	27.60	25.63	23.67	31.77	29.66	27.52	25.42	79.00	72.14	65.26	61.82	103.06	96.18	85.88	82.43
35-39	31.55	29.58	27.60	25.63	33.89	31.77	29.66	27.52	82.43	75.59	68.70	65.26	113.33	103.06	92.76	89.31
40-44	35.49	31.55	29.58	27.60	38.13	33.89	31.77	29.66	89.31	82.43	75.59	72.14	120.22	109.94	99.61	96.18
45	35.49	31.55	29.58	27.60	38.13	33.89	31.77	29.66	92.76	85.88	75.59	72.14	123.66	113.33	103.06	96.18
46	35.49	33.53	29.58	27.60	38.13	36.01	31.77	29.66	92.76	85.88	75.59	72.14	123.66	113.33	103.06	99.61
47	35.49	33.53	29.58	27.60	38.13	36.01	31.77	29.66	92.76	85.88	75.59	72.14	127.10	116.78	106.49	99.61
48	35.49	33.53	29.58	27.60	38.13	36.01	31.77	29.66	92.76	85.88	79.00	72.14	130.51	116.78	106.49	103.06
49	37.46	33.53	29.58	29.58	40.24	36.01	31.77	31.77	92.76	85.88	79.00	72.14	130.51	120.22	109.94	103.06
50	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	92.76	85.88	79.00	75.59	133.96	120.22	109.94	106.49
51	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	96.18	89.31	79.00	75.59	133.96	123.66	113.33	106.49
52	37.46	35.49	31.55	29.58	40.24	38.13	33.89	31.77	99.61	89.31	82.43	79.00	137.39	127.10	113.33	109.94
53	39.44	35.49	31.55	31.55	42.36	38.13	33.89	33.89	99.61	92.76	82.43	79.00	140.84	127.10	116.78	109.94
54	39.44	35.49	33.53	31.55	42.36	38.13	36.01	33.89	103.06	92.76	85.88	82.43	140.84	130.51	116.78	113.33
55	39.44	37.46	33.53	31.55	42.36	40.24	36.01	33.89	106.49	96.18	85.88	82.43	144.27	133.96	120.22	113.33
56	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	113.33	92.76	89.31	82.43	151.14	137.39	127.10	120.22
57	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	120.22	109.94	99.61	96.18	158.02	144.27	130.51	123.66
58	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	127.10	116.78	106.49	103.06	164.86	151.14	137.39	130.51
59	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	137.39	123.66	113.33	106.49	171.74	158.02	144.27	137.39
60	53.25	47.32	43.39	41.41	57.20	50.83	46.61	44.48	144.27	133.96	120.22	113.33	178.62	164.86	147.69	140.84
61	57.18	53.25	47.32	45.35	61.41	57.20	50.83	48.71	158.02	144.27	130.51	123.66	192.37	175.19	158.02	151.14
62	63.11	57.18	53.25	49.30	67.78	61.41	52.95	52.95	168.31	154.57	140.84	133.96	202.66	185.49	168.31	161.45
63	67.04	63.11	57.18	53.25	72.02	67.78	61.41	57.20	182.04	164.86	151.14	144.27	216.39	199.22	178.62	171.74
64	72.96	67.04	61.13	57.18	78.37	72.02	65.66	61.41	192.37	178.62	161.45	154.57	226.70	209.55	188.92	182.04
65	76.90	70.99	65.06	61.13	82.60	76.25	69.88	65.66	206.10	188.92	171.74	161.45	240.45	219.22	199.22	188.92
66	86.76	80.85	72.96	69.01	93.19	86.84	78.37	74.13	226.70	209.55	188.92	182.04	264.51	240.45	219.22	209.55
67	96.62	88.73	80.85	76.90	103.77	95.31	86.84	82.60	250.74	230.15	209.55	199.22	288.53	264.51	240.45	226.70
68	106.48	96.62	88.73	84.78	114.38	103.77	95.31	91.07	274.80	250.74	226.70	216.39	312.58	285.10	261.06	247.33
69	116.34	106.48	96.62	92.68	124.96	114.38	103.77	99.56	295.41	271.35	247.33	233.57	333.19	305.70	278.23	264.51
70	126.19	114.38	104.50	98.59	135.55	122.85	112.24	105.91	319.43	291.98	264.51	254.18	357.23	329.76	298.86	285.10
71	145.91	132.12	120.29	114.36	156.74	141.92	129.21	122.85	360.66	333.19	302.27	285.10	405.31	370.96	336.61	319.43
72	165.63	151.84	138.03	130.14	177.91	163.10	148.27	138.80	405.31	370.96	336.61	319.43	453.43	415.64	377.84	357.23
73	185.35	169.58	153.80	145.91	199.10	182.16	165.20	156.74	446.54	412.19	374.41	353.78	501.50	456.84	415.64	395.02
74	205.07	187.32	169.58	161.70	220.27	201.21	182.16	173.69	491.19	449.98	408.76	388.14	546.15	501.50	456.84	432.82
75	224.79	205.07	187.32	177.47	241.46	220.27	201.21	190.63	532.42	491.19	446.54	422.49	594.23	546.15	494.62	470.60
76	256.34	234.65	212.95	203.09	275.35	252.04	228.74	218.15	604.56	553.03	501.50	477.45	666.37	611.41	556.46	528.98
77	287.89	264.22	240.57	228.74	309.24	283.82	258.41	245.69	673.25	618.29	559.88	532.42	738.52	676.70	614.86	583.94
78	319.44	293.80	266.20	252.39	343.13	315.59	285.93	271.10	741.95	680.11	618.29	587.38	810.66	741.95	676.70	642.35
79	352.96	323.38	293.80	278.03	379.12	347.36	315.59	298.65	810.66	745.40	676.70	642.35	882.79	810.66	735.07	697.29
80	384.51	352.96	319.44	303.66	413.03	379.12	343.13	326.18	879.34	807.21	735.07	697.29	954.91	875.91	796.91	755.68
81	410.14	376.62	343.10	325.35	440.55	404.56	368.54	349.48	941.17	865.62	786.60	745.40	1,020.18	937.74	851.86	807.21
82	441.69	404.23	368.74	349.02	474.44	434.20	396.09	374.90	1,013.30	927.44	845.01	803.78	1,099.18	1,006.42	913.70	869.03
83	477.19	437.75	398.32	378.60	512.57	470.21	427.85	406.68	1,095.74	1,003.01	910.26	865.62	1,185.05	1,088.89	989.25	937.74
84	518.59	475.22	431.83	410.14	557.04	510.45	463.86	440.55	1,188.50	1,088.89	989.25	941.17	1,288.10	1,178.17	1,071.71	1,020.18
85	563.95	516.63	471.27	447.61	605.77	554.94	506.22	480.81	1,294.99	1,185.05	1,078.56	1,023.60	1,401.44	1,284.67	1,167.89	1,109.48
86	615.22	563.95	512.68	487.05	660.84	605.77	550.69	523.17	1,411.77	1,291.55	1,174.77	1,116.36	1,528.55	1,401.44	1,274.38	1,209.10
87	670.43	615.22	558.02	530.42	720.13	660.84	599.40	569.75	1,538.85	1,408.32	1,281.22	1,215.97	1,665.94	1,528.55	1,387.71	1,319.01
88	731.56	670.43	609.30	577.74	785.80	720.13	654.47	620.58	1,676.24	1,535.43	1,398.04	1,325.89	1,817.08	1,665.94	1,514.81	1,439.24
89	796.62	729.58	664.52	630.99	855.70	783.68	713.80	677.77	1,827.41	1,676.24	1,521.67	1,446.12	1,978.53	1,813.65	1,648.77	1,566.34
90	867.61	796.62	723.67	688.17	931.95	855.70	777.33	739.20	1,992.27	1,823.96	1,659.06	1,576.63	2,157.14	1,978.53	1,799.90	1,707.18
91	946.48	867.61	788.74	749.30	1,016.67	931.95	847.23	804.85	2,170.90	1,988.82	1,810.23	1,717.47	2,352.94	2,157.14	1,961.35	1,861.75
92	1,031.27	946.48	859.73	816.34	1,107.74	1,016.67	923.48	876.87	2,366.66	2,167.45	1,971.65	1,872.04	2,565.91	2,349.51	2,136.55	2,030.06
93	1,123.95	1,031.27	936.62	891.28	1,207.29	1,107.74	1,006.08	957.37	2,579.66	2,363.23	2,150.29	2,040.35	2,796.03	2,562.48	2,328.88	2,212.10
94	1,226.49	1,123.95	1,021.41	970.15	1,317.44	1,207.29	1,097.15	1,042.09	2,809.78	2,576.21	2,342.64	2,225.84	3,046.81	2,792.60	2,538.42	2,411.35

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Joint															
	2920 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	25.63	23.67	21.69	21.69	27.52	25.42	23.31	23.31	72.14	65.26	58.41	54.96	96.18	85.88	79.00	75.59
25-29	27.60	25.63	23.67	21.69	29.66	27.52	25.42	23.31	75.59	68.70	61.82	58.41	103.06	92.76	85.88	82.43
30-34	29.58	27.60	25.63	23.67	31.77	29.66	27.52	25.42	82.43	75.59	68.70	65.26	109.94	99.61	92.76	85.88
35-39	33.53	29.58	27.60	25.63	36.01	31.77	29.66	27.52	89.31	79.00	72.14	68.70	120.22	109.94	99.61	92.76
40-44	35.49	31.55	29.58	27.60	38.13	33.89	31.77	29.66	92.76	85.88	79.00	75.59	127.10	116.78	106.49	99.61
45	35.49	33.53	29.58	27.60	38.13	36.01	31.77	29.66	96.18	89.31	79.00	75.59	130.51	120.22	109.94	103.06
46	35.49	33.53	29.58	29.58	38.13	36.01	31.77	31.77	96.18	89.31	82.43	75.59	133.96	120.22	109.94	106.49
47	35.49	33.53	29.58	29.58	38.13	36.01	31.77	31.77	99.61	89.31	82.43	79.00	133.96	123.66	113.33	106.49
48	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	99.61	92.76	82.43	79.00	137.39	127.10	116.78	109.94
49	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	99.61	92.76	82.43	79.00	140.84	130.51	116.78	109.94
50	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	103.06	92.76	85.88	79.00	144.27	130.51	120.22	113.33
51	37.46	35.49	31.55	29.58	40.24	38.13	33.89	31.77	103.06	96.18	85.88	82.43	144.27	133.96	120.22	113.33
52	39.44	35.49	33.53	31.55	42.36	38.13	36.01	33.89	106.49	96.18	89.31	82.43	147.69	133.96	123.66	116.78
53	39.44	37.46	33.53	31.55	42.36	40.24	36.01	33.89	106.49	99.61	89.31	85.88	147.69	137.39	123.66	116.78
54	41.41	37.46	35.49	33.53	44.48	40.24	38.13	36.01	109.94	99.61	89.31	85.88	151.14	137.39	123.66	120.22
55	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	109.94	103.06	92.76	89.31	151.14	140.84	127.10	120.22
56	45.35	41.41	37.46	33.53	48.71	44.48	40.24	38.13	109.94	103.06	96.18	99.61	156.02	147.69	133.96	127.10
57	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	130.51	116.78	106.49	103.06	168.31	154.57	137.39	130.51
58	51.27	47.32	43.39	39.44	55.08	50.83	46.61	42.36	137.39	127.10	116.78	109.94	175.19	161.45	144.27	137.39
59	53.25	49.30	45.35	43.39	57.20	52.95	48.71	46.61	147.69	133.96	123.66	116.78	182.04	164.86	151.14	144.27
60	57.18	51.27	47.32	45.35	61.41	55.08	50.83	48.71	154.57	144.27	130.51	123.66	188.92	171.74	158.02	151.14
61	61.13	57.18	51.27	49.30	65.66	61.41	55.08	52.95	168.31	154.57	140.84	133.96	202.66	185.49	168.31	161.45
62	65.06	61.13	55.21	53.25	69.88	65.66	59.30	57.20	182.04	164.86	151.14	144.27	216.39	195.80	176.62	171.74
63	70.99	65.06	59.16	55.21	76.25	69.88	63.55	59.30	192.37	178.62	161.45	154.57	226.70	209.55	188.92	182.04
64	74.92	69.01	63.11	59.16	80.49	74.13	67.78	63.55	206.10	188.92	171.74	161.45	240.45	219.82	202.66	192.37
65	80.85	72.96	67.04	63.11	86.84	78.37	72.02	67.78	216.39	199.22	182.04	171.74	254.18	233.57	212.98	202.66
66	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	243.88	223.27	202.66	192.37	281.68	257.62	233.57	223.27
67	100.57	92.68	84.78	80.85	108.02	99.56	91.07	86.84	267.92	243.88	223.27	212.98	305.70	281.68	257.62	243.88
68	110.43	102.54	92.68	88.73	118.61	110.14	99.56	95.31	291.98	267.92	243.88	230.15	331.19	305.70	278.23	264.51
69	122.26	112.40	100.57	96.62	131.33	120.74	108.02	103.77	316.03	288.53	264.51	250.74	360.66	329.76	298.86	285.10
70	132.12	120.29	110.43	104.50	141.92	129.21	118.61	112.24	340.06	312.58	285.10	271.35	384.72	353.78	322.88	305.70
71	153.80	140.00	128.17	122.26	165.20	150.38	137.68	131.33	388.14	353.78	322.88	305.70	436.25	401.90	364.11	346.94
72	173.52	159.72	145.91	138.03	186.38	171.57	156.74	148.27	432.82	398.47	360.66	343.49	487.78	446.54	405.31	388.14
73	195.21	179.44	163.66	155.77	209.68	192.74	175.79	167.32	480.90	439.66	398.47	377.84	539.31	494.62	449.98	425.94
74	216.90	199.16	181.42	171.56	232.99	213.93	194.86	184.28	525.54	480.90	436.25	415.64	590.82	542.70	491.19	467.15
75	238.60	218.88	199.16	189.30	256.29	235.10	213.93	203.33	570.21	525.54	477.45	453.43	642.35	587.38	535.86	508.37
76	276.06	254.36	230.71	218.88	296.53	273.23	247.82	235.10	656.07	601.11	546.15	518.68	728.23	663.37	607.99	577.05
77	315.49	289.87	262.25	250.43	338.89	311.35	281.70	269.00	741.95	680.11	618.29	587.38	817.50	748.80	680.11	645.76
78	354.93	325.35	295.78	280.01	381.25	349.48	317.71	300.77	824.38	755.68	686.99	652.64	903.38	827.83	752.25	714.46
79	394.37	360.84	327.33	311.54	423.61	387.59	351.60	334.64	910.26	834.68	759.13	721.34	989.25	906.82	824.38	783.15
80	431.83	396.34	360.84	343.10	463.86	425.73	387.59	368.54	992.70	910.26	827.83	786.60	1,078.56	989.25	896.52	851.86
81	463.38	423.95	386.48	366.77	497.75	455.39	415.15	393.96	1,064.83	975.52	886.21	841.56	1,154.14	1,057.95	961.79	913.70
82	496.91	455.50	414.09	394.37	533.76	489.28	444.79	423.61	1,143.83	1,047.66	951.50	906.82	1,240.03	1,136.97	1,033.93	982.40
83	538.31	492.96	447.61	425.92	578.22	529.51	480.81	457.50	1,236.58	1,133.54	1,030.48	978.95	1,339.63	1,226.28	1,116.36	1,061.40
84	583.67	534.37	485.08	461.41	626.94	574.00	521.04	495.61	1,339.63	1,229.70	1,116.36	1,061.40	1,452.97	1,332.75	1,209.10	1,150.71
85	634.94	583.67	530.42	502.82	682.02	626.94	569.75	540.11	1,459.85	1,339.63	1,215.97	1,157.59	1,583.51	1,449.55	1,319.01	1,253.75
86	692.12	634.94	577.74	548.17	743.44	682.02	620.58	588.82	1,593.81	1,459.85	1,325.89	1,260.63	1,724.35	1,583.51	1,439.24	1,367.10
87	755.21	692.12	629.01	597.46	811.20	743.44	675.66	641.76	1,734.65	1,590.38	1,446.12	1,373.99	1,882.34	1,724.35	1,566.34	1,490.77
88	822.26	755.21	686.19	652.68	883.24	811.20	737.07	701.08	1,892.67	1,734.65	1,576.63	1,497.65	2,050.66	1,878.92	1,707.18	1,624.71
89	897.19	822.26	747.32	709.86	963.72	883.24	802.73	762.49	2,060.96	1,889.22	1,717.47	1,631.59	2,236.15	2,047.23	1,861.75	1,769.00
90	978.04	897.19	814.36	774.93	1,050.56	963.72	874.75	832.39	2,246.45	2,060.96	1,872.04	1,779.30	2,435.37	2,232.72	2,030.06	1,927.02
91	1,066.77	978.04	889.30	843.94	1,145.86	1,050.56	955.25	906.53	2,449.11	2,246.45	2,040.35	1,940.74	2,655.21	2,435.37	2,212.10	2,102.19
92	1,161.41	1,064.79	968.18	920.86	1,247.54	1,143.75	1,039.97	989.14	2,668.97	2,449.11	2,225.84	2,115.94	2,895.64	2,651.79	2,411.35	2,291.11
93	1,265.93	1,161.41	1,054.93	1,003.66	1,359.80	1,247.54	1,133.16	1,078.08	2,909.40	2,668.97	2,425.07	2,304.86	3,153.26	2,892.24	2,627.74	2,497.21
94	1,380.29	1,265.93	1,149.58	1,092.40	1,482.64	1,359.80	1,234.82	1,173.40	3,173.89	2,909.40	2,644.91	2,510.95	3,438.39	3,153.26	2,864.74	2,720.48

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Joint															
	3650 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	29.58	27.60	25.63	23.67	31.77	29.66	27.52	25.42	79.00	72.14	68.70	65.26	109.94	99.61	89.31	85.88
25-29	31.55	29.58	27.60	25.63	33.89	31.77	29.66	27.52	85.88	79.00	72.14	68.70	116.78	106.49	96.18	92.76
30-34	35.49	31.55	29.58	27.60	38.13	33.89	31.77	29.66	92.76	85.88	79.00	72.14	123.66	113.33	103.06	99.61
35-39	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	99.61	92.76	82.43	79.00	133.96	123.66	113.33	106.49
40-44	39.44	37.46	33.53	31.55	42.36	40.24	36.01	33.89	106.49	99.61	89.31	85.88	144.27	133.96	120.22	113.33
45	41.41	37.46	33.53	31.55	44.48	40.24	36.01	33.89	109.94	99.61	89.31	85.88	147.69	133.96	123.66	116.78
46	41.41	37.46	33.53	33.53	44.48	40.24	36.01	36.01	109.94	99.61	92.76	85.88	151.14	137.39	123.66	116.78
47	41.41	37.46	35.49	33.53	44.48	40.24	38.13	36.01	109.94	99.61	92.76	85.88	151.14	137.39	127.10	120.22
48	41.41	37.46	35.49	33.53	44.48	40.24	38.13	36.01	109.94	99.61	92.76	85.88	151.14	140.84	127.10	120.22
49	41.41	37.46	35.49	33.53	44.48	40.24	38.13	36.01	109.94	99.61	92.76	85.88	154.57	140.84	127.10	123.66
50	41.41	39.44	35.49	33.53	44.48	42.36	38.13	36.01	109.94	99.61	92.76	85.88	154.57	144.27	130.51	123.66
51	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	113.33	103.06	92.76	89.31	158.02	144.27	130.51	123.66
52	43.39	39.44	37.46	35.49	46.61	42.36	40.24	38.13	116.78	106.49	96.18	92.76	161.45	147.69	133.96	127.10
53	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	120.22	109.94	99.61	96.18	161.45	147.69	133.96	127.10
54	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	123.66	113.33	103.06	96.18	164.86	151.14	137.39	130.51
55	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	127.10	116.78	106.49	99.61	168.31	154.57	137.39	130.51
56	51.27	45.35	41.41	39.44	55.08	48.71	44.48	42.36	137.39	123.66	113.33	106.49	175.19	161.45	147.69	140.84
57	53.25	49.30	45.35	43.39	57.20	52.95	48.71	46.61	144.27	133.96	120.22	116.78	185.49	171.74	154.57	147.69
58	57.18	53.25	47.32	45.35	61.41	57.20	50.83	48.71	154.57	144.27	130.51	123.66	195.80	178.62	164.86	154.57
59	61.13	57.18	51.27	49.30	65.66	61.41	55.08	52.95	164.86	151.14	137.39	130.51	206.10	188.92	171.74	161.45
60	65.06	59.16	55.21	51.27	69.88	63.55	59.30	55.08	175.19	161.45	144.27	137.39	216.39	199.22	178.62	171.74
61	70.99	65.06	59.16	55.21	76.25	69.88	63.55	59.30	188.92	171.74	158.02	147.69	230.15	212.98	192.37	182.04
62	74.92	69.01	63.11	59.16	80.49	74.13	67.78	63.55	202.66	185.49	168.31	161.45	247.33	226.70	206.10	195.80
63	80.85	74.92	67.04	63.11	86.84	80.49	72.02	67.78	212.98	195.80	178.62	168.31	261.06	240.45	219.82	206.10
64	86.76	78.87	70.99	69.01	93.19	84.72	76.25	74.13	226.70	209.55	188.92	178.62	278.23	254.18	230.15	219.82
65	90.71	82.82	76.90	72.96	97.44	88.97	82.60	78.37	240.45	219.82	199.22	188.92	291.98	267.92	243.88	233.57
66	102.54	94.64	84.78	80.85	110.14	101.66	91.07	86.84	267.92	247.33	223.27	212.98	322.88	295.41	267.92	254.18
67	114.36	104.50	94.64	90.71	122.85	112.24	101.66	97.44	298.86	271.35	247.33	233.57	350.37	322.88	291.98	278.23
68	126.19	116.34	104.50	100.57	135.55	124.96	112.24	108.02	326.31	298.86	271.35	257.62	381.29	350.37	316.03	302.27
69	138.03	126.19	114.36	108.45	148.27	135.55	122.85	116.49	353.78	326.31	295.41	281.68	408.76	377.84	343.49	326.31
70	149.86	138.03	124.22	118.31	160.97	148.27	133.43	127.08	381.29	350.37	319.43	302.27	439.66	401.90	367.54	346.94
71	173.52	157.75	143.94	136.05	186.38	169.44	154.62	146.15	436.25	398.47	364.11	343.49	494.62	453.43	412.19	391.58
72	195.21	179.44	163.66	155.77	209.68	192.74	175.79	167.32	487.78	446.54	408.76	388.14	549.58	504.95	460.27	436.25
73	218.88	201.13	183.37	173.52	235.10	216.05	196.98	186.38	542.70	498.07	453.43	429.37	607.99	556.46	504.95	480.90
74	242.53	222.81	201.13	191.27	260.51	239.34	216.05	205.46	594.23	546.15	494.62	470.60	662.94	607.99	553.03	525.54
75	266.20	242.53	220.85	210.99	285.93	260.51	237.22	226.64	649.19	594.23	539.31	511.80	717.90	656.07	597.68	566.76
76	301.69	278.03	252.39	240.57	324.06	298.65	271.10	258.41	731.64	673.25	611.41	580.50	803.78	735.07	669.82	635.46
77	345.07	315.49	287.89	274.08	370.65	338.89	309.24	294.40	827.83	759.13	690.42	656.07	899.97	824.38	748.80	711.05
78	386.48	354.93	321.40	305.64	415.15	381.25	345.23	328.29	920.56	841.56	765.97	728.23	989.25	906.82	824.38	783.15
79	425.92	390.42	354.93	337.19	457.50	419.36	381.25	362.18	1,003.01	917.15	834.68	793.48	1,068.28	978.95	889.64	845.01
80	459.43	420.00	382.53	362.82	493.50	451.14	410.89	389.72	1,082.01	992.70	899.97	855.30	1,154.14	1,057.95	961.79	913.70
81	490.99	449.57	410.14	388.46	527.39	482.91	440.55	417.26	1,157.59	1,061.40	965.22	917.15	1,236.58	1,133.54	1,030.48	978.95
82	528.45	483.10	439.71	418.04	567.63	518.92	472.33	449.04	1,243.46	1,140.42	1,037.36	985.83	1,329.34	1,215.97	1,106.07	1,051.11
83	569.86	522.54	475.22	451.55	612.11	561.28	510.45	485.03	1,343.06	1,233.14	1,119.79	1,064.83	1,435.79	1,315.58	1,195.34	1,136.97
84	619.15	567.88	514.65	489.01	665.07	609.99	552.81	525.27	1,456.42	1,336.18	1,215.97	1,154.14	1,556.02	1,425.50	1,298.40	1,233.14
85	674.38	619.15	561.97	534.37	724.38	665.07	603.64	574.00	1,590.38	1,456.42	1,325.89	1,257.20	1,696.86	1,556.02	1,415.20	1,343.06
86	735.49	674.38	613.25	581.69	790.03	724.38	658.72	624.83	1,731.20	1,586.96	1,442.67	1,370.54	1,847.98	1,693.42	1,542.28	1,463.30
87	800.57	733.53	668.45	634.94	859.93	787.91	718.02	682.02	1,889.22	1,731.20	1,573.20	1,494.20	2,016.33	1,847.98	1,679.69	1,597.26
88	873.52	800.57	727.61	692.12	938.28	859.93	781.56	743.44	2,057.53	1,885.78	1,714.04	1,628.16	2,198.37	2,012.88	1,830.81	1,738.08
89	952.39	873.52	792.69	753.25	1,023.02	938.28	851.46	809.10	2,243.02	2,057.53	1,868.61	1,775.88	2,394.17	2,194.92	1,995.70	1,896.10
90	1,037.19	950.43	865.63	822.26	1,114.11	1,020.90	929.81	883.24	2,445.70	2,243.02	2,036.90	1,937.30	2,610.56	2,394.17	2,174.31	2,067.84
91	1,131.83	1,037.19	942.53	895.21	1,215.76	1,114.11	1,012.42	961.59	2,665.52	2,442.25	2,222.43	2,109.06	2,844.13	2,607.11	2,370.11	2,253.33
92	1,232.40	1,129.86	1,027.33	976.06	1,323.79	1,213.63	1,103.50	1,048.44	2,905.97	2,662.09	2,421.64	2,301.41	3,101.75	2,844.13	2,583.09	2,455.99
93	1,342.83	1,232.40	1,120.00	1,064.79	1,442.40	1,323.79	1,203.04	1,143.75	3,167.03	2,902.52	2,638.03	2,507.50	3,379.99	3,098.34	2,816.66	2,675.82
94	1,465.07	1,342.83	1,220.57	1,159.44	1,573.71	1,442.40	1,311.07	1,245.40	3,452.12	3,163.59	2,875.07	2,734.23	3,685.69	3,376.54	3,070.83	2,916.26

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Joint															
	4380 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	31.55	29.58	27.60	25.63	33.89	31.77	29.66	27.52	89.31	79.00	72.14	68.70	116.78	106.49	96.18	92.76
25-29	35.49	31.55	29.58	27.60	38.13	33.89	31.77	29.66	92.76	85.88	79.00	75.59	123.66	113.33	103.06	99.61
30-34	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	103.06	92.76	85.88	79.00	133.96	123.66	109.94	106.49
35-39	39.44	37.46	33.53	31.55	42.36	40.24	36.01	33.89	109.94	99.61	89.31	85.88	144.27	130.51	120.22	113.33
40-44	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	116.78	106.49	96.18	92.76	154.57	140.84	127.10	123.66
45	43.39	39.44	37.46	35.49	46.61	42.36	40.24	38.13	120.22	109.94	99.61	92.76	158.02	144.27	130.51	123.66
46	43.39	39.44	37.46	35.49	46.61	42.36	40.24	38.13	120.22	109.94	99.61	96.18	158.02	144.27	133.96	127.10
47	43.39	41.41	37.46	35.49	46.61	44.48	40.24	38.13	120.22	109.94	99.61	96.18	161.45	147.69	133.96	127.10
48	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	120.22	109.94	99.61	96.18	161.45	147.69	133.96	127.10
49	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	120.22	109.94	99.61	96.18	164.86	151.14	137.39	130.51
50	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	120.22	109.94	99.61	96.18	164.86	151.14	137.39	130.51
51	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	123.66	113.33	103.06	99.61	168.31	154.57	140.84	133.96
52	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	127.10	116.78	106.49	99.61	168.31	154.57	140.84	133.96
53	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	130.51	120.22	109.94	103.06	171.74	158.02	140.84	133.96
54	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	133.96	123.66	113.33	106.49	171.74	158.02	144.27	137.39
55	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	137.39	127.10	116.78	109.94	175.19	161.45	144.27	137.39
56	53.25	49.30	43.39	41.41	57.20	52.95	46.61	44.48	147.69	137.39	123.66	116.78	185.49	171.74	154.57	147.69
57	57.18	51.27	47.32	45.35	61.41	55.08	50.83	48.71	158.02	147.69	133.96	127.10	199.22	182.04	164.86	158.02
58	61.13	55.21	49.30	47.32	65.66	59.30	52.95	50.83	171.74	154.57	140.84	133.96	209.55	192.37	175.19	164.86
59	63.11	59.16	53.25	51.27	67.78	63.55	57.20	55.08	182.04	164.86	151.14	144.27	219.82	202.66	185.49	175.19
60	67.04	63.11	57.18	53.25	72.02	67.78	61.41	57.20	192.37	175.19	158.02	151.14	233.57	212.98	192.37	182.04
61	72.96	67.04	61.13	59.16	78.37	72.02	65.66	63.55	202.66	188.92	171.74	161.45	250.74	226.70	206.10	195.80
62	80.85	72.96	67.04	63.11	86.84	78.37	72.02	67.78	216.39	199.22	182.04	171.74	267.92	243.88	223.27	209.55
63	86.76	78.87	70.99	69.01	93.19	84.72	76.25	74.13	230.15	209.55	192.37	182.04	281.68	261.06	237.00	223.27
64	92.68	84.78	76.90	72.96	99.56	91.07	82.60	78.37	243.88	223.27	202.66	192.37	298.86	274.80	250.74	237.00
65	98.59	90.71	82.82	82.82	105.91	97.44	88.97	82.60	257.62	233.57	212.98	202.66	316.03	291.98	264.51	250.74
66	110.43	102.54	92.68	86.76	118.61	110.14	99.56	93.19	288.53	264.51	240.45	226.70	350.37	319.43	291.98	274.80
67	124.22	112.40	102.54	98.59	133.43	120.74	110.14	105.91	319.43	291.98	264.51	250.74	381.29	350.37	316.03	302.27
68	136.05	124.22	112.40	108.45	146.15	133.43	120.74	116.49	350.37	319.43	291.98	278.23	412.19	377.84	343.49	326.31
69	147.89	136.05	124.22	118.31	158.85	146.15	133.43	127.08	381.29	350.37	316.03	302.27	443.10	408.76	370.96	350.37
70	161.70	147.89	134.08	128.17	173.69	158.85	144.02	137.68	412.19	377.84	343.49	326.31	477.45	436.25	398.47	377.84
71	185.35	169.58	155.77	147.89	199.10	182.16	167.32	158.85	470.80	429.37	391.58	370.96	535.86	491.19	446.54	422.49
72	210.99	193.23	175.49	167.61	226.64	207.56	188.51	180.04	525.54	484.33	439.66	415.64	594.23	546.15	494.62	470.60
73	236.62	216.90	197.18	187.32	254.16	232.99	211.80	201.21	583.94	535.86	487.78	463.72	656.07	601.11	546.15	518.68
74	260.29	238.60	216.90	207.04	279.60	256.29	232.99	222.40	642.35	587.38	535.86	508.37	714.46	656.07	594.23	566.76
75	285.92	262.25	238.60	226.76	307.12	281.70	256.29	243.57	700.72	642.35	583.94	553.03	772.86	707.60	645.76	611.41
76	325.35	297.75	272.11	258.31	349.48	319.82	292.28	277.46	790.03	724.78	659.52	625.17	865.62	793.48	721.34	686.99
77	370.70	339.16	309.59	293.80	398.19	364.32	332.54	315.59	893.09	820.95	745.40	707.60	972.07	889.64	807.21	769.42
78	416.06	380.56	347.05	329.30	446.92	408.78	372.79	353.71	992.70	910.26	827.83	786.60	1,068.28	978.95	889.64	845.01
79	457.47	418.04	380.56	360.84	491.40	449.04	408.78	387.59	1,082.01	992.70	899.97	855.30	1,154.14	1,057.95	961.79	913.70
80	492.96	451.55	412.11	390.42	529.51	485.03	442.67	419.36	1,167.89	1,071.71	972.07	923.99	1,246.87	1,140.42	1,037.36	985.83
81	528.45	483.10	439.71	418.04	567.63	518.92	472.33	449.04	1,250.32	1,147.26	1,040.78	989.25	1,332.75	1,222.85	1,109.48	1,054.54
82	567.88	520.56	473.24	449.57	609.99	559.16	508.33	482.91	1,343.06	1,233.14	1,119.79	1,064.83	1,432.38	1,312.16	1,191.93	1,133.54
83	613.25	561.07	510.70	485.08	658.72	603.64	548.58	521.04	1,449.55	1,329.34	1,209.10	1,147.26	1,545.73	1,418.62	1,288.10	1,226.28
84	664.52	609.30	554.09	526.49	713.80	654.47	595.17	565.53	1,573.20	1,442.67	1,312.16	1,246.87	1,679.69	1,538.85	1,398.04	1,329.34
85	725.63	664.52	603.39	573.81	779.43	713.80	648.13	616.36	1,717.47	1,573.20	1,428.95	1,360.24	1,830.81	1,676.24	1,525.10	1,449.55
86	790.71	723.67	658.59	625.08	849.34	777.33	707.43	671.44	1,872.04	1,714.04	1,559.46	1,480.47	1,995.70	1,827.41	1,662.51	1,580.08
87	861.70	788.74	717.75	682.26	925.60	847.23	770.96	732.85	2,040.35	1,868.61	1,700.30	1,614.42	2,174.31	1,992.27	1,810.23	1,720.92
88	938.60	861.70	782.83	743.39	1,008.20	925.60	840.88	798.52	2,222.43	2,036.90	1,851.43	1,758.71	2,370.11	2,170.90	1,975.10	1,875.49
89	1,023.38	938.60	853.80	810.43	1,099.27	1,008.20	917.11	870.52	2,421.64	2,222.43	2,019.74	1,916.69	2,583.09	2,366.66	2,153.72	2,043.78
90	1,116.06	1,023.38	928.74	883.38	1,198.83	1,099.27	997.61	948.88	2,641.46	2,421.64	2,201.88	2,091.88	2,813.21	2,579.66	2,346.06	2,229.27
91	1,216.63	1,114.09	1,013.52	962.25	1,306.85	1,196.69	1,088.68	1,033.60	2,878.48	2,638.03	2,397.58	2,277.35	3,067.40	2,813.21	2,555.60	2,428.52
92	1,325.08	1,214.66	1,104.23	1,049.03	1,423.34	1,304.72	1,186.11	1,126.81	3,136.09	2,875.07	2,613.99	2,483.45	3,345.63	3,063.99	2,785.75	2,648.35
93	1,445.35	1,325.08	1,204.80	1,143.67	1,552.52	1,423.34	1,294.13	1,228.47	3,421.22	3,136.09	2,851.01	2,706.72	3,644.49	3,342.18	3,036.48	2,885.36
94	1,575.50	1,443.39	1,313.25	1,246.21	1,692.32	1,550.42	1,410.62	1,338.62	3,726.92	3,417.77	3,105.18	2,950.62	3,974.25	3,641.04	3,311.28	3,146.42

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Joint															
	5840 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	35.49	33.53	29.58	27.60	38.13	36.01	31.77	29.66	96.18	89.31	82.43	75.59	127.10	116.78	106.49	103.06
25-29	39.44	35.49	31.55	29.58	42.36	38.13	33.89	31.77	103.06	96.18	85.88	82.43	137.39	127.10	113.33	109.94
30-34	41.41	37.46	33.53	33.53	44.48	40.24	36.01	36.01	113.33	103.06	92.76	89.31	147.69	137.39	123.66	116.78
35-39	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	120.22	109.94	99.61	96.18	158.02	147.69	133.96	127.10
40-44	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	130.51	120.22	109.94	103.06	171.74	158.02	144.27	137.39
45	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	133.96	120.22	109.94	106.49	175.19	161.45	144.27	137.39
46	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	133.96	120.22	109.94	106.49	175.19	161.45	147.69	140.84
47	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	133.96	120.22	109.94	106.49	178.62	164.86	147.69	140.84
48	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	133.96	120.22	109.94	106.49	178.62	164.86	151.14	140.84
49	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	133.96	123.66	109.94	106.49	182.04	164.86	151.14	144.27
50	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	133.96	123.66	109.94	106.49	182.04	168.31	151.14	144.27
51	51.27	47.32	41.41	39.44	55.08	50.83	44.48	42.36	137.39	127.10	113.33	109.94	185.49	168.31	154.57	147.69
52	51.27	47.32	43.39	41.41	55.08	50.83	46.61	44.48	140.84	130.51	116.78	113.33	188.92	171.74	154.57	147.69
53	53.25	47.32	43.39	41.41	57.20	50.83	46.61	44.48	144.27	120.22	116.78	116.78	188.92	175.19	158.02	151.14
54	53.25	49.30	45.35	41.41	57.20	52.95	48.71	44.48	151.14	137.39	123.66	116.78	192.37	175.19	161.45	151.14
55	55.21	49.30	45.35	43.39	59.30	52.95	48.71	46.61	154.57	140.84	127.10	120.22	195.80	178.62	161.45	154.57
56	59.16	53.25	49.30	47.32	63.55	57.20	52.95	50.83	164.86	151.14	137.39	130.51	206.10	188.92	171.74	164.86
57	63.11	57.18	53.25	49.30	67.78	61.41	57.20	52.95	178.62	161.45	147.69	140.84	219.82	202.66	182.04	175.19
58	67.04	61.13	55.21	53.25	72.02	65.66	59.30	57.20	188.92	171.74	158.02	151.14	233.57	212.98	192.37	185.49
59	70.99	65.06	59.16	57.18	76.25	69.88	63.55	61.41	199.22	185.49	168.31	158.02	243.88	223.27	202.66	192.37
60	74.92	69.01	63.11	59.16	80.49	74.13	67.78	63.55	212.98	195.80	175.19	168.31	257.62	237.00	216.39	202.66
61	82.82	74.92	69.01	65.06	88.97	80.49	74.13	69.88	226.70	209.55	188.92	178.62	278.23	254.18	230.15	219.82
62	88.73	80.85	72.96	70.99	95.31	86.84	78.37	76.25	240.45	219.82	202.66	192.37	295.41	271.35	247.33	233.57
63	94.64	86.76	78.87	74.92	101.66	93.19	84.72	80.49	254.18	233.57	212.98	202.66	316.03	288.53	261.06	250.74
64	102.54	94.64	84.78	80.85	110.14	101.66	91.07	86.84	271.35	247.33	226.70	212.98	333.19	305.70	278.23	264.51
65	108.45	100.57	90.71	86.76	116.49	108.02	97.44	93.19	285.10	261.06	237.00	226.70	353.78	322.88	295.41	278.23
66	122.26	112.40	102.54	96.62	131.33	120.74	110.14	103.77	319.43	291.98	264.51	254.18	386.14	353.78	322.88	305.70
67	136.05	126.19	114.36	108.45	146.15	135.55	122.85	116.49	353.78	322.88	295.41	278.23	422.49	388.14	353.78	333.19
68	151.84	138.03	126.19	120.29	163.10	148.27	135.55	129.21	388.14	353.78	322.88	305.70	456.84	419.07	381.29	364.11
69	165.63	151.84	138.03	130.14	177.91	163.10	148.27	139.80	422.49	388.14	350.37	333.19	494.62	453.43	412.19	391.58
70	179.44	163.66	149.86	141.98	192.74	175.79	160.97	152.50	456.84	419.07	381.29	360.66	528.98	484.33	439.66	419.07
71	207.04	189.30	171.56	163.66	222.40	203.33	184.28	175.79	522.13	477.45	432.82	412.19	594.23	546.15	494.62	470.60
72	234.65	214.93	195.21	185.35	252.04	230.87	209.68	199.10	583.94	535.86	487.78	463.72	659.52	604.56	549.58	522.13
73	262.25	240.57	218.88	207.04	281.70	258.41	235.10	222.40	649.19	594.23	539.31	515.25	728.23	666.37	604.56	577.05
74	289.87	264.22	240.57	228.74	311.35	283.82	258.41	245.69	714.46	652.64	594.23	563.33	793.48	728.23	659.52	628.58
75	317.47	289.87	264.22	250.43	341.01	311.35	283.82	269.00	776.30	711.05	649.19	614.86	858.74	786.60	714.46	680.11
76	360.84	331.26	301.69	285.92	387.59	355.83	324.06	307.12	879.34	803.78	731.64	693.87	961.79	882.79	800.33	762.56
77	412.11	376.62	343.10	325.35	442.67	404.56	368.54	349.48	992.70	910.26	827.83	786.60	1,078.56	989.25	896.52	851.86
78	461.41	421.97	384.51	364.79	495.61	453.25	413.03	391.84	1,102.62	1,009.87	917.15	872.46	1,185.05	1,085.44	989.25	937.74
79	506.77	465.36	421.97	402.25	544.34	499.86	453.25	432.08	1,202.22	1,099.18	999.58	951.50	1,281.22	1,174.77	1,068.28	1,013.30
80	548.17	502.82	455.50	433.80	588.82	540.11	489.28	465.97	1,298.40	1,188.50	1,082.01	1,027.05	1,380.87	1,267.50	1,150.71	1,095.74
81	585.64	536.35	489.01	463.38	629.06	576.12	525.27	497.75	1,387.71	1,270.93	1,157.59	1,099.18	1,480.47	1,356.81	1,233.14	1,171.32
82	629.01	577.74	524.51	498.87	675.66	620.58	563.41	535.86	1,490.77	1,367.10	1,243.46	1,181.62	1,590.38	1,456.42	1,325.89	1,260.63
83	680.28	623.10	565.92	538.31	730.73	669.30	607.89	578.22	1,610.98	1,477.02	1,343.06	1,274.38	1,717.47	1,573.20	1,432.38	1,360.24
84	737.47	676.33	615.22	583.67	792.15	726.48	660.84	626.94	1,748.38	1,600.69	1,456.42	1,384.28	1,861.75	1,707.18	1,552.61	1,473.59
85	804.50	737.47	670.43	636.90	864.17	792.15	720.13	684.12	1,906.39	1,744.94	1,586.96	1,507.93	2,030.06	1,861.75	1,693.42	1,607.54
86	877.47	804.50	731.56	694.09	942.53	864.17	785.80	745.55	2,078.14	1,902.96	1,731.20	1,645.34	2,215.55	2,030.06	1,844.57	1,751.82
87	956.34	875.49	796.62	757.18	1,027.25	940.42	855.70	813.32	2,263.62	2,074.70	1,885.78	1,793.06	2,414.76	2,212.10	2,009.45	1,909.84
88	1,041.13	954.37	867.61	824.22	1,118.32	1,025.14	931.95	885.34	2,466.27	2,260.18	2,057.53	1,954.47	2,631.17	2,411.35	2,191.49	2,081.59
89	1,135.78	1,041.13	946.48	899.16	1,220.00	1,118.32	1,016.67	965.84	2,689.54	2,466.27	2,239.60	2,129.66	2,868.19	2,627.74	2,390.72	2,270.51
90	1,238.31	1,133.81	1,031.27	980.01	1,330.12	1,217.88	1,107.74	1,052.68	2,929.99	2,686.15	2,442.25	2,322.03	3,125.79	2,864.74	2,603.68	2,473.15
91	1,348.74	1,236.35	1,123.95	1,068.74	1,448.75	1,328.02	1,207.29	1,148.00	3,194.50	2,929.99	2,662.09	2,528.13	3,407.47	3,122.36	2,837.27	2,696.42
92	1,471.00	1,348.74	1,226.49	1,163.39	1,580.06	1,448.75	1,317.44	1,249.65	3,483.02	3,191.07	2,902.52	2,758.25	3,713.18	3,404.04	3,094.89	2,940.32
93	1,603.10	1,469.02	1,334.94	1,269.86	1,721.96	1,577.95	1,433.93	1,364.03	3,795.61	3,479.59	3,163.59	3,005.58	4,046.35	3,709.75	3,373.12	3,204.79
94	1,747.05	1,601.14	1,455.21	1,384.24	1,876.60	1,719.86	1,563.11	1,486.87	4,139.11	3,792.18	3,448.67	3,276.93	4,410.47	4,042.94	3,675.39	3,493.35

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Joint															
	7300 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	37.46	35.49	31.55	29.58	40.24	38.13	33.89	31.77	103.06	96.18	85.88	82.43	137.39	127.10	113.33	109.94
25-29	41.41	37.46	33.53	33.53	44.48	40.24	36.01	36.01	113.33	103.06	92.76	89.31	147.69	133.96	123.66	116.78
30-34	43.39	41.41	37.46	35.49	46.61	44.48	40.24	38.13	120.22	109.94	99.61	96.18	158.02	144.27	133.96	127.10
35-39	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	130.51	120.22	106.49	103.06	171.74	158.02	140.84	133.96
40-44	51.27	47.32	43.39	41.41	55.08	50.83	46.61	44.48	140.84	127.10	116.78	109.94	182.04	168.31	154.57	144.27
45	51.27	47.32	43.39	41.41	55.08	50.83	46.61	44.48	140.84	130.51	116.78	113.33	185.49	171.74	154.57	147.69
46	51.27	47.32	43.39	41.41	55.08	50.83	46.61	44.48	140.84	130.51	116.78	113.33	188.92	171.74	158.02	151.14
47	53.25	47.32	43.39	41.41	57.20	50.83	46.61	44.48	140.84	130.51	116.78	113.33	192.37	175.19	158.02	151.14
48	53.25	47.32	43.39	41.41	57.20	50.83	46.61	44.48	140.84	130.51	116.78	113.33	192.37	175.19	161.45	151.14
49	53.25	49.30	43.39	41.41	57.20	52.95	46.61	44.48	140.84	130.51	116.78	113.33	195.80	178.62	161.45	154.57
50	53.25	49.30	43.39	41.41	57.20	52.95	46.61	44.48	140.84	130.51	120.22	113.33	195.80	178.62	164.86	154.57
51	53.25	49.30	45.35	43.39	57.20	52.95	48.71	46.61	147.69	133.96	123.66	116.78	199.22	182.04	164.86	158.02
52	55.21	51.27	45.35	43.39	59.30	55.08	48.71	46.61	151.14	137.39	127.10	120.22	199.22	185.49	168.31	158.02
53	55.21	51.27	47.32	45.35	59.30	55.08	50.83	48.71	154.57	144.27	130.51	123.66	202.66	185.49	168.31	161.45
54	57.18	53.25	47.32	45.35	61.41	57.20	50.83	48.71	161.45	147.69	133.96	127.10	206.10	188.92	171.74	161.45
55	59.16	53.25	49.30	45.35	63.55	57.20	52.95	48.71	164.86	151.14	137.39	130.51	206.10	188.92	171.74	164.86
56	63.11	57.18	51.27	49.30	67.78	61.41	55.08	52.95	175.19	161.45	147.69	140.84	219.82	202.66	185.49	175.19
57	67.04	61.13	55.21	53.25	72.02	65.66	59.30	57.20	188.92	175.19	158.02	151.14	233.57	216.39	195.80	185.49
58	70.99	65.06	59.16	57.18	76.25	69.88	63.55	61.41	202.66	185.49	168.31	161.45	247.33	226.70	206.10	195.80
59	76.90	69.01	63.11	61.13	82.60	74.13	67.78	65.66	212.98	195.80	178.62	168.31	261.06	240.45	219.82	206.10
60	80.85	72.96	67.04	63.11	86.84	78.37	72.02	67.78	226.70	209.55	188.92	178.62	274.80	254.18	230.15	219.82
61	86.76	80.85	72.96	69.01	93.19	86.84	78.37	74.13	243.88	223.27	202.66	192.37	295.41	271.25	247.33	233.57
62	94.64	86.76	78.87	74.92	101.66	93.19	84.72	80.49	257.62	237.00	216.39	202.66	316.03	288.53	264.51	250.74
63	102.54	92.68	84.78	80.85	110.14	99.56	91.07	86.84	274.80	250.74	226.70	216.39	336.61	309.15	281.68	267.92
64	108.45	100.57	90.71	86.76	116.49	108.02	97.44	93.19	288.53	264.51	240.45	230.15	357.23	326.31	298.86	281.68
65	116.34	106.48	96.62	92.68	124.96	114.38	103.77	99.56	305.70	278.23	254.18	240.45	377.84	346.94	312.58	298.86
66	132.12	120.29	110.43	104.50	141.92	129.21	118.61	112.24	340.06	312.58	285.10	271.25	415.64	381.29	346.94	329.76
67	145.91	134.08	122.26	116.34	156.74	144.02	131.33	124.96	377.84	346.94	316.03	298.86	453.43	415.64	377.84	357.23
68	161.70	147.89	134.08	128.17	173.69	158.85	144.02	137.68	415.64	381.29	346.94	329.76	491.19	449.98	408.76	388.14
69	177.47	161.70	147.89	140.00	190.63	173.69	158.85	150.38	449.98	415.64	377.84	357.23	528.98	484.33	439.66	419.07
70	191.27	175.49	159.72	151.84	205.46	188.51	171.57	163.10	487.78	446.54	405.31	388.14	566.76	518.68	470.60	446.54
71	220.85	203.09	183.37	175.49	237.22	218.15	196.98	188.51	556.46	511.80	463.72	439.66	635.46	583.94	528.98	504.95
72	250.43	228.74	209.02	199.16	269.00	245.69	224.52	213.93	625.17	573.64	522.13	494.62	707.60	649.19	590.82	559.88
73	280.01	256.34	232.67	220.85	300.77	275.35	249.92	237.22	693.87	635.46	577.05	549.58	776.30	714.46	649.19	614.86
74	309.59	283.94	258.31	244.51	332.54	305.00	277.46	262.63	762.56	700.72	635.46	604.56	848.44	776.30	707.60	673.25
75	339.16	311.54	281.97	268.17	364.32	334.64	302.87	288.07	831.26	762.56	693.87	659.52	920.56	841.56	765.97	728.23
76	386.48	354.93	321.40	305.64	415.15	381.25	345.23	328.29	941.17	862.19	783.15	745.40	1,030.48	944.62	858.74	814.09
77	439.71	404.23	366.77	349.02	472.33	434.20	393.96	374.90	1,061.40	972.07	886.21	841.56	1,154.14	1,057.95	961.79	913.70
78	492.96	451.55	410.14	390.42	529.51	485.03	440.55	419.36	1,178.17	1,082.01	982.40	934.32	1,267.50	1,161.01	1,057.95	1,003.01
79	542.26	496.91	451.55	429.85	582.47	533.76	485.03	461.72	1,284.67	1,178.17	1,071.71	1,016.75	1,370.54	1,257.20	1,140.42	1,085.44
80	585.64	536.35	489.01	463.38	629.06	576.12	525.27	497.75	1,387.71	1,270.93	1,157.59	1,099.18	1,480.47	1,356.81	1,233.14	1,171.32
81	627.04	573.81	522.54	496.91	673.54	616.36	561.28	533.76	1,483.91	1,360.24	1,236.58	1,174.77	1,583.51	1,449.55	1,319.01	1,253.75
82	674.38	617.18	561.97	534.37	724.38	662.94	603.64	574.00	1,597.26	1,463.30	1,329.34	1,264.05	1,700.30	1,559.46	1,418.62	1,346.51
83	727.61	666.48	607.32	575.78	781.56	715.90	652.35	618.48	1,724.35	1,580.08	1,435.79	1,363.69	1,837.69	1,683.12	1,531.98	1,456.42
84	790.71	723.67	658.59	625.08	849.34	777.33	707.43	671.44	1,872.04	1,714.04	1,559.46	1,480.47	1,995.70	1,827.41	1,662.51	1,580.08
85	861.70	788.74	717.75	682.26	925.60	847.23	770.96	732.85	2,040.35	1,868.61	1,700.30	1,614.42	2,174.31	1,992.27	1,810.23	1,720.92
86	938.60	859.73	782.83	743.39	1,008.20	923.48	840.88	798.52	2,222.43	2,036.90	1,851.43	1,758.71	2,370.11	2,170.90	1,975.10	1,875.49
87	1,023.38	936.62	851.84	810.43	1,099.27	1,006.08	915.01	870.52	2,421.64	2,218.98	2,019.74	1,916.69	2,583.09	2,366.66	2,150.29	2,043.78
88	1,114.09	1,021.41	928.74	883.38	1,196.69	1,097.15	997.61	948.88	2,641.46	2,421.64	2,201.80	2,091.88	2,813.21	2,579.66	2,346.06	2,229.27
89	1,214.66	1,114.09	1,013.52	962.25	1,304.72	1,196.69	1,088.68	1,033.60	2,878.48	2,638.03	2,397.58	2,277.35	3,067.40	2,813.21	2,555.60	2,428.52
90	1,325.08	1,214.66	1,104.23	1,049.03	1,423.34	1,304.72	1,186.11	1,126.81	3,136.09	2,875.07	2,613.99	2,483.45	3,345.63	3,063.99	2,785.75	2,648.35
91	1,443.39	1,323.11	1,202.82	1,143.67	1,550.42	1,421.21	1,292.01	1,228.47	3,417.77	3,136.09	2,851.01	2,706.72	3,644.49	3,342.18	3,036.48	2,885.36
92	1,573.52	1,443.39	1,311.27	1,246.21	1,690.21	1,550.42	1,408.51	1,338.62	3,726.92	3,417.77	3,105.18	2,950.62	3,974.25	3,641.04	3,311.28	3,146.42
93	1,715.50	1,571.56	1,429.58	1,358.59	1,842.71	1,688.09	1,535.59	1,459.34	4,063.53	3,723.47	3,386.87	3,215.12	4,331.47	3,970.80	3,610.14	3,428.06
94	1,869.30	1,713.53	1,557.75	1,480.86	2,007.91	1,840.59	1,673.27	1,590.67	4,427.64	4,060.11	3,689.12	3,507.08	4,719.62	4,328.03	3,933.02	3,737.22

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay 10 Individual 730 x Daily Maximum											
	No BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	125.88	116.89	107.90	98.91	344.60	313.28	281.96	266.26	469.90	422.91	391.58	375.92
25-29	124.52	116.22	107.91	99.62	347.08	318.14	289.22	274.77	462.76	419.37	390.45	361.52
30-34	123.67	115.94	108.21	100.49	350.11	309.69	282.78	269.30	457.80	430.88	390.47	363.56
35-39	128.83	114.52	107.36	100.20	336.68	311.73	286.80	274.33	461.35	423.95	386.55	361.60
40-44	125.14	111.96	105.37	98.78	344.18	309.75	286.82	263.86	458.90	424.49	378.59	367.14
45	118.39	112.16	99.70	93.47	325.63	303.91	271.35	260.52	445.03	401.62	369.06	347.35
46	122.26	110.03	97.80	91.69	319.43	298.16	266.21	255.55	436.58	404.63	362.04	351.40
47	120.29	108.26	96.22	96.22	314.29	293.35	261.91	251.42	440.01	398.10	366.67	345.72
48	118.31	106.48	100.57	94.64	319.43	288.53	257.62	247.33	432.82	401.90	360.66	340.06
49	115.55	109.78	98.21	92.45	312.01	281.82	261.67	241.55	432.78	392.51	362.32	342.20
50	118.85	107.52	96.21	90.55	305.60	276.04	256.34	236.60	423.92	394.34	354.90	335.18
51	116.78	105.85	94.53	88.97	300.29	280.90	251.84	242.16	426.20	387.46	358.42	339.03
52	114.28	103.41	97.96	92.52	303.37	274.94	246.49	237.00	426.62	388.69	350.79	341.29
53	111.39	106.08	95.48	90.17	295.69	267.97	249.47	231.01	425.05	388.08	351.12	332.65
54	114.52	104.11	93.69	88.50	299.26	272.05	244.86	235.76	426.20	389.93	353.64	335.51
55	111.93	101.75	91.58	86.49	292.45	265.88	239.30	230.43	425.38	389.93	354.48	336.75
56	119.73	109.75	99.78	94.78	312.86	286.80	260.71	243.34	425.81	391.06	356.33	338.92
57	125.61	111.11	101.45	96.62	328.23	302.95	269.30	260.90	429.21	395.54	361.88	345.04
58	126.18	116.83	107.49	102.81	341.92	309.34	284.92	268.65	431.46	398.90	358.19	341.92
59	130.38	121.39	103.41	103.41	352.41	321.09	289.76	274.10	430.74	391.58	360.26	336.75
60	134.47	121.47	112.80	108.45	362.74	332.51	302.27	287.15	430.74	392.96	355.16	340.06
61	144.14	131.42	118.71	114.47	376.64	347.09	317.57	302.79	450.50	413.57	376.64	354.48
62	152.49	140.11	127.76	119.51	394.86	358.96	330.23	308.70	466.63	430.74	394.86	373.31
63	160.12	148.11	132.09	128.09	411.39	376.55	341.68	320.75	488.11	446.27	404.44	383.52
64	168.73	153.04	141.27	133.42	423.81	389.62	355.44	334.93	505.82	464.82	423.81	403.31
65	175.06	159.83	144.62	137.00	437.54	397.77	364.64	344.74	523.71	477.31	437.54	411.04
66	188.05	173.31	158.55	151.17	468.89	430.36	391.83	372.56	552.41	507.44	462.48	436.81
67	203.44	185.59	167.75	160.61	497.38	460.08	416.55	397.91	578.22	528.45	484.94	460.08
68	215.16	197.82	180.47	170.06	532.01	483.65	441.32	417.14	610.59	556.20	507.81	483.65
69	227.95	207.83	187.72	181.02	554.74	508.04	461.32	437.96	630.66	578.10	525.54	496.37
70	236.07	216.67	197.26	187.56	574.62	529.53	478.82	456.28	647.81	597.12	540.80	512.64
71	263.35	241.41	219.46	206.93	633.53	578.94	529.78	502.46	710.00	649.92	595.31	562.53
72	285.44	264.19	239.89	227.74	687.67	629.49	571.31	544.86	767.02	703.56	640.06	608.32
73	306.43	280.17	256.81	242.21	726.99	671.05	610.03	579.53	813.41	747.30	681.21	645.62
74	327.09	298.89	270.70	259.42	771.18	707.32	643.48	609.09	859.59	790.83	717.15	682.74
75	340.38	313.36	283.64	270.15	804.70	738.82	668.25	635.31	894.10	818.83	748.22	710.58
76	374.55	343.56	312.56	297.06	868.46	796.44	724.48	688.47	953.94	877.45	796.44	755.96
77	404.23	369.72	337.68	320.42	918.85	845.86	768.57	729.93	1,004.72	923.14	837.27	798.62
78	433.01	395.16	359.67	343.10	972.77	894.46	812.03	770.80	1,055.23	968.67	882.10	836.75
79	454.08	415.86	377.65	359.67	1,010.27	928.03	841.89	798.81	1,092.53	998.53	908.47	861.49
80	468.50	430.17	391.84	370.54	1,038.74	953.40	864.38	823.57	1,116.64	1,023.88	927.44	882.93
81	483.97	442.95	401.94	383.48	1,071.71	982.40	893.09	846.65	1,150.29	1,053.86	957.39	910.94
82	518.82	475.77	432.70	412.19	1,150.29	1,053.86	957.39	910.94	1,236.04	1,132.44	1,028.83	978.83
83	561.90	514.73	467.57	445.01	1,243.18	1,139.58	1,035.98	982.40	1,332.47	1,221.75	1,111.00	1,057.39
84	609.06	557.79	506.53	481.92	1,346.79	1,236.04	1,121.73	1,068.14	1,446.80	1,325.35	1,207.47	1,146.72
85	664.44	609.06	553.70	524.99	1,468.24	1,346.79	1,225.32	1,164.58	1,578.97	1,446.80	1,314.62	1,250.32
86	723.91	662.38	602.91	572.15	1,600.41	1,468.24	1,336.04	1,268.18	1,718.29	1,575.40	1,432.52	1,361.08
87	789.53	723.91	656.22	623.42	1,746.86	1,600.41	1,453.94	1,382.50	1,875.49	1,718.29	1,561.11	1,482.53
88	859.25	787.47	715.69	680.84	1,904.06	1,743.29	1,586.13	1,507.53	2,043.38	1,871.90	1,704.01	1,618.28
89	937.18	859.25	781.33	742.36	2,075.52	1,900.47	1,729.00	1,643.26	2,225.56	2,039.79	1,854.05	1,761.14
90	1,021.25	937.18	851.05	807.98	2,261.29	2,071.95	1,882.61	1,789.75	2,425.63	2,225.56	2,021.94	1,921.91
91	1,113.54	1,021.25	926.92	881.81	2,464.90	2,257.74	2,054.08	1,950.48	2,647.11	2,425.63	2,204.15	2,093.40
92	1,214.02	1,111.48	1,010.99	959.74	2,686.41	2,461.36	2,236.29	2,125.54	2,882.87	2,643.54	2,404.19	2,282.72
93	1,322.71	1,211.97	1,101.23	1,047.92	2,925.76	2,682.84	2,439.91	2,318.45	3,143.67	2,882.87	2,618.54	2,489.93
94	1,441.66	1,320.66	1,201.72	1,142.25	3,190.09	2,925.76	2,657.82	2,525.66	3,425.89	3,140.08	2,854.30	2,711.41



## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 70441A  
 Annual Premium per \$100 Monthly Benefit

Age	Pay 10 Individual											
	No BIO				1095 x Daily Maximum				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	170.85	152.85	143.86	134.87	438.57	407.24	375.92	344.60	595.21	548.21	485.57	469.90
25-29	166.03	157.73	141.13	132.83	433.83	404.89	361.52	347.08	592.91	535.06	491.68	462.76
30-34	170.06	154.59	139.13	131.41	444.35	403.93	363.56	350.11	592.47	538.61	484.75	471.28
35-39	171.79	157.48	143.15	135.99	436.41	399.01	361.60	349.13	586.03	536.15	486.28	461.35
40-44	164.65	151.47	138.30	131.72	435.97	401.55	367.14	344.18	573.64	527.74	481.85	458.90
45	162.01	149.55	130.86	124.61	423.31	379.91	347.35	336.48	564.43	510.14	466.75	445.03
46	158.93	146.70	134.47	128.36	415.28	372.70	340.74	330.09	553.71	511.12	468.53	436.58
47	156.37	144.33	132.31	126.29	408.59	377.16	335.23	324.78	555.26	513.35	460.97	440.01
48	153.80	141.98	130.14	124.22	401.90	370.96	329.76	319.43	556.46	504.95	463.72	443.10
49	155.99	138.66	127.11	121.33	392.51	362.32	332.13	312.01	553.56	503.21	462.97	432.78
50	152.80	141.47	124.50	118.85	384.48	354.90	325.34	305.80	552.07	502.78	453.48	433.78
51	150.13	139.01	122.90	122.34	387.46	358.42	319.66	309.97	552.13	503.72	455.27	435.88
52	152.39	136.05	125.17	119.73	388.69	360.26	322.32	303.37	549.86	502.46	455.08	436.11
53	148.52	137.92	127.30	116.70	388.08	360.37	323.40	304.90	535.91	498.94	452.76	425.05
54	150.97	135.34	124.93	119.73	389.93	353.64	326.45	308.32	535.04	489.68	453.43	426.20
55	147.54	137.37	122.10	117.01	389.93	354.48	327.90	310.16	531.73	487.41	443.10	425.38
56	154.65	144.68	129.70	124.73	408.45	373.69	338.92	321.56	547.49	504.05	460.58	434.51
57	159.42	144.93	130.44	125.61	429.21	387.12	353.45	336.61	555.42	513.35	462.87	437.63
58	163.56	149.55	135.53	130.86	439.61	398.90	366.34	350.04	561.73	512.88	472.17	447.75
59	166.34	152.85	134.87	130.38	446.40	407.24	375.92	352.41	563.87	516.89	469.90	446.40
60	164.84	151.84	138.82	130.14	453.43	415.64	377.84	362.74	566.76	521.43	468.53	445.85
61	178.05	165.33	148.38	139.91	487.41	443.10	406.20	384.04	590.82	539.10	494.80	465.25
62	189.57	173.09	156.61	148.36	509.71	466.63	423.57	402.04	610.22	559.97	509.71	481.00
63	196.14	180.12	164.11	156.10	529.93	481.14	439.30	418.39	627.57	578.76	522.98	502.06
64	207.98	192.27	172.65	164.81	553.69	505.82	457.99	437.49	656.21	601.53	546.83	519.52
65	216.92	197.90	178.87	171.26	570.12	523.71	477.31	450.81	669.57	609.89	556.88	530.35
66	235.99	213.87	195.43	184.37	610.22	558.83	513.87	488.18	706.56	648.76	590.96	558.83
67	253.40	231.99	210.57	199.87	652.80	596.84	540.89	516.03	746.08	683.91	621.74	590.63
68	270.70	246.40	225.58	211.70	689.19	634.78	574.34	550.14	785.90	719.41	658.96	622.70
69	281.57	258.11	234.65	224.60	724.10	665.69	601.44	572.26	817.50	747.42	683.21	648.18
70	294.28	271.63	245.77	232.83	749.22	687.27	625.31	597.12	845.01	771.76	704.17	670.36
71	332.34	304.12	275.90	263.35	824.70	759.16	688.14	655.39	928.45	851.99	770.09	731.85
72	364.40	334.03	303.66	288.48	893.96	819.92	745.85	708.84	999.77	920.42	835.78	793.48
73	391.05	358.96	326.85	309.35	950.66	874.40	793.06	752.39	1,062.50	976.08	884.55	843.89
74	420.14	383.48	349.65	332.73	1,006.95	923.45	839.94	800.66	1,124.83	1,031.51	938.19	889.06
75	440.33	405.21	367.40	348.48	1,049.42	964.70	875.30	832.95	1,171.76	1,072.95	974.11	927.06
76	480.46	441.70	400.39	382.30	1,133.94	1,039.45	944.95	899.97	1,255.44	1,151.95	1,043.95	994.46
77	517.61	473.24	431.34	409.16	1,206.53	1,107.77	1,009.02	957.49	1,326.74	1,215.11	1,103.47	1,051.96
78	551.33	506.37	459.04	437.75	1,277.81	1,174.77	1,067.58	1,014.00	1,397.35	1,281.92	1,166.51	1,104.69
79	577.71	528.26	481.05	456.32	1,327.46	1,217.83	1,108.19	1,053.35	1,444.94	1,323.55	1,206.09	1,143.41
80	596.29	547.30	496.20	472.77	1,365.21	1,253.89	1,138.90	1,083.25	1,480.19	1,357.77	1,235.34	1,172.28
81	615.22	563.95	512.68	486.02	1,407.50	1,289.62	1,175.31	1,114.57	1,525.38	1,400.34	1,271.75	1,207.47
82	660.33	604.97	549.59	522.93	1,514.69	1,389.65	1,261.05	1,200.31	1,639.73	1,503.94	1,368.20	1,300.33
83	713.65	654.18	594.71	563.95	1,636.14	1,500.40	1,361.08	1,293.19	1,771.89	1,625.41	1,475.37	1,403.93
84	773.13	709.55	643.93	613.17	1,775.46	1,625.41	1,478.96	1,403.93	1,921.91	1,761.14	1,604.00	1,521.81
85	842.85	773.13	703.40	668.53	1,932.63	1,771.89	1,611.12	1,532.54	2,096.97	1,921.91	1,746.86	1,657.55
86	918.72	842.85	766.96	728.00	2,107.68	1,932.63	1,757.61	1,668.30	2,286.31	2,093.40	1,904.06	1,807.62
87	1,002.79	918.72	834.64	793.63	2,297.00	2,107.68	1,914.79	1,818.32	2,489.93	2,282.72	2,075.52	1,971.93
88	1,093.03	1,000.74	910.52	865.40	2,504.21	2,297.00	2,086.25	1,982.66	2,714.98	2,489.93	2,261.29	2,150.55
89	1,191.46	1,090.97	992.54	943.32	2,729.26	2,500.62	2,275.59	2,161.26	2,957.90	2,711.41	2,464.90	2,343.48
90	1,298.10	1,189.41	1,080.72	1,027.41	2,975.77	2,729.26	2,479.21	2,354.17	3,225.82	2,957.90	2,686.41	2,554.22
91	1,414.98	1,296.06	1,179.15	1,119.68	3,243.69	2,972.18	2,704.28	2,568.51	3,515.18	3,222.25	2,929.31	2,782.86
92	1,542.14	1,412.95	1,283.75	1,220.17	3,536.63	3,240.10	2,947.17	2,797.15	3,833.13	3,511.63	3,193.68	3,032.91
93	1,679.54	1,540.69	1,400.64	1,330.91	3,854.58	3,533.04	3,211.53	3,050.76	4,176.08	3,829.54	3,479.45	3,307.97
94	1,831.28	1,679.54	1,525.73	1,449.86	4,201.06	3,850.99	3,500.90	3,325.84	4,551.17	4,172.49	3,793.83	3,604.49

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay 10 Individual 1460 x Daily Maximum											
	No BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	179.84	170.85	152.85	143.86	485.57	454.24	407.24	391.58	657.87	610.87	548.21	532.55
25-29	182.63	166.03	149.42	141.13	491.68	448.30	404.89	390.45	665.22	607.37	549.53	520.61
30-34	185.51	170.06	154.59	146.86	484.75	444.35	403.93	390.47	659.80	605.94	552.07	525.13
35-39	178.95	164.64	150.32	143.15	486.28	448.88	411.48	386.55	660.85	598.50	548.63	523.70
40-44	177.81	164.65	151.47	144.89	481.85	447.42	401.55	378.59	653.93	596.58	539.22	516.26
45	174.46	162.01	143.31	137.08	466.75	423.31	390.75	369.06	629.54	575.30	521.01	499.31
46	171.16	158.93	140.59	134.47	457.88	425.94	383.34	362.04	628.25	575.02	521.76	500.46
47	168.40	156.37	144.33	132.31	460.97	419.07	387.65	366.67	628.58	576.20	523.84	502.88
48	165.63	153.80	141.98	130.05	453.43	422.49	381.29	360.66	628.58	577.05	525.54	504.95
49	167.54	150.21	138.66	132.88	452.90	412.63	372.39	352.25	634.05	573.68	523.37	503.21
50	164.11	147.15	135.82	130.16	443.62	414.04	374.62	354.90	630.92	581.64	522.48	502.78
51	166.82	150.13	139.01	127.90	445.59	406.83	368.10	358.42	629.63	571.50	523.09	494.01
52	163.26	152.39	136.05	130.62	445.59	407.65	369.72	350.79	616.23	568.83	511.94	492.97
53	164.43	153.83	137.92	132.61	443.51	406.55	369.58	351.12	609.84	563.62	508.19	480.48
54	166.58	150.97	140.56	130.14	444.35	408.06	371.80	344.60	607.59	553.17	507.81	480.62
55	167.88	152.63	137.37	132.28	434.25	398.80	363.35	345.61	602.63	549.46	496.28	478.54
56	174.61	159.64	144.68	130.69	460.58	425.81	391.06	364.98	617.02	564.86	512.74	486.68
57	178.75	164.26	149.77	144.93	479.68	446.02	403.93	378.69	622.75	572.26	521.76	496.52
58	186.93	168.24	154.22	144.87	496.57	455.88	415.19	398.90	634.99	578.00	529.15	496.57
59	188.83	170.85	157.35	148.36	516.89	469.90	430.74	407.24	634.37	579.53	524.71	501.23
60	190.88	173.52	160.51	151.84	528.98	483.65	438.29	415.64	634.78	581.88	528.98	506.33
61	203.49	186.53	169.58	161.10	553.89	509.57	465.25	435.73	664.66	612.97	553.89	524.36
62	210.17	193.69	177.21	168.97	574.34	531.26	481.00	459.45	689.19	631.75	574.34	545.59
63	220.16	200.14	184.13	172.13	599.68	550.86	502.06	474.15	711.24	648.48	592.70	557.84
64	231.52	211.89	192.27	180.50	622.03	574.20	519.52	492.15	738.24	676.71	615.20	581.03
65	235.96	216.92	197.90	186.47	643.06	590.02	536.99	510.48	749.13	689.47	623.17	596.65
66	258.11	235.99	217.55	206.49	693.73	635.90	578.10	545.98	802.92	738.68	668.02	635.90
67	278.38	256.97	231.99	221.28	739.86	677.69	615.52	584.41	851.77	777.16	708.77	671.47
68	298.46	274.16	249.88	235.99	785.90	719.41	652.92	622.70	894.74	822.19	749.63	713.35
69	315.10	288.29	264.82	251.41	823.37	753.29	683.21	654.02	934.32	858.41	782.47	741.60
70	329.86	303.98	274.87	261.93	856.26	783.01	715.42	676.00	968.94	890.06	805.55	766.11
71	373.09	341.74	310.39	294.72	939.37	862.92	786.46	742.77	1,065.01	972.16	884.78	841.09
72	409.95	376.55	343.14	324.93	1,020.93	936.29	851.66	809.33	1,147.89	1,052.67	957.46	909.85
73	443.59	405.65	367.71	350.19	1,082.83	996.41	904.90	859.15	1,220.10	1,118.42	1,016.75	965.92
74	473.72	434.23	394.76	375.03	1,149.41	1,051.16	957.82	908.71	1,291.85	1,183.79	1,075.74	1,021.70
75	497.07	456.54	416.01	394.40	1,195.29	1,096.45	997.64	945.87	1,345.87	1,232.95	1,119.98	1,063.54
76	555.37	508.87	462.37	439.13	1,313.92	1,205.95	1,093.45	1,039.45	1,457.93	1,336.43	1,214.94	1,156.43
77	603.88	552.12	502.82	478.17	1,416.91	1,296.69	1,180.76	1,120.65	1,558.60	1,429.80	1,300.98	1,236.58
78	650.71	596.29	541.86	515.84	1,512.75	1,389.09	1,261.33	1,199.47	1,657.03	1,520.98	1,380.87	1,310.79
79	685.61	629.41	570.96	543.99	1,585.92	1,452.78	1,319.65	1,256.97	1,726.88	1,582.00	1,437.12	1,366.63
80	715.53	655.91	596.29	566.48	1,643.40	1,506.15	1,368.88	1,298.40	1,780.67	1,632.29	1,483.91	1,409.70
81	736.20	674.69	613.17	582.40	1,693.28	1,550.40	1,411.07	1,339.63	1,832.60	1,678.99	1,528.97	1,450.39
82	791.58	725.95	660.33	627.51	1,818.32	1,668.30	1,514.69	1,439.64	1,971.93	1,807.62	1,643.26	1,561.11
83	855.14	783.38	711.60	676.73	1,964.80	1,800.46	1,636.14	1,553.99	2,129.11	1,950.48	1,775.46	1,686.15
84	926.92	851.05	773.13	734.16	2,132.70	1,954.07	1,775.46	1,686.15	2,311.30	2,118.41	1,925.50	1,829.05
85	1,010.99	926.92	842.85	799.78	2,322.03	2,129.11	1,936.20	1,839.76	2,518.50	2,307.75	2,096.97	1,993.37
86	1,101.23	1,010.99	918.72	871.56	2,532.80	2,322.03	2,111.25	2,004.08	2,743.55	2,514.94	2,286.31	2,172.00
87	1,201.72	1,101.23	1,000.74	951.52	2,761.42	2,529.23	2,300.59	2,186.28	2,990.06	2,743.55	2,493.50	2,368.46
88	1,308.35	1,199.66	1,090.97	1,035.61	3,007.91	2,757.83	2,507.78	2,382.74	3,261.55	2,990.06	2,718.57	2,582.81
89	1,427.29	1,308.35	1,189.41	1,129.94	3,279.40	3,004.34	2,732.85	2,597.10	3,554.48	3,257.98	2,961.49	2,815.00
90	1,554.44	1,425.24	1,296.06	1,230.43	3,575.93	3,275.83	2,979.34	2,829.29	3,872.43	3,550.91	3,229.41	3,065.08
91	1,695.94	1,554.44	1,412.95	1,341.17	3,897.43	3,572.34	3,247.26	3,082.92	4,222.50	3,868.86	3,518.75	3,343.70
92	1,847.70	1,693.89	1,540.09	1,462.16	4,247.52	3,893.84	3,540.20	3,361.57	4,601.18	4,218.93	3,836.70	3,643.79
93	2,013.80	1,845.65	1,679.54	1,595.45	4,629.75	4,243.95	3,858.13	3,665.24	5,015.57	4,597.59	4,179.65	3,972.46
94	2,196.31	2,011.75	1,829.23	1,739.01	5,044.14	4,626.19	4,204.65	3,993.87	5,469.27	5,012.00	4,588.33	4,329.69

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay 10 Individual 1825 x Daily Maximum											
	No BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	215.80	197.82	179.84	170.85	563.87	516.89	469.90	454.24	767.49	704.85	642.21	610.87
25-29	207.53	190.93	174.34	166.03	563.99	520.61	462.76	448.30	751.97	694.15	636.28	592.91
30-34	208.70	193.23	177.78	170.06	565.52	511.66	471.28	444.35	754.04	700.18	632.85	605.94
35-39	207.58	193.27	171.79	164.64	561.10	511.22	461.35	448.88	760.59	698.25	623.44	598.50
40-44	210.76	190.99	171.24	164.65	550.70	504.81	458.90	435.97	745.73	688.37	619.52	596.58
45	199.40	180.70	168.24	155.77	531.87	488.46	445.03	423.31	716.38	662.10	596.98	575.30
46	195.60	183.37	165.05	158.93	521.76	479.19	436.58	415.28	713.44	660.20	596.30	564.37
47	192.44	180.42	162.38	156.37	513.35	471.45	429.52	408.59	712.43	649.56	597.16	565.75
48	195.21	177.47	159.72	153.80	504.95	463.72	422.49	401.90	711.05	649.19	587.38	556.46
49	190.66	173.33	155.99	150.21	493.16	452.90	412.63	392.51	694.45	644.10	583.74	553.56
50	186.76	169.77	152.80	147.15	483.07	443.62	404.18	384.48	690.08	630.92	571.78	542.21
51	189.06	172.38	155.69	150.13	494.01	455.27	406.83	387.46	687.72	629.63	571.50	542.44
52	185.03	174.15	157.83	146.94	492.97	455.08	417.14	388.69	682.59	625.73	568.83	540.40
53	185.65	169.74	153.83	148.52	498.94	452.76	415.80	397.33	674.52	619.09	563.62	535.91
54	187.40	171.79	156.17	145.76	498.75	462.48	417.14	399.01	671.05	616.63	562.23	535.04
55	188.23	172.96	152.63	147.54	505.15	460.83	416.51	398.80	664.66	611.49	549.46	522.86
56	194.56	179.60	164.64	154.65	530.11	486.68	443.22	417.14	686.56	634.38	573.57	547.14
57	202.90	188.42	169.09	164.26	547.01	504.95	462.87	437.63	706.92	648.02	589.09	555.42
58	210.30	196.28	177.58	168.24	569.84	521.01	472.17	447.75	716.38	659.42	594.28	569.84
59	215.80	197.82	179.84	170.85	579.53	532.55	485.57	462.07	728.37	665.69	603.05	571.72
60	221.25	203.88	186.53	177.86	596.98	544.08	498.75	468.53	733.02	672.57	612.10	581.88
61	233.18	216.21	195.02	186.53	620.36	568.66	516.96	494.80	768.05	701.57	642.52	605.57
62	243.15	222.54	201.94	193.69	646.13	595.85	538.42	516.89	796.86	732.27	660.48	631.75
63	252.18	232.17	212.15	200.14	669.40	613.62	557.84	529.93	822.82	753.07	683.35	648.48
64	262.91	243.29	219.75	207.98	697.24	642.54	581.03	553.69	854.45	779.25	710.91	678.71
65	270.20	247.36	224.53	213.11	715.98	656.33	596.65	563.48	875.09	802.17	729.24	689.47
66	286.67	272.87	247.05	235.99	777.21	713.00	648.76	616.63	931.40	854.31	777.21	738.68
67	321.21	292.66	267.68	253.40	833.11	758.50	690.13	659.03	982.31	901.50	820.67	777.16
68	343.57	315.81	284.57	270.70	882.65	810.10	737.55	701.28	1,033.79	949.15	864.52	822.19
69	362.03	331.86	301.69	284.94	928.45	852.55	776.64	735.77	1,074.43	986.86	899.27	852.55
70	378.38	346.02	316.92	300.74	968.94	890.06	805.55	766.11	1,115.40	1,019.64	929.50	878.80
71	423.25	388.77	354.28	335.47	1,070.48	977.61	890.23	846.54	1,212.47	1,114.15	1,010.39	961.24
72	464.60	428.16	388.70	367.43	1,163.76	1,063.26	968.03	920.42	1,306.57	1,200.80	1,089.71	1,036.82
73	501.95	458.18	417.33	396.90	1,240.43	1,133.68	1,032.00	981.16	1,382.76	1,270.93	1,154.01	1,098.09
74	535.75	490.64	445.51	422.97	1,311.50	1,203.44	1,095.35	1,041.33	1,458.86	1,340.97	1,218.16	1,154.32
75	561.90	513.26	467.35	443.03	1,369.40	1,256.49	1,143.52	1,087.04	1,515.28	1,388.23	1,265.89	1,199.99
76	612.20	560.54	508.87	485.63	1,480.44	1,358.92	1,232.95	1,174.44	1,624.42	1,489.44	1,354.44	1,286.95
77	665.50	611.27	554.58	527.47	1,597.26	1,464.15	1,331.04	1,262.34	1,734.65	1,592.95	1,446.97	1,373.99
78	714.60	655.45	596.29	565.53	1,702.37	1,558.08	1,417.94	1,347.89	1,834.26	1,681.74	1,529.23	1,450.93
79	748.56	685.61	622.66	591.20	1,762.12	1,617.24	1,468.44	1,394.04	1,879.62	1,722.98	1,566.34	1,488.02
80	764.51	700.64	636.74	604.81	1,802.94	1,654.55	1,502.46	1,428.25	1,925.36	1,765.83	1,602.62	1,524.70
81	787.47	721.85	656.22	623.42	1,857.62	1,704.01	1,546.83	1,471.80	1,982.66	1,818.32	1,654.01	1,568.27
82	846.94	777.22	705.44	670.58	1,996.94	1,829.05	1,664.71	1,582.55	2,132.70	1,954.07	1,775.46	1,686.15
83	914.61	838.74	762.87	723.91	2,157.69	1,975.52	1,796.67	1,707.60	2,300.59	2,111.25	1,918.34	1,821.91
84	992.54	910.52	828.49	785.42	2,339.89	2,143.41	1,950.48	1,854.05	2,497.09	2,289.88	2,082.68	1,979.09
85	1,082.77	992.54	902.31	857.20	2,550.64	2,339.89	2,125.54	2,018.37	2,722.14	2,497.09	2,268.43	2,154.14
86	1,179.15	1,080.72	982.29	933.07	2,779.27	2,547.08	2,318.45	2,200.56	2,968.61	2,722.14	2,472.05	2,350.60
87	1,285.80	1,179.15	1,072.52	1,017.16	3,029.36	2,779.27	2,525.66	2,400.62	3,236.55	2,965.04	2,697.12	2,561.37
88	1,402.69	1,285.80	1,168.90	1,109.43	3,304.43	3,029.36	2,754.29	2,614.97	3,525.91	3,232.98	2,936.47	2,790.00
89	1,527.78	1,400.64	1,273.50	1,209.92	3,600.91	3,300.85	3,000.77	2,850.73	3,843.83	3,522.34	3,204.37	3,043.64
90	1,665.18	1,525.73	1,388.33	1,318.60	3,926.00	3,597.37	3,272.26	3,107.94	4,190.36	3,840.26	3,490.18	3,315.13
91	1,814.88	1,663.12	1,513.42	1,437.55	4,276.09	3,922.44	3,565.19	3,386.59	4,565.45	4,186.78	3,804.53	3,615.22
92	1,978.93	1,812.83	1,648.78	1,566.74	4,661.92	4,272.52	3,886.72	3,690.24	4,976.27	4,561.88	4,147.51	3,940.30
93	2,157.35	1,976.88	1,796.43	1,708.25	5,083.45	4,658.33	4,236.79	4,022.47	5,426.38	4,972.70	4,522.60	4,293.96
94	2,350.12	2,155.29	1,958.43	1,862.05	5,540.69	5,079.86	4,615.46	4,386.84	5,912.23	5,419.24	4,926.25	4,679.78

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay 10 Individual 2190 x Daily Maximum											
	No BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	224.79	206.81	188.83	179.84	610.87	563.87	516.89	485.57	814.51	751.83	673.53	642.21
25-29	224.14	207.53	190.93	174.34	607.37	563.99	506.14	491.68	809.82	737.53	665.22	636.28
30-34	224.15	208.70	185.51	177.78	619.39	565.52	511.66	484.75	807.90	740.58	673.25	632.85
35-39	221.90	207.58	186.11	178.95	610.97	561.10	511.22	486.28	810.48	735.65	673.32	635.90
40-44	223.92	204.17	184.40	177.81	608.05	550.70	504.81	481.85	791.60	734.25	665.41	631.00
45	211.86	193.16	180.70	168.24	586.15	531.87	488.46	455.88	770.66	705.54	640.41	607.85
46	207.83	195.60	177.28	165.05	575.02	521.76	479.19	447.22	756.01	702.79	638.91	606.95
47	210.49	192.44	174.42	162.38	565.75	513.35	471.45	450.50	754.30	691.45	628.58	597.16
48	207.04	189.30	171.56	165.63	556.46	504.95	463.72	443.10	752.25	690.42	628.58	597.68
49	202.21	184.88	167.54	161.78	543.49	493.16	452.90	432.78	734.69	674.29	613.93	583.74
50	198.07	181.10	164.11	158.46	532.36	483.07	443.62	423.92	729.51	670.36	611.22	581.64
51	200.19	183.50	166.82	155.69	542.44	494.01	445.59	426.20	726.48	668.39	610.26	571.50
52	195.92	179.60	163.26	157.83	540.40	492.97	455.08	426.62	720.51	663.61	597.26	568.83
53	196.25	180.34	164.43	153.83	545.16	498.94	452.76	434.26	711.49	646.80	591.37	563.62
54	197.82	182.21	161.38	156.17	553.17	498.75	453.43	435.29	707.32	643.86	589.44	562.23
55	193.31	178.05	162.79	152.63	549.46	505.15	460.83	434.25	700.11	638.08	584.91	549.46
56	204.55	189.57	169.61	164.64	582.26	530.11	486.68	460.58	729.99	669.15	608.32	573.57
57	212.56	198.07	178.75	169.09	605.94	555.42	504.95	479.68	749.01	681.68	622.75	589.09
58	219.64	200.94	182.25	172.92	618.71	569.84	521.01	488.46	765.24	700.11	634.99	602.40
59	224.79	206.81	188.83	179.84	634.37	579.53	532.55	501.23	775.35	712.70	650.03	610.87
60	229.92	212.56	190.88	182.21	649.89	596.98	544.08	513.87	785.90	725.47	657.45	627.21
61	245.90	224.69	203.49	195.02	679.41	620.36	561.25	539.10	827.14	760.66	686.82	657.26
62	259.63	234.90	214.30	206.06	703.56	638.93	581.50	552.79	861.49	789.70	717.90	682.01
63	268.19	248.17	224.15	212.15	718.21	662.43	599.68	571.78	885.58	815.83	739.11	704.27
64	282.52	258.98	235.44	223.66	745.07	683.54	622.03	594.70	922.81	847.62	765.57	731.41
65	293.04	266.39	243.56	232.15	762.37	702.74	636.42	603.29	948.03	868.46	788.92	749.13
66	320.80	294.99	265.49	254.43	828.62	757.94	693.73	655.17	1,008.46	924.95	841.46	796.51
67	346.19	317.64	285.52	271.24	889.06	814.45	739.86	702.55	1,063.16	976.09	889.06	845.55
68	367.87	340.11	308.87	291.51	949.15	870.55	791.97	749.63	1,118.42	1,027.73	937.04	888.68
69	388.85	358.68	325.16	308.40	998.53	916.78	829.21	788.32	1,167.89	1,068.61	969.35	922.62
70	407.47	375.12	339.56	323.38	1,042.15	952.04	867.52	822.47	1,205.53	1,104.13	1,002.75	952.04
71	457.74	416.98	379.36	360.56	1,152.39	1,054.07	961.24	912.08	1,316.24	1,207.00	1,097.77	1,043.18
72	501.05	458.53	419.05	397.80	1,253.70	1,147.89	1,042.10	989.19	1,412.38	1,296.00	1,179.63	1,121.45
73	536.98	493.20	449.42	426.08	1,337.02	1,225.18	1,113.33	1,057.39	1,494.62	1,372.61	1,245.50	1,184.51
74	575.23	527.29	479.36	453.98	1,419.56	1,301.67	1,183.79	1,119.93	1,576.74	1,444.10	1,311.50	1,247.64
75	602.42	553.79	502.47	478.16	1,482.34	1,355.29	1,232.95	1,171.76	1,637.65	1,501.17	1,364.70	1,294.10
76	658.69	601.87	547.61	521.80	1,597.41	1,466.92	1,331.92	1,264.43	1,750.41	1,606.42	1,457.93	1,385.92
77	714.79	655.64	596.48	566.90	1,726.06	1,580.08	1,438.39	1,365.40	1,872.04	1,717.47	1,558.60	1,481.33
78	769.02	705.12	641.24	608.11	1,838.38	1,685.87	1,533.36	1,455.04	1,978.53	1,813.65	1,648.77	1,566.34
79	804.74	737.31	669.87	636.16	1,903.10	1,742.54	1,585.92	1,507.61	2,028.40	1,860.02	1,691.66	1,605.51
80	822.03	753.88	685.72	651.66	1,947.63	1,784.38	1,621.17	1,543.26	2,073.75	1,903.10	1,728.73	1,643.40
81	846.94	777.22	705.44	670.58	2,007.66	1,839.76	1,671.87	1,589.68	2,139.82	1,961.21	1,782.59	1,693.28
82	910.52	834.64	758.76	721.85	2,157.69	1,975.52	1,796.87	1,707.60	2,297.00	2,107.68	1,914.79	1,818.32
83	984.34	902.31	820.29	779.27	2,329.16	2,136.27	1,939.79	1,843.33	2,482.77	2,275.59	2,068.40	1,964.80
84	1,068.43	978.19	890.01	844.89	2,525.66	2,314.87	2,107.68	2,000.53	2,693.55	2,468.48	2,243.42	2,132.70
85	1,162.75	1,066.37	969.99	920.78	2,754.29	2,525.66	2,297.00	2,179.12	2,936.47	2,689.96	2,447.07	2,325.60
86	1,269.39	1,162.75	1,056.12	1,004.85	3,000.77	2,750.71	2,500.62	2,375.62	3,200.84	2,932.88	2,668.55	2,532.80
87	1,382.18	1,267.33	1,152.50	1,095.08	3,272.26	3,000.77	2,725.69	2,589.94	3,490.18	3,197.25	2,907.90	2,761.42
88	1,507.27	1,382.18	1,255.04	1,193.52	3,568.77	3,268.71	2,972.18	2,825.72	3,800.97	3,486.61	3,168.68	3,011.50
89	1,642.62	1,505.22	1,367.82	1,300.15	3,886.72	3,565.19	3,240.10	3,079.37	4,143.92	3,800.97	3,454.46	3,279.40
90	1,790.27	1,640.58	1,492.93	1,417.04	4,236.79	3,886.72	3,533.04	3,354.45	4,519.01	4,140.35	3,765.26	3,575.93
91	1,952.28	1,788.23	1,626.22	1,544.18	4,619.03	4,233.23	3,850.99	3,658.08	4,922.68	4,515.44	4,104.62	3,897.43
92	2,126.59	1,950.23	1,771.81	1,683.63	5,037.01	4,615.46	4,197.51	3,986.74	5,365.67	4,919.13	4,472.59	4,247.52
93	2,319.36	2,124.55	1,931.77	1,835.39	5,487.13	5,029.85	4,572.61	4,343.97	5,851.48	5,362.09	4,876.24	4,633.32
94	2,526.48	2,317.31	2,106.08	2,001.50	5,983.68	5,483.55	4,987.00	4,736.92	6,376.64	5,844.36	5,315.63	5,047.72

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay 10 Individual											
	No BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	251.76	233.78	206.81	197.82	689.19	626.55	563.87	548.21	908.47	830.17	751.83	720.51
25-29	249.04	232.43	207.53	199.24	679.68	621.84	563.99	535.06	896.59	824.28	751.97	708.59
30-34	247.35	231.88	208.70	200.98	686.71	619.39	565.52	538.61	902.15	821.35	754.04	713.63
35-39	250.52	229.05	207.58	200.42	673.32	623.44	561.10	536.15	897.76	822.96	748.12	710.72
40-44	243.68	223.92	204.17	197.58	665.41	619.52	562.18	527.74	883.40	814.56	734.25	699.85
45	236.78	218.09	199.40	186.93	651.26	596.98	542.70	510.14	857.50	781.51	705.54	672.99
46	232.28	213.95	195.60	183.37	638.91	585.64	532.42	500.46	841.23	777.32	702.79	670.83
47	228.53	210.49	192.44	180.42	628.58	576.20	523.84	492.39	838.13	764.79	701.94	660.01
48	230.71	207.04	189.30	183.37	618.29	566.76	515.25	484.33	834.68	762.56	690.42	659.52
49	225.32	202.21	184.88	179.11	603.86	553.56	503.21	473.02	825.27	754.84	684.38	654.17
50	220.71	203.73	181.10	175.43	591.51	542.21	492.92	463.34	808.38	739.37	680.22	640.78
51	222.42	200.19	183.50	172.38	600.57	552.13	494.01	474.64	803.99	736.17	668.39	639.31
52	217.69	201.37	185.03	174.15	597.26	549.86	502.46	474.02	796.37	729.99	663.61	635.19
53	217.47	201.56	180.34	175.03	600.59	554.41	498.94	480.48	785.42	720.74	656.05	619.09
54	218.64	197.82	182.21	171.79	607.59	562.23	507.81	480.62	779.88	716.38	652.92	616.63
55	218.75	198.40	178.05	172.96	611.49	558.31	505.15	487.41	771.03	708.98	646.94	611.49
56	229.48	209.52	189.57	179.60	643.09	590.96	538.80	512.74	808.20	738.68	669.15	643.09
57	236.72	217.39	198.07	188.42	673.25	614.33	555.42	530.20	833.15	757.39	690.08	656.40
58	243.00	224.31	205.62	191.61	691.97	634.99	578.00	545.44	846.65	781.51	708.26	675.67
59	251.76	229.29	206.81	197.82	704.85	650.03	587.38	556.06	861.49	791.01	720.51	681.35
60	255.94	234.25	212.56	203.88	717.90	657.45	596.98	566.76	876.59	801.02	725.47	695.25
61	271.32	250.13	224.69	216.21	753.29	686.82	627.73	598.20	915.77	841.89	768.05	723.73
62	284.35	263.75	239.02	226.67	775.35	710.72	646.13	617.42	954.83	875.86	796.86	753.78
63	300.22	272.19	248.17	236.16	801.89	732.16	669.40	634.52	983.20	906.48	822.82	780.99
64	313.91	286.45	262.91	247.21	827.12	758.75	690.41	656.21	1,025.34	936.46	854.45	813.43
65	323.47	296.83	270.20	258.79	848.58	775.64	709.34	669.57	1,047.46	961.27	875.09	828.69
66	353.98	324.48	294.99	280.24	918.54	841.46	764.39	725.82	1,117.65	1,027.73	931.40	886.42
67	381.89	349.76	317.64	303.36	988.53	901.50	820.67	783.38	1,181.29	1,081.82	982.31	932.58
68	409.50	374.81	340.11	326.22	1,051.92	967.30	876.59	834.26	1,245.36	1,142.60	1,039.82	985.43
69	432.43	395.55	362.03	341.91	1,109.48	1,016.06	922.62	875.91	1,296.36	1,185.38	1,080.30	1,021.89
70	452.73	413.93	378.36	358.96	1,154.84	1,059.05	963.29	912.60	1,335.09	1,228.04	1,115.40	1,059.05
71	507.91	464.01	423.25	401.30	1,278.00	1,168.76	1,065.01	1,010.39	1,458.23	1,338.08	1,217.92	1,152.39
72	555.70	510.15	464.60	440.31	1,391.21	1,274.83	1,158.46	1,100.28	1,571.07	1,438.82	1,306.57	1,243.11
73	598.25	548.64	499.03	472.77	1,484.46	1,357.35	1,235.34	1,174.35	1,662.37	1,520.02	1,382.76	1,316.67
74	637.26	583.68	532.93	504.73	1,571.82	1,444.10	1,311.50	1,247.64	1,748.65	1,606.23	1,458.86	1,385.19
75	669.95	613.23	559.19	529.47	1,642.36	1,505.87	1,369.40	1,298.82	1,816.47	1,665.89	1,515.28	1,440.01
76	731.02	669.02	607.04	578.61	1,777.41	1,628.93	1,480.44	1,403.93	1,943.92	1,781.91	1,619.92	1,538.94
77	793.67	727.12	660.57	628.52	1,914.98	1,756.11	1,597.26	1,515.66	2,078.14	1,906.39	1,730.35	1,644.48
78	854.20	783.22	712.23	676.73	2,040.35	1,871.36	1,698.24	1,615.79	2,196.99	2,011.50	1,830.13	1,739.46
79	892.42	818.23	744.05	705.83	2,110.64	1,938.36	1,762.12	1,672.06	2,251.59	2,063.64	1,875.68	1,781.72
80	913.59	836.93	760.26	721.93	2,162.78	1,981.02	1,802.94	1,710.17	2,303.76	2,110.83	1,921.64	1,825.20
81	941.29	861.31	783.38	744.40	2,225.56	2,039.79	1,857.62	1,764.73	2,375.62	2,175.55	1,979.09	1,879.06
82	1,010.99	926.92	842.85	799.78	2,393.47	2,193.40	1,993.37	1,896.93	2,550.64	2,339.89	2,125.54	2,021.94
83	1,090.97	1,000.74	910.52	863.34	2,586.36	2,368.46	2,154.14	2,046.95	2,757.83	2,525.66	2,297.00	2,182.71
84	1,185.32	1,086.88	986.39	937.18	2,804.29	2,572.08	2,336.32	2,222.01	2,990.06	2,739.97	2,493.50	2,368.46
85	1,291.95	1,183.26	1,076.63	1,021.25	3,057.92	2,804.29	2,547.08	2,422.04	3,261.55	2,986.47	2,714.98	2,579.24
86	1,406.78	1,289.90	1,173.01	1,113.54	3,333.00	3,054.35	2,779.27	2,639.95	3,554.48	3,257.98	2,961.49	2,811.43
87	1,533.93	1,406.78	1,277.59	1,214.02	3,633.06	3,329.41	3,029.36	2,875.75	3,872.43	3,550.91	3,225.82	3,065.08
88	1,671.32	1,531.89	1,392.44	1,324.77	3,961.73	3,629.51	3,300.85	3,136.51	4,222.50	3,868.86	3,518.75	3,343.70
89	1,823.08	1,671.32	1,519.58	1,443.71	4,315.40	3,958.17	3,597.37	3,418.73	4,601.18	4,218.93	3,833.13	3,643.79
90	1,987.13	1,821.03	1,654.92	1,572.89	4,704.78	4,311.82	3,922.44	3,725.95	5,015.57	4,597.59	4,179.65	3,972.46
91	2,165.55	1,985.10	1,804.63	1,714.39	5,129.88	4,701.19	4,272.52	4,061.77	5,465.70	5,012.00	4,554.74	4,329.69
92	2,360.38	2,163.51	1,966.64	1,868.21	5,590.71	5,122.75	4,658.33	4,426.13	5,958.67	5,462.11	4,965.55	4,719.06
93	2,573.65	2,358.32	2,143.00	2,036.35	6,094.42	5,587.15	5,076.29	4,822.66	6,494.52	5,955.10	5,412.10	5,140.61
94	2,803.33	2,571.59	2,337.82	2,220.93	6,640.97	6,087.28	5,533.57	5,258.49	7,080.39	6,490.95	5,901.50	5,605.02

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay 10 Individual 3650 x Daily Maximum											
	No BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	269.75	242.77	224.79	215.80	736.17	673.53	610.87	579.53	971.11	892.81	798.81	767.49
25-29	265.65	249.04	224.14	215.84	723.05	665.22	607.37	578.43	954.44	882.13	795.34	766.45
30-34	270.54	247.35	224.15	208.70	727.11	673.25	605.94	578.99	956.01	875.22	794.44	754.04
35-39	264.84	243.37	221.90	214.74	723.19	660.85	598.50	573.57	960.10	872.83	798.03	760.59
40-44	263.43	243.68	217.33	210.76	722.77	653.93	596.58	573.64	940.75	871.92	791.60	745.73
45	255.47	230.55	211.86	199.40	694.69	629.54	575.30	542.70	911.78	835.78	759.81	727.25
46	250.62	226.18	207.83	195.60	681.49	617.61	564.37	543.07	905.11	830.59	756.01	713.44
47	246.57	228.53	204.48	192.44	670.50	618.13	555.26	534.32	900.98	827.66	743.83	712.43
48	242.53	224.79	201.13	195.21	659.52	607.99	546.15	525.54	886.21	814.09	741.95	700.72
49	236.87	219.54	196.44	190.66	644.10	593.80	533.40	513.28	875.62	805.15	734.69	694.45
50	237.68	215.05	198.07	186.76	630.92	581.64	522.48	502.78	867.52	798.52	719.66	690.08
51	233.54	216.87	194.62	189.06	639.31	581.18	532.74	503.72	862.10	794.30	716.80	687.72
52	234.01	217.69	195.92	185.03	644.66	587.79	540.40	511.94	853.23	786.88	711.05	673.11
53	233.38	212.16	196.25	185.65	646.80	591.37	535.91	508.19	840.85	776.17	702.24	665.27
54	234.25	213.43	192.60	182.21	652.92	598.50	544.08	516.89	834.26	770.80	698.25	661.98
55	234.01	213.66	193.31	183.14	655.81	602.63	549.46	514.01	824.19	762.16	691.26	655.81
56	244.44	224.49	204.55	194.56	686.56	634.38	573.57	547.49	860.36	790.83	721.31	686.56
57	256.04	231.88	212.56	202.90	715.33	656.40	597.51	563.85	892.06	816.32	740.58	706.92
58	261.70	238.34	219.64	205.62	740.82	675.67	618.71	586.15	911.78	830.36	757.09	716.38
59	265.25	247.27	211.31	205.62	751.83	689.19	626.55	595.21	924.13	845.83	767.49	728.37
60	273.29	251.60	225.58	216.90	770.80	710.35	642.35	612.10	937.04	861.49	778.36	740.58
61	292.52	267.08	241.65	228.93	804.98	738.52	672.05	635.13	982.23	900.98	819.77	775.45
62	304.97	280.24	255.52	243.15	832.78	760.98	696.38	660.48	1,019.42	933.28	847.12	811.23
63	320.23	292.21	268.19	252.18	857.66	787.94	711.24	676.37	1,052.92	969.25	878.58	836.75
64	337.46	306.06	278.60	266.83	888.63	813.43	738.24	704.05	1,093.68	1,004.84	915.96	868.13
65	346.32	319.68	289.23	274.00	908.23	828.69	755.75	715.98	1,120.37	1,027.57	934.76	888.35
66	379.80	346.60	317.11	302.36	982.78	905.68	822.19	777.21	1,194.75	1,098.38	995.61	950.66
67	410.44	374.74	342.62	324.78	1,056.94	969.91	882.85	833.11	1,262.10	1,156.41	1,050.72	1,000.97
68	437.28	402.57	364.40	347.05	1,124.48	1,033.79	937.04	894.74	1,330.02	1,221.19	1,112.37	1,051.92
69	462.59	425.72	385.49	365.38	1,185.38	1,086.14	986.86	940.16	1,383.95	1,267.17	1,156.22	1,097.81
70	485.08	443.03	404.23	384.82	1,233.68	1,132.30	1,030.90	980.21	1,430.86	1,312.58	1,194.25	1,132.30
71	542.40	498.51	451.47	429.52	1,365.40	1,250.70	1,141.46	1,081.40	1,562.02	1,430.93	1,299.86	1,234.33
72	585.19	546.60	494.97	470.68	1,486.43	1,364.79	1,237.81	1,179.63	1,682.16	1,539.34	1,401.80	1,327.73
73	639.11	586.59	534.06	504.87	1,586.13	1,453.94	1,321.76	1,255.69	1,774.23	1,626.78	1,479.36	1,408.20
74	682.37	625.98	569.59	541.39	1,684.81	1,542.37	1,404.84	1,331.15	1,871.47	1,714.28	1,562.02	1,483.42
75	715.88	656.44	597.02	567.30	1,759.99	1,614.12	1,463.54	1,392.94	1,943.53	1,783.53	1,618.82	1,538.81
76	780.09	715.52	650.94	617.37	1,898.90	1,741.43	1,583.93	1,502.93	2,083.40	1,907.91	1,732.42	1,646.92
77	850.36	778.88	707.40	672.89	2,048.09	1,876.34	1,708.88	1,623.00	2,224.13	2,039.50	1,854.86	1,760.41
78	913.35	837.64	761.92	724.07	2,184.62	2,003.25	1,817.78	1,727.07	2,349.51	2,151.67	1,957.92	1,858.99
79	955.36	874.44	795.75	755.29	2,259.44	2,071.48	1,883.52	1,789.52	2,408.23	2,208.53	2,008.84	1,907.00
80	977.48	894.42	813.49	773.05	2,311.16	2,121.97	1,929.07	1,832.60	2,466.97	2,259.22	2,055.19	1,951.32
81	1,006.90	922.81	838.74	795.67	2,382.74	2,186.28	1,986.21	1,886.19	2,539.94	2,329.16	2,118.41	2,011.23
82	1,080.72	992.54	902.31	857.20	2,561.37	2,347.01	2,136.27	2,029.10	2,729.26	2,504.21	2,275.59	2,161.26
83	1,168.90	1,070.47	974.09	924.87	2,768.58	2,536.35	2,304.16	2,189.83	2,950.76	2,704.28	2,457.77	2,336.32
84	1,267.33	1,162.75	1,056.12	1,002.79	3,000.77	2,750.71	2,500.62	2,375.62	3,200.84	2,932.88	2,668.55	2,532.80
85	1,382.18	1,267.33	1,150.45	1,093.03	3,272.26	3,000.77	2,725.69	2,589.94	3,486.61	3,197.25	2,907.90	2,761.42
86	1,505.22	1,380.13	1,255.04	1,191.46	3,565.19	3,268.71	2,972.18	2,822.16	3,800.97	3,486.61	3,168.68	3,011.50
87	1,640.58	1,505.22	1,367.82	1,300.15	3,886.72	3,565.19	3,240.10	3,079.37	4,143.92	3,797.40	3,454.46	3,279.40
88	1,790.27	1,640.58	1,490.87	1,417.04	4,236.79	3,883.14	3,533.04	3,354.45	4,519.01	4,140.35	3,765.26	3,575.93
89	1,950.23	1,788.23	1,626.22	1,544.18	4,619.03	4,233.23	3,850.99	3,658.08	4,922.68	4,511.87	4,104.62	3,897.43
90	2,126.59	1,948.17	1,771.81	1,683.63	5,033.44	4,615.46	4,197.51	3,986.74	5,365.67	4,919.13	4,472.59	4,247.52
91	2,317.31	2,124.55	1,931.77	1,835.39	5,487.13	5,029.85	4,572.61	4,343.97	5,851.48	5,362.09	4,876.24	4,629.75
92	2,526.48	2,315.25	2,104.04	1,999.44	5,983.68	5,483.55	4,983.43	4,736.92	6,376.64	5,844.36	5,315.63	5,047.72
93	2,752.06	2,524.43	2,294.74	2,179.91	6,519.52	5,976.52	5,433.54	5,162.02	6,951.78	6,373.05	5,790.77	5,501.41
94	3,000.20	2,750.01	2,499.81	2,374.72	7,105.37	6,515.97	5,922.94	5,626.43	7,576.95	6,944.64	6,312.31	5,997.97

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 164% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay 10 Individual											
	No BIO				Unlimited				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	305.71	278.74	251.76	242.77	1,234.38	1,139.40	1,044.46	973.26	1,637.91	1,495.51	1,376.79	1,305.59
25-29	298.86	273.94	249.04	240.74	1,227.28	1,139.61	1,030.05	966.20	1,621.75	1,490.28	1,358.78	1,293.02
30-34	301.45	278.27	247.35	239.62	1,244.76	1,122.34	1,020.31	979.49	1,632.47	1,489.67	1,367.20	1,285.60
35-39	300.63	272.00	250.52	236.21	1,228.29	1,133.77	1,020.41	982.61	1,625.10	1,492.84	1,360.55	1,284.97
40-44	296.36	270.02	243.68	230.51	1,217.07	1,112.76	1,008.43	956.29	1,599.60	1,477.90	1,338.80	1,269.26
45	286.63	261.70	236.78	224.31	1,167.94	1,069.25	986.99	937.65	1,546.30	1,414.70	1,283.09	1,233.75
46	281.18	256.73	232.28	220.06	1,145.73	1,065.08	968.27	919.83	1,533.07	1,403.98	1,274.88	1,210.31
47	276.64	252.59	228.53	216.51	1,127.28	1,047.90	952.62	904.99	1,524.20	1,397.19	1,270.18	1,206.69
48	272.11	248.46	224.79	218.88	1,108.80	1,030.71	937.02	890.18	1,514.86	1,389.93	1,264.96	1,202.52
49	265.77	242.66	225.32	213.77	1,098.19	1,006.68	915.16	869.40	1,494.74	1,372.75	1,235.47	1,174.43
50	260.32	243.35	220.71	209.40	1,075.72	986.07	896.44	851.58	1,479.06	1,344.63	1,225.09	1,165.35
51	261.35	239.10	216.87	211.31	1,086.31	998.26	895.46	851.43	1,468.02	1,350.54	1,218.44	1,159.73
52	261.24	239.46	217.69	206.81	1,091.93	1,005.71	905.15	862.07	1,451.13	1,336.21	1,206.90	1,149.40
53	259.91	238.69	217.47	206.87	1,092.27	1,008.22	910.19	868.19	1,428.35	1,316.30	1,190.30	1,134.28
54	260.29	239.46	218.64	208.23	1,099.45	1,016.98	920.81	879.54	1,415.54	1,305.59	1,181.90	1,126.94
55	259.45	239.10	218.75	203.49	1,114.77	1,020.73	926.72	873.00	1,410.21	1,289.32	1,168.49	1,114.77
56	274.38	249.43	229.48	214.52	1,172.16	1,079.97	974.61	921.91	1,461.93	1,343.96	1,224.83	1,158.96
57	285.03	260.87	236.72	227.06	1,211.60	1,109.59	1,007.56	956.55	1,504.96	1,377.42	1,262.63	1,198.85
58	294.42	271.05	243.00	233.67	1,258.41	1,147.37	1,048.69	986.99	1,542.18	1,418.79	1,283.09	1,221.42
59	301.21	274.24	251.76	238.28	1,281.85	1,175.04	1,068.20	1,020.73	1,566.71	1,436.13	1,305.59	1,234.38
60	308.01	281.97	255.94	242.93	1,305.59	1,202.52	1,087.97	1,042.17	1,591.89	1,454.46	1,328.47	1,259.78
61	326.44	296.76	271.32	258.61	1,365.43	1,253.52	1,141.62	1,085.65	1,667.64	1,533.34	1,387.85	1,320.69
62	342.05	313.20	284.35	272.00	1,414.38	1,294.71	1,175.04	1,120.63	1,729.89	1,588.44	1,447.04	1,370.87
63	360.26	328.23	300.22	284.19	1,458.28	1,331.48	1,215.27	1,151.83	1,785.91	1,637.94	1,490.04	1,416.04
64	376.70	345.31	313.91	298.23	1,502.08	1,377.79	1,253.50	1,191.30	1,864.66	1,709.27	1,553.90	1,471.01
65	388.17	357.73	323.47	308.26	1,537.17	1,406.57	1,286.02	1,215.69	1,908.90	1,748.16	1,587.43	1,507.04
66	424.04	390.86	353.98	335.54	1,674.37	1,528.32	1,392.05	1,323.91	2,034.54	1,859.33	1,693.80	1,606.20
67	456.84	421.15	381.89	364.05	1,790.24	1,639.49	1,488.70	1,422.75	2,148.25	1,969.26	1,790.24	1,696.02
68	492.80	451.15	409.50	388.70	1,914.82	1,749.95	1,594.19	1,511.72	2,263.01	2,070.58	1,887.34	1,786.57
69	519.58	476.01	432.43	408.97	2,008.86	1,840.71	1,672.57	1,592.95	2,354.01	2,159.31	1,955.74	1,858.43
70	543.28	498.00	452.73	430.09	2,100.15	1,920.89	1,750.16	1,656.20	2,433.16	2,228.21	2,023.32	1,920.89
71	608.24	558.07	504.78	479.69	2,317.55	2,127.18	1,936.81	1,837.49	2,648.63	2,433.45	2,209.94	2,094.07
72	665.02	610.37	555.70	528.37	2,525.24	2,316.81	2,100.36	1,996.16	2,853.95	2,613.47	2,372.96	2,260.71
73	714.98	656.62	595.34	566.16	2,688.84	2,465.39	2,241.97	2,134.12	3,012.40	2,765.88	2,511.64	2,388.36
74	764.15	702.12	637.26	606.25	2,858.51	2,620.31	2,382.10	2,263.01	3,178.61	2,910.63	2,650.08	2,516.10
75	802.32	734.78	667.25	634.83	2,981.06	2,738.60	2,488.99	2,360.61	3,294.88	3,023.88	2,745.73	2,610.22
76	875.67	800.76	728.44	692.28	3,225.58	2,952.79	2,686.83	2,550.48	3,532.45	3,239.23	2,946.00	2,795.94
77	951.41	872.54	793.67	754.23	3,474.77	3,188.46	2,895.66	2,752.49	3,774.09	3,461.75	3,142.92	2,986.74
78	1,022.20	937.02	851.84	809.24	3,704.37	3,398.23	3,085.90	2,935.97	3,985.45	3,654.39	3,323.28	3,154.64
79	1,067.75	980.09	890.17	845.21	3,839.59	3,519.12	3,198.68	3,038.43	4,088.83	3,750.57	3,406.37	3,240.23
80	1,094.61	1,003.03	911.47	866.74	3,924.23	3,598.16	3,272.07	3,109.05	4,182.84	3,834.28	3,485.70	3,311.43
81	1,125.84	1,033.56	939.23	892.07	4,044.19	3,708.54	3,372.84	3,199.60	4,309.43	3,952.13	3,594.84	3,416.16
82	1,211.97	1,109.43	1,008.96	959.74	4,347.34	3,984.63	3,621.90	3,443.25	4,634.28	4,249.90	3,860.10	3,670.60
83	1,308.35	1,199.66	1,090.97	1,035.61	4,693.84	4,304.04	3,914.25	3,719.34	5,007.87	4,590.99	4,174.13	3,962.98
84	1,419.09	1,300.15	1,183.26	1,123.79	5,094.46	4,672.17	4,244.49	4,033.34	5,430.11	4,980.78	4,525.99	4,298.63
85	1,546.24	1,419.09	1,289.90	1,224.28	5,554.67	5,089.02	4,628.87	4,396.08	5,922.76	5,424.72	4,932.07	4,688.43
86	1,685.69	1,546.24	1,404.75	1,335.02	6,052.70	5,549.23	5,045.73	4,791.28	6,453.35	5,917.40	5,375.96	5,110.72
87	1,837.45	1,685.69	1,531.89	1,456.00	6,599.50	6,047.32	5,500.52	5,224.38	7,032.64	6,447.94	5,863.26	5,570.88
88	2,003.55	1,837.45	1,669.29	1,585.20	7,189.64	6,594.11	5,993.17	5,695.40	7,666.03	7,027.23	6,388.40	6,068.96
89	2,184.00	2,001.50	1,818.99	1,728.76	7,839.32	7,184.23	6,534.55	6,204.32	8,359.03	7,660.65	6,962.29	6,615.76
90	2,380.89	2,181.96	1,983.04	1,884.61	8,543.12	7,833.88	7,119.24	6,767.35	9,111.56	8,348.21	7,590.24	7,211.29
91	2,594.15	2,378.83	2,161.46	2,054.82	9,311.86	8,537.71	7,763.53	7,373.73	9,929.09	9,100.71	8,272.41	7,860.97
92	2,827.93	2,592.10	2,356.27	2,239.38	10,151.04	9,306.45	8,461.91	8,039.62	10,822.34	9,918.24	9,019.51	8,570.18
93	3,082.22	2,825.88	2,569.54	2,440.34	11,065.98	10,145.60	9,219.86	8,759.65	11,796.87	10,811.54	9,831.60	9,338.95
94	3,361.12	3,080.18	2,799.22	2,659.77	12,062.16	11,055.13	10,053.60	9,550.09	12,857.96	11,786.02	10,714.07	10,178.10

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay to 65 Individual											
	No BIO				730 x Daily Maximum				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	5% Simple BIO				0 EP	30 EP	90 EP	180 EP
18-24	34.51	32.04	29.58	27.11	94.47	85.88	77.29	72.99	128.80	115.93	107.34	103.06
25-29	40.81	38.09	35.38	32.66	113.75	104.29	94.80	90.06	151.68	137.46	127.98	118.51
30-34	55.21	51.76	48.32	44.86	156.27	138.25	126.23	120.22	204.39	192.37	174.34	162.30
35-39	73.47	65.30	61.23	57.15	191.99	177.75	163.54	156.41	263.08	241.74	220.42	206.20
40-44	86.17	77.10	72.57	68.03	237.00	213.31	197.51	181.71	316.03	292.31	260.71	252.80
45	89.92	85.18	75.71	70.99	247.33	230.83	206.10	197.84	337.98	305.02	280.31	263.81
46	95.43	85.89	76.35	71.57	249.37	232.73	207.80	199.49	340.82	315.89	282.64	274.33
47	95.83	86.25	76.66	76.66	250.41	233.71	208.69	200.31	350.56	317.18	292.13	275.46
48	96.62	86.96	82.13	77.29	260.90	235.62	210.40	201.97	353.45	328.23	294.55	277.71
49	97.80	92.92	83.14	78.24	264.09	238.51	221.48	204.44	366.31	332.23	306.66	289.62
50	103.52	93.66	83.80	78.87	266.21	240.45	223.27	206.10	369.25	343.49	309.15	291.98
51	103.93	94.04	84.14	79.19	267.28	250.03	224.16	215.54	379.36	344.86	319.00	301.77
52	104.77	94.78	89.79	84.81	278.09	252.03	225.94	217.28	391.06	356.33	321.56	312.86
53	105.59	100.57	90.50	85.48	280.31	254.02	236.48	218.97	402.92	367.88	332.84	315.34
54	111.06	100.96	90.87	85.81	290.18	263.81	237.42	228.64	413.29	378.12	342.95	325.35
55	111.93	101.75	91.58	86.49	292.45	265.88	239.30	230.43	425.38	389.93	354.48	336.75



## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay to 65 Individual											
	No BIO				1095 x Daily Maximum				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	46.83	41.90	39.44	36.97	120.22	111.63	103.06	94.47	163.16	150.28	133.11	128.80
25-29	54.42	51.70	46.26	43.54	142.22	132.72	118.51	113.75	194.34	175.38	161.17	151.68
30-34	75.92	69.01	62.11	58.67	198.36	180.33	162.30	156.27	264.51	240.45	216.39	210.40
35-39	97.96	89.79	81.64	77.55	248.86	227.54	206.20	199.08	334.19	305.74	277.31	263.08
40-44	113.38	104.31	95.24	90.71	300.23	276.51	252.80	237.00	395.02	363.42	331.82	316.03
45	123.05	113.57	99.38	94.64	321.50	288.53	263.81	255.55	428.69	387.46	354.48	337.98
46	124.06	114.52	104.98	100.20	324.20	290.95	266.02	257.68	432.26	390.01	365.77	340.82
47	124.58	114.99	105.42	100.63	325.53	300.50	267.08	258.76	442.38	409.00	367.28	350.56
48	125.61	115.94	106.29	101.45	328.23	302.95	269.30	260.90	454.44	412.37	378.69	361.88
49	132.04	117.36	107.58	102.70	332.23	306.66	281.12	264.09	468.53	425.94	391.85	366.31
50	133.10	123.24	108.45	103.52	334.90	309.15	283.39	266.21	480.90	437.96	395.02	377.84
51	133.64	123.73	113.84	108.88	344.86	319.00	284.50	275.90	491.44	448.34	405.22	387.98
52	139.69	124.73	114.74	109.75	356.33	330.23	295.46	278.09	504.05	460.58	417.14	399.75
53	140.79	130.73	120.68	110.62	367.88	341.59	306.56	289.05	508.04	472.99	429.21	402.92
54	146.39	131.25	121.15	116.10	378.12	342.95	316.57	299.00	518.82	474.83	439.66	413.29
55	147.54	137.37	122.10	117.01	389.93	354.48	327.90	310.16	531.73	487.41	443.10	425.38

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay to 65 Individual											
	No BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	49.30	46.83	41.90	39.44	133.11	124.52	111.63	107.34	180.33	167.46	150.28	145.98
25-29	59.87	54.42	48.98	46.26	161.17	146.96	132.72	127.98	218.05	199.08	180.14	170.65
30-34	82.82	75.92	69.01	65.57	216.39	198.36	180.33	174.34	294.55	270.50	246.44	234.44
35-39	102.04	93.88	85.72	81.64	277.31	255.97	234.65	220.42	376.85	341.29	312.86	298.63
40-44	122.45	113.38	104.31	99.78	331.82	308.12	276.51	260.71	450.31	410.82	371.32	355.52
45	132.51	123.05	108.85	104.11	354.48	321.50	296.78	280.31	478.14	436.95	395.71	379.22
46	133.60	124.06	109.75	104.98	357.44	332.51	299.26	282.64	490.44	448.88	407.31	390.70
47	134.16	124.58	114.99	105.42	367.28	333.89	308.84	292.13	500.83	459.09	417.35	400.66
48	135.26	125.61	115.94	111.11	370.28	345.04	311.38	294.55	513.35	471.28	429.21	412.37
49	141.82	127.14	117.36	112.48	383.34	349.27	315.20	298.16	536.68	485.57	442.97	425.94
50	142.96	128.17	118.31	113.38	386.43	360.66	326.31	309.15	549.58	506.66	455.13	437.96
51	148.47	133.64	123.73	113.84	396.58	362.09	327.62	319.00	560.40	508.70	465.57	439.72
52	149.66	139.69	124.73	119.73	408.45	373.69	338.92	321.56	564.86	521.43	469.28	451.91
53	155.67	145.82	130.73	125.70	420.45	385.42	350.37	332.84	578.10	534.32	481.75	455.46
54	161.54	146.39	136.29	126.19	430.88	395.71	360.52	334.17	589.16	536.41	492.43	466.05
55	167.88	152.63	137.37	132.28	434.25	398.80	363.35	345.61	602.63	549.46	496.28	478.54

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay to 65 Individual											
	No BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	59.16	54.23	49.30	46.83	154.57	141.69	128.80	124.52	210.40	193.22	176.05	167.46
25-29	68.03	62.58	57.15	54.42	184.88	170.65	151.68	146.96	246.49	227.54	208.57	194.34
30-34	93.17	86.27	79.36	75.92	252.47	228.41	210.40	198.36	336.61	312.58	282.53	270.50
35-39	118.37	110.21	97.96	93.88	319.97	291.52	263.08	255.97	433.72	398.19	355.52	341.29
40-44	145.12	131.52	117.92	113.38	379.22	347.62	316.03	300.23	513.54	474.02	426.62	410.82
45	151.44	137.24	127.77	118.31	403.93	370.96	337.98	321.50	544.08	502.88	453.43	436.95
46	152.71	143.15	128.83	124.06	407.31	374.08	340.82	324.20	556.93	515.39	465.51	440.57
47	153.32	143.75	129.37	124.58	409.00	375.61	342.23	325.53	567.60	517.50	475.78	450.73
48	159.42	144.93	130.44	125.61	412.37	378.69	345.04	328.23	580.66	530.20	479.68	454.44
49	161.38	146.70	132.04	127.14	417.42	383.34	349.27	332.23	587.79	545.19	494.08	468.53
50	162.68	147.89	133.10	128.17	420.78	386.43	352.08	334.90	601.11	549.58	498.07	472.31
51	168.27	153.43	138.58	133.64	439.72	405.22	362.09	344.86	612.16	560.40	508.70	482.81
52	169.61	159.64	144.68	134.70	451.91	417.14	382.39	356.33	625.73	573.57	521.43	495.34
53	175.98	160.91	145.82	140.79	472.99	429.21	394.16	376.64	639.44	586.86	534.32	508.04
54	181.73	166.58	151.44	141.35	483.65	448.48	404.49	386.90	650.71	597.96	545.19	518.82
55	188.23	172.96	152.63	147.54	505.15	460.83	416.51	398.80	664.66	611.49	549.46	522.86

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay to 65 Individual											
	No BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	61.62	56.69	51.76	49.30	167.46	154.57	141.69	133.11	223.27	206.10	184.63	176.05
25-29	73.47	68.03	62.58	57.15	199.08	184.88	165.91	161.17	265.46	241.74	218.05	208.57
30-34	100.08	93.17	82.82	79.36	276.51	252.47	228.41	216.39	360.66	330.61	300.56	282.53
35-39	126.53	118.37	106.13	102.04	348.40	319.97	291.52	277.31	462.17	419.51	383.95	362.63
40-44	154.19	140.59	128.98	122.45	418.72	379.22	347.62	331.82	545.12	505.63	458.22	434.51
45	160.91	146.70	137.24	127.77	445.17	403.93	370.96	346.24	585.31	535.86	486.40	461.65
46	162.25	152.71	138.38	128.83	448.88	407.31	374.08	349.13	590.19	548.63	498.75	473.82
47	167.70	153.32	138.96	129.37	450.73	409.00	375.61	358.90	600.97	550.89	500.83	475.78
48	169.09	154.59	140.10	135.26	454.44	412.37	378.69	361.88	614.33	563.85	513.35	488.11
49	171.16	156.48	141.82	136.92	460.01	417.42	383.34	366.31	621.88	570.75	519.64	494.08
50	172.54	157.75	142.96	138.03	463.72	420.78	386.43	369.25	635.46	583.94	532.42	506.66
51	178.18	163.32	148.47	138.58	482.81	439.72	396.58	379.36	646.65	594.89	543.17	508.70
52	179.60	164.64	149.66	144.68	495.34	451.91	417.14	391.06	660.48	608.32	547.49	521.43
53	186.05	170.96	155.87	145.82	516.78	472.99	429.21	411.67	674.43	613.15	560.58	534.32
54	191.83	176.68	156.48	151.44	536.41	483.65	439.66	422.07	685.90	624.35	571.59	545.19
55	193.31	178.05	162.79	152.63	549.46	505.15	460.83	434.25	700.11	638.08	584.91	549.46

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay to 65 Individual											
	No BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	69.01	64.08	56.69	54.23	188.92	171.74	154.57	150.28	249.04	227.56	206.10	197.51
25-29	81.64	76.19	68.03	65.30	222.80	203.83	184.88	175.38	293.89	270.20	246.49	232.28
30-34	110.43	103.52	93.17	89.71	306.56	276.51	252.47	240.45	402.75	366.67	336.61	318.59
35-39	142.86	130.62	118.37	114.28	383.95	355.52	319.97	305.74	511.94	469.28	426.62	405.29
40-44	167.80	154.19	140.59	136.05	458.22	426.62	387.12	363.42	608.32	560.92	505.63	481.91
45	179.84	165.63	151.44	141.98	494.62	453.43	412.19	387.46	651.26	593.55	535.86	511.12
46	181.34	167.02	152.71	143.15	498.75	457.19	415.64	390.70	656.68	606.81	548.63	523.70
47	182.08	167.70	153.32	143.75	500.83	459.09	417.35	392.30	667.74	609.32	559.25	525.86
48	188.42	169.09	154.59	149.77	504.95	462.87	420.78	395.54	681.68	622.75	563.85	538.61
49	190.72	171.16	156.48	151.60	511.12	468.53	425.94	400.38	698.52	638.91	579.27	553.71
50	192.25	177.47	157.75	152.82	515.25	472.31	429.37	403.60	704.17	644.05	592.52	558.17
51	197.97	178.18	163.32	153.43	534.53	491.44	439.72	422.45	715.61	655.25	594.89	569.02
52	199.55	184.59	169.61	159.64	547.49	504.05	460.58	434.51	729.99	669.15	608.32	582.26
53	206.16	191.07	170.96	165.93	569.36	525.54	472.99	455.46	744.51	683.21	621.89	586.86
54	212.00	191.83	176.68	166.58	589.16	545.19	492.43	466.05	756.24	694.69	633.13	597.96
55	218.75	198.40	178.05	172.96	611.49	558.31	505.15	487.41	771.03	708.98	646.94	611.49

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 74.2% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay to 65 Individual											
	No BIO				3650 x Daily Maximum				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	73.94	66.55	61.62	59.16	201.81	184.63	167.46	158.87	266.21	244.73	218.97	210.40
25-29	87.07	81.64	73.47	70.75	237.00	218.05	199.08	189.62	312.86	289.15	260.71	251.23
30-34	120.78	110.43	100.08	93.17	324.62	300.56	270.50	258.48	426.77	390.73	354.67	336.61
35-39	151.02	138.77	126.53	122.45	412.38	376.85	341.29	327.06	547.49	497.74	455.08	433.72
40-44	181.42	167.80	149.66	145.12	497.74	450.31	410.82	395.02	647.81	600.43	545.12	513.54
45	194.02	175.10	160.91	151.44	527.60	478.14	436.95	412.19	692.50	634.78	577.05	552.34
46	195.65	176.57	162.25	152.71	532.01	482.13	440.57	423.95	706.56	648.37	590.19	556.93
47	196.46	182.08	162.91	153.32	534.20	492.48	442.38	425.68	717.84	659.42	592.65	567.60
48	198.07	183.58	164.26	159.42	538.61	496.52	446.02	429.21	723.73	664.83	605.94	572.26
49	200.50	185.82	166.26	161.38	545.19	502.60	451.49	434.45	741.13	681.49	621.88	587.79
50	207.04	187.32	172.54	162.68	549.58	506.66	455.13	437.96	755.68	695.58	626.88	601.11
51	207.86	193.03	173.23	168.27	569.02	517.30	474.21	448.34	767.33	706.97	637.99	612.16
52	214.52	199.55	179.60	169.61	590.96	538.80	495.34	469.28	782.14	721.31	651.79	617.02
53	221.25	201.13	186.05	175.98	613.15	560.58	508.04	481.75	797.09	735.77	665.69	630.66
54	227.16	206.96	186.77	176.68	633.13	580.36	527.60	501.23	809.00	747.42	677.12	641.93
55	234.01	213.66	193.31	183.14	655.81	602.63	549.46	514.01	824.19	762.16	691.26	655.81

## Proposed Rate Schedule

Genworth Life Insurance Company  
 0% Low BIO Rate Increase - 164% High BIO Increase to Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay to 65 Individual											
	No BIO				Unlimited				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	83.80	76.41	69.01	66.55	338.37	312.34	266.31	266.80	448.98	409.94	377.41	357.88
25-29	97.96	89.79	81.64	78.91	402.31	373.56	337.66	323.27	531.62	488.48	445.39	423.83
30-34	134.58	124.22	110.43	106.97	555.69	501.05	455.51	437.26	728.80	665.02	610.37	573.91
35-39	171.43	155.11	142.86	134.70	700.42	646.54	581.88	560.31	926.72	851.29	775.84	732.76
40-44	204.09	185.95	167.80	158.73	838.12	766.29	694.43	658.50	1,101.54	1,017.69	921.91	874.02
45	217.69	198.76	179.84	170.37	887.04	812.09	749.60	712.14	1,174.40	1,074.45	974.53	937.02
46	219.51	200.42	181.34	171.79	894.43	831.44	755.86	718.08	1,196.79	1,096.00	995.20	944.83
47	220.41	201.24	182.08	172.50	898.15	834.87	759.00	721.04	1,214.37	1,113.16	1,011.96	961.38
48	222.23	202.90	183.58	178.75	905.52	841.74	765.26	726.95	1,237.13	1,135.12	1,033.08	982.08
49	224.94	205.38	190.72	180.94	929.52	852.06	774.60	735.87	1,265.17	1,161.89	1,045.73	994.09
50	226.76	211.97	192.25	182.40	937.02	858.92	780.86	741.81	1,288.40	1,171.26	1,067.17	1,015.11
51	232.62	212.83	193.03	188.07	966.87	888.52	797.04	757.81	1,306.64	1,202.10	1,084.51	1,032.24
52	239.46	219.51	199.55	189.57	1,000.96	921.91	829.73	790.23	1,330.19	1,224.83	1,106.29	1,053.65
53	246.39	226.27	206.16	196.09	1,035.41	955.76	862.86	823.02	1,353.98	1,247.82	1,128.31	1,075.22
54	252.39	232.20	212.00	201.92	1,066.11	986.15	892.87	852.88	1,372.62	1,266.01	1,146.08	1,092.78
55	259.45	239.10	218.75	203.49	1,114.77	1,020.73	926.72	873.00	1,410.21	1,289.32	1,168.49	1,114.77

<b>State:</b>	Virginia	<b>Filing Company:</b>	Genworth Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	2022 Choice 2 & 2.1 Rate Request (LR)		
<b>Project Name/Number:</b>	2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)		

## Supporting Document Schedules

<b>Bypassed - Item:</b>	Certification of Compliance/Readability
<b>Bypass Reason:</b>	Not applicable and/or not required as there are currently no forms under review in this filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/30/2024

<b>Satisfied - Item:</b>	Product Checklist
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 nAARP LR NAIC Filing Checklist 20221021.pdf VA Long-Term-Care-Rate-Revision-Checklist 20221021.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/09/2023

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2_2.1 nAARP LR Memo Exhibits 20221021.xlsx VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.pdf VA Choice 2_2.1 nAARP LR Additional Exhibits 20221021.xlsx VA Ch 2_2.1 nAARP LR Confidential Memo 20240403.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/30/2024

<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 LR LTC Insurance Rate Request Summary Revised.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/30/2024

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2_2.1 nAARP LR Cover Letter 20240403.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/30/2024

<b>Satisfied - Item:</b>	Current Rate Tables
<b>Comments:</b>	



State: Virginia      Filing Company: Genworth Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
 Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

<b>Attachment(s):</b>	VA Choice 2 (LR) Classic Select Current Rate Tables.pdf VA Choice 2 (LR) Privileged Choice Current Rate Tables.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/30/2024

<b>Satisfied - Item:</b>	Sample Policyholder Notifications
<b>Comments:</b>	
<b>Attachment(s):</b>	Choice 2 Standard J Doe Policyholder Letter 042624.pdf Choice 2 No Quote J Doe Policyholder Letter 042624.pdf FBO Jake Doe Policyholder Letter 042624.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/30/2024

<b>Satisfied - Item:</b>	Flexible Benefit Option 30 Endorsements and Rates
<b>Comments:</b>	These forms and rates have been filed for approval under SERFF # GEFA-133450231.
<b>Attachment(s):</b>	7042END-FBO30 VA 1022.pdf 7044END-FBO30 VA 1022.pdf 7042RevEND-FBO30 VA 1022.pdf 7044RevEND-FBO30 VA 1022.pdf VA Choice 2_2.1 nA_A RS FBO Rate Schedule 20240402.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/30/2024

<b>Satisfied - Item:</b>	Response Letter (1/6/23)
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 & 2.1 LR Objection 1 Response 20230106.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/09/2023

<b>Satisfied - Item:</b>	Experience, PPV Calculations and Blended "If-Knew" Exhibits
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 & 2.1 LR Objection 1 Attachments.xlsx
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/30/2024

<b>Satisfied - Item:</b>	Response Letter (3/15/23)
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 & 2.1 LR Objection 2 Response 2023.03.15.pdf
<b>Item Status:</b>	Received & Acknowledged

State: Virginia      Filing Company: Genworth Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
 Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
 Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

<b>Status Date:</b>	04/30/2024
<b>Satisfied - Item:</b>	Experience Exhibits (updates)
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 & 2.1 LR Objection 2 Attachments.xlsx
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/30/2024
<b>Satisfied - Item:</b>	Experience Exhibits (without MAE)
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 & 2.1 LR Objection 3 Attachments.xlsx
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/30/2024
<b>Satisfied - Item:</b>	Response Letter (6/15/23)
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 & 2.1 LR Objection 4 Response 2023.06.15.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/30/2024
<b>Satisfied - Item:</b>	Experience, Filing Status and Blended "If-Knew" Exhibits
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 & 2.1 LR Objection 4 Attachments.pdf VA Choice 2 & 2.1 LR Objection 4 Attachments.xlsx
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/30/2024
<b>Satisfied - Item:</b>	Response Letter (4/4/24)
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Choice 2 & 2.1 Objection 6 Response 2024.04.03.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/30/2024
<b>Satisfied - Item:</b>	Sample Forms
<b>Comments:</b>	

SERFF Tracking #: GEFA-133450233 State Tracking #: GEFA-133450233 Company Tracking #: 2022 CHOICE 2 & 2.1 RATE REQUEST (LR)

State: Virginia Filing Company: Genworth Life Insurance Company  
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

Attachment(s):	134613VA 062916_Contingent Benefit Upon Lapse Endorsement.pdf 158271_101713_OLB Endorsement.pdf 165935 VA 111716 Coverage Amendment Rider.pdf 7042VA Approval.pdf 7044VA Approval.pdf 7042VA Rev_as approved.pdf 7044VA Rev_as approved.pdf 7044RevEND-FBO VA 0722 SAMPLE.pdf 7042END-FBO VA 0722 SAMPLE.pdf 7044END-FBO VA 0722 SAMPLE.pdf 7042RevEND-FBO VA 0722 SAMPLE.pdf
Item Status:	Received & Acknowledged
Status Date:	04/30/2024

State: Virginia Filing Company: Genworth Life Insurance Company  
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
Product Name: 2022 Choice 2 & 2.1 Rate Request (LR)  
Project Name/Number: 2022 Choice 2 & 2.1 Rate Request (LR)/2022 Choice 2 & 2.1 Rate Request (LR)

***Attachment VA Choice 2\_2.1 nAARP LR Memo Exhibits 20221021.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment VA Choice 2\_2.1 nAARP LR Additional Exhibits 20221021.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment VA Choice 2 & 2.1 LR Objection 1 Attachments.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment VA Choice 2 & 2.1 LR Objection 2 Attachments.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment VA Choice 2 & 2.1 LR Objection 3 Attachments.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment VA Choice 2 & 2.1 LR Objection 4 Attachments.xlsx is not a PDF document and cannot be reproduced here.***

**Genworth Life Insurance Company**  
**Address: 6620 West Broad Street, Richmond, VA 23230**  
**Company NAIC No: 70025**

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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 Schedules 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 XIII “Status of Filings” in the file: “VA Choice 2 nAARP LR Additional Exhibits 20221021.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 XIII “Status of Filings” in the file: “VA Choice 2 nAARP LR Additional Exhibits 20221021.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 Exhibit XIII “Status of Filings” in the file: “VA Choice 2 nAARP LR Additional Exhibits 20221021.xlsx”.

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

A 24.8% rate increase was accepted in Virginia on 6/28/2019.

(SERFF # GEFA-1130998408).

A 58% rate increase was accepted in Virginia on 8/1/2022.

(SERFF # GEFA-132571093).

- 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.

**Genworth Life Insurance Company**  
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- 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 V in the file: "VA Choice 2 nAARP LR Additional Exhibits 20221021.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.**

For projections that include paid-up policies please refer to Exhibits Ia-Ic and IIa-IIc of the Actuarial Memorandum. For projections without paid-up policies please refer to Exhibits Ia-Ic and IIa-IIc in the file: "VA Choice 2 nAARP LR Additional Exhibits 20221021.xlsx".

- 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 2 nAARP LR Additional Exhibits 20221021.xlsx".

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

Please refer to Section 3 of the Actuarial Memorandum.

- 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:

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**Company NAIC No: 70025**

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Change in LLR from Change in key assumption	
In Percentages Points	
Lapse	27%
Mortality	2%
Morbidity	29%

The system conversion has an effect of increasing the lifetime loss ratio by 3.7 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 assumption update was the most impactful, increasing the lifetime loss ratio by 4.1 percentage points. The combined impact of lapse and mortality assumptions was 0.4 percentage points.

In the update from 2017 CFT assumptions to 2018 CFT assumptions, mortality, lapse, and incidence assumption updates were the most significant factors, in aggregate, increasing the lifetime loss ratio by 2.6 percentage points.

In the update from 2018 CFT assumptions to 2019 CFT assumptions, incidence assumptions and projection year adjustments were the most significant unfavorable factors, in aggregate, increasing the lifetime loss ratio by 9.6 percentage points.

Lastly, in the update from 2019 CFT assumptions to 2021 CFT assumptions, the utilization assumption update was the most impactful, increasing the lifetime loss ratio by 6.5 percentage points. The mortality assumption was the second most impactful factor, increasing the lifetime loss ratio by 2 percentage points.

**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 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.

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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.**

The original loss ratio target is 69.6%.

**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.**

Please refer to Section 2 and Exhibits Ia-Ib and IIa-IIb of the Actuarial Memorandum.

**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



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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, and morbidity assumptions. For Choice 2 and 2.1, we do not utilize experience from other products when setting most of the assumptions. For assumptions where experience is blended (CTs/BURs) there is no 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 VI in the file: "VA Choice 2 nAARP LR Additional Exhibits 20221021.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 VI, 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 XI–XII for the durational A/E's using original pricing assumptions provided in the in the file: "VA Choice 2 nAARP LR Additional Exhibits 20221021.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 VII–X in the file: "VA Choice 2 nAARP LR Additional Exhibits 20221021.xlsx" for current assumption durational A/E exhibits. Please refer to Exhibits

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**Address: 6620 West Broad Street, Richmond, VA 23230**  
**Company NAIC No: 70025**

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XI-XII in the in the file: "VA Choice 2 nAARP LR Additional Exhibits 20221021.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.

**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 2 nAARP LR Additional Exhibits 20221021.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 four distinct pieces; incidence, claim situs, 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.

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- 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 VII-X in the in the file: "VA Choice 2 nAARP LR Additional Exhibits 20221021.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**

- 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 XI and XII in the in the file: "VA Choice 2 nAARP LR Additional Exhibits 20221021.xlsx". Please note that the expected rates in column G of Exhibit XI reflect the mix of the two sets of lapse rates stated in Section 8 of the Actuarial Memorandum. For morbidity assumptions, please note that

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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 XIII "Status of Filings" in the in the file: "VA Choice 2 nAARP LR Additional Exhibits 20221021.xlsx".

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

Please refer to Memorandum Supplement in 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 2 nAARP LR Additional Exhibits 20221021.xlsx".

- 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?**

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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 Memorandum Supplement in 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*.



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Tetyana Dostie, A.S.A, M.A.A.A  
Actuary  
Genworth Life Insurance Company  
October 2022

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



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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;	Current/Proposed Rate Schedule
		(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, Current/Proposed Rate Schedule
	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, Supplement
	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.	69.6%
	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 14
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 <a href="http://www.scc.virginia.gov/BOI">www.scc.virginia.gov/BOI</a> .	
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.	Act Memo, Supplement
		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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Virginia 1<sup>st</sup> Edition July 2001  
Updated: October 2020

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

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
	14VAC5-200-150 B 12	Mix of business by risk classification; and	Act Memo, Supplement
	14VAC5-200-150 B 13	Product features such a long elimination periods, high deductibles and high maximum limits.	Act Memo, Supplement
		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:	4Act 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 14
		b. The premium rate filing is in compliance with the provisions of this section;	Act Memo, Section 14
	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  
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

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

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%;	Act Memo, Supplement
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	Act Memo, Supplement
		c. The present value of future projected initial earned premiums times 58%; and	Act Memo, Supplement

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

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;	Act Memo, Supplement
	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

Review Requirements Checklist  
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

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

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: *Tetyana Dostie*

Name (please print): Tetyana Dostie

Title: Actuary

Company Name: Genworth Life Insurance Company

Date: 10/21/2022 Phone No: ( ) 888 436-9678

E-Mail Address: Tetyana.Dostie@genworth.com

**Genworth Life Insurance Company**  
**Address: 6620 West Broad Street, Richmond, VA 23230**  
**Company NAIC No: 70025**

**Actuarial Memorandum**  
**October 2022**

**CONFIDENTIAL**

**Additional Exhibit Ia: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Lifetime High BIO With Virginia Approved Rate Increase\***  
**Applicable to Policies Issued Prior to October 1, 2003**  
**Excludes Paid Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Discount Factor 4.50%	Lives
2003	629,532	-	0.0%	2.2576	1,512
2004	10,968,376	1,248	0.0%	2.1604	7,934
2005	25,846,740	1,331,545	5.2%	2.0674	14,898
2006	43,059,305	1,783,618	4.1%	1.9783	22,059
2007	60,358,454	2,238,698	3.7%	1.8932	29,147
2008	75,042,499	6,386,463	8.5%	1.8116	33,357
2009	81,154,912	11,611,205	14.3%	1.7336	34,785
2010	85,470,861	13,806,144	16.2%	1.6590	36,537
2011	90,791,548	9,830,878	10.8%	1.5875	38,615
2012	93,216,185	15,763,993	16.9%	1.5192	38,482
2013	92,230,574	17,943,436	19.5%	1.4537	37,856
2014	90,595,341	25,647,182	28.3%	1.3911	37,303
2015	89,076,656	26,450,017	29.7%	1.3312	36,854
2016	87,516,158	38,644,248	44.2%	1.2739	36,342
2017	85,800,049	48,592,511	56.6%	1.2191	35,866
2018	83,741,163	43,817,119	52.3%	1.1666	35,399
2019	82,003,313	59,579,722	72.7%	1.1163	34,964
2020	93,219,948	51,658,052	55.4%	1.0683	34,538
2021	98,404,972	67,730,223	68.8%	1.0223	34,091
2022	97,197,685	73,246,252	75.4%	0.9782	33,485
2023	125,727,409	85,422,469	67.9%	0.9361	32,870
2024	143,895,945	97,643,192	67.9%	0.8958	32,195
2025	140,341,163	108,950,623	77.6%	0.8572	31,457
2026	136,531,934	121,251,292	88.8%	0.8203	30,652
2027	132,449,321	134,285,095	101.4%	0.7850	29,782
2028	128,072,624	147,543,297	115.2%	0.7512	28,850
2029	123,441,859	160,596,768	130.1%	0.7188	27,857
2030	118,559,049	173,411,456	146.3%	0.6879	26,809
2031	113,471,042	185,886,926	163.8%	0.6583	25,709
2032	108,192,270	199,956,709	184.8%	0.6299	24,560
2033	102,736,911	215,191,628	209.5%	0.6028	23,363
2034	97,117,775	229,060,079	235.9%	0.5768	22,122
2035	91,366,425	240,948,901	263.7%	0.5520	20,845
2036	85,515,140	250,537,726	293.0%	0.5282	19,541
2037	79,612,283	257,374,532	323.3%	0.5055	18,220
2038	73,703,104	261,222,473	354.4%	0.4837	16,894
2039	67,837,243	262,539,927	387.0%	0.4629	15,574
2040	62,064,633	261,021,141	420.6%	0.4429	14,273
2041	56,440,375	256,717,098	454.8%	0.4239	13,001
2042	51,006,765	249,395,852	488.9%	0.4056	11,769
2043	45,804,424	239,496,247	522.9%	0.3882	10,587
2044	40,866,137	228,007,034	557.9%	0.3714	9,463
2045	36,226,519	215,570,259	595.1%	0.3554	8,405
2046	31,902,599	202,262,486	634.0%	0.3401	7,416
2047	27,906,978	188,144,959	674.2%	0.3255	6,501
2048	24,252,758	173,161,670	714.0%	0.3115	5,663
2049	20,937,466	157,398,030	751.8%	0.2981	4,901
2050	17,958,827	141,648,295	788.7%	0.2852	4,216
2051	15,307,081	126,470,240	826.2%	0.2729	3,605
2052	12,965,933	112,120,585	864.7%	0.2612	3,064
2053	10,915,889	98,908,542	906.1%	0.2499	2,590
2054	9,135,519	87,083,770	953.2%	0.2392	2,177
2055	7,601,975	76,541,693	1006.9%	0.2289	1,820
2056	6,291,308	67,102,307	1066.6%	0.2190	1,514
2057	5,177,244	58,676,336	1133.4%	0.2096	1,254
2058	4,240,077	51,226,764	1208.2%	0.2006	1,034
2059	3,456,009	44,514,199	1288.0%	0.1919	849
2060	2,803,985	38,522,041	1373.8%	0.1837	694
2061	2,264,810	33,209,278	1466.3%	0.1758	565
2062	1,821,245	28,420,136	1560.5%	0.1682	458
2063	1,458,197	24,156,875	1656.6%	0.1609	370
2064	1,162,242	20,428,819	1757.7%	0.1540	297
2065	921,769	17,143,690	1859.9%	0.1474	238
2066	727,174	14,236,625	1957.8%	0.1410	189
2067	570,405	11,680,830	2047.8%	0.1350	150
2068	444,750	9,518,382	2140.2%	0.1291	118
2069	344,550	7,680,276	2229.1%	0.1236	92
2070	265,060	6,134,300	2314.3%	0.1183	71
2071	202,403	4,821,717	2382.2%	0.1132	55
2072	153,419	3,720,725	2425.2%	0.1083	42
2073	115,423	2,832,090	2453.7%	0.1036	32
2074	86,204	2,132,612	2473.9%	0.0992	24
2075	63,913	1,588,316	2485.1%	0.0949	18
2076	47,058	1,164,750	2475.1%	0.0908	14
2077	34,407	842,978	2450.1%	0.0869	10
2078	24,978	604,118	2418.6%	0.0832	7
2079	18,010	430,715	2391.5%	0.0796	5
2080	12,901	304,101	2357.1%	0.0762	4
2081	9,192	213,151	2318.9%	0.0729	3

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	1,966,370,284	552,169,100	28.1%
<b>Future:</b>	1,585,275,835	3,095,868,935	195.3%
<b>Lifetime:</b>	3,551,646,119	3,648,038,035	102.7%

\*Includes all rate increases approved in your state applied to all policies nationwide, but excludes the rate increase requested in this filing

**Genworth Life Insurance Company**  
**Address: 6620 West Broad Street, Richmond, VA 23230**  
**Company NAIC No: 70025**

**Actuarial Memorandum**  
**October 2022**

CONFIDENTIAL

**Additional Exhibit Ib: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Limited High BIO With Virginia Approved Rate Increase\***  
**Applicable to Policies Issued Prior to October 1, 2003**  
**Excludes Paid Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4.50% Discount Factor	Lives
2003	1,886,441	-	0.0%	2.2576	6,000
2004	32,552,984	566,074	1.7%	2.1604	31,032
2005	80,273,354	152,902	0.2%	2.0674	62,633
2006	139,448,160	1,534,468	1.1%	1.9783	95,320
2007	204,108,403	4,956,743	2.4%	1.8932	132,837
2008	279,870,865	10,400,614	3.7%	1.8116	167,349
2009	329,674,216	11,077,573	3.4%	1.7336	186,762
2010	372,495,057	18,482,249	5.0%	1.6590	210,809
2011	431,762,442	28,346,672	6.6%	1.5875	242,531
2012	464,840,794	40,866,028	8.8%	1.5192	244,341
2013	460,929,317	47,842,906	10.4%	1.4537	240,835
2014	453,385,531	70,912,152	15.6%	1.3911	237,429
2015	445,885,338	81,272,700	18.2%	1.3312	234,249
2016	437,750,467	92,692,961	21.2%	1.2739	230,908
2017	425,540,407	127,524,420	30.0%	1.2191	227,851
2018	410,414,987	153,285,341	37.3%	1.1666	224,797
2019	398,442,644	175,981,188	44.2%	1.1163	221,754
2020	449,155,569	183,646,033	40.9%	1.0683	218,803
2021	472,282,582	269,003,555	57.0%	1.0223	216,052
2022	460,284,482	268,527,806	58.3%	0.9782	211,533
2023	595,358,405	323,112,231	54.3%	0.9361	206,978
2024	679,445,248	379,593,558	55.9%	0.8958	201,992
2025	659,813,956	432,092,842	65.5%	0.8572	196,549
2026	638,838,306	487,918,680	76.4%	0.8203	190,643
2027	616,428,210	546,360,916	88.6%	0.7850	184,248
2028	592,573,635	605,658,148	102.2%	0.7512	177,421
2029	567,409,953	663,393,254	116.9%	0.7188	170,175
2030	541,057,832	717,671,687	132.6%	0.6879	162,556
2031	513,697,052	767,191,073	149.3%	0.6583	154,629
2032	485,606,721	820,615,324	169.0%	0.6299	146,435
2033	456,872,466	876,213,552	191.8%	0.6028	137,991
2034	427,622,246	923,093,896	215.9%	0.5768	129,351
2035	398,046,334	959,977,942	241.2%	0.5520	120,576
2036	368,352,599	985,759,505	267.6%	0.5282	111,737
2037	338,790,202	1,000,160,814	295.2%	0.5055	102,912
2038	309,649,282	1,001,996,818	323.6%	0.4837	94,183
2039	281,159,372	991,140,302	352.5%	0.4629	85,633
2040	253,587,114	969,832,560	382.4%	0.4429	77,336
2041	227,153,092	939,076,679	413.4%	0.4239	69,365
2042	202,055,763	899,085,130	445.0%	0.4056	61,779
2043	178,447,870	851,172,413	477.0%	0.3882	54,633
2044	156,459,985	797,580,467	509.8%	0.3714	47,970
2045	136,193,307	741,280,606	544.3%	0.3554	41,816
2046	117,696,266	683,279,274	580.5%	0.3401	36,186
2047	100,957,787	623,327,404	617.4%	0.3255	31,080
2048	85,949,425	562,741,459	654.7%	0.3115	26,497
2049	72,621,672	502,374,628	691.8%	0.2981	22,424
2050	60,908,700	444,096,391	729.1%	0.2852	18,840
2051	50,716,250	389,555,960	768.1%	0.2729	15,715
2052	41,921,575	338,681,206	807.9%	0.2612	13,014
2053	34,401,173	291,964,285	848.7%	0.2499	10,702
2054	28,028,684	250,371,696	893.3%	0.2392	8,740
2055	22,681,042	213,320,916	940.5%	0.2289	7,092
2056	18,234,130	180,131,282	987.9%	0.2190	5,718
2057	14,563,679	151,097,501	1037.5%	0.2096	4,582
2058	11,559,113	126,434,390	1093.8%	0.2006	3,650
2059	9,119,378	105,396,932	1155.7%	0.1919	2,891
2060	7,154,193	87,450,771	1222.4%	0.1837	2,278
2061	5,582,524	72,222,183	1293.7%	0.1758	1,786
2062	4,333,443	59,235,585	1366.9%	0.1682	1,394
2063	3,347,726	48,277,796	1442.1%	0.1609	1,083
2064	2,574,686	39,211,627	1523.0%	0.1540	838
2065	1,971,149	31,711,400	1608.8%	0.1474	645
2066	1,502,253	25,459,318	1694.7%	0.1410	495
2067	1,139,631	20,337,674	1784.6%	0.1350	378
2068	860,432	16,226,697	1885.9%	0.1291	287
2069	646,130	12,826,382	1985.1%	0.1236	216
2070	482,215	10,034,681	2081.0%	0.1183	162
2071	357,438	7,803,575	2183.2%	0.1132	121
2072	263,029	6,002,136	2281.9%	0.1083	89
2073	192,214	4,554,141	2369.3%	0.1036	66
2074	139,443	3,422,133	2454.1%	0.0992	48
2075	100,385	2,543,326	2533.6%	0.0949	35
2076	71,695	1,862,039	2597.2%	0.0908	25
2077	50,800	1,336,332	2630.6%	0.0869	18
2078	35,716	951,121	2663.0%	0.0832	12
2079	24,911	672,622	2700.1%	0.0796	9
2080	17,233	471,847	2738.0%	0.0762	6
2081	11,813	327,490	2772.2%	0.0729	4

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	8,847,900,783	1,586,124,419	17.9%
<b>Future:</b>	7,112,930,367	11,646,407,231	163.7%
<b>Lifetime:</b>	15,960,831,150	13,232,531,650	82.9%

\*Includes all rate increases approved in your state applied to all policies nationwide, but excludes the rate increase requested in this filing

**Genworth Life Insurance Company**  
**Address: 6620 West Broad Street, Richmond, VA 23230**  
**Company NAIC No: 70025**

**Actuarial Memorandum**  
**October 2022**

**CONFIDENTIAL**

**Additional Exhibit IIa: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Lifetime High BIO With Requested 209% Rate Increase for Non-AARP Policies**  
**Applicable to Policies Issued Prior to October 1, 2003**  
**Excludes Paid Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Discount Factor 4.50%	Lives
2003	629,532	-	0.0%	2.2576	1,512
2004	10,968,376	1,248	0.0%	2.1604	7,934
2005	25,846,740	1,331,545	5.2%	2.0674	14,898
2006	43,059,305	1,783,618	4.1%	1.9783	22,059
2007	60,358,454	2,238,698	3.7%	1.8932	29,147
2008	75,042,499	6,386,463	8.5%	1.8116	33,357
2009	81,154,912	11,611,205	14.3%	1.7336	34,785
2010	85,470,861	13,806,144	16.2%	1.6590	36,537
2011	90,791,548	9,830,878	10.8%	1.5875	38,615
2012	93,216,185	15,763,993	16.9%	1.5192	38,482
2013	92,230,574	17,943,436	19.5%	1.4537	37,856
2014	90,595,341	25,647,182	28.3%	1.3911	37,303
2015	89,076,656	26,450,017	29.7%	1.3312	36,854
2016	87,516,158	38,644,248	44.2%	1.2739	36,342
2017	85,800,049	48,592,511	56.6%	1.2191	35,866
2018	83,741,163	43,817,119	52.3%	1.1666	35,399
2019	82,003,313	59,579,722	72.7%	1.1163	34,964
2020	93,219,948	51,658,052	55.4%	1.0683	34,538
2021	98,404,972	67,730,223	68.8%	1.0223	34,091
2022	97,197,685	73,246,252	75.4%	0.9782	33,498
2023	210,942,147	92,917,696	44.0%	0.9361	32,892
2024	438,052,819	124,714,376	28.5%	0.8958	32,222
2025	428,130,374	137,560,681	32.1%	0.8572	31,483
2026	417,270,670	151,759,403	36.4%	0.8203	30,673
2027	405,431,405	166,858,027	41.2%	0.7850	29,793
2028	392,560,690	182,135,835	46.4%	0.7512	28,848
2029	378,799,564	197,056,571	52.0%	0.7188	27,838
2030	364,169,387	211,532,302	58.1%	0.6879	26,767
2031	348,826,608	225,409,081	64.6%	0.6583	25,639
2032	332,825,950	241,045,335	72.4%	0.6299	24,461
2033	316,223,986	257,833,156	81.5%	0.6028	23,238
2034	299,071,861	272,699,397	91.2%	0.5768	21,976
2035	281,477,384	284,959,641	101.2%	0.5520	20,684
2036	263,543,996	294,322,916	111.7%	0.5282	19,369
2037	245,425,616	300,385,839	122.4%	0.5055	18,038
2038	227,274,005	302,932,716	133.3%	0.4837	16,704
2039	209,237,533	302,541,533	144.6%	0.4629	15,379
2040	191,476,030	298,945,091	156.1%	0.4429	14,076
2041	174,160,856	292,276,034	167.8%	0.4239	12,804
2042	157,422,941	282,352,442	179.4%	0.4056	11,575
2043	141,390,622	269,713,948	190.8%	0.3882	10,399
2044	126,170,693	255,462,354	202.5%	0.3714	9,282
2045	111,863,369	240,202,236	214.7%	0.3554	8,232
2046	98,525,217	224,058,410	227.4%	0.3401	7,254
2047	86,197,668	207,238,654	240.4%	0.3255	6,351
2048	74,919,276	189,715,014	253.2%	0.3115	5,525
2049	64,685,906	171,588,256	265.3%	0.2981	4,775
2050	55,488,616	153,706,460	277.0%	0.2852	4,102
2051	47,298,219	136,644,518	288.9%	0.2729	3,503
2052	40,064,734	120,645,261	301.1%	0.2612	2,974
2053	33,730,097	106,012,845	314.3%	0.2499	2,511
2054	28,228,754	92,989,132	329.4%	0.2392	2,108
2055	23,490,102	81,430,605	346.7%	0.2289	1,761
2056	19,440,141	71,125,955	365.9%	0.2190	1,464
2057	15,997,684	61,975,877	387.4%	0.2096	1,211
2058	13,101,839	53,925,900	411.6%	0.2006	997
2059	10,679,068	46,708,264	437.4%	0.1919	818
2060	8,664,312	40,294,320	465.1%	0.1837	668
2061	6,998,262	34,632,126	494.9%	0.1758	544
2062	5,627,646	29,552,453	525.1%	0.1682	440
2063	4,505,829	25,050,245	556.0%	0.1609	355
2064	3,591,328	21,129,078	588.3%	0.1540	285
2065	2,848,268	17,687,751	621.0%	0.1474	228
2066	2,246,968	14,654,908	652.2%	0.1410	181
2067	1,762,550	11,999,269	680.8%	0.1350	143
2068	1,374,277	9,759,550	710.2%	0.1291	112
2069	1,064,660	7,860,880	738.3%	0.1236	88
2070	819,035	6,268,370	765.3%	0.1183	68
2071	625,426	4,919,954	786.7%	0.1132	52
2072	474,063	3,791,473	799.8%	0.1083	40
2073	356,656	2,882,339	808.2%	0.1036	30
2074	266,369	2,167,897	813.9%	0.0992	23
2075	197,493	1,612,804	816.6%	0.0949	17
2076	145,410	1,181,549	812.6%	0.0908	13
2077	106,316	854,414	803.7%	0.0869	9
2078	77,181	611,847	792.7%	0.0832	7
2079	55,652	435,915	783.3%	0.0796	5
2080	39,865	307,563	771.5%	0.0762	4
2081	28,403	215,436	758.5%	0.0729	3

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	1,966,370,284	552,169,100	28.1%
<b>Future:</b>	4,504,895,844	3,606,822,168	80.1%
<b>Lifetime:</b>	6,471,266,128	4,158,991,268	64.3%

\*Includes all rate increases approved in your state applied to all policies nationwide, and the rate increase requested in this filing

**Genworth Life Insurance Company**  
**Address: 6620 West Broad Street, Richmond, VA 23230**  
**Company NAIC No: 70025**

**Actuarial Memorandum**  
**October 2022**

CONFIDENTIAL

**Additional Exhibit IIb: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Limited High BIO With Requested 106% Rate Increase for Non-AARP**  
**Applicable to Policies Issued Prior to October 1, 2003**  
**Excludes Paid Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4.50% Discount Factor	Lives
2003	1,886,441	-	0.0%	2.2576	6,000
2004	32,552,984	566,074	1.7%	2.1604	31,032
2005	80,273,354	152,902	0.2%	2.0674	62,633
2006	139,448,160	1,534,468	1.1%	1.9783	95,320
2007	204,108,403	4,956,743	2.4%	1.8932	132,837
2008	279,870,865	10,400,614	3.7%	1.8116	167,349
2009	329,674,216	11,077,573	3.4%	1.7336	186,762
2010	372,495,057	18,482,249	5.0%	1.6590	210,809
2011	431,762,442	28,346,672	6.6%	1.5875	242,531
2012	464,840,794	40,866,028	8.8%	1.5192	244,341
2013	460,929,317	47,842,906	10.4%	1.4537	240,835
2014	453,385,531	70,912,152	15.6%	1.3911	237,429
2015	445,885,338	81,272,700	18.2%	1.3312	234,249
2016	437,750,467	92,692,961	21.2%	1.2739	230,908
2017	425,540,407	127,524,420	30.0%	1.2191	227,851
2018	410,414,987	153,285,341	37.3%	1.1666	224,797
2019	398,442,644	175,981,188	44.2%	1.1163	221,754
2020	449,155,569	183,646,033	40.9%	1.0683	218,803
2021	472,282,582	269,003,555	57.0%	1.0223	216,052
2022	460,284,482	268,527,806	58.3%	0.9782	211,649
2023	801,186,289	339,496,386	42.4%	0.9361	207,188
2024	1,388,121,082	440,862,094	31.8%	0.8958	202,269
2025	1,350,682,774	498,979,097	36.9%	0.8572	196,854
2026	1,309,769,035	561,516,174	42.9%	0.8203	190,941
2027	1,265,304,836	627,305,296	49.6%	0.7850	184,512
2028	1,217,437,225	693,992,280	57.0%	0.7512	177,631
2029	1,166,493,510	758,506,851	65.0%	0.7188	170,302
2030	1,112,816,839	818,487,793	73.6%	0.6879	162,565
2031	1,056,890,008	872,486,019	82.6%	0.6583	154,482
2032	999,346,482	930,418,389	93.1%	0.6299	146,115
2033	940,379,779	990,099,659	105.3%	0.6028	137,515
2034	880,293,418	1,039,148,349	118.0%	0.5768	128,752
2035	819,495,895	1,076,345,309	131.3%	0.5520	119,891
2036	758,429,545	1,100,760,452	145.1%	0.5282	110,985
2037	697,616,708	1,112,368,643	159.5%	0.5055	102,090
2038	637,648,921	1,109,996,752	174.1%	0.4837	93,292
2039	579,012,982	1,093,642,173	188.9%	0.4629	84,674
2040	522,253,803	1,066,008,710	204.1%	0.4429	76,320
2041	467,833,852	1,028,367,167	219.8%	0.4239	68,301
2042	416,156,837	981,068,990	235.7%	0.4056	60,684
2043	367,543,150	925,617,552	251.8%	0.3882	53,524
2044	322,264,255	864,453,996	268.2%	0.3714	46,866
2045	280,527,750	800,550,203	285.4%	0.3554	40,737
2046	242,433,127	735,061,782	303.2%	0.3401	35,146
2047	207,958,915	668,050,099	321.2%	0.3255	30,096
2048	177,047,510	600,955,180	339.4%	0.3115	25,577
2049	149,596,396	534,682,368	357.4%	0.2981	21,577
2050	125,470,221	471,173,080	375.5%	0.2852	18,071
2051	104,475,206	412,082,162	394.4%	0.2729	15,026
2052	86,358,444	357,253,111	413.7%	0.2612	12,404
2053	70,866,416	307,140,308	433.4%	0.2499	10,169
2054	57,739,089	262,702,750	455.0%	0.2392	8,281
2055	46,722,947	223,252,027	477.8%	0.2289	6,700
2056	37,562,307	188,033,638	500.6%	0.2190	5,387
2057	30,001,179	157,345,769	524.5%	0.2096	4,306
2058	23,811,773	131,367,405	551.7%	0.2006	3,421
2059	18,785,919	109,275,566	581.7%	0.1919	2,704
2060	14,737,638	90,484,043	614.0%	0.1837	2,127
2061	11,500,000	74,578,184	648.5%	0.1758	1,665
2062	8,926,892	61,049,845	683.9%	0.1682	1,297
2063	6,896,315	49,664,454	720.2%	0.1609	1,006
2064	5,303,854	40,266,662	759.2%	0.1540	777
2065	4,060,568	32,510,784	800.6%	0.1474	598
2066	3,094,640	26,060,330	842.1%	0.1410	458
2067	2,347,641	20,787,160	885.4%	0.1350	349
2068	1,772,489	16,562,874	934.4%	0.1291	264
2069	1,331,029	13,075,093	982.3%	0.1236	199
2070	993,363	10,216,797	1028.5%	0.1183	149
2071	736,322	7,936,340	1077.8%	0.1132	110
2072	541,840	6,097,975	1125.4%	0.1083	81
2073	395,960	4,622,518	1167.4%	0.1036	59
2074	287,252	3,470,467	1208.2%	0.0992	43
2075	206,792	2,577,141	1246.2%	0.0949	31
2076	147,693	1,885,345	1276.5%	0.0908	22
2077	104,649	1,352,070	1292.0%	0.0869	16
2078	73,576	961,686	1307.1%	0.0832	11
2079	51,317	679,692	1324.5%	0.0796	8
2080	35,501	476,546	1342.3%	0.0762	5
2081	24,335	330,585	1358.5%	0.0729	4

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	8,847,900,783	1,586,124,419	17.9%
<b>Future:</b>	13,742,249,177	12,934,189,335	94.1%
<b>Lifetime:</b>	22,590,149,960	14,520,313,755	64.3%

\*Includes all rate increases approved in your state applied to all policies nationwide, and the rate increase requested in this filing



**Genworth Life Insurance Company**  
**Address: 6620 West Broad Street, Richmond, VA 23230**  
**Company NAIC No: 70025**

**Actuarial Memorandum**  
**October 2022**

**CONFIDENTIAL**

**Additional Exhibit IIIa: Choice 2 & 2.1 Policy Forms - Virginia Experience**  
**Lifetime High BIO With Virginia Approved Rate Increase\***  
**Applicable to Policies Issued Prior to October 1, 2003**  
**Excludes Paid Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4.50% Discount Factor	Lives
2003	40,350	-	0.0%	2.2576	87
2004	696,712	-	0.0%	2.1604	466
2005	1,600,424	-	0.0%	2.0674	815
2006	2,571,834	-	0.0%	1.9783	1,189
2007	3,403,945	28,335	0.8%	1.8932	1,479
2008	4,093,077	-	0.0%	1.8116	1,691
2009	4,438,325	1,255,832	28.3%	1.7336	1,737
2010	4,572,374	112,901	2.5%	1.6590	1,776
2011	4,674,549	1,782,883	38.1%	1.5875	1,851
2012	4,906,300	712,144	14.5%	1.5192	1,892
2013	4,903,449	1,331,224	27.1%	1.4537	1,878
2014	4,849,460	116,200	2.4%	1.3911	1,854
2015	4,789,022	2,496,504	52.1%	1.3312	1,834
2016	4,733,562	679,227	14.3%	1.2739	1,813
2017	4,661,624	3,140,669	67.4%	1.2191	1,796
2018	4,557,519	3,577,000	78.5%	1.1666	1,778
2019	4,500,040	756,867	16.8%	1.1163	1,765
2020	5,064,657	2,011,409	39.7%	1.0683	1,752
2021	5,341,866	2,053,032	38.4%	1.0223	1,737
2022	5,289,259	3,754,726	71.0%	0.9782	1,709
2023	5,167,778	4,272,747	82.7%	0.9361	1,680
2024	5,050,770	4,835,863	95.7%	0.8958	1,647
2025	4,922,191	5,456,278	110.9%	0.8572	1,612
2026	4,793,591	6,155,014	128.4%	0.8203	1,573
2027	4,656,266	6,904,697	148.3%	0.7850	1,530
2028	4,510,261	7,664,514	169.9%	0.7512	1,484
2029	4,354,440	8,415,575	193.3%	0.7188	1,436
2030	4,188,702	9,187,881	219.3%	0.6879	1,384
2031	4,018,298	9,970,184	248.1%	0.6583	1,329
2032	3,840,844	10,857,506	282.7%	0.6299	1,272
2033	3,656,360	11,799,079	322.7%	0.6028	1,212
2034	3,465,223	12,671,135	365.7%	0.5768	1,149
2035	3,268,277	13,444,007	411.3%	0.5520	1,084
2036	3,066,545	14,085,174	459.3%	0.5282	1,018
2037	2,861,631	14,556,088	508.7%	0.5055	950
2038	2,655,242	14,854,656	559.4%	0.4837	882
2039	2,447,365	15,012,013	613.4%	0.4629	814
2040	2,240,525	15,002,972	669.6%	0.4429	746
2041	2,041,237	14,813,910	725.7%	0.4239	680
2042	1,848,070	14,408,480	779.7%	0.4056	616
2043	1,662,470	13,858,038	833.6%	0.3882	554
2044	1,485,680	13,221,458	889.9%	0.3714	496
2045	1,318,879	12,545,516	951.2%	0.3554	440
2046	1,163,011	11,819,049	1016.2%	0.3401	388
2047	1,018,638	11,023,175	1082.1%	0.3255	340
2048	886,281	10,175,513	1148.1%	0.3115	296
2049	766,109	9,260,309	1208.7%	0.2981	256
2050	657,915	8,337,529	1267.3%	0.2852	219
2051	561,428	7,436,319	1324.5%	0.2729	187
2052	476,137	6,584,632	1382.9%	0.2612	159
2053	401,354	5,819,482	1450.0%	0.2499	134
2054	336,343	5,143,658	1529.3%	0.2392	112
2055	280,280	4,552,732	1624.3%	0.2289	93
2056	232,306	4,003,588	1723.4%	0.2190	77
2057	191,565	3,480,178	1816.7%	0.2096	64
2058	157,197	3,021,950	1922.4%	0.2006	52
2059	128,393	2,624,080	2043.8%	0.1919	43
2060	104,387	2,286,092	2190.0%	0.1837	35
2061	84,485	1,969,414	2331.1%	0.1758	28
2062	68,058	1,671,763	2456.4%	0.1682	22
2063	54,573	1,401,419	2568.0%	0.1609	18
2064	43,540	1,171,288	2690.2%	0.1540	14
2065	34,542	984,093	2849.0%	0.1474	11
2066	27,225	817,060	3001.2%	0.1410	9
2067	21,307	660,923	3102.0%	0.1350	7
2068	16,546	526,477	3181.9%	0.1291	5
2069	12,739	409,567	3215.1%	0.1236	4
2070	9,718	316,413	3256.0%	0.1183	3
2071	7,332	240,628	3281.8%	0.1132	2
2072	5,471	177,992	3253.1%	0.1083	2
2073	4,032	130,312	3232.1%	0.1036	1
2074	2,930	94,958	3240.5%	0.0992	1
2075	2,101	68,655	3267.6%	0.0949	1
2076	1,482	48,968	3304.8%	0.0908	0
2077	1,029	34,378	3339.6%	0.0869	0
2078	704	23,740	3374.0%	0.0832	0
2079	475	16,075	3387.7%	0.0796	0
2080	314	10,644	3384.5%	0.0762	0
2081	205	6,875	3350.1%	0.0729	0

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	107,180,615	25,709,701	24.0%
<b>Future:</b>	58,739,522	171,126,713	291.3%
<b>Lifetime:</b>	165,920,137	196,836,414	118.6%

\*Includes all rate increases approved in your state applied to all policies Virginia, but excludes the rate increase requested in this filing

**Genworth Life Insurance Company**  
**Address: 6620 West Broad Street, Richmond, VA 23230**  
**Company NAIC No: 70025**

**Actuarial Memorandum**  
**October 2022**

**CONFIDENTIAL**

**Additional Exhibit IIIb: Choice 2 & 2.1 Policy Forms - Virginia Experience**  
**Limited High BIO With Virginia Approved Rate Increase\***  
**Applicable to Policies Issued Prior to October 1, 2003**  
**Excludes Paid Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4.50%	
				Discount Factor	Lives
2003	113,234	-	0.0%	2.2576	351
2004	1,970,194	-	0.0%	2.1604	1,782
2005	4,728,070	-	0.0%	2.0674	3,377
2006	7,792,721	83,193	1.1%	1.9783	5,040
2007	11,353,779	11,872	0.1%	1.8932	7,072
2008	15,997,941	301,011	1.9%	1.8116	9,207
2009	19,222,040	789,332	4.1%	1.7336	10,260
2010	21,477,000	1,064,127	5.0%	1.6590	11,510
2011	24,919,689	972,667	3.9%	1.5875	13,594
2012	28,592,653	2,217,773	7.8%	1.5192	14,500
2013	28,639,922	2,388,229	8.3%	1.4537	14,290
2014	28,197,747	3,472,143	12.3%	1.3911	14,085
2015	27,774,191	4,501,516	16.2%	1.3312	13,913
2016	27,405,962	5,545,650	20.2%	1.2739	13,755
2017	26,805,312	9,367,478	34.9%	1.2191	13,614
2018	25,612,638	9,396,602	36.7%	1.1666	13,456
2019	25,146,571	8,444,446	33.6%	1.1163	13,304
2020	27,591,326	9,005,224	32.6%	1.0683	13,177
2021	28,680,952	14,072,701	49.1%	1.0223	12,984
2022	28,196,147	14,526,345	51.5%	0.9782	12,734
2023	27,459,868	16,895,897	61.5%	0.9361	12,480
2024	26,753,054	19,545,845	73.1%	0.8958	12,204
2025	26,000,249	22,444,408	86.3%	0.8572	11,901
2026	25,215,950	25,515,863	101.2%	0.8203	11,574
2027	24,374,831	28,742,173	117.9%	0.7850	11,216
2028	23,499,822	32,062,575	136.4%	0.7512	10,836
2029	22,576,824	35,381,271	156.7%	0.7188	10,429
2030	21,614,144	38,620,312	178.7%	0.6879	10,001
2031	20,616,179	41,619,662	201.9%	0.6583	9,554
2032	19,582,871	44,852,049	229.0%	0.6299	9,088
2033	18,523,350	48,365,677	261.1%	0.6028	8,607
2034	17,439,705	51,503,273	295.3%	0.5768	8,113
2035	16,337,442	54,162,452	331.5%	0.5520	7,607
2036	15,223,220	56,243,983	369.5%	0.5282	7,095
2037	14,099,783	57,706,243	409.3%	0.5055	6,581
2038	12,989,529	58,612,406	451.2%	0.4837	6,068
2039	11,894,859	58,818,104	494.5%	0.4629	5,562
2040	10,825,419	58,363,651	539.1%	0.4429	5,067
2041	9,791,617	57,356,573	585.8%	0.4239	4,587
2042	8,800,474	55,783,122	633.9%	0.4056	4,126
2043	7,858,220	53,707,519	683.5%	0.3882	3,687
2044	6,970,853	51,194,779	734.4%	0.3714	3,274
2045	6,143,130	48,381,572	787.6%	0.3554	2,888
2046	5,378,236	45,397,441	844.1%	0.3401	2,531
2047	4,677,259	42,216,096	902.6%	0.3255	2,203
2048	4,040,502	38,843,153	961.3%	0.3115	1,904
2049	3,466,861	35,352,388	1019.7%	0.2981	1,636
2050	2,955,131	31,823,400	1076.9%	0.2852	1,396
2051	2,502,720	28,513,739	1139.3%	0.2729	1,183
2052	2,105,993	25,348,614	1203.6%	0.2612	997
2053	1,760,791	22,330,623	1268.2%	0.2499	834
2054	1,462,817	19,606,827	1340.3%	0.2392	694
2055	1,207,920	17,095,487	1415.3%	0.2289	574
2056	991,777	14,787,318	1491.0%	0.2190	472
2057	809,741	12,674,868	1565.3%	0.2096	386
2058	657,486	10,883,497	1655.3%	0.2006	314
2059	531,041	9,327,195	1756.4%	0.1919	254
2060	426,841	7,983,687	1870.4%	0.1837	205
2061	341,510	6,812,970	1995.0%	0.1758	164
2062	272,041	5,781,447	2125.2%	0.1682	131
2063	215,850	4,873,688	2257.9%	0.1609	104
2064	170,643	4,090,530	2397.1%	0.1540	82
2065	134,406	3,429,582	2551.7%	0.1474	65
2066	105,469	2,848,912	2701.2%	0.1410	51
2067	82,445	2,350,096	2850.5%	0.1350	40
2068	64,188	1,947,891	3034.7%	0.1291	31
2069	49,737	1,605,561	3228.1%	0.1236	24
2070	38,326	1,306,526	3409.0%	0.1183	18
2071	29,358	1,056,675	3599.3%	0.1132	14
2072	22,354	852,732	3814.8%	0.1083	11
2073	16,922	680,482	4021.3%	0.1036	8
2074	12,739	540,168	4240.3%	0.0992	6
2075	9,532	421,037	4417.1%	0.0949	4
2076	7,101	321,262	4524.3%	0.0908	3
2077	5,257	237,790	4523.5%	0.0869	2
2078	3,876	175,397	4525.0%	0.0832	2
2079	2,838	129,377	4558.5%	0.0796	1
2080	2,066	94,064	4552.8%	0.0762	1
2081	1,494	67,422	4512.6%	0.0729	1

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	534,301,650	85,952,455	16.1%
<b>Future:</b>	301,282,161	681,757,015	226.3%
<b>Lifetime:</b>	835,583,812	767,709,471	91.9%

\*Includes all rate increases approved in your state applied to all policies Virginia, but excludes the rate increase requested in this filing

**Genworth Life Insurance Company**  
**Address: 6620 West Broad Street, Richmond, VA 23230**  
**Company NAIC No: 70025**

**Actuarial Memorandum**  
**October 2022**

**CONFIDENTIAL**

**Additional Exhibit IVa: Choice 2 & 2.1 Policy Forms - Virginia Experience**  
**Lifetime High BIO With Requested 209% Rate Increase for Non-AARP Policies**  
**Applicable to Policies Issued Prior to October 1, 2003**  
**Excludes Paid Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4.50% Discount Factor	Lives
2003	40,350	-	0.0%	2.2576	87
2004	696,712	-	0.0%	2.1604	466
2005	1,600,424	-	0.0%	2.0674	815
2006	2,571,834	-	0.0%	1.9783	1,189
2007	3,403,945	28,335	0.8%	1.8932	1,479
2008	4,093,077	-	0.0%	1.8116	1,691
2009	4,438,325	1,255,832	28.3%	1.7336	1,737
2010	4,572,374	112,901	2.5%	1.6590	1,776
2011	4,674,549	1,782,883	38.1%	1.5875	1,851
2012	4,906,300	712,144	14.5%	1.5192	1,892
2013	4,903,449	1,331,224	27.1%	1.4537	1,878
2014	4,849,460	116,200	2.4%	1.3911	1,854
2015	4,789,022	2,496,504	52.1%	1.3312	1,834
2016	4,733,562	679,227	14.3%	1.2739	1,813
2017	4,661,624	3,140,669	67.4%	1.2191	1,796
2018	4,557,519	3,577,000	78.5%	1.1666	1,778
2019	4,500,040	756,867	16.8%	1.1163	1,765
2020	5,064,657	2,011,409	39.7%	1.0683	1,752
2021	5,341,866	2,053,032	38.4%	1.0223	1,737
2022	5,289,259	3,754,726	71.0%	0.9782	1,709
2023	8,673,082	4,565,572	52.6%	0.9361	1,680
2024	15,346,966	5,737,243	37.4%	0.8958	1,647
2025	14,994,301	6,417,067	42.8%	0.8572	1,612
2026	14,634,357	7,191,633	49.1%	0.8203	1,573
2027	14,241,321	8,023,713	56.3%	0.7850	1,530
2028	13,816,128	8,862,784	64.1%	0.7512	1,484
2029	13,356,176	9,687,976	72.5%	0.7188	1,436
2030	12,861,891	10,531,364	81.9%	0.6879	1,384
2031	12,349,970	11,377,902	92.1%	0.6583	1,329
2032	11,813,537	12,335,482	104.4%	0.6299	1,272
2033	11,253,199	13,343,601	118.6%	0.6028	1,212
2034	10,670,552	14,261,188	133.6%	0.5768	1,149
2035	10,068,551	15,055,357	149.5%	0.5520	1,084
2036	9,450,739	15,694,147	166.1%	0.5282	1,018
2037	8,822,159	16,140,203	183.0%	0.5055	950
2038	8,188,589	16,393,800	200.2%	0.4837	882
2039	7,550,488	16,490,677	218.4%	0.4629	814
2040	6,913,935	16,406,057	237.3%	0.4429	746
2041	6,300,857	16,128,969	256.0%	0.4239	680
2042	5,705,699	15,624,441	273.8%	0.4056	616
2043	5,133,316	14,971,103	291.6%	0.3882	554
2044	4,587,931	14,231,964	310.2%	0.3714	496
2045	4,073,353	13,451,538	330.2%	0.3554	440
2046	3,592,372	12,620,232	351.3%	0.3401	388
2047	3,146,895	11,723,877	372.6%	0.3255	340
2048	2,738,250	10,782,116	393.8%	0.3115	296
2049	2,367,018	9,778,986	413.1%	0.2981	256
2050	2,032,859	8,777,252	431.8%	0.2852	219
2051	1,734,808	7,806,451	450.0%	0.2729	187
2052	1,471,264	6,894,134	468.6%	0.2612	159
2053	1,240,185	6,077,074	490.0%	0.2499	134
2054	1,039,299	5,357,512	515.5%	0.2392	112
2055	866,067	4,730,123	546.2%	0.2289	93
2056	717,825	4,149,612	578.1%	0.2190	77
2057	591,936	3,599,055	608.0%	0.2096	64
2058	485,740	3,118,476	642.0%	0.2006	52
2059	396,734	2,702,150	681.1%	0.1919	43
2060	322,557	2,349,546	728.4%	0.1837	35
2061	261,059	2,020,615	774.0%	0.1758	28
2062	210,300	1,712,558	814.3%	0.1682	22
2063	168,632	1,433,490	850.1%	0.1609	18
2064	134,538	1,196,156	889.1%	0.1540	14
2065	106,734	1,003,526	940.2%	0.1474	11
2066	84,125	832,148	989.2%	0.1410	9
2067	65,837	672,365	1021.3%	0.1350	7
2068	51,127	535,057	1046.5%	0.1291	5
2069	39,363	415,773	1056.3%	0.1236	4
2070	30,028	320,873	1068.6%	0.1183	3
2071	22,657	243,805	1076.1%	0.1132	2
2072	16,907	180,210	1065.9%	0.1083	2
2073	12,458	131,846	1058.3%	0.1036	1
2074	9,055	96,009	1060.3%	0.0992	1
2075	6,492	69,371	1068.5%	0.0949	1
2076	4,579	49,451	1080.1%	0.0908	0
2077	3,181	34,700	1090.9%	0.0869	0
2078	2,174	23,951	1101.6%	0.0832	0
2079	1,466	16,210	1105.5%	0.0796	0
2080	972	10,728	1104.0%	0.0762	0
2081	634	6,926	1092.3%	0.0729	0

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	107,180,615	25,709,701	24.0%
<b>Future:</b>	162,772,956	189,421,173	116.4%
<b>Lifetime:</b>	269,953,571	215,130,874	79.7%

\*Includes all rate increases approved in your state applied to all policies 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**

**Actuarial Memorandum**  
**October 2022**

**CONFIDENTIAL**

**Additional Exhibit IVb: Choice 2 & 2.1 Policy Forms - Virginia Experience**  
**Limited High BIO With Requested 106% Rate Increase for Non-AARP**  
**Applicable to Policies Issued Prior to October 1, 2003**  
**Excludes Paid Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Discount Factor 4.50%	Lives
2003	113,234	-	0.0%	2.2576	351
2004	1,970,194	-	0.0%	2.1604	1,782
2005	4,728,070	-	0.0%	2.0674	3,377
2006	7,792,721	83,193	1.1%	1.9783	5,040
2007	11,353,779	11,872	0.1%	1.8932	7,072
2008	15,997,941	301,011	1.9%	1.8116	9,207
2009	19,222,040	789,332	4.1%	1.7336	10,260
2010	21,477,000	1,064,127	5.0%	1.6590	11,510
2011	24,919,689	972,667	3.9%	1.5875	13,594
2012	28,592,653	2,217,773	7.8%	1.5192	14,500
2013	28,639,922	2,388,229	8.3%	1.4537	14,290
2014	28,197,747	3,472,143	12.3%	1.3911	14,085
2015	27,774,191	4,501,516	16.2%	1.3312	13,913
2016	27,405,962	5,545,650	20.2%	1.2739	13,755
2017	26,805,312	9,367,478	34.9%	1.2191	13,614
2018	25,612,638	9,396,602	36.7%	1.1666	13,456
2019	25,146,571	8,444,446	33.6%	1.1163	13,304
2020	27,591,326	9,005,224	32.6%	1.0683	13,177
2021	28,680,952	14,072,701	49.1%	1.0223	12,984
2022	28,196,147	14,526,345	51.5%	0.9782	12,734
2023	36,925,310	17,592,730	47.6%	0.9361	12,480
2024	54,509,455	21,776,258	39.9%	0.8958	12,204
2025	53,110,415	24,898,899	46.9%	0.8572	11,901
2026	51,607,959	28,235,010	54.7%	0.8203	11,574
2027	49,977,496	31,751,964	63.5%	0.7850	11,216
2028	48,241,227	35,370,978	73.3%	0.7512	10,836
2029	46,385,738	38,973,600	84.0%	0.7188	10,429
2030	44,432,059	42,464,580	95.6%	0.6879	10,001
2031	42,395,909	45,668,395	107.7%	0.6583	9,554
2032	40,285,855	49,106,362	121.9%	0.6299	9,088
2033	38,115,121	52,823,679	138.6%	0.6028	8,607
2034	35,890,918	56,094,500	156.3%	0.5768	8,113
2035	33,626,197	58,815,141	174.9%	0.5520	7,607
2036	31,336,003	60,890,679	194.3%	0.5282	7,095
2037	29,026,425	62,288,743	214.6%	0.5055	6,581
2038	26,742,895	63,083,165	235.9%	0.4837	6,068
2039	24,491,325	63,120,297	257.7%	0.4629	5,562
2040	22,291,334	62,453,998	280.2%	0.4429	5,067
2041	20,163,297	61,207,654	303.6%	0.4239	4,587
2042	18,122,798	59,372,284	327.6%	0.4056	4,126
2043	16,182,875	57,019,369	352.3%	0.3882	3,687
2044	14,355,783	54,217,312	377.7%	0.3714	3,274
2045	12,651,738	51,101,518	403.9%	0.3554	2,888
2046	11,077,098	47,812,915	431.6%	0.3401	2,531
2047	9,634,145	44,338,646	460.2%	0.3255	2,203
2048	8,322,967	40,687,883	488.9%	0.3115	1,904
2049	7,141,637	36,939,420	517.2%	0.2981	1,636
2050	6,087,524	33,175,725	545.0%	0.2852	1,396
2051	5,155,601	29,661,353	575.3%	0.2729	1,183
2052	4,338,346	26,314,830	606.6%	0.2612	997
2053	3,627,229	23,136,324	637.9%	0.2499	834
2054	3,013,403	20,276,353	672.9%	0.2392	694
2055	2,488,316	17,646,675	709.2%	0.2289	574
2056	2,043,060	15,236,075	745.7%	0.2190	472
2057	1,668,067	13,037,002	781.6%	0.2096	386
2058	1,354,421	11,176,764	825.2%	0.2006	314
2059	1,093,945	9,564,295	874.3%	0.1919	254
2060	879,293	8,174,791	929.7%	0.1837	205
2061	703,511	6,966,106	990.2%	0.1758	164
2062	560,404	5,903,238	1053.4%	0.1682	131
2063	444,651	4,969,799	1117.7%	0.1609	104
2064	351,526	4,165,957	1185.1%	0.1540	82
2065	276,876	3,488,717	1260.0%	0.1474	65
2066	217,265	2,894,830	1332.4%	0.1410	51
2067	169,836	2,385,543	1404.6%	0.1350	40
2068	132,228	1,975,450	1494.0%	0.1291	31
2069	102,458	1,626,779	1587.7%	0.1236	24
2070	78,951	1,322,652	1675.3%	0.1183	18
2071	60,478	1,068,903	1767.4%	0.1132	14
2072	46,048	861,962	1871.9%	0.1083	11
2073	34,859	687,376	1971.9%	0.1036	8
2074	26,242	545,283	2077.9%	0.0992	6
2075	19,636	424,767	2163.2%	0.0949	4
2076	14,628	323,929	2214.5%	0.0908	3
2077	10,829	239,636	2212.9%	0.0869	2
2078	7,985	176,672	2212.6%	0.0832	2
2079	5,847	130,260	2228.0%	0.0796	1
2080	4,256	94,665	2224.2%	0.0762	1
2081	3,078	67,828	2203.8%	0.0729	1

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	534,301,650	85,952,455	16.1%
<b>Future:</b>	571,157,046	733,684,604	128.5%
<b>Lifetime:</b>	1,105,458,697	819,637,059	74.1%

\*Includes all rate increases approved in your state applied to all policies 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**

**Actuarial Memorandum**  
**October 2022**

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**Additional Exhibit IVc: Choice 2 & 2.1 Policy Forms - Virginia Experience**  
**Lifetime High BIO With Requested 234% Rate Increase for Non-AARP Policies**  
**Applicable to Policies Issued Prior to October 1, 2003**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4.50%	Lives
				Discount Factor	
2003	40,350	-	0.0%	2.2576	87
2004	696,712	-	0.0%	2.1604	466
2005	1,600,424	-	0.0%	2.0674	815
2006	2,571,834	-	0.0%	1.9783	1,189
2007	3,403,945	28,335	0.8%	1.8932	1,479
2008	4,093,077	-	0.0%	1.8116	1,691
2009	4,438,325	1,255,832	28.3%	1.7336	1,737
2010	4,572,374	112,901	2.5%	1.6590	1,776
2011	4,674,549	1,782,883	38.1%	1.5875	1,851
2012	4,906,300	712,144	14.5%	1.5192	1,892
2013	4,903,449	1,331,224	27.1%	1.4537	1,878
2014	4,849,460	116,200	2.4%	1.3911	1,854
2015	4,789,022	2,496,504	52.1%	1.3312	1,834
2016	4,733,562	679,227	14.3%	1.2739	1,813
2017	4,661,624	3,140,669	67.4%	1.2191	1,796
2018	4,557,519	3,577,000	78.5%	1.1666	1,778
2019	4,500,040	756,867	16.8%	1.1163	1,765
2020	5,064,657	2,011,409	39.7%	1.0683	1,752
2021	5,341,866	2,053,032	38.4%	1.0223	1,737
2022	5,289,259	3,754,726	71.0%	0.9782	1,709
2023	9,092,377	4,600,599	50.6%	0.9361	1,680
2024	16,578,569	5,845,064	35.3%	0.8958	1,647
2025	16,199,099	6,531,994	40.3%	0.8572	1,612
2026	15,811,482	7,315,631	46.3%	0.8203	1,573
2027	15,387,858	8,157,567	53.0%	0.7850	1,530
2028	14,929,270	9,006,118	60.3%	0.7512	1,484
2029	14,432,938	9,840,177	68.2%	0.7188	1,436
2030	13,899,354	10,692,067	76.9%	0.6879	1,384
2031	13,346,582	11,546,290	86.5%	0.6583	1,329
2032	12,767,208	12,512,273	98.0%	0.6299	1,272
2033	12,161,911	13,528,352	111.2%	0.6028	1,212
2034	11,532,433	14,451,385	125.3%	0.5768	1,149
2035	10,881,981	15,248,103	140.1%	0.5520	1,084
2036	10,214,399	15,886,608	155.5%	0.5282	1,018
2037	9,535,141	16,329,690	171.3%	0.5055	950
2038	8,850,472	16,577,908	187.3%	0.4837	882
2039	8,160,909	16,667,551	204.2%	0.4629	814
2040	7,472,956	16,573,890	221.8%	0.4429	746
2041	6,810,381	16,286,272	239.1%	0.4239	680
2042	6,167,138	15,769,890	255.7%	0.4056	616
2043	5,548,489	15,104,245	272.2%	0.3882	554
2044	4,959,014	14,352,838	289.4%	0.3714	496
2045	4,402,835	13,559,914	308.0%	0.3554	440
2046	3,882,965	12,716,067	327.5%	0.3401	388
2047	3,401,471	11,807,693	347.1%	0.3255	340
2048	2,959,778	10,854,676	366.7%	0.3115	296
2049	2,558,514	9,841,029	384.6%	0.2981	256
2050	2,197,326	8,829,851	401.8%	0.2852	219
2051	1,875,164	7,850,725	418.7%	0.2729	187
2052	1,590,298	6,931,155	435.8%	0.2612	159
2053	1,340,524	6,107,887	455.6%	0.2499	134
2054	1,123,385	5,383,093	479.2%	0.2392	112
2055	936,137	4,751,342	507.5%	0.2289	93
2056	775,901	4,167,080	537.1%	0.2190	77
2057	639,827	3,613,275	564.7%	0.2096	64
2058	525,039	3,130,022	596.1%	0.2006	52
2059	428,832	2,711,488	632.3%	0.1919	43
2060	348,654	2,357,136	676.1%	0.1837	35
2061	282,180	2,026,739	718.2%	0.1758	28
2062	227,315	1,717,438	755.5%	0.1682	22
2063	182,275	1,437,326	788.5%	0.1609	18
2064	145,423	1,199,131	824.6%	0.1540	14
2065	115,369	1,005,851	871.9%	0.1474	11
2066	90,931	833,953	917.1%	0.1410	9
2067	71,164	673,734	946.7%	0.1350	7
2068	55,263	536,083	970.0%	0.1291	5
2069	42,547	416,515	978.9%	0.1236	4
2070	32,457	321,406	990.2%	0.1183	3
2071	24,490	244,185	997.1%	0.1132	2
2072	18,275	180,476	987.6%	0.1083	2
2073	13,466	132,029	980.4%	0.1036	1
2074	9,787	96,135	982.2%	0.0992	1
2075	7,018	69,457	989.7%	0.0949	1
2076	4,949	49,509	1000.4%	0.0908	0
2077	3,438	34,738	1010.3%	0.0869	0
2078	2,350	23,976	1020.2%	0.0832	0
2079	1,585	16,226	1023.8%	0.0796	0
2080	1,050	10,738	1022.3%	0.0762	0
2081	685	6,933	1011.5%	0.0729	0

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	107,180,615	25,709,701	24.0%
<b>Future:</b>	175,217,147	191,609,506	109.4%
<b>Lifetime:</b>	282,397,762	217,319,207	77.0%

\*Includes all rate increases approved in your state applied to all policies 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**

**Actuarial Memorandum**  
**October 2022**

CONFIDENTIAL

**Additional Exhibit IVd: Choice 2 & 2.1 Policy Forms - Virginia Experience**  
**Limited High BIO With Requested 103% Rate Increase for Non-AARP**  
**Applicable to Policies Issued Prior to October 1, 2003**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4.50%	Lives
				Discount Factor	
2003	113,234	-	0.0%	2.2576	351
2004	1,970,194	-	0.0%	2.1604	1,782
2005	4,728,070	-	0.0%	2.0674	3,377
2006	7,792,721	83,193	1.1%	1.9783	5,040
2007	11,353,779	11,872	0.1%	1.8932	7,072
2008	15,997,941	301,011	1.9%	1.8116	9,207
2009	19,222,040	789,332	4.1%	1.7336	10,260
2010	21,477,000	1,064,127	5.0%	1.6590	11,510
2011	24,919,689	972,667	3.9%	1.5875	13,594
2012	28,592,653	2,217,773	7.8%	1.5192	14,500
2013	28,639,922	2,388,229	8.3%	1.4537	14,290
2014	28,197,747	3,472,143	12.3%	1.3911	14,085
2015	27,774,191	4,501,516	16.2%	1.3312	13,913
2016	27,405,962	5,545,650	20.2%	1.2739	13,755
2017	26,805,312	9,367,478	34.9%	1.2191	13,614
2018	25,612,638	9,396,602	36.7%	1.1666	13,456
2019	25,146,571	8,444,446	33.6%	1.1163	13,304
2020	27,591,326	9,005,224	32.6%	1.0683	13,177
2021	28,680,952	14,072,701	49.1%	1.0223	12,984
2022	28,196,147	14,526,345	51.5%	0.9782	12,734
2023	36,657,420	17,573,008	47.9%	0.9361	12,480
2024	53,723,896	21,713,133	40.4%	0.8958	12,204
2025	52,343,146	24,829,432	47.4%	0.8572	11,901
2026	50,861,016	28,158,053	55.4%	0.8203	11,574
2027	49,252,893	31,666,782	64.3%	0.7850	11,216
2028	47,540,999	35,277,344	74.2%	0.7512	10,836
2029	45,711,901	38,871,930	85.0%	0.7188	10,429
2030	43,786,269	42,355,780	96.7%	0.6879	10,001
2031	41,779,502	45,553,808	109.0%	0.6583	9,554
2032	39,699,922	48,985,957	123.4%	0.6299	9,088
2033	37,560,637	52,697,509	140.3%	0.6028	8,607
2034	35,368,714	55,964,559	158.2%	0.5768	8,113
2035	33,136,893	58,683,461	177.1%	0.5520	7,607
2036	30,879,981	60,759,169	196.8%	0.5282	7,095
2037	28,603,973	62,159,049	217.3%	0.5055	6,581
2038	26,353,649	62,956,635	238.9%	0.4837	6,068
2039	24,134,821	62,998,537	261.0%	0.4629	5,562
2040	21,966,827	62,338,233	283.8%	0.4429	5,067
2041	19,869,758	61,098,661	307.5%	0.4239	4,587
2042	17,858,958	59,270,704	331.9%	0.4056	4,126
2043	15,947,271	56,925,638	357.0%	0.3882	3,687
2044	14,146,775	54,131,769	382.6%	0.3714	3,274
2045	12,467,532	51,024,538	409.3%	0.3554	2,888
2046	10,915,810	47,744,552	437.4%	0.3401	2,531
2047	9,493,856	44,278,574	466.4%	0.3255	2,203
2048	8,201,765	40,635,673	495.5%	0.3115	1,904
2049	7,037,634	36,894,504	524.2%	0.2981	1,636
2050	5,998,871	33,137,452	552.4%	0.2852	1,396
2051	5,080,519	29,628,873	583.2%	0.2729	1,183
2052	4,275,166	26,287,484	614.9%	0.2612	997
2053	3,574,405	23,113,522	646.6%	0.2499	834
2054	2,969,519	20,257,405	682.2%	0.2392	694
2055	2,452,078	17,631,076	719.0%	0.2289	574
2056	2,013,306	15,223,374	756.1%	0.2190	472
2057	1,643,775	13,026,753	792.5%	0.2096	386
2058	1,334,696	11,168,464	836.8%	0.2006	314
2059	1,078,013	9,557,585	886.6%	0.1919	254
2060	866,488	8,169,382	942.8%	0.1837	205
2061	693,266	6,961,772	1004.2%	0.1758	164
2062	552,242	5,899,791	1068.3%	0.1682	131
2063	438,176	4,967,079	1133.6%	0.1609	104
2064	346,406	4,163,823	1202.0%	0.1540	82
2065	272,844	3,487,044	1278.0%	0.1474	65
2066	214,101	2,893,531	1351.5%	0.1410	51
2067	167,363	2,384,540	1424.8%	0.1350	40
2068	130,302	1,974,670	1515.5%	0.1291	31
2069	100,966	1,626,178	1610.6%	0.1236	24
2070	77,801	1,322,195	1699.4%	0.1183	18
2071	59,597	1,068,557	1793.0%	0.1132	14
2072	45,378	861,701	1899.0%	0.1083	11
2073	34,352	687,181	2000.4%	0.1036	8
2074	25,860	545,139	2108.0%	0.0992	6
2075	19,350	424,661	2194.6%	0.0949	4
2076	14,415	323,854	2246.7%	0.0908	3
2077	10,671	239,584	2245.1%	0.0869	2
2078	7,869	176,636	2244.8%	0.0832	2
2079	5,761	130,235	2260.5%	0.0796	1
2080	4,194	94,648	2256.7%	0.0762	1
2081	3,033	67,816	2236.0%	0.0729	1

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	534,301,650	85,952,455	16.1%
<b>Future:</b>	563,519,078	732,214,955	129.9%
<b>Lifetime:</b>	1,097,820,728	818,167,411	74.5%

\*Includes all rate increases approved in your state applied to all policies 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 2022**

**CONFIDENTIAL**

**Additional Exhibit Va: Choice2&2.1 Policy Forms - Nationwide Experience (VA  
Forms Only)**  
**Historical Claim Count**

<b>Calendar Year</b>	<b>Claim Count</b>
2003	0
2004	12
2005	52
2006	94
2007	176
2008	269
2009	338
2010	492
2011	541
2012	768
2013	861
2014	1,070
2015	1,331
2016	1,498
2017	1,770
2018	1,990
2019	2,198
2020	2,143
2021	2,877
<b>Total</b>	<b>18,322</b>

**Genworth Life Insurance Company**  
**Address: 6620 West Broad Street, Richmond, VA 23230**  
**Company NAIC No: 70025**

**Additional Exhibits**  
**October 2022**

**CONFIDENTIAL**  
**Lifetime (High BIO)**

**Additional Exhibit Via: Choice 2&2.1 Actual to Expected by Calendar Year**  
**Nationwide Experience based on Original Pricing and CFT 2021 Assumptions**  
**With Virginia Approved Rate Increases**  
**Data as of December 31, 2021**  
**Lifetime Policies**

Calendar Year	Actual Past and Best Estimate Future			Original Pricing Applied to Actual Mix			4.5%	
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	A to E Loss Ratio	Discount Factor
2003	629,532	-	0.0%	682,548	9,188	1.3%	0.0%	2.2576
2004	10,968,376	1,248	0.0%	13,910,366	191,764	1.4%	0.8%	2.1604
2005	25,846,740	1,331,545	5.2%	35,128,447	623,978	1.8%	290.0%	2.0674
2006	43,059,305	1,783,618	4.1%	61,793,342	1,301,073	2.1%	196.7%	1.9783
2007	60,358,454	2,238,698	3.7%	88,903,642	2,214,083	2.5%	148.9%	1.8932
2008	75,042,499	6,386,463	8.5%	113,181,460	3,400,113	3.0%	283.3%	1.8116
2009	81,154,912	11,611,205	14.3%	124,636,325	4,683,033	3.8%	380.8%	1.7336
2010	85,470,861	13,806,144	16.2%	132,783,092	6,111,478	4.6%	351.0%	1.6590
2011	90,791,548	9,530,878	10.5%	142,863,012	7,736,056	5.4%	200.0%	1.5875
2012	93,216,185	15,763,953	16.9%	147,872,561	9,455,979	6.4%	264.5%	1.5192
2013	92,230,574	17,943,436	19.5%	144,917,573	11,106,019	7.7%	253.9%	1.4537
2014	90,595,341	25,647,182	28.3%	140,674,807	12,892,593	9.2%	308.9%	1.3911
2015	89,076,656	26,450,017	29.7%	136,016,778	14,813,892	10.9%	272.6%	1.3312
2016	87,516,158	38,644,248	44.2%	130,450,186	17,017,922	13.0%	338.5%	1.2739
2017	85,800,049	48,592,511	56.6%	123,678,243	19,422,618	15.7%	360.6%	1.2191
2018	83,741,163	43,817,119	52.3%	117,857,055	22,229,556	18.9%	277.4%	1.1666
2019	82,003,313	59,579,722	72.7%	113,165,516	25,427,574	22.5%	323.4%	1.1163
2020	93,219,948	51,658,052	55.4%	109,089,218	29,064,551	26.6%	208.0%	1.0683
2021	98,404,972	67,730,223	68.8%	103,818,208	32,949,081	31.7%	216.9%	1.0223
2022	97,197,685	73,246,252	75.4%	99,441,148	37,363,054	37.6%	200.6%	0.9782
2023	125,727,409	85,422,469	67.9%	96,024,964	42,175,085	43.9%	154.7%	0.9361
2024	143,895,945	97,643,192	67.9%	93,075,504	47,501,469	51.0%	133.0%	0.8958
2025	140,341,163	108,950,623	77.6%	89,556,768	52,960,958	59.1%	131.3%	0.8572
2026	136,531,934	121,251,292	88.8%	86,246,664	58,813,063	68.2%	130.2%	0.8203
2027	132,449,321	134,285,095	101.4%	82,898,591	64,897,158	78.3%	129.5%	0.7850
2028	128,072,624	147,543,297	115.2%	79,717,857	71,388,854	89.6%	128.6%	0.7512
2029	123,441,859	160,596,768	130.1%	76,033,077	77,633,794	102.1%	127.4%	0.7188
2030	118,559,049	173,411,456	146.3%	72,527,149	84,107,982	116.0%	126.1%	0.6879
2031	113,471,042	185,886,926	163.8%	68,979,800	90,524,862	131.2%	124.8%	0.6583
2032	108,192,270	199,956,709	184.8%	65,583,369	97,029,140	147.9%	124.9%	0.6299
2033	102,736,911	215,191,628	209.5%	61,803,087	102,734,952	166.2%	126.0%	0.6028
2034	97,117,775	229,060,079	235.9%	58,202,745	108,712,428	186.8%	126.3%	0.5768
2035	91,366,425	240,948,901	263.7%	54,606,381	115,035,032	210.7%	125.2%	0.5520
2036	85,515,140	250,537,726	293.0%	51,172,013	122,269,085	238.9%	122.6%	0.5282
2037	79,612,283	257,374,532	323.3%	47,492,905	129,406,205	272.5%	118.6%	0.5055
2038	73,703,104	261,222,473	354.4%	44,013,855	137,170,412	311.7%	113.7%	0.4837
2039	67,837,243	262,539,927	387.0%	40,608,095	144,635,830	356.2%	108.7%	0.4629
2040	62,064,633	261,021,141	420.6%	37,395,397	151,948,566	406.3%	103.5%	0.4429
2041	56,440,375	256,717,098	454.8%	34,077,836	157,686,139	462.7%	98.3%	0.4239
2042	51,006,765	249,395,852	488.9%	30,983,390	162,732,544	525.2%	93.1%	0.4056
2043	45,804,424	239,496,247	522.9%	28,027,102	166,466,639	593.9%	88.0%	0.3882
2044	40,866,137	228,007,034	557.9%	25,291,639	169,186,863	668.9%	83.4%	0.3714
2045	36,226,519	215,570,259	595.1%	22,572,918	169,419,525	750.5%	79.3%	0.3554
2046	31,902,599	202,262,486	634.0%	20,093,714	168,496,913	838.6%	75.6%	0.3401
2047	27,906,978	188,144,959	674.2%	17,787,715	165,942,581	932.9%	72.3%	0.3255
2048	24,252,758	173,161,670	714.0%	15,702,934	162,250,609	1033.3%	69.1%	0.3115
2049	20,937,466	157,398,030	751.8%	13,707,720	156,096,515	1138.7%	66.0%	0.2981
2050	17,958,827	141,648,295	788.7%	11,932,813	149,012,960	1248.8%	63.2%	0.2852
2051	15,307,081	126,470,240	826.2%	10,329,549	140,797,500	1363.1%	60.6%	0.2729
2052	12,965,933	112,120,585	864.7%	8,917,337	132,018,190	1480.5%	58.4%	0.2612
2053	10,915,889	98,908,542	906.1%	7,612,025	121,830,801	1600.5%	56.6%	0.2499
2054	9,135,519	87,083,770	953.2%	6,480,956	111,626,582	1722.4%	55.3%	0.2392
2055	7,601,975	76,541,693	1006.9%	5,488,550	101,320,864	1846.0%	54.5%	0.2289
2056	6,291,308	67,102,307	1066.6%	4,637,323	91,393,853	1970.8%	54.1%	0.2190
2057	5,177,244	58,676,336	1133.4%	3,876,083	81,196,923	2094.8%	54.1%	0.2096
2058	4,240,077	51,226,764	1208.2%	3,232,468	71,715,229	2218.6%	54.5%	0.2006
2059	3,456,009	44,514,199	1288.0%	2,683,144	62,854,121	2342.6%	55.0%	0.1919
2060	2,803,985	38,522,041	1373.8%	2,224,042	54,849,830	2466.2%	55.7%	0.1837
2061	2,264,810	33,209,278	1466.3%	1,825,640	47,295,666	2590.6%	56.6%	0.1758
2062	1,821,245	28,420,136	1560.5%	1,497,247	40,671,417	2716.4%	57.4%	0.1682
2063	1,458,197	24,156,875	1656.6%	1,223,692	34,824,895	2845.9%	58.2%	0.1609
2064	1,162,242	20,428,819	1757.7%	999,950	29,832,294	2983.4%	58.9%	0.1540
2065	921,769	17,143,690	1859.0%	810,226	25,384,334	3133.0%	59.4%	0.1474
2066	727,174	14,236,625	1957.8%	656,941	21,658,019	3296.8%	59.4%	0.1410
2067	570,405	11,680,830	2047.8%	531,695	18,479,306	3475.5%	58.9%	0.1350
2068	444,750	9,518,382	2140.2%	430,979	15,801,418	3666.4%	58.4%	0.1291
2069	344,550	7,680,276	2229.1%	346,949	13,430,533	3871.0%	57.6%	0.1236
2070	265,060	6,134,300	2314.3%	279,899	11,458,334	4093.7%	56.5%	0.1183
2071	202,403	4,821,717	2382.2%	225,672	9,772,846	4330.6%	55.0%	0.1132
2072	153,419	3,720,725	2425.2%	182,386	8,367,814	4588.0%	52.9%	0.1083
2073	115,423	2,832,090	2453.7%	146,467	7,122,182	4862.7%	50.5%	0.1036
2074	86,204	2,132,612	2473.9%	117,892	6,048,916	5130.9%	48.2%	0.0992
2075	63,913	1,588,316	2485.1%	94,822	5,096,600	5374.9%	46.2%	0.0949
2076	47,058	1,164,750	2475.1%	76,421	4,260,207	5574.6%	44.4%	0.0908
2077	34,407	842,978	2450.1%	61,172	3,489,841	5705.0%	42.9%	0.0869
2078	24,978	604,118	2418.6%	49,052	2,832,336	5774.1%	41.9%	0.0832
2079	18,010	430,715	2391.5%	39,286	2,283,662	5813.0%	41.1%	0.0796
2080	12,901	304,101	2357.1%	31,513	1,841,958	5845.1%	40.3%	0.0762
2081	9,192	213,151	2318.9%	25,092	1,481,696	5905.0%	39.3%	0.0729
<b>Accumulated and Present Values as of 12/31/2021:</b>								
Past	1,966,370,284	552,169,100	28.1%	2,878,488,724	277,760,400	9.6%	291.0%	
Future	1,585,275,835	3,095,868,935	195.3%	1,037,950,677	1,913,000,109	184.3%	106.0%	
Lifetime	3,551,646,119	3,648,038,035	102.7%	3,916,439,401	2,190,760,509	55.9%	183.6%	



Genworth Life Insurance Company  
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Company NAIC No: 70025

Additional Exhibits  
October 2022

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Limited (High BIO)

Additional Exhibit Vlb: Choice 2&2.1 Actual to Expected by Calendar Year  
Nationwide Experience based on Original Pricing and CFT 2021 Assumptions  
With Virginia Approved Rate Increases  
Data as of December 31, 2021  
Limited Policies

Calendar Year	Actual Past and Best Estimate Future			Original Pricing Applied to Actual Mix			4.5%	
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	A to E Loss Ratio	Discount Factor
2003	1,886,441	-	0.0%	1,799,981	44,970	2.5%	0.0%	2.2576
2004	32,552,984	566,074	1.7%	37,470,099	958,419	2.6%	68.0%	2.1604
2005	80,273,354	152,902	0.2%	100,874,730	3,214,963	3.2%	6.0%	2.0674
2006	139,448,160	1,534,468	1.1%	183,489,918	6,912,244	3.8%	29.2%	1.9783
2007	204,108,403	4,956,743	2.4%	272,987,052	12,104,419	4.4%	54.8%	1.8932
2008	279,870,885	10,400,614	3.7%	376,027,439	18,984,547	5.0%	73.6%	1.8116
2009	329,674,216	11,077,573	3.4%	445,667,618	26,510,483	5.9%	56.5%	1.7336
2010	372,495,057	18,482,249	5.0%	505,709,266	34,955,396	6.9%	71.8%	1.6590
2011	431,762,442	28,346,672	6.6%	591,771,756	44,792,936	7.6%	86.7%	1.5875
2012	464,840,794	40,866,028	8.8%	642,291,692	55,735,692	8.7%	101.3%	1.5192
2013	460,929,317	47,842,906	10.4%	628,785,038	66,734,788	10.6%	97.8%	1.4537
2014	453,385,531	70,912,152	15.6%	612,133,768	78,788,357	12.9%	121.5%	1.3911
2015	445,885,338	81,272,700	18.2%	596,062,776	91,838,273	15.4%	118.3%	1.3312
2016	437,750,467	92,692,961	21.2%	581,291,446	106,828,784	18.4%	115.2%	1.2739
2017	425,540,407	127,524,420	30.0%	562,569,679	123,169,340	21.9%	136.9%	1.2191
2018	410,414,987	153,285,341	37.3%	544,747,024	142,079,350	26.1%	143.2%	1.1666
2019	398,442,644	175,981,188	44.2%	527,568,651	163,389,417	31.0%	142.6%	1.1163
2020	449,155,569	183,646,033	40.9%	511,553,872	187,563,771	36.7%	111.5%	1.0683
2021	472,282,582	269,003,555	57.0%	490,144,784	213,221,894	43.5%	130.9%	1.0223
2022	460,284,482	268,527,806	58.3%	470,606,615	242,129,492	51.5%	113.4%	0.9782
2023	595,358,405	323,112,231	54.3%	453,605,679	273,415,355	60.3%	90.0%	0.9361
2024	679,445,248	379,593,558	55.9%	437,979,473	307,707,331	70.3%	79.5%	0.8958
2025	659,813,956	432,092,842	65.5%	419,639,635	342,519,195	81.6%	80.2%	0.8572
2026	638,838,306	487,918,680	76.4%	402,173,102	379,510,751	94.4%	80.9%	0.8203
2027	616,428,210	546,360,916	88.6%	384,440,149	417,362,494	108.6%	81.6%	0.7850
2028	592,573,635	605,658,148	102.2%	367,478,494	456,913,625	124.3%	82.2%	0.7512
2029	567,409,953	663,393,254	116.9%	348,270,481	493,913,502	141.8%	82.4%	0.7188
2030	541,057,832	717,671,687	132.6%	329,914,048	531,150,588	161.0%	82.4%	0.6879
2031	513,697,052	767,191,073	149.3%	311,454,251	566,938,189	182.0%	82.0%	0.6583
2032	485,606,721	820,615,324	169.0%	293,780,690	602,087,615	204.9%	82.5%	0.6299
2033	456,872,466	876,213,552	191.8%	274,506,376	630,850,399	229.8%	83.5%	0.6028
2034	427,622,246	923,093,896	215.9%	256,158,316	658,841,061	257.2%	83.9%	0.5768
2035	398,046,334	959,977,942	241.2%	238,015,360	685,490,495	288.0%	83.7%	0.5520
2036	368,352,599	985,759,505	267.6%	220,781,426	713,910,502	323.4%	82.8%	0.5282
2037	338,790,202	1,000,160,814	295.2%	202,692,709	738,042,487	364.1%	81.1%	0.5055
2038	309,649,282	1,001,996,818	323.6%	185,693,488	762,852,088	410.8%	78.8%	0.4837
2039	281,159,372	991,140,302	352.5%	169,255,652	784,083,764	463.3%	76.1%	0.4629
2040	253,587,114	969,832,560	382.4%	153,888,136	802,448,242	521.4%	73.3%	0.4429
2041	227,153,092	939,076,679	413.4%	138,362,125	810,874,705	586.1%	70.5%	0.4239
2042	202,055,763	899,085,130	445.0%	124,037,028	814,130,058	656.4%	67.8%	0.4056
2043	178,447,870	851,172,413	477.0%	110,534,173	808,903,456	731.8%	65.2%	0.3882
2044	156,459,985	797,580,467	509.8%	98,179,820	797,674,951	812.5%	62.7%	0.3714
2045	136,193,307	741,280,606	544.3%	86,172,087	774,202,940	898.4%	60.6%	0.3554
2046	117,696,266	683,279,274	580.5%	75,365,663	745,682,159	989.4%	58.7%	0.3401
2047	100,957,787	623,327,404	617.4%	65,487,410	709,912,138	1084.0%	57.0%	0.3255
2048	85,949,425	562,741,459	654.7%	56,689,044	669,929,763	1181.8%	55.4%	0.3115
2049	72,621,672	502,374,628	691.8%	48,465,745	621,566,837	1282.5%	53.9%	0.2981
2050	60,908,700	444,096,391	729.1%	41,270,019	571,908,935	1385.8%	52.6%	0.2852
2051	50,716,250	389,555,960	768.1%	34,899,066	520,408,546	1491.2%	51.5%	0.2729
2052	41,921,575	338,681,206	807.9%	29,389,194	469,161,700	1596.4%	50.6%	0.2612
2053	34,401,173	291,964,285	848.7%	24,432,689	415,638,848	1701.2%	49.8%	0.2499
2054	28,028,684	250,371,696	893.3%	20,225,840	365,370,933	1806.5%	49.4%	0.2392
2055	22,681,042	213,320,916	940.5%	16,624,768	317,915,016	1912.3%	49.2%	0.2289
2056	18,234,130	180,131,282	987.9%	13,607,782	274,648,185	2018.3%	48.9%	0.2190
2057	14,563,679	151,097,501	1037.5%	10,996,877	233,352,648	2122.0%	48.9%	0.2096
2058	11,559,113	126,434,390	1093.8%	8,852,395	196,659,227	2221.5%	49.2%	0.2006
2059	9,119,378	105,396,932	1155.7%	7,079,182	164,170,350	2319.1%	49.8%	0.1919
2060	7,154,193	87,450,771	1222.4%	5,641,814	136,297,212	2415.8%	50.6%	0.1837
2061	5,582,524	72,222,183	1298.7%	4,443,125	111,690,552	2513.8%	51.5%	0.1758
2062	4,333,443	59,235,585	1366.9%	3,489,493	91,163,146	2612.5%	52.3%	0.1682
2063	3,347,726	48,277,796	1442.1%	2,726,180	73,934,475	2712.0%	53.2%	0.1609
2064	2,574,696	39,211,627	1523.0%	2,125,991	59,883,428	2816.7%	54.1%	0.1540
2065	1,971,149	31,711,400	1608.8%	1,641,343	48,115,078	2931.4%	54.9%	0.1474
2066	1,502,253	25,459,318	1694.7%	1,266,439	38,763,300	3060.8%	55.4%	0.1410
2067	1,139,831	20,337,674	1784.6%	974,410	31,294,159	3211.6%	55.6%	0.1350
2068	860,432	16,226,697	1885.9%	750,357	25,358,491	3379.5%	55.8%	0.1291
2069	646,130	12,826,382	1985.1%	573,619	20,398,237	3556.1%	55.8%	0.1236
2070	482,215	10,034,681	2081.0%	439,471	16,455,259	3744.3%	55.6%	0.1183
2071	357,438	7,803,575	2183.2%	336,610	13,283,169	3946.2%	55.3%	0.1132
2072	263,029	6,002,136	2281.9%	258,602	10,789,976	4172.4%	54.7%	0.1083
2073	192,214	4,554,141	2369.3%	197,533	8,739,244	4424.2%	53.6%	0.1036
2074	139,443	3,422,133	2454.1%	151,336	7,072,269	4673.2%	52.5%	0.0992
2075	100,385	2,543,326	2533.6%	115,907	5,684,461	4904.3%	51.7%	0.0949
2076	71,695	1,862,039	2597.2%	88,971	4,534,654	5096.8%	51.0%	0.0908
2077	50,800	1,336,332	2630.6%	67,812	3,546,996	5230.6%	50.3%	0.0869
2078	35,716	951,121	2663.0%	51,760	2,748,026	5309.1%	50.2%	0.0832
2079	24,911	672,622	2700.1%	39,440	2,114,137	5360.4%	50.4%	0.0796
2080	17,233	471,847	2738.0%	30,088	1,628,859	5413.6%	50.6%	0.0762
2081	11,813	327,490	2772.2%	22,779	1,257,769	5521.5%	50.2%	0.0729
<b>Accumulated and Present Values as of 12/31/2021:</b>								
Past	8,847,900,783	1,586,124,419	17.9%	11,638,785,448	1,721,125,362	14.8%	121.2%	
Future	7,112,930,367	11,646,407,231	163.7%	4,666,387,404	9,914,852,260	212.5%	77.1%	
Lifetime	15,960,831,150	13,232,531,650	82.9%	16,305,172,852	11,635,977,622	71.4%	116.2%	

Genworth Life Insurance Company  
 Address: 6620 West Broad Street, Richmond, VA 23230  
 Company NAIC No: 70025

Additional Exhibits  
 October 2022

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**Additional Exhibit VII: Choice 2 & 2.1 Policy Forms - Nationwide Experience**  
**Actual to Expected Lapses by Duration**  
**Best Estimate Assumptions**  
**Actual to Expected (2021 CFT) Lapse**

Duration	Exposure	Actual Counts	Actual Rate	Expected Counts	Expected Rate	A/E
1	437,275	18,644	4.3%	18,707	4.3%	99.7%
2	420,770	10,399	2.5%	10,987	2.6%	94.6%
3	408,086	7,596	1.9%	7,685	1.9%	98.8%
4	392,887	5,772	1.5%	5,750	1.5%	100.4%
5	379,535	4,688	1.2%	4,506	1.2%	104.0%
6	365,121	3,505	1.0%	3,654	1.0%	95.9%
7	343,692	2,824	0.8%	2,983	0.9%	94.7%
8	323,533	2,385	0.7%	2,506	0.8%	95.2%
9	287,115	1,864	0.6%	2,018	0.7%	92.3%
10	237,561	1,384	0.6%	1,529	0.6%	90.5%
11	192,294	1,043	0.5%	1,151	0.6%	90.6%
12	154,472	761	0.5%	874	0.6%	87.0%
13	110,410	507	0.5%	628	0.6%	80.8%
14	73,441	337	0.5%	423	0.6%	79.6%
15	39,335	161	0.4%	231	0.6%	69.7%
16	14,699	72	0.5%	91	0.6%	78.9%
17	2	0	0.0%	0	0.6%	0.0%
Total	4,180,227	61,942	1.5%	63,725	1.5%	97.2%

Genworth Life Insurance Company  
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Additional Exhibits  
 October 2022

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**Additional Exhibit VIII: Choice 2 & 2.1 Policy Forms - Nationwide Experience**  
**Actual to Expected Mortality by Duration**  
**Best Estimate Assumptions**  
**Actual to Expected (2021 CFT) Mortality**

Duration	Exposure	Actual Counts	Actual Rate	Expected Counts	Expected Rate	A/E
1	437,278	392	0.1%	369	0.1%	106.1%
2	420,791	635	0.2%	575	0.1%	110.4%
3	410,346	736	0.2%	698	0.2%	105.4%
4	402,042	859	0.2%	798	0.2%	107.6%
5	395,189	1,024	0.3%	892	0.2%	114.8%
6	388,997	1,036	0.3%	993	0.3%	104.3%
7	383,571	1,217	0.3%	1,156	0.3%	105.2%
8	374,827	1,249	0.3%	1,264	0.3%	98.8%
9	340,579	1,278	0.4%	1,285	0.4%	99.5%
10	290,970	1,254	0.4%	1,241	0.4%	101.1%
11	252,677	1,208	0.5%	1,198	0.5%	100.8%
12	210,587	1,085	0.5%	1,111	0.5%	97.6%
13	155,417	960	0.6%	929	0.6%	103.3%
14	105,280	681	0.6%	728	0.7%	93.5%
15	58,808	423	0.7%	479	0.8%	88.4%
16	22,030	183	0.8%	214	1.0%	85.7%
17	1,024	11	1.1%	12	1.2%	88.7%
<b>Total</b>	<b>4,650,414</b>	<b>14,231</b>	<b>0.3%</b>	<b>13,944</b>	<b>0.3%</b>	<b>102.1%</b>

Genworth Life Insurance Company  
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Company NAIC No: 70025

Additional Exhibits  
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**Additional Exhibit IX: Choice 2 & 2.1 Policy Forms - Nationwide Experience**  
**Actual to Expected Incidence by Duration**  
**Best Estimate Assumptions**  
**Actual to Expected (2021 CFT) Incidence**

Duration	Exposure	Actual Counts	Actual Rate	Expected Counts	Expected Rate	A/E
1	437,275	170	0.0%	168	0.0%	101.3%
2	420,789	339	0.1%	292	0.1%	116.1%
3	410,344	425	0.1%	413	0.1%	103.0%
4	402,040	570	0.1%	539	0.1%	105.8%
5	395,187	689	0.2%	676	0.2%	102.0%
6	388,995	821	0.2%	829	0.2%	99.0%
7	383,569	1,020	0.3%	1,012	0.3%	100.8%
8	374,825	1,330	0.4%	1,209	0.3%	110.0%
9	340,576	1,363	0.4%	1,333	0.4%	102.3%
10	290,968	1,301	0.4%	1,363	0.5%	95.5%
11	252,674	1,457	0.6%	1,398	0.6%	104.2%
12	210,584	1,389	0.7%	1,374	0.7%	101.1%
13	155,416	1,246	0.8%	1,204	0.8%	103.4%
14	105,279	959	0.9%	973	0.9%	98.5%
15	58,807	622	1.1%	646	1.1%	96.3%
16	22,030	281	1.3%	285	1.3%	98.6%
17	1,024	14	1.4%	17	1.6%	83.0%
<b>Total</b>	<b>4,650,383</b>	<b>13,996</b>	<b>0.3%</b>	<b>13,730</b>	<b>0.3%</b>	<b>101.9%</b>

**Genworth Life Insurance Company**  
**Address: 6620 West Broad Street, Richmond, VA 23230**  
**Company NAIC No: 70025**

**Additional Exhibits**  
**October 2022**

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**Additional Exhibit X: Choice 2 & 2.1 Policy Forms - Nationwide Experience**  
**Actual to Expected Claim Termination Rate by Duration**  
**Best Estimate Assumptions**

**Actual to Expected (2021 CFT) CTR Projected Core**

<b>Policy Duration</b>	<b>Exposure</b>	<b>Actual Counts</b>	<b>Actual Rate</b>	<b>Expected Counts</b>	<b>Expected Rate</b>	<b>A/E</b>
1	8,160	5,365	65.7%	5,376	65.9%	99.8%
2	4,704	1,175	25.0%	1,216	25.9%	96.6%
3	2,922	661	22.6%	661	22.6%	100.0%
4	1,743	381	21.9%	372	21.3%	102.5%
5	982	214	21.8%	204	20.8%	104.8%
6	528	95	18.0%	103	19.6%	92.0%
7+	720	120	16.7%	127	17.6%	94.8%
<b>Total</b>	<b>19,759</b>	<b>8,011</b>	<b>40.5%</b>	<b>8,059</b>	<b>40.8%</b>	<b>99.4%</b>

**Genworth Life Insurance Company**  
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**Additional Exhibits**  
**October 2022**

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**Additional Exhibit XI: Choice 2 & 2.1 Policy Forms - Nationwide Experience**  
**Actual to Expected Lapses by Duration**  
**Original Pricing Assumptions**

<b>Duration</b>	<b>Exposure</b>	<b>Actual Counts</b>	<b>Actual Rate</b>	<b>Expected Counts</b>	<b>Expected Rate</b>	<b>A/E</b>
1	451,077	20,240	4.5%	29,941	6.6%	67.6%
2	430,169	11,214	2.6%	15,884	3.7%	70.6%
3	418,126	7,946	1.9%	10,689	2.6%	74.3%
4	409,160	5,966	1.5%	7,903	1.9%	75.5%
5	401,947	4,841	1.2%	6,648	1.7%	72.8%
6	395,681	3,645	0.9%	5,127	1.3%	71.1%
7	390,468	2,962	0.8%	5,047	1.3%	58.7%
8	385,728	2,585	0.7%	4,983	1.3%	51.9%
9	380,984	2,180	0.6%	4,920	1.3%	44.3%
10	372,776	1,755	0.5%	4,759	1.3%	36.9%
11	339,174	1,402	0.4%	4,414	1.3%	31.8%
12	290,145	1,087	0.4%	3,920	1.4%	27.7%
13	252,069	855	0.3%	3,505	1.4%	24.4%
14	210,132	623	0.3%	3,004	1.4%	20.7%
15	155,264	439	0.3%	2,269	1.5%	19.4%
16	105,439	231	0.2%	1,542	1.5%	15.0%
17	59,088	87	0.1%	864	1.5%	10.1%
18	22,259	14	0.1%	326	1.5%	4.3%
19	1,047	0	0.0%	15	1.5%	0.0%
<b>Total</b>	<b>5,470,733</b>	<b>68,072</b>	<b>1.2%</b>	<b>115,762</b>	<b>2.1%</b>	<b>58.8%</b>

**Genworth Life Insurance Company**  
**Address: 6620 West Broad Street, Richmond, VA 23230**  
**Company NAIC No: 70025**

**Additional Exhibits**  
**October 2022**

**CONFIDENTIAL**

**Additional Exhibit XII: Choice 2 & 2.1 Policy Forms - Nationwide Experience**  
**Actual to Expected Mortality by Duration**  
**Original Pricing Assumptions**

<b>Duration</b>	<b>Exposure</b>	<b>Actual Counts</b>	<b>Actual Rate</b>	<b>Expected Counts</b>	<b>Expected Rate</b>	<b>A/E</b>
1	444,740	443	0.1%	869	0.2%	51.0%
2	427,122	784	0.2%	1,199	0.3%	65.4%
3	416,344	950	0.2%	1,504	0.4%	63.2%
4	408,032	1,138	0.3%	1,768	0.4%	64.4%
5	401,273	1,346	0.3%	2,070	0.5%	65.0%
6	395,316	1,480	0.4%	2,399	0.6%	61.7%
7	390,374	1,733	0.4%	2,775	0.7%	62.5%
8	385,796	1,904	0.5%	3,214	0.8%	59.2%
9	381,295	2,150	0.6%	3,690	1.0%	58.3%
10	373,296	2,432	0.7%	4,165	1.1%	58.4%
11	339,744	2,236	0.7%	4,361	1.3%	51.3%
12	290,818	2,219	0.8%	4,279	1.5%	51.9%
13	252,856	2,254	0.9%	4,115	1.6%	54.8%
14	210,779	1,778	0.8%	3,797	1.8%	46.8%
15	155,844	1,485	1.0%	3,091	2.0%	48.0%
16	105,870	1,048	1.0%	2,316	2.2%	45.2%
17	59,348	567	1.0%	1,436	2.4%	39.5%
18	22,310	82	0.4%	599	2.7%	13.7%
19	1,047	0	0.0%	33	3.1%	0.0%
<b>Total</b>	<b>5,462,203</b>	<b>26,029</b>	<b>0.5%</b>	<b>47,681</b>	<b>0.9%</b>	<b>54.6%</b>

Jurisdiction	First Rate Action 2013 - 2015					Second Rate Action 2016					Third Rate Action 2017				
	Requested Increase	Date of Submission or Notification	Disposition Status	Disposition Date	Disposition Amount	Requested Increase	Date of Submission or Notification	Disposition Status	Disposition Date	Disposition Amount	Requested Increase	Date of Submission or Notification	Disposition Status	Disposition Date	Disposition Amount
Alabama	12.8%	10/4/2013	Approved	11/1/2013	12.8%	47.6%	5/18/2016	Approved	7/18/2017	30.0%	26.6%	12/8/2017	Approved	10/1/2018	26.6%
Alaska	No Filing Required					19.2%					35.7%	5/8/2017	Notified	5/23/2017	35.7%
Arizona (LR split)	19.2%	5/7/2015	Approved	8/20/2015	8.8%						51.5%	5/22/2017	Approved	2/2/2018	35.0%
Arizona (RS split)	50.1%	9/18/2015	Approved	2/6/2017	30.0%						46.2%	10/31/2017	Approved	8/9/2018	17.0%
Arkansas	12.8%	11/14/2013	Approved	1/27/2015	12.8%	49.4%	5/16/2016	Approved	8/16/2016	25.0%	31.3%	7/19/2017	Approved	8/1/2017	25.0%
Colorado	12.8%	12/23/2014	Approved	1/21/2015	12.8%	48.9%	8/30/2016	Disapproved			67.0%	7/31/2017	Disapproved		
Connecticut	21.9%	2/16/2016	Approved	3/30/2016	10.0%						50.2%	5/10/2017	Approved	9/21/2017	10.0%
Delaware	12.8%	9/24/2013	Approved	1/17/2014	12.8%	47.9%	6/10/2016	Approved	12/5/2016	30.0%	25.4%	8/3/2017	Approved	12/22/2017	25.0%
Florida	48.4%	12/22/2014	Approved	4/16/2015	19.4% <sup>c</sup>						51.1%	7/17/2017	Approved	8/1/2018	96.2% <sup>c</sup>
Georgia	12.8%	12/5/2013	Approved	7/18/2014	10.0%	53.2%	4/16/2016	Approved	8/1/2016	12.0%	51.8%	6/14/2017	Approved	7/31/2017	20.0%
Hawaii	12.8%	11/13/2013	Approved	8/14/2017	8.9%										
Idaho	12.8%	12/16/2013	Approved	3/17/2014	12.8%	48.2%	6/17/2016	Approved	12/14/2016	15.0%	43.1%	9/1/2017	Approved	11/12/2019	15.0%
Illinois	76.8%	1/14/2014	Approved	7/7/2017	51.5%										
Indiana	21.9%	1/26/2016	Approved	6/30/2016	10.0%						50.5%	12/27/2017	Approved	6/8/2021	48.1%
Indiana (Partnership)	21.9%	1/7/2016	Approved	7/1/2016	10.0%						50.5%	12/27/2017	Approved	6/8/2021	48.1%
Iowa	12.8%	11/19/2013	Approved	10/13/2014	12.8%	49.0%	6/24/2016	Approved	12/9/2016	17.9%	40.0%	8/15/2017	Approved	10/5/2017	17.9%
Kansas	92.1%	6/9/2017	Approved	8/4/2017	40.0%										
Kentucky	12.8%	11/13/2013	Approved	10/3/2014	8.5% <sup>a</sup>	53.2%	6/30/2016	Approved	9/27/2016	20.0%	41.4%	8/24/2017	Approved	7/20/2018	35.0%
Louisiana	44.5%	6/19/2015	Approved	2/12/2016	15.0%						64.8%	6/29/2017	Approved	2/19/2018	15.0%
Maine (RS split)	12.8%	12/17/2013	Approved	1/24/2014	12.8%	48.0%	6/30/2016	Approved	5/4/2017	9.48%	53.5%	9/29/2017	Disapproved		
Maine (LR split)	12.8%	12/17/2013	Approved	1/24/2014	12.8%						11.5%	9/18/2017	Approved	1/8/2018	11.5%
Maryland	12.8%	12/5/2013	Approved	5/27/2014	12.8%	15.0%	4/26/2016	Approved	1/23/2017	15.0%	43.5%	9/1/2017	Approved	9/26/2018	19.9%
Massachusetts	16.5%	4/10/2015	Withdrawn												
Michigan	12.8%	10/4/2013	Approved	10/14/2013	12.8%	47.6%	3/30/2016	Approved	5/20/2016	47.6%					
Minnesota	12.8%	12/3/2013	Approved	4/8/2014	12.8%	48.3%	5/27/2016	Approved	8/18/2016	31.4% <sup>c</sup>					
Mississippi	19.2%	4/8/2015	Approved	6/5/2015	19.2%						25.0%	5/2/2017	Approved	9/18/2017	13.5%
Missouri (RS split)	12.8%	10/18/2013	Approved	11/22/2013	12.8%	47.7%	5/27/2016	Approved	8/1/2016	50.55% <sup>b</sup>					
Missouri (LR split)	12.8%	6/4/2014	Approved	6/4/2014	12.8%						43.7%	7/7/2017	Approved	6/7/2018	39.25%
Montana	12.8%	12/10/2013	Approved	1/13/2014	12.8%	47.9%	6/30/2016	Approved	5/22/2017	5.7%	56.4%	10/30/2017	Approved	3/22/2018	7.3%
Nebraska	19.2%	4/2/2015	Approved	6/9/2015	19.2%						35.9%	4/17/2017	Approved	10/25/2017	27.46%
Nevada	19.2%	4/1/2015	Approved	6/19/2015	9.6%						50.0%	4/27/2017	Approved	4/11/2018	55.0%
New Hampshire - Loss Ratio	12.8%	12/3/2013	Disapproved												
New Hampshire - Rate Stability	12.8%	12/3/2013	Disapproved												
New Jersey (RS split)	68.3%	9/28/2015	Approved	3/17/2017	33.1%										
New Jersey (LR split)	21.9%	10/9/2015	Disapproved								66.8%	9/8/2017	Approved	8/2/2018	8.68%
New Mexico (LR split)	16.5%	5/14/2015	Disapproved												
New Mexico (RS split)	42.4%	11/2/2015	Disapproved												
New York	57.5% <sup>d</sup>	10/22/2014	Approved	4/28/2015	57.5% <sup>d</sup>										
North Carolina	50.1%	8/26/2015	Approved	11/12/2015	23.0%						52.5%	6/30/2017	Approved	2/19/2018	22.4%
North Dakota	50.1%	3/24/2016	Approved	4/15/2016	13.0%						68.3%	6/14/2017	Approved	10/31/2017	72.8%
Ohio	12.8%	1/31/2014	Approved	4/16/2015	15.0%	46.4%	6/7/2016	Approved	11/16/2016	15.0%	15.0%	6/1/2017	Approved	7/21/2017	15.0%
Oklahoma	12.8%	11/6/2013	Approved	4/9/2014	12.8%	48.3%	5/25/2016	Approved	7/28/2016	10.0%	49.7%	7/21/2017	Approved	11/15/2017	10.0%
Oregon	12.8%	3/10/2014	Approved	4/18/2014	12.8%	48.3%	5/27/2016	Approved	6/8/2017	28.98%	27.8%	11/15/2017	Approved	1/29/2020	48.1%
Pennsylvania	12.8%	10/21/2013	Approved	3/7/2014	12.8%	48.1%	4/14/2016	Approved	9/15/2016	20.0%	36.4%	6/12/2017	Approved	9/22/2017	36.4%
Rhode Island	50.1%	3/21/2016	Approved	3/1/2019	50.1%										
South Carolina	12.8%	11/4/2013	Approved	5/19/2014	12.8%	48.4%	5/5/2016	Approved	8/23/2016	20.0%	36.5%	7/14/2017	Approved	9/1/2017	20.0%
South Dakota	12.8%	10/29/2013	Approved	12/11/2013	12.8%	47.8%	6/6/2016	Approved	9/12/2016	47.8%					
Tennessee	12.8%	10/29/2013	Approved	2/4/2014	12.8%	48.0%	4/29/2016	Approved	12/16/2016	41.6%					
Texas	50.1%	11/9/2015	Approved	2/25/2016	50.1%										
Utah	50.1%	8/19/2015	Approved	11/2/2015	21.9%						54.0%	8/8/2017	Approved	5/18/2018	32.0%
Vermont	19.2%	5/12/2015	Disapproved												
Virginia (LR split)	19.2%	7/2/2014	Disapproved								45.1%	10/13/2017	Approved	6/28/2019	24.8%
Virginia (RS split)	56.2%	10/14/2013	Approved	12/22/2016	29.0%						34.4%	10/13/2017	Approved	6/28/2019	33.9%
Washington	12.8%	10/4/2013	Approved	6/17/2014	12.8%	48.5%	4/29/2016	Approved	4/25/2017	48.5% <sup>f</sup>					
Washington, DC	12.8%	11/20/2013	Approved	2/4/2014	10.0%						10.0%	5/31/2017	Approved	9/11/2017	10.0%
West Virginia	12.8%	12/20/2013	Approved	9/18/2014	12.8% <sup>b</sup>	48.9%	6/22/2016	Approved	1/25/2017	28.0%					
Wisconsin	12.8%	9/30/2013	Approved	1/9/2014	12.8%	47.9%	5/12/2016	Approved	6/28/2017	41.45%					
Wyoming	18.8%	7/31/2015	Approved	8/5/2015	18.8%						34.6%	5/12/2017	Approved	5/15/2017	34.6%

<sup>a</sup> 12.8% for compound BIO; 0% for all others

<sup>b</sup> Phased over 2 years

<sup>c</sup> Graded by issue age

<sup>d</sup> 60% for issue ages up to 64; 54% for ages 65-74; 0% for 75 and above

<sup>e</sup> 39% phased for Choice 2; 26.5% phased for Choice 2.1

<sup>f</sup> Phased over 3 years



Jurisdiction	Fourth Rate Action 2018					Fifth Rate Action 2019					Sixth Rate Action 2020					Seventh Rate Action 2021			
	Requested Increase	Date of Submission or Notification	Disposition Status	Disposition Date	Disposition Amount	Requested Increase	Date of Submission or Notification	Disposition Status	Disposition Date	Disposition Amount	Requested Increase	Date of Submission or Notification	Disposition Status	Disposition Date	Disposition Amount	Requested Increase	Date of Submission or Notification	Disposition Status	Disposition Date
Alabama											58.7%	7/27/2020	Approved	12/9/2020	35.6%	32.1%	9/17/2021	Approved	3/16/2022
Alaska						12.2%	4/22/2019	Notified	5/20/2019	12.2%	38.9%	6/28/2020	Notified	7/17/2020	38.9%	15.2%	7/19/2021	Notified	7/26/2021
Arizona (LR split)	22.8%	12/27/2018	Disapproved	8/8/2022	0.0%														
Arizona (RS split)	35.5%	12/27/2018	Approved	9/8/2020	35.5%											79.3%	8/13/2021	Approved	3/9/2022
Arkansas	11.2%	8/13/2018	Approved	9/17/2018	11.2%						46.0%	8/25/2020	Disapproved	11/3/2020	0.0%	73.4%	6/22/2021	Approved	12/21/2021
Colorado	58.1%	12/13/2018	Approved	3/23/2020	63.6%										108.0%	11/24/2021	Withdrawn	2/16/2022	
Connecticut	50.4%	8/17/2018	Approved	10/24/2018	15.0%	39.9%	10/7/2019	Approved	3/31/2020	44.3%									
Delaware											57.5%	5/27/2020	Approved	8/18/2020	60.4%				
Florida																			
Georgia	35.9%	7/19/2018	Approved	11/9/2018	18.0%	21.3%	7/29/2019	Approved	10/23/2019	12.0%	51.7%	7/31/2020	Approved	9/17/2020	12.0%	60.1%	7/7/2021	Approved	7/21/2021
Hawaii	93.2%	7/13/2018	Approved	10/28/2019	53.0%										136.0%	11/3/2021	Pending		
Idaho											107.0%	9/8/2020	Approved	6/7/2021	29.9%				
Illinois	17.2%	6/30/2018	Withdrawn			8.1%	8/5/2019	Approved	8/21/2020	39.7%									
Indiana																			
Indiana (Partnership)																			
Iowa	27.3%	8/7/2018	Approved	5/14/2019	27.3%						48.0%	11/13/2020	Approved	7/28/2021	39.0%				
Kansas	47.8%	7/24/2018	Approved	1/13/2020	37.2%						61.7%	10/16/2020	Approved	11/8/2021	53.0%				
Kentucky											70.2%	8/18/2020	Approved	1/4/2021	20.0%	71.9%	9/30/2021	Approved	3/28/2022
Louisiana	55.9%	12/4/2018	Approved	10/24/2019	15.0%						106.0%	5/19/2020	Approved	11/13/2020	20.0%	106.0%	6/30/2021	Approved	12/22/2021
Maine (RS split)	67.7%	6/11/2018	Approved	1/3/2019	26.3%										141.0%	10/19/2021	Approved	5/3/2022	
Maine (LR split)															122.0%	10/19/2021	Approved	5/3/2022	
Maryland											97.5%	6/23/2020	Approved	1/4/2021	29.0%				
Massachusetts	92.0%	11/15/2018	Approved	4/5/2019	40.0%										161.6%	7/13/2021	Disapproved	12/30/2021	
Michigan						20.3%	4/29/2019	Approved	6/19/2019	20.3%	40.2%	6/2/2020	Approved	6/23/2020	40.2%				
Minnesota						43.5%	10/19/2019	Approved	12/23/2019	43.5%						68.3%	6/29/2021	Approved	11/30/2021
Mississippi	31.5%	5/25/2018	Approved	4/24/2019	16.0%	20.0%	12/12/2019	Approved	10/12/2020	6.2%					97.3%	6/24/2021	Approved	2/25/2022	
Missouri (RS split)						20.6%	5/3/2019	Approved	2/24/2020	20.6%	40.7%	9/15/2020	Approved	12/9/2020	42.4%				
Missouri (LR split)											69.8%	9/15/2020	Approved	12/9/2020	77.0%				
Montana															459.0%	11/9/2021	Approved	7/15/2022	
Nebraska						22.80%	10/30/2019	Approved	7/2/2020	68.50%									
Nevada											59.6%	7/21/2020	Disapproved	10/27/2020	0.0%	92.8%	8/9/2021	Disapproved	9/23/2022
New Hampshire - Loss Ratio						122.0%	12/23/2019	Approved	3/19/2020	37.3%									
New Hampshire - Rate Stability						115.0%	12/23/2019	Approved	3/19/2020	42.7%									
New Jersey (RS split)						69.6%	8/2/2019	Disapproved	4/2/2020		142.0%	11/10/2020	Pending						
New Jersey (LR split)						86.1%	8/2/2019	Withdrawn	4/21/2020		165.0%	11/10/2020	Pending						
New Mexico (LR split)	81.8%	10/5/2018	Approved	1/15/2019	6.0%	90.9%	10/24/2019	Approved	1/22/2020	8.25%	145.0%	12/28/2020	Approved	6/25/2021	111.2%				
New Mexico (RS split)	111.0%	10/5/2018	Approved	1/15/2019	6.0%	117.0%	10/24/2019	Approved	1/22/2020	6.0%	194.0%	12/28/2020	Approved	6/25/2021	153.2%				
New York						68.5%	12/9/2019	Approved	3/31/2021	68.3%									
North Carolina						43.3%	7/12/2019	Approved	8/18/2020	16.1%	75.4%	12/23/2020	Approved	7/22/2021	25.0%	68.30%	11/15/2021	Pending	
North Dakota											56.3%	6/6/2020	Disapproved	6/29/2020	0.0%	86.2%	8/17/2021	Disapproved	9/29/2021
Ohio	31.5%	10/4/2018	Approved	7/3/2019	15.0%	21.2%	12/16/2019	Approved	9/20/2021	15.0%						78.7%	12/16/2021	Pending	
Oklahoma	47.4%	8/31/2018	Approved	11/30/2018	10.0%	42.7%	8/7/2019	Approved	9/5/2019	32.3%						82.7%	10/14/2021	Approved	12/14/2021
Oregon											38.6%	10/12/2020	Pending						
Pennsylvania											57.8%	7/10/2020	Approved	8/31/2020	20.0%	54.3%	6/21/2021	Approved	9/9/2021
Rhode Island											116.0%	9/27/2020	Approved	11/18/2021	95.3%				
South Carolina	21.4%	10/2/2018	Approved	7/27/2020	25.0%											72.2%	8/3/2021	Approved	6/7/2022
South Dakota						21.6%	7/22/2019	Approved	9/16/2019	21.6%	40.2%	6/27/2020	Approved	12/16/2020	40.2%				
Tennessee						31.6%	6/30/2019	Approved	5/7/2020	21.0%	53.6%	9/20/2020	Approved	10/13/2021	32.0%				
Texas	31.6%	12/31/2018	Approved	12/3/2020	31.6%											53.4%	7/8/2021	Disapproved	7/22/2021
Utah						33.8%	7/3/2019	Approved	1/25/2020	10.5%	70.9%	9/28/2020	Approved	2/13/2021	30.7%				
Vermont	85.8%	10/30/2018	Approved	12/4/2019	22.4%										189.0%	11/11/2021	Pending		
Virginia (LR split)											113.0%	10/19/2020	Approved	8/1/2022	58.0%				
Virginia (RS split)											80.9%	10/19/2020	Approved	8/1/2022	39.9%				
Washington						27.5%	11/28/2019	Withdrawn	8/25/2020		82.8%	12/31/2020	Approved	8/30/2021	30.0%	68.9%	12/22/2021	Disapproved	12/30/2021
Washington, DC	10.0%	6/4/2018	Approved	7/9/2018	10.0%	10.0%	9/13/2019	Approved	2/21/2020	10.0%	10.0%	10/12/2020	Approved	1/15/2021	10.0%	10.0%	10/7/2021	Approved	3/12/2022
West Virginia	39.2%	5/25/2018	Approved	12/26/2018	20.0%						73.2%	6/15/2020	Approved	11/4/2021	37.1%				
Wisconsin						31.7%	7/19/2019	Approved	9/12/2019	31.7%	39.0%	7/5/2020	Approved	9/4/2020	39.0%				
Wyoming						12.8%	10/2/2019	Approved	10/24/2019	12.8%	40.5%	7/22/2020	Approved	10/23/2020	44.2%				

Eighth Rate Action 2022														With BIO					
Jurisdiction	Disposition Amount	Requested Increase (Lifetime BIO)	Requested Increase (Lifetime No BIO)	Requested Increase (Limited BIO)	Requested Increase (Limited No BIO)	Date of Submission or Notification	Disposition Status	Disposition Date	Disposition Amount (Lifetime BIO)	Disposition Amount (Lifetime No BIO)	Disposition Amount (Limited BIO)	Disposition Amount (Limited No BIO)	Cumulative Rate Increase (Lifetime BIO)	Cumulative Rate Increase (Lifetime No BIO)	Cumulative Rate Increase (Limited BIO)	Cumulative Rate Increase (Limited No BIO)	Cumulative Rate Increase (Weighted)	Lifetime	
Alabama	13.3%	121.0%	0.0%	51.6%	0.0%	6/9/2022							185.2%	185.2%	185.2%	185.2%	185.2%	\$5.0	
Alaska	15.2%	116.0%	0.0%	23.7%	0.0%	6/6/2022	Exempt	6/28/2022	116.0%	0.0%	23.7%	0.0%	527.3%	190.4%	259.2%	190.4%	287.9%	\$0.3	
Arizona (LR split)													46.9%	46.9%	46.9%	46.9%	46.9%	\$0.6	
Arizona (RS split)	29.2%												166.3%	166.3%	166.3%	166.3%	166.3%	\$2.1	
Arkansas	25.0%	170.0%	0.0%	85.1%	0.0%	6/14/2022	Approved	8/31/2022	25%	0%	25%	0%	206.2%	145.0%	206.2%	145.0%	201.9%	\$0.9	
Colorado	0.0%	287.0%	0.0%	177.0%	0.0%	7/13/2022							84.5%	84.5%	84.5%	84.5%	84.5%	\$2.3	
Connecticut		240.0%	0.0%	110.0%	0.0%	7/29/2022							100.8%	100.8%	100.8%	100.8%	100.8%	\$1.8	
Delaware													194.0%	194.0%	194.0%	194.0%	194.0%	\$0.3	
Florida													134.3%	134.3%	134.3%	134.3%	134.3%	\$13.3	
Georgia	9.9%	179.0%	0.0%	92.9%	0.0%	7/7/2022							140.5%	140.5%	140.5%	140.5%	140.5%	\$8.0	
Hawaii													66.6%	66.6%	66.6%	66.6%	66.6%	\$1.1	
Idaho													93.7%	93.7%	93.7%	93.7%	93.7%	\$0.3	
Illinois													111.6%	111.6%	111.6%	111.6%	111.6%	\$8.7	
Indiana													63.0%	63.0%	63.0%	63.0%	63.0%	\$0.4	
Indiana (Partnership)													63.0%	63.0%	63.0%	63.0%	63.0%	\$1.3	
Iowa													177.5%	177.5%	177.5%	177.5%	177.5%	\$3.3	
Kansas		133.0%	0.0%	63.8%	0.0%	6/22/2022							193.9%	193.9%	193.9%	193.9%	193.9%	\$1.7	
Kentucky	37.5%												190.1%	190.1%	190.1%	190.1%	190.1%	\$2.7	
Louisiana	20.0%	220.0%	0.0%	127.0%	0.0%	7/14/2022							119.0%	119.0%	119.0%	119.0%	119.0%	\$2.6	
Maine (RS split)	53.3%												139.0%	139.0%	139.0%	139.0%	139.0%	\$0.3	
Maine (LR split)	55.0%												94.9%	94.9%	94.9%	94.9%	94.9%	\$0.1	
Maryland													100.6%	100.6%	100.6%	100.6%	100.6%	\$4.3	
Massachusetts	0.0%												40.0%	40.0%	40.0%	40.0%	40.0%	\$3.0	
Michigan													180.8%	180.8%	180.8%	180.8%	180.8%	\$2.6	
Minnesota	52.0%												223.4%	223.4%	223.4%	223.4%	223.4%	\$5.0	
Mississippi	25.0%	176.0%	34.4%	102.0%	0.0%	9/30/2022							108.3%	108.3%	108.3%	108.3%	108.3%	\$1.3	
Missouri (RS split)													191.6%	191.6%	191.6%	191.6%	191.6%	\$2.5	
Missouri (LR split)													178.1%	178.1%	178.1%	178.1%	178.1%	\$0.4	
Montana	26.1%												61.3%	61.3%	61.3%	61.3%	61.3%	\$0.2	
Nebraska		66.6%	0.0%	45.5%	0.0%	9/12/2022							156.0%	156.0%	156.0%	156.0%	156.0%	\$2.6	
Nevada	0.0%												69.9%	69.9%	69.9%	69.9%	69.9%	\$1.0	
New Hampshire - Loss Ratio		477.0%	87.4%	314.0%	0.0%	6/30/2022							37.3%	37.3%	37.3%	37.3%	37.3%	\$0.0	
New Hampshire - Rate Stability		414.0%	69.9%	269.0%	0.0%	6/30/2022							42.7%	42.7%	42.7%	42.7%	42.7%	\$0.6	
New Jersey (RS split)													33.1%	33.1%	33.1%	33.1%	33.1%	\$4.6	
New Jersey (LR split)													8.7%	8.7%	8.7%	8.7%	8.7%	\$0.8	
New Mexico (LR split)													142.3%	142.3%	142.3%	142.3%	142.3%	\$0.0	
New Mexico (RS split)													184.5%	184.5%	184.5%	184.5%	184.5%	\$0.5	
New York													165.1%	165.1%	165.1%	165.1%	165.1%	\$9.6	
North Carolina													118.5%	118.5%	118.5%	118.5%	118.5%	\$5.8	
North Dakota	0.0%	254.0%	0.0%	148.0%	0.0%	7/22/2022							95.3%	95.3%	95.3%	95.3%	95.3%	\$0.5	
Ohio													101.1%	101.1%	101.1%	101.1%	101.1%	\$6.3	
Oklahoma	32.3%												162.6%	162.6%	162.6%	162.6%	162.6%	\$1.7	
Oregon		208.8%	64.1%	112.0%	0.0%	7/15/2022							115.5%	115.5%	115.5%	115.5%	115.5%	\$1.2	
Pennsylvania	20.0%	148.0%	0.0%	69.7%	0.0%	6/7/2022							165.9%	165.9%	165.9%	165.9%	165.9%	\$7.8	
Rhode Island													193.2%	193.2%	193.2%	193.2%	193.2%	\$0.5	
South Carolina	21.0%												145.6%	145.6%	145.6%	145.6%	145.6%	\$2.7	
South Dakota		128.0%	0.0%	54.7%	0.0%	6/3/2022	Approved	9/20/2022	128%	0%	55%	0%	548.0%	184.2%	339.7%	184.2%	374.8%	\$1.7	
Tennessee		164.0%	83.0%	0.0%	0.0%	8/12/2022							155.1%	155.1%	155.1%	155.1%	155.1%	\$5.0	
Texas	0.0%												97.5%	97.5%	97.5%	97.5%	97.5%	\$12.4	
Utah		188.0%	55.1%	99.0%	0.0%	9/8/2022							132.4%	132.4%	132.4%	132.4%	132.4%	\$0.6	
Vermont													22.4%	22.4%	22.4%	22.4%	22.4%	\$0.2	
Virginia (LR split)													97.2%	97.2%	97.2%	97.2%	97.2%	\$0.0	
Virginia (RS split)													141.7%	141.7%	141.7%	141.7%	141.7%	\$7.1	
Washington	0.0%	68.9%	68.9%	68.9%	68.9%	7/1/2022							117.8%	117.8%	117.8%	117.8%	117.8%	\$3.4	
Washington, DC	10.0%	10.0%	3.9%	10.0%	0.0%	8/11/2022							94.9%	94.9%	94.9%	94.9%	94.9%	\$0.7	
West Virginia		149.0%	33.9%	101.0%	0.0%	9/28/2022							137.5%	137.5%	137.5%	137.5%	137.5%	\$0.4	
Wisconsin													192.1%	192.1%	192.1%	192.1%	192.1%	\$2.3	
Wyoming													160.0%	160.0%	160.0%	160.0%	160.0%	\$0.2	
														139%	139%	134%	141%	135%	\$156.6

Jurisdiction	In-force Annualized Premium (SMM) as of 12/31/2021					Total Exposed Lives
	Without BIO	With BIO	Without BIO	Total		
	Lifetime	Limited	Limited	Total	% of Total	
Alabama	\$0.4	\$15.2	\$2.2	\$22.7	2%	6,462
Alaska	\$0.0	\$1.7	\$0.2	\$2.3	0%	573
Arizona (LR split)	\$0.0	\$1.3	\$0.1	\$2.0	0%	870
Arizona (RS split)	\$0.2	\$8.4	\$1.4	\$12.1	1%	3,479
Arkansas	\$0.1	\$4.6	\$0.4	\$6.0	1%	2,142
Colorado	\$0.1	\$16.0	\$1.9	\$20.3	2%	6,966
Connecticut	\$0.1	\$23.9	\$2.1	\$27.8	3%	7,087
Delaware	\$0.0	\$2.1	\$0.4	\$2.8	0%	684
Florida	\$0.9	\$49.3	\$4.9	\$68.4	7%	16,059
Georgia	\$0.3	\$22.5	\$1.3	\$32.2	3%	9,341
Hawaii	\$0.1	\$6.7	\$0.4	\$8.3	1%	2,955
Idaho	\$0.0	\$1.8	\$0.1	\$2.2	0%	853
Illinois	\$0.7	\$34.5	\$5.0	\$48.8	5%	14,128
Indiana	\$0.1	\$1.2	\$0.2	\$1.9	0%	931
Indiana (Partnership)	\$0.0	\$13.7	\$0.0	\$15.0	2%	6,398
Iowa	\$0.1	\$13.0	\$0.8	\$17.3	2%	5,763
Kansas	\$0.1	\$8.1	\$0.2	\$10.2	1%	3,597
Kentucky	\$0.1	\$9.9	\$0.7	\$13.3	1%	4,382
Louisiana	\$0.3	\$5.2	\$0.9	\$9.0	1%	3,334
Maine (RS split)	\$0.0	\$4.1	\$0.2	\$4.6	0%	1,517
Maine (LR split)	\$0.0	\$0.4	\$0.0	\$0.5	0%	225
Maryland	\$0.2	\$21.7	\$1.0	\$27.2	3%	8,029
Massachusetts	\$0.0	\$24.0	\$1.2	\$28.3	3%	9,774
Michigan	\$0.3	\$15.7	\$3.3	\$22.0	2%	5,500
Minnesota	\$0.2	\$33.6	\$2.8	\$41.6	4%	13,535
Mississippi	\$0.1	\$2.4	\$0.3	\$4.2	0%	1,534
Missouri (RS split)	\$0.3	\$13.1	\$1.9	\$17.7	2%	5,123
Missouri (LR split)	\$0.0	\$0.9	\$0.1	\$1.4	0%	578
Montana	\$0.0	\$1.6	\$0.1	\$1.9	0%	885
Nebraska	\$0.2	\$10.7	\$0.8	\$14.3	1%	5,300
Nevada	\$0.0	\$3.8	\$0.2	\$5.0	1%	1,621
New Hampshire - Loss Ratio	\$0.0	\$0.3	\$0.0	\$0.4	0%	156
New Hampshire - Rate Stability	\$0.0	\$5.0	\$0.2	\$5.8	1%	2,234
New Jersey (RS split)	\$0.2	\$23.8	\$1.2	\$29.7	3%	9,819
New Jersey (LR split)	\$0.0	\$2.8	\$0.1	\$3.8	0%	1,587
New Mexico (LR split)	\$0.0	\$0.1	\$0.0	\$0.1	0%	52
New Mexico (RS split)	\$0.0	\$2.8	\$0.2	\$3.5	0%	1,651
New York	\$0.6	\$57.4	\$7.5	\$75.1	8%	19,439
North Carolina	\$0.2	\$24.6	\$2.0	\$32.6	3%	11,430
North Dakota	\$0.0	\$3.7	\$0.1	\$4.4	0%	1,317
Ohio	\$0.1	\$32.3	\$1.6	\$40.3	4%	13,591
Oklahoma	\$0.1	\$5.4	\$0.4	\$7.6	1%	2,607
Oregon	\$0.0	\$8.7	\$0.4	\$10.3	1%	2,958
Pennsylvania	\$0.6	\$38.8	\$4.0	\$51.1	5%	12,707
Rhode Island	\$0.0	\$3.7	\$0.2	\$4.4	0%	1,558
South Carolina	\$0.2	\$10.8	\$1.1	\$14.7	2%	4,526
South Dakota	\$0.1	\$4.4	\$0.6	\$6.7	1%	1,903
Tennessee	\$0.3	\$17.2	\$1.9	\$24.5	3%	8,240
Texas	\$0.9	\$34.2	\$3.3	\$50.7	5%	16,549
Utah	\$0.0	\$2.7	\$0.3	\$3.6	0%	1,161
Vermont	\$0.0	\$3.5	\$0.4	\$4.2	0%	1,696
Virginia (LR split)	\$0.0	\$0.1	\$0.0	\$0.1	0%	68
Virginia (RS split)	\$0.1	\$36.8	\$1.2	\$45.2	5%	14,638
Washington	\$0.0	\$22.8	\$0.8	\$26.9	3%	8,971
Washington, DC	\$0.0	\$1.8	\$0.1	\$2.6	0%	623
West Virginia	\$0.0	\$1.9	\$0.3	\$2.7	0%	996
Wisconsin	\$0.2	\$16.1	\$2.2	\$20.8	2%	4,494
Wyoming	\$0.0	\$1.5	\$0.2	\$1.8	0%	556
	\$8.7	\$734.3	\$65.2	\$964.9	100%	295,152

**Genworth Life Insurance Company**  
**Address: 6620 West Broad Street, Richmond, VA 23230**  
**Company NAIC No: 70025**

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**Policy Forms 7042VA, 7044VA, 62376VA, 62378, 62381, 62382, 62383, 62384, 62385, 36378VA,  
39129VA  
Non-AARP**

**1. Scope of this Filing**

This filing applies to the referenced policy forms issued in your state. Forms 7042 and 7044 are also referred to by Genworth Life Insurance Company (GLIC) as “Choice 2”; forms 7042 Rev and 7044 Rev are also referred to by GLIC as “Choice 2.1”. Forms 7042 and 7042 Rev were marketed by the name “Classic Select” and the 7044 and 7044 Rev forms were marketed under the name “Privileged Choice”. Privileged Choice policies have many features built into the base policy that were only available as riders for Classic Select policies. These forms are no longer being sold.

AARP policies are filed separately from Non-AARP policies because the forms do not have identical rates schedules, as they have different rate increase approval history.

For all the policies issued in your state to which the current filing applies, refer to the Supplement for state and nationwide information on issue dates, number of issued and in-force lives, total and average premium, average issue and attained age, distributions and history of prior approved rate increases.

**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 requested premium rate increases satisfy the minimum requirements and all applicable regulations in your state. This actuarial memorandum may not be suitable for other purposes.

In this filing, GLIC is requesting a premium rate increase according to the table below, applicable to the base rates and associated riders of all in-force policies referenced in section 1 of this actuarial memorandum. The requested rate increases reflect updated assumptions and experience, and any remainder of the rate increase not approved in prior filings if applicable to your state.

<b>Benefit Period</b>	<b>Benefit Increase Option (BIO)*</b>	<b>Non-AARP Requested Rate Increase</b>
Lifetime	High BIO	164%
Limited	High BIO	74.2%

\*High BIO does not include policies without BIO or 1% BIO.

In order to maintain adequate Cash Flow Testing (CFT) Margin and to strengthen the claim paying ability of the company, GLIC is differentiating its rate increases according to the projected experience, and resulting level of risk, associated with certain key policy features. The most significant risks are observed

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with policies with the richest potential benefits, meaning long benefit periods and large compound benefit increase options, and thus higher rate increases are appropriate for those cohorts.

### **3. Justification of the Premium Rate Increase**

The observed deterioration of the Lifetime Loss Ratio (LLR) between 2020 and 2021 is due to the strengthened Benefit Utilization Rate (BUR) trend, reflecting higher increases in LTC cost of care inflation, and lower healthy life mortality. More detailed information is presented in section 8 of this actuarial memorandum.

If experience emerges as currently expected, timely implementation of the requested premium rate increase may prevent the need for future premium rate increases. However, if rate increases are delayed due to late approvals, less future premium capacity will remain in these blocks to absorb the rate increase. As a result, a higher percentage future premium rate increase would need to be applied to fewer policyholders in order to obtain the target LLR. It is our intent to act in a timely manner, work diligently with regulators to obtain approval for the requested rate increase, and seek to avoid more significant premium rate increases when the average policyholder's attained age is higher.

### **4. Marketing Method and Underwriting Description**

Policies were sold by agents working through broker general agencies, financial advisors, and agents working through financial institutions.

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**

These are federally tax-qualified, individually underwritten policies that provide comprehensive long-term care coverage. They cover the reimbursement of expenses incurred by the insured(s) subject to the amount of coverage purchased. Premium payments are waived after the elimination period has been satisfied.

The Privileged Choice (7044 and 7044 Rev) policy forms pay benefits on a monthly basis and include a 10-year survivorship benefit. The 10-year survivorship benefit waives future premium payments upon the death of one spouse if both spouses are insured and have met certain requirements. It also includes a waiver of elimination period for home health care benefits, and home health care service days are applied to the facility elimination period. The optional nonforfeiture benefit, restoration of benefit, 7-year survivorship benefit and return of premium riders were available for purchase for an additional premium.

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The Classic Select (7042 and 7042 Rev) policy forms are comprehensive products with benefits payable on a daily basis. Riders include 7-year and 10-year survivorship, waiver of elimination period for home health care benefits, monthly maximum benefit (as opposed to daily), restoration of benefits and nonforfeiture benefits.

These policy forms can cover an individual or a couple (joint policy). The joint policy operates as two individual policies, except that the two insureds draw from one shared policy benefit pool.

These forms require an insured to meet benefit eligibility requirements that are triggered by Activities of Daily Living (ADL) deficiencies or cognitive impairment. The daily or monthly benefit, benefit period and elimination period are selected at issue. The majority of the policies were issued with a 90-day elimination period and limited benefit period.

In addition, a Benefit Increase Option (BIO) could be selected at issue. The simple BIO increases the original daily maximum by 5% each year starting with the second policy year and continuing for the life of the policy, unless terminated earlier by the insured. The compound BIO increases the prior year's daily maximum by 3% or 5% each year starting with the second policy year and continuing for the life of the policy, unless terminated earlier by the insured. The 3% compound BIO, as well as additional unique BIO options, i.e. 5% Compound to Age 75, Graded Compound and Adjusting Increases, were only made available on the Choice 2.1 (7042 Rev and 7044 Rev) versions of these policy forms.

These are the benefits as initially priced, policyholders may have subsequently changed their benefits based on the alternatives available to them.

## **6. Alternatives to the Requested Rate Increase**

GLIC will offer insureds impacted by rate filings several options for mitigating the impact of the rate increase while still providing meaningful protection. 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 available benefit adjustments.

*Reduced Benefit Options.* Insureds can change 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 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/Monthly/Lifetime Maximum amount;
2. Reduction in Benefit Period;

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3. Reduction or elimination of the BIO;
4. Increases in Elimination Period; and
5. Elimination of policy riders.

If a policyholder elects to reduce or eliminate the BIO, they have the ability to retain any prior increases to their daily or monthly payment maximums. In addition, policyholders will also continue to be offered the previously approved BIO of 1% compound.

*Flexible Benefit Option (FBO)*. GLIC will offer this alternative to mitigate the requested premium increase, which features the following:

1. A premium rate guarantee until at least January 1, 2030;
2. \$250,000 benefit pool for non-shared, \$400,000 benefit pool for shared;
3. Monthly indemnity payments that vary by type of benefit. For each full month of qualification, the benefit amounts for each type of benefit are as follows:
  - Nursing Home Benefit - monthly payments are 100% of the monthly maximum. Payments are designed to last three years if the policyholder is in a nursing home for the entire time and would be calculated by dividing the claimant's benefit pool by 36 months;
  - Assisted Care Facility Benefit - monthly payments are 75% of the monthly maximum and are for care in an assisted care facility; and
  - Flexible Care Benefit – monthly payments are 50% of the monthly maximum and are for other types of care, such as home care.
4. GLIC will adjust monthly payment amounts when the insured qualifies for benefits for only part of a month;
5. GLIC will pay only one benefit in a calendar month. If more than one benefit could apply in a calendar month, then GLIC will pay the benefit (Nursing Home Benefit, Assisted Care Facility Benefit, or the Flexible Care Benefit) with the most days of qualification in that month;
6. A 180 day elimination period applies for the Nursing Home and Assisted Care Facility Benefits, and a 90 day elimination period applies to the Flexible Care Benefit; and
7. The benefit pool and monthly maximum will remain fixed, unless the 1% compound BIO is elected. If 1% compound BIO is elected, the benefit pool and monthly maximum will inflate by 1% compounded annually.

The FBO is not available for policies that currently have a benefit pool (net of past claims) less than \$250,000 for non-shared, \$400,000 for shared.

An industry study performed and published by PwC indicates that 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.<sup>1</sup>

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<sup>1</sup>The formal cost of long-term care services: How can society meet a growing need was initially made available in 2016. The portion of the study relating to the cost of long-term care events was updated in 2021.

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Under this option, policyholders with non-shared policies will have a benefit pool of \$250,000, with monthly payments designed to last three years in a nursing home situs (longer in other situses), and the option of 1% benefit inflation on the benefit pool and monthly maximum. The monthly payment also provides the policyholder more flexibility in managing their long-term care event, and a simpler process for receiving benefit payments.

Rate tables for the FBO option offered in this filing are included in the FBO Rate Schedule.

Policyholders that elect the FBO will have their premium rates guaranteed until at least January 1, 2030. However, we reserve the right to adjust the pricing for the FBO in future filings for policyholders that have not previously elected that option.

*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**

- a. These policies are guaranteed renewable for life, subject to policy terms and conditions;
- b. Geographic area factors are not used in rating these policies;
- c. Semi-annual, quarterly and monthly modal factors are applied to the annual premium, with the majority of policyholders selecting annual premium mode;
- d. For a history of previous rate revisions refer to the Supplement;
- e. The requested rate increase will apply to policies on their billing anniversary date, following a 75-day policyholder notification period;
- f. Premium rates are unisex, level (with the exception of approved rate increases) and payable for life (except for in-force policies with limited pay premium). Premiums generally vary by issue age, daily benefit, benefit period, elimination period, BIO, and any applicable riders selected;
- g. Certain underwriting discounts may have been applied to the premium rates. A preferred risk discount of 10% or 20% may have been provided to applicants in response to specified health underwriting criteria specified on the application. Where the criteria for a couple's discount were met, a discount of 40% was provided to both individuals when both submitted valid applications and both were issued coverage. If only one member of a couple was approved, the discount was reduced to 25%. Where a shared policy was issued, a couple's discount was factored into the shared policy form rates. If only one member of a couple applying for shared coverage was approved, an individual policy was issued and the couple's discount was reduced to 25%; and
- h. Rate tables reflecting any prior approved and the requested rate increase have been included in the Proposed Rate Schedule. Note that actual rates implemented may vary slightly from those being submitted in this filing due to implementation rounding algorithms. The Low BIO Non-AARP rates



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shown in the Proposed Rate Schedule are not subject to the requested rate increase and are provided for completeness and illustrational purposes.

For more information about the rate tables on alternative options refer to section 6 of this actuarial memorandum.

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**8. Actuarial Assumptions**

Since inception, GLIC has monitored the impact of experience on projections and lifetime loss ratios. As experience emerges, assumptions and methodologies have been adjusted. Historical updates have resulted in increases in the Disabled Life Reserves (DLR) and the continued need for premium rate adjustments.

Two key drivers for the premium rate adjustments have been increased claim costs and lower than expected healthy life terminations (lapse and healthy life mortality). Lower than expected healthy life terminations has meant more policies in-force at ages when claims are more likely to occur.

The table below summarizes the most impactful assumption updates made since 2014. Updated claim severity assumptions in 2014, 2016, and 2018 have led to the significant strengthening of GLIC's DLR.

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 Lapse Lower Healthy Life Mortality
2016	Lower CTR BUR methodology enhancement
2017	Incidence differential for Lifetime and Non-Lifetime benefit periods
2018	Lower CTR BUR methodology enhancement: increase for Lifetime benefit periods
2019	New incidence assumption with improved fit by age and duration Lower Healthy Life Mortality
2020	Lower CTR Higher BUR
2021	Strengthened BUR Trend, reflecting higher cost of care inflation for LTC services Lower Healthy Life Mortality

Beginning with 2016 CFT, GLIC converted from a total life model to a first principles model in which the assumptions are split between healthy lives and disabled lives.

Both healthy life assumptions (lapse, mortality, incidence) and claim severity assumptions (benefit utilization, claim termination, situs mix) are based on Genworth nationwide experience, with differing assumptions by company. The assumptions include adjustments as considered appropriate for future projections and based on expected differences in experience due to either policyholder characteristics or underwriting criteria.

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The Best Estimate (BE) assumptions described below for lapse, mortality, and morbidity are consistent with those used for GLIC's 2021 Cash Flow Testing (CFT) prior to any provision for contingency, adverse deviation or risk margin. The experience reviewed for 2021 CFT generally included data through 2020Q4. COVID-19 experience, which began to emerge in 2020Q2, was not included in the study period as the experience studies either included a 12-month lag in the experience review or used an earlier data through date as discussed in the sections below. The one exception is lapse, which only included a 6-month lag and hence, included a quarter of COVID-19 experience in the study.

Genworth reviews experience and assumptions every year in connection with CFT. The 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.

A. Lapse:

Original Filing: The products included in this filing were originally priced in 2002 and 2007 using termination assumptions developed from experience prior to those dates. Originally filed Choice 2.1 lapse rates varied by marital status, issue age and duration. The original ultimate lapse rate for Choice 2 was 1.5% and the original ultimate lapse rate for Choice 2.1 was 1.0%.

Current Filing: The current best estimate assumptions for expected lapse rates for healthy lives are derived from actual Genworth nationwide long-term care lapse data as of 2020Q4 with experience through 2020Q2 (6-month reporting lag), excluding partial years of policy exposure. Lapse rates vary by product, issue age, policy duration, BIO, marital status, underwriting class, benefit period, company and the issue year bands. The 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. The Actual/Expected ratio of 98.5% for these policy forms 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 GLIC lapse rate assumptions for cells with a lifetime benefit period, married status, compound BIO, and for issue years 2009 and earlier:

<b>Sample Lapse Rate Assumption</b>						
<b>UW Discount</b>	<b>Std</b>	<b>Std</b>	<b>Std</b>	<b>Pref</b>	<b>Pref</b>	<b>Pref</b>
<b>Issue Age</b>	<b>45</b>	<b>55</b>	<b>62</b>	<b>45</b>	<b>55</b>	<b>62</b>
<b>Duration</b>						
<b>1</b>	7.20%	4.15%	3.75%	5.50%	3.26%	3.01%
<b>2</b>	5.13%	2.65%	2.26%	3.92%	2.08%	1.82%
<b>3</b>	3.86%	1.91%	1.60%	2.95%	1.50%	1.30%
<b>4</b>	3.01%	1.46%	1.22%	2.30%	1.16%	0.99%
<b>5</b>	2.40%	1.17%	0.98%	1.84%	0.92%	0.80%
<b>6</b>	1.96%	0.96%	0.80%	1.51%	0.76%	0.66%
<b>7</b>	1.64%	0.80%	0.69%	1.26%	0.64%	0.57%
<b>8</b>	1.39%	0.69%	0.62%	1.07%	0.55%	0.52%
<b>9</b>	1.20%	0.60%	0.57%	0.93%	0.48%	0.48%
<b>10</b>	1.05%	0.54%	0.55%	0.82%	0.43%	0.47%
<b>11</b>	0.90%	0.48%	0.53%	0.70%	0.39%	0.47%
<b>12</b>	0.77%	0.44%	0.53%	0.61%	0.36%	0.47%
<b>13</b>	0.70%	0.44%	0.55%	0.57%	0.37%	0.50%
<b>14</b>	0.64%	0.45%	0.58%	0.54%	0.40%	0.54%
<b>15</b>	0.59%	0.48%	0.61%	0.52%	0.44%	0.59%
<b>16</b>	0.57%	0.50%	0.66%	0.52%	0.47%	0.64%
<b>17</b>	0.57%	0.54%	0.71%	0.54%	0.51%	0.70%
<b>18</b>	0.59%	0.57%	0.77%	0.56%	0.55%	0.77%
<b>19</b>	0.61%	0.61%	0.82%	0.60%	0.60%	0.82%
<b>20</b>	0.64%	0.65%	0.85%	0.63%	0.64%	0.85%
<b>21</b>	0.69%	0.69%	0.91%	0.68%	0.69%	0.91%
<b>22</b>	0.73%	0.73%	0.98%	0.73%	0.73%	0.98%
<b>23</b>	0.73%	0.75%	1.05%	0.73%	0.75%	1.05%
<b>24</b>	0.73%	0.77%	1.13%	0.73%	0.77%	1.13%
<b>25</b>	0.73%	0.80%	1.22%	0.73%	0.80%	1.22%

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**B. Mortality:**

Original Filing: Original Total Life mortality assumptions were based on the Annuity 2000 Mortality Table, without mortality improvement. Selection factors in the original filing were based on data prior to 2002 and 2007 for Choice 2 and Choice 2.1, respectively.

Current Filing: The current best estimate assumptions for expected mortality rates for healthy lives are derived from actual Genworth nationwide long-term care mortality data as of 2020Q4 with experience through 2019Q4 (1-year reporting lag). Healthy life mortality assumptions vary by product, issue age, policy duration, gender, marital status, underwriting class, BIO, and company. The 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 2021, the credibility weighting procedure was changed to put less weight on the baseline assumption and more on actual experience. The Actual/Expected ratio of 98.1% for these policy forms 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.

The mortality improvement assumption for healthy lives continues to apply to the first 10 projection years at a compound rate of 1% per year. Remaining projection years use the accumulated improvement of 10 years. This assumption is based on Genworth experience and is supported by statistical testing.

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The following table is a sample of the GLIC healthy life mortality rate assumptions before improvements by married status, standard underwriting class, no BIO and issue age 65:

<b>Sample Mortality Rate Assumption</b>		
<b>Gender</b>	<b>M</b>	<b>F</b>
<b>Duration</b>		
<b>1</b>	0.19%	0.10%
<b>2</b>	0.31%	0.16%
<b>3</b>	0.39%	0.21%
<b>4</b>	0.45%	0.25%
<b>5</b>	0.52%	0.29%
<b>6</b>	0.59%	0.33%
<b>7</b>	0.71%	0.40%
<b>8</b>	0.80%	0.45%
<b>9</b>	0.90%	0.52%
<b>10</b>	1.03%	0.61%
<b>11</b>	1.16%	0.70%
<b>12</b>	1.31%	0.81%
<b>13</b>	1.50%	0.94%
<b>14</b>	1.72%	1.11%
<b>15</b>	1.99%	1.32%
<b>16</b>	2.32%	1.59%
<b>17</b>	2.69%	1.93%
<b>18</b>	3.18%	2.37%
<b>19</b>	3.78%	2.93%
<b>20</b>	4.40%	3.53%
<b>21</b>	4.87%	4.04%
<b>22</b>	5.34%	4.62%
<b>23</b>	5.80%	5.26%
<b>24</b>	6.36%	5.87%
<b>25</b>	6.90%	6.47%
<b>26</b>	7.52%	7.13%
<b>27</b>	8.07%	7.81%
<b>28</b>	8.57%	8.53%
<b>29</b>	9.03%	9.03%
<b>30</b>	9.38%	9.38%

**C. Morbidity:**

The morbidity assumption is composed of the following components: incidence, benefit utilization, claim termination (sometimes described as claim continuance), and claim situs mix. Incidence rates measure the likelihood of a policyholder going on claim. Benefit utilization rates measure the proportion of

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contractually available benefits that a policyholder uses while on claim, once eligibility requirements have been met. 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. Claim termination rates consist of two components – disabled life mortality and claim recoveries. 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 are implicitly recognized.

Original Filing: Originally filed expected claim cost assumptions for Choice 2 were based on 2002 and prior claim cost data and did not include morbidity improvement. Originally filed expected claim cost assumptions for Choice 2.1 were based on 2006 and prior claim cost data and included morbidity improvement.

Current Filing: The main components of morbidity - incidence, benefit utilization, claim termination and claim situs mix - are described below.

#### 1. Incidence Rates

The base incidence rates vary by product, issue age, policy duration, gender, benefit period, marital status, underwriting class, and company. There is an adjustment applied for the first 10 projection years to adjust for non-forfeiture (NFO) status. This adjustment reflects the fact that policies in NFO status have lower incidence than policies in a non-NFO status. The assumption setting process for the base incidence rates 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.

The assumptions are derived from actual Genworth nationwide long-term care claim incidence data as of 2020Q4 with experience through 2019Q4 (1-year reporting lag). The Actual/Expected ratio of 100.3% for these policy forms 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.

The morbidity improvement assumption for healthy lives continues to apply 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 and supported by statistical testing.

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The following table is a sample of the GLIC claim incidence rate assumptions for policies with a married status and a lifetime benefit period, before any adjustment for non-forfeiture status:

<b>Sample Claim Incidence Rate Assumption</b>								
<b>Gender</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>F</b>	<b>F</b>	<b>F</b>	<b>F</b>
<b>UW Discount</b>	<b>Std</b>	<b>Std</b>	<b>Pref</b>	<b>Pref</b>	<b>Std</b>	<b>Std</b>	<b>Pref</b>	<b>Pref</b>
<b>Issue Age</b>	<b>55</b>	<b>65</b>	<b>55</b>	<b>65</b>	<b>55</b>	<b>65</b>	<b>55</b>	<b>65</b>
<b>Duration</b>								
<b>1</b>	0.05%	0.11%	0.03%	0.07%	0.05%	0.13%	0.03%	0.08%
<b>2</b>	0.08%	0.20%	0.05%	0.12%	0.08%	0.22%	0.06%	0.14%
<b>3</b>	0.11%	0.28%	0.07%	0.17%	0.11%	0.32%	0.07%	0.20%
<b>4</b>	0.13%	0.37%	0.08%	0.23%	0.13%	0.43%	0.09%	0.27%
<b>5</b>	0.15%	0.48%	0.09%	0.29%	0.16%	0.55%	0.11%	0.34%
<b>6</b>	0.18%	0.59%	0.11%	0.36%	0.18%	0.69%	0.12%	0.42%
<b>7</b>	0.20%	0.72%	0.12%	0.44%	0.21%	0.85%	0.14%	0.52%
<b>8</b>	0.23%	0.88%	0.14%	0.54%	0.24%	1.05%	0.16%	0.64%
<b>9</b>	0.26%	1.06%	0.16%	0.66%	0.28%	1.28%	0.18%	0.78%
<b>10</b>	0.29%	1.27%	0.18%	0.81%	0.32%	1.55%	0.20%	0.95%
<b>11</b>	0.33%	1.52%	0.20%	0.97%	0.36%	1.87%	0.23%	1.15%
<b>12</b>	0.38%	1.83%	0.23%	1.18%	0.42%	2.26%	0.26%	1.40%
<b>13</b>	0.44%	2.18%	0.27%	1.43%	0.50%	2.70%	0.30%	1.70%
<b>14</b>	0.51%	2.57%	0.31%	1.74%	0.60%	3.20%	0.34%	2.04%
<b>15</b>	0.59%	3.00%	0.36%	2.11%	0.70%	3.75%	0.40%	2.44%
<b>16</b>	0.68%	3.46%	0.41%	2.49%	0.82%	4.34%	0.46%	2.87%
<b>17</b>	0.81%	4.06%	0.49%	3.05%	1.00%	5.00%	0.54%	3.50%
<b>18</b>	0.97%	4.72%	0.59%	3.71%	1.19%	5.71%	0.65%	4.29%
<b>19</b>	1.15%	5.43%	0.71%	4.47%	1.43%	6.44%	0.80%	5.15%
<b>20</b>	1.33%	6.15%	0.84%	5.21%	1.66%	7.22%	0.97%	6.05%
<b>21</b>	1.51%	6.89%	0.96%	5.94%	1.90%	8.06%	1.16%	6.89%
<b>22</b>	1.86%	7.92%	1.23%	7.00%	2.32%	8.91%	1.47%	8.07%
<b>23</b>	2.23%	8.98%	1.57%	8.09%	2.75%	9.83%	1.81%	9.31%
<b>24</b>	2.61%	9.93%	1.89%	8.97%	3.21%	10.32%	2.14%	10.15%
<b>25</b>	3.00%	11.12%	2.21%	10.15%	3.70%	11.28%	2.50%	11.44%
<b>26</b>	3.40%	12.38%	2.55%	11.41%	4.21%	12.44%	2.87%	12.83%
<b>27</b>	4.10%	13.45%	3.22%	12.51%	4.93%	13.49%	3.63%	14.09%
<b>28</b>	4.81%	14.55%	3.91%	13.65%	5.70%	14.67%	4.43%	15.48%
<b>29</b>	5.56%	15.50%	4.62%	14.54%	6.54%	15.47%	5.31%	16.47%
<b>30</b>	6.34%	16.40%	5.36%	15.43%	7.44%	16.56%	6.24%	17.78%



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2. Benefit Utilization Rates (BUR)

Because the BUR assumption is based on a rolling 12 months of services and because of the onset of the COVID-19 pandemic in Q2 of 2020, the 2021 BURs were not updated from the prior year's assumption. We expect to resume yearly updates to the BUR assumption once short-term pandemic impacts on BUR experience have subsided.

The BUR for CFT purposes is consistent with our Disabled Life Reserving (DLR) BUR assumption. The CFT BUR assumption variables are product, benefit period, company, BIO, claim age, claim duration and original claim situs whereas the DLR BUR assumptions also vary by diagnosis and daily maximum benefit amount. The less-granular CFT BUR assumptions are due to modeling constraints within AXIS.

The assumption is derived from actual Genworth nationwide long-term care paid claim experience. Genworth considers experience combined from all relevant product types when setting the BUR assumption with potential product-specific adjustments.

A utilization trend is used for reimbursement products. Long-term trending is accomplished by inflating each of the assumed starting BURs by the applicable inflation assumption and deflating it by the contractual BIO into the future. In 2021, the BUR trend was strengthened, reflecting higher cost of care inflation for LTC services. Recent experience suggests higher increases in the cost of long-term care, especially for policies with Simple and Compound BIO. The 2021 best estimate cost of long-term care inflation rates range from 0% for no BIO to 3.1% for policies with compound BIO, varying by original claim situs and benefit period.

The weighted average cost of care inflation by situs is shown below:

<b>Situs</b>	<b>Weighted Ave.</b>
HC	<b>1.51%</b>
ALF	<b>2.47%</b>
NH	<b>2.43%</b>

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The following table is a sample of the GLIC base benefit utilization rate assumptions (i.e. before the application of the utilization trend) for a reimbursement policy with a limited benefit period (4+ years), and compound BIO:

<b>Sample Benefit Utilization Rate Assumption</b>						
<b>Claim Age</b>	<b>81</b>	<b>81</b>	<b>81</b>	<b>86</b>	<b>86</b>	<b>86</b>
<b>Claim Situs</b>	<b>ALF</b>	<b>HC</b>	<b>NH</b>	<b>ALF</b>	<b>HC</b>	<b>NH</b>
<b>Claim Duration</b>						
<b>Month 1-6</b>	61.48%	33.97%	75.97%	59.35%	34.50%	75.17%
<b>Month 7-12</b>	62.80%	42.51%	76.25%	60.15%	42.83%	74.86%
<b>Year 2</b>	67.25%	50.49%	76.88%	64.48%	50.93%	75.56%
<b>Year 3</b>	70.82%	57.77%	78.35%	70.55%	60.56%	80.01%
<b>Year 4</b>	70.25%	61.32%	75.38%	69.74%	64.03%	76.68%
<b>Year 5</b>	67.70%	61.32%	70.85%	67.23%	64.06%	72.11%
<b>Year 6</b>	64.34%	58.65%	66.02%	64.20%	61.55%	67.50%
<b>Year 7+</b>	61.23%	54.48%	61.95%	61.65%	57.70%	63.93%

**3. Claim Termination Rates (CTR)**

The assumption was last updated based on actual Genworth nationwide long-term care data from inception through 2019Q4 with experience through 2019Q2 (6-month reporting lag). The CTR assumption variables are product group, gender, benefit period, claim age, claim duration, company and original claim situs. Our experience suggests high terminations in early claim durations are the result of acute disabilities terminating due to death or recovery. The remaining lives are permanent, long-term disabilities where recovery is less likely. Claim terminations in later claim durations are driven by disabled life mortality rates. In 2021 a structural update was made in AXIS to use the CTR assumption component parts - disabled life mortality (DLM) and recovery rates – as this aligns with the disabled life model. The actual CTR assumption did not change from 2020, the only update was the structure of how the assumption is entered into AXIS.

During 2020, the COVID-19 pandemic resulted in higher-than-expected disabled life mortality and recoveries. As this pandemic biased experience is not expected to be indicative of long-term trends, this assumption was not updated in 2021. The prior year CTR assumption has a very good fit. The Actual/Expected ratio for these policy forms is 100.4%, measured on experience prior to 2020. Note that 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.

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The following table is a sample of the GLIC monthly disabled life mortality assumptions for ALF, female, limited benefit period, claim age 82, for the first 324 claim durations:

<b>Sample Disabled Life Mortality Assumption</b>							
<b>Duration</b>	<b>Rate</b>	<b>Duration</b>	<b>Rate</b>	<b>Duration</b>	<b>Rate</b>	<b>Duration</b>	<b>Rate</b>
<b>1</b>	0.12%	<b>16</b>	1.25%	<b>31</b>	1.57%	<b>145-156</b>	2.44%
<b>2</b>	0.16%	<b>17</b>	1.26%	<b>32</b>	1.59%	<b>157-168</b>	2.62%
<b>3</b>	0.29%	<b>18</b>	1.27%	<b>33</b>	1.61%	<b>169-180</b>	2.82%
<b>4</b>	0.78%	<b>19</b>	1.28%	<b>34</b>	1.63%	<b>181-192</b>	3.00%
<b>5</b>	1.28%	<b>20</b>	1.29%	<b>35</b>	1.65%	<b>193-204</b>	3.16%
<b>6</b>	1.29%	<b>21</b>	1.30%	<b>36</b>	1.67%	<b>205-216</b>	3.32%
<b>7</b>	1.29%	<b>22</b>	1.31%	<b>37-48</b>	1.70%	<b>217-228</b>	3.49%
<b>8</b>	1.29%	<b>23</b>	1.33%	<b>49-60</b>	1.98%	<b>229-240</b>	3.67%
<b>9</b>	1.29%	<b>24</b>	1.34%	<b>61-72</b>	2.14%	<b>241-252</b>	3.84%
<b>10</b>	1.30%	<b>25</b>	1.47%	<b>73-84</b>	2.29%	<b>253-264</b>	3.99%
<b>11</b>	1.30%	<b>26</b>	1.49%	<b>85-96</b>	2.26%	<b>265-276</b>	4.12%
<b>12</b>	1.31%	<b>27</b>	1.50%	<b>97-108</b>	2.14%	<b>277-288</b>	4.23%
<b>13</b>	1.23%	<b>28</b>	1.52%	<b>109-120</b>	1.90%	<b>289-300</b>	4.30%
<b>14</b>	1.23%	<b>29</b>	1.54%	<b>121-132</b>	2.08%	<b>301-312</b>	4.31%
<b>15</b>	1.24%	<b>30</b>	1.56%	<b>133-144</b>	2.26%	<b>313-324</b>	4.31%

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The following table is a sample of the GLIC monthly recovery rate assumptions for ALF, female, limited benefit period, claim age 82, for the first 324 claim durations:

<b>Sample Recovery Rate Assumption</b>							
<b>Duration</b>	<b>Rate</b>	<b>Duration</b>	<b>Rate</b>	<b>Duration</b>	<b>Rate</b>	<b>Duration</b>	<b>Rate</b>
<b>1</b>	0.07%	<b>16</b>	0.14%	<b>31</b>	0.08%	<b>145-156</b>	0.00%
<b>2</b>	0.15%	<b>17</b>	0.14%	<b>32</b>	0.08%	<b>157-168</b>	0.00%
<b>3</b>	0.19%	<b>18</b>	0.13%	<b>33</b>	0.08%	<b>169-180</b>	0.00%
<b>4</b>	0.28%	<b>19</b>	0.12%	<b>34</b>	0.08%	<b>181-192</b>	0.00%
<b>5</b>	0.36%	<b>20</b>	0.12%	<b>35</b>	0.08%	<b>193-204</b>	0.00%
<b>6</b>	0.32%	<b>21</b>	0.11%	<b>36</b>	0.08%	<b>205-216</b>	0.00%
<b>7</b>	0.29%	<b>22</b>	0.11%	<b>37-48</b>	0.08%	<b>217-228</b>	0.00%
<b>8</b>	0.26%	<b>23</b>	0.10%	<b>49-60</b>	0.09%	<b>229-240</b>	0.00%
<b>9</b>	0.23%	<b>24</b>	0.10%	<b>61-72</b>	0.10%	<b>241-252</b>	0.00%
<b>10</b>	0.21%	<b>25</b>	0.09%	<b>73-84</b>	0.11%	<b>253-264</b>	0.00%
<b>11</b>	0.19%	<b>26</b>	0.09%	<b>85-96</b>	0.10%	<b>265-276</b>	0.00%
<b>12</b>	0.18%	<b>27</b>	0.09%	<b>97-108</b>	0.05%	<b>277-288</b>	0.00%
<b>13</b>	0.18%	<b>28</b>	0.09%	<b>109-120</b>	0.00%	<b>289-300</b>	0.00%
<b>14</b>	0.17%	<b>29</b>	0.08%	<b>121-132</b>	0.00%	<b>301-312</b>	0.00%
<b>15</b>	0.15%	<b>30</b>	0.08%	<b>133-144</b>	0.00%	<b>313-324</b>	0.00%

**4. Claim Situs Mix**

A claim situs mix assumption is used to split the incidence rates among the original care sites: NH, ALF and HC. The Situs Mix assumption variables are product, gender, benefit period, marital status, underwriting class, claim age and company.

The assumption is derived from actual Genworth nationwide long-term care experience, using data as of 2020Q4 with experience from 2010 through 2019, with a 12-month lag. Note that the lag was increased from six months to twelve months to exclude 2020 experience from this assumption update as the COVID-19 pandemic caused a shift in situs mix experience in which more policyholders chose to start their claim in Home Care.

At the lower attained ages, the original situs is more likely to be in home health care. At the higher attained ages, the original situs is more evenly distributed between home care and facility.

The Actual/Expected ratio is 99.9% for ALF, 100.0% for HC, and 99.9% for NH. This is a very good fit to the experience used to set the assumption.

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The following table is the GLIC situs mix assumption for female, limited benefit period, and standard underwriting class for selected ages:

<b>Sample Claim Situs Mix Rate Assumption</b>				
<b>Marital Status</b>	<b>Claim Age</b>	<b>ALF</b>	<b>HC</b>	<b>NH</b>
<b>Married</b>	60	4.1%	93.2%	2.7%
	65	7.1%	88.7%	4.1%
	70	11.3%	83.1%	5.6%
	75	16.2%	76.9%	6.9%
	80	21.4%	70.9%	7.7%
	85	26.2%	66.0%	7.8%
	90	30.0%	62.6%	7.4%
<b>Single</b>	60	9.9%	86.7%	3.3%
	65	15.3%	79.8%	5.0%
	70	21.2%	72.1%	6.7%
	75	26.9%	65.0%	8.1%
	80	31.8%	59.1%	9.1%
	85	35.4%	55.2%	9.4%
	90	37.4%	53.3%	9.2%

**D. Expenses:**

Expenses do not affect the lifetime loss ratio projections or the rate increase requested in this memorandum. Expenses have not been explicitly projected.

**E. Interest:**

A 4.5% interest rate assumption is used to calculate historical, future and lifetime loss ratios. This is the average statutory valuation interest rate for all GLIC policies issued on these forms nationwide.

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**9. Development of the Requested Rate Increase**

In developing the requested premium rate increase, the following has been considered:

- a. In order to ensure maximum credibility, exhibits are based on GLIC nationwide experience through December 31, 2021. Projected earned premiums and incurred claims are based on the assumptions described in section 8 of this actuarial memorandum;
- b. GLIC nationwide experience includes all Choice 2 and 2.1 policies (AARP and Non-AARP). State specific experience only includes the policies affected by this filing, which are referenced in section 1 of this actuarial memorandum;
- c. The nationwide premium has been restated at your state level, only reflecting your state's approved rate increases, to address subsidization among states;
- d. Lifetime projections of earned premiums and incurred claims reflecting all the prior approved rate increases in your state are set forth in Exhibit I. Lifetime projections of earned premiums and incurred claims reflecting all the prior approved rate increases in your state and the requested rate increase are set forth in Exhibit II; and
- e. 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, 2021, 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, 2021, have been allocated to a calendar year of incurral and included in historic incurred claims. Discounting occurs at 4.5%.

**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**

Policies to which this premium rate increase filing applies may also be subject to future additional rate increases if the full amount of the rate increases requested in this filing are not approved or if the underlying assumptions are not realized.

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### **13. Confidentiality**

GLIC respectfully requests that the following portions of this Actuarial Memorandum be treated as confidential by the Virginia Bureau of Insurance (the “Bureau”) and not subject to disclosure:

- Section 3 of the Actuarial Memorandum
- Section 8 of the Actuarial Memorandum
- Section 14 of the Actuarial Memorandum
- Exhibit I of the Actuarial Memorandum
- Exhibit II of the Actuarial Memorandum

The materials sought to be maintained as confidential are referred to as the “GLIC Confidential Materials” herein. The GLIC Confidential Materials contain GLIC’s confidential trade secrets, including, but not limited to, actuarial formulas, statistics and/or assumptions, which are not generally known to, or ascertainable by proper means by, persons or entities other than GLIC who could obtain economic value from its disclosure or use.

The Bureau is not subject to the public inspection requirements of Virginia Freedom of Information Act, Va. Code Ann. § 2.2-3700, et seq. See *Christian v. State Corp. Comm’n*, 282 Va. 392, 395 (2011). However, other laws related to public information, including Va. Code Ann. § 12.1-19(A), apply to the Bureau. See *id.* at 399. While Va. Code Ann. § 12.1-19(C)(1) provides for open inspection of certain administrative records, it provides that “[d]isclosure of such records shall not be required, however, if . . . such records are not publicly available from other public entities under the laws of the Commonwealth, including . . . Va. Code Ann. § 2.2-4342.” Section 2.2-4342 and other laws related to documents available from public entities provide extensive protections for trade secrets. See e.g., Va. Code Ann. § 2.2-4342(F); Va. Code Ann. § 2.2-3705.6. Likewise, trade secret protections should be provided by the Bureau.

Furthermore, the Insurance Code recognizes that an insurer’s “confidential information” can include experience data, such as “mortality, morbidity, policyholder behavior, or expense experience,” and provides that an insurer’s confidential information is confidential by law and privileged. See Va. Code Ann. § 38.2-1382(A)(5); Va. Code Ann. § 38.2-1381. Similar to the information described in the Insurance Code, the GLIC Confidential Materials include experience-related information that is used to price GLIC’s long-term care products, and are GLIC’s confidential trade secrets.

Virginia’s Uniform Trade Secrets Act (the “Trade Secrets Act”) defines “trade secret” as follows:

“Trade secret” means information, including but not limited to, a formula, pattern, compilation, program, device, method, technique, or process, that:

1. Derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use, and
2. Is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

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See Va. Code Ann. § 59.1-336. See, e.g., *Microstrategy, Inc. v. Bus. Objects, S.A.*, 331 F.Supp.2d 396, 416 (E.D. Va. 2004) (“The case law is clear that just about anything can constitute a trade secret under the right set of facts”); *Stone Castle Fin., Inc. v. Friedman, Billings, Ramsey & Co., Inc.*, 191 F.Supp.2d 652 (E.D. Va 2002) (Plaintiff’s allegations that defendant disclosed plaintiff’s confidential business plan and financial information sufficient to state a claim for misappropriation of a trade secret under Virginia law).

The GLIC Confidential Materials fall squarely within the above definition of trade secrets. GLIC and its predecessors have been providing long-term care insurance coverage to policyholders for more than 35 years. GLIC’s lengthy experience in the long-term care insurance business has placed it in a unique position in the long-term care marketplace, in that no other long-term care carrier has as much experience in that line of business as GLIC and its predecessors. Because GLIC has been marketing long-term care products longer than its competitors, it has been able to accumulate experience-related data that its competitors have not been able to gather. Among other things, GLIC’s confidential, experience-related data are used to price GLIC’s long-term care products, providing economic value to GLIC, and if they were released, to GLIC’s competitors. Additionally, the data are held and maintained as confidential by GLIC. The data in GLIC Confidential Materials are not generally known to, or ascertainable by proper means by, persons or entities other than GLIC who could obtain economic value from their disclosure or use. GLIC takes active measures to maintain the secrecy of the information in the GLIC Confidential Materials. Among other measures, GLIC obtains non-disclosure agreements with potential reinsurers before providing those potential reinsurers with any experience-related data. Furthermore, access to the data is limited and available only to employees of GLIC who are deemed likely to need the information in the course of their duties; those employees are subject to non-disclosure agreements under which they agree not to share the information except in furtherance of the business of GLIC. Thus, the GLIC Confidential Materials are plainly information that is “subject of efforts to maintain its secrecy that are reasonable under the circumstances,” and “derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.” See Va. Code Ann. § 59.1-336.

If the GLIC Confidential Materials are disclosed, GLIC’s competitors could exploit GLIC’s confidential, proprietary, trade secret information for their own benefit, and to GLIC’s competitive and economic disadvantage. GLIC’s hard-earned information should be kept confidential so that others cannot gain from GLIC’s experience in order to more effectively compete with GLIC in the long-term care insurance marketplace. The GLIC Confidential Materials include, among other things, compilations of information regarding GLIC’s assumptions in pricing certain long-term care products, GLIC’s proprietary persistency and incurred claims statistics, and GLIC’s policy demographics. None of this information is available to GLIC’s competitors or to the public generally, and it is plainly protectable under the statutes discussed above.



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**14. Actuarial Certification**

I am an Associate 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. 18, 23, 25, 41 and 56. Policy design, underwriting, and claims adjudication practices have been considered.

I have relied on historical cash flows and projections completed by GLIC's LTC In-force 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 GLIC'S LTC Strategy & Analytics team for the pricing, methodology and design of the alternative options presented in section 6 of this actuarial memorandum.

I have relied on statutory valuations as of December 31, 2021, 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 LTC Valuation team.

I have also relied on assumptions developed by GLIC's LTC 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 and the Long-term Care Insurance regulation. If the requested premium rate schedule increase is implemented and the underlying assumptions, are realized, no further premium rate schedule increases are anticipated. In my opinion, the rates are not excessive or unfairly discriminatory.



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Tetyana Dostie, A.S.A, M.A.A.A  
Actuary  
Genworth Life Insurance Company  
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**Supplement for Lifetime High BIO Policies**

Data as of 12/31/2021

Section 1	In-force policies counts and distribution	State Non-AARP	Nationwide*
	First issued date	July 2003	July 2003
	Last issued date	September 2003	September 2013
	Issued Lives	21	54,279
	(1) In-force Lives	14	41,916
	(2) Total In-force Annualized Premium	\$39,224	\$150,164,673
	(3) Average Premium Before the Requested RI		
	(2)/(1)	\$2,802	\$3,583
	Average Premium After the Requested RI		
	(3) x (1 + Requested Rate Increase)	\$7,396	\$9,336
	Average Issue Age	57	58
	Average Attained Age	70	72
	<b>Issue Age</b>		
	<55		48.7%
	55-59		31.2%
	60-64		15.3%
	65-69		4.2%
	70-74		0.6%
	75-79		0.1%
	80+		0.0%
	<b>Benefit Increase</b>		
	None		0.0%
	Simple		20.6%
	Compound		79.4%
<b>Section 7</b>	<b>Date of Approval</b>		
		Non-AARP	Non-AARP
	6/28/2019		24.8%
	8/1/2022		58.0%
	Cumulative RI		97.2%
<b>Section 9</b>	<b>Nationwide 60/80 Test</b>		
		Non-AARP	Non-AARP
	(1) PV of Future Premiums and Accumulated Past Premiums on Original Rate Basis		712,506,829
	(2) PV of Future Premiums and Accumulated Past Premiums Attributable to Rate Increase		704,321,930
	(3) PV of Future Incurred Claims and Accumulated Past Incurred Claims		1,060,041,470
	0.60 x (1) + 0.80 x (2) < (3)		<b>TRUE</b>

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**Supplement for Limited High BIO Policies**

Data as of 12/31/2021

Section 1	In-force policies counts and distribution	State Non-AARP	Nationwide*
	First issued date	May 2003	May 2003
	Last issued date	September 2003	January 2014
	Issued Lives	76	345,627
	(1) In-force Lives	52	270,734
	(2) Total In-force Annualized Premium	\$92,516	\$711,471,689
	(3) Average Premium Before the Requested RI		
	(2)/(1)	\$1,779	\$2,628
	Average Premium After the Requested RI		
	(3) x (1 + Requested Rate Increase)	\$3,099	\$4,483
	Average Issue Age	57	58
	Average Attained Age	70	72
	<b>Issue Age</b>		
	<55		24.3%
	55-59		32.2%
	60-64		28.9%
	65-69		12.1%
	70-74		2.3%
	75-79		0.2%
	80+		0.0%
	<b>Benefit Period in Years</b>		
	1		0.0%
	2		6.5%
	3		14.5%
	4		26.8%
	5		12.6%
	6		15.4%
	7		0.0%
	8		15.9%
	10		7.0%
	12		0.8%
	16		0.1%
	20		0.3%
	<b>Benefit Increase</b>		
	None		0.0%
	Simple		23.8%
	Compound		76.2%
<b>Section 7</b>	<b>Date of Approval</b>		
		Non-AARP	Non-AARP
	6/28/2019		24.8%
	8/1/2022		58.0%
	Cumulative RI		97.2%
<b>Section 9</b>	<b>Nationwide 60/80 Test</b>		
		Non-AARP	Non-AARP
	(1) PV of Future Premiums and Accumlated Past Premiums on Original Rate Basis		3,016,429,223
	(2) PV of Future Premiums and Accumlated Past Premiums Attributable to Rate Increase		1,737,020,265
	(3) PV of Future Incurred Claims and Accumlated Past Incurred Claims		3,489,803,814
	0.6 x (1) + 0.8 x (2) < (3)		TRUE

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**Exhibit Ia: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Lifetime High BIO With Virginia Approved Rate Increase**  
**Policies Issued Prior to October 1, 2003**  
**Excluding Paid-Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Discount Factor	Lives
2003	309,296	-	0.0%	2.2576	732
2004	5,080,636	-	0.0%	2.1604	3,449
2005	10,904,089	503,141	4.6%	2.0674	5,842
2006	15,904,299	536,936	3.4%	1.9783	7,422
2007	19,634,234	797,622	4.1%	1.8932	8,876
2008	22,427,341	1,715,921	7.7%	1.8116	9,517
2009	22,684,551	2,942,728	13.0%	1.7336	9,395
2010	22,579,937	4,508,097	20.0%	1.6590	9,397
2011	22,683,673	2,723,887	12.0%	1.5875	9,403
2012	22,372,057	4,756,214	21.3%	1.5192	9,241
2013	21,913,305	3,745,728	17.1%	1.4537	9,098
2014	21,531,237	8,029,697	37.3%	1.3911	8,966
2015	21,235,894	9,355,489	44.1%	1.3312	8,877
2016	20,928,525	14,249,527	68.1%	1.2739	8,772
2017	20,621,456	12,959,998	62.8%	1.2191	8,657
2018	20,129,962	15,500,846	77.0%	1.1666	8,537
2019	19,683,653	20,530,914	104.3%	1.1163	8,424
2020	22,357,416	14,941,678	66.8%	1.0683	8,324
2021	23,572,207	19,915,847	84.5%	1.0223	8,194
2022	23,389,763	21,224,506	90.7%	0.9782	8,030
2023	30,163,565	24,618,108	81.6%	0.9361	7,860
2024	34,377,435	27,922,479	81.2%	0.8958	7,674
2025	33,416,074	30,996,708	92.8%	0.8572	7,472
2026	32,384,674	34,393,805	106.2%	0.8203	7,254
2027	31,286,434	37,933,925	121.2%	0.7850	7,020
2028	30,121,020	41,364,311	137.3%	0.7512	6,772
2029	28,899,879	44,597,927	154.3%	0.7188	6,511
2030	27,617,041	47,782,199	173.0%	0.6879	6,237
2031	26,297,471	50,887,305	193.5%	0.6583	5,952
2032	24,942,985	54,270,697	217.6%	0.6299	5,655
2033	23,547,862	57,819,186	245.5%	0.6028	5,349
2034	22,124,077	60,874,574	275.2%	0.5768	5,033
2035	20,679,489	63,354,892	306.4%	0.5520	4,711
2036	19,216,983	65,123,946	338.9%	0.5282	4,385
2037	17,757,689	66,006,292	371.7%	0.5055	4,058
2038	16,314,479	66,099,948	405.2%	0.4837	3,732
2039	14,897,250	65,606,216	440.4%	0.4629	3,412
2040	13,517,917	64,317,048	475.8%	0.4429	3,100
2041	12,187,941	62,253,479	510.8%	0.4239	2,798
2042	10,916,629	59,476,453	544.8%	0.4056	2,508
2043	9,712,681	56,263,384	579.3%	0.3882	2,234
2044	8,583,276	52,897,350	616.3%	0.3714	1,976
2045	7,533,371	49,372,062	655.4%	0.3554	1,736
2046	6,566,588	45,695,033	695.9%	0.3401	1,515
2047	5,684,027	41,990,084	738.7%	0.3255	1,312
2048	4,885,786	38,171,593	781.3%	0.3115	1,130
2049	4,170,964	34,213,607	820.3%	0.2981	966
2050	3,536,923	30,300,935	856.7%	0.2852	820
2051	2,979,884	26,646,535	894.2%	0.2729	693
2052	2,494,652	23,347,320	935.9%	0.2612	581
2053	2,075,358	20,381,345	982.1%	0.2499	485
2054	1,715,950	17,814,023	1038.1%	0.2392	403
2055	1,410,301	15,540,041	1101.9%	0.2289	332
2056	1,152,382	13,499,177	1171.4%	0.2190	273
2057	936,322	11,692,502	1248.8%	0.2096	223
2058	756,592	10,067,142	1330.6%	0.2006	182
2059	608,121	8,592,048	1412.9%	0.1919	147
2060	486,243	7,288,201	1498.9%	0.1837	119
2061	386,790	6,139,227	1587.2%	0.1758	96
2062	306,048	5,164,491	1687.5%	0.1682	77
2063	240,831	4,296,569	1784.1%	0.1609	61
2064	188,393	3,567,329	1893.6%	0.1540	48
2065	146,425	2,948,706	2013.8%	0.1474	38
2066	113,036	2,406,286	2128.8%	0.1410	30
2067	86,667	1,937,916	2236.1%	0.1350	24
2068	65,977	1,543,209	2339.0%	0.1291	18
2069	49,847	1,225,459	2458.4%	0.1236	14
2070	37,359	967,304	2589.2%	0.1183	11
2071	27,774	760,143	2736.9%	0.1132	9
2072	20,474	596,214	2912.0%	0.1083	7
2073	14,959	459,842	3074.0%	0.1036	5
2074	10,845	353,638	3260.9%	0.0992	4
2075	7,802	273,502	3505.5%	0.0949	3
2076	5,571	206,335	3703.4%	0.0908	2
2077	3,947	152,890	3873.5%	0.0869	2
2078	2,772	110,434	3984.5%	0.0832	1
2079	1,929	79,846	4139.1%	0.0796	1
2080	1,327	58,003	4371.4%	0.0762	1
2081	906	41,759	4608.1%	0.0729	1

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	525,581,319	171,195,287	32.6%
<b>Future:</b>	366,250,350	791,782,083	216.2%
<b>Lifetime:</b>	891,831,670	962,977,370	108.0%

**Genworth Life Insurance Company**  
**Address: 6620 West Broad Street, Richmond, VA 23230**  
**Company NAIC No: 70025**

**Actuarial Memorandum**  
**April 2024**

**Exhibit Ib: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Limited High BIO With Virginia Approved Rate Increase**  
**Policies Issued Prior to October 1, 2003 Only**  
**Excluding Paid-Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Discount Factor	Lives
2003	908,766	-	0.0%	2.2576	2,773
2004	15,351,289	413,519	2.7%	2.1604	13,868
2005	35,418,660	8,918	0.0%	2.0674	26,177
2006	55,322,040	775,352	1.4%	1.9783	35,096
2007	71,971,600	1,437,362	2.0%	1.8932	43,975
2008	88,683,076	4,279,979	4.8%	1.8116	50,405
2009	95,390,851	4,743,811	5.0%	1.7336	51,721
2010	98,988,568	6,363,277	6.4%	1.6590	53,267
2011	102,413,220	7,999,761	7.8%	1.5875	54,944
2012	103,216,866	10,376,321	10.1%	1.5192	54,114
2013	101,322,984	17,825,446	17.6%	1.4537	53,303
2014	99,688,553	21,545,493	21.6%	1.3911	52,561
2015	98,070,004	25,137,289	25.6%	1.3312	51,880
2016	96,412,196	30,020,881	31.1%	1.2739	51,153
2017	94,246,747	32,108,197	34.1%	1.2191	50,502
2018	91,515,343	37,580,187	41.1%	1.1666	49,824
2019	88,878,531	49,883,162	56.1%	1.1163	49,155
2020	99,762,601	45,793,149	45.9%	1.0683	48,490
2021	104,774,072	71,544,852	68.3%	1.0223	47,798
2022	102,880,610	76,198,316	74.1%	0.9782	46,657
2023	132,754,278	90,541,150	68.2%	0.9361	45,508
2024	150,915,892	105,020,826	69.6%	0.8958	44,240
2025	145,961,055	118,407,318	81.1%	0.8572	42,863
2026	140,664,732	132,610,672	94.3%	0.8203	41,375
2027	135,015,749	147,160,626	109.0%	0.7850	39,783
2028	129,089,879	161,378,647	125.0%	0.7512	38,107
2029	122,913,096	174,647,264	142.1%	0.7188	36,353
2030	116,539,480	186,748,670	160.2%	0.6879	34,531
2031	110,000,939	197,521,565	179.6%	0.6583	32,656
2032	103,349,388	208,818,519	202.1%	0.6299	30,736
2033	96,618,728	220,205,847	227.9%	0.6028	28,776
2034	89,831,084	229,315,869	255.3%	0.5768	26,789
2035	83,035,023	235,809,329	284.0%	0.5520	24,792
2036	76,278,833	239,466,625	313.9%	0.5282	22,800
2037	69,623,520	239,922,052	344.6%	0.5055	20,832
2038	63,129,243	237,154,742	375.7%	0.4837	18,909
2039	56,854,242	231,766,997	407.7%	0.4629	17,047
2040	50,848,957	224,055,155	440.6%	0.4429	15,261
2041	45,154,762	214,170,030	474.3%	0.4239	13,564
2042	39,809,131	202,195,111	507.9%	0.4056	11,969
2043	34,837,981	188,625,380	541.4%	0.3882	10,484
2044	30,260,831	174,403,925	576.3%	0.3714	9,114
2045	26,087,575	160,106,621	613.7%	0.3554	7,863
2046	22,318,962	145,713,516	652.9%	0.3401	6,733
2047	18,948,150	131,395,622	693.4%	0.3255	5,720
2048	15,961,357	117,304,368	734.9%	0.3115	4,822
2049	13,340,639	103,405,118	775.1%	0.2981	4,034
2050	11,065,248	90,087,738	814.2%	0.2852	3,350
2051	9,108,917	77,693,779	852.9%	0.2729	2,761
2052	7,442,038	66,505,008	893.6%	0.2612	2,258
2053	6,034,698	56,562,900	937.3%	0.2499	1,833
2054	4,857,066	47,913,241	986.5%	0.2392	1,478
2055	3,880,989	40,365,770	1040.1%	0.2289	1,183
2056	3,079,522	33,690,156	1094.0%	0.2190	941
2057	2,426,627	27,910,530	1150.2%	0.2096	743
2058	1,899,368	22,994,569	1210.6%	0.2006	583
2059	1,477,112	18,822,680	1274.3%	0.1919	455
2060	1,141,773	15,311,177	1341.0%	0.1837	353
2061	877,506	12,378,761	1410.7%	0.1758	273
2062	670,522	9,934,383	1481.6%	0.1682	209
2063	509,491	7,908,634	1552.3%	0.1609	160
2064	385,140	6,283,205	1631.4%	0.1540	121
2065	289,549	4,956,368	1711.8%	0.1474	92
2066	216,509	3,877,638	1791.0%	0.1410	69
2067	160,989	3,032,886	1883.9%	0.1350	52
2068	119,047	2,355,938	1979.0%	0.1291	38
2069	87,523	1,812,786	2071.2%	0.1236	28
2070	63,962	1,383,238	2162.6%	0.1183	21
2071	46,444	1,047,808	2256.1%	0.1132	15
2072	33,511	781,843	2333.1%	0.1083	11
2073	24,043	573,249	2384.3%	0.1036	8
2074	17,138	418,594	2442.4%	0.0992	6
2075	12,145	304,269	2505.3%	0.0949	4
2076	8,532	218,463	2560.4%	0.0908	3
2077	5,961	155,214	2604.0%	0.0869	2
2078	4,131	109,541	2651.5%	0.0832	1
2079	2,841	76,965	2709.0%	0.0796	1
2080	1,938	53,306	2750.9%	0.0762	1
2081	1,306	36,040	2759.9%	0.0729	0

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	2,237,677,058	448,481,091	20.0%
<b>Future:</b>	1,526,131,639	2,839,747,490	186.1%
<b>Lifetime:</b>	3,763,808,697	3,288,228,581	87.4%

**Genworth Life Insurance Company**  
**Address: 6620 West Broad Street, Richmond, VA 23230**  
**Company NAIC No: 70025**

**Actuarial Memorandum**  
**April 2024**

**Exhibit IIa: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Lifetime High BIO With Requested 164% Rate Increase for Non-AARP Policies**  
**Policies Issued Prior to October 1, 2003**  
**Excluding Paid-Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Discount Factor 4.50%	Lives
2003	309,296	-	0.0%	2.2576	732
2004	5,080,636	-	0.0%	2.1604	3,449
2005	10,904,089	503,141	4.6%	2.0674	5,842
2006	15,904,299	536,936	3.4%	1.9783	7,422
2007	19,634,234	797,622	4.1%	1.8932	8,876
2008	22,427,341	1,715,921	7.7%	1.8116	9,517
2009	22,684,551	2,942,728	13.0%	1.7336	9,395
2010	22,579,937	4,508,097	20.0%	1.6590	9,397
2011	22,683,673	2,723,887	12.0%	1.5875	9,403
2012	22,372,057	4,756,214	21.3%	1.5192	9,241
2013	21,913,305	3,745,728	17.1%	1.4537	9,098
2014	21,531,237	8,029,697	37.3%	1.3911	8,966
2015	21,235,894	9,355,489	44.1%	1.3312	8,877
2016	20,928,525	14,249,527	68.1%	1.2739	8,772
2017	20,621,456	12,959,998	62.8%	1.2191	8,657
2018	20,129,962	15,500,846	77.0%	1.1666	8,537
2019	19,683,653	20,530,914	104.3%	1.1163	8,424
2020	22,357,416	14,941,678	66.8%	1.0683	8,324
2021	23,572,207	19,915,847	84.5%	1.0223	8,194
2022	23,389,763	21,224,506	90.7%	0.9782	8,033
2023	46,058,984	26,222,496	56.9%	0.9361	7,865
2024	89,157,707	33,666,933	37.8%	0.8958	7,681
2025	86,888,137	37,022,501	42.6%	0.8572	7,479
2026	84,394,012	40,781,240	48.3%	0.8203	7,259
2027	81,687,986	44,703,591	54.7%	0.7850	7,023
2028	78,773,062	48,477,290	61.5%	0.7512	6,772
2029	75,684,593	52,001,994	68.7%	0.7188	6,505
2030	72,410,170	55,439,722	76.6%	0.6879	6,224
2031	69,018,719	58,751,253	85.1%	0.6583	5,931
2032	65,518,262	62,350,438	95.2%	0.6299	5,627
2033	61,896,868	66,094,957	106.8%	0.6028	5,313
2034	58,188,795	69,228,265	119.0%	0.5768	4,992
2035	54,416,747	71,667,534	131.7%	0.5520	4,665
2036	50,589,755	73,279,363	144.9%	0.5282	4,336
2037	46,764,918	73,892,370	158.0%	0.5055	4,006
2038	42,977,858	73,630,318	171.3%	0.4837	3,680
2039	39,255,273	72,725,730	185.3%	0.4629	3,359
2040	35,629,654	70,963,483	199.2%	0.4429	3,047
2041	32,130,828	68,382,868	212.8%	0.4239	2,745
2042	28,784,281	65,062,007	226.0%	0.4056	2,458
2043	25,613,384	61,306,645	239.4%	0.3882	2,186
2044	22,637,829	57,419,724	253.6%	0.3714	1,931
2045	19,871,525	53,376,192	268.6%	0.3554	1,694
2046	17,323,438	49,189,734	283.9%	0.3401	1,476
2047	14,997,038	45,013,008	300.1%	0.3255	1,277
2048	12,892,942	40,758,136	316.1%	0.3115	1,098
2049	11,008,444	36,396,575	330.6%	0.2981	937
2050	9,336,476	32,124,057	344.1%	0.2852	795
2051	7,866,788	28,158,903	357.9%	0.2729	671
2052	6,585,881	24,597,267	373.5%	0.2612	562
2053	5,478,946	21,409,280	390.8%	0.2499	469
2054	4,530,109	18,659,001	411.9%	0.2392	388
2055	3,723,196	16,231,333	436.0%	0.2289	320
2056	3,042,289	14,059,759	462.1%	0.2190	263
2057	2,471,889	12,144,727	491.3%	0.2096	215
2058	1,997,403	10,428,949	522.1%	0.2006	175
2059	1,605,438	8,878,343	553.0%	0.1919	141
2060	1,283,681	7,512,845	585.3%	0.1837	114
2061	1,021,124	6,313,892	618.3%	0.1758	92
2062	807,967	5,299,724	655.9%	0.1682	73
2063	635,793	4,399,872	692.0%	0.1609	58
2064	497,357	3,645,928	733.1%	0.1540	46
2065	386,561	3,008,046	778.2%	0.1474	37
2066	298,414	2,450,391	821.1%	0.1410	29
2067	228,800	1,970,362	861.2%	0.1350	23
2068	174,180	1,566,693	899.5%	0.1291	18
2069	131,596	1,242,269	944.0%	0.1236	14
2070	98,629	979,229	992.8%	0.1183	11
2071	73,324	768,522	1048.1%	0.1132	8
2072	54,052	602,068	1113.9%	0.1083	6
2073	39,492	463,894	1174.6%	0.1036	5
2074	28,631	356,404	1244.8%	0.0992	4
2075	20,597	275,375	1337.0%	0.0949	3
2076	14,709	207,602	1411.4%	0.0908	2
2077	10,420	153,739	1475.4%	0.0869	2
2078	7,317	110,998	1517.0%	0.0832	1
2079	5,093	80,218	1575.1%	0.0796	1
2080	3,503	58,245	1662.7%	0.0762	1
2081	2,392	41,917	1752.1%	0.0729	1

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	525,581,319	171,195,287	32.6%
<b>Future:</b>	891,247,439	888,846,183	99.7%
<b>Lifetime:</b>	1,416,828,759	1,060,041,470	74.8%

**Genworth Life Insurance Company**  
**Address: 6620 West Broad Street, Richmond, VA 23230**  
**Company NAIC No: 70025**

**Actuarial Memorandum**  
**April 2024**

**Exhibit IIb: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Limited High BIO With Requested 74.2% Rate Increase for Non-AARP**  
**Policies Issued Prior to October 1, 2003 Only**  
**Excluding Paid-Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Discount Factor 4.50%	Lives
2003	908,766	-	0.0%	2.2576	2,773
2004	15,351,289	413,519	2.7%	2.1604	13,868
2005	35,418,660	8,918	0.0%	2.0674	26,177
2006	55,322,040	775,352	1.4%	1.9783	35,096
2007	71,971,600	1,437,362	2.0%	1.8932	43,975
2008	88,683,076	4,279,979	4.8%	1.8116	50,405
2009	95,390,851	4,743,811	5.0%	1.7336	51,721
2010	98,988,568	6,363,277	6.4%	1.6590	53,267
2011	102,413,220	7,999,761	7.8%	1.5875	54,944
2012	103,216,866	10,376,321	10.1%	1.5192	54,114
2013	101,322,984	17,825,446	17.6%	1.4537	53,303
2014	99,688,553	21,545,493	21.6%	1.3911	52,561
2015	98,070,004	25,137,289	25.6%	1.3312	51,880
2016	96,412,196	30,020,881	31.1%	1.2739	51,153
2017	94,246,747	32,108,197	34.1%	1.2191	50,502
2018	91,515,343	37,580,187	41.1%	1.1666	49,824
2019	88,878,531	49,883,162	56.1%	1.1163	49,155
2020	99,762,601	45,793,149	45.9%	1.0683	48,490
2021	104,774,072	71,544,852	68.3%	1.0223	47,798
2022	102,880,610	76,198,316	74.1%	0.9782	46,689
2023	164,809,866	93,502,876	56.7%	0.9361	45,566
2024	260,938,275	115,953,603	44.4%	0.8958	44,318
2025	252,813,505	130,205,796	51.5%	0.8572	42,950
2026	243,978,798	145,455,811	59.6%	0.8203	41,462
2027	234,435,406	161,118,430	68.7%	0.7850	39,860
2028	224,330,522	176,396,875	78.6%	0.7512	38,167
2029	213,723,355	190,573,473	89.2%	0.7188	36,386
2030	202,723,674	203,383,692	100.3%	0.6879	34,528
2031	191,406,943	214,664,568	112.2%	0.6583	32,607
2032	179,874,904	226,441,013	125.9%	0.6299	30,637
2033	168,186,808	238,215,809	141.6%	0.6028	28,633
2034	156,390,958	247,422,943	158.2%	0.5768	26,610
2035	144,573,144	253,728,640	175.5%	0.5520	24,586
2036	132,820,303	256,944,228	193.5%	0.5282	22,574
2037	121,240,443	256,728,431	211.8%	0.5055	20,589
2038	109,937,986	253,086,178	230.2%	0.4837	18,652
2039	99,015,276	246,682,142	249.1%	0.4629	16,779
2040	88,559,797	237,858,901	268.6%	0.4429	14,987
2041	78,645,456	226,800,122	288.4%	0.4239	13,289
2042	69,337,051	213,617,610	308.1%	0.4056	11,697
2043	60,680,150	198,839,112	327.7%	0.3882	10,218
2044	52,708,874	183,451,745	348.0%	0.3714	8,859
2045	45,440,593	168,020,984	369.8%	0.3554	7,623
2046	38,876,916	152,534,280	392.4%	0.3401	6,508
2047	33,005,714	137,214,693	415.7%	0.3255	5,513
2048	27,803,502	122,218,309	439.6%	0.3115	4,634
2049	23,238,892	107,504,276	462.6%	0.2981	3,866
2050	19,275,459	93,469,873	484.9%	0.2852	3,201
2051	15,867,698	80,457,133	507.0%	0.2729	2,630
2052	12,964,030	68,747,007	530.3%	0.2612	2,146
2053	10,512,445	58,368,986	555.2%	0.2499	1,737
2054	8,461,009	49,361,541	583.4%	0.2392	1,397
2055	6,760,682	41,517,705	614.1%	0.2289	1,116
2056	5,364,528	34,594,857	644.9%	0.2190	885
2057	4,227,185	28,615,498	676.9%	0.2096	697
2058	3,308,698	23,540,617	711.5%	0.2006	546
2059	2,573,129	19,243,005	747.8%	0.1919	425
2060	1,988,969	15,632,589	786.0%	0.1837	330
2061	1,528,615	12,622,616	825.8%	0.1758	254
2062	1,168,049	10,118,111	866.2%	0.1682	195
2063	887,533	8,045,801	906.5%	0.1609	149
2064	670,914	6,385,597	951.8%	0.1540	113
2065	504,394	5,032,249	997.7%	0.1474	85
2066	377,159	3,933,326	1042.9%	0.1410	64
2067	280,444	3,073,773	1096.0%	0.1350	48
2068	207,380	2,385,774	1150.4%	0.1291	35
2069	152,465	1,834,372	1203.1%	0.1236	26
2070	111,421	1,398,732	1255.4%	0.1183	19
2071	80,906	1,058,877	1308.8%	0.1132	14
2072	58,377	789,660	1352.7%	0.1083	10
2073	41,882	578,678	1381.7%	0.1036	7
2074	29,855	422,355	1414.7%	0.0992	5
2075	21,156	306,869	1450.5%	0.0949	4
2076	14,863	220,238	1481.8%	0.0908	3
2077	10,383	156,408	1506.3%	0.0869	2
2078	7,197	110,341	1533.2%	0.0832	1
2079	4,949	77,501	1565.9%	0.0796	1
2080	3,376	53,661	1589.7%	0.0762	1
2081	2,275	36,270	1594.4%	0.0729	0

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	2,237,677,058	448,481,091	20.0%
<b>Future:</b>	2,515,772,430	3,041,322,723	120.9%
<b>Lifetime:</b>	4,753,449,488	3,489,803,814	73.4%

**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-133450233

**Revised Rates**

Average Annual Premium Per Member:

\$7,396 Lifetime HI BIO/ \$3,099 Limited HI BIO/ \$2,037 Limited Low BIO

Average Requested Percentage Rate Change Per Member:

97.9%

Range of Requested Rate Changes:

0% - 164%

Number of Virginia Policyholders Affected:

68

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
7042VA	Choice 2 & 2.1	July 2003 - September 2003	24.8% - 6/28/2019 58% - 8/1/2022	Yes
7044VA	Choice 2 & 2.1	October 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
62376VA	Nonforfeiture Benefit Rider	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
62378	Restoration of Benefits Rider	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
62381	Survivorship Benefit Rider (10 Year)	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
62382	Enhanced Survivorship Benefit Rider (7 Year)	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
62383	Enhanced Survivorship Benefit Rider (7 Year)	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
62384	Monthly Benefits Rider	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
62385	Waiver of Home Care EP Rider	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
36378VA	Return of Premium Rider After 10 Year	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes
39129VA	Graded Return of Premium Rider	July 2003 - June 2008	24.8% - 6/28/2019 58% - 8/1/2022	Yes

**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>.



### **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.

April 03, 2024

Virginia Bureau of Insurance

RE: Genworth Life Insurance Company (GLIC)  
 Company NAIC No: 70025  
 SERFF Tracking No: GEFA-133450233  
 Non-AARP Policy Forms: 7042VA, 7044VA, 62376VA, 62378, 62381, 62382, 62383, 62384, 62385, 36378VA, 39129VA

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 is requesting a premium rate increase according to the table below, 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.

Benefit Period	Benefit Increase Option (BIO)*	Non-AARP Updated Increase Request	Non-AARP Original Rate Increase Request
Lifetime	High BIO	164%	234%
Limited	High BIO	74.2%	103%

\*High BIO does not include policies without BIO or 1% BIO.

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 Bureau. 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;
- Revised Actuarial Memorandum;
- Updated Memo Exhibits;
- Long Term Care Insurance Rate Request Summary Revised; and
- Proposed Rate Schedules

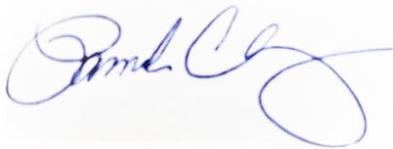
Any applicable fees will be submitted as an EFT payment via SERFF.

The contact person for this filing is:

Matthew Haladay, FSA, MAAA  
Assistant Vice President & Actuary  
Genworth Life Insurance Company  
6620 W Broad St  
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, appearing to read 'Pamela C. Asbury', is written over a light blue horizontal line.

Pamela C. Asbury  
Vice President, LTC Inforce Management  
Genworth Life Insurance Company  
Genworth Life Insurance Company of New York

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Individual																			
	730 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	
18-24	76.90	70.99	59.16	53.25	41.41	82.60	76.25	63.55	57.20	44.48	120.29	112.40	92.68	82.82	65.06	163.66	149.86	126.19	112.40	88.73
25-29	82.82	76.90	63.11	57.18	43.39	88.97	82.60	67.78	61.41	46.61	130.14	120.29	100.57	90.71	70.99	175.49	161.70	136.05	122.26	94.64
30-34	88.73	82.82	69.01	61.13	49.30	95.31	88.97	74.13	65.66	52.95	140.00	128.17	106.48	96.62	74.92	189.30	173.52	145.91	130.14	102.54
35-39	96.62	88.73	74.92	67.04	53.25	103.77	95.31	80.49	72.02	57.20	149.86	138.03	116.34	104.50	80.85	203.09	187.32	155.77	140.00	108.45
40-44	104.50	94.64	78.87	70.99	55.21	112.24	101.66	84.72	76.25	59.30	161.70	149.86	124.22	112.40	86.76	218.88	201.13	167.61	151.84	118.31
45	106.48	96.62	80.85	72.96	57.18	114.38	103.77	86.84	78.37	61.41	163.66	151.84	126.19	114.36	88.73	222.81	205.07	171.56	153.80	120.29
46	106.48	96.59	82.82	74.92	57.18	114.38	105.91	88.97	80.49	61.41	165.63	151.84	128.17	114.36	90.71	226.76	209.02	173.52	155.77	122.26
47	108.45	100.57	82.82	74.92	57.18	116.49	108.02	88.97	80.49	61.41	165.63	153.80	128.17	114.36	90.71	228.74	210.99	175.49	157.75	122.26
48	110.43	100.57	84.78	76.90	59.16	118.61	108.02	91.07	82.60	63.55	167.61	153.80	128.17	116.34	90.71	230.71	212.95	177.47	159.72	124.22
49	110.43	102.54	84.78	76.90	59.16	118.61	110.14	91.07	82.60	63.55	167.61	155.77	130.14	116.34	90.71	234.65	216.90	179.44	161.70	126.19
50	112.40	104.50	86.76	78.87	61.13	120.74	112.24	93.19	84.72	65.66	169.58	155.77	130.14	116.34	90.71	236.62	218.88	181.42	163.66	126.19
51	114.36	104.50	88.73	78.87	63.11	122.85	112.24	95.31	84.72	67.78	171.56	157.75	132.12	118.31	92.68	242.53	222.81	185.35	167.61	130.14
52	116.34	106.48	88.73	80.85	63.11	124.96	114.38	95.31	86.84	67.78	173.52	159.72	134.08	120.29	94.64	246.48	226.76	189.30	169.58	132.12
53	116.34	108.45	90.71	80.85	63.11	124.96	116.49	97.44	86.84	67.78	175.49	161.70	136.05	122.26	94.64	250.43	232.67	193.23	173.52	136.05
54	118.31	108.45	90.71	82.82	63.11	127.08	116.49	97.44	88.97	67.78	177.47	163.66	138.03	124.22	96.62	254.34	236.62	197.18	177.47	138.03
55	120.29	110.43	92.68	82.82	65.06	129.21	118.61	99.56	88.97	69.88	181.42	165.63	138.03	124.22	96.62	260.29	240.57	201.13	179.44	140.00
56	130.14	120.29	100.57	90.71	70.99	139.80	129.21	108.02	97.44	76.25	197.18	181.42	151.84	136.05	106.48	270.15	250.43	209.02	187.32	145.91
57	140.00	130.14	108.45	96.62	76.90	150.38	139.80	116.49	103.77	82.60	212.95	195.21	163.66	147.89	114.36	280.01	258.31	214.93	193.23	149.86
58	149.86	138.03	116.34	104.50	80.85	160.97	148.27	124.96	112.24	86.84	228.74	210.99	175.49	157.75	122.26	289.73	268.17	222.81	201.13	155.77
59	159.72	147.89	122.26	110.43	84.78	171.57	158.85	131.33	118.61	91.07	244.51	224.79	187.32	169.58	132.12	299.73	278.03	230.71	209.02	161.70
60	169.58	157.75	130.14	118.31	90.71	182.16	169.44	139.80	127.08	97.44	260.29	240.57	201.13	179.44	140.00	311.54	285.92	238.60	214.93	167.61
61	185.35	171.56	143.94	128.17	100.57	199.10	184.28	154.62	137.68	108.02	280.01	258.31	214.93	193.23	149.86	336.21	309.59	258.31	232.67	181.42
62	203.09	187.32	155.77	140.00	108.45	218.15	201.21	167.32	150.38	116.49	299.73	278.03	230.71	207.04	161.70	358.88	331.26	276.06	248.46	193.23
63	218.88	201.13	167.61	151.84	118.31	235.10	216.05	180.04	163.10	127.08	321.40	295.78	246.48	222.81	173.52	382.53	352.96	293.80	264.22	205.07
64	234.65	216.90	179.44	161.70	126.19	252.04	232.99	192.74	173.69	135.55	341.12	313.52	262.25	236.62	183.37	406.20	374.65	313.52	281.97	218.88
65	250.43	230.71	193.23	173.52	136.05	269.00	247.82	207.56	186.38	146.15	360.84	333.24	278.03	250.43	195.21	429.85	398.32	331.26	297.75	232.67
66	280.01	258.31	214.93	193.23	149.86	300.77	277.46	230.87	207.56	160.97	400.28	368.74	307.61	278.03	214.93	471.27	433.80	362.82	325.35	254.36
67	309.59	285.92	238.60	214.93	167.61	332.54	307.12	256.29	230.87	180.04	439.71	406.20	339.16	305.64	236.62	510.70	471.27	392.39	352.96	274.08
68	341.12	313.52	262.25	236.62	183.37	366.42	336.76	281.70	254.16	196.98	481.13	443.66	370.70	333.24	260.29	550.14	508.73	423.95	380.56	297.75
69	370.70	343.10	285.92	256.34	201.13	398.19	368.54	307.12	275.35	216.05	520.56	481.13	400.28	360.84	280.01	591.55	546.21	455.50	410.14	319.44
70	400.28	370.70	307.61	278.03	214.93	429.97	398.19	330.43	298.65	230.87	560.00	518.59	431.83	388.46	301.69	630.99	581.69	485.08	437.75	339.16
71	459.43	423.95	352.96	317.47	246.48	493.50	455.39	379.12	341.01	264.76	636.90	587.60	489.01	439.71	343.10	713.81	658.59	548.17	492.96	384.51
72	516.63	477.19	398.32	358.88	278.03	554.94	512.57	427.85	385.49	298.65	711.84	656.62	546.21	492.96	382.53	794.65	733.53	611.27	550.14	427.90
73	575.78	530.42	441.69	398.32	309.59	618.48	569.75	474.44	427.85	332.54	786.76	725.63	605.36	544.23	423.95	877.47	810.43	674.38	607.32	471.27
74	632.96	585.64	487.05	437.75	341.12	679.91	629.06	523.17	470.21	366.42	861.70	794.65	662.54	595.50	463.38	960.29	885.35	739.44	664.52	518.59
75	692.12	638.87	532.40	479.15	372.67	743.44	686.24	571.88	514.69	400.31	936.62	863.66	719.72	648.73	504.79	1,043.10	962.25	802.55	721.70	561.97
76	794.65	733.53	611.27	550.14	427.90	853.56	787.91	656.60	590.94	459.62	1,054.93	974.09	812.40	731.56	567.88	1,163.39	1,072.68	895.21	804.50	627.04
77	897.19	828.17	690.14	621.13	483.10	963.72	889.59	741.32	667.19	518.92	1,175.22	1,084.51	903.10	814.36	632.96	1,283.67	1,185.08	987.90	889.30	692.12
78	1,001.69	922.81	769.02	692.12	538.31	1,075.96	991.24	826.04	743.44	578.22	1,295.51	1,194.94	995.78	897.19	698.03	1,403.96	1,297.46	1,080.56	972.11	757.18
79	1,104.23	1,019.45	849.87	765.07	595.50	1,186.11	1,095.03	912.88	821.79	639.66	1,413.82	1,305.36	1,088.46	978.04	761.13	1,526.20	1,407.89	1,173.24	1,056.91	822.26
80	1,206.77	1,114.09	928.74	836.06	650.71	1,296.25	1,196.69	997.61	898.06	698.96	1,534.09	1,415.77	1,179.15	1,060.84	826.20	1,646.49	1,520.29	1,265.93	1,139.72	885.35
81	1,291.56	1,192.96	993.80	893.24	696.05	1,387.32	1,281.43	1,067.50	959.47	747.67	1,640.58	1,514.37	1,261.98	1,135.78	883.38	1,760.85	1,626.77	1,354.66	1,218.59	948.46
82	1,388.17	1,281.70	1,068.74	960.29	747.32	1,491.11	1,376.73	1,148.00	1,031.50	802.73	1,764.80	1,628.74	1,356.62	1,220.57	950.43	1,892.97	1,747.05	1,457.19	1,311.27	1,019.45
83	1,498.60	1,384.24	1,153.53	1,037.19	808.45	1,609.72	1,486.87	1,239.07	1,114.11	868.40	1,904.80	1,758.89	1,465.07	1,319.16	1,025.36	2,044.80	1,887.06	1,573.52	1,415.77	1,102.26
84	1,626.77	1,500.57	1,252.12	1,125.92	877.47	1,747.39	1,611.84	1,344.96	1,209.41	942.53	2,066.48	1,908.73	1,589.31	1,431.56	1,112.11	2,218.32	2,048.74	1,707.62	1,536.06	1,194.94
85	1,772.68	1,636.63	1,364.52	1,228.45	954.37	1,904.12	1,757.99	1,465.70	1,319.54	1,025.14	2,253.81	2,080.29	1,733.24	1,559.73	1,212.68	2,419.45	2,232.13	1,861.41	1,674.09	1,303.39
86	1,932.40	1,784.52	1,486.76	1,338.88	1,041.13	2,075.69	1,916.84	1,597.00	1,438.15	1,118.32	2,454.94	2,267.62	1,889.02	1,699.73	1,323.11	2,636.36	2,433.25	2,027.05	1,825.93	1,419.72
87	2,105.92	1,944.24	1,620.86	1,459.16	1,133.81	2,262.07	2,088.40	1,741.05	1,567.36	1,217.88	2,675.79	2,470.71	2,058.60	1,853.53	1,441.42	2,872.98	2,652.12	2,210.44	1,989.58	1,547.89
88	2,295.22	2,119.73	1,766.77	1,589.31	1,236.35	2,465.42	2,276.91	1,897.79	1,707.16	1,328.02	2,918.32	2,693.54	2,243.95	2,019.16	1,571.56	3,131.28	2,890.72	2,409.59	2,169.02	1,685.92
89	2,502.26	2,311.00	1,924.52	1,733.24	1,346.76	2,687.80	2,482.37	2,067.22	1,861.76	1,446.62	3,180.57	2,936.07	2,447.06	2,202.55	1,713.53	3,413.26	3,150.99	2,626.50	2,364.23	1,837.76

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Individual																			
	1095 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	104.50	94.64	78.87	70.99	55.21	112.24	101.66	84.72	76.25	59.30	155.77	143.94	118.31	106.48	82.82	207.04	191.27	159.72	143.94	112.40
25-29	110.43	102.54	84.78	76.90	59.16	118.61	110.14	91.07	82.60	63.55	165.63	153.80	128.17	114.36	90.71	222.81	205.07	171.56	153.80	120.29
30-34	120.29	110.43	92.68	82.82	65.06	129.21	118.61	99.56	88.97	69.88	179.44	165.63	138.03	124.22	96.62	238.60	220.85	183.37	165.63	128.17
35-39	128.17	118.31	98.59	88.73	69.01	137.68	127.08	105.91	95.31	74.13	193.23	177.47	147.89	134.08	104.50	256.34	236.62	197.18	177.47	138.03
40-44	138.03	128.17	106.48	96.62	74.92	148.27	137.68	114.38	103.77	80.49	207.04	191.27	159.72	143.94	112.40	276.06	254.36	212.95	191.27	149.86
45	141.98	130.14	108.45	98.59	76.90	152.50	139.80	116.49	105.91	82.60	210.99	195.21	161.70	145.91	112.40	281.97	260.29	216.90	195.21	151.84
46	141.98	132.12	108.45	98.59	76.90	152.50	141.92	116.49	105.91	82.60	210.99	195.21	163.66	145.91	114.36	285.92	264.22	220.85	199.16	153.80
47	143.94	132.12	110.43	98.59	76.90	154.62	141.92	118.61	105.91	82.60	212.95	195.21	163.66	147.89	114.36	291.83	268.17	224.79	201.13	157.75
48	143.94	134.08	110.43	100.57	76.90	154.62	144.02	118.61	108.02	82.60	212.95	197.18	163.66	147.89	114.36	295.78	272.11	226.76	205.07	159.72
49	145.91	134.08	112.40	100.57	78.87	156.74	144.02	120.74	108.02	84.72	212.95	197.18	163.66	147.89	114.36	299.73	276.06	230.71	207.04	161.70
50	145.91	136.05	112.40	100.57	78.87	156.74	146.15	120.74	108.02	84.72	214.93	197.18	165.63	147.89	116.34	303.66	281.97	234.65	210.99	163.66
51	149.86	138.03	114.36	102.54	80.85	160.97	148.27	122.85	110.14	86.84	218.88	203.09	169.58	151.84	118.31	309.59	285.92	238.60	214.93	167.61
52	151.84	140.00	116.34	104.50	80.85	163.10	150.38	124.96	112.24	86.84	224.79	207.04	173.52	155.77	122.26	315.49	289.87	242.53	218.88	169.58
53	155.77	143.94	118.31	106.48	82.82	167.32	154.62	127.08	114.38	88.97	230.71	212.95	177.47	159.72	124.22	319.44	295.78	246.48	220.85	173.52
54	157.75	145.91	122.26	108.45	84.78	169.44	156.74	131.33	116.49	91.07	234.65	216.90	181.42	163.66	126.19	325.35	299.73	250.43	224.79	175.49
55	159.72	147.89	124.22	110.43	86.76	171.57	158.85	133.43	118.61	93.19	240.57	222.81	185.35	165.63	130.14	331.26	304.64	254.36	228.74	177.47
56	169.58	157.75	130.14	118.31	90.71	182.16	169.44	139.80	127.08	97.44	258.31	238.60	199.16	179.44	140.00	347.05	319.44	262.20	240.57	187.32
57	179.44	165.63	138.03	124.22	96.62	192.74	177.91	148.27	133.43	103.77	276.06	254.36	212.95	191.27	149.86	362.82	335.21	278.03	250.43	195.21
58	191.27	175.49	145.91	132.12	102.54	205.46	188.51	156.74	141.92	110.14	293.80	272.11	226.76	203.09	159.72	376.60	349.02	291.83	262.25	205.07
59	201.13	185.35	153.80	138.03	108.45	216.05	199.10	165.20	148.27	116.49	313.52	287.89	240.57	216.90	167.61	394.37	364.79	303.66	274.08	212.95
60	210.99	193.23	161.70	145.91	112.40	226.64	207.56	173.69	156.74	120.74	331.26	305.64	254.36	228.74	177.47	410.14	378.60	315.49	283.94	220.85
61	230.71	212.95	177.47	159.72	124.22	247.82	228.74	190.63	171.57	133.43	358.88	331.26	276.06	248.46	193.23	439.71	404.23	337.19	303.66	236.62
62	250.43	230.71	193.23	173.52	136.05	269.00	247.82	207.56	186.38	146.15	386.48	356.91	297.75	268.17	209.02	467.33	431.83	358.88	323.38	250.43
63	270.15	250.43	209.02	187.32	145.91	290.18	269.00	224.52	201.21	156.74	414.09	382.53	319.44	287.89	222.81	494.94	457.47	380.56	343.10	266.20
64	289.87	268.17	222.81	201.13	155.77	311.35	288.07	239.34	216.05	167.32	441.69	408.18	341.12	305.64	238.60	522.54	483.10	402.25	362.82	281.97
65	311.54	285.92	238.60	214.93	167.61	334.64	307.12	256.29	230.87	180.04	471.27	433.80	362.82	325.35	254.36	552.12	508.73	423.95	382.53	297.75
66	349.02	321.40	268.17	240.57	187.32	374.90	345.23	288.07	258.41	201.21	522.54	483.10	402.25	362.82	281.97	605.36	558.02	465.36	418.04	325.35
67	386.48	356.91	297.75	268.17	209.02	415.15	383.37	319.82	288.07	224.52	575.78	530.42	441.69	398.32	309.59	658.59	609.30	506.77	455.50	354.93
68	423.95	392.39	327.33	293.80	228.74	455.39	421.50	351.60	315.59	245.69	627.04	577.44	483.10	433.80	339.16	713.81	658.59	548.17	492.96	384.51
69	463.38	427.90	356.91	321.40	250.43	497.75	459.62	383.37	345.23	269.00	678.31	627.04	522.54	469.29	366.77	767.04	707.89	589.58	530.42	412.11
70	500.84	461.41	384.51	347.05	270.15	537.97	495.61	413.03	372.79	290.18	731.56	674.38	561.97	506.77	394.37	822.26	757.18	630.99	567.88	441.69
71	579.72	534.37	445.64	400.28	311.54	622.71	574.00	478.68	429.97	334.64	830.15	765.07	638.87	573.81	447.61	928.74	857.75	715.77	642.82	500.84
72	658.59	607.32	506.77	455.50	354.93	707.43	652.35	544.34	489.28	381.25	928.74	855.78	713.81	642.82	498.87	1,037.19	958.32	798.60	717.75	560.00
73	737.47	680.28	565.92	510.70	396.34	792.15	730.73	607.89	548.58	425.73	1,027.33	948.48	788.74	708.86	552.12	1,145.64	1,056.91	861.42	792.69	617.18
74	814.36	753.25	627.04	563.95	439.71	874.75	809.10	673.54	605.77	472.33	1,123.95	1,039.17	865.63	778.88	605.36	1,254.09	1,157.48	964.23	867.61	674.38
75	893.24	824.22	688.17	619.15	481.13	959.47	885.34	739.20	665.07	516.80	1,222.54	1,129.86	940.57	845.92	658.59	1,362.54	1,256.07	1,047.05	942.53	733.53
76	1,021.41	942.53	786.76	707.89	550.14	1,097.15	1,012.42	845.09	760.38	590.94	1,382.26	1,275.79	1,062.82	956.34	743.39	1,526.20	1,409.87	1,175.22	1,056.91	822.26
77	1,149.58	1,060.84	883.38	796.62	619.15	1,234.82	1,139.51	948.88	855.70	665.07	1,541.99	1,423.67	1,185.08	1,066.77	830.15	1,691.83	1,561.70	1,301.41	1,171.27	911.00
78	1,277.75	1,179.15	981.97	885.35	688.17	1,372.50	1,266.59	1,054.78	951.00	739.20	1,699.73	1,569.59	1,307.32	1,177.19	914.93	1,857.48	1,713.53	1,429.58	1,285.65	1,001.69
79	1,405.92	1,297.46	1,080.56	972.11	757.18	1,510.16	1,393.67	1,160.68	1,044.19	813.32	1,859.44	1,715.50	1,429.58	1,287.61	1,001.69	2,023.11	1,867.34	1,555.78	1,400.01	1,088.46
80	1,534.09	1,415.77	1,179.15	1,060.84	826.20	1,647.85	1,520.75	1,266.59	1,139.51	887.45	2,019.16	1,863.39	1,551.84	1,398.03	1,086.49	2,186.77	2,019.16	1,681.97	1,514.37	1,177.19
81	1,640.58	1,514.37	1,261.98	1,135.78	883.38	1,762.22	1,626.66	1,355.56	1,220.00	948.88	2,159.16	1,993.53	1,662.25	1,494.65	1,163.39	2,340.58	2,161.14	1,800.28	1,620.86	1,260.00
82	1,764.80	1,628.74	1,356.62	1,220.57	950.43	1,895.65	1,749.52	1,457.22	1,311.07	1,020.90	2,320.86	2,143.40	1,786.49	1,607.05	1,250.14	2,516.07	2,322.82	1,936.35	1,741.13	1,354.66
83	1,904.80	1,758.89	1,465.07	1,319.16	1,025.36	2,046.04	1,899.32	1,573.71	1,416.98	1,101.39	2,508.19	2,314.94	1,928.45	1,735.22	1,350.71	2,717.19	2,508.19	2,090.15	1,881.13	1,463.11
84	2,066.48	1,908.73	1,589.31	1,431.56	1,112.11	2,219.71	2,050.27	1,707.16	1,537.70	1,194.57	2,721.14	2,512.12	2,092.13	1,883.11	1,465.07	2,947.90	2,721.14	2,267.62	2,040.85	1,587.33
85	2,253.81	2,080.29	1,733.24	1,559.73	1,212.68	2,420.92	2,234.55	1,861.76	1,675.38	1,302.60	2,965.64	2,736.91	2,281.43	2,052.69	1,597.19	3,214.10	2,967.62	2,472.68	2,224.23	1,731.27
86	2,454.94	2,267.62	1,889.02	1,699.73	1,323.11	2,636.97	2,435.76	2,029.08	1,825.77	1,421.21	3,231.84	2,983.39	2,486.49	2,238.04	1,741.13	3,503.97	3,233.82	2,695.51	2,425.36	1,887.06
87	2,675.79	2,470.71	2,058.60	1,853.53	1,441.42	2,874.21	2,653.91	2,211.24	1,990.97	1,548.31	3,523.68	3,251.56	2,709.31	2,439.17	1,896.92	3,819.46	3,525.64	2,938.04	2,644.24	2,056.62
88	2,918.32	2,693.54	2,243.95	2,019.16	1,571.56	3,134.72	2,893.26	2,410.34	2,168.88	1,688.09	3,841.14	3,545.36	2,953.81	2,658.03	2,088.46	4,162.56	3,841.14	3,202.27	2,880.86	2,241.99
89	3,180.57	2,936.07	2,447.06	2																

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Individual																			
	1460 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	112.40	102.54	86.76	76.90	61.13	120.74	110.14	93.19	82.60	65.66	171.56	159.72	132.12	118.31	92.68	232.67	214.93	179.44	161.70	126.19
25-29	120.29	110.43	92.88	82.82	65.06	129.21	118.61	99.56	88.97	69.88	185.35	171.56	141.98	128.17	98.59	250.43	230.71	193.23	173.52	136.05
30-34	130.14	120.29	100.57	88.73	70.99	139.80	129.21	108.02	95.31	76.25	199.16	183.37	153.80	138.03	108.45	268.17	248.46	207.04	185.35	145.91
35-39	140.00	128.17	106.48	96.62	74.92	150.38	137.68	114.38	103.77	80.49	214.93	197.18	165.63	147.89	116.34	289.87	266.20	222.81	201.13	155.77
40-44	149.86	138.03	114.36	104.50	80.85	160.97	148.27	122.85	112.24	86.84	230.71	212.95	177.47	159.72	124.22	311.54	287.89	238.60	214.93	167.61
45	151.84	141.98	118.31	106.48	82.82	163.10	152.50	127.08	114.38	88.97	234.65	216.90	181.42	161.70	126.19	317.47	293.80	244.51	218.88	171.56
46	153.80	141.98	118.31	106.48	82.82	165.20	152.50	127.08	114.38	88.97	236.62	218.88	183.37	163.66	128.17	323.38	299.73	248.46	224.79	173.52
47	155.77	141.98	118.31	106.48	82.82	167.32	152.50	127.08	114.38	88.97	240.57	220.85	185.35	165.63	130.14	329.30	305.64	254.36	228.74	177.47
48	155.77	143.94	120.29	108.45	84.78	167.32	154.62	129.21	116.49	91.07	242.53	224.79	187.32	167.61	132.12	337.19	311.54	258.31	232.67	181.42
49	157.75	143.94	120.29	108.45	84.78	169.44	154.62	129.21	116.49	91.07	244.51	226.76	189.30	169.58	132.12	343.10	317.47	264.22	236.62	185.35
50	157.75	145.91	122.26	108.45	84.78	169.44	156.74	131.33	116.49	91.07	248.46	228.74	191.27	171.56	134.08	349.02	323.38	268.17	242.53	187.32
51	161.70	149.86	124.22	112.40	86.76	173.69	160.97	133.43	120.74	93.19	252.39	232.67	195.21	175.49	136.05	352.96	327.33	272.11	244.51	191.27
52	167.61	153.80	128.17	116.34	90.71	180.04	165.20	137.68	124.96	97.44	256.34	236.62	197.18	177.47	138.03	358.88	331.26	276.06	248.46	193.23
53	171.56	157.75	132.12	118.31	92.68	184.28	169.44	141.92	127.08	99.56	262.25	240.57	201.13	181.42	140.00	362.82	335.21	278.03	250.43	195.21
54	175.49	161.70	136.05	122.26	94.64	188.51	173.69	146.15	131.33	101.66	266.20	246.48	205.07	183.37	143.94	366.77	339.16	281.97	254.36	197.18
55	181.42	165.63	138.03	124.22	96.62	194.86	177.91	148.27	133.43	103.77	270.15	250.43	209.02	187.32	145.91	370.70	343.10	285.92	256.34	201.13
56	193.23	177.47	147.89	134.08	102.50	207.56	190.63	158.85	144.02	112.24	291.83	270.15	224.79	203.09	157.75	388.46	358.88	298.73	268.17	209.02
57	205.07	189.30	157.75	141.98	110.43	220.27	203.33	169.44	152.50	118.61	315.49	289.87	242.53	218.88	169.58	406.20	374.65	313.52	281.97	218.88
58	216.90	199.16	165.63	149.86	116.34	232.99	213.93	177.91	160.97	124.96	337.19	311.54	258.31	232.67	181.42	423.95	392.39	327.33	293.80	228.74
59	228.74	210.99	175.49	157.75	122.26	245.69	226.64	188.51	169.44	131.33	358.88	331.26	276.06	248.46	193.23	443.66	408.18	341.12	305.64	238.60
60	240.57	222.81	185.35	165.63	130.14	258.41	239.34	199.10	177.91	139.80	380.56	350.98	293.80	264.22	205.07	461.41	425.92	354.93	319.44	248.46
61	260.29	240.57	201.13	179.44	140.00	279.60	258.41	216.05	192.74	150.38	410.14	378.80	315.49	283.94	220.85	492.96	455.50	376.60	341.12	264.22
62	280.01	258.31	214.93	193.23	149.86	300.77	277.46	230.87	207.56	160.97	441.69	406.20	339.16	305.64	236.62	524.51	485.08	404.23	362.82	283.94
63	299.73	278.03	230.71	207.04	161.70	321.96	298.65	247.82	222.40	173.69	471.27	435.78	362.82	325.35	254.36	556.07	514.65	427.90	386.48	299.73
64	321.40	295.78	246.48	222.81	173.52	345.23	317.71	264.76	239.34	186.38	500.84	463.38	384.51	347.05	270.15	589.58	544.23	453.52	408.18	317.47
65	341.12	313.52	262.25	236.62	183.37	366.42	336.76	281.70	254.16	196.98	530.42	490.99	408.18	366.77	285.92	621.13	573.81	477.19	429.85	333.24
66	384.51	354.93	295.78	266.20	207.04	413.03	381.25	317.71	285.93	222.40	591.55	546.21	455.50	410.14	319.44	684.23	632.96	526.49	475.22	368.74
67	427.90	396.34	329.30	295.78	230.71	459.62	425.73	353.71	317.71	247.82	650.71	601.41	500.84	451.55	350.98	749.30	692.12	575.78	518.59	402.25
68	473.24	435.78	362.82	327.33	254.36	508.33	468.09	389.72	351.60	273.23	711.84	656.62	548.17	492.96	384.51	814.36	751.27	625.08	563.95	437.75
69	518.63	477.19	398.32	356.91	278.03	554.94	512.57	427.85	383.37	298.65	770.99	711.84	593.53	534.37	416.06	877.47	810.43	674.38	607.32	471.27
70	560.00	518.59	431.83	388.46	301.69	601.52	557.04	463.86	417.26	324.06	832.12	767.04	638.87	601.41	447.61	942.53	869.58	723.67	652.68	506.77
71	650.71	601.41	500.84	449.57	350.98	698.96	646.00	537.97	482.91	377.00	944.51	871.56	725.63	652.68	508.73	1,066.77	983.95	820.29	737.47	573.81
72	741.42	684.23	569.86	512.68	398.32	796.38	734.97	612.11	550.69	427.85	1,056.91	974.09	812.40	731.56	567.88	1,190.99	1,098.32	914.93	824.22	640.85
73	830.15	767.04	638.87	575.78	447.61	891.70	823.92	686.24	618.48	480.81	1,169.29	1,078.60	899.16	808.45	629.01	1,315.22	1,214.66	1,011.55	911.00	707.89
74	920.86	849.87	707.89	636.90	494.94	989.14	912.88	760.38	684.12	531.64	1,281.70	1,183.10	985.92	887.33	690.14	1,439.44	1,329.02	1,106.21	995.78	774.93
75	1,009.59	932.67	776.90	700.00	544.23	1,084.45	1,001.83	834.51	751.91	584.58	1,394.10	1,285.65	1,072.68	964.23	751.27	1,563.66	1,443.39	1,202.82	1,082.54	841.98
76	1,175.22	1,086.49	905.07	814.36	632.96	1,262.36	1,167.05	972.19	874.75	679.91	1,599.17	1,476.91	1,230.43	1,108.18	861.70	1,776.63	1,640.58	1,366.48	1,230.43	956.34
77	1,340.85	1,238.31	1,031.27	928.74	721.70	1,440.28	1,330.12	1,107.74	997.61	775.21	1,806.21	1,666.20	1,388.17	1,250.14	972.11	1,989.58	1,835.79	1,530.15	1,376.34	1,070.70
78	1,506.48	1,390.15	1,159.44	1,043.10	812.40	1,618.19	1,493.23	1,245.40	1,120.44	872.65	2,011.28	1,857.48	1,547.89	1,392.12	1,084.51	2,202.55	2,032.97	1,693.81	1,524.23	1,185.08
79	1,672.11	1,543.94	1,285.65	1,157.48	899.16	1,796.10	1,658.43	1,380.98	1,243.30	965.84	2,218.32	2,046.76	1,705.64	1,194.94	942.53	2,415.50	2,228.18	1,857.48	1,672.11	1,299.44
80	1,837.76	1,695.78	1,413.82	1,271.84	989.87	1,974.04	1,821.52	1,518.65	1,366.15	1,063.26	2,425.36	2,238.04	1,865.36	1,678.04	1,305.36	2,628.46	2,425.36	2,021.14	1,820.00	1,415.77
81	1,965.93	1,816.07	1,512.41	1,360.57	1,058.88	2,111.70	1,950.73	1,624.56	1,461.45	1,137.39	2,594.94	2,393.81	1,995.51	1,796.35	1,396.06	2,811.85	2,594.94	2,163.11	1,946.21	1,514.37
82	2,113.82	1,952.12	1,626.77	1,463.11	1,139.72	2,270.55	2,096.87	1,747.39	1,571.59	1,224.23	2,788.18	2,573.25	2,145.36	1,930.43	1,502.55	3,022.82	2,790.15	2,324.80	2,092.13	1,626.77
83	2,283.38	2,107.89	1,756.91	1,581.42	1,230.43	2,452.70	2,264.19	1,887.18	1,698.69	1,321.65	3,011.01	2,780.29	2,316.91	2,084.24	1,622.82	3,263.40	3,012.97	2,510.15	2,259.73	1,756.91
84	2,476.63	2,287.33	1,904.80	1,715.50	1,332.97	2,660.28	2,456.95	2,046.04	1,842.71	1,431.81	3,267.35	3,016.92	2,514.10	2,261.71	1,760.85	3,541.43	3,269.30	2,725.09	2,450.99	1,906.78
85	2,699.45	2,492.40	2,076.34	1,869.30	1,453.25	2,899.62	2,677.22	2,230.30	2,007.91	1,561.01	3,561.15	3,287.06	2,740.86	2,466.78	1,918.59	3,860.86	3,563.12	2,969.59	2,671.84	2,078.32
86	2,943.95	2,717.19	2,263.67	2,036.90	1,585.36	3,162.24	2,918.67	2,431.51	2,187.94	1,702.91	3,882.55	3,584.80	2,987.34	2,687.61	2,092.13	4,207.90	3,884.52	3,235.79	2,912.41	2,265.64
87	3,208.19	2,961.71	2,468.75	2,220.30	1,727.34	3,446.07	3,181.31	2,651.81	2,384.93	1,855.41	4,231.57	3,906.22	3,255.51	2,930.16	2,279.45	4,586.50	4,233.55	3,527.62	3,174.66	2,468.75
88	3,496.07	3,227.91	2,689.59	2,421.41	1,883.11	3,755.30	3,467.26	2,889.01	2,600.96	2,022.73	4,612.13	4,257.20	3,547.34	3,194.38	2,482.54	4,996.61	4,614.11	3,845.09	3,460.58	2,

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Individual																			
	1825 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	130.14	120.29	98.59	88.73	69.01	139.80	129.21	105.91	95.31	74.13	197.18	183.37	151.84	136.05	106.48	266.20	246.48	205.07	185.35	143.94
25-29	138.03	128.17	106.48	96.62	74.92	148.27	137.68	114.38	103.77	80.49	212.95	197.18	163.66	147.89	114.36	287.89	264.22	220.85	199.16	153.80
30-34	149.86	138.03	114.36	102.54	80.85	160.97	148.27	122.85	110.14	86.84	228.74	210.99	175.49	157.75	122.26	309.59	283.94	236.62	212.95	165.63
35-39	159.72	147.89	124.22	110.43	86.76	171.57	158.85	133.43	118.61	93.19	246.48	228.76	189.30	169.58	132.12	331.26	305.64	254.36	230.71	177.47
40-44	173.52	159.72	132.12	120.29	92.68	186.38	171.57	141.92	129.21	99.56	264.22	244.51	203.09	183.37	141.98	356.91	329.30	274.08	246.48	191.27
45	175.49	163.66	136.05	122.26	94.64	188.51	175.79	146.15	131.33	101.66	270.15	248.46	207.04	187.32	145.91	364.79	335.21	280.01	252.39	195.21
46	177.47	163.66	136.05	122.26	94.64	190.63	175.79	146.15	131.33	101.66	270.15	250.43	207.04	187.32	145.91	368.74	339.16	283.94	254.36	199.16
47	177.47	163.66	136.05	122.26	94.64	190.63	175.79	146.15	131.33	101.66	270.15	250.43	207.04	187.32	145.91	372.67	343.10	285.92	258.31	201.13
48	179.44	165.63	138.03	124.22	96.62	192.74	177.91	148.27	133.43	103.77	270.15	250.43	209.02	187.32	145.91	376.62	347.05	289.87	260.29	203.09
49	179.44	165.63	138.03	124.22	96.62	192.74	177.91	148.27	133.43	103.77	270.15	250.43	209.02	187.32	145.91	380.56	350.98	291.83	262.25	205.07
50	181.42	165.63	138.03	124.22	96.62	194.86	177.91	148.27	133.43	103.77	270.15	250.43	209.02	187.32	145.91	382.53	354.93	295.78	266.20	207.04
51	185.35	169.58	141.98	128.17	98.59	199.10	182.16	152.50	137.68	105.91	278.03	256.34	214.93	193.23	149.86	388.46	358.88	299.73	270.15	209.02
52	189.30	173.52	145.91	130.14	102.54	203.33	186.38	156.74	139.80	110.14	285.92	264.22	220.85	199.16	153.80	394.37	364.79	303.66	272.11	212.95
53	193.23	177.47	147.89	134.08	104.50	207.56	190.63	158.85	144.02	112.24	293.80	272.11	226.76	203.09	159.72	400.28	368.74	307.61	276.08	214.93
54	197.18	181.42	151.84	136.05	106.48	211.80	194.86	163.10	146.15	114.38	303.66	280.01	232.67	209.02	163.66	406.20	374.65	311.54	280.01	218.88
55	201.13	185.35	153.80	138.03	108.45	216.05	199.10	165.20	148.27	116.49	311.54	285.92	238.60	214.93	167.61	410.14	378.60	315.49	283.94	220.85
56	216.90	199.16	165.63	149.86	116.34	232.99	213.93	177.91	160.97	124.96	335.21	309.59	258.31	232.67	181.42	433.80	402.25	335.21	301.69	234.65
57	232.67	214.93	179.44	161.70	126.19	249.92	230.87	192.74	173.69	135.55	358.88	331.26	276.06	248.46	193.23	459.43	423.95	352.96	317.47	246.48
58	248.46	228.74	191.27	171.56	134.08	266.88	245.69	205.46	184.28	144.02	382.53	352.96	293.80	264.22	205.07	483.10	445.64	370.70	335.21	260.29
59	264.22	244.51	203.09	183.37	141.98	283.82	262.63	218.15	196.98	152.50	406.20	374.65	313.52	281.97	218.88	506.77	467.33	390.42	350.98	274.08
60	280.01	258.31	214.93	193.23	149.86	300.77	277.46	230.87	207.56	160.97	429.85	398.32	331.26	297.75	232.67	530.42	490.99	408.18	366.77	285.92
61	301.69	280.01	232.67	209.02	163.66	324.06	300.77	249.92	224.52	175.79	463.38	427.90	356.91	319.44	250.43	569.86	524.51	437.75	394.37	305.64
62	325.35	299.73	250.43	224.79	175.49	349.48	321.96	269.00	241.46	188.51	494.94	457.47	380.56	343.10	266.20	607.32	560.00	467.33	420.00	327.33
63	347.05	319.44	266.20	240.57	187.32	372.79	343.13	285.93	258.41	201.21	526.49	487.05	406.20	364.79	283.94	644.80	595.50	496.91	447.61	347.05
64	368.74	341.12	283.94	254.36	199.16	396.09	366.42	305.00	273.23	213.93	560.00	516.63	429.85	386.48	301.69	684.23	630.99	526.49	473.24	368.74
65	390.42	360.84	299.73	270.15	209.02	419.36	387.59	321.96	290.18	224.52	591.55	546.21	455.50	410.14	319.44	721.70	666.48	554.09	498.87	388.46
66	441.69	406.20	336.16	305.64	236.62	474.44	436.32	364.32	328.29	254.16	660.57	611.27	508.73	457.47	356.91	792.69	731.56	611.27	550.14	427.90
67	490.99	453.52	378.60	339.16	264.22	527.39	487.15	406.68	364.32	283.82	731.56	674.38	561.97	506.77	394.37	865.63	798.60	666.48	599.44	467.33
68	540.28	498.87	416.06	374.65	291.83	580.35	535.86	446.92	402.43	313.47	800.57	739.44	617.18	554.09	431.83	936.62	865.63	721.70	648.73	504.79
69	591.55	546.21	455.50	410.14	319.44	635.41	586.70	489.28	440.55	343.13	871.56	804.50	670.43	603.39	469.29	1,009.59	932.67	776.90	698.03	544.23
70	640.85	591.55	492.96	443.66	345.07	688.37	635.41	529.51	476.56	370.65	942.53	869.58	723.67	652.68	506.77	1,082.54	997.75	832.12	749.30	581.69
71	741.42	684.23	569.86	512.68	398.32	796.38	734.97	612.11	550.69	427.85	1,072.68	989.87	824.22	743.39	577.74	1,218.59	1,123.95	936.62	843.94	656.62
72	840.01	774.93	646.76	581.69	453.52	902.29	832.39	694.71	624.83	487.15	1,202.82	1,110.14	924.79	832.12	646.76	1,354.66	1,250.14	1,043.10	938.60	729.58
73	938.60	867.61	721.70	650.71	504.79	1,008.20	931.95	775.21	698.96	542.22	1,334.94	1,230.43	1,025.36	922.81	717.75	1,492.69	1,376.34	1,147.62	1,033.24	802.55
74	1,039.17	958.32	798.60	719.72	560.00	1,116.22	1,029.37	857.81	773.09	601.52	1,465.07	1,352.69	1,125.92	1,013.52	788.74	1,628.74	1,504.51	1,252.12	1,127.90	877.47
75	1,137.76	1,050.98	875.49	788.74	613.25	1,222.13	1,128.91	940.42	847.23	658.72	1,595.22	1,472.97	1,226.49	1,104.23	857.75	1,764.80	1,630.72	1,368.59	1,222.54	950.43
76	1,297.46	1,196.91	997.75	899.16	698.03	1,393.67	1,285.66	1,071.73	965.84	749.79	1,802.26	1,664.23	1,386.20	1,248.17	970.15	1,977.75	1,825.93	1,520.29	1,368.45	1,064.79
77	1,478.88	1,364.52	1,137.76	1,023.38	796.62	1,588.53	1,465.70	1,222.13	1,099.27	855.70	2,036.90	1,881.13	1,567.61	1,409.87	1,098.32	2,214.37	2,044.80	1,703.67	1,534.09	1,192.96
78	1,656.35	1,530.15	1,273.81	1,147.62	891.28	1,779.16	1,643.61	1,368.26	1,232.72	957.37	2,261.71	2,088.18	1,739.17	1,565.64	1,216.63	2,437.20	2,249.87	1,873.25	1,685.92	1,311.27
79	1,821.98	1,681.97	1,401.98	1,261.98	981.97	1,957.08	1,806.70	1,505.95	1,355.56	1,054.78	2,464.80	2,275.50	1,896.92	1,705.64	1,327.04	2,630.43	2,429.31	2,023.11	1,821.98	1,415.77
80	1,967.89	1,816.07	1,514.37	1,362.54	1,060.84	2,113.80	1,950.73	1,626.66	1,463.57	1,139.51	2,661.98	2,456.92	2,046.76	1,843.67	1,433.53	2,841.42	2,622.55	2,186.77	1,967.89	1,530.15
81	2,105.92	1,944.24	1,620.86	1,457.19	1,133.81	2,262.07	2,088.40	1,741.05	1,565.24	1,217.88	2,849.31	2,628.46	2,190.72	1,971.84	1,534.09	3,040.58	2,805.92	2,338.61	2,105.92	1,636.63
82	2,263.67	2,090.15	1,741.13	1,567.61	1,218.59	2,431.51	2,245.13	1,870.23	1,683.85	1,308.95	3,062.26	2,825.64	2,356.35	2,119.73	1,650.44	3,269.30	3,016.92	2,514.10	2,263.67	1,760.85
83	2,445.08	2,257.76	1,881.13	1,691.83	1,317.18	2,626.39	2,425.17	2,020.61	1,817.28	1,414.86	3,306.78	3,052.40	2,543.67	2,289.31	1,780.57	3,529.59	3,259.45	2,715.23	2,443.11	1,900.85
84	2,652.12	2,449.03	2,040.85	1,835.79	1,429.58	2,848.79	2,630.62	2,192.19	1,971.90	1,535.59	3,588.75	3,312.69	2,760.58	2,484.52	1,932.40	3,829.32	3,535.50	2,945.93	2,652.12	2,062.55
85	2,890.72	2,669.87	2,224.23	2,001.42	1,557.75	3,105.06	2,867.84	2,389.15	2,149.83	1,673.27	3,910.15	3,610.44	3,009.03	2,707.33	2,105.92	4,174.39	3,852.97	3,212.12	2,890.72	2,247.90
86	3,150.99	2,908.46	2,423.39	2,182.83	1,695.78	3,384.64	3,124.13	2,603.08	2,344.69	1,821.52	4,263.12	3,935.80	3,279.16	2,951.85	2,295.22	4,551.00	4,200.02	3,500.02	3,150.99	2,450.99
87	3,434.95	3,170.71	2,642.27	2,378.04	1,849.58	3,689.65	3,405.82	2,838.19	2,554.37	1,986.72	4,647.63	4,288.75	3,574.94	3,216.07	2,502.26	4,961.15	4,578.62	3,815.51	3,434.95	2,671.84
88	3,744.52	3,456.63	2,880.86	2,592.97	2,017.19	4,022.17	3,712.94	3,094.48	2,785.24	2,166.76	5,065.65	4,675.24	3,896.36	3,505.93						

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Individual																			
	2190 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	138.03	128.17	106.48	94.64	74.92	148.27	137.68	114.38	101.66	80.49	214.93	199.16	165.63	149.86	116.34	283.94	262.25	218.88	197.18	153.80
25-29	147.89	136.05	114.36	102.54	80.85	158.85	146.15	122.85	110.14	86.84	232.67	212.95	177.47	159.72	124.22	305.64	281.97	234.65	210.99	163.66
30-34	159.72	147.89	122.26	110.43	84.78	171.57	158.85	131.33	118.61	91.07	248.46	230.71	191.27	171.56	134.08	329.30	303.66	252.39	226.76	177.47
35-39	171.56	157.75	132.12	118.31	92.68	184.28	169.44	141.92	127.08	99.56	268.17	246.48	207.04	185.35	145.91	352.96	325.35	272.11	244.51	191.27
40-44	185.35	169.58	141.98	128.17	98.59	199.10	182.16	152.50	137.68	105.91	287.89	266.20	220.85	199.16	153.80	380.56	350.98	291.83	262.25	205.07
45	187.32	173.52	143.94	130.14	100.57	201.21	186.38	154.62	139.80	108.02	293.80	272.11	226.76	203.09	159.72	388.46	356.91	297.75	268.17	209.02
46	189.30	173.52	145.91	130.14	102.54	203.33	186.38	156.74	139.80	110.14	293.80	272.11	226.76	203.09	159.72	390.42	360.84	301.69	270.15	210.99
47	189.30	175.49	145.91	132.12	102.54	203.33	188.51	156.74	141.92	110.14	293.80	272.11	226.76	203.09	159.72	394.37	364.79	303.66	274.08	212.95
48	191.27	175.49	145.91	132.12	102.54	205.46	188.51	156.74	141.92	110.14	295.78	272.11	226.76	205.07	159.72	398.32	368.74	307.61	276.06	214.93
49	191.27	175.49	147.89	132.12	104.50	205.46	188.51	158.85	141.92	112.24	295.78	272.11	226.76	205.07	159.72	402.25	370.70	309.59	278.03	216.90
50	191.27	177.47	147.89	132.12	104.50	205.46	190.63	158.85	141.92	112.24	295.78	272.11	226.76	205.07	159.72	406.20	374.65	311.54	281.97	218.88
51	195.21	179.44	149.86	136.05	104.50	209.68	192.74	160.97	146.15	112.24	305.64	281.97	234.65	210.99	163.66	410.14	378.60	315.49	283.94	220.85
52	199.16	183.37	153.80	138.03	108.45	213.93	196.98	165.20	148.27	116.49	313.52	289.87	240.57	216.90	167.61	416.06	384.51	319.44	287.89	222.81
53	203.09	187.32	155.77	140.00	108.45	218.15	201.21	167.32	150.38	116.49	323.38	297.75	248.46	222.81	173.52	420.00	388.46	323.38	291.83	226.76
54	207.04	191.27	159.72	143.94	112.40	222.40	205.46	171.57	154.62	120.74	331.26	305.64	254.36	228.74	177.47	425.92	392.39	327.33	293.80	228.74
55	210.99	193.23	161.70	145.91	112.40	226.64	207.56	173.69	156.74	120.74	341.12	313.52	262.25	236.62	183.37	429.85	398.32	331.26	297.75	232.67
56	226.76	209.02	173.52	155.77	122.26	243.57	224.52	186.38	167.32	131.33	366.77	339.16	281.97	254.36	197.18	454.43	423.95	352.96	317.47	246.48
57	242.53	222.81	187.32	167.61	132.12	260.51	239.34	201.21	180.04	141.92	392.39	362.82	301.69	272.11	210.99	487.05	449.57	374.65	337.19	262.25
58	258.31	238.60	199.16	179.44	140.00	277.46	256.29	213.93	192.74	150.38	418.04	386.48	321.40	289.87	224.79	514.65	475.22	396.34	356.91	278.03
59	274.08	254.36	210.99	189.30	147.89	294.40	273.23	226.64	203.33	158.85	443.66	410.14	341.12	307.61	238.60	542.26	500.84	418.04	376.62	291.83
60	289.87	268.17	222.81	201.13	155.77	311.35	288.07	239.34	216.05	167.32	471.27	433.80	362.82	325.35	254.36	571.83	526.49	439.71	396.34	307.61
61	317.47	291.83	244.51	218.88	171.56	341.01	313.47	262.63	235.10	184.28	502.82	463.38	386.48	349.02	270.15	613.25	565.92	471.27	423.95	329.30
62	343.10	315.49	264.22	236.62	185.35	368.54	338.89	283.82	254.16	199.10	534.37	492.96	412.11	370.70	287.89	654.66	605.36	504.79	453.52	352.96
63	368.74	341.12	283.94	254.36	199.16	396.09	366.42	305.00	273.23	213.93	567.88	522.54	435.78	392.39	305.64	698.03	642.82	536.35	483.10	374.65
64	394.37	364.79	303.66	274.08	212.95	423.61	391.84	326.18	294.40	228.74	599.44	552.12	461.41	414.09	323.38	739.44	682.26	567.88	512.68	398.32
65	420.00	388.46	323.38	291.83	226.76	451.14	417.26	347.36	313.47	243.57	630.99	581.69	485.08	437.75	339.16	780.85	721.70	601.41	540.28	421.97
66	475.22	437.75	364.79	329.30	256.34	510.45	470.21	391.84	353.71	275.35	707.89	652.68	544.23	489.01	380.56	859.73	792.69	660.57	595.50	463.38
67	528.45	489.01	406.20	366.77	283.94	567.63	525.27	436.32	393.96	305.00	782.83	723.67	603.39	542.26	421.97	936.62	865.63	721.70	648.73	504.79
68	583.67	538.31	447.61	404.23	313.52	626.94	578.22	480.81	434.20	336.76	859.73	792.69	660.57	595.50	463.38	1,015.50	936.62	780.85	703.95	546.21
69	636.90	587.80	490.99	441.69	343.10	684.12	631.18	527.39	474.44	368.54	936.62	863.66	719.72	648.73	504.79	1,094.37	1,009.59	841.98	757.18	589.58
70	690.14	638.87	532.40	479.15	372.67	741.32	686.24	571.88	514.69	400.31	1,011.55	934.65	778.88	700.00	546.21	1,171.27	1,082.54	901.14	810.43	630.99
71	796.62	735.49	613.25	552.12	429.85	855.70	790.03	658.72	593.05	461.72	1,153.53	1,064.79	887.33	798.60	621.13	1,319.16	1,216.63	1,013.52	912.96	709.86
72	903.10	834.06	696.05	625.08	487.05	970.06	895.92	747.67	671.44	523.17	1,295.51	1,196.91	997.75	897.19	698.03	1,465.07	1,352.69	1,125.92	1,013.52	788.74
73	1,009.59	932.67	776.90	700.00	544.23	1,084.45	1,001.83	834.51	751.91	584.58	1,439.44	1,327.04	1,106.21	995.78	774.93	1,611.00	1,486.76	1,240.28	1,116.06	867.61
74	1,116.06	1,031.27	859.73	772.97	601.41	1,198.83	1,107.74	923.48	830.29	646.00	1,581.42	1,459.16	1,216.63	1,094.37	851.84	1,759.91	1,622.82	1,352.69	1,216.63	946.48
75	1,222.54	1,129.86	940.57	845.92	658.59	1,313.19	1,213.63	1,010.32	908.64	707.43	1,723.39	1,591.28	1,325.08	1,192.96	926.76	1,904.80	1,756.91	1,465.07	1,319.16	1,025.36
76	1,394.10	1,287.61	1,072.68	966.20	751.27	1,497.48	1,383.08	1,152.22	1,037.84	806.99	1,946.21	1,798.32	1,498.60	1,348.74	1,049.03	2,133.54	1,967.89	1,640.58	1,476.91	1,147.62
77	1,589.31	1,467.05	1,222.54	1,100.28	855.78	1,707.16	1,575.83	1,313.19	1,181.87	919.23	2,200.58	2,031.00	1,691.83	1,522.27	1,185.08	2,387.90	2,204.51	1,837.76	1,654.37	1,285.65
78	1,780.57	1,644.51	1,370.43	1,232.40	960.29	1,912.59	1,766.46	1,472.04	1,323.79	1,031.50	2,443.11	2,253.81	1,879.16	1,689.87	1,315.22	2,626.50	2,425.36	2,021.14	1,818.04	1,415.77
79	1,958.03	1,808.18	1,506.48	1,356.62	1,054.93	2,103.22	1,942.26	1,618.19	1,457.22	1,133.16	2,661.98	2,456.92	2,046.76	1,843.67	1,433.53	2,837.47	2,618.60	2,182.83	1,963.96	1,528.18
80	2,115.78	1,952.12	1,626.77	1,465.07	1,139.72	2,272.66	2,096.87	1,747.39	1,573.71	1,224.23	2,874.94	2,654.10	2,212.41	1,989.58	1,547.89	3,064.24	2,829.59	2,356.35	2,121.70	1,650.44
81	2,263.67	2,090.15	1,741.13	1,567.61	1,218.59	2,431.51	2,245.13	1,870.23	1,683.85	1,308.95	3,076.07	2,839.45	2,366.21	2,129.59	1,656.35	3,279.16	3,026.77	2,521.98	2,269.59	1,764.80
82	2,433.25	2,245.92	1,871.27	1,683.95	1,309.30	2,613.67	2,412.45	2,010.03	1,808.82	1,406.39	3,306.78	3,052.40	2,543.67	2,289.31	1,780.57	3,525.64	3,253.54	2,711.28	2,441.13	1,898.88
83	2,628.46	2,425.36	2,021.14	1,820.00	1,415.77	2,823.35	2,605.20	2,171.00	1,954.95	1,520.75	3,571.01	3,296.92	2,746.77	2,472.68	1,922.54	3,807.63	3,513.83	2,928.18	2,636.36	2,050.71
84	2,851.28	2,632.41	2,192.69	1,973.82	1,534.09	3,062.70	2,827.60	2,355.27	2,120.17	1,647.85	3,874.67	3,576.91	2,981.43	2,683.68	2,086.20	4,131.00	3,813.54	3,176.64	2,859.17	2,224.23
85	3,107.62	2,869.03	2,389.88	2,151.28	1,672.11	3,338.05	3,081.76	2,567.09	2,310.80	1,796.10	4,223.69	3,898.33	3,249.59	2,924.23	2,275.50	4,501.70	4,156.63	3,462.55	3,117.48	2,423.39
86	3,387.61	3,127.34	2,604.80	2,344.51	1,823.95	3,638.80	3,359.24	2,797.94	2,518.36	1,959.20	4,604.25	4,249.32	3,541.43	3,186.50	2,478.61	4,907.91	4,529.32	3,774.10	3,397.47	2,642.27
87	3,691.29	3,407.33	2,839.45	2,555.51	1,987.61	3,964.99	3,659.99	3,050.00	2,745.00	2,134.99	5,018.33	4,631.85	3,860.86	3,474.39	2,703.40	5,349.60	4,937.48	4,115.24	3,703.11	2,880.86
88	4,024.53	3,714.94	3,095.79	2,786.20	2,167.05	4,322.94	3,990.40	3,325.35	2,992.80	2,327.74	5,									



## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Individual																			
	2920 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	153.80	141.98	118.31	106.48	82.82	165.20	152.50	127.08	114.38	88.97	238.60	220.85	183.37	165.63	128.17	315.49	291.83	242.53	218.88	169.58
25-29	165.63	151.84	126.19	114.36	88.73	177.91	163.10	135.55	122.85	95.31	256.34	236.62	197.18	177.47	138.03	339.16	313.52	260.29	234.65	181.42
30-34	177.47	163.66	136.05	122.26	94.64	190.63	175.79	146.15	131.33	101.66	276.06	256.34	212.95	191.27	149.86	364.79	337.19	280.01	252.39	195.21
35-39	191.27	175.49	145.91	132.12	102.54	205.46	188.51	156.74	141.92	110.14	297.75	274.08	228.74	205.07	159.72	392.39	362.82	301.69	272.11	210.99
40-44	205.07	189.30	157.75	141.98	110.43	220.27	203.33	169.44	152.50	118.61	319.44	295.78	246.48	220.85	173.52	421.97	390.42	325.35	291.83	228.74
45	209.02	193.23	159.72	143.94	112.40	224.52	207.56	171.57	154.62	120.74	325.35	301.69	250.43	224.79	175.49	429.85	396.34	331.26	297.75	232.67
46	209.02	193.23	161.70	145.91	112.40	224.52	207.56	173.69	156.74	120.74	327.33	301.69	250.43	226.76	175.49	433.80	400.28	333.24	299.73	232.67
47	210.99	193.23	161.70	145.91	112.40	226.64	207.56	173.69	156.74	120.74	327.33	301.69	252.39	226.76	177.47	437.75	404.23	337.19	303.66	236.62
48	210.99	195.21	161.70	145.91	112.40	226.64	209.68	173.69	156.74	120.74	327.33	301.69	252.39	226.76	177.47	441.69	408.18	341.12	305.64	238.60
49	210.99	195.21	163.66	145.91	114.36	226.64	209.68	175.79	156.74	122.85	327.33	301.69	252.39	226.76	177.47	445.64	412.11	343.10	309.59	240.57
50	212.95	197.18	163.66	147.89	114.36	228.74	211.80	175.79	158.85	122.85	327.33	303.66	252.39	226.76	177.47	451.55	416.06	347.05	311.54	242.53
51	216.90	201.13	167.61	149.86	118.31	232.99	216.05	180.04	160.97	127.08	337.19	311.54	260.29	234.65	181.42	455.50	421.97	350.98	315.49	246.48
52	220.85	203.09	169.58	153.80	118.31	237.22	218.15	182.16	165.20	127.08	347.05	321.40	268.17	240.57	187.32	461.41	425.92	354.93	319.44	248.46
53	224.79	207.04	173.52	155.77	122.26	241.46	222.40	186.38	167.32	131.33	358.88	331.26	276.06	248.46	193.23	467.33	431.83	358.88	323.38	250.43
54	228.74	210.99	175.49	157.75	122.26	245.69	226.64	188.51	169.44	131.33	368.74	339.16	283.94	254.36	199.16	473.24	435.78	362.82	327.33	254.36
55	232.67	214.93	179.44	161.70	126.19	249.92	230.87	192.74	173.69	135.55	378.60	349.02	289.87	262.25	203.09	477.19	441.69	366.77	331.26	256.34
56	250.43	232.67	193.23	173.52	136.05	269.00	249.92	207.56	186.38	146.15	406.20	374.65	313.52	281.97	218.88	508.73	469.29	392.39	352.96	274.08
57	268.17	248.46	207.04	185.35	145.91	288.07	266.88	222.40	199.10	156.74	435.78	402.25	335.21	301.69	234.65	540.28	498.87	416.06	374.65	291.83
58	285.92	264.22	220.85	199.16	153.80	307.12	283.82	237.22	213.93	165.20	465.36	427.90	356.91	321.40	250.43	571.83	528.45	439.71	396.34	307.61
59	303.66	281.97	234.65	210.99	163.66	326.18	302.87	252.04	226.64	175.79	492.96	455.50	380.56	341.12	266.20	603.39	556.07	463.38	418.04	325.35
60	323.38	297.75	248.46	222.81	173.52	347.36	319.82	266.88	239.34	186.38	522.54	483.10	402.25	360.84	281.97	634.94	585.64	487.05	439.71	341.12
61	350.98	323.38	270.15	242.53	189.30	377.00	347.36	290.18	260.51	203.33	558.02	514.85	429.85	386.48	301.69	680.28	629.01	524.51	471.27	366.77
62	380.56	350.98	291.83	264.22	205.07	408.78	377.00	313.47	283.82	220.27	593.53	548.17	457.47	410.14	319.44	727.61	672.40	560.00	502.82	392.39
63	410.14	378.60	315.49	283.94	220.85	440.55	406.68	338.89	305.00	237.22	629.01	581.69	483.10	435.78	339.16	774.93	713.81	595.50	536.35	416.06
64	437.75	404.23	337.19	303.66	236.62	470.21	434.20	362.18	326.18	254.36	664.52	613.25	510.70	459.43	356.91	820.29	757.18	630.99	567.88	441.69
65	467.33	431.83	358.88	323.38	250.43	501.98	463.86	385.49	347.36	269.00	700.00	646.76	538.31	485.08	376.62	867.61	800.57	666.48	601.41	467.33
66	526.49	487.05	406.20	364.79	283.94	565.53	523.17	436.32	391.84	305.00	784.79	723.67	603.39	544.23	421.97	954.37	881.42	733.53	660.57	512.68
67	587.60	542.26	451.55	406.20	315.49	631.18	582.47	485.03	436.32	338.89	869.58	802.55	668.45	601.41	467.33	1,041.13	960.29	800.57	719.72	560.00
68	646.76	597.46	496.91	447.61	347.05	694.71	641.76	533.76	480.81	372.79	954.37	881.42	733.53	660.57	512.68	1,127.90	1,041.13	867.61	780.85	607.32
69	707.89	652.68	544.23	489.01	380.56	760.38	701.08	584.58	525.27	408.78	1,039.17	958.32	798.60	719.72	560.00	1,214.66	1,120.00	934.65	840.01	654.66
70	767.04	707.89	589.58	530.42	412.11	823.92	760.38	633.30	569.75	442.67	1,123.95	1,037.19	863.66	776.90	605.36	1,301.41	1,200.85	999.73	901.14	700.00
71	885.35	816.34	680.28	613.25	477.19	951.00	876.87	730.73	658.72	512.57	1,281.70	1,183.10	985.92	887.33	690.14	1,463.11	1,350.71	1,125.92	1,013.52	788.74
72	1,003.66	926.76	770.99	694.09	540.28	1,078.08	995.48	828.16	745.55	580.35	1,439.44	1,329.02	1,106.21	995.78	774.93	1,626.77	1,500.57	1,250.14	1,125.92	875.49
73	1,121.97	1,035.22	861.70	776.90	603.39	1,205.16	1,111.97	925.60	834.51	648.13	1,597.19	1,474.93	1,228.45	1,108.21	859.73	1,788.47	1,650.44	1,376.34	1,238.31	964.23
74	1,240.28	1,143.67	954.37	857.75	688.45	1,332.26	1,228.47	1,025.14	921.35	718.02	1,754.94	1,620.86	1,350.71	1,214.66	946.48	1,952.12	1,800.28	1,500.57	1,350.71	1,050.98
75	1,356.62	1,254.09	1,045.08	940.57	731.56	1,457.22	1,347.09	1,122.57	1,010.32	785.80	1,912.68	1,764.80	1,471.00	1,325.08	1,029.31	2,113.82	1,952.12	1,626.77	1,463.11	1,139.72
76	1,547.89	1,427.61	1,190.99	1,070.70	834.08	1,662.67	1,533.47	1,279.29	1,150.10	895.92	2,161.14	1,995.51	1,662.25	1,163.39	874.93	2,368.18	2,184.79	1,821.98	1,638.60	1,275.79
77	1,764.80	1,628.74	1,356.62	1,220.57	950.43	1,895.65	1,749.52	1,457.22	1,311.07	1,020.90	2,443.11	2,253.81	1,879.16	1,691.83	1,315.22	2,652.12	2,447.06	2,038.88	1,835.79	1,427.61
78	1,975.79	1,823.95	1,520.29	1,368.45	1,064.79	2,122.29	1,959.20	1,633.02	1,469.92	1,143.75	2,711.28	2,502.26	2,086.20	1,877.20	1,461.14	2,916.35	2,691.56	2,243.95	2,019.16	1,571.56
79	2,172.97	2,007.33	1,672.11	1,504.51	1,171.27	2,334.10	2,156.16	1,796.10	1,616.07	1,258.12	2,955.79	2,727.05	2,273.53	2,046.76	1,591.28	3,149.03	2,908.46	2,423.39	2,180.86	1,695.78
80	2,348.46	2,167.05	1,806.21	1,624.79	1,263.95	2,522.60	2,327.74	1,940.15	1,745.27	1,357.68	3,192.41	2,945.93	2,454.94	2,210.44	1,719.45	3,401.42	3,141.13	2,616.64	2,354.37	1,831.84
81	2,512.12	2,318.89	1,932.40	1,739.17	1,352.69	2,698.39	2,490.84	2,075.69	1,868.13	1,452.98	3,415.23	3,152.97	2,626.50	2,364.23	1,837.76	3,640.02	3,360.01	2,800.01	2,520.01	1,960.01
82	2,699.45	2,492.40	2,076.34	1,869.30	1,453.25	2,899.62	2,677.22	2,230.30	2,007.91	1,561.01	3,671.57	3,389.59	2,823.68	2,541.70	1,975.79	3,914.10	3,612.42	3,011.01	2,709.31	2,107.89
83	2,916.35	2,691.56	2,243.95	2,019.16	1,571.56	3,132.60	2,891.15	2,410.34	2,168.88	1,688.09	3,965.37	3,659.74	3,050.44	2,744.81	2,135.50	4,225.65	3,900.29	3,251.56	2,926.21	2,275.50
84	3,164.80	2,920.30	2,433.25	2,190.72	1,703.67	3,399.48	3,136.84	2,613.67	2,353.16	1,829.99	4,302.56	3,971.28	3,308.74	2,977.48	2,316.91	4,584.53	4,233.55	3,527.62	3,174.66	2,468.75
85	3,448.75	3,184.52	2,652.12	2,387.90	1,857.48	3,704.47	3,420.65	2,848.79	2,564.97	1,995.21	4,689.03	4,328.19	3,606.49	3,245.65	2,523.96	4,998.61	4,614.11	3,845.09	3,460.58	2,691.56
86	3,758.33	3,470.44	2,892.70	2,602.83	2,025.09	4,037.01	3,727.77	3,107.20	2,795.83	2,175.25	5,111.02	4,718.61	3,931.85	3,537.48	2,752.69	5,448.19	5,028.19	4,190.16	3,772.12	2,934.09
87	4,097.48	3,781.98	3,152.97	2,837.47	2,206.49	4,401.31	4,062.42	3,386.76	3,047.87	2,370.09	5,570.45	5,142.55	4,284.80	3,856.92	2,999.17	5,939.19	5,481.72	4,568.76	4,111.29	3,198.33
88	4,466.22	4,123.12	3,434.95	3,091.84	2,403.67	4,797.39	4,428.85	3,												

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Individual																			
	3650 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	163.66	151.84	126.19	114.36	88.73	175.79	163.10	135.55	122.85	95.31	256.34	236.62	197.18	177.47	138.03	337.19	311.54	260.29	234.65	181.42
25-29	177.47	163.66	136.05	122.26	94.64	190.63	175.79	146.15	131.33	101.66	276.06	254.36	210.99	191.27	147.89	362.82	335.21	280.01	252.39	195.21
30-34	189.30	175.49	145.91	132.12	102.54	203.33	188.51	156.74	141.92	110.14	295.78	274.08	228.74	205.07	159.72	390.42	360.84	299.73	270.15	209.02
35-39	203.09	189.30	157.75	141.98	110.43	218.15	203.33	169.44	152.50	118.61	319.44	293.80	244.51	220.85	171.56	420.00	388.46	323.38	289.87	226.76
40-44	218.88	203.09	169.58	151.84	118.31	235.10	218.15	182.16	163.10	127.08	343.10	315.49	264.22	236.62	185.35	451.55	416.06	347.05	313.52	242.53
45	222.81	205.07	171.56	153.80	120.29	239.34	220.27	184.28	165.20	129.21	349.02	321.40	268.17	242.53	187.32	459.43	425.92	354.93	319.44	248.46
46	224.79	207.04	171.56	155.77	120.29	241.46	222.40	184.28	167.32	129.21	349.02	323.38	268.17	242.53	187.32	465.36	429.85	356.91	321.40	250.43
47	224.79	207.04	173.52	155.77	122.26	241.46	222.40	186.38	167.32	131.33	349.02	323.38	268.17	242.53	187.32	469.29	433.80	360.84	325.35	252.39
48	226.76	209.02	173.52	155.77	122.26	243.57	224.52	186.38	167.32	131.33	350.98	323.38	270.15	242.53	189.30	473.24	437.75	364.79	327.33	256.34
49	226.76	209.02	173.52	157.75	122.26	243.57	224.52	186.38	169.44	131.33	350.98	323.38	270.15	242.53	189.30	477.19	441.69	366.77	331.26	256.34
50	226.76	210.99	175.49	157.75	122.26	243.57	226.64	188.51	169.44	131.33	350.98	323.38	270.15	242.53	189.30	483.10	445.64	370.70	333.24	260.29
51	232.67	214.93	179.44	159.72	126.19	249.92	230.87	192.74	171.57	135.55	360.84	333.24	278.03	250.43	195.21	489.01	451.55	374.65	337.19	262.25
52	236.62	218.88	181.42	163.66	126.19	254.16	235.10	194.86	175.79	135.55	372.67	343.10	285.92	258.31	201.13	492.96	455.50	380.56	341.12	266.20
53	240.57	222.81	185.35	167.61	130.14	258.41	239.34	199.10	180.04	139.80	382.53	352.96	293.80	264.22	205.07	498.87	461.41	384.51	345.07	270.15
54	244.51	226.76	189.30	169.58	132.12	262.63	243.57	203.33	182.16	141.92	394.37	362.82	303.66	272.11	212.95	504.79	467.33	388.46	349.02	272.11
55	250.43	230.71	191.27	173.52	134.08	269.00	247.82	205.46	186.38	144.02	404.23	372.67	311.54	280.01	218.88	510.70	471.27	392.39	352.96	274.08
56	268.17	248.46	207.04	185.35	145.91	288.07	266.88	222.40	199.10	156.74	435.78	402.25	335.21	301.69	234.65	544.23	502.82	418.04	376.62	291.83
57	287.89	266.20	220.85	199.16	153.80	309.24	285.93	237.22	213.93	165.20	465.36	429.85	358.88	323.38	250.43	577.74	534.37	445.64	400.28	311.54
58	307.61	283.94	236.62	212.95	165.63	330.43	305.00	254.16	228.74	177.91	496.91	459.43	382.53	345.07	288.17	611.27	563.95	471.27	423.95	329.30
59	325.35	301.69	250.43	224.79	175.49	349.48	324.06	269.00	241.46	188.51	528.45	487.05	406.20	364.79	283.94	644.80	595.50	496.91	447.61	347.05
60	345.07	319.44	266.20	238.60	187.32	370.65	343.13	285.93	256.29	201.21	558.02	516.63	429.85	388.46	301.69	678.31	627.04	522.54	469.29	366.77
61	376.62	347.05	289.87	260.29	203.09	404.56	372.79	311.35	279.60	218.15	597.46	550.14	459.43	414.09	321.40	729.58	672.40	560.00	504.79	392.39
62	406.20	376.62	313.52	281.97	218.88	436.32	404.56	336.76	302.87	235.10	634.94	585.64	489.01	439.71	343.10	778.88	717.75	599.44	538.31	420.00
63	437.75	404.23	337.19	303.66	236.62	470.21	434.20	362.18	326.18	254.16	672.40	621.13	518.59	465.36	362.82	828.17	765.07	636.90	573.81	445.64
64	469.29	433.80	360.84	325.35	252.39	504.08	465.97	387.59	349.48	271.10	711.84	656.62	548.17	492.96	384.51	877.47	810.43	676.33	607.32	473.24
65	500.84	461.41	384.51	347.05	270.15	537.97	495.61	413.03	372.79	290.18	749.30	692.12	575.78	518.59	402.25	929.74	855.78	713.81	642.82	498.87
66	563.95	520.56	433.80	390.42	303.66	605.77	559.16	465.97	419.36	326.18	840.01	774.93	646.76	581.69	453.52	1,021.41	942.53	784.79	705.91	550.14
67	629.01	579.72	483.10	435.78	339.16	675.66	622.71	518.92	468.09	364.32	930.71	859.73	715.77	644.80	500.84	1,114.09	1,027.33	855.78	770.99	599.44
68	692.12	638.87	532.40	479.15	372.67	743.44	686.24	571.88	514.69	400.31	1,021.41	942.53	784.79	705.91	550.14	1,206.77	1,114.09	928.74	836.06	650.71
69	757.18	698.03	581.69	524.51	408.18	813.32	749.79	624.83	563.41	438.45	1,112.11	1,025.36	855.78	769.02	599.44	1,299.44	1,198.87	999.73	899.16	700.00
70	820.29	757.18	630.99	567.88	441.69	881.12	813.32	677.77	609.99	474.44	1,200.85	1,110.14	924.79	832.12	646.76	1,392.12	1,285.65	1,070.70	964.23	749.30
71	946.48	873.52	727.61	656.62	508.73	1,016.67	938.28	781.56	705.31	546.44	1,370.43	1,265.93	1,054.93	948.46	739.44	1,565.64	1,445.35	1,204.80	1,084.51	843.94
72	1,072.68	991.83	826.20	743.39	577.74	1,152.22	1,065.38	887.45	798.52	620.58	1,540.01	1,421.70	1,185.08	1,066.77	830.15	1,739.17	1,607.05	1,338.88	1,204.80	936.62
73	1,198.87	1,108.18	922.81	830.15	646.76	1,287.76	1,190.36	991.24	891.70	694.71	1,709.59	1,577.47	1,315.22	1,183.10	920.86	1,914.66	1,766.77	1,472.97	1,325.08	1,031.27
74	1,327.04	1,224.52	1,019.45	918.88	713.81	1,425.44	1,315.32	1,095.03	987.01	766.74	1,877.20	1,733.24	1,443.39	1,299.44	1,009.59	2,088.18	1,926.49	1,607.05	1,445.35	1,125.92
75	1,453.25	1,340.85	1,118.04	1,005.64	782.83	1,561.01	1,440.28	1,200.94	1,080.20	840.88	2,046.76	1,889.02	1,573.52	1,417.75	1,102.26	2,261.71	2,088.18	1,739.17	1,565.64	1,216.63
76	1,656.35	1,528.18	1,273.81	1,145.64	891.28	1,779.16	1,641.49	1,368.26	1,230.60	957.37	2,312.96	2,135.50	1,778.61	1,601.14	1,244.23	2,533.81	2,338.61	1,948.17	1,752.96	1,364.52
77	1,887.06	1,743.10	1,451.28	1,307.32	1,015.50	2,026.98	1,872.35	1,558.89	1,404.26	1,090.80	2,612.69	2,411.55	2,009.30	1,810.14	1,405.92	2,837.47	2,618.60	2,182.83	1,963.96	1,528.18
78	2,113.82	1,952.12	1,626.77	1,463.11	1,139.72	2,270.55	2,096.87	1,747.39	1,571.59	1,244.23	2,900.58	2,677.75	2,232.13	2,007.33	1,561.70	3,121.42	2,880.86	2,401.69	2,161.14	1,681.97
79	2,324.80	2,147.33	1,788.47	1,609.02	1,252.12	2,497.17	2,306.56	1,921.07	1,728.33	1,344.96	3,162.83	2,918.32	2,431.27	2,188.74	1,701.69	3,369.87	3,111.56	2,592.97	2,332.68	1,816.07
80	2,512.12	2,318.89	1,932.40	1,739.17	1,352.69	2,698.39	2,490.84	2,075.69	1,868.13	1,452.98	3,415.23	3,152.97	2,626.50	2,364.23	1,837.76	3,640.02	3,360.01	2,800.01	2,520.01	1,960.01
81	2,687.61	2,480.57	2,066.48	1,861.41	1,447.33	2,886.90	2,664.50	2,219.71	1,999.44	1,554.64	3,653.81	3,371.85	2,809.87	2,529.86	1,967.89	3,894.38	3,596.63	2,997.20	2,697.47	2,098.03
82	2,888.75	2,665.93	2,222.27	1,999.44	1,555.78	3,102.95	2,863.61	2,387.05	2,147.69	1,671.13	3,927.91	3,626.21	3,020.87	2,719.16	2,113.82	4,188.19	3,864.81	3,221.98	2,898.60	2,255.78
83	3,119.46	2,880.86	2,399.74	2,159.16	1,680.01	3,350.77	3,094.48	2,577.68	2,319.27	1,804.58	4,241.43	3,916.08	3,263.40	2,936.07	2,285.36	4,523.40	4,174.39	3,478.32	3,131.28	2,435.22
84	3,385.66	3,125.37	2,604.80	2,344.51	1,823.95	3,636.70	3,357.11	2,797.94	2,518.36	1,959.20	4,602.27	4,249.32	3,541.43	3,186.50	2,478.61	4,905.93	4,529.32	3,774.10	3,397.47	2,642.27
85	3,689.32	3,405.37	2,837.47	2,553.53	1,985.65	3,962.88	3,657.89	3,047.87	2,742.88	2,132.89	5,016.36	4,631.85	3,858.90	3,472.41	2,701.42	5,347.64	4,937.48	4,113.26	3,703.11	2,878.89
86	4,022.55	3,712.97	3,093.81	2,784.24	2,165.07	4,320.83	3,988.28	3,323.21	2,990.70	2,325.62	5,467.91	5,047.91	4,205.93	3,785.93	2,943.95	5,830.74	5,381.15	4,483.96	4,036.36	3,139.18
87	4,383.39	4,046.22	3,371.85	3,034.66	2,360.30	4,708.42	4,346.25	3,621.87	3,259.68	2,535.32	5,960.87	5,501.43	4,584.53	4,127.05	3,210.15	6,355.23	5,866.22	4,888.19	4,399.18	3,421.14
88	4,777.76	4,411.01	3,675.51	3,308.74	2,573.25</															

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Individual																							
	Unlimited										5% Simple BIO													
	No BIO					1% Compound BIO					0 EP					30 EP					90 EP			
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP				
18-24	183.37	169.58	141.98	126.19	98.59	196.98	182.16	152.50	135.55	105.91	285.92	264.22	220.85	199.16	153.80	378.60	349.02	291.83	262.25	205.07				
25-29	197.18	181.42	151.84	136.05	106.48	211.80	194.86	163.10	146.15	114.38	307.61	283.94	236.62	212.95	165.63	406.20	376.62	313.52	281.97	218.88				
30-34	212.95	195.21	163.66	147.89	114.36	228.74	209.68	175.79	158.85	122.85	331.26	305.64	254.36	228.74	177.47	437.75	404.23	337.19	303.66	236.62				
35-39	228.74	210.99	175.49	157.75	122.26	245.69	226.64	188.51	169.44	131.33	356.91	329.30	274.08	246.48	191.27	471.27	433.80	362.82	325.35	254.36				
40-44	246.48	226.76	189.30	169.58	132.12	264.76	243.57	203.33	182.16	141.92	382.53	354.93	295.78	266.20	207.04	506.77	467.33	388.46	350.98	272.11				
45	250.43	230.71	191.27	173.52	134.08	269.00	247.82	205.46	186.38	144.02	390.42	360.84	301.69	270.15	210.99	516.63	475.22	396.34	356.91	278.03				
46	250.43	230.71	193.23	173.52	136.05	269.00	247.82	207.56	186.38	146.15	390.42	360.84	301.69	270.15	210.99	520.56	481.13	400.28	360.84	280.01				
47	252.39	232.67	193.23	173.52	136.05	271.10	249.92	207.56	186.38	146.15	392.39	360.84	301.69	270.15	210.99	526.49	485.08	404.23	364.79	283.94				
48	252.39	232.67	195.21	175.49	136.05	271.10	249.92	209.68	188.51	146.15	392.39	360.84	301.69	272.11	210.99	530.42	489.01	408.18	366.77	285.92				
49	254.36	234.65	195.21	175.49	136.05	273.23	252.04	209.68	188.51	146.15	392.39	362.82	301.69	272.11	210.99	536.35	494.94	412.11	370.70	287.89				
50	254.36	234.65	195.21	175.49	136.05	273.23	252.04	209.68	188.51	146.15	392.39	362.82	301.69	272.11	210.99	540.28	498.87	416.06	374.65	291.83				
51	260.29	240.57	199.16	179.44	140.00	279.60	258.41	213.93	192.74	150.38	404.23	372.67	311.54	280.01	218.88	546.21	504.79	420.00	378.60	293.80				
52	264.22	244.51	203.09	183.37	141.98	283.82	262.63	218.15	196.98	152.50	416.06	384.51	321.40	287.89	224.79	554.09	510.70	425.92	382.53	297.75				
53	270.15	248.46	207.04	187.32	145.91	290.18	266.88	222.40	201.21	156.74	427.90	396.34	329.30	297.75	230.71	560.00	516.63	429.85	388.46	301.69				
54	274.08	252.39	210.99	189.30	147.89	294.40	271.10	226.64	203.33	158.85	441.69	406.20	339.16	305.64	236.62	566.92	522.54	435.78	392.39	305.64				
55	280.01	258.31	214.93	193.23	149.86	300.77	277.46	230.87	207.56	160.97	453.52	418.04	349.02	313.52	244.51	571.83	528.45	439.71	396.34	307.61				
56	301.69	278.03	230.71	209.02	161.70	324.06	296.65	247.82	224.52	173.69	487.05	448.57	374.65	337.19	282.25	609.30	563.95	469.29	421.97	329.30				
57	321.40	297.75	248.46	222.81	173.52	345.23	319.82	266.88	239.34	186.38	522.54	483.10	402.25	360.84	281.97	646.76	597.46	498.87	447.61	349.02				
58	343.10	317.47	264.22	238.60	185.35	368.54	341.01	283.82	256.29	199.10	566.07	514.65	427.90	386.48	299.73	688.19	632.96	526.49	475.22	368.74				
59	364.79	337.19	280.01	252.39	195.21	391.84	362.18	300.77	271.10	209.68	591.55	546.21	455.50	410.14	319.44	723.67	666.48	556.07	500.84	388.46				
60	386.48	356.91	297.75	268.17	209.02	415.15	383.37	319.82	288.07	224.52	625.08	577.74	481.13	433.80	337.19	761.13	701.98	585.64	526.49	410.14				
61	421.97	388.46	323.38	291.83	226.76	453.25	417.26	347.36	313.47	243.57	668.45	617.18	514.65	463.38	360.84	816.34	753.25	627.04	565.92	439.71				
62	455.50	420.00	350.98	315.49	246.48	489.28	451.14	377.00	338.89	264.76	711.84	656.62	546.21	492.96	382.53	871.56	804.50	670.43	603.39	469.29				
63	490.99	453.52	376.62	339.16	264.22	527.39	487.15	404.56	364.32	283.82	753.25	696.05	579.72	522.54	406.20	926.76	855.78	713.81	642.82	498.87				
64	524.51	485.08	404.23	362.82	283.94	563.41	521.04	434.20	389.72	305.00	796.62	735.49	613.25	552.12	429.85	983.95	907.05	757.18	680.28	530.42				
65	560.00	516.63	429.85	388.46	301.69	601.52	554.94	461.72	417.26	324.06	840.01	774.93	644.80	581.69	451.55	1,039.17	958.32	798.60	719.72	560.00				
66	630.99	583.67	485.08	437.75	339.16	677.77	626.94	521.04	470.21	364.32	940.57	867.61	723.67	650.71	506.77	1,143.67	1,054.93	879.44	790.71	615.22				
67	703.95	648.73	540.28	487.05	378.60	756.16	696.84	580.35	523.17	406.68	1,041.13	962.25	800.57	721.70	560.00	1,246.21	1,151.55	960.29	863.66	672.40				
68	774.93	715.77	597.46	536.35	418.04	832.39	768.84	641.76	576.12	449.04	1,143.67	1,054.93	879.44	790.71	615.22	1,350.71	1,246.21	1,039.17	934.65	727.61				
69	847.89	782.83	652.68	587.60	457.47	910.76	840.88	701.08	631.18	491.40	1,244.23	1,149.58	956.34	861.70	670.43	1,455.21	1,342.83	1,120.00	1,007.61	784.79				
70	918.88	847.89	709.89	636.90	494.94	987.01	910.76	760.38	684.12	531.64	1,346.76	1,242.26	1,035.22	932.67	725.63	1,559.73	1,439.44	1,198.87	1,078.60	840.01				
71	1,060.84	980.01	816.34	733.53	571.83	1,139.51	1,052.68	876.87	787.91	614.24	1,534.09	1,417.75	1,181.13	1,062.82	826.20	1,752.96	1,618.88	1,348.74	1,214.66	944.51				
72	1,202.82	1,110.14	924.79	832.12	646.76	1,292.01	1,192.46	993.36	893.82	694.71	1,723.39	1,591.28	1,327.04	1,192.96	928.74	1,948.17	1,798.32	1,498.60	1,348.74	1,049.03				
73	1,342.83	1,240.28	1,033.24	930.71	723.67	1,442.40	1,332.26	1,109.66	999.73	777.33	1,912.68	1,766.77	1,472.97	1,325.08	1,031.27	2,143.40	1,977.75	1,648.46	1,484.79	1,153.53				
74	1,484.79	1,370.43	1,141.69	1,027.33	798.60	1,594.88	1,472.04	1,226.35	1,103.50	857.81	2,101.98	1,940.29	1,616.91	1,455.21	1,131.83	2,338.61	2,159.16	1,798.32	1,618.88	1,258.03				
75	1,626.77	1,502.55	1,252.12	1,125.92	877.47	1,747.39	1,613.97	1,344.96	1,209.41	942.53	2,291.28	2,115.78	1,762.82	1,587.33	1,234.38	2,533.81	2,338.61	1,948.17	1,752.96	1,364.52				
76	1,853.53	1,711.55	1,425.63	1,283.67	997.75	1,990.97	1,838.46	1,531.35	1,378.85	1,071.73	2,590.99	2,391.84	1,991.56	1,792.40	1,394.10	2,837.47	2,618.60	2,182.83	1,963.96	1,528.18				
77	2,113.82	1,952.12	1,626.77	1,463.11	1,139.72	2,270.55	2,096.87	1,747.39	1,571.59	1,224.23	2,926.21	2,701.42	2,251.85	2,027.05	1,575.50	3,176.64	2,934.09	2,445.08	2,200.58	1,711.55				
78	2,368.18	2,184.79	1,821.98	1,638.60	1,275.79	2,543.78	2,346.79	1,957.08	1,760.10	1,370.38	3,249.59	2,999.17	2,498.33	2,249.87	1,749.03	3,496.07	3,225.93	2,689.59	2,419.45	1,883.11				
79	2,604.80	2,403.67	2,003.39	1,802.26	1,401.98	2,797.94	2,581.91	2,151.94	1,935.90	1,505.95	3,541.43	3,269.30	2,723.11	2,450.99	1,906.78	3,774.10	3,484.25	2,904.51	2,612.69	2,032.97				
80	2,813.82	2,596.92	2,163.11	1,948.17	1,514.37	3,022.46	2,789.47	2,323.52	2,092.63	1,626.66	3,825.37	3,529.59	2,941.99	2,648.17	2,058.60	4,077.76	3,764.24	3,135.23	2,821.71	2,194.65				
81	3,009.03	2,778.32	2,314.94	2,084.24	1,620.86	3,232.14	2,984.34	2,486.59	2,238.78	1,741.05	4,091.57	3,778.05	3,147.06	2,833.54	2,202.55	4,361.72	4,026.50	3,356.08	3,020.87	2,348.46				
82	3,235.79	2,987.34	2,498.47	2,240.01	1,741.13	3,475.73	3,208.85	2,672.98	2,406.10	1,870.23	4,399.18	4,060.02	3,383.68	3,046.49	2,368.18	4,689.03	4,328.19	3,606.49	3,245.65	2,523.96				
83	3,494.11	3,225.93	2,687.61	2,419.45	1,881.13	3,753.20	3,465.13	2,886.90	2,598.86	2,020.61	4,750.16	4,385.37	3,653.81	3,289.02	2,557.48	5,065.65	4,675.24	3,896.36	3,505.93	2,727.05				
84	3,791.84	3,500.02	2,916.35	2,624.52	2,040.85	4,073.00	3,759.55	3,132.60	2,819.13	2,192.19	5,154.39	4,758.04	3,965.37	3,569.03	2,776.34	5,495.52	5,071.58	4,227.62	3,803.68	2,959.74				
85	4,132.98	3,815.51	3,178.61	2,861.14	2,224.23	4,439.44	4,098.43	3,414.30	3,073.29	2,389.15	5,619.74	5,185.94	4,322.28	3,890.43	3,024.80	5,990.44	5,529.04	4,608.20	4,146.77	3,225.93				
86	4,503.68	4,158.61	3,464.53	3,119.46	2,425.36	4,837.63	4,466.98	3,721.42	3,350.77	2,605.20	6,124.54	5,653.27	4,710.72	4,239.46	3,296.92	6,528.77	6,025.95	5,022.28	4,519.46	3,515.78				
87	4,909.88	4,533.26	3,776.07	3,399.45	2,644.24	5,273.95	4,869.40	4,056.07	3,651.52	2,840.32	6,676.65	6,162.00	5,134.67	4,621.99	3,594.66	7,116.37	6,568.20	5,473.83	4,927.63	3,831.28				
88	5																							

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Joint																				
1460 x Daily Maximum																				
Age	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	57.18	53.25	43.39	39.44	29.58	61.41	57.20	46.61	42.36	31.77	88.73	82.82	69.01	61.13	49.30	120.29	110.43	92.68	82.82	65.06
25-29	61.13	57.18	47.32	43.39	33.53	65.66	61.41	50.83	46.61	36.01	96.62	88.73	72.96	67.04	51.27	130.14	120.29	100.57	90.71	70.99
30-34	67.04	61.13	51.27	45.35	35.49	72.02	65.66	55.08	48.71	38.13	102.54	94.64	78.87	70.99	55.21	140.00	128.17	106.48	96.62	74.92
35-39	70.99	65.06	55.21	49.30	39.44	76.25	69.88	59.30	52.95	42.36	110.43	102.54	84.78	76.90	59.16	149.86	138.03	114.36	104.50	80.85
40-44	76.90	70.99	59.16	53.25	41.41	82.60	76.25	63.55	57.20	44.48	118.31	110.43	90.71	82.82	63.11	161.70	147.89	124.22	112.40	86.76
45	78.87	70.99	59.16	53.25	41.41	84.72	76.25	63.55	57.20	44.48	122.26	112.40	92.68	84.78	65.06	163.66	151.84	126.19	114.36	88.73
46	78.87	72.96	61.13	55.21	43.39	84.72	78.37	65.66	59.30	46.61	122.26	112.40	94.64	84.78	67.04	167.61	153.80	128.17	116.34	90.71
47	80.85	72.96	61.13	55.21	43.39	86.84	78.37	65.66	59.30	46.61	122.26	112.40	94.64	84.78	67.04	169.58	155.77	130.14	116.34	90.71
48	80.85	74.92	63.11	55.21	43.39	86.84	80.49	67.78	59.30	46.61	124.22	114.36	94.64	84.78	67.04	171.56	157.75	132.12	118.31	92.68
49	82.82	74.92	63.11	57.18	43.39	88.97	80.49	67.78	61.41	46.61	124.22	114.36	94.64	86.76	67.04	173.52	159.72	132.12	120.29	92.68
50	82.82	76.90	63.11	57.18	43.39	88.97	82.60	67.78	61.41	46.61	124.22	114.36	96.62	86.76	67.04	175.49	161.70	134.08	120.29	94.64
51	84.78	76.90	65.06	59.16	45.35	91.07	82.60	69.88	63.55	48.71	126.19	116.34	96.62	86.76	67.04	177.47	163.66	138.03	124.22	96.62
52	84.78	78.87	65.06	59.16	45.35	91.07	84.72	69.88	63.55	48.71	128.17	118.31	98.59	88.73	69.01	181.42	167.61	140.00	126.19	98.59
53	86.76	78.87	67.04	59.16	47.32	93.19	84.72	72.02	63.55	50.83	130.14	120.29	100.57	90.71	70.99	185.35	171.56	141.98	128.17	98.59
54	86.76	80.85	67.04	61.13	47.32	93.19	86.84	72.02	65.66	50.83	132.12	122.26	100.57	90.71	70.99	189.30	173.52	145.91	130.14	102.54
55	88.73	80.85	69.01	61.13	49.30	95.31	86.84	74.13	65.66	52.95	134.08	122.26	102.54	92.68	70.99	191.27	177.47	147.89	132.12	104.50
56	96.62	88.73	72.96	67.04	51.27	103.77	95.31	78.37	72.02	55.08	145.91	134.08	112.40	100.57	78.87	199.16	183.37	153.80	138.03	108.45
57	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	157.75	143.94	120.29	108.45	84.78	207.04	191.27	159.72	143.94	112.40
58	110.43	102.54	84.78	76.90	59.16	118.61	110.14	91.07	82.60	63.55	169.58	155.77	130.14	116.34	90.71	214.93	197.18	163.63	147.89	116.34
59	118.31	108.45	90.71	80.85	63.11	127.08	116.49	97.44	86.84	67.78	179.44	165.63	138.03	124.22	96.62	222.81	205.07	171.56	153.80	120.29
60	126.19	116.34	96.62	86.76	67.04	135.55	124.96	103.77	93.19	72.02	191.27	177.47	147.89	132.12	104.50	228.74	210.99	175.49	159.72	122.26
61	138.03	126.19	106.48	94.64	74.92	148.27	135.55	114.38	101.66	80.49	207.04	191.27	159.72	143.94	112.40	246.48	228.74	189.30	171.56	132.12
62	149.86	138.03	114.36	102.54	80.85	160.97	148.27	122.85	110.14	86.84	220.85	205.07	169.58	153.80	118.31	264.22	244.51	203.09	183.37	141.98
63	161.70	147.89	124.22	112.40	86.76	173.69	158.85	133.43	120.74	93.19	236.62	218.88	181.42	163.66	126.19	281.97	260.29	216.90	195.21	151.84
64	173.52	159.72	132.12	120.29	92.68	186.38	171.57	141.92	129.21	99.56	250.43	232.67	193.23	173.52	136.05	299.73	276.06	230.71	207.04	161.70
65	185.35	169.58	141.98	128.17	98.59	199.10	182.16	152.50	137.68	105.91	266.20	246.48	205.07	183.37	143.94	317.47	293.80	244.51	220.85	171.56
66	207.04	191.27	159.72	143.94	112.40	222.40	205.46	171.57	154.62	120.74	295.78	272.11	226.76	205.07	159.72	347.05	321.40	268.17	240.57	187.32
67	228.74	210.99	175.49	157.75	122.26	245.69	226.64	188.51	169.44	131.33	325.35	299.73	250.43	224.79	175.49	376.62	347.05	289.87	260.29	203.09
68	250.43	232.67	193.23	173.52	136.05	269.00	249.92	207.56	186.38	146.15	354.93	327.33	272.11	246.48	191.27	406.20	374.65	313.52	281.97	218.88
69	274.08	252.39	210.99	189.30	147.89	294.40	271.10	226.64	203.33	158.85	384.51	354.93	295.78	266.20	207.04	435.78	402.25	335.21	301.69	234.65
70	295.78	274.08	226.76	205.07	159.72	317.71	294.40	243.57	220.27	171.57	414.09	382.53	317.47	285.92	222.81	465.36	429.85	358.88	323.38	250.43
71	339.16	313.52	260.29	234.65	181.42	364.32	336.76	279.60	252.04	194.86	469.29	433.80	360.84	325.35	252.39	526.49	485.08	404.23	364.79	283.94
72	382.53	352.96	293.80	264.22	205.07	410.89	379.12	315.59	283.82	220.27	524.51	485.08	404.23	362.82	283.94	587.60	542.26	451.55	406.20	315.49
73	423.95	392.39	327.33	293.80	228.74	455.39	421.50	351.60	315.59	245.69	579.72	536.35	445.64	402.25	311.54	648.73	597.46	498.87	447.61	349.02
74	467.33	431.83	358.88	323.38	250.43	501.98	463.86	385.49	347.36	269.00	634.94	585.64	489.01	439.71	343.10	707.89	654.66	544.23	490.99	380.56
75	510.70	471.27	392.39	352.96	274.08	548.58	506.22	421.50	379.12	294.40	690.14	636.90	532.40	479.15	372.67	769.02	709.86	591.55	532.40	414.09
76	565.64	542.26	451.55	406.20	315.49	629.06	582.47	485.03	436.32	338.89	778.88	719.72	599.44	540.28	420.00	857.75	792.69	660.57	593.53	463.38
77	662.54	611.27	508.73	459.43	356.91	711.66	656.60	546.44	493.50	383.37	867.61	800.57	666.48	599.44	467.33	948.46	875.49	729.58	656.62	510.70
78	739.44	682.26	567.88	510.70	398.32	794.27	732.85	609.99	548.58	427.85	954.37	881.42	735.49	660.57	514.65	1,037.19	956.34	796.62	717.75	558.02
79	814.36	751.27	627.04	563.95	439.71	874.75	806.99	673.54	605.77	472.33	1,043.10	962.25	802.55	721.70	561.97	1,125.92	1,039.17	865.63	778.88	605.36
80	891.28	822.26	684.23	617.18	479.15	957.37	883.24	734.97	662.94	514.69	1,131.83	1,045.08	869.58	782.83	609.30	1,214.66	1,121.97	934.65	841.98	654.66
81	952.39	879.44	733.53	660.57	512.68	1,023.02	944.65	787.91	709.55	550.69	1,210.71	1,118.04	930.71	838.03	650.71	1,299.44	1,200.85	999.73	899.16	700.00
82	1,025.36	946.48	788.74	709.86	552.12	1,101.39	1,016.67	847.23	762.49	593.05	1,301.41	1,200.85	1,001.69	901.14	701.98	1,398.03	1,289.58	1,074.65	968.18	753.25
83	1,106.21	1,021.41	851.84	765.07	595.50	1,188.22	1,097.15	915.01	821.79	639.66	1,405.92	1,297.46	1,080.56	974.09	757.18	1,508.46	1,394.10	1,161.41	1,045.08	812.40
84	1,200.85	1,108.18	922.81	830.15	646.76	1,289.90	1,190.36	991.24	891.70	694.71	1,526.20	1,407.89	1,173.24	1,056.91	822.26	1,636.63	1,512.41	1,260.00	1,133.81	881.42
85	1,309.30	1,208.73	1,005.64	905.07	703.95	1,406.39	1,298.37	1,080.20	972.19	756.16	1,662.25	1,534.09	1,279.72	1,151.55	895.21	1,784.52	1,648.46	1,372.40	1,236.35	960.29
86	1,425.63	1,317.18	1,096.35	987.90	767.04	1,531.35	1,414.86	1,177.64	1,061.14	823.92	1,812.12	1,672.11	1,394.10	1,254.09	976.06	1,946.21	1,796.35	1,496.62	1,346.76	1,047.05
87	1,553.80	1,435.49	1,194.94	1,076.63	836.06	1,669.02	1,541.94	1,263.54	1,156.47	898.06	1,975.79	1,823.95	1,520.29	1,368.45	1,064.79	2,119.73	1,958.03	1,630.72	1,469.02	1,141.69
88	1,693.81	1,563.66	1,303.39	1,173.24	912.96	1,819.40	1,679.60	1,400.04	1,260.24	980.66	2,153.26	1,967.61	1,656.35	1,490.71	1,159.44	2,311.00	2,133.54	1,778.61	1,601.14	1,244.23
89	1,847.62	1,705.64	1,421.70	1,279.72	995.78	1,984.62	1,832.12	1,527.12	1,374.62	1,069.61	2,346.49	2,167.05	1,806.21	1,624.79	1,263.95	2,520.01	2,324.80	1,938.31	1,745.08	1,356.62
90	2,013.25	1,857.48	1,547.89	1,394.10	1,084.51	2,162.53	1,995.21	1,662.67	1,497.48	1,164.93	2,557.48	2,362.26	1,967.89	1,770.71	1,378.31	2,746.77	2,535.79	2,111.84	1,90	

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Joint																				
2190 x Daily Maximum																				
Age	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	72.96	67.04	55.21	49.30	39.44	78.37	72.02	59.30	52.95	42.36	108.45	98.59	82.82	74.92	57.18	143.94	132.12	110.43	100.57	76.90
25-29	76.90	70.99	59.16	53.25	41.41	82.60	76.25	63.55	57.20	44.48	116.34	106.48	88.73	80.85	63.11	153.80	141.98	118.31	106.48	82.82
30-34	82.82	76.90	65.06	57.18	45.35	88.97	82.60	69.88	61.41	48.71	124.22	114.36	96.62	86.76	67.04	165.63	153.80	128.17	114.36	90.71
35-39	88.73	82.82	69.01	61.13	49.30	95.31	88.97	74.13	65.66	52.95	134.08	124.22	102.54	92.68	70.99	179.44	165.63	138.03	124.22	96.62
40-44	96.62	88.73	74.92	67.04	53.25	103.77	95.31	80.49	72.02	57.20	143.94	132.12	110.43	100.57	76.90	193.23	177.47	147.89	134.08	104.50
45	98.59	90.71	74.92	67.04	53.25	105.91	97.44	80.49	72.02	57.20	147.89	136.05	112.40	102.54	78.87	197.18	181.42	151.84	136.05	106.48
46	98.59	90.71	76.90	69.01	53.25	105.91	97.44	82.60	74.13	57.20	147.89	136.05	114.36	102.54	80.85	199.16	183.37	153.80	138.03	108.45
47	100.57	92.68	76.90	69.01	53.25	108.02	99.56	82.60	74.13	57.20	147.89	136.05	114.36	102.54	80.85	203.09	187.32	155.77	140.00	108.45
48	100.57	92.68	76.90	69.01	53.25	108.02	99.56	82.60	74.13	57.20	147.89	136.05	114.36	102.54	80.85	205.07	189.30	157.75	141.98	110.43
49	100.57	92.68	78.87	70.99	55.21	108.02	99.56	84.72	76.25	59.30	147.89	138.03	114.36	102.54	80.85	209.02	193.23	159.72	143.94	112.40
50	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	149.86	138.03	114.36	102.54	80.85	210.99	195.21	163.66	145.91	114.36
51	104.50	96.62	80.85	72.96	57.18	112.24	103.77	86.84	78.37	61.41	151.84	141.98	118.31	106.48	82.82	214.93	199.16	165.63	149.86	116.34
52	106.48	98.59	80.85	72.96	57.18	114.38	105.91	86.84	78.37	61.41	155.77	143.94	120.29	108.45	84.78	218.88	203.09	169.58	151.84	118.31
53	108.45	98.59	82.82	74.92	57.18	116.49	105.91	88.97	80.49	61.41	159.72	147.89	122.26	110.43	84.78	222.81	205.07	171.56	153.80	120.29
54	110.43	100.57	84.78	76.90	59.16	118.61	108.02	91.07	82.60	63.55	163.66	151.84	126.19	112.40	88.73	226.76	209.02	173.52	157.75	122.26
55	112.40	102.54	86.76	76.90	61.13	120.74	110.14	93.19	82.60	65.66	167.61	153.80	128.17	116.34	90.71	230.71	212.95	177.47	159.72	124.22
56	118.31	110.43	90.71	82.82	63.11	127.08	118.61	97.44	88.97	67.78	179.44	165.63	138.03	124.22	96.62	240.57	222.81	185.35	167.61	130.14
57	126.19	116.34	96.62	86.76	67.04	135.55	124.96	103.77	93.19	72.02	193.23	177.47	147.89	134.08	104.50	252.39	232.67	193.23	175.49	136.05
58	132.12	122.26	102.54	92.68	70.99	141.92	131.33	110.14	99.56	76.25	205.07	189.30	157.75	141.98	110.43	264.22	242.53	203.09	183.37	141.98
59	140.00	128.17	106.48	96.62	74.92	150.38	137.68	114.38	103.77	80.49	216.90	201.13	167.61	149.86	118.31	274.08	254.36	210.99	189.30	147.89
60	145.91	134.08	112.40	100.57	78.87	156.74	144.02	120.74	108.02	84.72	230.71	212.95	177.47	159.72	124.22	285.92	264.22	218.88	197.18	153.80
61	159.72	147.89	124.22	110.43	86.76	171.57	158.85	133.43	118.61	93.19	250.43	230.71	191.27	173.52	134.08	306.64	281.97	234.65	210.99	163.66
62	173.52	161.70	134.08	120.29	94.64	186.38	173.69	144.02	129.21	101.66	268.17	248.46	207.04	185.35	145.91	325.35	299.73	250.43	224.79	175.49
63	187.32	173.52	143.94	130.14	100.57	201.21	186.38	154.62	139.80	108.02	287.89	266.20	222.81	199.16	155.77	345.07	317.47	264.22	238.60	185.35
64	203.09	187.32	155.77	140.00	108.45	218.15	201.21	167.32	150.38	116.49	307.61	283.94	236.62	212.95	165.63	364.79	335.21	280.01	252.39	195.21
65	216.90	199.16	165.63	149.86	116.34	232.99	213.93	177.91	160.97	124.96	327.33	301.69	252.39	226.76	177.47	384.51	354.93	296.78	266.20	207.04
66	242.53	224.79	187.32	167.61	132.12	260.51	241.46	201.21	180.04	141.92	364.79	335.21	280.01	252.39	195.21	421.97	388.46	323.38	291.83	226.76
67	270.15	248.46	207.04	187.32	145.91	290.18	266.88	222.40	201.21	156.74	400.28	368.74	307.61	276.06	214.93	459.43	423.95	352.96	317.47	248.46
68	295.78	272.11	226.76	205.07	159.72	317.71	292.28	243.57	220.27	171.57	435.78	402.25	335.21	301.69	234.65	496.91	457.47	382.53	343.10	266.17
69	321.40	297.75	248.46	222.81	173.52	345.23	319.82	266.88	239.34	186.38	473.24	435.78	362.82	327.33	254.36	534.37	492.96	410.14	368.74	287.89
70	349.02	321.40	268.17	240.57	187.32	374.90	345.23	288.07	258.41	201.21	508.73	469.29	390.42	352.96	274.08	571.83	528.45	439.71	396.34	307.61
71	404.23	372.67	309.59	280.01	216.90	434.20	400.31	332.54	300.77	232.99	577.74	532.40	443.66	400.28	311.54	646.76	597.46	496.91	447.61	347.05
72	457.47	421.97	352.96	317.47	246.48	491.40	453.25	379.12	341.01	264.76	646.76	595.50	496.91	447.61	347.05	721.70	666.48	556.07	500.84	388.46
73	512.68	473.24	394.37	354.93	276.06	550.69	508.33	423.61	381.25	296.53	713.81	658.59	550.14	494.94	384.51	796.62	735.49	613.25	552.12	429.85
74	567.88	524.51	435.78	392.39	305.64	609.99	563.41	468.09	421.50	328.29	782.83	721.70	601.41	542.26	421.97	871.56	804.50	670.43	603.39	469.29
75	621.13	573.81	479.15	429.85	335.21	667.19	616.36	514.69	461.72	360.07	851.84	786.76	654.66	589.58	457.47	948.46	875.49	729.58	656.62	510.70
76	711.84	656.62	546.21	492.96	382.53	764.63	705.31	586.70	529.51	410.89	962.25	887.33	739.44	666.48	518.59	1,062.82	980.01	818.31	735.49	573.81
77	800.57	739.44	615.22	554.09	429.85	859.93	794.27	660.84	595.17	461.72	1,072.68	989.87	824.22	743.39	577.74	1,177.19	1,086.49	905.07	814.36	632.96
78	889.30	820.29	684.23	615.22	479.15	955.25	881.12	734.97	660.84	514.69	1,183.10	1,092.40	911.00	820.29	636.90	1,293.53	1,192.96	993.80	895.21	696.05
79	978.04	903.10	753.25	676.33	526.49	1,050.56	970.06	809.10	726.48	565.53	1,293.53	1,194.94	995.78	895.21	698.03	1,407.89	1,299.44	1,082.54	974.09	757.18
80	1,066.77	985.92	820.29	739.44	573.81	1,145.86	1,059.03	881.12	794.27	616.36	1,403.96	1,297.46	1,080.56	972.11	757.18	1,522.27	1,405.92	1,171.27	1,054.93	820.29
81	1,141.69	1,054.93	877.47	790.71	615.22	1,226.35	1,133.16	942.53	849.34	660.84	1,502.55	1,388.17	1,155.50	1,041.13	808.45	1,628.74	1,504.51	1,254.09	1,127.90	877.47
82	1,228.45	1,133.81	944.51	849.87	660.57	1,319.54	1,217.88	1,014.55	912.88	709.55	1,614.93	1,490.71	1,242.26	1,118.04	869.58	1,750.99	1,616.91	1,346.76	1,212.68	942.53
83	1,325.08	1,224.52	1,019.45	916.91	713.81	1,423.34	1,315.32	1,095.03	984.89	766.74	1,745.08	1,611.00	1,342.83	1,208.73	940.57	1,890.99	1,745.08	1,455.21	1,309.30	1,019.45
84	1,439.44	1,327.04	1,108.21	995.78	774.93	1,546.17	1,425.44	1,188.22	1,069.61	832.39	1,892.97	1,747.05	1,457.19	1,311.27	1,019.45	2,052.69	1,894.94	1,579.45	1,421.70	1,106.21
85	1,567.61	1,447.33	1,206.77	1,086.49	843.94	1,683.85	1,554.64	1,296.25	1,167.05	906.53	2,064.52	1,904.80	1,587.33	1,429.58	1,112.11	2,236.06	2,064.52	1,721.41	1,547.89	1,204.80
86	1,709.59	1,577.47	1,315.22	1,183.10	920.86	1,836.36	1,694.44	1,412.74	1,270.83	989.14	2,249.87	2,076.34	1,731.27	1,557.75	1,212.68	2,439.17	2,249.87	1,875.22	1,687.90	1,313.25
87	1,863.39	1,719.45	1,433.53	1,289.58	1,003.66	2,001.56	1,846.94	1,539.84	1,385.20	1,078.08	2,452.97	2,263.67	1,887.06	1,697.76	1,321.13	2,658.03	2,452.97	2,044.80	1,839.72	1,431.56
88	2,031.00	1,875.22	1,561.70	1,405.92	1,092.40	2,181.60	2,014.26	1,677.50	1,510.16	1,173.40	2,673.82	2,466.78	2,056.62	1,849.58	1,439.44	2,896.63	2,673.82	2,228.18	2,005.37	1,559.73
89	2,212.41	2,042.83	1,701.69	1,532.13	1,190.99	2,376.46	2,194.30	1,827.87	1,645.73	1,279.29	2,912.41	2,689.59	2,241.99	2,017.19	1,569.59	3,156.92	2,914.37	2,429.31	2,186.77	1,699.73
90	2,411.55	2,226.20	1,855.50	1,670.15																

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Joint																				
2920 x Daily Maximum																				
Age	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	72.96	67.04	57.18	51.27	39.44	78.37	72.02	61.41	55.08	42.36	112.40	104.50	86.76	78.87	61.13	151.84	140.00	116.34	104.50	80.85
25-29	78.87	72.96	61.13	55.21	43.39	84.72	78.37	65.66	59.30	46.61	120.29	112.40	92.68	84.78	65.06	163.66	151.84	126.19	112.40	88.73
30-34	84.78	78.87	65.06	59.16	45.35	91.07	84.72	69.88	63.55	48.71	130.14	120.29	100.57	90.71	70.99	175.49	161.70	136.05	122.26	94.64
35-39	90.71	84.78	70.99	63.11	49.30	97.44	91.07	76.25	67.78	52.95	140.00	130.14	108.45	96.62	76.90	189.30	175.49	145.91	130.14	102.54
40-44	98.59	90.71	74.92	67.04	53.25	105.91	97.44	80.49	72.02	57.20	149.86	138.03	116.34	104.50	80.85	203.09	187.32	155.77	140.00	108.45
45	100.57	92.68	76.90	69.01	53.25	108.02	99.56	82.60	74.13	57.20	153.80	141.98	118.31	106.48	82.82	207.04	191.27	159.72	143.94	112.40
46	100.57	92.68	76.90	69.01	53.25	108.02	99.56	82.60	74.13	57.20	155.77	143.94	120.29	108.45	84.78	210.99	195.21	163.66	145.91	114.36
47	100.57	92.68	78.87	70.99	55.21	108.02	99.56	84.72	76.25	59.30	157.75	145.91	120.29	108.45	84.78	216.90	199.16	165.63	149.86	116.34
48	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	159.72	145.91	122.26	110.43	84.78	220.85	203.09	169.58	151.84	118.31
49	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	159.72	147.89	124.22	110.43	86.76	224.79	207.04	173.52	155.77	122.26
50	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	161.70	149.86	124.22	112.40	86.76	228.74	210.99	175.49	157.75	122.26
51	106.48	98.59	80.85	72.96	57.18	114.38	105.91	86.84	78.37	61.41	165.63	151.84	126.19	114.36	88.73	230.71	212.95	177.47	159.72	124.22
52	108.45	100.57	84.78	74.92	59.16	116.49	108.02	91.07	80.49	63.55	167.61	155.77	130.14	116.34	90.71	234.65	216.90	179.44	161.70	126.19
53	112.40	102.54	86.76	76.90	61.13	120.74	110.14	93.19	82.60	65.66	171.56	157.75	132.12	118.31	92.68	236.62	218.86	181.42	163.66	126.19
54	114.36	106.48	88.73	78.87	63.11	122.85	114.38	95.31	84.72	67.78	173.52	159.72	134.08	120.29	94.64	240.57	220.85	183.37	165.63	128.17
55	118.31	108.45	90.71	80.85	63.11	127.08	116.49	97.44	86.84	67.78	177.47	163.66	136.05	122.26	94.64	242.53	222.81	187.32	167.61	132.12
56	126.19	116.34	96.62	86.76	67.04	135.55	124.96	103.77	93.19	72.02	191.27	177.47	147.89	132.12	104.50	254.36	234.65	195.21	175.49	136.05
57	134.08	124.22	102.54	92.68	70.99	144.02	133.43	110.14	99.56	76.25	205.07	189.30	157.75	141.98	110.43	266.20	246.48	205.07	183.37	143.94
58	141.98	130.14	108.45	98.59	76.90	152.50	139.80	116.49	105.91	82.60	220.85	203.09	169.58	151.84	118.31	278.03	256.34	212.95	193.23	149.86
59	149.86	138.03	114.36	102.54	80.85	160.97	148.27	122.85	110.14	86.84	234.65	216.90	181.42	161.70	126.19	289.87	268.17	222.81	201.13	155.77
60	157.75	145.91	120.29	108.45	84.78	169.44	156.74	129.21	116.49	91.07	248.46	230.71	191.27	171.56	134.08	301.69	278.03	232.67	209.02	163.66
61	169.58	157.75	130.14	118.31	90.71	182.16	169.44	139.80	127.08	97.44	268.17	248.46	207.04	185.35	145.91	321.40	297.75	246.48	222.81	173.52
62	183.37	169.58	141.98	126.19	98.59	196.98	182.16	152.50	135.55	105.91	287.89	266.20	222.81	199.16	155.77	343.10	317.47	264.22	238.60	185.35
63	197.18	181.42	151.84	136.05	106.48	211.80	194.86	163.10	146.15	114.38	307.61	283.94	236.62	212.95	165.63	364.79	335.21	280.01	252.39	195.21
64	209.02	193.23	161.70	145.91	112.40	224.52	207.56	173.69	156.74	120.74	327.33	301.69	252.39	226.76	177.47	384.51	354.93	295.78	266.20	207.04
65	222.81	205.07	171.56	153.80	120.29	239.34	220.27	184.28	165.20	129.21	347.05	321.40	268.17	240.57	187.32	406.20	374.65	311.54	281.97	218.86
66	252.39	232.67	193.23	173.52	136.05	271.10	249.92	207.56	186.38	146.15	386.48	356.91	297.75	268.17	209.02	447.61	414.09	345.07	309.59	242.53
67	280.01	258.31	214.93	193.23	149.86	300.77	277.46	230.87	207.56	160.97	425.92	392.39	327.33	295.78	228.74	489.01	451.55	376.62	339.16	264.22
68	309.59	285.92	238.60	214.93	167.61	332.54	307.12	256.29	230.87	180.04	465.36	429.85	356.91	321.40	250.43	532.40	490.99	410.14	368.74	287.89
69	337.19	311.54	260.29	234.65	181.42	362.18	334.64	279.60	252.04	194.86	504.79	465.36	388.46	349.02	272.11	573.81	530.42	441.69	398.32	309.59
70	366.77	339.16	281.97	254.36	197.18	393.96	364.32	302.87	273.23	211.80	544.23	502.82	418.04	376.62	291.83	615.22	567.88	473.24	425.92	331.26
71	425.92	392.39	327.33	293.80	228.74	457.50	421.50	351.60	315.59	245.69	617.18	569.86	475.22	427.90	333.24	698.03	642.82	536.35	483.10	374.65
72	485.08	447.61	372.67	335.21	260.29	521.04	480.81	400.31	360.07	279.60	690.14	636.90	532.40	479.15	372.67	778.88	717.75	599.44	538.31	420.00
73	542.26	500.84	418.04	376.62	291.83	582.47	537.97	449.04	404.56	313.47	765.07	705.91	587.80	528.45	412.11	859.73	794.65	660.57	595.50	463.38
74	601.41	556.07	463.38	416.06	325.35	646.00	597.30	497.75	446.92	349.48	838.03	772.97	644.80	579.72	451.55	940.57	869.58	723.67	650.71	506.77
75	660.57	609.30	508.73	457.47	356.91	709.55	654.47	546.44	491.40	383.37	911.00	841.98	701.98	630.99	490.99	1,023.38	944.51	786.76	707.89	550.14
76	769.02	709.86	591.55	532.40	414.09	826.04	762.49	635.41	571.88	444.79	1,047.05	966.20	804.50	723.67	563.95	1,161.41	1,072.68	893.24	804.50	625.08
77	877.47	810.43	674.38	607.32	471.27	942.53	870.52	724.38	652.35	506.22	1,181.13	1,090.42	909.02	818.31	636.90	1,301.41	1,200.85	1,001.69	901.14	701.98
78	985.92	909.02	757.18	682.26	530.42	1,059.03	976.42	813.32	732.85	569.75	1,315.22	1,214.66	1,011.55	911.00	707.89	1,439.44	1,329.02	1,108.18	997.75	774.93
79	1,094.37	1,009.59	841.98	757.18	589.58	1,175.52	1,084.45	904.41	813.32	633.30	1,451.28	1,338.88	1,116.06	1,003.66	780.85	1,579.45	1,457.19	1,214.66	1,092.40	849.87
80	1,202.82	1,110.14	924.79	832.12	646.76	1,292.01	1,192.46	993.36	893.82	694.71	1,585.36	1,463.11	1,220.57	1,098.32	853.80	1,717.48	1,585.36	1,321.13	1,189.01	924.79
81	1,285.65	1,187.05	989.87	891.28	692.12	1,380.98	1,275.08	1,063.26	957.37	743.44	1,695.78	1,565.64	1,305.36	1,175.22	912.96	1,837.76	1,697.76	1,413.82	1,273.81	989.87
82	1,382.26	1,275.79	1,062.82	956.34	743.39	1,484.76	1,370.38	1,141.63	1,027.25	798.52	1,823.95	1,683.95	1,401.98	1,261.98	981.97	1,975.79	1,823.95	1,520.29	1,368.45	1,064.79
83	1,492.69	1,378.31	1,149.58	1,033.24	804.50	1,603.37	1,480.51	1,234.82	1,109.86	864.17	1,969.87	1,818.04	1,514.37	1,364.52	1,060.84	2,135.50	1,969.87	1,642.54	1,476.91	1,149.58
84	1,620.86	1,494.65	1,248.21	1,121.97	871.56	1,741.05	1,605.47	1,338.62	1,205.16	936.18	2,137.47	1,971.84	1,644.51	1,478.88	1,151.55	2,316.91	2,137.47	1,782.54	1,603.10	1,248.17
85	1,766.77	1,630.72	1,358.59	1,222.54	950.43	1,897.79	1,751.64	1,459.34	1,313.19	1,020.90	2,328.75	2,151.28	1,792.40	1,612.96	1,254.09	2,523.96	2,330.72	1,942.26	1,747.05	1,360.57
86	1,924.52	1,776.63	1,480.86	1,332.97	1,037.19	2,067.22	1,908.37	1,590.67	1,431.81	1,114.11	2,539.72	2,344.51	1,954.10	1,756.91	1,368.45	2,752.69	2,539.72	2,115.78	1,904.80	1,480.86
87	2,098.03	1,936.35	1,614.93	1,453.25	1,129.86	2,253.60	2,079.93	1,734.68	1,561.01	1,213.63	2,768.46	2,555.51	2,129.59	1,916.63	1,490.71	2,999.17	2,768.46	2,307.05	2,076.34	1,614.93
88	2,287.33	2,111.84	1,758.89	1,583.38	1,230.43	2,456.95	2,268.44	1,889.32	1,700.79	1,321.65	3,016.92	2,784.24	2,320.86	2,088.18	1,624.79	3,269.30	3,018.89	2,514.10	2,263.67	1,760.85
89	2,492.40	2,301.14	1,916.63	1,725.36	1,340.85	2,677.22	2,471.77	2,058.76	1,853.29	1,440.28	3,289.02	3,034.66	2,529.86	2,277.48	1,770.71	3,563.12	3,289.02	2,740.86	2,466.78	1,918.59</

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Joint																			
	3650 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	82.82	76.90	65.06	57.18	45.35	88.97	82.60	69.88	61.41	48.71	128.17	118.31	98.59	88.73	69.01	173.52	159.72	132.12	120.29	92.68
25-29	90.71	82.82	69.01	63.11	49.30	97.44	88.97	74.13	67.78	52.95	138.03	128.17	106.48	94.64	74.92	185.35	171.56	143.94	128.17	100.57
30-34	96.62	88.73	74.92	67.04	53.25	103.77	95.31	80.49	72.02	57.20	147.89	136.05	114.36	102.54	80.85	199.16	185.35	153.80	138.03	108.45
35-39	104.50	96.62	80.85	72.96	57.18	112.24	103.77	86.84	78.37	61.41	159.72	147.89	122.26	110.43	84.78	214.93	199.16	165.63	147.89	116.34
40-44	112.40	102.54	86.76	76.90	61.13	120.74	110.14	93.19	82.60	65.66	171.56	157.75	132.12	118.31	92.68	230.71	212.95	177.47	159.72	124.22
45	114.36	104.50	88.73	78.87	63.11	122.85	112.24	95.31	84.72	67.78	175.49	161.70	134.08	120.29	94.64	236.62	216.90	181.42	163.66	126.19
46	114.36	106.48	88.73	78.87	63.11	122.85	114.38	95.31	84.72	67.78	175.49	161.70	134.08	120.29	94.64	238.60	220.85	183.37	165.63	128.17
47	114.36	106.48	88.73	78.87	63.11	122.85	114.38	95.31	84.72	67.78	175.49	161.70	134.08	122.26	94.64	240.57	222.81	185.35	167.61	130.14
48	116.34	106.48	88.73	80.85	63.11	124.96	114.38	95.31	86.84	67.78	175.49	161.70	134.08	122.26	94.64	242.53	224.79	187.32	167.61	132.12
49	116.34	106.48	88.73	80.85	63.11	124.96	114.38	95.31	86.84	67.78	175.49	161.70	134.08	122.26	94.64	246.48	226.76	189.30	169.58	132.12
50	116.34	108.45	90.71	80.85	63.11	124.96	116.49	97.44	86.84	67.78	175.49	161.70	134.08	122.26	94.64	248.46	228.74	191.27	171.56	134.08
51	120.29	110.43	92.68	82.82	65.06	129.21	118.61	99.56	88.97	69.88	181.42	167.61	138.03	124.22	96.62	252.39	232.67	193.23	173.52	136.05
52	122.26	112.40	94.64	84.78	67.04	131.33	120.74	101.66	91.07	72.02	185.35	171.56	141.98	128.17	98.59	256.34	236.62	197.18	177.47	138.03
53	124.22	114.36	96.62	86.76	67.04	133.43	122.85	103.77	93.19	72.02	191.27	175.49	145.91	132.12	102.54	258.31	238.60	199.16	179.44	140.00
54	128.17	118.31	98.59	88.73	69.01	137.68	127.08	105.91	95.31	74.13	195.21	181.42	151.84	136.05	106.48	262.25	242.53	201.13	181.42	140.00
55	130.14	120.29	100.57	90.71	70.99	139.80	129.21	108.02	97.44	76.25	201.13	185.35	155.77	140.00	108.45	266.20	246.48	205.07	183.37	143.94
56	140.00	130.14	108.45	96.62	76.90	150.38	139.80	116.49	103.77	82.60	216.90	201.13	167.61	149.86	118.31	281.97	260.29	216.90	195.21	151.84
57	149.86	140.00	116.34	104.50	80.85	160.97	150.38	124.96	112.24	86.84	232.67	214.93	179.44	161.70	126.19	297.75	274.08	228.74	205.07	159.72
58	161.70	147.89	124.22	112.40	86.76	173.69	158.85	133.43	120.74	93.19	248.46	228.74	191.27	171.56	134.08	313.52	287.89	240.57	216.90	167.61
59	171.56	157.75	132.12	118.31	92.68	184.28	169.44	141.92	127.08	99.56	264.22	242.53	203.09	183.37	141.98	329.30	303.66	252.39	226.76	177.47
60	181.42	167.61	140.00	126.19	98.59	194.86	180.04	150.38	135.55	105.91	280.01	258.31	214.93	193.23	149.86	345.07	317.47	264.22	238.60	185.35
61	195.21	181.42	149.86	136.05	104.50	209.68	194.86	160.97	146.15	112.24	299.73	276.06	230.71	207.04	161.70	368.74	341.12	283.94	254.36	199.16
62	210.99	193.23	161.70	145.91	112.40	226.64	207.56	173.69	156.74	120.74	321.40	295.78	246.48	222.81	173.52	394.37	362.82	301.69	272.11	210.99
63	224.79	207.04	173.52	155.77	122.26	241.46	222.40	186.38	167.32	131.33	341.12	315.49	262.25	236.62	183.37	418.04	386.48	321.40	289.87	224.79
64	238.60	220.85	183.37	165.63	128.17	256.29	237.22	196.98	177.91	137.68	362.82	335.21	278.03	250.43	195.21	443.66	408.18	341.12	305.64	238.60
65	252.39	234.65	195.21	175.49	136.05	271.10	252.04	209.68	188.51	146.15	382.53	352.96	293.80	264.22	205.07	467.33	431.83	358.88	323.38	250.43
66	265.92	244.22	201.13	181.42	140.00	285.31	265.92	216.90	191.27	150.38	402.57	371.56	303.09	276.06	216.90	491.27	452.39	377.47	345.07	276.06
67	279.44	258.31	210.99	187.32	145.91	299.73	279.44	228.74	201.13	161.70	427.90	396.34	329.30	295.78	230.71	514.65	475.22	396.34	356.91	278.03
68	293.80	272.11	216.90	195.21	151.84	314.00	293.80	242.53	216.90	173.52	452.39	420.57	352.96	329.30	276.06	538.66	500.00	418.04	386.48	301.69
69	308.14	287.89	224.79	201.13	161.70	329.30	308.14	252.39	228.74	183.37	477.47	446.15	371.56	345.07	295.78	562.25	520.85	431.83	386.48	316.34
70	322.40	301.69	234.65	210.99	173.52	343.69	322.40	266.20	242.53	201.13	500.00	471.56	402.57	362.82	301.69	586.48	544.22	452.39	408.18	331.33
71	336.05	316.34	244.22	220.85	183.37	357.22	336.05	280.01	258.31	214.93	520.85	491.27	420.57	386.48	316.34	608.18	564.82	475.22	431.83	356.91
72	350.00	331.33	254.36	228.74	195.21	371.56	350.00	295.78	276.06	230.71	540.57	510.43	440.00	408.18	331.33	630.14	586.48	500.00	452.39	386.48
73	364.00	345.07	264.22	238.60	205.07	385.11	364.00	309.87	287.89	244.22	560.29	530.14	460.29	420.57	356.91	652.39	610.43	520.85	475.22	408.18
74	378.00	359.16	272.11	247.89	216.90	399.21	378.00	328.74	301.69	264.22	580.00	550.43	480.00	440.00	386.48	674.08	632.82	544.22	500.00	431.83
75	392.00	373.15	280.01	256.29	228.74	413.33	392.00	347.22	316.34	272.11	600.00	570.43	500.00	460.29	408.18	696.34	654.82	564.82	520.85	452.39
76	406.00	387.24	290.13	265.92	238.60	427.22	406.00	356.91	325.21	280.01	620.00	590.43	520.85	480.00	420.57	718.04	676.48	586.48	544.22	475.22
77	420.00	401.69	300.16	274.08	249.00	441.12	420.00	366.05	334.36	290.13	640.00	610.43	540.57	500.00	440.00	740.00	696.34	608.18	564.82	500.00
78	434.00	416.34	310.13	283.38	258.31	455.11	434.00	375.22	343.69	301.69	660.00	630.14	560.29	520.85	460.29	760.00	716.48	628.74	586.48	520.85
79	448.00	431.00	320.16	292.60	267.04	469.10	448.00	384.36	353.02	310.13	680.00	650.43	580.00	540.57	480.00	780.00	736.48	648.00	608.18	544.22
80	462.00	445.66	330.16	301.69	276.06	483.09	462.00	393.02	361.73	320.16	700.00	670.43	600.00	560.29	500.00	800.00	756.48	668.00	628.74	564.82
81	476.00	460.32	340.16	311.33	285.31	497.08	476.00	401.69	370.43	330.16	720.00	690.43	620.00	580.00	520.85	820.00	776.48	688.00	648.00	586.48
82	490.00	474.98	350.16	321.50	294.60	511.07	490.00	410.43	379.74	340.16	740.00	710.43	640.00	600.00	540.57	840.00	796.48	708.00	668.00	608.18
83	504.00	489.64	360.16	331.67	303.86	525.06	504.00	419.18	388.85	350.16	760.00	730.43	660.00	620.00	560.29	860.00	816.48	728.00	688.00	628.74
84	518.00	504.30	370.16	341.84	313.11	539.05	518.00	427.89	397.96	360.16	780.00	750.43	680.00	640.00	580.00	880.00	836.48	748.00	708.00	648.00
85	532.00	518.96	380.16	351.98	322.36	553.04	532.00	436.60	407.07	370.43	800.00	770.43	700.00	660.00	600.00	900.00	856.48	768.00	728.00	668.00
86	546.00	533.62	390.16	362.15	331.61	567.03	546.00	445.31	416.18	380.16	820.00	790.43	720.00	680.00	620.00	920.00	876.48	788.00	748.00	688.00
87	560.00	548.28	400.16	372.32	340.86	581.02	560.00	453.96	425.29	390.16	840.00	810.43	740.00	700.00	640.00	940.00	896.48	808.00	768.00	708.00
88	574.00	562.94	410.16	382.50	350.11	595.01	574.00	462.61	434.40	400.16	860.00	830.43	760.00	720.00	660.00	960.00	916.48	828.00	788.00	728.00
89	588.00	577.60	420.16	392.67	359.36	609.00	588.00	471.26	443.91	410.16	880.00	850.43	780.00	740.00	680.00	980.00	936.48	848.00	808.00	748.00
90	602.00	592.26	430.16	402.84	368.61	623.00	602.00	479.91	453.42	420.16	900.00	870.43	800.00	760.00	700.00	1000.00	956.48	868.00	828.00	768.00
91	616.00	606.92	440.16	413.01	377.86	637.00	616.00	488.56	462.93	430.16	920.00	890.43								

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Joint																				
4380 x Daily Maximum																				
Age	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	88.73	82.82	69.01	61.13	49.30	95.31	88.97	74.13	65.66	52.95	140.00	128.17	106.48	96.62	74.92	183.37	169.58	141.98	128.17	98.59
25-29	96.62	88.73	74.92	67.04	53.25	103.77	95.31	80.49	72.02	57.20	149.86	138.03	116.34	104.50	80.85	197.18	183.37	151.84	138.03	106.48
30-34	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	161.70	149.86	124.22	112.40	86.76	212.95	197.18	163.66	147.89	114.36
35-39	110.43	102.54	84.78	76.90	59.16	118.61	110.14	91.07	82.60	63.55	173.52	159.72	134.08	120.29	94.64	228.74	210.99	175.49	157.75	122.26
40-44	120.29	110.43	92.68	82.82	65.06	129.21	118.61	99.56	88.97	69.88	187.32	171.56	143.94	130.14	100.57	246.48	226.76	189.30	169.58	132.12
45	122.26	112.40	94.64	84.78	67.04	131.33	120.74	101.66	91.07	72.02	191.27	175.49	145.91	132.12	102.54	250.43	232.67	193.23	173.52	136.05
46	122.26	112.40	94.64	84.78	67.04	131.33	120.74	101.66	91.07	72.02	191.27	175.49	145.91	132.12	102.54	254.36	234.65	195.21	175.49	136.05
47	122.26	114.36	94.64	84.78	67.04	131.33	122.85	101.66	91.07	72.02	191.27	175.49	145.91	132.12	102.54	256.34	236.62	197.18	177.47	138.03
48	124.22	114.36	94.64	84.78	67.04	133.43	122.85	101.66	91.07	72.02	191.27	175.49	147.89	132.12	104.50	258.31	238.60	199.16	179.44	140.00
49	124.22	114.36	94.64	84.78	67.04	133.43	122.85	101.66	91.07	72.02	191.27	177.47	147.89	132.12	104.50	260.29	240.57	201.13	181.42	140.00
50	124.22	114.36	94.64	86.76	67.04	133.43	122.85	101.66	93.19	72.02	191.27	177.47	147.89	132.12	104.50	262.25	242.53	203.09	181.42	141.98
51	126.19	116.34	96.62	86.76	67.04	135.55	124.96	103.77	93.19	72.02	197.18	181.42	151.84	136.05	106.48	266.20	246.48	205.07	183.37	143.94
52	128.17	118.31	98.59	88.73	69.01	137.68	127.08	105.91	95.31	74.13	203.09	187.32	155.77	140.00	108.45	270.15	248.46	207.04	187.32	145.91
53	132.12	122.26	100.57	90.71	70.99	141.92	131.33	108.02	97.44	76.25	209.02	193.23	161.70	143.94	112.40	272.11	252.39	209.02	189.30	145.91
54	134.08	124.22	102.54	92.68	70.99	144.02	133.43	110.14	99.56	76.25	214.93	199.16	165.63	147.89	116.34	276.06	254.36	212.95	191.27	149.86
55	136.05	126.19	104.50	94.64	72.96	146.15	135.55	112.24	101.66	78.37	220.85	203.09	169.58	151.84	118.31	280.01	258.31	214.93	193.23	149.86
56	145.91	136.05	112.40	100.57	78.87	156.74	146.15	120.74	108.02	84.72	236.62	218.88	183.37	163.66	128.17	297.75	274.08	226.74	205.07	159.72
57	157.75	145.91	120.29	108.45	84.78	169.44	156.74	129.21	116.49	91.07	254.36	234.65	195.21	175.49	136.05	315.49	291.83	242.53	218.88	169.58
58	167.61	153.80	128.17	116.34	90.71	180.04	165.20	137.68	124.96	97.44	272.11	250.43	209.02	187.32	145.91	333.24	307.61	256.34	230.71	179.44
59	177.47	163.66	136.05	122.26	94.64	190.63	175.79	146.15	131.33	101.66	287.89	266.20	220.85	199.16	153.80	350.98	325.35	270.15	244.51	189.30
60	189.30	173.52	143.94	130.14	100.57	203.33	186.38	154.62	139.80	108.02	305.64	281.97	234.65	210.99	163.66	370.70	341.12	283.94	256.34	199.16
61	205.07	189.30	157.75	141.98	110.43	220.27	203.33	169.44	152.50	118.61	325.35	301.89	250.43	224.79	175.49	398.32	366.77	305.64	276.06	214.93
62	222.81	205.07	171.56	153.80	120.29	239.34	220.27	184.28	165.20	129.21	347.05	319.44	266.20	240.57	187.32	423.95	392.39	327.33	293.80	228.74
63	238.60	220.85	183.37	165.63	128.17	256.29	237.22	196.98	177.91	137.68	366.77	339.16	281.97	254.36	197.18	451.55	418.04	347.05	313.52	242.53
64	256.34	236.62	197.18	177.47	138.03	275.35	254.16	211.80	190.63	148.27	388.46	358.88	297.75	268.17	209.02	479.15	441.69	368.74	331.26	258.31
65	272.11	252.39	209.02	189.30	145.91	292.28	271.10	224.52	203.33	156.74	408.18	376.62	315.49	283.94	220.85	506.77	467.33	390.42	350.98	274.08
66	307.61	283.94	236.62	212.95	165.63	330.43	305.00	254.16	228.74	177.91	457.47	423.95	352.96	317.47	246.48	556.07	514.65	427.90	386.48	299.73
67	343.10	315.49	264.22	236.62	185.35	368.54	338.89	283.82	254.16	199.10	506.77	469.29	390.42	350.98	274.08	607.32	560.00	467.33	420.00	327.33
68	378.60	349.02	289.87	262.25	203.09	406.68	374.90	311.35	281.70	218.15	558.02	514.65	427.90	386.48	299.73	658.59	607.32	506.77	455.50	354.93
69	412.11	380.56	317.47	285.92	222.81	442.67	408.78	341.01	307.12	239.34	607.32	560.00	467.33	420.00	327.33	707.89	654.66	546.21	490.99	382.53
70	447.61	414.09	345.07	309.59	242.53	480.81	444.79	370.65	332.54	260.51	656.62	605.36	504.79	453.52	352.96	759.16	701.98	583.67	526.49	408.18
71	516.63	477.19	398.32	356.91	278.03	554.94	512.57	427.85	383.37	298.65	747.32	690.14	575.78	518.59	402.25	853.80	788.74	656.62	591.55	459.43
72	585.64	540.28	451.55	406.20	315.49	629.06	580.35	485.03	436.32	338.89	840.01	774.93	646.76	581.69	453.52	948.46	875.49	729.58	656.62	510.70
73	654.66	603.39	502.82	453.52	352.96	703.19	648.13	540.11	487.15	379.12	932.67	859.73	717.75	644.80	502.82	1,043.10	984.23	802.55	723.67	561.97
74	723.67	668.45	556.07	500.84	388.46	777.33	718.02	597.30	537.97	417.26	1,025.36	946.48	788.74	709.86	552.12	1,139.72	1,050.98	875.49	788.74	613.25
75	792.69	731.56	609.30	548.17	425.92	851.46	785.80	654.47	588.82	457.50	1,116.06	1,031.27	859.73	772.97	601.41	1,234.38	1,139.72	948.46	853.80	664.52
76	903.10	834.08	696.05	625.08	487.05	970.06	895.92	747.67	671.44	523.17	1,261.98	1,165.36	970.15	873.52	678.31	1,382.26	1,275.79	1,062.82	956.34	743.39
77	1,029.31	950.43	792.69	713.81	554.09	1,105.64	1,020.90	851.46	766.74	595.17	1,425.63	1,315.22	1,096.35	987.90	767.04	1,547.89	1,429.58	1,190.99	1,070.70	834.08
78	1,153.53	1,064.79	887.33	798.60	621.13	1,239.07	1,143.75	953.12	857.81	667.19	1,583.38	1,461.14	1,216.63	1,096.35	851.84	1,701.69	1,571.56	1,309.30	1,179.15	916.91
79	1,269.86	1,171.27	976.06	879.44	684.23	1,364.03	1,258.12	1,048.44	944.65	734.97	1,725.36	1,593.24	1,327.04	1,194.94	928.74	1,837.76	1,697.76	1,413.82	1,273.81	989.87
80	1,370.43	1,265.93	1,054.93	948.46	739.44	1,472.04	1,359.80	1,133.16	1,018.78	794.27	1,863.39	1,719.45	1,433.53	1,289.58	1,003.66	1,985.65	1,833.81	1,528.18	1,374.38	1,070.70
81	1,467.05	1,354.66	1,127.90	1,015.50	788.74	1,575.83	1,455.10	1,211.53	1,090.80	847.23	1,993.53	1,839.72	1,534.09	1,380.29	1,074.65	2,125.64	1,961.98	1,634.65	1,471.00	1,143.67
82	1,577.47	1,455.21	1,212.68	1,092.40	849.87	1,694.44	1,563.11	1,302.60	1,173.40	912.88	2,143.40	1,977.75	1,648.46	1,482.83	1,153.53	2,283.38	2,107.89	1,756.91	1,581.42	1,230.43
83	1,703.67	1,571.56	1,309.30	1,179.15	916.91	1,829.99	1,688.09	1,408.39	1,266.59	984.89	2,314.94	2,135.50	1,780.57	1,603.10	1,246.21	2,466.78	2,277.48	1,896.92	1,707.62	1,327.04
84	1,847.62	1,705.64	1,421.70	1,279.72	995.78	1,984.62	1,832.12	1,527.12	1,374.62	1,069.61	2,510.15	2,318.89	1,932.40	1,739.17	1,352.69	2,675.79	2,470.71	2,058.60	1,853.53	1,441.42
85	2,013.25	1,859.44	1,549.87	1,394.10	1,084.51	2,162.53	1,997.31	1,664.80	1,497.48	1,164.93	2,736.91	2,525.93	2,105.92	1,894.94	1,474.93	2,918.32	2,693.54	2,243.95	2,019.16	1,571.56
86	2,194.65	2,027.05	1,687.90	1,520.29	1,181.13	2,357.39	2,177.35	1,813.05	1,633.02	1,268.71	2,983.39	2,754.67	2,295.22	2,064.52	1,607.05	3,180.57	2,936.07	2,447.06	2,202.55	1,713.53
87	2,391.84	2,208.46	1,839.72	1,656.35	1,287.61	2,569.19	2,372.21	1,976.14	1,779.16	1,383.08	3,251.56	3,001.15	2,502.26	2,251.85	1,750.99	3,466.49	3,200.29	2,665.93	2,399.74	1,865.36
88	2,608.74	2,407.62	2,005.37	1,806.21	1,403.96	2,802.18	2,586.14	2,154.06	1,940.15	1,508.06	3,545.36	3,271.28	2,727.05	2,454.94	1,908.73	3,778.05	3,488.18	2,906.49	2,616.64	2,034.95
89	2,843.40	2,624.52	2,196.77	1,967.89	1,530.15	3,054.23	2,819.13	2,348.92	2,113.80	1,64										



## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Joint																				
5840 x Daily Maximum																				
Age	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	98.59	92.68	76.90	69.01	53.25	105.91	99.56	82.60	74.13	57.20	155.77	143.94	118.31	106.48	82.82	205.07	189.30	157.75	141.98	110.43
25-29	106.48	98.59	82.82	74.92	57.18	114.38	105.91	88.97	80.49	61.41	167.61	153.80	128.17	116.34	90.71	220.85	203.09	169.58	151.84	118.31
30-34	114.36	106.48	88.73	78.87	63.11	122.85	114.38	95.31	84.72	67.78	179.44	165.63	138.03	124.22	96.62	236.62	218.88	181.42	163.66	126.19
35-39	124.22	114.36	94.64	84.78	67.04	133.43	122.85	101.66	91.07	72.02	193.23	177.47	147.89	134.08	104.50	254.36	234.65	195.21	175.49	136.05
40-44	132.12	122.26	102.54	92.68	70.99	141.92	131.33	110.14	99.56	76.25	207.04	191.27	159.72	143.94	112.40	274.08	252.39	210.99	189.30	147.89
45	136.05	124.22	104.50	92.68	72.96	146.15	133.43	112.24	99.56	78.37	210.99	195.21	161.70	145.91	112.40	278.03	256.34	214.93	193.23	149.86
46	136.05	126.19	104.50	94.64	72.96	146.15	135.55	112.24	101.66	78.37	210.99	195.21	163.66	145.91	114.36	281.97	260.29	216.90	195.21	151.84
47	136.05	126.19	104.50	94.64	72.96	146.15	135.55	112.24	101.66	78.37	210.99	195.21	163.66	145.91	114.36	283.94	262.25	218.88	197.18	153.80
48	136.05	126.19	104.50	94.64	72.96	146.15	135.55	112.24	101.66	78.37	212.95	195.21	163.66	145.91	114.36	285.92	264.22	220.85	199.16	153.80
49	138.03	126.19	106.48	94.64	74.92	148.27	135.55	114.38	101.66	80.49	212.95	195.21	163.66	147.89	114.36	289.87	266.20	222.81	201.13	155.77
50	138.03	128.17	106.48	94.64	74.92	148.27	137.68	114.38	101.66	80.49	212.95	197.18	163.66	147.89	114.36	291.83	270.15	224.79	203.09	157.75
51	140.00	130.14	108.45	96.62	76.90	150.38	139.80	116.49	103.77	82.60	218.88	203.09	167.61	151.84	118.31	295.78	272.11	226.76	205.07	159.72
52	143.94	132.12	110.43	98.59	76.90	154.62	141.92	118.61	105.91	82.60	224.79	209.02	173.52	155.77	122.26	299.73	276.06	230.71	207.04	161.70
53	145.91	134.08	112.40	100.57	78.87	156.74	144.02	120.74	108.02	84.72	232.67	214.93	177.47	159.72	124.22	301.69	280.01	232.67	209.02	163.66
54	147.89	138.03	114.36	102.54	80.85	158.85	148.27	122.85	110.14	86.84	238.60	220.85	183.37	165.63	128.17	305.64	281.97	234.65	210.99	163.66
55	151.84	140.00	116.34	104.50	80.85	163.10	150.38	123.46	112.24	86.84	244.51	226.76	189.30	169.58	132.12	309.59	285.92	238.60	214.93	167.61
56	163.66	149.86	124.22	112.40	86.76	175.79	160.97	133.43	120.74	93.19	264.22	242.53	203.09	183.37	141.98	323.30	303.66	254.36	228.74	177.47
57	173.52	161.70	134.08	120.29	94.64	186.38	173.69	144.02	129.21	101.66	281.97	260.29	216.90	195.21	151.84	350.98	323.38	270.15	242.53	189.30
58	185.35	171.56	141.98	128.17	98.59	199.10	184.28	152.50	137.68	105.91	301.69	278.03	230.71	209.02	161.70	370.70	341.12	285.92	256.34	201.13
59	197.18	181.42	151.84	136.05	106.48	211.80	194.86	163.10	146.15	114.38	319.44	295.78	246.48	220.85	173.52	390.42	360.84	299.73	270.15	209.02
60	209.02	193.23	161.70	143.94	112.40	224.52	207.56	173.69	154.62	120.74	339.16	311.54	260.29	234.65	181.42	410.14	378.60	315.49	283.94	220.85
61	226.76	210.99	175.49	157.75	122.26	243.57	226.64	188.51	169.44	131.33	360.84	333.24	278.03	250.43	195.21	441.69	408.18	339.16	305.64	236.62
62	246.48	226.76	189.30	171.56	132.12	264.76	243.57	203.33	184.28	141.92	384.51	354.93	295.78	266.20	207.04	471.27	435.76	362.82	327.33	254.36
63	264.22	244.51	203.09	183.37	141.98	283.82	262.63	218.15	196.98	152.50	408.18	376.62	313.52	281.97	218.88	500.84	463.38	386.48	347.05	270.15
64	283.94	262.25	218.88	197.18	153.80	305.00	281.70	235.10	211.80	165.20	429.85	398.32	331.26	297.75	232.67	532.40	490.99	408.18	368.74	285.92
65	301.69	280.01	232.67	209.02	163.66	324.06	300.77	249.92	224.52	175.79	453.52	418.04	349.02	313.52	244.51	561.97	518.59	431.83	388.46	301.69
66	341.12	315.49	262.25	236.62	183.37	366.42	338.89	281.70	254.16	196.98	508.73	469.29	390.42	352.96	274.08	619.15	569.86	475.22	427.90	333.24
67	380.56	350.98	291.83	264.22	205.07	408.78	377.00	313.47	283.82	220.27	563.95	520.56	433.80	390.42	303.66	674.38	623.10	518.59	467.33	362.82
68	420.00	386.48	323.38	289.87	226.76	451.14	415.15	347.36	311.35	243.57	619.15	569.86	475.22	427.90	333.24	729.58	674.38	561.97	504.79	394.37
69	457.47	421.97	352.96	317.47	246.48	491.40	453.25	379.12	341.01	264.76	672.40	621.13	518.59	465.36	362.82	786.76	725.63	605.36	544.23	423.95
70	496.91	459.43	382.53	343.10	268.17	533.76	493.50	410.89	368.54	288.07	727.61	672.40	560.00	504.79	392.39	841.98	778.88	648.73	583.67	453.52
71	573.81	528.45	441.69	396.34	309.59	616.36	567.63	474.44	425.73	332.54	830.15	767.04	638.87	573.81	447.61	948.46	875.49	729.58	656.62	510.70
72	650.71	599.44	500.84	449.57	350.98	698.96	643.88	537.97	482.91	377.00	932.67	861.70	717.75	644.80	502.82	1,052.96	972.11	810.43	729.58	567.88
73	725.63	670.43	558.02	502.82	390.42	779.43	720.13	599.40	540.11	419.36	1,035.22	954.37	796.62	715.77	558.02	1,159.44	1,070.70	891.28	802.55	623.10
74	802.55	741.42	617.18	556.07	431.83	862.05	796.38	662.94	597.30	463.86	1,137.76	1,049.03	875.49	786.76	613.25	1,263.95	1,167.34	972.11	875.49	680.28
75	879.44	812.40	676.33	609.30	473.24	944.65	872.65	726.48	654.47	508.33	1,240.28	1,143.67	954.37	857.75	668.45	1,370.43	1,263.95	1,052.96	948.46	737.47
76	1,003.66	924.79	770.99	694.09	540.28	1,078.08	993.36	828.16	745.55	580.35	1,400.01	1,293.53	1,076.63	970.15	753.25	1,534.09	1,415.77	1,179.15	1,062.82	826.20
77	1,143.67	1,054.93	879.44	790.71	615.22	1,228.47	1,133.16	944.65	849.34	660.84	1,583.38	1,461.14	1,216.63	1,096.35	851.84	1,717.48	1,585.36	1,321.13	1,189.01	924.79
78	1,279.72	1,181.13	985.92	887.33	690.14	1,374.62	1,268.71	1,059.03	953.12	741.32	1,756.91	1,620.86	1,350.71	1,216.63	946.48	1,889.02	1,745.08	1,453.25	1,309.30	1,017.47
79	1,407.89	1,299.44	1,082.54	976.06	757.18	1,512.28	1,395.79	1,162.80	1,048.44	813.32	1,914.66	1,766.77	1,472.97	1,325.08	1,031.27	2,040.85	1,885.08	1,569.59	1,413.82	1,098.32
80	1,520.29	1,403.96	1,169.29	1,052.96	818.31	1,633.02	1,508.06	1,256.01	1,131.04	878.99	2,068.46	1,908.73	1,591.28	1,431.56	1,114.09	2,204.51	2,034.95	1,695.78	1,526.20	1,187.05
81	1,626.77	1,502.55	1,252.12	1,125.92	877.47	1,747.39	1,613.97	1,344.96	1,209.41	942.53	2,212.41	2,042.83	1,701.69	1,532.13	1,190.99	2,358.32	2,176.91	1,814.09	1,632.68	1,269.86
82	1,749.03	1,614.93	1,346.76	1,210.71	942.53	1,878.71	1,734.68	1,446.62	1,300.48	1,012.42	2,378.04	2,196.63	1,829.86	1,646.49	1,281.70	2,535.79	2,340.58	1,950.15	1,754.94	1,364.52
83	1,889.02	1,745.08	1,453.25	1,307.32	1,017.47	2,029.08	1,874.48	1,561.01	1,404.26	1,092.92	2,569.30	2,372.12	1,975.79	1,778.61	1,382.26	2,738.88	2,527.91	2,105.92	1,896.92	1,474.93
84	2,050.71	1,892.97	1,577.47	1,419.72	1,104.23	2,202.77	2,033.33	1,694.44	1,525.00	1,186.11	2,788.18	2,573.25	2,143.40	1,930.43	1,500.57	2,971.57	2,742.83	2,285.36	2,056.62	1,599.17
85	2,234.09	2,062.55	1,719.45	1,547.89	1,202.82	2,399.75	2,215.49	1,846.94	1,662.67	1,292.01	3,038.61	2,803.96	2,336.63	1,636.63	1,329.73	3,239.73	2,989.31	2,490.43	2,241.99	1,743.10
86	2,435.22	2,247.90	1,873.25	1,685.92	1,311.27	2,615.80	2,414.57	2,012.15	1,810.93	1,408.51	3,312.69	3,056.35	2,547.62	2,293.24	1,782.54	3,529.59	3,259.45	2,715.23	2,443.11	1,900.85
87	2,656.07	2,450.99	2,042.83	1,837.76	1,429.58	2,853.02	2,632.74	2,194.30	1,974.04	1,535.59	3,610.44	3,332.41	2,776.34	2,498.33	1,944.24	3,847.06	3,551.29	2,959.74	2,663.96	2,072.41
88	2,894.65	2,671.84	2,226.20	2,003.39	1,557.75	3,109.30	2,869.96	2,391.28	2,151.94	1,673.27	3,935.80	3,632.14	3,026.77	2,725.09	2,119.73	4,194.11	3,870.72	3,225.93	2,904.51	2,257.76
89	3,154.94	2,912.41	2,427.34	2,184																

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Joint																				
7300 x Daily Maximum																				
Age	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	106.48	98.59	80.85	72.96	57.18	114.38	105.91	86.84	78.37	61.41	165.63	153.80	128.17	114.36	90.71	218.88	201.13	167.61	151.84	118.31
25-29	114.36	106.48	88.73	78.87	63.11	122.85	114.38	95.31	84.72	67.78	179.44	165.63	138.03	124.22	96.62	234.65	216.90	181.42	163.66	126.19
30-34	122.26	114.36	94.64	84.78	67.04	131.33	122.85	101.66	91.07	72.02	191.27	177.47	147.89	132.12	104.50	252.39	234.65	195.21	175.49	136.05
35-39	132.12	122.26	102.54	90.71	70.99	141.92	131.33	110.14	97.44	76.25	207.04	191.27	159.72	141.98	112.40	272.11	250.43	209.02	189.30	145.91
40-44	141.98	132.12	108.45	98.69	76.90	152.50	141.92	116.49	105.91	82.60	222.81	205.07	171.56	153.80	120.29	291.83	270.15	224.79	203.09	157.75
45	143.94	134.08	110.43	100.57	76.90	154.62	144.02	118.61	108.02	82.60	226.76	209.02	173.52	155.77	122.26	297.75	276.06	228.74	207.04	159.72
46	145.91	134.08	112.40	100.57	78.87	156.74	144.02	120.74	108.02	84.72	226.76	209.02	173.52	157.75	122.26	301.69	278.03	230.71	209.02	161.70
47	145.91	134.08	112.40	100.57	78.87	156.74	144.02	120.74	108.02	84.72	226.76	209.02	173.52	157.75	122.26	303.66	280.01	234.65	210.99	163.66
48	145.91	134.08	112.40	100.57	78.87	156.74	144.02	120.74	108.02	84.72	226.76	209.02	173.52	157.75	122.26	307.61	283.94	236.62	212.95	165.63
49	147.89	136.05	112.40	102.54	78.87	158.85	146.15	120.74	110.14	84.72	226.76	209.02	175.49	157.75	122.26	309.59	285.92	238.60	214.93	167.61
50	147.89	136.05	114.36	102.54	80.85	158.85	146.15	122.85	110.14	86.84	226.76	209.02	175.49	157.75	122.26	313.52	287.89	240.57	216.90	167.61
51	149.86	138.03	116.34	104.50	80.85	160.97	148.27	124.96	112.24	86.84	234.65	216.90	179.44	161.70	126.19	315.49	291.83	242.53	218.88	169.58
52	153.80	141.98	118.31	106.48	82.82	165.20	152.50	127.08	114.38	88.97	240.57	222.81	185.35	167.61	130.14	319.44	295.78	248.48	220.85	173.52
53	155.77	143.94	120.29	108.45	84.78	167.32	154.62	129.21	116.49	91.07	248.46	228.74	191.27	171.56	134.08	323.38	299.73	248.46	224.79	173.52
54	159.72	145.91	122.26	110.43	84.78	171.57	156.74	131.33	118.61	91.07	254.36	234.65	197.18	177.47	138.03	327.33	301.69	252.39	226.76	177.47
55	161.70	149.86	124.22	112.40	86.76	173.69	160.97	133.43	120.74	93.19	262.25	242.53	201.13	181.42	140.00	331.26	305.64	254.36	228.74	177.47
56	173.52	161.70	134.08	120.29	94.64	186.38	173.69	144.02	129.21	101.66	281.97	260.29	216.90	195.21	151.84	352.96	325.35	272.11	244.51	191.27
57	187.32	171.56	143.94	128.17	100.57	201.21	184.28	154.62	137.68	108.02	301.69	278.03	232.67	209.02	163.66	374.65	345.07	287.89	260.29	201.13
58	199.16	183.37	153.80	138.03	108.45	213.93	196.98	165.20	148.27	116.49	321.40	297.75	248.46	222.81	173.52	396.34	366.77	305.64	274.08	214.93
59	210.99	195.21	161.70	145.91	112.40	226.64	209.68	173.69	156.74	120.74	343.10	315.49	262.25	236.62	183.37	418.04	386.48	321.40	289.87	224.79
60	222.81	207.04	171.56	153.80	120.29	239.34	222.40	184.28	165.20	129.21	362.82	335.21	278.03	250.43	195.21	439.71	406.20	339.16	303.66	236.62
61	244.51	224.79	187.32	169.58	132.12	262.63	241.46	201.21	182.16	141.92	386.48	356.91	297.75	268.17	209.02	471.27	435.78	362.82	327.33	254.36
62	264.22	242.53	203.09	183.37	141.98	283.82	260.51	218.15	196.98	152.50	412.11	380.56	317.47	283.94	222.81	504.79	465.36	388.46	349.02	272.11
63	283.94	262.25	218.88	197.18	153.80	305.00	281.70	235.10	211.80	165.20	435.78	402.25	335.21	301.69	234.65	536.35	494.94	412.11	370.70	287.89
64	303.66	280.01	234.65	210.99	163.66	326.18	300.77	252.04	226.64	175.79	461.41	425.92	354.93	319.44	248.46	569.86	524.51	437.75	394.37	305.64
65	323.38	299.73	248.46	224.79	173.52	347.36	321.96	266.88	241.46	186.38	485.08	447.61	372.67	337.19	260.29	601.41	554.09	463.38	416.06	325.35
66	364.79	337.19	281.97	252.39	197.18	391.84	362.18	302.87	271.10	211.80	544.23	502.82	418.04	376.62	291.83	660.57	611.27	506.73	457.47	356.91
67	406.20	376.62	313.52	281.97	218.88	436.32	404.56	336.76	302.87	235.10	603.39	556.07	463.38	418.04	325.35	721.70	666.48	554.09	498.87	388.46
68	449.57	414.09	345.07	311.54	242.53	482.91	444.79	370.65	334.64	260.51	660.57	611.27	506.73	457.47	356.91	780.85	721.70	601.41	540.28	421.97
69	490.99	453.52	376.62	339.16	264.22	527.39	487.15	404.56	364.32	283.82	719.72	664.52	554.09	498.87	388.46	841.98	776.90	646.76	583.67	453.52
70	532.40	490.99	408.18	368.74	285.92	571.88	527.39	438.45	396.09	307.12	778.88	719.72	599.44	538.31	420.00	901.14	832.12	694.09	625.08	485.08
71	613.25	565.92	471.27	423.95	329.30	658.72	607.89	506.22	455.39	353.71	887.33	820.29	682.26	615.22	477.19	1,015.50	936.62	780.85	701.98	546.21
72	696.05	642.82	534.37	481.13	374.65	747.67	690.49	574.00	516.80	402.43	997.75	920.86	767.04	690.14	536.35	1,127.90	1,041.13	867.61	780.85	607.32
73	776.90	717.75	597.46	538.31	418.04	834.51	770.96	641.76	578.22	449.04	1,108.18	1,021.41	851.84	767.04	595.50	1,240.28	1,145.64	954.37	857.75	668.45
74	859.73	792.69	660.57	595.50	463.38	923.48	851.46	709.55	639.66	497.75	1,216.63	1,123.95	936.62	841.98	656.62	1,352.69	1,248.17	1,041.13	936.62	729.58
75	940.57	869.58	723.67	650.71	506.77	1,010.32	934.06	777.33	698.96	544.34	1,327.04	1,224.52	1,019.45	918.88	713.81	1,465.07	1,352.69	1,127.90	1,015.50	788.74
76	1,072.68	989.87	826.20	743.39	577.74	1,152.22	1,063.26	887.45	798.52	620.58	1,498.60	1,384.24	1,153.53	1,037.19	808.45	1,642.54	1,514.37	1,261.98	1,135.78	883.38
77	1,222.54	1,129.86	940.57	845.92	658.59	1,313.19	1,213.63	1,010.32	908.64	707.43	1,693.81	1,563.66	1,303.39	1,173.24	912.96	1,837.76	1,697.76	1,413.82	1,273.81	989.87
78	1,370.43	1,263.95	1,052.96	948.46	737.47	1,472.04	1,357.68	1,131.04	1,018.78	792.15	1,879.16	1,735.22	1,445.35	1,301.41	1,011.55	2,023.11	1,867.34	1,555.78	1,400.01	1,088.46
79	1,506.48	1,390.15	1,159.44	1,043.10	812.40	1,618.19	1,493.23	1,245.40	1,120.44	872.65	2,048.74	1,890.99	1,575.50	1,417.75	1,102.26	2,184.79	2,017.19	1,680.01	1,512.41	1,175.22
80	1,626.77	1,502.55	1,252.12	1,125.92	877.47	1,747.39	1,613.97	1,344.96	1,209.41	942.53	2,212.41	2,042.83	1,701.69	1,532.13	1,190.99	2,358.32	2,176.91	1,814.09	1,632.68	1,269.86
81	1,741.13	1,607.05	1,338.88	1,204.80	936.62	1,870.23	1,726.21	1,438.15	1,294.13	1,006.08	2,368.18	2,184.79	1,821.98	1,638.60	1,275.79	2,523.96	2,330.72	1,942.26	1,747.05	1,360.57
82	1,871.27	1,727.34	1,439.44	1,295.51	1,007.61	2,010.03	1,855.41	1,546.17	1,391.57	1,082.33	2,545.65	2,350.44	1,958.03	1,762.82	1,370.43	2,713.26	2,504.24	2,088.18	1,879.16	1,461.14
83	2,021.14	1,865.36	1,555.78	1,400.01	1,088.46	2,171.00	2,003.68	1,671.13	1,503.81	1,169.17	2,748.74	2,537.76	2,113.82	1,902.83	1,478.88	2,930.16	2,705.37	2,253.81	2,029.02	1,577.47
84	2,192.69	2,025.09	1,687.90	1,518.32	1,181.13	2,355.27	2,175.25	1,813.05	1,630.91	1,268.71	2,983.39	2,752.69	2,295.22	2,064.52	1,607.05	3,180.57	2,934.09	2,445.08	2,200.58	1,711.55
85	2,391.84	2,206.49	1,839.72	1,654.37	1,287.61	2,569.19	2,370.09	1,976.14	1,777.04	1,383.08	3,251.56	3,001.15	2,500.29	2,249.87	1,750.99	3,466.49	3,198.33	2,665.93	2,399.74	1,865.36
86	2,606.78	2,405.64	2,005.37	1,804.23	1,403.96	2,800.08	2,584.03	2,154.06	1,938.01	1,508.06	3,543.40	3,271.28	2,725.09	2,452.97	1,906.78	3,778.05	3,486.21	2,906.49	2,614.66	2,034.95
87	2,841.42	2,622.55	2,184.79	1,965.93	1,530.15	3,052.12	2,817.01	2,346.79	2,111.70	1,643.61	3,862.83	3,565.08	2,971.57	2,673.82	2,080.29	4,117.20	3,801.70	3,166.78	2,851.28	2,216.35
88	3,095.79	2,859.17	2,381.98	2,143.40	1,668.18	3,325.35	3,071.17	2,558.60	2,302.33	1,791.88	4,209.88	3,886.50	3,237.77	2,914.37	2,265.64	4,487.91	4,142.84	3,452.70	3,107.62	2,417.48

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Pay 10 Individual														
	730 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	350.67	323.69	269.75	242.77	188.83	548.48	512.52	422.60	377.65	296.72	746.30	683.37	575.47	512.52	404.62
25-29	348.66	323.76	265.65	240.74	182.63	547.90	506.39	423.38	381.87	298.86	738.82	680.71	572.80	514.69	398.48
30-34	347.84	324.64	270.54	239.62	193.23	548.80	502.42	417.40	378.76	293.72	742.05	680.21	571.99	510.15	401.94
35-39	350.73	322.10	272.00	243.37	193.27	543.99	501.05	422.30	379.36	293.47	737.24	679.98	565.47	508.21	393.67
40-44	349.05	316.13	263.43	237.09	184.40	540.04	500.53	414.91	375.39	289.79	731.03	671.77	559.81	507.12	395.16
45	336.48	305.32	255.47	230.55	180.70	517.18	479.78	398.79	361.39	280.40	704.11	648.02	542.10	486.02	380.08
46	330.09	305.64	256.73	232.28	177.28	513.47	470.68	397.32	354.54	281.18	702.96	647.94	537.91	482.91	378.99
47	330.77	306.73	252.59	228.53	174.42	505.19	469.10	390.92	348.82	276.64	697.63	643.50	535.26	481.13	372.88
48	331.26	301.69	254.36	230.71	177.47	502.82	461.41	384.51	349.02	272.11	692.12	638.87	532.40	479.15	372.67
49	323.54	300.44	248.44	225.32	173.33	491.08	456.41	381.32	340.87	265.77	687.52	635.52	525.75	473.75	369.75
50	322.57	299.93	249.01	226.37	175.43	486.69	447.08	373.51	333.89	260.32	679.10	628.18	520.64	469.72	362.18
51	322.51	294.72	250.22	222.42	177.94	483.76	444.85	372.56	333.63	261.35	683.95	628.35	522.70	472.66	367.00
52	321.09	293.88	244.90	223.13	174.15	478.91	440.82	370.07	331.97	261.24	680.28	625.87	522.46	468.04	364.63
53	312.95	291.73	244.00	217.47	169.74	472.07	434.94	365.99	328.86	254.60	673.63	625.90	519.82	466.78	365.99
54	312.33	286.31	239.46	218.64	166.58	468.50	432.07	364.40	327.96	255.08	676.73	624.68	520.56	468.50	364.40
55	310.33	284.89	239.10	213.66	167.88	468.04	427.34	356.12	320.50	249.28	671.53	620.66	518.90	462.96	361.20
56	329.26	304.31	254.43	229.48	179.60	498.87	456.96	384.13	344.22	269.39	683.46	633.56	528.81	473.94	369.17
57	343.00	318.84	265.71	236.72	188.42	521.75	478.27	400.97	362.33	280.20	686.00	632.87	526.58	473.43	367.16
58	355.17	327.12	275.73	247.68	191.61	542.10	500.04	415.92	373.86	289.74	686.97	635.57	528.08	476.67	369.18
59	364.16	337.19	278.74	251.76	193.31	557.47	512.52	427.11	386.64	301.21	683.37	633.91	526.01	476.56	368.66
60	373.07	347.05	286.31	260.29	199.55	572.62	529.24	442.48	394.78	308.01	685.40	629.01	524.91	472.85	368.74
61	398.51	368.84	306.47	275.57	216.21	602.00	555.37	462.10	415.46	322.19	720.70	665.59	555.37	500.26	390.02
62	424.48	391.51	325.57	292.60	226.67	626.41	581.08	482.17	432.71	337.93	750.04	692.36	576.95	519.27	403.88
63	444.31	408.29	340.24	308.21	240.18	652.46	600.43	500.35	452.32	352.25	776.55	716.51	596.42	536.38	416.30
64	466.95	431.64	357.08	321.77	251.14	678.85	623.91	521.89	470.87	364.93	808.34	745.55	623.91	561.12	435.56
65	483.32	445.26	372.96	334.90	262.60	696.43	643.15	536.60	483.32	376.77	829.63	768.75	639.35	574.65	449.07
66	523.60	483.04	401.92	361.36	280.24	748.53	689.53	575.23	519.91	401.92	881.28	811.22	678.47	608.41	475.67
67	560.33	517.51	431.85	389.03	303.36	795.89	735.22	613.88	553.21	428.29	924.38	852.99	710.24	638.86	496.09
68	600.38	551.80	461.57	416.46	322.75	846.79	780.85	652.45	586.51	458.11	968.26	895.37	746.14	669.79	524.04
69	630.20	583.27	486.06	435.78	341.91	884.96	817.92	680.47	613.44	476.01	1,005.64	928.53	774.34	697.24	543.05
70	656.46	607.95	504.48	455.97	352.48	918.41	850.50	708.20	637.06	494.78	1,034.82	953.97	795.51	717.90	556.22
71	730.51	674.08	561.20	504.78	391.90	1,012.69	934.30	777.53	699.15	545.53	1,134.95	1,047.16	871.59	783.81	611.37
72	795.59	734.86	613.40	552.67	428.16	1,096.22	1,011.20	841.14	759.16	589.10	1,223.76	1,129.62	941.36	847.23	658.95
73	852.16	785.02	653.71	589.50	458.18	1,164.41	1,073.94	895.92	805.45	627.43	1,298.65	1,199.43	998.07	898.85	697.48
74	905.13	837.46	696.48	625.98	487.81	1,232.23	1,136.35	947.43	851.56	662.64	1,373.21	1,266.05	1,057.40	950.24	741.59
75	948.21	875.26	729.39	656.44	510.56	1,283.18	1,183.21	986.01	888.77	691.57	1,429.05	1,318.29	1,099.47	988.72	769.90
76	1,041.00	960.92	800.76	720.69	560.54	1,381.96	1,276.06	1,064.24	958.33	743.94	1,524.04	1,405.20	1,172.74	1,053.91	821.43
77	1,121.48	1,035.22	862.68	776.41	603.88	1,469.02	1,355.64	1,128.88	1,017.96	791.20	1,604.58	1,481.34	1,234.86	1,111.62	865.14
78	1,202.03	1,107.39	922.81	830.54	645.97	1,554.59	1,433.93	1,194.94	1,076.63	837.64	1,684.74	1,556.96	1,296.67	1,166.55	908.63
79	1,258.82	1,162.17	968.84	872.19	678.86	1,611.74	1,488.11	1,240.84	1,114.96	867.69	1,739.88	1,605.00	1,337.50	1,204.88	937.37
80	1,303.31	1,203.22	1,003.03	902.94	702.77	1,656.82	1,529.05	1,273.50	1,145.72	892.29	1,778.21	1,641.90	1,367.19	1,230.90	956.18
81	1,343.22	1,240.68	1,033.56	928.98	723.91	1,706.19	1,574.94	1,312.46	1,181.21	918.72	1,831.28	1,691.83	1,408.84	1,267.33	986.39
82	1,443.71	1,332.97	1,111.48	998.70	777.22	1,835.39	1,693.89	1,410.89	1,269.39	988.45	1,968.68	1,816.94	1,515.47	1,363.73	1,060.21
83	1,558.54	1,439.60	1,199.66	1,078.68	840.80	1,980.99	1,829.23	1,523.67	1,371.93	1,066.37	2,126.59	1,962.53	1,636.47	1,472.42	1,146.35
84	1,691.83	1,560.60	1,302.20	1,170.95	912.56	2,149.15	1,985.10	1,652.87	1,488.82	1,156.61	2,307.05	2,130.69	1,775.92	1,597.51	1,242.73
85	1,843.59	1,702.09	1,419.09	1,277.59	992.54	2,343.96	2,163.51	1,802.57	1,622.11	1,261.19	2,516.23	2,321.42	1,935.88	1,741.05	1,355.53
86	2,009.70	1,855.90	1,546.24	1,392.44	1,082.77	2,553.14	2,358.32	1,964.59	1,767.72	1,376.02	2,741.81	2,530.58	2,108.13	1,898.95	1,476.51
87	2,190.16	2,022.01	1,685.69	1,517.53	1,179.15	2,782.82	2,569.54	2,140.95	1,927.66	1,499.07	2,987.89	2,758.21	2,298.85	2,069.17	1,609.81
88	2,387.03	2,204.51	1,837.45	1,652.87	1,285.80	3,035.05	2,801.28	2,333.71	2,099.93	1,634.42	3,256.54	3,006.35	2,505.97	2,255.78	1,753.36
89	2,602.35	2,403.43	2,001.50	1,802.57	1,400.64	3,307.79	3,053.51	2,544.94	2,290.65	1,782.07	3,549.79	3,277.05	2,731.55	2,458.81	1,911.26
90	2,838.19	2,618.76	2,181.96	1,964.59	1,527.78	3,605.15	3,328.30	2,772.57	2,495.72	1,939.97	3,869.70	3,572.35	2,977.64	2,680.28	2,083.53
91	3,092.47	2,854.59	2,378.83	2,140.95	1,665.18	3,929.16	3,627.71	3,022.75	2,721.30	2,116.33	4,218.32	3,894.31	3,244.23	2,920.22	2,270.14
92	3,371.37	3,110.93	2,592.10	2,333.71	1,814.88	4,283.93	3,953.78	3,295.50	2,965.33	2,307.05	4,597.71	4,244.97	3,537.48	3,182.70	2,477.27
93	3,674.87	3,391.88	2,825.88	2,542.88	1,978.93	4,669.47	4,308.55	3,590.80	3,231.92	2,514.18	5,011.95	4,628.41	3,855.34	3,469.81	2,698.73
94	4,005.05	3,697.44	3,080.18	2,772.57	2,155.29	5,087.82	4,698.18	3,914.81	3,523.13	2,739.75	5,463.10	5,042.71	4,201.92	3,781.51	2,940.73

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Pay 10 Individual														
	1095 x Daily Maximum										5% Compound B10				
	No B10					5% Simple B10									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	476.56	431.59	359.67	323.69	251.76	710.34	656.38	539.49	485.55	377.65	944.11	872.19	728.32	656.38	512.52
25-29	464.88	431.67	356.97	323.76	249.04	697.32	647.52	539.60	481.49	381.87	938.06	863.34	722.22	647.52	506.39
30-34	471.50	432.86	363.29	324.64	255.08	703.40	649.29	541.07	486.97	378.76	935.28	865.71	718.85	649.29	502.42
35-39	465.26	429.46	357.89	322.10	250.52	701.46	644.20	536.84	486.73	379.36	930.51	858.94	715.77	644.20	501.05
40-44	461.01	428.09	355.64	322.72	250.27	691.52	638.84	533.46	480.78	375.39	922.02	849.58	711.28	638.84	500.53
45	448.63	411.24	342.70	311.54	243.00	666.71	616.86	510.94	461.09	355.17	891.04	822.50	685.40	616.86	479.78
46	440.11	409.55	336.19	305.64	238.39	654.06	605.16	507.35	452.34	354.54	886.35	819.10	684.63	617.39	476.80
47	439.03	402.95	336.79	300.71	234.55	649.52	595.39	499.17	451.06	348.82	890.09	817.92	685.61	613.44	481.13
48	431.83	402.25	331.26	301.69	230.71	638.87	591.55	490.99	443.66	343.10	887.33	816.34	680.28	615.22	479.15
49	427.53	392.87	329.32	294.65	231.11	623.97	577.74	479.53	433.32	335.10	878.18	808.85	675.97	606.64	473.75
50	418.78	390.48	322.57	288.62	228.37	618.85	565.92	475.37	424.44	333.89	871.51	809.26	673.44	605.54	469.72
51	422.60	389.25	322.51	288.16	227.98	617.23	572.73	478.20	428.16	333.63	873.01	806.29	672.83	606.10	472.66
52	419.05	386.40	321.09	288.44	223.13	620.42	571.44	478.91	429.93	337.42	870.77	800.02	669.40	604.10	468.04
53	419.03	387.21	318.26	286.42	222.78	620.59	572.86	477.38	429.65	334.17	859.28	795.64	663.03	594.08	466.78
54	416.46	385.22	322.75	286.31	223.84	619.47	572.62	478.91	432.07	333.16	858.94	791.26	661.12	593.45	463.30
55	412.08	381.55	320.50	284.89	223.84	620.66	574.87	478.20	427.34	335.77	854.67	788.55	656.27	590.13	457.87
56	429.03	399.11	329.26	299.33	229.48	653.52	603.64	503.86	453.98	354.20	878.02	808.19	673.48	608.63	473.84
57	439.62	405.81	338.17	304.36	236.72	676.33	623.20	521.75	468.61	367.16	888.91	821.27	681.17	613.55	478.27
58	453.30	415.92	345.81	313.11	243.00	696.32	644.91	537.42	481.35	378.54	897.27	827.16	691.65	621.54	486.02
59	458.56	422.60	350.67	314.70	247.27	714.82	656.38	548.48	494.54	382.14	899.16	831.73	692.36	624.92	485.55
60	464.17	425.13	355.72	321.01	247.27	728.79	672.40	559.60	503.21	390.42	902.31	832.91	694.09	624.68	485.87
61	496.01	457.87	381.55	343.40	267.08	771.58	712.23	593.53	534.17	415.46	945.39	869.09	724.95	652.87	508.73
62	523.39	482.17	403.88	362.66	284.35	807.74	745.93	622.30	560.47	436.84	976.71	902.53	750.04	675.86	523.39
63	548.39	508.37	424.29	380.27	296.20	840.59	776.55	648.46	584.41	452.32	1,004.71	928.66	772.54	696.50	540.38
64	576.83	533.66	443.41	400.25	310.00	878.97	812.26	678.85	608.22	474.81	1,039.85	961.37	800.49	722.01	561.12
65	601.30	551.82	460.49	414.81	323.47	909.54	837.24	700.24	627.94	490.92	1,065.58	981.86	818.22	738.30	574.85
66	652.67	601.03	501.48	449.86	350.30	977.15	903.40	752.22	678.47	527.29	1,132.01	1,043.51	870.22	781.72	608.41
67	699.53	646.00	538.92	485.39	378.32	1,042.15	960.07	799.46	720.94	560.33	1,192.06	1,102.82	917.24	824.44	642.43
68	746.14	690.62	576.10	517.10	402.57	1,103.60	1,016.84	850.26	763.50	596.91	1,256.31	1,159.12	964.78	867.61	676.73
69	787.76	727.42	606.74	546.40	425.72	1,153.13	1,065.98	888.31	797.81	623.50	1,303.97	1,203.41	1,002.29	901.72	700.59
70	821.39	756.71	630.59	569.15	443.03	1,199.74	1,105.97	921.65	831.10	646.76	1,348.50	1,241.79	1,034.82	931.35	724.38
71	921.76	849.65	708.57	636.46	495.36	1,319.93	1,216.47	1,015.81	912.36	711.70	1,476.68	1,363.82	1,138.09	1,022.09	796.35
72	1,014.23	935.28	780.41	701.46	546.60	1,430.25	1,317.89	1,099.27	989.95	768.28	1,597.27	1,475.80	1,229.84	1,105.34	862.41
73	1,091.45	1,006.82	837.56	755.84	586.59	1,520.45	1,400.80	1,167.34	1,050.59	817.13	1,695.55	1,564.22	1,304.50	1,173.17	913.43
74	1,164.85	1,077.13	896.68	806.45	628.79	1,607.24	1,486.01	1,237.87	1,113.79	865.65	1,793.35	1,655.18	1,378.85	1,240.68	964.35
75	1,223.74	1,129.19	942.80	848.24	659.14	1,674.88	1,547.91	1,288.58	1,158.91	902.27	1,866.68	1,720.81	1,434.45	1,291.29	1,004.93
76	1,338.05	1,234.72	1,030.67	927.33	720.69	1,810.76	1,671.28	1,392.30	1,252.81	973.83	1,999.33	1,846.93	1,539.54	1,384.55	1,077.15
77	1,436.98	1,326.06	1,104.23	995.78	773.95	1,927.47	1,779.59	1,481.34	1,333.46	1,037.68	2,114.80	1,952.12	1,626.77	1,464.09	1,138.74
78	1,533.30	1,414.98	1,178.36	1,062.42	825.80	2,039.67	1,883.50	1,568.80	1,412.63	1,097.93	2,228.97	2,056.23	1,715.50	1,542.78	1,202.03
79	1,602.75	1,479.12	1,231.85	1,108.21	863.19	2,119.76	1,955.68	1,629.72	1,467.88	1,141.93	2,306.34	2,128.77	1,773.60	1,596.01	1,240.84
80	1,656.82	1,529.05	1,273.50	1,145.72	892.29	2,180.70	2,012.46	1,675.99	1,509.88	1,173.40	2,361.71	2,180.70	1,816.54	1,635.52	1,271.36
81	1,706.19	1,574.94	1,312.46	1,181.21	918.72	2,245.53	2,073.28	1,728.76	1,554.44	1,209.92	2,434.20	2,247.58	1,872.30	1,685.69	1,310.40
82	1,835.39	1,693.89	1,410.89	1,269.39	988.45	2,413.69	2,229.13	1,857.95	1,671.32	1,300.15	2,616.72	2,415.74	2,013.80	1,810.77	1,408.84
83	1,980.99	1,829.23	1,523.67	1,371.93	1,066.37	2,608.50	2,407.54	2,005.60	1,804.63	1,404.75	2,825.88	2,608.50	2,173.76	1,956.39	1,521.63
84	2,149.15	1,985.10	1,652.87	1,488.82	1,156.61	2,829.99	2,612.61	2,175.80	1,958.43	1,523.67	3,065.82	2,829.99	2,358.32	2,122.49	1,650.83
85	2,343.96	2,163.51	1,802.57	1,622.11	1,261.19	3,084.27	2,846.39	2,372.67	2,134.79	1,661.09	3,342.66	3,086.32	2,571.59	2,313.20	1,800.52
86	2,553.14	2,358.32	1,964.59	1,767.72	1,376.02	3,361.12	3,102.73	2,585.95	2,327.56	1,810.77	3,644.11	3,363.17	2,803.33	2,522.38	1,962.53
87	2,782.82	2,569.54	2,140.95	1,927.66	1,499.07	3,664.62	3,381.63	2,817.68	2,536.74	1,972.79	3,972.23	3,666.67	3,055.56	2,750.01	2,138.89
88	3,035.05	2,801.28	2,333.71	2,099.93	1,634.42	3,994.79	3,687.18	3,071.96	2,764.37	2,151.20	4,329.06	3,994.79	3,330.36	2,996.09	2,331.67
89	3,307.79	3,053.51	2,544.94	2,290.65	1,782.07	4,353.66	4,019.39	3,348.81	3,014.55	2,343.96	4,718.69	4,355.71	3,629.77	3,266.79	2,540.83
90	3,605.15	3,328.30	2,772.57	2,495.72	1,939.97	4,745.36	4,380.33	3,650.27	3,285.25	2,555.19	5,143.18	4,747.39	3,955.83	3,560.04	2,768.46
91	3,929.16	3,627.71	3,022.75	2,721.30	2,116.33	5,171.89	4,774.06	3,978.38	3,580.55	2,784.88	5,606.65	5,173.95	4,312.66	3,879.94	3,018.65
92	4,283.93	3,953.78	3,295.50	2,965.33	2,307.05	5,637.41	5,204.71	4,337.26	3,902.51	3,037.11	6,111.12	5,639.46	4,700.23	4,230.62	3,289.34
93	4,669.47	4,308.55	3,590.80	3,231.92	2,514.18	6,145.99	5,672.28	4,726.90	4,255.22	3,309.85	6,660.71	6,148.03	5,122.68	4,610.00	3,586.69
94	5,087.82	4,698.18	3,914.81	3,523.13	2,739.75	6,697.64	6,182.90	5,153.44	4,636.67	3,607.20	7,259.53	6,701.73	5,584.10	5,028.30	3,908.67

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Pay 10 Individual														
	1460 x Daily Maximum					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	No BIO		365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	512.52	467.57	395.63	350.67	278.74	782.27	728.32	602.44	539.49	422.60	1,061.00	980.09	818.23	737.31	575.47
25-29	506.39	464.88	390.17	348.66	273.94	780.33	722.22	597.70	539.60	415.07	1,054.29	971.27	813.54	730.53	572.80
30-34	510.15	471.50	394.21	347.84	278.27	780.69	718.85	602.91	541.07	425.13	1,051.22	973.93	811.61	726.58	571.99
35-39	508.21	465.26	386.52	350.73	272.00	780.20	715.77	601.25	536.84	422.30	1,052.20	966.30	808.83	730.09	565.47
40-44	500.53	461.01	381.98	349.05	270.02	770.55	711.28	592.74	533.46	414.91	1,040.57	961.54	796.90	717.87	559.81
45	479.78	448.63	373.86	336.48	261.70	741.49	685.40	573.26	510.94	398.79	1,003.19	928.42	772.65	691.65	542.10
46	476.80	440.11	366.77	330.09	256.73	733.53	678.52	568.48	507.35	397.32	1,002.48	929.13	770.20	696.84	537.91
47	475.12	433.01	360.84	324.77	252.59	733.72	673.59	565.32	505.19	396.93	1,004.36	932.18	775.83	697.63	541.28
48	467.33	431.83	360.84	325.35	254.36	727.61	674.38	561.97	502.82	396.34	1,011.55	934.65	774.93	698.03	544.23
49	462.20	421.75	352.43	317.77	248.44	716.40	664.41	554.64	496.86	387.08	1,005.29	930.18	774.18	693.30	543.08
50	452.73	418.78	350.87	311.26	243.35	713.05	656.46	548.94	492.34	384.82	1,001.67	928.11	769.65	696.08	537.63
51	455.97	422.60	350.32	316.95	244.66	711.76	656.14	550.50	494.89	383.69	995.35	923.05	767.36	689.51	539.38
52	462.59	424.50	353.75	321.09	250.35	707.49	653.08	544.23	489.80	380.95	990.50	914.30	761.92	685.72	533.34
53	461.47	424.34	355.39	318.26	249.29	705.47	647.12	541.04	488.00	376.61	975.98	901.72	747.89	673.63	525.11
54	463.30	428.87	359.20	322.75	249.88	702.77	650.71	541.39	484.13	380.01	968.26	895.37	744.40	671.53	520.56
55	468.04	427.34	356.12	320.50	249.28	696.97	646.09	539.25	483.29	376.47	956.42	885.20	737.67	661.36	518.90
56	488.90	448.99	374.16	339.24	264.40	738.33	683.46	568.72	513.85	399.11	982.79	907.95	758.29	678.47	528.81
57	502.42	463.78	386.48	347.84	270.54	772.97	710.16	594.21	536.24	415.46	995.19	917.89	768.13	690.84	536.24
58	514.05	471.99	392.55	355.17	275.73	799.13	738.38	612.20	551.45	429.93	1,004.75	929.97	775.76	696.32	542.10
59	521.51	481.05	400.12	359.67	278.74	818.23	755.29	629.41	566.48	440.58	1,011.55	930.64	777.77	696.84	543.99
60	529.24	490.20	407.78	364.40	286.31	837.24	772.18	646.36	581.30	451.15	1,015.10	937.02	780.85	702.77	546.60
61	559.60	517.21	432.43	385.79	301.01	881.81	813.97	678.31	610.48	474.82	1,059.86	979.32	813.97	733.42	568.09
62	585.20	539.87	449.21	403.88	313.20	923.13	848.95	708.84	638.78	494.54	1,096.22	1,013.81	844.84	758.29	593.45
63	608.43	564.41	468.33	420.30	328.23	956.67	884.63	736.52	660.47	516.36	1,128.80	1,044.74	868.62	784.55	608.43
64	639.60	588.60	490.50	443.41	345.31	996.68	922.14	765.18	690.62	537.58	1,173.26	1,083.01	902.51	812.26	631.76
65	658.37	605.09	506.15	456.68	353.92	1,023.71	947.61	787.77	707.86	551.82	1,198.78	1,107.44	920.97	829.63	643.15
66	719.03	663.73	553.09	497.79	387.16	1,106.21	1,021.39	851.78	766.96	597.35	1,279.50	1,183.64	984.51	888.66	689.53
67	774.48	717.37	596.02	535.35	417.58	1,177.78	1,088.56	906.54	817.30	635.29	1,356.22	1,252.73	1,042.15	938.66	728.08
68	832.91	766.96	636.56	576.10	447.69	1,252.83	1,156.66	964.78	867.61	676.73	1,433.30	1,322.24	1,100.12	992.54	770.44
69	878.26	811.22	677.12	606.74	472.66	1,316.69	1,210.12	1,008.99	908.42	707.30	1,491.69	1,377.73	1,146.43	1,032.45	801.15
70	918.41	850.50	708.20	637.06	494.78	1,364.68	1,257.95	1,047.76	944.27	734.08	1,545.76	1,428.11	1,186.82	1,070.39	831.10
71	1,034.63	956.25	796.35	714.82	558.07	1,501.77	1,385.77	1,153.76	1,037.76	808.88	1,696.16	1,564.48	1,304.26	1,172.58	912.36
72	1,141.77	1,053.72	877.58	789.53	613.40	1,627.64	1,500.10	1,251.09	1,126.59	874.55	1,834.13	1,691.41	1,409.00	1,269.31	986.90
73	1,228.61	1,135.23	945.54	852.16	662.46	1,730.56	1,596.32	1,330.76	1,196.52	930.95	1,946.53	1,797.69	1,497.10	1,348.26	1,047.68
74	1,316.82	1,215.30	1,012.29	910.78	707.75	1,832.83	1,691.83	1,409.87	1,268.88	986.90	2,058.41	1,900.50	1,581.86	1,423.96	1,108.15
75	1,383.13	1,277.78	1,064.37	959.00	745.59	1,909.90	1,761.32	1,469.57	1,320.99	1,029.24	2,142.23	1,977.43	1,647.86	1,483.08	1,153.51
76	1,539.54	1,423.30	1,185.65	1,066.83	829.18	2,094.91	1,934.76	1,611.87	1,451.70	1,128.82	2,327.39	2,149.15	1,790.09	1,611.87	1,252.81
77	1,676.06	1,547.89	1,289.09	1,160.92	902.12	2,257.76	2,082.76	1,735.22	1,562.68	1,215.15	2,486.98	2,294.73	1,912.68	1,720.43	1,338.39
78	1,807.79	1,668.18	1,391.33	1,251.72	974.88	2,413.53	2,228.97	1,857.48	1,670.55	1,301.41	2,643.06	2,439.57	2,032.58	1,829.07	1,422.09
79	1,906.22	1,760.10	1,465.62	1,319.52	1,025.04	2,528.88	2,333.31	1,944.43	1,751.11	1,362.23	2,753.67	2,540.12	2,117.52	1,906.22	1,481.36
80	1,984.78	1,831.44	1,528.91	1,373.59	1,069.06	2,619.39	2,417.08	2,014.59	1,812.28	1,409.79	2,838.74	2,619.39	2,182.83	1,965.61	1,529.05
81	2,044.57	1,888.70	1,572.89	1,414.98	1,101.23	2,698.73	2,489.56	2,075.33	1,868.21	1,451.91	2,924.31	2,698.73	2,249.64	2,024.06	1,574.94
82	2,198.36	2,030.21	1,691.83	1,521.63	1,185.32	2,899.71	2,676.19	2,231.18	2,007.64	1,562.65	3,143.74	2,901.76	2,417.80	2,175.80	1,691.83
83	2,374.72	2,192.22	1,827.19	1,644.67	1,279.64	3,131.43	2,891.51	2,409.59	2,167.60	1,687.74	3,393.93	3,133.49	2,610.56	2,350.12	1,827.19
84	2,575.70	2,378.83	1,980.99	1,784.12	1,386.28	3,398.03	3,137.60	2,614.66	2,352.16	1,831.28	3,683.07	3,400.08	2,834.09	2,549.03	1,983.04
85	2,807.42	2,592.10	2,159.40	1,944.08	1,511.38	3,703.58	3,418.54	2,850.49	2,565.45	1,995.35	4,015.30	3,705.64	3,088.38	2,778.71	2,161.46
86	3,061.71	2,825.88	2,354.22	2,118.39	1,648.78	4,037.85	3,728.20	3,106.83	2,795.11	2,175.80	4,376.22	4,039.90	3,365.23	3,028.91	2,356.27
87	3,336.52	3,080.18	2,567.50	2,309.11	1,796.43	4,400.84	4,062.46	3,385.73	3,047.36	2,370.63	4,769.96	4,402.88	3,668.73	3,301.65	2,567.50
88	3,635.91	3,357.03	2,797.17	2,518.28	1,958.43	4,796.61	4,427.49	3,689.24	3,322.16	2,581.85	5,198.56	4,798.67	3,998.89	3,599.00	2,799.22
89	3,964.03	3,658.47	3,049.42	2,743.86	2,134.79	5,229.33	4,827.37	4,021.45	3,619.51	2,815.62	5,666.12	5,231.36	4,359.82	3,923.01	3,051.45
90	4,320.86	3,988.63	3,324.21	2,992.00	2,327.56	5,698.93	5,262.13	4,384.42	3,945.58	3,069.92	6,176.76	5,700.99	4,751.50	4,275.73	3,326.26
91	4,710.49	4,347.51	3,623.60	3,260.63	2,536.74	6,213.67	5,733.79	4,778.16	4,300.35	3,344.72	6,732.49	6,215.72	5,180.11	4,661.27	3,625.66
92	5,132.93	4,739.19	3,949.67	3,553.89	2,764.37	6,771.45	6,250.57	5,208.82	4,687.94	3,646.17	7,339.51	6,773.51	5,645.61	5,081.68	3,951.72
93	5,596.39	5,165.75	4,304.44	3,873.80	3,012.49	7,380.51	6,812.47	5,678.43	5,110.38	3,974.28	7,999.84	7,384.62	6,154.19	5,538.97	4,308.55
94	6,098.82	5,629.21	4,692.03	4,222.42	3,285.25	8,044.95	7,427.69	6,189.05	5,569.74	4,333.15	8,719.64	8,049.06	6,707.89	6,037.31	4,696.14

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Pay 10 Individual														
	1825 x Daily Maximum										5% Compound B10				
	No B10					5% Simple B10									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	593.45	548.48	449.57	404.62	314.70	899.16	836.22	692.36	620.42	485.55	1,213.87	1,123.95	935.12	845.21	656.38
25-29	581.11	539.60	448.28	406.77	315.46	896.56	830.15	689.02	622.61	481.49	1,212.02	1,112.40	929.77	838.44	647.52
30-34	587.44	541.07	448.33	401.94	316.92	896.63	827.07	687.93	618.36	479.23	1,213.55	1,113.06	927.55	834.79	649.29
35-39	579.78	536.84	450.95	400.83	314.94	894.72	823.15	687.14	615.57	479.58	1,202.51	1,109.46	923.35	837.46	644.20
40-44	579.56	533.46	441.26	401.75	309.54	882.51	816.65	678.36	612.49	474.19	1,192.06	1,099.85	915.45	823.24	638.84
45	554.56	517.18	429.93	386.33	299.09	853.64	785.10	654.26	591.95	461.09	1,152.74	1,059.28	884.80	797.57	616.86
46	550.14	507.35	421.78	378.99	293.41	837.45	776.32	641.83	580.71	452.34	1,143.08	1,051.38	880.23	788.55	617.39
47	541.28	499.17	414.97	372.88	288.68	823.94	763.79	631.48	571.34	445.04	1,136.67	1,046.45	872.05	787.85	613.44
48	538.31	496.91	414.09	372.67	289.87	810.43	751.27	627.04	561.97	437.75	1,129.86	1,041.13	869.58	780.85	609.30
49	525.75	485.31	404.42	363.98	283.10	791.52	733.74	612.41	548.86	427.53	1,115.05	1,028.39	855.06	768.40	600.86
50	520.64	475.37	398.14	356.53	277.31	775.31	718.71	599.88	537.63	418.78	1,097.88	1,018.66	848.87	763.99	594.21
51	522.70	478.20	400.36	361.44	278.03	784.04	722.88	606.10	544.94	422.60	1,095.43	1,012.02	845.21	761.80	589.42
52	522.46	478.91	402.73	359.20	282.99	789.13	729.26	609.53	549.67	424.50	1,088.46	1,006.82	838.11	751.04	587.76
53	519.82	477.38	397.81	360.68	281.13	790.33	731.98	609.99	546.33	429.65	1,076.77	991.89	827.46	742.60	578.17
54	520.56	478.91	400.83	359.20	281.10	801.68	739.20	614.27	551.80	432.07	1,072.36	989.08	822.50	739.20	577.82
55	518.90	478.20	396.82	356.12	279.80	803.79	737.67	615.57	554.52	432.43	1,058.17	976.77	813.97	732.58	569.78
56	548.77	503.86	419.05	378.15	294.34	848.08	783.24	653.52	588.68	458.96	1,097.53	1,017.71	848.08	763.28	593.67
57	570.06	526.58	439.62	396.14	309.19	879.24	811.61	676.33	608.71	473.43	1,125.62	1,038.66	864.75	777.79	603.88
58	588.83	542.10	453.30	406.58	317.79	906.62	836.52	696.32	626.22	486.02	1,144.95	1,056.15	878.57	794.46	616.86
59	602.44	557.47	463.07	418.12	323.69	926.13	854.20	714.82	642.90	499.03	1,155.42	1,065.50	890.17	800.25	624.92
60	616.01	568.28	472.85	425.13	329.70	945.69	878.28	728.79	655.05	511.89	1,166.94	1,080.17	897.98	806.87	629.01
61	648.64	602.00	500.26	449.38	351.88	996.27	919.96	767.34	686.79	538.42	1,225.20	1,127.69	941.16	847.89	657.12
62	679.98	626.41	523.39	469.81	366.78	1,034.41	956.11	795.39	717.08	556.35	1,269.31	1,170.40	976.71	877.80	684.11
63	704.51	648.46	540.38	488.35	380.27	1,068.76	988.70	824.59	740.53	576.42	1,308.92	1,208.86	1,008.72	908.64	704.51
64	733.78	678.85	566.06	506.18	396.33	1,114.41	1,028.07	855.43	769.10	600.37	1,361.61	1,255.67	1,047.70	941.74	733.78
65	753.52	696.43	578.45	521.37	403.41	1,141.69	1,054.16	879.11	791.58	616.52	1,392.86	1,286.31	1,069.39	962.84	749.71
66	825.96	759.59	634.23	571.53	442.48	1,235.26	1,143.08	951.33	855.46	667.41	1,482.31	1,368.00	1,143.08	1,028.77	800.16
67	888.69	820.87	685.25	613.88	478.25	1,324.10	1,220.61	1,017.17	917.24	713.81	1,566.81	1,445.46	1,206.33	1,084.99	845.85
68	950.91	878.02	732.27	659.38	513.63	1,409.00	1,301.41	1,086.25	975.19	760.03	1,648.46	1,523.52	1,270.18	1,141.77	888.43
69	1,005.64	928.53	774.34	697.24	543.05	1,481.65	1,367.66	1,139.72	1,025.75	797.81	1,716.29	1,585.56	1,320.74	1,186.66	925.18
70	1,050.98	970.15	808.45	727.61	565.92	1,545.76	1,426.11	1,186.82	1,070.39	831.10	1,775.37	1,636.31	1,364.68	1,228.85	953.97
71	1,178.84	1,087.92	906.08	815.15	633.31	1,705.56	1,573.89	1,310.53	1,181.98	918.63	1,937.57	1,787.07	1,489.23	1,341.88	1,044.03
72	1,293.61	1,193.39	996.02	895.81	698.42	1,852.34	1,709.62	1,424.18	1,261.46	996.02	2,086.17	1,925.23	1,606.39	1,445.43	1,123.55
73	1,389.12	1,284.07	1,068.11	963.04	747.09	1,975.71	1,821.03	1,517.53	1,365.77	1,062.27	2,209.17	2,036.98	1,698.47	1,529.20	1,167.77
74	1,486.01	1,370.40	1,141.99	1,029.20	800.81	2,095.06	1,934.33	1,610.07	1,449.33	1,127.90	2,329.09	2,151.45	1,790.54	1,612.88	1,254.77
75	1,568.72	1,439.85	1,199.43	1,080.56	840.15	2,185.46	2,017.96	1,680.28	1,512.80	1,175.13	2,417.78	2,234.07	1,861.27	1,674.88	1,302.08
76	1,699.69	1,567.94	1,307.06	1,177.91	914.43	2,360.96	2,180.15	1,815.93	1,635.11	1,270.89	2,590.85	2,391.96	1,991.57	1,792.68	1,394.89
77	1,848.60	1,705.64	1,422.19	1,279.23	995.78	2,546.14	2,351.42	1,959.52	1,762.33	1,372.89	2,767.97	2,556.00	2,129.59	1,917.61	1,491.20
78	1,987.61	1,836.18	1,528.57	1,377.13	1,069.53	2,714.05	2,505.82	2,086.99	1,878.76	1,459.95	2,924.63	2,699.84	2,247.90	2,023.11	1,573.52
79	2,077.05	1,917.46	1,598.25	1,438.65	1,119.45	2,809.87	2,594.08	2,162.48	1,944.43	1,512.83	2,998.70	2,769.41	2,306.34	2,077.05	1,613.99
80	2,125.32	1,961.35	1,635.52	1,471.55	1,145.72	2,874.94	2,653.47	2,210.51	1,991.16	1,548.21	3,068.74	2,832.36	2,361.71	2,125.32	1,652.55
81	2,190.16	2,022.01	1,685.69	1,515.47	1,179.15	2,963.27	2,733.61	2,278.34	2,050.71	1,595.45	3,162.20	2,918.17	2,432.14	2,190.16	1,702.09
82	2,354.22	2,173.76	1,810.77	1,630.32	1,267.33	3,184.76	2,938.67	2,450.60	2,204.51	1,716.45	3,400.08	3,137.60	2,614.66	2,354.22	1,831.28
83	2,542.88	2,348.07	1,956.39	1,759.52	1,369.88	3,439.04	3,174.50	2,645.43	2,380.89	1,851.79	3,670.78	3,389.83	2,823.84	2,540.83	1,976.88
84	2,758.21	2,546.99	2,122.49	1,909.21	1,486.76	3,732.29	3,445.21	2,871.00	2,583.90	2,009.70	3,982.48	3,676.93	3,063.76	2,758.21	2,145.04
85	3,006.35	2,776.66	2,313.20	2,081.48	1,620.07	4,066.57	3,754.85	3,129.40	2,815.62	2,190.16	4,341.37	4,007.10	3,340.61	3,006.35	2,337.82
86	3,277.05	3,024.80	2,520.32	2,270.14	1,763.61	4,433.64	4,093.23	3,410.34	3,069.92	2,387.03	4,733.05	4,368.02	3,640.02	3,277.05	2,549.03
87	3,572.35	3,297.55	2,747.95	2,473.16	1,923.57	4,833.54	4,460.31	3,717.95	3,344.72	2,602.35	5,159.60	4,761.76	3,968.14	3,572.35	2,778.71
88	3,894.31	3,594.90	2,996.09	2,696.68	2,097.88	5,268.29	4,862.24	4,052.21	3,646.17	2,836.13	5,623.60	5,190.36	4,324.95	3,892.25	3,026.85
89	4,244.97	3,918.92	3,264.74	2,938.67	2,284.49	5,742.00	5,299.05	4,417.24	3,974.28	3,092.47	6,129.58	5,657.92	4,714.59	4,242.93	3,299.59
90	4,626.41	4,271.64	3,560.04	3,203.21	2,491.61	6,258.78	5,776.86	4,813.03	4,333.15	3,369.32	6,681.22	6,166.50	5,139.09	4,626.41	3,596.95
91	5,042.71	4,655.12	3,879.94	3,492.37	2,715.15	6,820.67	6,297.74	5,247.78	4,722.79	3,672.82	7,282.08	6,722.24	5,600.50	5,040.66	3,920.96
92	5,497.96	5,073.46	4,228.57	3,806.13	2,959.18	7,435.89	6,863.74	5,719.44	5,147.29	4,002.99	7,938.32	7,327.20	6,104.98	5,495.92	4,273.69
93	5,992.18	5,530.77	4,610.00	4,148.59	3,227.83	8,104.42	7,481.00	6,234.17	5,610.75	4,363.91	8,651.95	7,985.48	6,654.57	5,990.13	4,659.21
94	6,531.53	6,029.09	5,024.24	4,521.82	3,516.97	8,834.48	8,153.64	6,796.07	6,115.23	4,757.65	9,431.23	8,705.28	7,253.37	6,529.48	5,077.57

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Pay 10 Individual														
	2190 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO					0 EP	30 EP	90 EP	180 EP	365 EP
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	629.41	584.46	485.55	431.59	341.68	980.09	908.15	755.29	683.37	530.50	1,294.79	1,195.89	998.07	899.16	701.35
25-29	622.61	572.80	481.49	431.67	340.36	979.57	896.56	747.13	672.42	523.00	1,286.72	1,187.10	987.88	888.26	689.02
30-34	626.09	579.72	479.23	432.86	332.37	973.93	904.36	749.77	672.48	525.62	1,290.84	1,190.36	989.40	888.91	695.66
35-39	622.73	572.62	479.58	429.46	336.41	973.45	894.72	751.57	672.83	529.68	1,281.24	1,181.03	987.77	887.57	694.30
40-44	619.08	566.40	474.19	428.09	329.30	961.54	889.10	737.62	665.18	513.71	1,271.09	1,172.30	974.72	875.94	684.95
45	591.95	548.32	454.87	411.24	317.79	928.42	859.88	716.56	641.80	504.72	1,227.50	1,127.82	940.89	847.42	660.49
46	586.81	537.91	452.34	403.44	317.86	910.79	843.55	702.96	629.61	495.12	1,210.31	1,118.62	935.25	837.45	654.06
47	577.35	535.26	445.04	402.95	312.73	896.10	829.94	691.63	619.45	487.15	1,202.82	1,112.60	926.18	835.96	649.52
48	573.81	526.49	437.75	396.34	307.61	887.33	816.34	680.28	615.22	479.15	1,194.94	1,106.21	922.81	828.17	644.80
49	560.41	514.20	433.32	387.08	306.20	866.63	797.30	664.41	600.86	467.98	1,178.60	1,086.17	907.06	814.63	635.52
50	548.94	509.33	424.44	379.17	299.93	848.87	780.96	650.80	588.55	458.39	1,165.79	1,075.24	894.15	809.26	628.18
51	550.50	506.01	422.60	383.69	294.72	861.89	795.17	661.70	594.98	461.53	1,156.61	1,067.64	889.70	800.73	622.79
52	549.67	506.14	424.50	380.95	299.33	865.32	800.02	663.96	598.65	462.59	1,148.33	1,061.24	881.66	794.57	614.98
53	546.33	503.91	419.03	376.61	291.73	869.90	800.95	668.34	599.37	466.78	1,129.81	1,044.93	869.90	785.02	609.99
54	546.60	504.95	421.65	380.01	296.72	874.55	806.87	671.53	603.86	468.50	1,124.42	1,035.93	864.13	775.64	603.86
55	544.34	498.55	417.17	376.47	289.98	880.11	808.88	676.62	610.48	473.13	1,109.05	1,027.65	854.67	768.20	600.31
56	573.71	528.81	430.00	394.12	309.30	927.90	856.07	713.39	643.55	498.87	1,162.37	1,072.58	892.98	803.19	623.59
57	594.21	545.91	458.94	410.64	323.68	961.37	888.91	739.14	666.68	516.91	1,193.26	1,101.47	917.89	826.10	642.52
58	612.20	565.47	471.99	425.27	331.80	990.74	915.96	761.73	686.97	532.74	1,219.73	1,126.26	939.33	845.85	658.92
59	624.92	579.95	481.05	431.59	337.19	1,011.55	935.12	777.77	701.35	543.99	1,236.35	1,141.93	953.10	858.70	665.39
60	637.69	589.97	490.20	442.48	342.70	1,036.80	954.37	798.20	715.77	559.60	1,258.03	1,158.27	967.39	871.95	676.73
61	682.56	627.43	525.70	470.59	368.84	1,081.07	996.27	830.94	750.39	580.81	1,318.48	1,216.73	1,013.22	911.49	707.98
62	717.08	659.38	552.23	494.54	387.38	1,116.82	1,030.29	861.32	774.77	601.68	1,368.22	1,265.19	1,055.01	947.86	737.69
63	748.53	692.50	576.42	516.36	404.29	1,152.82	1,060.75	884.63	796.56	620.43	1,417.01	1,304.92	1,088.78	980.69	760.53
64	784.79	725.93	604.29	545.43	423.79	1,192.88	1,098.72	918.20	824.03	643.53	1,471.49	1,357.69	1,130.10	1,020.24	792.64
65	810.60	749.71	624.13	563.24	437.64	1,217.80	1,122.67	936.20	844.86	654.58	1,507.04	1,392.86	1,160.73	1,042.75	814.41
66	888.66	818.58	682.17	615.79	479.36	1,323.76	1,220.50	1,017.71	914.46	711.66	1,607.68	1,482.31	1,235.26	1,113.58	866.52
67	956.50	885.12	735.22	663.84	513.94	1,416.91	1,309.84	1,092.13	981.48	763.77	1,695.29	1,566.81	1,306.27	1,174.21	913.67
68	1,027.25	947.43	787.79	711.44	551.80	1,513.12	1,395.11	1,162.60	1,048.08	815.55	1,787.28	1,648.46	1,374.30	1,238.94	961.30
69	1,082.74	998.94	834.68	750.88	583.27	1,592.26	1,468.23	1,223.52	1,102.86	858.15	1,860.43	1,716.29	1,431.35	1,287.21	1,002.29
70	1,131.83	1,047.76	873.12	785.81	611.19	1,658.95	1,532.84	1,277.35	1,148.01	895.77	1,920.89	1,775.37	1,477.85	1,329.10	1,034.82
71	1,169.64	1,169.44	975.05	877.86	683.48	1,834.11	1,693.02	1,410.85	1,269.77	987.59	2,097.47	1,934.44	1,611.51	1,451.61	1,128.69
72	1,390.78	1,284.49	1,071.94	962.62	750.04	1,995.07	1,843.24	1,536.53	1,381.66	1,074.97	2,256.22	2,083.14	1,733.92	1,560.83	1,214.66
73	1,494.17	1,380.37	1,149.81	1,036.01	805.45	2,130.38	1,964.03	1,637.18	1,473.76	1,146.91	2,384.27	2,200.42	1,835.63	1,651.76	1,284.07
74	1,595.97	1,474.72	1,229.40	1,105.34	860.03	2,261.42	2,086.60	1,739.77	1,564.96	1,218.12	2,512.37	2,320.64	1,934.33	1,739.77	1,353.48
75	1,674.88	1,547.91	1,288.58	1,158.91	902.27	2,361.04	2,180.05	1,815.36	1,634.35	1,269.67	2,608.58	2,406.97	2,007.15	1,807.25	1,404.75
76	1,826.26	1,686.78	1,405.20	1,265.72	984.17	2,549.54	2,355.80	1,963.17	1,766.85	1,374.22	2,794.93	2,577.94	2,149.15	1,934.76	1,503.37
77	1,986.63	1,833.81	1,528.18	1,375.36	1,069.72	2,750.72	2,538.74	2,114.80	1,902.83	1,481.34	2,984.87	2,755.65	2,297.19	2,067.97	1,607.05
78	2,136.68	1,973.42	1,644.51	1,478.88	1,152.34	2,931.74	2,704.58	2,254.99	2,027.84	1,578.26	3,151.78	2,910.44	2,425.36	2,181.65	1,698.94
79	2,232.16	2,061.32	1,717.40	1,546.55	1,202.63	3,034.66	2,800.88	2,333.31	2,101.78	1,634.23	3,234.72	2,985.20	2,488.42	2,238.91	1,742.12
80	2,285.04	2,108.29	1,756.91	1,582.29	1,230.90	3,104.94	2,866.42	2,389.40	2,148.75	1,671.72	3,309.37	3,055.96	2,544.86	2,291.44	1,782.46
81	2,354.22	2,173.76	1,810.77	1,630.32	1,267.33	3,199.12	2,953.02	2,460.85	2,214.77	1,722.60	3,410.34	3,147.85	2,622.86	2,360.38	1,835.39
82	2,530.58	2,335.76	1,946.13	1,751.30	1,361.68	3,439.04	3,174.50	2,645.43	2,380.89	1,851.79	3,666.67	3,383.68	2,819.73	2,538.78	1,974.84
83	2,733.61	2,522.38	2,101.98	1,892.81	1,472.42	3,713.84	3,428.79	2,856.64	2,571.59	1,999.44	3,959.92	3,654.37	3,045.31	2,741.81	2,132.75
84	2,965.33	2,737.70	2,280.40	2,052.77	1,595.45	4,029.65	3,720.00	3,100.69	2,791.02	2,169.66	4,296.24	3,966.08	3,303.70	2,973.53	2,313.20
85	3,231.92	2,983.78	2,485.47	2,237.33	1,739.01	4,392.62	4,054.26	3,379.57	3,041.22	2,366.52	4,681.78	4,322.91	3,601.06	3,242.18	2,520.32
86	3,523.13	3,252.43	2,708.99	2,438.30	1,896.92	4,788.41	4,419.29	3,683.07	3,313.96	2,577.75	5,104.22	4,710.49	3,925.07	3,533.39	2,747.95
87	3,838.94	3,543.64	2,953.02	2,657.72	2,067.11	5,219.07	4,817.12	4,015.30	3,613.37	2,811.53	5,563.59	5,134.98	4,279.84	3,851.23	2,996.09
88	4,185.50	3,863.54	3,219.61	2,897.66	2,253.73	5,688.68	5,251.87	4,376.22	3,939.41	3,063.76	6,063.96	5,596.39	4,665.38	4,197.81	3,266.79
89	4,562.83	4,212.17	3,508.77	3,158.10	2,456.76	6,201.36	5,723.53	4,769.96	4,292.15	3,338.56	6,609.46	6,100.87	5,083.71	4,575.14	3,557.99
90	4,972.99	4,589.49	3,824.58	3,443.15	2,678.23	6,759.15	6,238.27	5,198.56	4,679.72	3,640.02	7,204.15	6,650.46	5,541.03	4,987.33	3,877.90
91	5,420.03	5,003.73	4,169.10	3,752.80	2,918.17	7,368.22	6,800.16	5,668.17	5,100.13	3,968.14	7,852.19	7,249.28	6,041.40	5,436.45	4,228.57
92	5,908.11	5,452.85	4,544.38	4,091.17	3,180.65	8,030.59	7,413.33	6,176.76	5,559.48	4,322.91	8,559.68	7,901.41	6,584.84	5,926.56	4,610.00
93	6,439.24	5,945.02	4,954.52	4,458.25	3,467.75	8,752.44	8,079.80	6,732.49	6,059.85	4,712.54	9,330.75	8,612.99	7,177.50	6,459.75	5,024.24
94	7,019.59	6,480.26	5,399.52	4,860.19	3,779.47	9,539.91	8,807.82	7,339.51	6,605.35	5,137.04	10,169.50	9,388.17	7,823.46	7,040.10	5,477.45

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Pay 10 Individual														
	2920 x Daily Maximum										5% Compound B10				
	No B10					5% Simple B10									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	701.35	647.39	539.49	485.55	377.65	1,087.99	1,007.06	836.22	755.29	584.46	1,438.65	1,330.76	1,105.97	998.07	773.28
25-29	697.32	639.20	531.29	481.49	373.56	1,079.19	996.17	830.15	747.13	581.11	1,427.85	1,319.93	1,095.79	987.88	763.74
30-34	695.66	641.56	533.34	479.23	371.02	1,082.14	1,004.85	834.79	749.77	587.44	1,429.98	1,321.76	1,097.61	989.40	765.23
35-39	694.30	637.04	529.68	479.58	372.20	1,080.83	994.93	830.31	744.40	579.78	1,424.40	1,317.02	1,095.15	987.77	765.89
40-44	684.95	632.25	526.88	474.19	368.82	1,066.93	987.90	823.24	737.62	579.56	1,409.39	1,304.02	1,086.68	974.72	763.98
45	660.49	610.64	504.72	454.87	355.17	1,028.12	953.34	791.34	710.34	554.56	1,358.36	1,252.43	1,046.81	940.89	735.25
46	647.94	599.04	501.24	452.34	348.42	1,014.71	935.25	776.32	702.96	544.03	1,344.80	1,240.88	1,033.05	929.13	721.30
47	643.50	589.39	493.15	445.04	342.80	998.34	920.16	769.81	691.63	541.28	1,335.13	1,232.89	1,028.41	926.18	721.70
48	632.96	585.64	485.08	437.75	337.19	981.97	905.07	757.18	680.28	532.40	1,325.08	1,224.52	1,023.38	916.91	715.77
49	618.19	571.98	479.53	427.53	335.10	959.06	883.96	739.52	664.41	519.98	1,305.71	1,207.50	1,005.29	907.06	704.85
50	611.19	565.92	469.72	424.44	328.23	939.42	871.51	724.38	650.80	509.33	1,295.95	1,194.09	996.02	894.15	696.08
51	611.67	567.17	472.66	422.60	333.63	950.86	878.57	734.00	661.70	511.57	1,284.49	1,189.96	989.79	889.70	695.07
52	609.53	560.55	468.04	424.50	326.54	957.84	887.09	740.15	663.96	517.02	1,273.50	1,175.54	979.62	881.66	685.72
53	604.68	556.95	466.78	419.03	328.86	965.38	891.12	742.60	668.34	519.82	1,257.11	1,161.63	965.38	869.90	673.63
54	603.86	557.01	463.30	416.46	322.75	973.45	895.37	749.62	671.53	525.78	1,249.35	1,150.45	957.84	864.13	671.53
55	600.31	554.52	462.96	417.17	325.59	976.77	900.46	747.85	676.62	523.99	1,231.14	1,139.56	946.25	854.67	661.36
56	633.56	588.68	488.90	439.00	344.22	1,027.68	947.86	793.21	713.39	553.76	1,287.10	1,187.32	992.76	892.98	693.43
57	657.01	608.71	507.26	454.11	357.49	1,067.65	985.53	821.27	739.14	574.88	1,323.69	1,222.24	1,019.34	917.89	714.98
58	677.63	626.22	523.41	471.99	364.52	1,102.89	1,014.09	845.85	761.73	593.51	1,355.25	1,252.43	1,042.14	939.33	729.03
59	692.36	642.90	530.00	481.05	373.15	1,123.95	1,038.53	867.69	777.77	606.93	1,375.71	1,267.81	1,056.51	953.10	741.81
60	711.44	655.05	546.60	490.20	381.74	1,149.58	1,062.82	884.96	793.86	620.34	1,398.85	1,288.40	1,071.49	967.39	750.48
61	754.62	695.26	580.81	521.45	406.99	1,199.77	1,106.51	924.21	830.94	648.64	1,462.61	1,352.39	1,127.69	1,013.22	788.55
62	795.39	733.56	609.93	552.23	428.61	1,240.46	1,145.67	956.11	857.20	667.63	1,520.70	1,405.32	1,170.40	1,050.89	820.11
63	832.60	768.54	640.45	576.42	448.33	1,276.91	1,180.83	980.69	884.63	688.49	1,573.11	1,449.03	1,208.86	1,088.78	844.60
64	871.12	804.41	670.99	604.29	470.87	1,322.38	1,220.34	1,016.30	914.28	710.24	1,632.36	1,506.80	1,255.67	1,130.10	878.97
65	901.94	833.43	692.62	624.13	483.32	1,351.01	1,248.25	1,038.94	936.20	726.88	1,674.48	1,545.10	1,286.31	1,160.73	901.94
66	984.51	910.78	759.59	682.17	530.97	1,467.57	1,353.25	1,128.33	1,017.71	789.08	1,784.67	1,648.24	1,371.69	1,235.26	958.71
67	1,063.58	981.48	817.30	735.22	571.04	1,573.95	1,452.59	1,209.90	1,088.56	845.85	1,884.45	1,738.11	1,449.03	1,302.69	1,013.60
68	1,138.31	1,051.54	874.55	787.79	610.80	1,679.70	1,551.29	1,291.00	1,162.60	902.31	1,985.10	1,832.39	1,526.99	1,374.30	1,088.90
69	1,203.41	1,109.56	925.18	831.33	646.96	1,766.57	1,629.14	1,357.62	1,223.52	952.00	2,064.92	1,904.01	1,588.91	1,428.00	1,112.90
70	1,257.95	1,160.94	966.91	869.90	675.86	1,843.28	1,700.98	1,416.41	1,274.13	992.78	2,134.33	1,989.39	1,639.55	1,477.85	1,148.01
71	1,407.72	1,297.99	1,081.65	975.05	758.73	2,037.90	1,881.13	1,567.61	1,410.85	1,097.33	2,326.34	2,147.63	1,790.22	1,611.51	1,254.09
72	1,545.65	1,427.21	1,187.32	1,068.90	832.04	2,216.74	2,046.68	1,703.56	1,533.50	1,193.39	2,505.22	2,310.88	1,925.23	1,733.92	1,348.26
73	1,680.53	1,532.13	1,275.31	1,149.81	893.00	2,363.84	2,182.91	1,818.12	1,637.18	1,272.39	2,646.93	2,442.63	2,036.98	1,832.71	1,427.06
74	1,773.61	1,635.44	1,364.76	1,226.59	955.88	2,509.56	2,317.81	1,931.52	1,736.96	1,353.48	2,791.53	2,574.42	2,145.81	1,931.52	1,502.91
75	1,868.57	1,718.11	1,431.75	1,288.58	1,002.23	2,620.38	2,417.78	2,015.26	1,815.36	1,410.13	2,895.92	2,674.40	2,228.67	2,004.45	1,561.42
76	2,027.74	1,870.17	1,560.20	1,402.63	1,092.65	2,831.09	2,614.11	2,177.56	1,960.57	1,524.04	3,102.31	2,862.09	2,386.80	2,146.57	1,671.28
77	2,206.00	2,035.92	1,695.78	1,525.71	1,188.03	3,053.89	2,817.27	2,348.95	2,114.80	1,644.02	3,315.16	3,058.82	2,548.60	2,294.73	1,784.52
78	2,370.95	2,188.74	1,824.35	1,642.14	1,277.75	3,253.54	3,002.71	2,503.45	2,252.64	1,753.36	3,499.62	3,229.87	2,692.75	2,422.99	1,885.87
79	2,477.19	2,288.36	1,906.22	1,715.15	1,335.26	3,369.60	3,108.84	2,591.83	2,333.31	1,814.06	3,589.89	3,315.65	2,762.66	2,486.18	1,933.19
80	2,536.34	2,340.42	1,950.70	1,754.78	1,365.07	3,447.80	3,181.60	2,651.33	2,387.27	1,857.01	3,673.53	3,392.43	2,825.96	2,542.73	1,978.38
81	2,612.61	2,411.63	2,009.70	1,808.74	1,406.78	3,551.84	3,279.08	2,731.55	2,458.81	1,911.26	3,785.62	3,494.42	2,912.02	2,620.81	2,038.41
82	2,807.42	2,592.10	2,159.40	1,944.08	1,511.38	3,816.43	3,525.17	2,936.62	2,643.37	2,054.82	4,070.66	3,756.91	3,131.43	2,817.68	2,192.22
83	3,033.00	2,799.22	2,333.71	2,099.93	1,634.42	4,123.99	3,806.13	3,172.45	2,854.59	2,220.93	4,394.68	4,056.32	3,381.63	3,043.25	2,366.52
84	3,291.39	3,037.11	2,530.58	2,278.34	1,771.81	4,474.65	4,130.14	3,441.10	3,096.58	2,409.59	4,767.90	4,402.88	3,668.73	3,301.65	2,567.50
85	3,586.69	3,311.90	2,758.21	2,483.41	1,931.77	4,876.59	4,501.31	3,750.76	3,375.48	2,624.92	5,198.56	4,798.67	3,998.89	3,599.00	2,799.22
86	3,906.67	3,609.26	3,008.40	2,706.94	2,106.08	5,315.45	4,907.35	4,089.12	3,678.98	2,862.80	5,666.12	5,229.33	4,357.77	3,923.01	3,051.45
87	4,261.39	3,933.27	3,279.08	2,950.98	2,294.74	5,793.26	5,348.27	4,456.20	4,011.19	3,119.14	6,176.76	5,700.99	4,751.50	4,275.73	3,326.26
88	4,644.87	4,288.04	3,572.35	3,215.52	2,499.81	6,316.19	5,830.18	4,858.14	4,372.13	3,400.08	6,732.49	6,213.67	5,178.06	4,661.27	3,625.66
89	5,063.20	4,673.58	3,894.31	3,504.68	2,725.41	6,884.25	6,353.12	5,294.94	4,765.86	3,705.64	7,337.46	6,773.51	5,643.57	5,079.62	3,949.67
90	5,518.47	5,093.97	4,244.97	3,820.47	2,971.49	7,503.56	6,925.27	5,770.71	5,194.46	4,039.90	7,997.79	7,382.57	6,152.14	5,536.92	4,306.50
91	6,014.74	5,553.34	4,626.41	4,165.01	3,238.08	8,178.24	7,548.67	6,291.59	5,662.02	4,404.93	8,717.59	8,047.00	6,705.84	6,035.25	4,694.09
92	6,556.13	6,051.65	5,044.75	4,540.27	3,531.33	8,914.45	8,229.51	6,857.58	6,170.60	4,800.72	9,503.00	8,770.90	7,308.75	6,578.69	5,116.53
93	7,146.74	6,597.15	5,498.37	4,948.37	3,849.20	9,716.27	9,069.82	7,474.85	6,726.34	5,233.42	10,358.15	9,560.42	7,967.02	7,171.35	5,577.94
94	7,790.66	7,191.86	5,992.18	5,393.38	4,193.72	10,591.94	9,775.74	8,147.49	7,333.35	5,703.04	11,289.18	10,421.73	8,684.77	7,815.26	6,080.36



## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Pay 10 Individual														
	3650 x Daily Maximum										5% Compound B10				
	No B10					5% Simple B10									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	746.30	692.36	575.47	521.51	404.62	1,168.90	1,079.00	899.16	809.24	629.41	1,537.56	1,420.67	1,186.90	1,069.99	827.22
25-29	747.13	689.02	572.80	514.69	398.48	1,162.20	1,070.89	888.26	805.25	622.61	1,527.47	1,411.24	1,178.81	1,062.58	821.84
30-34	742.05	687.93	571.99	517.88	401.94	1,159.44	1,074.42	896.63	803.87	626.09	1,530.47	1,414.53	1,174.90	1,058.96	819.34
35-39	737.24	687.14	572.62	515.36	400.83	1,159.56	1,066.52	887.57	801.68	622.73	1,524.61	1,410.09	1,173.88	1,052.20	823.15
40-44	731.03	678.36	566.40	507.12	395.16	1,145.96	1,053.75	882.51	790.32	619.08	1,508.19	1,389.64	1,159.12	1,047.16	810.07
45	704.11	648.02	542.10	486.02	380.08	1,102.89	1,015.66	847.42	766.41	591.95	1,451.83	1,345.89	1,121.58	1,009.43	785.10
46	696.84	641.83	531.81	482.91	372.88	1,081.95	1,002.48	831.33	751.86	580.71	1,442.60	1,332.57	1,106.40	996.36	776.32
47	685.61	631.48	529.24	475.12	372.88	1,064.49	986.32	817.92	739.74	571.34	1,431.35	1,323.11	1,100.58	992.33	769.81
48	680.28	627.04	520.56	467.33	366.77	1,052.96	970.15	810.43	727.61	567.88	1,419.72	1,313.25	1,094.37	981.97	769.02
49	664.41	612.41	508.41	462.20	358.20	1,028.39	947.51	791.52	710.64	554.64	1,398.16	1,294.16	1,074.62	970.63	751.07
50	650.80	605.54	503.67	452.73	350.87	1,007.33	928.11	775.31	696.08	543.28	1,386.50	1,278.98	1,063.92	956.41	747.01
51	656.14	606.10	506.01	450.41	355.88	1,017.58	939.74	784.04	706.20	550.50	1,379.02	1,273.37	1,056.51	950.86	739.55
52	653.08	604.10	500.69	451.71	348.31	1,028.60	946.96	789.13	712.94	555.12	1,360.57	1,257.16	1,050.35	941.52	734.70
53	647.12	599.37	498.60	450.87	350.08	1,029.02	949.45	790.33	710.76	551.64	1,341.97	1,241.20	1,034.33	928.25	726.69
54	645.51	598.65	499.74	447.69	348.79	1,041.13	957.84	801.68	718.38	562.21	1,332.65	1,233.74	1,025.51	921.41	718.38
55	646.09	595.22	493.47	447.69	345.94	1,042.91	961.51	803.79	722.41	564.69	1,317.63	1,215.87	1,012.39	910.63	707.14
56	678.47	628.59	523.82	468.94	369.17	1,102.51	1,017.71	848.08	763.28	593.67	1,376.89	1,272.14	1,057.62	952.85	738.33
57	705.33	652.19	541.07	487.94	376.81	1,140.11	1,053.16	879.24	792.29	613.55	1,415.49	1,309.20	1,091.81	980.69	763.30
58	729.03	672.95	560.79	504.72	392.55	1,177.67	1,088.87	906.62	817.82	635.57	1,448.72	1,336.55	1,116.90	1,004.75	780.44
59	741.81	687.85	570.96	512.52	400.12	1,204.88	1,110.46	926.13	831.73	647.39	1,470.13	1,357.73	1,132.94	1,020.54	791.26
60	759.16	702.77	585.64	524.91	412.11	1,227.66	1,136.57	945.69	850.26	663.73	1,492.29	1,379.50	1,149.58	1,032.45	806.87
61	809.73	746.14	623.20	559.60	436.66	1,284.56	1,182.80	987.80	890.28	691.03	1,568.59	1,445.85	1,204.01	1,085.30	843.66
62	848.95	787.14	655.26	589.32	457.44	1,327.01	1,223.98	1,024.04	919.02	717.08	1,627.86	1,500.10	1,252.83	1,125.07	877.80
63	888.62	820.59	684.49	616.44	480.34	1,364.96	1,260.89	1,052.74	944.67	736.52	1,681.18	1,553.09	1,292.91	1,164.82	904.64
64	933.91	863.26	718.08	647.45	502.27	1,416.55	1,306.68	1,090.86	980.99	765.18	1,746.17	1,612.75	1,345.92	1,208.57	941.74
65	966.63	890.52	742.09	669.79	521.37	1,446.14	1,335.78	1,111.25	1,000.88	776.35	1,792.46	1,651.65	1,377.65	1,240.65	962.84
66	1,054.59	973.45	811.22	730.09	567.85	1,570.80	1,448.13	1,209.44	1,087.77	848.08	1,910.05	1,762.55	1,467.57	1,320.07	1,028.77
67	1,138.52	1,049.29	874.42	788.75	613.88	1,684.58	1,556.09	1,295.55	1,167.07	906.54	2,016.51	1,859.47	1,548.95	1,395.49	1,084.99
68	1,218.12	1,124.42	937.02	843.31	655.91	1,797.69	1,658.87	1,381.24	1,242.42	968.26	2,123.92	1,960.80	1,634.57	1,471.47	1,145.25
69	1,287.21	1,186.66	988.87	891.67	693.89	1,890.60	1,743.10	1,454.82	1,307.32	1,019.05	2,209.05	2,038.09	1,699.53	1,528.57	1,190.01
70	1,345.28	1,241.79	1,034.82	931.35	724.38	1,969.39	1,820.63	1,516.66	1,364.68	1,060.69	2,283.07	2,108.45	1,755.96	1,581.34	1,228.85
71	1,504.90	1,388.90	1,156.89	1,044.03	808.88	2,178.98	2,012.81	1,677.34	1,508.05	1,175.71	2,489.37	2,298.13	1,915.62	1,724.38	1,341.88
72	1,651.92	1,527.43	1,272.34	1,144.80	889.73	2,371.61	2,189.41	1,825.01	1,642.82	1,278.43	2,678.31	2,474.85	2,061.87	1,855.38	1,442.40
73	1,774.34	1,640.10	1,385.77	1,228.61	957.21	2,530.18	2,334.66	1,946.53	1,750.99	1,362.86	2,833.70	2,614.82	2,179.99	1,961.11	1,526.28
74	1,897.67	1,751.05	1,457.80	1,313.99	1,020.74	2,684.39	2,478.55	2,064.05	1,858.21	1,443.71	2,986.09	2,754.87	2,298.08	2,066.86	1,610.07
75	1,990.94	1,836.97	1,531.70	1,377.73	1,072.46	2,804.07	2,587.96	2,155.74	1,942.33	1,510.10	3,098.52	2,860.81	2,382.66	2,144.93	1,666.77
76	2,169.81	2,001.91	1,668.69	1,500.79	1,167.57	3,029.98	2,797.52	2,329.96	2,097.48	1,629.94	3,319.30	3,063.57	2,552.11	2,296.39	1,787.52
77	2,358.81	2,178.88	1,814.09	1,634.16	1,269.37	3,265.86	3,014.45	2,511.63	2,262.69	1,757.40	3,546.85	3,273.25	2,728.53	2,454.94	1,910.22
78	2,536.58	2,342.54	1,952.12	1,755.73	1,367.66	3,480.69	3,213.31	2,678.54	2,408.80	1,874.04	3,745.71	3,457.02	2,882.05	2,593.36	2,018.37
79	2,650.28	2,447.96	2,038.85	1,834.29	1,427.42	3,605.62	3,326.90	2,771.65	2,495.17	1,939.94	3,841.66	3,547.18	2,955.99	2,659.27	2,070.32
80	2,713.10	2,504.39	2,086.99	1,878.29	1,460.90	3,688.45	3,405.22	2,836.61	2,553.37	1,984.78	3,931.21	3,628.82	3,024.01	2,721.61	2,116.81
81	2,795.11	2,579.79	2,149.15	1,935.88	1,505.22	3,799.98	3,506.72	2,922.27	2,631.06	2,046.61	4,050.16	3,740.51	3,117.09	2,805.37	2,181.96
82	3,004.29	2,772.57	2,311.16	2,079.42	1,618.01	4,085.03	3,771.25	3,141.69	2,827.93	2,198.36	4,355.71	4,019.39	3,350.86	3,014.55	2,346.02
83	3,244.23	2,996.09	2,495.72	2,245.53	1,747.21	4,411.09	4,072.72	3,393.93	3,053.51	2,376.78	4,704.34	4,341.37	3,617.46	3,256.54	2,532.63
84	3,521.08	3,250.38	2,708.99	2,438.30	1,896.92	4,786.37	4,419.29	3,683.07	3,313.96	2,577.75	5,102.17	4,710.49	3,925.07	3,533.39	2,747.95
85	3,836.89	3,541.59	2,950.98	2,655.68	2,065.08	5,217.02	4,817.12	4,013.25	3,611.31	2,809.48	5,561.54	5,134.98	4,277.79	3,851.23	2,994.04
86	4,183.46	3,861.49	3,217.58	2,895.60	2,251.69	5,686.63	5,249.83	4,374.17	3,937.38	3,061.71	6,063.96	5,596.39	4,663.32	4,197.81	3,264.74
87	4,558.74	4,208.06	3,506.72	3,156.05	2,454.70	6,199.30	5,721.50	4,767.90	4,292.15	3,338.56	6,609.46	6,100.87	5,083.71	4,575.14	3,557.99
88	4,968.88	4,587.45	3,822.53	3,441.10	2,676.19	6,757.11	6,236.21	5,198.56	4,677.68	3,640.02	7,204.15	6,648.42	5,541.03	4,987.33	3,877.90
89	5,415.94	4,999.64	4,167.04	3,750.76	2,916.11	7,364.11	6,798.11	5,666.12	5,098.08	3,966.08	7,852.19	7,247.22	6,039.34	5,436.45	4,228.57
90	5,904.00	5,450.79	4,542.33	4,087.07	3,180.65	8,028.55	7,411.27	6,174.70	5,557.43	4,322.91	8,557.63	7,899.35	6,582.79	5,924.51	4,607.96
91	6,435.13	5,940.91	4,950.42	4,456.20	3,465.70	8,750.39	8,077.77	6,730.44	6,057.81	4,710.49	9,328.70	8,610.95	7,175.44	6,457.70	5,022.20
92	7,015.48	6,476.15	5,395.43	4,856.08	3,777.42	9,537.88	8,803.71	7,337.46	6,603.29	5,137.04	10,167.44	9,386.12	7,821.43	7,040.10	5,475.41
93	7,647.11	7,058.56	5,881.44	5,292.89	4,117.83	10,397.11	9,597.35	7,997.79	7,198.01	5,598.45	11,084.11	10,231.01	8,524.81	7,673.78	5,967.58
94	8,334.11	7,694.28	6,410.53	5,770.71	4,486.96	11,332.25	10,460.69	8,717.59	7,846.03	6,102.92	12,080.76	11,151.78	9,293.83	8,362.81	6,504.86

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Pay 10 Individual														
	No BIO					Unlimited					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	836.22	773.28	647.39	575.47	449.57	1,303.78	1,204.88	1,007.06	908.15	701.35	1,728.39	1,591.52	1,330.76	1,195.89	935.12
25-29	830.15	763.74	639.20	572.80	448.28	1,295.03	1,195.41	996.17	896.56	697.32	1,710.10	1,585.58	1,319.93	1,187.10	921.46
30-34	834.79	765.23	641.56	579.72	448.33	1,298.57	1,198.08	997.12	896.63	695.66	1,715.97	1,584.57	1,321.76	1,190.36	927.55
35-39	830.31	765.89	637.04	572.62	443.77	1,295.55	1,195.35	994.93	894.72	694.30	1,710.71	1,574.71	1,317.02	1,181.03	923.35
40-44	823.24	757.39	632.25	566.40	441.26	1,277.67	1,185.47	987.90	889.10	691.52	1,692.59	1,560.87	1,297.43	1,172.30	908.86
45	791.34	729.03	604.41	548.32	423.71	1,233.74	1,140.27	953.34	853.64	666.71	1,632.52	1,501.68	1,252.43	1,127.82	878.57
46	776.32	715.19	599.04	537.91	421.78	1,210.31	1,118.62	935.25	837.45	654.06	1,613.75	1,491.50	1,240.88	1,118.62	868.00
47	769.81	709.67	589.39	529.24	414.97	1,196.80	1,100.58	920.16	823.94	643.50	1,605.77	1,479.46	1,232.89	1,112.60	866.03
48	757.18	698.03	585.64	526.49	408.18	1,177.19	1,082.54	905.07	816.34	632.96	1,591.28	1,467.05	1,224.52	1,100.28	857.75
49	745.30	687.52	571.98	514.20	398.65	1,149.72	1,063.06	883.96	797.30	618.19	1,571.48	1,450.16	1,207.50	1,086.17	843.51
50	730.04	673.44	560.25	503.67	390.48	1,126.18	1,041.28	865.86	780.96	605.54	1,550.61	1,431.78	1,194.09	1,075.24	837.56
51	734.00	678.39	561.63	506.01	394.79	1,139.92	1,050.95	878.57	789.61	617.23	1,540.28	1,423.52	1,184.40	1,067.64	828.52
52	729.26	674.85	560.55	506.14	391.84	1,148.33	1,061.24	887.09	794.57	620.42	1,529.28	1,409.55	1,175.54	1,055.80	821.79
53	726.69	668.34	556.95	503.91	392.52	1,151.03	1,066.15	885.81	800.95	620.59	1,508.40	1,389.72	1,156.32	1,044.93	811.55
54	723.59	666.32	557.01	499.74	390.42	1,166.07	1,072.36	895.37	806.87	624.68	1,494.02	1,379.50	1,150.45	1,035.93	806.87
55	722.41	666.44	554.52	498.55	386.64	1,170.08	1,078.52	900.46	808.88	630.83	1,475.33	1,363.41	1,134.47	1,022.56	799.63
56	763.28	703.42	583.68	528.81	409.08	1,232.23	1,137.44	947.86	853.07	663.51	1,541.53	1,426.79	1,187.32	1,067.59	833.12
57	787.46	729.49	608.71	545.91	425.13	1,280.21	1,183.59	985.53	884.07	690.84	1,584.57	1,463.79	1,222.24	1,096.65	855.10
58	813.15	752.40	626.22	565.47	439.29	1,317.86	1,219.73	1,014.09	915.96	710.34	1,626.29	1,500.12	1,247.76	1,126.26	873.90
59	831.73	768.78	638.40	575.47	445.09	1,348.74	1,245.34	1,038.53	935.12	728.32	1,649.96	1,519.58	1,267.81	1,141.93	885.67
60	850.26	785.18	655.05	589.97	459.83	1,375.17	1,271.05	1,058.49	954.37	741.81	1,674.48	1,544.34	1,288.40	1,158.27	902.31
61	907.24	835.17	695.26	627.43	487.54	1,437.17	1,326.95	1,106.51	996.27	775.83	1,755.13	1,619.47	1,348.15	1,216.73	945.39
62	951.98	877.80	733.56	659.38	515.14	1,487.73	1,372.34	1,141.55	1,030.29	799.50	1,821.55	1,681.42	1,401.19	1,261.08	980.83
63	996.71	920.65	764.55	688.49	536.38	1,529.08	1,412.99	1,176.83	1,060.75	824.59	1,881.34	1,737.23	1,449.03	1,304.92	1,012.72
64	1,043.78	965.30	804.41	722.01	565.06	1,585.28	1,463.63	1,220.34	1,098.72	855.43	1,958.06	1,805.02	1,506.80	1,353.76	1,055.55
65	1,080.80	997.07	826.63	749.71	582.26	1,621.21	1,495.63	1,244.46	1,122.67	871.50	2,005.57	1,849.55	1,541.29	1,389.06	1,080.80
66	1,179.94	1,091.45	907.08	818.58	634.23	1,758.86	1,622.42	1,353.25	1,216.82	947.65	2,138.66	1,972.72	1,644.56	1,478.63	1,150.45
67	1,274.14	1,174.21	977.91	881.55	685.25	1,884.45	1,741.68	1,449.03	1,306.27	1,013.60	2,255.62	2,084.32	1,738.11	1,563.24	1,217.04
68	1,363.89	1,259.77	1,051.54	943.96	735.73	2,012.86	1,856.69	1,547.82	1,391.65	1,082.77	2,377.25	2,193.32	1,828.91	1,644.99	1,280.59
69	1,441.42	1,330.80	1,109.56	998.94	777.69	2,115.19	1,954.29	1,625.79	1,464.88	1,139.72	2,473.87	2,282.80	1,904.01	1,712.94	1,334.15
70	1,506.96	1,390.54	1,160.94	1,044.52	811.69	2,208.70	2,037.30	1,697.76	1,529.60	1,190.04	2,557.96	2,380.69	1,966.17	1,768.90	1,377.60
71	1,686.74	1,558.21	1,297.99	1,166.31	909.21	2,439.20	2,254.23	1,878.00	1,689.89	1,313.66	2,787.21	2,574.03	2,144.49	1,931.30	1,501.77
72	1,852.34	1,709.62	1,424.18	1,281.46	996.02	2,654.02	2,450.56	2,043.65	1,837.16	1,430.25	3,000.20	2,769.41	2,307.84	2,077.05	1,615.49
73	1,987.37	1,835.63	1,529.20	1,377.44	1,071.02	2,830.78	2,614.82	2,179.99	1,961.11	1,526.28	3,172.21	2,927.08	2,439.73	2,197.50	1,707.22
74	2,123.25	1,999.71	1,632.63	1,469.08	1,141.99	3,005.84	2,774.62	2,312.17	2,080.95	1,618.52	3,344.20	3,087.60	2,571.59	2,315.00	1,798.99
75	2,228.67	2,058.49	1,715.41	1,542.51	1,202.13	3,139.05	2,898.62	2,415.08	2,174.65	1,691.09	3,471.32	3,203.89	2,669.00	2,401.57	1,869.38
76	2,428.13	2,242.15	1,867.59	1,681.61	1,307.06	3,394.20	3,133.31	2,608.94	2,348.05	1,826.26	3,717.09	3,430.37	2,859.50	2,572.78	2,001.91
77	2,642.27	2,440.15	2,033.46	1,828.88	1,424.65	3,657.76	3,376.78	2,814.80	2,533.81	1,969.38	3,970.79	3,667.62	3,056.35	2,750.72	2,139.45
78	2,841.82	2,621.76	2,186.37	1,966.33	1,530.94	3,899.50	3,599.00	2,997.99	2,699.84	2,098.82	4,195.28	3,871.11	3,227.51	2,903.34	2,259.73
79	2,969.47	2,740.19	2,283.86	2,054.58	1,598.25	4,037.23	3,727.01	3,104.35	2,794.14	2,173.72	4,302.48	3,972.04	3,311.16	2,978.46	2,317.58
80	3,038.92	2,804.67	2,336.16	2,104.04	1,635.52	4,131.40	3,811.96	3,177.35	2,860.04	2,223.28	4,403.98	4,065.39	3,386.05	3,047.44	2,370.24
81	3,129.40	2,889.46	2,407.54	2,167.60	1,685.69	4,255.22	3,929.16	3,272.94	2,946.87	2,290.65	4,536.18	4,187.55	3,490.31	3,141.69	2,442.40
82	3,365.23	3,106.83	2,588.01	2,329.62	1,810.77	4,575.14	4,222.42	3,519.02	3,168.36	2,462.90	4,876.59	4,501.31	3,750.76	3,375.48	2,624.92
83	3,633.86	3,354.97	2,795.11	2,516.23	1,956.39	4,940.17	4,560.78	3,799.98	3,420.59	2,659.77	5,268.29	4,862.24	4,052.21	3,646.17	2,836.13
84	3,943.52	3,640.02	3,033.00	2,729.50	2,122.49	5,360.56	4,948.37	4,123.99	3,711.80	2,887.40	5,715.33	5,274.44	4,396.73	3,955.83	3,078.12
85	4,298.30	3,968.14	3,305.76	2,975.58	2,313.20	5,844.53	5,393.38	4,495.16	4,046.06	3,145.80	6,230.07	5,750.20	4,792.52	4,312.66	3,354.97
86	4,683.83	4,324.95	3,603.11	3,244.23	2,522.38	6,369.52	5,879.40	4,899.15	4,409.04	3,428.79	6,789.91	6,266.98	5,223.16	4,700.23	3,656.42
87	5,106.28	4,714.59	3,927.12	3,535.42	2,750.01	6,943.72	6,408.48	5,340.05	4,806.87	3,738.45	7,401.02	6,830.92	5,692.79	5,124.73	3,984.54
88	5,565.63	5,137.04	4,281.89	3,853.29	2,998.14	7,567.13	6,984.74	5,821.97	5,239.58	4,074.77	8,067.51	7,446.15	6,205.47	5,584.10	4,343.40
89	6,066.02	5,600.50	4,667.43	4,199.86	3,266.79	8,247.96	7,614.30	6,344.90	5,711.24	4,441.84	8,793.46	8,116.73	6,763.25	6,088.56	4,735.10
90	6,613.55	6,104.98	5,087.82	4,577.20	3,562.09	8,990.33	8,299.23	6,917.05	6,223.92	4,841.74	9,585.04	8,846.78	7,372.31	6,636.11	5,161.64
91	7,208.26	6,654.57	5,545.14	4,989.39	3,882.00	9,800.36	9,045.71	7,538.42	6,785.82	5,276.49	10,446.33	9,644.51	8,036.75	7,232.86	5,625.10
92	7,856.28	7,253.37	6,043.45	5,438.49	4,230.62	10,682.17	9,859.83	8,217.22	7,394.87	5,752.26	11,387.61	10,511.96	8,758.60	7,882.94	6,131.63
93	8,563.77	7,905.50	6,586.89	5,928.62	4,610.00	11,643.95	10,747.79	8,957.51	8,061.35	6,271.08	12,412.97	11,457.34	9,548.13	8,592.48	6,683.27
94	9,334.85	8,617.10	7,181.61	6,461.81	5,026.30	12,691.87	11,715.73	9,763.45	8,787.31	6,835.03	13,528.56	12,488.84	10,407.37	9,365.61	7,286.19

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Pay to 65 Individual														
	No BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	96.13	88.73	73.94	66.55	51.76	150.35	140.49	115.85	103.52	81.34	204.58	187.32	157.75	140.49	110.92
25-29	114.28	106.13	87.07	78.91	59.87	179.60	165.99	138.77	125.17	97.96	242.18	223.13	187.75	168.71	130.62
30-34	155.28	144.93	120.78	106.97	86.27	244.99	224.30	186.35	169.09	131.12	331.26	303.66	255.36	227.74	179.44
35-39	200.00	183.68	155.11	138.77	110.21	310.22	285.73	240.82	216.33	167.35	420.42	387.76	322.46	289.80	224.49
40-44	240.37	217.69	181.42	163.26	126.98	371.88	344.68	285.73	258.50	199.55	503.40	462.59	385.49	349.21	272.11
45	255.55	231.88	194.02	175.10	137.24	392.79	364.40	302.87	274.48	212.95	534.77	492.17	411.72	369.14	288.68
46	257.68	238.60	200.42	181.34	138.38	400.83	367.43	310.17	276.77	219.51	548.77	505.82	419.92	376.97	295.86
47	263.54	244.36	201.24	182.08	138.96	402.49	373.75	311.45	277.91	220.41	555.83	512.69	426.44	383.32	297.07
48	270.54	246.39	207.74	188.42	144.93	410.64	376.81	314.01	285.03	222.23	565.23	521.75	434.78	391.32	304.36
49	273.85	254.29	210.28	190.72	146.70	415.67	386.33	322.75	288.52	224.94	581.93	537.91	445.01	400.99	312.97
50	280.99	261.27	216.90	197.18	152.82	423.95	389.44	325.35	290.85	226.76	591.55	547.19	453.52	409.16	315.49
51	287.05	262.31	222.72	197.97	158.38	430.60	395.95	331.61	296.96	232.62	608.77	559.27	465.23	420.69	326.65
52	294.34	269.39	224.49	204.55	159.64	439.00	404.09	339.24	304.31	239.46	623.59	573.71	478.91	429.03	334.25
53	296.66	276.55	231.30	206.16	160.91	447.50	412.32	346.95	311.75	241.36	638.57	593.32	492.77	442.48	346.95
54	302.87	277.64	232.20	212.00	161.54	454.31	418.98	353.35	318.02	247.35	656.22	605.76	504.79	454.31	353.35
55	310.33	284.89	239.10	213.66	167.88	468.04	427.34	356.12	320.50	249.28	671.53	620.66	518.90	462.96	361.20

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Pay to 65 Individual														
	1095 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	130.63	118.31	98.59	88.73	69.01	194.72	179.93	147.89	133.10	103.52	258.80	239.09	199.65	179.93	140.49
25-29	152.39	141.50	117.01	106.13	81.64	228.58	212.24	176.88	157.83	125.17	307.48	282.99	236.73	212.24	165.99
30-34	210.49	193.23	162.19	144.93	113.87	314.01	289.87	241.55	217.39	169.09	417.53	386.48	320.91	289.87	224.30
35-39	265.31	244.90	204.09	183.68	142.86	400.01	367.35	306.13	277.56	216.33	530.63	489.80	408.18	367.35	285.73
40-44	317.47	294.80	244.90	222.23	172.35	476.20	439.92	367.35	331.07	258.50	634.94	585.04	489.80	439.92	344.68
45	340.73	312.33	260.29	236.62	184.56	506.37	468.50	388.06	350.19	269.75	676.73	624.68	520.56	468.50	364.40
46	343.57	319.71	262.45	238.60	186.11	510.59	472.42	396.06	353.11	276.77	691.91	639.43	534.45	481.96	372.20
47	349.78	321.04	268.33	239.58	186.87	517.50	474.36	397.70	359.37	277.91	709.15	651.66	546.24	488.74	383.32
48	352.66	328.51	270.54	246.39	188.42	521.75	483.10	400.97	362.33	280.20	724.65	666.68	555.56	502.42	391.32
49	361.87	332.53	278.74	249.40	195.60	528.13	489.01	405.89	366.77	283.63	743.31	684.63	572.15	513.47	400.99
50	364.79	340.14	280.99	251.41	197.18	537.33	492.96	414.09	369.72	290.85	759.16	704.93	586.62	527.47	409.16
51	376.15	346.45	287.05	257.37	202.92	549.38	509.79	425.64	381.10	296.96	777.04	717.65	598.87	539.48	420.69
52	384.13	354.20	294.34	264.40	204.55	568.72	523.82	439.00	394.12	309.30	798.20	733.34	613.62	553.76	429.03
53	397.23	367.07	301.69	271.52	211.18	588.30	543.05	452.54	407.28	316.77	814.57	754.23	628.52	563.16	442.48
54	403.83	373.54	312.97	277.64	217.06	600.70	555.28	464.41	418.98	323.06	832.91	767.28	641.09	575.47	449.26
55	412.08	381.55	320.50	284.89	223.84	620.66	574.87	478.20	427.34	335.77	854.67	788.55	656.27	590.13	457.87

## Current Rate Schedule

Genworth Life Insurance Company  
 Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7042VA  
 Annual Premium per \$10 Daily Benefit

Age	Pay to 65 Individual														
	1460 x Daily Maximum					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	No BIO		365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	140.49	128.17	108.45	96.13	76.41	214.44	199.65	165.14	147.89	115.85	290.85	268.66	224.30	202.11	157.75
25-29	165.99	152.39	127.90	114.28	89.79	255.79	236.73	195.92	176.88	136.05	345.58	318.37	266.67	239.46	187.75
30-34	227.74	210.49	175.98	155.28	124.22	348.52	320.91	269.15	241.55	189.79	469.29	434.78	362.33	324.37	255.36
35-39	289.80	265.31	220.41	200.00	155.11	444.91	408.18	342.86	306.13	240.82	600.01	551.03	461.23	416.33	322.46
40-44	344.68	317.47	263.04	240.37	185.95	530.63	489.80	408.18	367.35	285.73	716.56	662.15	548.77	494.33	385.49
45	364.40	340.73	283.94	255.55	198.76	563.16	520.56	435.38	388.06	302.87	761.92	705.12	586.81	525.30	411.72
46	372.20	343.57	286.31	257.68	200.42	572.62	529.68	443.77	396.06	310.17	782.59	725.31	601.25	543.99	419.92
47	378.54	344.99	287.50	258.74	201.24	584.57	536.66	450.41	402.49	316.24	800.19	742.69	618.11	555.83	431.25
48	381.65	352.66	294.69	265.71	207.74	594.21	550.74	458.94	410.64	323.68	826.10	763.30	632.87	570.06	444.45
49	391.21	356.99	298.30	268.96	210.28	606.37	562.37	469.45	420.55	327.64	850.89	787.31	655.29	586.81	459.67
50	394.37	364.79	305.64	271.13	211.97	621.13	571.83	478.17	428.88	335.21	872.54	808.45	670.43	606.34	468.31
51	405.84	376.15	311.81	282.11	217.77	633.52	584.02	489.99	440.49	341.50	885.92	821.58	683.00	613.72	480.08
52	424.04	389.12	324.26	294.34	229.48	648.54	598.65	498.87	448.99	349.21	907.95	838.11	698.42	628.59	488.90
53	437.45	402.25	336.89	301.69	236.32	668.75	613.44	512.87	462.59	357.00	925.18	854.80	708.98	638.57	497.79
54	449.26	413.93	348.31	312.97	242.29	681.47	630.99	524.99	469.45	368.50	938.92	868.24	721.85	651.18	504.79
55	468.04	427.34	356.12	320.50	249.28	696.97	646.09	539.25	483.29	376.47	956.42	885.20	737.67	661.36	518.90

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Pay to 65 Individual														
	No BIO					1825 x Daily Maximum					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	162.68	150.35	123.24	110.92	86.27	246.48	229.23	189.79	170.07	133.10	332.75	308.10	256.34	231.69	179.93
25-29	190.48	176.88	146.94	133.34	103.41	293.88	272.11	225.86	204.09	157.83	397.29	364.63	304.77	274.84	212.24
30-34	262.25	241.55	200.14	179.44	141.47	400.28	369.23	307.12	276.06	213.95	541.77	496.91	414.09	372.67	289.87
35-39	330.62	306.13	257.15	228.58	179.60	510.21	469.40	391.84	351.03	273.48	685.72	632.66	526.54	477.56	367.35
40-44	399.11	367.35	303.87	276.64	213.16	607.72	562.37	467.13	421.78	326.54	820.87	757.39	630.40	566.90	439.92
45	421.18	392.79	326.54	293.41	227.16	648.34	596.29	496.91	449.57	350.19	875.49	804.50	672.01	605.76	468.50
46	429.46	396.06	329.26	295.86	229.05	653.74	606.02	501.05	453.33	353.11	882.34	820.76	687.14	615.57	481.96
47	431.25	397.70	330.62	297.07	230.00	656.44	608.54	503.12	455.20	354.58	905.61	833.73	694.77	627.70	488.74
48	439.62	405.81	338.17	304.36	236.72	661.85	613.55	512.09	458.94	357.49	922.72	850.26	710.16	637.69	497.59
49	445.01	410.77	342.31	308.08	239.62	669.95	621.05	518.35	464.57	361.87	943.80	870.45	723.75	650.39	508.57
50	453.52	414.09	345.07	310.56	241.55	675.36	626.06	522.54	468.31	364.79	956.34	887.33	739.44	665.50	517.61
51	465.23	425.64	356.35	321.70	247.46	697.85	643.41	539.48	485.03	376.15	975.02	900.77	752.30	678.06	524.62
52	478.91	439.00	369.17	329.26	259.42	723.37	668.50	558.74	503.86	389.12	997.75	922.93	768.28	688.45	538.78
53	492.77	452.54	377.11	341.91	266.50	749.20	693.89	578.25	517.91	407.28	1,020.73	940.27	784.39	703.95	548.07
54	504.79	464.41	388.70	348.31	272.58	777.38	716.80	595.66	535.08	418.98	1,039.88	959.11	797.57	716.80	560.32
55	518.90	478.20	396.82	356.12	279.80	803.79	737.67	615.57	554.52	432.43	1,058.17	976.77	813.97	732.58	569.78

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Pay to 65 Individual														
	2190 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	172.54	160.21	133.10	118.31	93.66	268.66	248.94	207.04	187.32	145.42	354.93	327.82	273.59	246.48	192.25
25-29	204.09	187.75	157.83	141.50	111.56	321.09	293.88	244.90	220.41	171.43	421.78	389.12	323.82	291.16	225.86
30-34	279.50	258.80	213.95	193.23	148.38	434.78	403.74	334.72	300.22	234.65	576.27	531.42	441.69	396.83	310.56
35-39	355.11	326.54	273.48	244.90	191.84	555.12	510.21	428.58	383.69	302.05	730.62	673.48	563.27	506.14	395.93
40-44	426.32	390.02	326.54	294.80	228.76	662.15	612.25	507.94	458.06	353.75	875.30	807.27	671.22	603.18	471.66
45	449.57	416.46	345.47	312.33	241.36	705.12	653.08	544.23	487.45	383.32	932.28	856.57	714.60	643.61	501.63
46	458.11	419.92	353.11	314.94	248.14	711.00	658.51	548.77	491.51	386.52	944.82	873.25	730.09	653.74	510.59
47	459.99	426.44	354.58	321.04	249.17	713.94	661.23	551.03	493.53	388.11	958.32	886.44	737.91	666.03	517.50
48	468.61	429.97	357.49	323.68	251.22	724.65	666.68	555.56	502.42	391.32	975.87	903.40	753.64	676.33	526.58
49	474.35	435.23	366.77	327.64	259.18	733.53	674.85	562.37	508.57	396.11	997.60	919.35	767.75	689.51	537.91
50	478.17	443.66	369.72	330.28	261.27	739.44	680.28	566.90	512.68	399.30	1,015.50	936.62	778.88	704.93	547.19
51	489.99	450.39	376.15	341.50	262.31	767.14	707.75	588.98	529.58	410.80	1,029.46	950.28	791.90	712.71	554.33
52	503.86	463.95	389.12	349.21	274.38	793.21	733.34	608.63	548.77	424.04	1,052.63	972.81	808.19	728.36	563.73
53	517.91	477.68	397.23	357.00	276.55	824.62	759.25	633.55	568.18	442.48	1,071.00	990.55	824.62	744.18	578.25
54	530.03	489.64	408.89	368.50	287.73	848.05	782.43	651.18	585.56	454.31	1,090.34	1,004.53	837.95	752.14	585.56
55	544.34	498.55	417.17	376.47	289.98	880.11	808.88	676.62	610.48	473.13	1,109.05	1,027.65	854.67	768.20	600.31

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Pay to 65 Individual														
	No BIO					2920 x Daily Maximum					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	192.25	177.47	147.89	133.10	103.52	298.24	276.06	229.23	207.04	160.21	394.37	364.79	303.17	273.59	211.97
25-29	228.58	209.52	174.15	157.83	122.45	353.75	326.54	272.11	244.90	190.48	468.04	432.67	359.20	323.82	250.35
30-34	310.56	286.41	238.11	213.95	165.63	483.10	448.59	372.67	334.72	262.25	638.38	590.07	490.01	441.69	341.63
35-39	395.93	363.27	302.05	273.48	212.24	616.34	567.36	473.48	424.50	330.62	812.26	751.04	624.50	563.27	436.74
40-44	471.66	435.38	362.82	326.54	253.97	734.70	680.28	566.90	507.94	399.11	970.55	897.98	748.32	671.22	526.09
45	501.63	463.78	383.32	345.47	269.75	780.85	724.07	601.02	539.49	421.18	1,031.66	951.22	795.04	714.60	558.42
46	505.82	467.65	391.29	353.11	272.00	792.13	730.09	606.02	548.77	424.69	1,049.82	968.68	806.45	725.31	563.08
47	512.69	469.58	392.91	354.58	273.12	795.40	733.10	613.32	551.03	431.25	1,063.74	982.27	819.36	737.91	574.99
48	516.91	478.27	396.14	357.49	275.36	801.94	739.14	618.36	555.56	434.78	1,082.14	1,000.01	835.76	748.81	584.55
49	523.25	484.13	405.89	361.87	283.63	811.77	748.19	625.95	562.37	440.11	1,105.18	1,022.04	850.89	767.75	596.59
50	532.40	492.96	409.16	369.72	285.92	818.31	759.16	630.99	566.90	443.66	1,128.88	1,040.15	867.61	778.88	606.34
51	544.42	504.83	420.69	376.15	296.96	846.33	781.99	653.31	588.98	455.34	1,143.29	1,059.15	880.98	791.90	618.66
52	558.74	513.85	429.03	389.12	299.33	878.02	813.16	678.47	608.63	473.94	1,167.37	1,077.58	897.98	808.19	628.59
53	573.21	527.96	442.48	397.23	311.75	915.14	844.73	703.95	633.55	492.77	1,191.68	1,101.18	915.14	824.62	638.57
54	585.56	540.12	449.26	403.83	312.97	943.96	868.24	726.89	651.18	509.83	1,211.50	1,115.59	928.82	837.95	651.18
55	600.31	554.52	462.96	417.17	325.59	976.77	900.46	747.85	676.62	523.99	1,231.14	1,139.56	946.25	854.67	661.36



## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Pay to 65 Individual														
	No BIO					3650 x Daily Maximum					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	204.58	189.79	157.75	142.96	110.92	320.42	295.78	246.48	221.83	172.54	421.48	389.44	325.35	293.31	226.76
25-29	244.90	225.86	187.75	168.71	130.62	380.95	351.03	291.16	263.95	204.09	500.69	462.59	386.40	348.31	269.39
30-34	331.26	307.12	255.36	231.20	179.44	517.61	479.66	400.28	358.88	279.50	683.24	631.48	524.51	472.75	365.77
35-39	420.42	391.84	326.54	293.88	228.58	661.23	608.17	506.14	457.16	355.11	869.41	804.09	669.40	600.01	469.40
40-44	503.40	467.13	390.02	349.21	272.11	789.13	725.63	607.72	544.23	426.32	1,038.57	956.93	798.20	721.10	557.83
45	534.77	492.17	411.72	369.14	288.68	837.64	771.39	643.61	582.09	449.57	1,102.65	1,022.20	851.84	766.65	596.29
46	543.99	501.05	415.15	376.97	291.08	844.62	782.59	648.97	586.94	453.33	1,126.16	1,040.26	863.71	777.82	606.02
47	546.24	503.12	421.65	378.54	297.07	848.11	785.81	651.66	589.36	455.20	1,140.40	1,054.14	876.85	790.62	613.32
48	555.56	512.09	425.13	381.65	299.52	859.92	792.29	661.85	594.21	463.78	1,159.44	1,072.49	893.74	801.94	628.03
49	562.37	518.35	430.33	391.21	303.19	870.45	801.99	669.95	601.49	469.45	1,183.42	1,095.40	909.57	821.55	635.73
50	566.90	527.47	438.73	394.37	305.64	877.47	808.45	675.36	606.34	473.24	1,207.75	1,114.09	926.76	833.10	650.71
51	584.02	539.48	450.39	400.89	316.76	905.72	836.44	697.85	628.56	489.99	1,227.44	1,133.40	940.37	846.33	658.26
52	598.65	553.76	458.96	414.07	319.29	942.88	868.04	723.37	653.52	508.85	1,247.19	1,152.40	962.84	863.06	673.48
53	613.44	568.18	472.66	427.39	331.86	975.48	900.05	749.20	673.78	522.93	1,272.14	1,176.59	980.50	879.93	688.86
54	625.95	580.51	484.60	434.12	338.21	1,009.59	928.82	777.38	696.61	545.18	1,292.27	1,196.36	994.44	893.47	696.61
55	646.09	595.22	493.47	447.69	345.94	1,042.91	961.51	803.79	722.41	564.69	1,317.63	1,215.87	1,012.39	910.63	707.14

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	Pay to 65 Individual														
	No BIO					Unlimited					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	229.23	211.97	177.47	157.75	123.24	357.40	330.28	276.06	248.94	192.25	473.24	436.27	364.79	327.82	256.34
25-29	272.11	250.35	209.52	187.75	146.94	424.50	391.84	326.54	293.88	228.58	560.55	519.74	432.67	389.12	302.05
30-34	372.67	341.63	286.41	258.80	200.14	579.72	534.86	445.15	400.28	310.56	766.06	707.40	590.07	531.42	414.09
35-39	473.48	436.74	363.27	326.54	253.07	738.79	681.64	567.36	510.21	395.93	975.52	897.98	751.04	673.48	526.54
40-44	566.90	521.56	435.38	390.02	303.87	879.84	816.34	680.28	612.25	476.20	1,165.55	1,074.84	893.44	807.27	625.87
45	601.02	553.70	459.04	416.46	321.80	937.02	866.03	724.07	648.34	506.37	1,239.89	1,140.51	951.22	856.57	667.27
46	606.02	558.31	467.65	419.92	329.26	944.82	873.25	730.09	653.74	510.59	1,259.77	1,164.33	968.68	873.25	677.60
47	613.32	565.40	469.58	421.65	330.62	953.53	878.85	733.10	656.44	512.69	1,279.34	1,178.73	982.27	886.44	689.99
48	618.36	570.06	478.27	429.97	333.33	961.37	884.07	739.14	666.68	516.91	1,299.53	1,198.08	1,000.01	898.56	700.49
49	630.83	581.93	484.13	435.23	337.42	973.14	899.79	748.19	674.85	523.25	1,330.12	1,227.44	1,022.04	919.35	713.97
50	635.92	586.62	488.03	438.73	340.14	980.99	907.05	754.23	680.28	527.47	1,350.71	1,247.19	1,040.15	936.62	729.58
51	653.31	603.81	499.88	450.39	351.41	1,014.61	935.42	781.99	702.80	549.38	1,370.97	1,267.02	1,054.21	950.28	737.45
52	668.50	618.60	513.85	463.95	359.20	1,052.63	972.81	813.16	728.36	568.72	1,401.84	1,292.09	1,077.58	967.81	753.30
53	688.86	633.55	527.96	477.68	372.09	1,091.12	1,010.66	839.71	759.25	588.30	1,428.00	1,317.39	1,096.14	990.55	769.32
54	701.66	646.13	540.12	484.60	378.60	1,130.73	1,039.88	868.24	782.43	605.76	1,448.75	1,337.69	1,115.59	1,004.53	782.43
55	722.41	666.44	554.52	498.55	386.64	1,170.08	1,078.52	900.46	808.88	630.83	1,475.33	1,363.41	1,134.47	1,022.56	793.63

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

50% Home Care Individual																				
730 x Daily Maximum																				
Age	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	65.06	61.13	51.27	45.35	35.49	69.88	65.66	55.08	48.71	38.13	102.54	94.64	78.87	70.99	55.21	140.00	128.17	106.48	94.64	74.92
25-29	70.99	65.06	53.25	49.30	37.46	76.25	69.88	57.20	52.95	40.24	110.43	102.54	84.78	76.90	59.16	149.86	138.03	116.34	104.50	80.85
30-34	74.92	70.99	59.16	51.27	41.41	80.49	76.25	63.55	55.08	44.48	118.31	108.45	90.71	82.82	63.11	161.70	147.89	124.22	110.43	86.76
35-39	82.82	74.92	63.11	57.18	43.39	88.97	80.49	67.78	61.41	46.61	128.17	118.31	98.59	88.73	69.01	173.52	159.72	132.12	118.31	92.68
40-44	88.73	80.85	67.04	61.13	47.32	95.31	86.84	72.02	65.66	50.83	138.03	128.17	106.48	94.64	74.92	185.35	171.56	141.98	128.17	98.59
45	90.71	82.82	69.01	61.13	49.30	97.44	88.97	74.13	65.66	52.95	140.00	128.17	106.48	96.62	74.92	189.30	173.52	145.91	130.14	102.54
46	90.71	84.78	70.99	63.11	49.30	97.44	91.07	76.25	67.78	52.95	140.00	128.17	106.48	96.62	76.90	193.23	177.47	147.89	132.12	104.50
47	92.68	84.78	70.99	63.11	49.30	99.56	91.07	76.25	67.78	52.95	140.00	130.14	108.45	96.62	76.90	195.21	179.44	149.86	134.08	104.50
48	94.64	84.78	72.96	65.06	51.27	101.66	91.07	78.37	69.88	55.08	141.98	130.14	108.45	98.59	76.90	195.21	181.42	151.84	136.05	106.48
49	94.64	86.76	72.96	65.06	51.27	101.66	93.19	78.37	69.88	55.08	141.98	132.12	110.43	98.59	76.90	199.16	185.35	151.84	138.03	106.48
50	94.64	88.73	72.96	67.04	51.27	101.66	95.31	78.37	72.02	55.08	143.94	132.12	110.43	98.59	76.90	201.13	185.35	153.80	140.00	108.45
51	96.62	88.73	74.92	67.04	53.25	103.77	95.31	80.49	72.02	57.20	145.91	134.08	112.40	100.57	78.87	207.04	189.30	157.75	141.98	110.43
52	98.59	90.71	74.92	69.01	53.25	105.91	97.44	80.49	74.13	57.20	147.89	136.05	114.36	102.54	80.85	209.02	193.23	161.70	143.94	112.40
53	98.59	92.68	76.90	69.01	53.25	105.91	99.56	82.60	74.13	57.20	149.86	138.03	116.34	104.50	80.85	212.95	197.18	163.66	147.89	114.36
54	100.57	92.68	76.90	70.99	53.25	108.02	99.56	82.60	76.25	57.20	151.84	140.00	118.31	106.48	82.82	218.88	201.13	167.61	151.84	118.31
55	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.78	76.25	59.30	153.80	140.00	118.31	106.48	82.82	220.85	205.07	171.56	151.84	120.29
56	110.43	102.54	84.78	76.90	59.16	118.61	110.14	91.07	82.60	63.55	167.61	153.80	128.17	116.34	90.71	228.74	212.95	177.47	159.72	124.22
57	118.31	110.43	92.68	82.82	65.06	127.08	118.61	99.56	88.97	69.88	181.42	165.63	140.00	126.19	98.59	238.60	218.88	183.37	163.66	128.17
58	128.17	118.31	98.59	88.73	69.01	137.68	127.08	105.91	95.31	74.13	195.21	179.44	149.86	134.08	104.50	246.48	228.74	189.30	171.56	132.12
59	136.05	126.19	104.50	94.64	72.96	146.15	135.55	112.24	101.66	78.37	207.04	191.27	159.72	143.94	112.40	254.36	236.62	195.21	177.47	136.05
60	143.94	134.08	110.43	100.57	76.90	154.62	144.02	118.61	108.02	82.60	220.85	205.07	171.56	151.84	120.29	264.22	242.53	203.09	183.37	141.98
61	157.75	145.91	122.26	108.45	84.78	169.44	156.74	131.33	116.49	91.07	238.60	218.88	183.37	163.66	128.17	285.92	262.25	218.88	197.18	153.80
62	173.52	159.72	132.12	118.31	92.68	186.38	171.57	141.92	127.08	99.56	254.36	236.62	195.21	175.49	136.05	305.64	281.97	234.65	210.99	163.66
63	185.35	171.56	141.98	128.17	98.59	199.10	184.28	152.50	137.68	105.91	274.08	252.39	209.02	189.30	145.91	325.35	299.73	250.43	224.79	175.49
64	199.16	185.35	151.84	138.03	106.48	213.93	199.10	163.10	148.27	114.38	299.87	266.20	222.81	201.13	155.77	345.07	319.44	266.20	240.57	187.32
65	212.95	195.21	163.66	147.89	114.36	228.74	209.68	175.79	158.85	122.85	307.61	283.94	236.62	212.95	165.63	364.79	339.16	281.97	252.39	197.18
66	238.60	218.88	183.37	163.66	128.17	256.29	235.10	196.98	175.79	137.68	341.12	313.52	262.25	236.62	183.37	400.28	368.74	307.61	276.06	214.93
67	262.25	242.53	203.09	183.37	141.98	281.70	260.51	218.15	196.98	152.50	374.65	345.07	287.89	260.29	201.13	433.80	400.28	333.24	299.73	232.67
68	289.87	266.20	222.81	201.13	155.77	311.35	285.93	239.34	216.05	167.32	408.18	376.62	315.49	283.94	220.85	467.33	431.83	360.84	323.38	252.39
69	315.49	291.83	242.53	218.88	169.58	338.89	313.47	260.51	235.10	182.16	441.69	408.18	341.12	307.61	238.60	502.82	463.38	386.48	349.02	270.15
70	341.12	315.49	262.25	236.62	183.37	366.42	338.89	281.70	254.16	196.98	475.22	441.69	366.77	329.30	256.34	536.35	494.94	412.11	372.67	287.89
71	390.42	360.84	299.73	270.15	209.02	419.36	387.59	321.96	290.18	224.52	542.26	498.87	416.06	374.65	291.83	607.32	560.00	465.36	420.00	325.35
72	439.71	406.20	339.16	305.64	236.62	472.33	436.32	364.32	328.29	254.16	605.36	558.02	463.38	420.00	325.35	676.33	623.10	520.56	467.33	364.79
73	489.01	451.55	374.65	339.16	262.25	525.27	485.03	402.43	364.32	281.70	668.45	617.18	514.85	463.38	360.84	745.35	688.17	573.81	516.63	402.25
74	538.31	496.91	414.09	372.67	289.87	578.22	533.76	444.79	400.31	311.35	731.56	676.33	563.95	506.77	394.37	816.34	753.25	629.01	563.95	439.71
75	587.60	542.26	453.52	408.18	317.47	631.18	582.47	487.15	438.45	341.01	796.62	733.53	611.27	552.12	427.90	887.33	818.31	682.26	613.25	477.19
76	676.33	623.10	520.56	467.33	364.79	726.48	669.30	559.16	501.98	391.84	897.19	828.17	690.14	621.13	483.10	989.87	911.00	761.13	684.23	532.40
77	763.11	703.95	587.60	528.45	412.11	819.69	756.16	631.18	567.63	442.67	999.73	922.81	767.04	692.12	536.35	1,090.42	1,007.61	840.01	755.21	587.60
78	851.84	784.79	654.66	587.60	457.47	915.01	842.98	703.19	631.18	491.40	1,100.28	1,015.50	845.92	763.11	591.55	1,192.96	1,102.26	918.88	826.20	642.82
79	938.60	865.63	721.70	650.71	504.79	1,008.20	929.81	775.21	698.96	542.22	1,200.85	1,110.14	924.79	832.12	646.76	1,297.46	1,196.91	997.75	899.16	698.03
80	1,025.36	946.48	788.74	709.86	552.12	1,101.39	1,016.67	847.23	762.49	593.05	1,303.39	1,202.82	1,001.69	901.14	701.98	1,400.01	1,291.56	1,076.63	968.18	753.25
81	1,098.32	1,013.52	843.94	759.16	591.55	1,179.75	1,088.68	906.53	815.45	635.41	1,394.10	1,287.61	1,072.68	966.20	751.27	1,496.62	1,382.26	1,151.55	1,035.22	806.48
82	1,179.15	1,090.42	909.02	816.34	636.90	1,266.59	1,171.27	976.42	876.87	684.12	1,500.57	1,384.24	1,153.53	1,037.19	808.45	1,609.02	1,484.79	1,238.31	1,114.09	867.61
83	1,273.81	1,177.19	980.01	881.42	686.19	1,368.26	1,264.49	1,052.68	946.78	737.07	1,618.88	1,494.65	1,246.21	1,121.97	871.56	1,737.19	1,603.10	1,336.90	1,202.82	936.62
84	1,382.26	1,275.79	1,064.79	956.34	745.35	1,484.76	1,370.38	1,143.75	1,027.25	800.62	1,756.91	1,622.82	1,350.71	1,216.63	946.48	1,885.08	1,741.13	1,451.28	1,305.36	1,015.50
85	1,506.48	1,392.12	1,159.44	1,045.08	812.40	1,618.19	1,495.34	1,245.40	1,122.57	872.65	1,916.63	1,768.75	1,472.97	1,325.08	1,031.27	2,056.62	1,896.92	1,581.42	1,423.67	1,106.21
86	1,642.54	1,516.34	1,263.95	1,137.76	885.35	1,764.32	1,628.77	1,357.68	1,222.13	951.00	2,086.20	1,928.45	1,605.07	1,445.35	1,123.95	2,240.01	2,068.46	1,723.39	1,551.84	1,206.77
87	1,790.42	1,652.40	1,378.31	1,240.28	964.23	1,923.19	1,774.92	1,480.51	1,332.26	1,035.72	2,273.53	2,100.01	1,749.03	1,575.50	1,224.52	2,441.13	2,253.81	1,879.16	1,691.83	1,315.22
88	1,950.15	1,802.26	1,502.55	1,350.71	1,050.98	2,094.75	1,935.90	1,613.97	1,450.87	1,128.91	2,480.57	2,289.31	1,906.78	1,715.50	1,334.94	2,661.98	2,456.92	2,048.74	1,843.67	1,433.53
89	2,127.61	1,963.96	1,636.63	1,472.97	1,145.64	2,285.38	2,109.58	1,757.99	1,582.20	1,230.60	2,703.40	2,496.35	2,080.29	1,871.27	1,457.19	2,900.58	2,677.75	2,232.13	2,009.30	1,561.70
90	2,318.89	2,139.45	1,782.54	1,605.07	1,248.17	2,490.84	2,298.09	1,914.72												

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Individual																			
	1095 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	88.73	80.85	67.04	61.13	47.32	95.31	86.84	72.02	65.66	50.83	132.12	122.26	100.57	90.71	70.99	175.49	161.70	136.05	122.26	94.64
25-29	94.64	86.76	72.96	65.06	51.27	101.66	93.19	78.37	69.88	55.08	140.00	130.14	108.45	96.62	76.90	189.30	173.52	145.91	130.14	102.54
30-34	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	151.84	140.00	118.31	106.48	82.82	203.09	187.32	155.77	140.00	108.45
35-39	108.45	100.57	84.78	74.92	59.16	116.49	108.02	91.07	80.49	63.55	163.66	151.84	126.19	114.36	88.73	218.88	201.13	167.61	151.84	118.31
40-44	118.31	108.45	90.71	82.82	63.11	127.08	116.49	97.44	88.97	67.78	175.49	161.70	136.05	122.26	94.64	234.65	216.90	181.42	161.70	126.19
45	120.29	110.43	92.68	84.78	65.06	129.21	118.61	99.56	91.07	69.88	179.44	165.63	138.03	124.22	96.62	240.57	220.85	185.35	165.63	130.14
46	120.29	112.40	92.68	84.78	65.06	129.21	120.74	99.56	91.07	69.88	179.44	165.63	140.00	124.22	96.59	242.53	224.79	187.32	169.58	132.12
47	122.26	112.40	94.64	84.78	67.04	131.33	120.74	101.66	91.07	72.02	181.42	165.63	140.00	126.19	98.59	248.46	228.74	191.27	171.56	134.08
48	122.26	114.36	94.64	84.78	67.04	131.33	122.85	101.66	91.07	72.02	181.42	167.61	140.00	126.19	98.59	252.39	230.71	193.23	173.52	136.05
49	124.22	114.36	94.64	84.78	67.04	133.43	122.85	101.66	91.07	72.02	181.42	167.61	140.00	126.19	98.59	254.36	234.65	195.21	175.49	136.05
50	124.22	116.34	94.64	84.78	67.04	133.43	124.96	101.66	91.07	72.02	183.37	167.61	140.00	126.19	98.59	258.31	240.57	199.16	179.44	140.00
51	128.17	118.31	96.62	86.76	67.04	137.68	127.08	103.77	93.19	72.02	185.35	173.52	143.94	128.17	100.57	262.25	242.53	203.09	183.37	141.98
52	128.17	118.31	98.59	88.73	69.01	137.68	127.08	105.91	95.31	74.13	191.27	175.49	147.89	132.12	104.50	268.17	246.48	207.04	185.35	145.91
53	132.12	122.26	100.57	90.71	70.99	141.92	131.33	108.02	97.44	76.25	195.21	181.42	151.84	136.05	106.48	272.11	252.39	209.02	187.32	145.91
54	134.08	124.22	104.50	92.68	72.96	144.02	133.43	112.24	99.56	78.37	199.16	185.35	153.80	140.00	108.45	276.06	254.36	212.95	191.27	149.86
55	136.05	126.19	106.48	94.64	74.92	146.15	135.55	114.38	101.66	80.49	205.07	189.30	157.75	140.00	110.43	281.97	260.29	216.90	195.21	151.84
56	143.94	134.08	110.43	100.57	78.90	154.62	144.02	118.61	108.02	82.60	218.88	203.09	169.58	151.84	118.31	295.78	272.11	226.76	205.07	159.72
57	151.84	140.00	118.31	106.48	82.82	163.10	150.38	127.08	114.38	88.97	234.65	216.90	181.42	161.70	126.19	307.61	285.92	236.62	212.95	165.63
58	161.70	149.86	124.22	112.40	86.76	173.69	160.97	133.43	120.74	93.19	250.43	230.71	193.23	173.52	136.05	321.40	295.78	246.48	222.81	173.52
59	171.56	157.75	130.14	118.31	90.71	184.28	169.44	139.80	127.08	97.44	266.20	244.51	205.07	185.35	143.94	335.21	309.59	256.31	232.67	181.42
60	179.44	163.66	138.03	124.22	96.62	192.74	175.79	148.27	133.43	103.77	281.97	260.29	216.90	195.21	151.84	349.02	321.40	268.17	240.57	187.32
61	195.21	181.42	151.84	136.05	106.48	209.68	194.86	163.10	146.15	114.38	305.64	281.97	234.65	210.99	163.66	374.65	343.10	285.92	258.31	201.13
62	212.95	195.21	163.66	147.89	114.36	228.74	209.68	175.79	158.85	122.85	329.30	303.66	252.39	228.74	177.47	396.34	366.77	305.64	274.08	214.93
63	228.74	212.95	177.47	159.72	124.22	245.69	228.74	190.63	171.57	133.43	352.96	325.35	272.11	244.51	191.27	420.00	388.46	323.38	291.83	226.76
64	246.48	228.74	189.30	171.56	132.12	264.76	245.69	203.33	184.28	141.92	374.65	347.05	289.87	260.29	203.09	443.66	410.14	341.12	307.61	238.60
65	264.22	242.53	203.09	183.37	141.98	283.82	260.51	218.15	196.98	152.50	400.28	368.74	307.61	276.06	214.93	469.29	431.83	360.84	325.35	252.39
66	295.78	274.08	228.74	205.07	159.72	317.71	294.40	245.69	220.27	171.57	443.66	410.14	341.12	307.61	238.60	514.65	475.22	396.34	354.93	278.03
67	329.30	303.66	252.39	228.74	177.47	353.71	326.18	271.10	245.69	190.63	489.01	451.55	374.65	339.16	262.25	560.00	518.59	429.85	386.48	301.69
68	360.84	333.24	278.03	250.43	195.21	387.59	357.95	298.65	269.00	209.68	532.40	490.99	410.14	368.74	287.89	607.32	560.00	465.36	420.00	325.35
69	394.37	362.82	303.66	274.08	212.95	423.61	389.72	326.18	294.40	228.74	575.78	532.40	443.66	398.32	311.54	652.68	601.41	500.84	451.55	350.98
70	425.92	392.39	327.33	295.78	228.74	457.50	421.50	351.60	317.71	245.69	621.13	573.81	477.19	429.85	333.24	698.03	642.82	536.35	483.10	374.65
71	492.96	453.52	378.60	341.12	264.22	529.51	487.15	406.68	366.42	283.82	705.91	650.71	542.26	487.05	380.56	788.74	729.58	609.30	546.21	425.92
72	560.00	516.63	429.85	386.48	301.69	601.52	554.94	461.72	415.15	324.06	788.74	727.61	607.32	546.21	425.92	881.42	814.36	678.31	609.30	475.22
73	627.04	577.74	481.13	433.80	337.19	673.54	620.58	516.80	485.97	362.18	873.52	804.50	670.43	603.39	469.29	974.09	899.16	749.30	674.38	524.51
74	692.12	640.85	532.40	479.15	372.67	743.44	688.37	571.88	514.69	400.31	956.34	883.38	735.49	662.54	514.65	1,066.77	983.95	820.29	737.47	573.81
75	759.16	700.00	585.64	526.49	410.14	815.45	751.91	629.06	565.53	440.55	1,039.17	960.29	798.60	719.72	560.00	1,157.48	1,066.77	889.30	800.57	623.10
76	867.61	800.57	668.45	601.41	467.33	931.95	859.93	718.02	646.00	501.98	1,175.22	1,084.51	903.10	812.40	632.96	1,297.46	1,198.87	999.73	899.16	700.00
77	978.04	901.14	751.27	676.33	526.49	1,050.56	967.96	806.99	726.48	565.53	1,311.27	1,210.71	1,007.61	907.05	705.91	1,437.47	1,327.04	1,106.21	995.78	774.93
78	1,086.49	1,001.69	834.08	753.25	583.67	1,167.05	1,075.96	895.92	809.10	626.94	1,445.35	1,334.94	1,112.11	999.73	778.88	1,579.45	1,457.19	1,214.66	1,092.40	849.87
79	1,194.94	1,102.26	918.88	826.20	642.82	1,283.54	1,183.99	987.01	887.45	690.49	1,581.42	1,459.16	1,214.66	1,094.37	849.87	1,719.45	1,587.33	1,323.11	1,190.99	926.76
80	1,303.39	1,202.82	1,001.69	901.14	701.98	1,400.04	1,292.01	1,075.96	967.96	754.02	1,715.50	1,583.38	1,319.16	1,189.01	922.81	1,859.44	1,715.50	1,429.58	1,287.61	1,001.69
81	1,394.10	1,287.61	1,072.68	966.20	751.27	1,497.48	1,383.08	1,152.22	1,037.84	806.99	1,835.79	1,693.81	1,413.82	1,269.86	989.87	1,989.58	1,837.76	1,530.15	1,378.31	1,070.70
82	1,500.57	1,384.24	1,153.53	1,037.19	808.45	1,611.84	1,486.87	1,239.07	1,114.11	868.40	1,971.84	1,821.98	1,518.32	1,366.48	1,062.82	2,139.45	1,973.82	1,646.49	1,480.86	1,153.53
83	1,618.88	1,494.65	1,246.21	1,121.97	871.56	1,738.92	1,605.47	1,338.62	1,205.16	936.18	2,131.56	1,967.89	1,638.60	1,474.93	1,147.62	2,309.03	2,131.56	1,776.63	1,599.17	1,244.23
84	1,756.91	1,622.82	1,350.71	1,216.63	946.48	1,887.18	1,743.15	1,450.87	1,306.85	1,016.67	2,312.96	2,135.50	1,778.61	1,601.14	1,244.23	2,506.21	2,312.96	1,928.45	1,735.22	1,350.71
85	1,916.63	1,768.75	1,472.97	1,325.08	1,031.27	2,058.76	1,899.90	1,582.20	1,423.34	1,107.74	2,520.01	2,326.77	1,938.31	1,745.08	1,356.62	2,732.97	2,521.98	2,101.98	1,890.99	1,471.00
86	2,086.20	1,928.45	1,605.07	1,445.35	1,123.95	2,240.90	2,071.44	1,724.10	1,552.52	1,207.29	2,746.77	2,535.79	2,113.82	1,902.83	1,478.88	2,977.48	2,748.74	2,291.28	2,062.55	1,603.10
87	2,273.53	2,100.01	1,749.03	1,575.50	1,224.52	2,442.11	2,255.72	1,878.71	1,692.32	1,315.32	2,995.22	2,764.53	2,303.10	2,072.41	1,612.96	3,245.65	2,997.20	2,498.33	2,247.90	1,749.03
88	2,480.57	2,289.31	1,906.78	1,715.50	1,334.94	2,664.50	2,459.06	2,048.17	1,842.71	1,433.93	3,265.37	3,012.97	2,510.15	2,259.73	1,756.91	3,537.48	3,265.37	2,721.14	2,449.03	1,904.80
89	2,703.40	2,496.35	2,080.29	1,871.27	1,457.19	2,903.85	2,681.45	2,234.55	2,010.03	1,565.24	3,559.17	3,285.09	2,736.91</							

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Individual																			
	1460 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	94.64	86.76	72.96	65.06	51.27	101.66	93.19	78.37	69.88	55.08	145.91	136.05	112.40	100.57	78.87	197.18	183.37	151.84	138.03	106.48
25-29	102.54	94.64	78.87	70.99	55.21	110.14	101.66	84.72	76.25	59.30	157.75	145.91	120.29	108.45	84.78	212.95	195.21	163.66	147.89	114.36
30-34	110.43	102.54	84.78	74.92	59.16	118.61	110.14	91.07	80.49	63.55	169.58	155.77	130.14	118.31	90.71	228.74	210.99	175.49	157.75	122.26
35-39	118.31	108.45	90.71	82.82	63.11	127.08	116.49	97.44	88.97	67.78	183.37	167.61	140.00	126.19	98.59	246.48	226.76	189.30	171.56	132.12
40-44	128.17	118.31	96.82	88.73	67.04	137.68	127.08	103.77	95.31	72.02	195.21	181.42	151.84	136.05	106.48	264.22	244.51	203.09	183.37	141.98
45	128.17	120.29	100.57	90.71	70.99	137.68	129.21	108.02	97.44	76.25	199.16	185.35	153.80	138.03	108.45	270.15	250.43	207.04	185.35	145.91
46	130.14	120.29	100.57	90.71	70.99	139.80	129.21	108.02	97.44	76.25	201.13	185.35	155.77	140.00	108.45	274.08	254.36	210.99	191.27	147.89
47	132.12	120.29	100.57	90.71	70.99	141.92	129.21	108.02	97.44	76.25	205.07	187.32	157.75	140.00	110.43	280.01	260.29	216.90	195.21	151.84
48	132.12	122.26	102.54	92.68	70.99	141.92	131.33	110.14	99.56	76.25	207.04	191.27	159.72	141.98	112.40	285.92	264.22	218.88	197.18	153.80
49	134.08	122.26	102.54	92.68	70.99	144.02	131.33	110.14	99.56	76.25	207.04	193.23	161.70	143.94	112.40	291.83	270.15	224.79	201.13	157.75
50	134.08	124.22	104.50	92.68	72.96	144.02	133.43	112.24	99.56	78.37	210.99	195.21	161.70	145.91	112.40	295.78	274.08	228.74	207.04	159.72
51	138.03	128.17	106.48	94.64	74.92	148.27	137.68	114.38	101.66	80.49	214.93	197.18	165.63	149.86	116.34	299.73	278.03	230.71	207.04	161.70
52	141.98	130.14	108.45	96.89	76.90	152.50	139.80	116.49	105.91	82.60	218.88	201.13	167.61	151.84	118.31	305.64	281.97	234.65	210.99	163.66
53	145.91	134.08	112.40	100.57	78.87	156.74	144.02	120.74	108.02	84.72	222.81	205.07	171.56	153.80	120.29	307.61	285.92	236.62	212.95	165.63
54	149.86	138.03	116.34	104.50	80.85	160.97	148.27	124.96	112.24	86.84	226.76	209.02	173.52	155.77	122.26	311.54	287.89	240.57	216.90	167.61
55	153.80	140.00	118.31	106.48	82.82	165.20	150.38	127.08	114.38	88.97	228.74	212.95	177.47	159.72	124.22	315.49	291.83	242.53	218.88	169.58
56	163.66	151.84	126.19	114.36	88.73	175.79	163.10	135.55	122.85	95.31	248.46	228.74	191.27	173.52	134.08	329.30	305.64	254.36	228.74	177.47
57	173.52	161.70	134.08	120.29	94.64	186.38	173.69	144.02	129.21	101.66	268.17	246.48	207.04	185.35	145.91	345.07	319.44	266.20	240.57	187.32
58	185.35	169.58	140.00	128.17	98.59	199.10	182.16	150.38	137.68	105.91	285.92	264.22	218.88	197.18	153.80	360.84	333.24	278.03	250.43	195.21
59	195.21	179.44	148.27	134.08	104.50	209.68	192.74	160.97	144.02	112.24	305.64	281.97	234.65	210.99	163.66	376.62	347.05	289.87	260.29	203.09
60	205.07	189.30	157.75	140.00	110.43	220.27	203.33	169.44	150.38	118.61	323.38	297.75	250.43	224.79	175.49	392.39	362.82	301.69	272.11	210.99
61	220.85	205.07	171.56	151.84	120.29	237.22	220.27	184.28	163.10	129.21	349.02	321.40	268.17	240.57	187.32	420.00	386.48	321.40	289.87	224.79
62	238.60	218.88	183.37	163.66	128.17	256.29	235.10	196.98	175.79	137.68	374.65	345.07	287.89	260.29	201.13	445.64	412.11	343.10	307.61	240.57
63	254.36	236.62	195.21	175.49	136.05	273.23	254.16	209.68	188.51	146.15	400.28	370.70	307.61	276.06	214.93	473.24	437.75	362.82	329.30	254.36
64	274.08	252.39	209.02	189.30	145.91	294.40	271.10	224.52	203.33	156.74	425.92	394.37	327.33	295.78	228.74	500.84	463.38	386.48	347.05	270.15
65	289.87	266.20	222.81	201.13	155.77	311.35	285.93	239.34	216.05	167.32	451.55	418.04	347.05	311.54	242.53	528.45	487.05	406.20	364.79	283.94
66	327.33	301.69	252.39	226.76	177.47	351.60	324.06	271.10	243.57	190.63	502.82	463.38	386.48	349.02	270.15	581.69	538.31	447.61	404.23	313.52
67	362.82	337.19	280.01	252.39	195.21	389.72	362.18	300.77	271.10	209.68	554.09	510.70	425.92	384.51	297.75	636.90	587.60	489.01	441.69	343.10
68	402.25	370.70	307.61	278.03	214.93	432.08	398.19	330.43	298.65	230.87	605.36	558.02	465.36	420.00	325.35	692.12	638.87	530.42	479.15	370.70
69	439.71	406.20	336.16	303.66	236.62	472.33	436.32	364.32	326.18	254.16	654.66	605.36	504.79	453.52	352.96	745.35	688.17	573.81	516.63	402.25
70	475.22	441.69	366.77	329.30	256.34	510.45	474.44	393.96	353.71	275.35	707.89	652.68	542.26	489.01	380.56	800.57	739.44	615.22	554.09	429.85
71	554.09	510.70	425.92	382.53	297.75	595.17	548.58	457.50	410.89	319.82	802.55	741.42	617.18	554.09	431.83	907.05	836.06	698.03	627.04	489.01
72	630.99	581.69	485.08	435.78	339.16	677.77	624.83	521.04	468.09	364.32	899.16	828.17	690.14	621.13	483.10	1,011.55	932.67	776.90	700.00	544.23
73	705.91	652.68	542.26	489.01	380.56	758.26	701.08	582.47	525.27	408.78	993.80	916.91	765.07	688.17	536.35	1,118.04	1,033.24	859.73	774.93	601.41
74	782.83	721.70	601.41	542.26	421.97	840.88	775.21	646.00	582.47	453.25	1,090.42	1,005.64	838.03	755.21	587.60	1,224.52	1,129.86	940.57	845.92	658.59
75	857.75	792.69	660.57	595.50	463.38	921.35	851.46	709.55	639.66	497.75	1,185.08	1,092.40	911.00	820.29	636.90	1,329.02	1,226.49	1,023.38	920.86	715.77
76	999.73	922.81	769.02	692.12	538.31	1,073.86	991.24	826.04	743.44	578.22	1,358.59	1,256.07	1,045.08	942.53	731.56	1,510.43	1,394.10	1,161.41	1,045.08	812.40
77	1,139.72	1,052.96	877.47	788.74	615.22	1,224.23	1,131.04	942.53	847.23	660.84	1,536.06	1,415.77	1,179.15	1,062.82	826.20	1,691.83	1,559.73	1,301.41	1,169.29	911.00
78	1,279.72	1,181.13	985.92	887.33	690.14	1,374.62	1,268.71	1,059.03	953.12	741.32	1,709.59	1,579.45	1,315.22	1,183.10	920.86	1,871.27	1,727.34	1,439.44	1,295.51	1,007.61
79	1,421.70	1,313.25	1,092.40	983.95	765.07	1,527.12	1,410.62	1,173.40	1,056.91	821.79	1,885.08	1,739.17	1,449.30	1,305.36	1,015.50	2,052.69	1,894.94	1,579.45	1,421.70	1,106.21
80	1,561.70	1,441.42	1,200.85	1,080.56	840.01	1,677.50	1,548.31	1,289.90	1,160.68	902.29	2,062.55	1,902.83	1,585.36	1,425.63	1,110.14	2,234.09	2,062.55	1,717.48	1,547.89	1,202.82
81	1,670.15	1,543.94	1,285.65	1,157.48	899.16	1,794.00	1,658.43	1,380.98	1,243.30	965.84	2,206.49	2,034.95	1,695.78	1,526.20	1,187.05	2,389.88	2,206.49	1,837.76	1,654.37	1,285.65
82	1,796.35	1,660.30	1,382.26	1,244.23	968.18	1,929.54	1,783.41	1,484.76	1,336.49	1,039.97	2,370.16	2,186.77	1,823.95	1,640.58	1,277.75	2,569.30	2,372.12	1,975.79	1,778.61	1,382.26
83	1,940.29	1,792.40	1,492.69	1,344.80	1,045.08	2,084.16	1,925.31	1,603.37	1,444.52	1,122.57	2,559.44	2,364.23	1,969.87	1,770.71	1,378.31	2,774.39	2,561.42	2,133.54	1,920.57	1,492.69
84	2,105.92	1,944.24	1,618.88	1,459.16	1,133.81	2,262.07	2,088.40	1,738.92	1,567.36	1,217.88	2,776.34	2,565.37	2,137.47	1,922.54	1,496.62	3,011.01	2,778.32	2,316.91	2,084.24	1,622.82
85	2,295.22	2,117.75	1,764.80	1,589.31	1,236.35	2,465.42	2,274.79	1,895.65	1,707.16	1,328.02	3,026.77	2,794.10	2,330.72	2,096.06	1,630.72	3,281.14	3,028.75	2,523.96	2,271.57	1,766.77
86	2,502.26	2,309.03	1,924.52	1,731.27	1,346.76	2,687.80	2,480.24	2,067.22	1,859.64	1,446.62	3,300.86	3,046.49	2,539.72	2,285.36	1,778.61	3,576.91	3,302.83	2,750.72	2,474.66	1,926.49
87	2,727.05	2,518.05	2,098.03	1,887.06	1,469.02	2,929.26	2,704.75	2,253.60	2,026.98	1,577.95	3,596.63	3,320.58	2,766.49	2,490.43	1,936.35	3,898.33	3,598.61	2,999.17	2,699.45	2,100.01
88	2,971.57	2,742.83	2,285.36	2,058.60	1,599.17	3,191.92	2,946.21	2,454.81	2,211.24	1,717.74	3,920.01	3,618.33	3,014.94	2,715.23	2,109.87	4,249.32	3,921.99	3,269.30	2,941.99	2,289.31
89	3,239.73	2,989.31	2,492.40	2,241.99	1,745.08															

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Individual																			
	1825 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	
18-24	110.43	102.54	84.78	74.92	59.16	118.61	110.14	91.07	80.49	63.55	167.61	155.77	128.17	116.34	90.71	226.76	209.02	173.52	157.75	122.26
25-29	118.31	108.45	90.71	82.82	63.11	127.08	116.49	97.44	88.97	67.78	181.42	167.61	140.00	126.19	98.59	244.51	224.79	187.32	169.58	132.12
30-34	128.17	118.31	96.62	86.76	67.04	137.68	127.08	103.77	93.19	72.02	195.21	179.44	149.86	134.08	104.50	262.25	240.57	201.13	181.42	140.00
35-39	136.05	126.19	106.48	94.64	74.92	146.15	135.55	114.38	101.66	80.49	209.02	193.23	161.70	143.94	112.40	281.97	260.29	216.90	195.21	151.84
40-44	147.89	136.05	112.40	102.54	78.87	158.85	146.15	120.74	110.14	84.72	224.79	207.04	173.52	155.77	122.26	303.66	280.01	232.67	209.02	163.66
45	149.86	140.00	116.34	104.50	80.85	160.97	150.38	124.96	112.24	86.84	228.74	210.99	175.49	159.72	122.26	309.59	285.92	238.60	214.93	167.61
46	151.84	140.00	116.34	104.50	80.85	163.10	150.38	124.96	112.24	86.84	228.74	212.95	175.49	159.72	122.26	313.52	287.89	240.57	216.90	167.61
47	151.84	140.00	116.34	104.50	80.85	163.10	150.38	124.96	112.24	86.84	228.74	212.95	175.49	159.72	122.26	317.47	291.83	242.53	218.88	169.58
48	151.84	140.00	118.31	106.48	82.82	163.10	150.38	127.08	114.38	88.97	228.74	212.95	177.47	159.72	124.22	319.44	295.78	246.48	220.85	173.52
49	151.84	140.00	118.31	106.48	82.82	163.10	150.38	127.08	114.38	88.97	228.74	212.95	177.47	159.72	124.22	323.38	297.75	248.46	222.81	173.52
50	153.80	140.00	118.31	106.48	82.82	165.20	150.38	127.08	114.38	88.97	228.74	212.95	177.47	159.72	124.22	325.35	301.69	252.39	226.76	177.47
51	157.75	143.94	120.29	108.45	84.78	169.44	154.62	129.21	116.49	91.07	236.62	218.88	183.37	163.66	128.17	329.30	305.64	254.36	228.74	177.47
52	161.70	147.89	124.22	110.43	86.76	173.69	158.85	133.43	118.61	93.19	242.53	224.79	187.32	169.58	132.12	335.21	309.59	258.31	230.71	181.42
53	163.66	151.84	126.19	114.36	88.73	175.79	163.10	135.55	122.85	95.31	250.43	230.71	193.23	173.52	136.05	341.12	313.52	262.25	234.65	183.37
54	167.61	153.80	128.17	116.34	90.71	180.04	165.20	137.68	124.96	97.44	258.31	238.60	197.18	177.47	138.03	345.07	319.44	264.22	238.60	183.37
55	171.56	157.75	130.14	118.31	90.71	184.28	169.44	139.80	127.08	97.44	264.22	242.53	203.09	183.37	141.98	349.02	321.40	268.17	240.57	187.32
56	185.35	169.58	140.00	128.17	98.59	199.10	182.16	150.38	137.68	105.91	285.92	262.25	218.88	197.18	153.80	368.74	341.12	285.92	256.34	201.13
57	197.18	183.37	151.84	138.03	106.48	211.80	196.98	163.10	148.27	114.38	305.64	281.97	234.65	210.99	163.66	390.42	360.84	299.73	270.15	209.02
58	210.99	195.21	161.70	145.91	112.40	226.64	209.68	173.69	156.74	120.74	325.35	299.73	250.43	224.79	175.49	410.14	378.60	315.49	285.92	220.85
59	224.79	207.04	173.52	155.77	122.26	241.46	222.40	186.38	167.32	131.33	345.07	319.44	266.20	240.57	187.32	428.85	396.34	331.26	297.75	232.67
60	238.60	218.88	183.37	163.66	128.17	256.29	235.10	196.98	175.79	137.68	364.79	339.16	281.97	252.39	197.18	451.55	418.04	347.05	311.54	242.53
61	256.34	238.60	197.18	177.47	138.03	275.35	256.29	211.80	190.63	148.27	394.37	362.82	303.66	272.11	212.95	485.08	445.64	372.67	335.21	260.29
62	276.06	254.36	212.95	191.27	149.86	296.53	273.23	228.74	205.46	160.97	420.00	388.46	323.38	281.97	226.76	516.63	475.22	396.34	356.91	278.03
63	295.78	272.11	226.76	205.07	159.72	317.71	292.28	243.57	220.27	171.57	447.61	414.09	345.07	309.59	242.53	548.17	506.77	421.97	380.56	295.78
64	313.52	289.87	240.57	216.90	167.61	336.76	311.35	258.41	232.99	180.04	475.22	439.71	364.79	329.30	256.34	581.69	536.35	447.61	402.25	313.52
65	331.26	307.61	254.36	228.74	177.47	355.83	330.43	273.23	245.69	190.63	502.82	463.38	386.48	349.02	270.15	613.25	565.92	471.27	423.95	329.30
66	374.65	345.07	287.89	260.29	201.13	402.43	370.65	309.24	279.60	216.05	561.97	520.56	431.83	388.46	301.69	674.38	621.13	520.56	467.33	364.79
67	418.04	386.48	321.40	287.89	224.79	449.04	415.15	345.23	309.24	241.46	621.13	573.81	477.19	429.85	333.24	735.49	678.31	565.92	508.73	396.34
68	459.43	423.95	352.96	319.44	246.48	493.50	455.39	379.12	343.13	264.76	680.28	629.01	524.51	471.27	366.77	796.62	735.49	613.25	552.12	429.85
69	502.82	463.38	386.48	349.02	270.15	540.11	497.75	415.15	374.90	290.18	741.42	684.23	569.86	512.68	398.32	857.75	792.69	660.57	593.53	463.38
70	544.23	502.82	420.00	376.62	293.80	584.58	540.11	451.14	404.56	315.59	800.57	739.44	615.22	554.09	429.85	920.86	847.89	707.89	636.90	494.94
71	630.99	581.69	485.08	435.78	339.16	677.77	624.83	521.04	468.09	364.32	911.00	841.98	700.00	630.99	490.99	1,035.22	956.34	796.62	717.75	558.02
72	713.81	658.59	550.14	494.94	384.51	766.74	707.43	590.94	531.64	413.03	1,023.38	944.51	786.76	707.89	550.14	1,151.55	1,062.82	887.33	798.60	621.13
73	798.60	737.47	613.25	554.09	429.85	857.81	792.15	658.72	595.17	461.72	1,133.81	1,045.08	871.56	784.79	609.30	1,267.89	1,169.29	976.06	877.47	684.23
74	883.38	814.36	678.31	611.27	475.22	948.88	874.75	728.60	656.60	510.45	1,246.21	1,149.58	956.34	861.70	670.43	1,384.24	1,279.72	1,064.79	958.32	745.35
75	966.20	893.24	743.39	670.43	520.56	1,037.84	959.47	798.52	720.13	559.16	1,356.62	1,252.12	1,043.10	938.60	729.58	1,500.57	1,386.20	1,155.50	1,039.17	808.45
76	1,102.26	1,017.47	847.89	765.07	593.53	1,183.99	1,092.92	910.76	821.79	637.53	1,532.13	1,413.82	1,179.15	1,060.84	826.20	1,681.97	1,551.84	1,291.56	1,163.39	905.07
77	1,258.03	1,159.44	966.20	869.58	676.33	1,351.31	1,245.40	1,037.84	934.06	726.48	1,731.27	1,599.17	1,332.97	1,198.87	932.67	1,883.11	1,737.19	1,447.33	1,303.39	1,013.52
78	1,407.89	1,301.41	1,082.54	976.06	757.18	1,512.28	1,397.92	1,162.80	1,048.44	813.32	1,922.54	1,774.66	1,478.88	1,330.99	1,035.22	2,072.41	1,912.68	1,593.24	1,433.53	1,116.06
79	1,547.89	1,429.58	1,190.99	1,072.68	834.08	1,662.67	1,535.59	1,279.29	1,152.22	895.92	2,096.06	1,934.38	1,612.96	1,449.30	1,129.86	2,236.06	2,064.52	1,719.45	1,547.89	1,202.82
80	1,672.11	1,543.94	1,287.61	1,157.48	901.14	1,796.10	1,658.43	1,383.08	1,243.30	967.96	2,263.67	2,088.18	1,739.17	1,567.61	1,216.63	2,415.50	2,230.15	1,859.44	1,672.11	1,301.41
81	1,790.42	1,652.40	1,378.31	1,238.31	964.23	1,923.19	1,774.92	1,480.51	1,330.12	1,035.72	2,421.41	2,234.09	1,861.41	1,676.06	1,303.39	2,585.09	2,385.93	1,987.61	1,790.42	1,392.12
82	1,924.52	1,776.63	1,480.86	1,332.97	1,037.19	2,067.22	1,908.37	1,590.67	1,431.81	1,114.11	2,602.83	2,401.69	2,003.39	1,802.26	1,401.98	2,778.32	2,565.37	2,137.47	1,924.52	1,496.62
83	2,078.32	1,918.59	1,599.17	1,437.47	1,120.00	2,232.43	2,060.86	1,717.74	1,544.06	1,203.04	2,809.87	2,594.94	2,163.11	1,948.21	1,514.37	3,001.15	2,770.44	2,307.05	2,076.34	1,614.93
84	2,253.81	2,082.27	1,735.22	1,559.73	1,214.66	2,420.92	2,236.66	1,863.88	1,675.38	1,304.72	3,050.44	2,815.78	2,346.49	2,111.84	1,642.54	3,255.51	3,005.08	2,504.24	2,253.81	1,752.96
85	2,456.92	2,269.59	1,890.99	1,701.69	1,323.11	2,639.09	2,437.88	2,031.20	1,827.87	1,421.21	3,324.53	3,068.19	2,557.48	2,301.14	1,790.42	3,547.34	3,275.23	2,731.00	2,456.92	1,912.68
86	2,677.75	2,472.68	2,060.57	1,855.50	1,443.39	2,876.31	2,656.03	2,213.36	1,993.09	1,550.42	3,624.24	3,346.22	2,788.18	2,508.19	1,952.12	3,868.76	3,571.01	2,975.50	2,677.75	2,082.27
87	2,920.30	2,695.51	2,245.92	2,021.14	1,571.56	3,136.84	2,895.38	2,412.45	2,171.00	1,688.09	3,949.59	3,645.93	3,038.61	2,732.97	2,127.61	4,217.76	3,892.41	3,243.68	2,920.30	2,271.57
88	3,182.55	2,938.04	2,449.03	2,204.51	1,713.53	3,418.54	3,155.89	2,630.62	2,367.98	1,840.59	4,306.50	3,973.26	3,312.69	2,979.45	2,318.89	4,596.36	4,241.43	3,535.50	3,180.57	2,474.66

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Individual																			
	2190 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	118.31	108.45	90.71	80.85	63.11	127.08	116.49	97.44	86.84	67.78	183.37	169.58	140.00	128.17	98.59	240.57	222.81	185.35	167.61	130.14
25-29	126.19	116.34	96.62	86.76	67.04	135.55	124.96	103.77	93.19	72.02	197.18	181.42	151.84	136.05	106.48	260.29	240.57	199.16	179.44	140.00
30-34	136.05	126.19	104.50	94.64	72.96	146.15	135.55	112.24	101.66	78.37	210.99	195.21	161.70	145.91	112.40	280.01	258.31	214.93	193.23	149.86
35-39	145.91	134.08	112.40	100.57	78.87	156.74	144.02	120.74	108.02	84.72	228.74	209.02	175.49	157.75	122.26	299.73	276.06	230.71	207.04	161.70
40-44	157.75	143.94	120.29	108.45	84.78	169.44	154.62	129.21	116.49	91.07	244.51	226.76	187.32	169.58	132.12	323.38	297.75	248.46	222.81	173.52
45	159.72	147.89	122.26	110.43	84.78	171.57	158.85	131.33	118.61	91.07	250.43	230.71	193.23	173.52	136.05	329.30	303.66	252.39	228.74	177.47
46	161.70	147.89	124.22	110.43	86.76	173.69	158.85	133.43	118.61	93.19	250.43	230.71	193.23	173.52	136.05	331.26	307.61	256.34	228.74	179.44
47	161.70	149.86	124.22	112.40	86.76	173.69	160.97	133.43	120.74	93.19	250.43	230.71	193.23	173.52	136.05	335.21	309.59	258.31	232.67	181.42
48	161.70	149.86	124.22	112.40	86.76	173.69	160.97	133.43	120.74	93.19	252.39	230.71	193.23	173.52	136.05	339.16	313.52	262.25	234.65	183.37
49	161.70	149.86	126.19	112.40	88.73	173.69	160.97	135.55	120.74	95.31	252.39	230.71	193.23	173.52	136.05	341.12	315.49	262.25	236.62	183.37
50	161.70	151.84	126.19	112.40	88.73	173.69	163.10	135.55	120.74	95.31	252.39	230.71	193.23	173.52	136.05	345.07	319.44	264.22	240.57	185.35
51	165.63	151.84	128.17	116.34	90.71	177.91	163.10	137.68	124.96	97.44	260.29	240.57	199.16	179.44	140.00	349.02	321.40	268.17	240.57	187.32
52	169.58	155.77	130.14	118.31	90.71	182.16	167.32	139.80	127.08	97.44	266.20	246.48	205.07	185.35	143.94	352.96	327.33	272.11	244.51	191.27
53	173.52	159.72	132.12	118.31	92.68	186.38	171.57	141.92	127.08	99.56	274.08	252.39	210.99	189.30	147.89	356.91	329.30	274.08	248.46	191.27
54	175.49	161.70	136.05	122.26	94.64	188.51	173.69	146.15	131.33	101.66	281.97	260.29	216.90	195.21	151.84	362.82	333.24	278.03	250.43	195.21
55	179.44	163.66	138.03	124.22	96.62	192.74	175.79	148.27	133.43	103.77	289.87	266.20	222.81	201.13	155.77	364.79	339.16	281.97	252.39	197.18
56	193.23	177.47	147.89	132.12	104.50	207.56	190.63	158.85	141.92	112.24	311.54	287.89	240.57	216.90	167.61	390.42	360.84	298.73	270.15	209.02
57	207.04	189.30	159.72	141.98	112.40	222.40	203.33	171.57	152.50	120.74	333.24	307.61	256.34	230.71	179.44	414.09	382.53	319.44	285.92	222.81
58	218.88	203.09	169.58	151.84	118.31	235.10	218.15	182.16	163.10	127.08	354.93	329.30	274.08	246.48	191.27	437.75	404.23	337.19	303.66	236.62
59	232.67	216.90	179.44	161.70	126.19	249.92	232.99	192.74	173.69	135.55	376.62	349.02	289.87	262.25	203.09	461.41	425.92	354.93	319.44	248.46
60	246.48	228.74	189.30	171.56	132.12	264.76	245.69	203.33	184.28	141.92	400.28	368.74	307.61	276.06	214.93	487.05	447.61	374.65	337.19	262.25
61	270.15	248.46	207.04	185.35	145.91	290.18	266.88	222.40	199.10	156.74	427.90	394.37	329.30	295.78	230.71	520.56	481.13	400.28	360.84	280.01
62	291.83	268.17	224.79	201.13	157.75	313.47	288.07	241.46	216.05	169.44	453.52	420.30	350.98	315.49	246.48	556.07	514.65	429.85	386.48	301.69
63	313.52	289.87	240.57	216.90	167.61	336.76	311.35	258.41	232.99	180.04	483.10	443.66	370.70	333.24	260.29	593.53	546.21	455.50	410.14	319.44
64	335.21	309.59	258.31	232.67	181.42	360.07	332.54	277.46	249.92	194.86	508.73	469.29	392.39	352.96	274.08	629.01	579.72	483.10	435.78	339.16
65	356.91	329.30	274.08	248.46	191.27	383.37	353.71	294.40	266.88	205.46	536.35	494.94	412.11	372.67	287.89	664.52	613.25	510.70	459.43	356.91
66	404.23	372.67	309.59	280.01	216.90	434.20	400.31	332.54	300.77	232.99	601.41	554.09	463.38	416.06	325.35	731.56	674.38	561.97	506.77	394.37
67	449.57	416.06	345.07	311.54	242.53	482.91	446.92	370.65	334.64	260.51	664.52	615.22	512.68	461.41	358.88	796.62	735.49	613.25	552.12	429.85
68	496.91	457.47	380.56	343.10	266.20	533.76	491.40	408.78	368.54	285.93	731.56	674.38	561.97	506.77	394.37	863.66	796.62	664.52	597.46	465.36
69	542.26	498.87	418.04	374.65	291.83	582.47	535.86	449.04	402.43	313.47	796.62	733.53	611.27	552.12	427.90	930.71	857.75	715.77	642.82	500.84
70	587.60	542.26	453.52	408.18	317.47	631.18	582.47	487.15	438.45	341.01	859.73	794.65	662.54	595.50	463.38	995.78	920.86	765.07	688.17	536.35
71	676.33	625.08	520.56	469.29	364.79	726.48	671.44	559.16	504.08	391.84	980.01	905.07	755.21	678.31	528.45	1,121.97	1,033.24	861.70	776.90	603.39
72	767.04	709.86	591.55	530.42	414.09	823.92	762.49	635.41	569.75	444.79	1,100.28	1,017.47	847.89	763.11	593.53	1,246.21	1,149.58	956.34	861.70	670.43
73	857.75	792.69	660.57	595.50	463.38	921.35	851.46	709.55	639.66	497.75	1,224.52	1,127.90	940.57	845.92	658.59	1,388.45	1,263.95	1,054.93	948.46	739.44
74	948.46	877.47	731.56	656.62	512.68	1,018.78	942.53	785.80	705.31	550.69	1,344.80	1,240.28	1,033.24	930.71	723.67	1,492.69	1,380.29	1,149.58	1,033.24	804.50
75	1,039.17	960.29	798.60	719.72	560.00	1,116.22	1,031.50	857.81	773.09	601.52	1,465.07	1,352.69	1,125.92	1,013.52	788.74	1,618.88	1,492.69	1,246.21	1,121.97	871.56
76	1,185.08	1,094.37	911.00	822.26	636.90	1,272.96	1,175.52	978.54	883.24	684.12	1,654.37	1,528.18	1,273.81	1,145.64	891.28	1,814.09	1,672.11	1,394.10	1,256.07	976.06
77	1,350.71	1,246.21	1,039.17	934.65	727.61	1,450.87	1,338.62	1,116.22	1,003.95	781.56	1,871.27	1,727.34	1,437.47	1,293.53	1,005.64	2,029.02	1,873.25	1,561.70	1,405.92	1,092.40
78	1,514.37	1,398.03	1,165.36	1,047.05	816.34	1,626.66	1,501.70	1,251.77	1,124.69	876.87	2,076.34	1,916.63	1,597.19	1,435.49	1,118.04	2,232.13	2,062.55	1,717.48	1,545.92	1,202.82
79	1,664.23	1,536.06	1,279.72	1,153.53	895.21	1,787.63	1,649.96	1,374.62	1,239.07	961.59	2,263.67	2,088.18	1,739.17	1,567.61	1,216.63	2,411.55	2,226.20	1,855.50	1,670.15	1,299.44
80	1,798.32	1,660.30	1,382.26	1,246.21	968.18	1,931.68	1,783.41	1,484.76	1,338.62	1,039.97	2,443.11	2,255.78	1,881.13	1,691.83	1,317.18	2,604.80	2,405.64	2,003.39	1,804.23	1,401.98
81	1,924.52	1,776.63	1,480.86	1,332.97	1,037.19	2,067.22	1,908.37	1,590.67	1,431.81	1,114.11	2,614.66	2,413.53	2,011.28	1,810.14	1,407.89	2,788.18	2,573.25	2,143.40	1,928.45	1,500.57
82	2,068.46	1,908.73	1,591.28	1,431.56	1,114.09	2,221.83	2,050.27	1,709.28	1,537.70	1,196.69	2,809.87	2,594.94	2,163.11	1,946.21	1,514.37	2,997.20	2,766.49	2,305.08	2,074.38	1,612.96
83	2,234.09	2,062.55	1,717.48	1,547.89	1,202.82	2,399.75	2,215.49	1,844.82	1,662.67	1,292.01	3,034.66	2,801.99	2,334.66	2,101.98	1,634.65	3,235.79	2,987.34	2,488.47	2,240.01	1,741.13
84	2,423.39	2,238.04	1,863.39	1,678.04	1,305.36	2,603.08	2,403.99	2,001.56	1,802.46	1,402.16	3,292.97	3,040.58	2,533.81	2,281.43	1,774.66	3,511.85	3,241.70	2,699.45	2,431.27	1,889.02
85	2,642.27	2,439.17	2,031.00	1,827.90	1,421.70	2,838.19	2,620.04	2,181.60	1,963.43	1,527.12	3,590.72	3,312.69	2,762.55	2,486.49	1,934.38	3,827.34	3,533.54	2,943.95	2,650.15	2,060.57
86	2,878.89	2,658.03	2,214.37	1,993.53	1,549.87	3,092.36	2,855.12	2,378.56	2,141.36	1,664.80	3,914.10	3,612.42	3,011.01	2,709.31	2,107.89	4,172.42	3,849.04	3,208.19	2,888.75	2,245.92
87	3,137.20	2,896.63	2,413.53	2,172.97	1,689.87	3,369.82	3,111.42	2,592.50	2,334.10	1,815.18	4,265.08	3,937.77	3,281.14	2,953.81	2,297.19	4,547.07	4,196.07	3,498.04	3,147.06	2,449.03
88	3,421.14	3,156.92	2,632.41	2,368.18	1,843.67	3,674.83	3,391.01	2,827.60	2,543.78	1,980.37	4,649.59	4,292.70	3,576.91	3,220.01	2,504.24	4,955.23	4,574.67	3		

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Individual																			
	2920 x Daily Maximum																			
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	130.14	120.29	100.57	90.71	70.99	139.80	129.21	108.02	97.44	76.25	203.09	187.32	155.77	140.00	108.45	268.17	248.46	207.04	185.35	145.91
25-29	140.00	128.17	106.48	96.62	74.92	150.38	137.68	114.38	103.77	80.49	218.88	201.13	167.61	151.84	118.31	287.89	266.20	220.85	199.16	153.80
30-34	151.84	140.00	116.34	104.50	80.85	163.10	150.38	124.96	112.24	86.84	234.65	218.88	181.42	161.70	126.19	309.59	285.92	238.60	214.93	167.61
35-39	161.70	149.86	124.22	112.40	86.76	173.69	160.97	133.43	120.74	93.19	252.39	232.67	195.21	173.52	136.05	333.24	307.61	256.34	230.71	179.44
40-44	173.52	161.70	134.08	120.29	94.64	186.38	173.69	144.02	129.21	101.66	272.11	252.39	209.02	187.32	145.91	358.88	331.26	276.06	248.46	193.23
45	177.47	163.66	136.05	122.26	94.64	190.63	175.79	146.15	131.33	101.66	276.06	256.34	212.95	191.27	149.86	364.79	337.19	281.97	252.39	197.18
46	177.47	163.66	138.03	124.22	96.62	190.63	175.79	148.27	133.43	103.77	278.03	256.34	212.95	193.23	149.86	368.74	341.12	283.94	254.36	199.16
47	179.44	163.66	138.03	124.22	96.62	192.74	175.79	148.27	133.43	103.77	278.03	256.34	214.93	193.23	149.86	372.67	343.10	285.92	258.31	201.13
48	179.44	165.63	138.03	124.22	96.62	192.74	177.91	148.27	133.43	103.77	278.03	256.34	214.93	193.23	149.86	374.65	347.05	289.87	260.29	203.09
49	179.44	165.63	140.00	124.22	98.59	192.74	177.91	150.38	133.43	105.91	278.03	256.34	214.93	193.23	149.86	378.60	350.98	291.83	262.25	205.07
50	181.42	167.61	140.00	126.19	98.59	194.86	180.04	150.38	135.55	105.91	278.03	258.31	214.93	193.23	149.86	384.51	352.96	295.78	264.22	207.04
51	185.35	171.56	141.98	128.17	98.59	199.10	184.28	152.50	137.68	105.91	285.92	264.22	220.85	199.16	153.80	386.48	358.88	297.75	268.17	209.02
52	187.32	173.52	143.94	130.14	100.57	201.21	186.38	154.62	139.80	108.02	295.78	274.08	228.74	205.07	159.72	392.39	362.82	301.69	272.11	210.99
53	191.27	175.49	147.89	132.12	104.50	205.46	188.51	158.85	141.92	112.24	305.64	281.97	234.65	210.99	163.66	396.34	366.77	305.64	274.08	214.93
54	195.21	179.44	149.86	134.08	104.50	209.68	192.74	160.97	144.02	112.24	313.52	287.89	240.67	216.90	167.61	402.25	370.70	307.61	278.03	214.93
55	197.18	183.37	151.84	138.03	106.48	211.80	196.98	163.10	148.27	114.38	321.40	295.78	246.48	222.81	173.52	406.20	374.65	311.54	281.97	218.88
56	212.95	197.18	163.66	147.89	114.36	228.74	211.80	175.79	158.85	122.85	345.07	319.44	260.20	240.57	187.32	431.83	398.32	333.24	299.73	232.67
57	228.74	210.99	175.49	157.75	122.26	245.69	226.64	188.51	169.44	131.33	370.70	341.12	285.92	256.34	201.13	459.43	423.95	352.96	319.44	246.48
58	242.53	224.79	187.32	169.58	132.12	260.51	241.46	201.21	182.16	141.92	396.34	362.82	303.66	274.08	212.95	487.05	449.57	374.65	337.19	262.25
59	258.31	240.57	199.16	179.44	140.00	277.46	258.41	213.93	192.74	150.38	420.00	386.48	323.38	289.87	226.76	512.68	473.24	394.37	354.93	276.06
60	274.08	252.39	210.99	189.30	147.89	294.40	271.10	226.64	203.33	158.85	443.06	410.14	341.12	307.61	238.60	540.28	496.91	414.09	374.65	289.87
61	297.75	274.08	228.74	207.04	159.72	319.82	294.40	245.69	222.40	171.57	475.22	437.75	364.79	329.30	256.34	577.74	534.37	445.64	400.28	311.54
62	323.38	297.75	248.46	224.79	173.52	347.36	319.82	266.88	241.46	186.38	504.79	465.36	388.46	349.02	272.11	619.15	571.83	475.22	427.90	333.24
63	349.02	321.40	268.17	240.57	187.32	374.90	345.23	288.07	258.41	201.21	534.37	494.94	410.14	370.70	287.89	658.59	607.32	506.77	455.50	354.93
64	372.67	343.10	285.92	258.31	201.13	400.31	368.54	307.12	277.46	216.05	563.95	520.56	433.80	390.42	303.66	698.03	642.82	536.35	483.10	374.65
65	396.34	366.77	305.64	274.08	214.93	425.73	393.96	328.29	294.40	230.87	595.50	550.14	457.47	412.11	319.44	737.47	680.28	565.92	510.70	396.34
66	447.61	414.09	345.07	309.59	242.53	480.81	444.79	370.65	332.54	260.51	666.48	615.22	512.68	463.38	358.88	810.43	749.30	623.10	561.97	435.78
67	498.87	461.41	384.51	345.07	270.15	535.86	495.61	413.03	370.65	290.18	739.44	682.26	567.88	510.70	398.32	885.35	816.34	680.28	611.27	477.19
68	550.14	508.73	421.97	380.56	295.78	590.94	546.44	453.25	408.78	317.71	810.43	749.30	623.10	567.88	435.78	958.32	885.35	737.47	664.52	516.63
69	601.41	554.09	463.38	416.06	325.35	646.00	595.17	497.75	446.92	349.48	883.38	814.36	678.31	611.27	475.22	1,033.24	952.39	794.65	713.81	556.07
70	652.68	601.41	500.84	451.55	350.98	701.08	646.00	537.97	485.03	377.00	956.34	881.42	733.53	660.57	512.68	1,106.21	1,021.41	849.87	765.07	595.50
71	753.25	694.09	577.74	520.56	404.23	809.10	745.55	620.58	559.16	434.20	1,090.42	1,005.64	838.03	755.21	587.60	1,244.23	1,147.62	956.34	861.70	670.43
72	853.80	788.74	654.66	589.58	457.47	917.11	847.23	703.19	633.30	491.40	1,224.52	1,129.86	940.57	845.92	658.59	1,382.26	1,275.79	1,062.82	956.34	743.39
73	954.37	879.44	731.56	660.57	512.68	1,025.14	944.65	785.80	709.55	550.69	1,358.59	1,254.09	1,045.08	940.57	731.56	1,520.29	1,401.98	1,169.29	1,052.96	818.31
74	1,054.93	972.11	810.43	729.58	567.88	1,133.16	1,044.19	870.52	783.68	609.99	1,492.69	1,378.31	1,147.62	1,033.24	802.55	1,660.30	1,530.15	1,275.79	1,147.62	893.24
75	1,153.53	1,066.77	889.30	798.60	623.10	1,239.07	1,145.86	955.25	857.81	669.30	1,626.77	1,500.57	1,250.14	1,125.92	875.49	1,796.35	1,660.30	1,382.26	1,244.23	968.18
76	1,315.22	1,212.68	1,011.55	911.00	707.89	1,412.74	1,302.60	1,086.55	978.54	760.38	1,837.76	1,695.78	1,413.82	1,271.84	989.87	2,013.25	1,857.48	1,547.89	1,392.12	1,084.51
77	1,500.57	1,384.24	1,153.53	1,037.19	808.45	1,611.84	1,486.87	1,239.07	1,114.11	868.40	2,076.34	1,916.63	1,597.19	1,437.47	1,118.04	2,253.81	2,080.29	1,733.24	1,559.73	1,212.68
78	1,680.01	1,549.87	1,291.56	1,163.39	905.07	1,804.58	1,664.80	1,387.32	1,249.65	972.19	2,305.08	2,127.61	1,772.68	1,595.22	1,240.28	2,478.61	2,287.33	1,906.78	1,715.50	1,334.94
79	1,847.62	1,705.64	1,421.70	1,279.72	995.78	1,984.62	1,832.12	1,527.12	1,374.62	1,069.61	2,512.12	2,318.89	1,932.40	1,739.17	1,352.69	2,675.79	2,472.68	2,060.57	1,853.53	1,443.39
80	1,995.51	1,841.70	1,536.06	1,380.29	1,074.65	2,143.48	1,978.25	1,649.96	1,482.64	1,154.33	2,713.26	2,504.24	2,086.20	1,879.16	1,461.14	2,890.72	2,668.87	2,224.23	2,001.42	1,557.75
81	2,135.50	1,971.84	1,642.54	1,478.88	1,149.58	2,293.84	2,118.05	1,764.32	1,588.53	1,234.82	2,902.55	2,679.73	2,232.13	2,009.30	1,561.70	3,093.81	2,855.22	2,380.02	2,141.42	1,666.20
82	2,295.22	2,117.75	1,764.80	1,589.31	1,236.35	2,465.42	2,274.79	1,895.65	1,707.16	1,328.02	3,121.42	2,880.86	2,399.74	2,161.14	1,680.01	3,326.50	3,070.16	2,559.44	2,303.10	1,792.40
83	2,478.61	2,287.33	1,906.78	1,715.50	1,334.94	2,662.39	2,456.95	2,048.17	1,842.71	1,433.93	3,369.87	3,111.56	2,592.97	2,332.68	1,816.07	3,592.70	3,314.67	2,764.53	2,486.49	1,934.38
84	2,689.59	2,482.54	2,068.46	1,861.41	1,447.33	2,889.01	2,666.63	2,221.83	1,999.44	1,554.64	3,657.76	3,375.80	2,811.85	2,531.84	1,967.89	3,896.36	3,598.61	2,999.17	2,699.45	2,100.01
85	2,932.13	2,707.33	2,253.81	2,029.02	1,577.47	3,149.56	2,908.08	2,420.92	2,179.47	1,694.44	3,985.09	3,679.46	3,066.21	2,758.60	2,147.33	4,249.32	3,921.99	3,269.30	2,941.99	2,289.31
86	3,194.38	2,949.88	2,458.89	2,212.41	1,721.41	3,431.24	3,168.61	2,641.22	2,376.46	1,849.06	4,343.96	4,010.72	3,342.27	3,007.06	2,340.58	4,631.85	4,274.94	3,561.15	3,206.22	2,492.40
87	3,482.27	3,214.10	2,679.73	2,411.55	1,875.22	3,740.48	3,452.43	2,878.43	2,590.38	2,014.26	4,734.39	4,371.58	3,641.99	3,279.16	2,549.58	5,047.91	4,659.45	3,882.55	3,494.11	2,717.19
88	3,795.79	3,503.97	2,920.30	2,628.46	2,044.80	4,077.25	3,763.78	3,136.84	2,823.35	2,196.42	5,162.27	4,765.94	3,971.28							



## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

50% Home Care Individual																				
3650 x Daily Maximum																				
Age	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	140.00	128.17	106.48	96.62	74.92	150.38	137.68	114.38	103.77	80.49	218.88	201.13	167.61	151.84	118.31	285.92	264.22	220.85	199.16	153.80
25-29	151.84	140.00	116.34	104.50	80.85	163.10	150.38	124.96	112.24	86.84	234.65	216.90	179.44	161.70	126.19	307.61	285.92	238.60	214.93	167.61
30-34	161.70	149.86	124.22	112.40	86.76	173.69	160.97	133.43	120.74	93.19	252.39	232.67	195.21	173.52	136.05	331.26	307.61	254.36	228.74	177.47
35-39	173.52	161.70	134.08	120.29	94.64	186.38	173.69	144.02	129.21	101.66	272.11	250.43	207.04	187.32	145.91	356.91	329.30	274.08	246.48	191.27
40-44	185.35	173.52	143.94	128.17	100.57	199.10	186.38	154.62	137.68	108.02	291.83	268.17	224.79	201.13	157.75	384.51	352.96	295.78	266.20	207.04
45	189.30	173.52	145.91	130.14	102.54	203.33	186.38	156.74	139.80	110.14	295.78	274.08	228.74	207.04	159.72	390.42	362.82	301.69	272.11	210.99
46	191.27	175.49	145.91	132.12	102.54	205.46	188.51	156.74	141.92	110.14	295.78	274.08	228.74	207.04	159.72	396.34	364.79	303.66	274.08	212.95
47	191.27	175.49	147.89	132.12	104.50	205.46	188.51	158.85	141.92	112.24	295.78	274.08	228.74	207.04	159.72	398.32	368.74	307.61	276.06	214.93
48	193.23	177.47	147.89	132.12	104.50	207.56	190.63	158.85	141.92	112.24	297.75	274.08	228.74	207.04	159.72	402.25	372.67	309.59	278.03	216.90
49	193.23	177.47	147.89	134.08	104.50	207.56	190.63	158.85	144.02	112.24	297.75	274.08	228.74	207.04	159.72	406.20	374.65	311.54	281.97	218.88
50	193.23	179.44	149.86	134.08	104.50	207.56	192.74	160.97	144.02	112.24	297.75	274.08	228.74	207.04	159.72	410.14	378.60	315.49	283.94	220.85
51	197.18	183.37	151.84	136.05	106.48	211.80	196.98	163.10	146.15	114.38	307.61	283.94	236.62	212.95	165.63	416.06	384.51	319.44	285.92	222.81
52	201.13	185.35	153.80	140.00	108.45	216.05	199.10	165.20	150.38	116.49	317.47	291.83	242.63	218.88	169.58	420.00	386.48	323.38	289.87	226.76
53	205.07	189.30	157.75	141.92	110.43	220.27	203.33	169.44	152.50	118.61	325.35	299.73	250.43	224.79	175.49	423.95	392.39	327.33	293.80	228.74
54	207.04	193.23	161.70	143.94	112.40	222.40	207.56	173.69	154.62	120.74	335.21	307.61	258.31	230.71	181.42	429.85	396.34	329.30	295.78	230.71
55	212.95	195.21	161.70	147.89	112.40	228.74	209.68	173.69	158.85	120.74	343.10	317.47	264.22	238.60	185.35	433.80	400.28	333.24	299.73	232.67
56	228.74	210.99	175.49	157.75	122.26	245.69	226.64	188.51	169.44	131.33	370.70	341.12	285.92	256.34	201.13	463.38	427.90	354.93	319.44	248.46
57	244.51	226.76	187.32	169.58	132.12	262.63	243.57	201.21	182.16	141.92	396.34	364.79	305.64	274.08	214.93	490.99	453.52	378.60	341.12	264.22
58	262.25	240.57	201.13	181.42	140.00	281.70	258.41	216.05	194.86	150.38	421.97	394.02	325.35	293.80	228.74	520.56	479.15	400.28	360.84	280.01
59	276.06	256.34	212.95	191.27	149.86	296.53	275.35	228.74	205.46	160.97	449.57	410.49	345.07	309.59	242.53	548.17	506.77	421.97	380.56	295.78
60	293.80	272.11	226.76	203.09	159.72	315.59	292.28	243.57	218.15	171.57	475.22	439.71	364.79	329.30	256.34	575.78	532.40	443.66	398.32	311.54
61	319.44	295.78	246.48	220.85	173.52	343.13	317.71	264.76	237.22	186.38	508.73	467.33	390.42	352.96	274.08	621.13	571.83	475.22	429.85	333.24
62	345.07	319.44	266.20	240.57	187.32	370.65	343.13	285.93	258.41	201.21	540.28	496.91	416.06	374.65	291.83	662.54	609.30	508.73	457.47	356.91
63	372.67	343.10	285.92	258.31	201.13	400.31	368.54	307.12	277.46	216.05	571.83	528.45	441.69	396.34	309.59	703.95	650.71	542.26	487.05	380.56
64	398.32	368.74	307.61	276.06	214.93	427.85	396.09	330.43	296.53	230.87	605.36	558.02	465.36	420.00	325.35	745.35	688.17	575.78	516.63	402.25
65	425.92	392.39	327.33	295.78	228.74	457.50	421.50	351.60	317.71	245.69	636.90	587.60	489.01	441.69	343.10	788.74	727.61	607.32	546.21	425.92
66	479.15	441.69	368.74	331.26	258.31	514.69	474.44	396.09	355.83	277.46	713.81	658.59	550.14	494.94	384.51	867.61	800.57	666.48	599.44	467.33
67	534.37	492.96	410.14	370.70	287.89	574.00	529.51	440.55	398.19	309.24	790.71	731.56	609.30	548.17	425.92	946.48	873.52	727.61	654.66	508.73
68	587.60	542.26	453.52	408.18	317.47	631.18	582.47	487.15	438.45	341.01	867.61	800.57	666.48	599.44	467.33	1,025.36	946.48	788.74	709.86	552.12
69	642.82	593.53	494.94	445.64	347.05	690.49	637.53	531.64	478.68	372.79	944.51	871.56	727.61	654.66	508.73	1,104.23	1,019.45	849.87	765.07	595.50
70	698.03	642.82	536.35	483.10	374.65	749.79	690.49	576.12	518.92	402.43	1,021.41	944.51	786.76	707.89	550.14	1,183.10	1,092.40	911.00	820.29	636.90
71	804.50	743.39	619.15	558.02	433.80	864.17	798.52	665.07	599.40	465.97	1,165.36	1,076.63	897.19	806.48	629.01	1,330.99	1,228.45	1,023.38	922.81	715.77
72	911.00	843.94	701.98	630.99	490.99	978.54	906.53	754.02	677.77	527.39	1,309.30	1,208.73	1,007.61	907.05	705.91	1,478.88	1,366.48	1,137.76	1,023.38	796.62
73	1,019.45	942.53	784.79	705.91	550.14	1,095.03	1,012.42	842.98	758.26	590.94	1,453.25	1,340.85	1,118.04	1,005.64	782.83	1,626.77	1,502.55	1,252.12	1,125.92	877.47
74	1,127.90	1,041.13	865.63	780.85	605.36	1,211.53	1,118.32	929.81	838.76	650.25	1,595.22	1,472.97	1,226.49	1,104.23	857.75	1,774.66	1,636.63	1,366.48	1,228.45	956.34
75	1,234.38	1,139.72	950.43	855.78	664.52	1,325.90	1,224.23	1,020.90	919.23	713.80	1,739.17	1,605.07	1,336.90	1,204.80	936.62	1,922.54	1,774.66	1,478.88	1,330.99	1,035.22
76	1,407.89	1,299.44	1,082.54	974.09	757.18	1,512.28	1,395.79	1,162.80	1,046.31	813.32	1,965.93	1,816.07	1,512.41	1,360.57	1,058.88	2,153.26	1,987.61	1,656.35	1,490.71	1,159.44
77	1,603.10	1,480.86	1,234.38	1,112.11	863.66	1,721.96	1,590.67	1,325.90	1,194.57	927.70	2,220.30	2,050.71	1,707.62	1,538.04	1,194.94	2,411.55	2,226.20	1,855.50	1,670.15	1,299.44
78	1,796.35	1,660.30	1,382.26	1,244.23	968.18	1,929.54	1,783.41	1,484.76	1,336.49	1,039.97	2,464.80	2,275.50	1,896.92	1,705.64	1,327.04	2,654.10	2,449.03	2,040.85	1,837.76	1,429.58
79	1,975.79	1,825.93	1,520.29	1,368.45	1,064.79	2,122.29	1,961.32	1,633.02	1,469.92	1,143.75	2,687.61	2,480.57	2,066.48	1,861.41	1,447.33	2,865.08	2,644.24	2,204.51	1,983.67	1,543.94
80	2,135.50	1,971.84	1,642.54	1,478.88	1,149.58	2,293.84	2,118.05	1,764.32	1,588.53	1,234.82	2,902.55	2,679.73	2,232.13	2,009.30	1,561.70	3,093.81	2,855.22	2,380.02	2,141.42	1,666.20
81	2,285.36	2,107.89	1,756.91	1,581.42	1,230.43	2,454.81	2,264.19	1,887.18	1,698.69	1,321.65	3,105.65	2,867.05	2,387.90	2,151.28	1,672.11	3,310.72	3,056.35	2,547.62	2,293.24	1,782.54
82	2,454.94	2,265.64	1,889.02	1,699.73	1,323.11	2,636.97	2,433.64	2,029.08	1,825.77	1,421.21	3,338.32	3,081.98	2,567.34	2,311.00	1,796.35	3,559.17	3,285.09	2,738.88	2,464.80	1,916.63
83	2,652.12	2,449.03	2,038.88	1,835.79	1,427.61	2,848.79	2,630.62	2,190.07	1,971.90	1,533.47	3,604.52	3,328.46	2,774.39	2,496.35	1,942.26	3,845.09	3,547.34	2,955.79	2,661.98	2,068.46
84	2,876.91	2,656.07	2,214.37	1,993.53	1,549.87	3,090.23	2,853.02	2,378.56	2,141.36	1,664.80	3,912.13	3,612.42	3,011.01	2,709.31	2,107.89	4,170.44	3,849.04	3,208.19	2,888.75	2,245.92
85	3,135.23	2,894.65	2,411.55	2,171.00	1,687.90	3,367.71	3,109.30	2,590.38	2,331.99	1,813.05	4,263.12	3,937.77	3,279.16	2,951.85	2,295.22	4,545.09	4,196.07	3,496.07	3,147.06	2,447.06
86	3,419.17	3,156.92	2,630.43	2,366.21	1,841.70	3,672.69	3,391.01	2,825.48	2,541.67	1,978.25	4,647.63	4,290.73	3,574.94	3,218.05	2,502.26	4,955.23	4,574.67	3,811.56	3,431.00	2,667.89
87	3,726.78	3,438.89	2,867.05	2,579.16	2,007.33	4,003.12	3,693.88	3,079.64	2,770.40	2,156.16	5,067.63	4,677.21	3,896.36	3,507.90	2,727.05	5,402.84	4,986.78	4,154.67	3,738.61	2,908.46
88	4,061.99	3,748.47	3,123.39	2,811.85	2,186.77	4,363.19	4,026.42	3,354.99	3,020.34											

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Individual																			
	Unlimited										5% Compound BIO									
	No BIO					1% Compound BIO					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	155.77	143.94	120.29	106.48	84.78	167.32	154.62	129.21	114.38	91.07	242.53	224.79	187.32	169.58	132.12	321.40	295.78	248.46	222.81	173.52
25-29	167.61	153.80	128.17	116.34	90.71	180.04	165.20	137.68	124.96	97.44	262.25	240.57	201.13	181.42	140.00	345.07	319.44	266.20	240.57	187.32
30-34	181.42	165.63	140.00	126.19	98.59	194.86	177.91	150.38	135.55	105.91	281.97	260.29	216.90	195.21	151.84	372.67	343.10	285.92	258.31	201.13
35-39	195.21	179.44	149.86	134.08	104.50	209.68	192.74	160.97	144.02	112.24	303.66	280.01	232.67	209.02	163.66	400.28	368.74	307.61	276.06	214.93
40-44	209.02	193.23	161.70	143.94	112.40	224.52	207.56	173.69	154.62	120.74	325.35	301.69	252.39	228.76	177.47	429.85	396.34	329.30	297.75	230.71
45	212.95	195.21	161.70	147.89	112.40	228.74	209.68	173.69	158.85	120.74	331.26	307.61	256.34	228.74	179.44	439.71	404.23	337.19	303.66	236.62
46	212.95	195.21	163.66	147.89	114.36	228.74	209.68	175.79	158.85	122.85	331.26	307.61	256.34	228.74	179.44	441.69	408.18	341.12	307.61	238.60
47	214.93	197.18	163.66	147.89	114.36	230.87	211.80	175.79	158.85	122.85	333.24	307.61	256.34	228.74	179.44	447.61	412.11	343.10	309.59	240.57
48	214.93	197.18	165.63	149.86	116.34	230.87	211.80	177.91	160.97	124.96	333.24	307.61	256.34	230.71	179.44	451.55	416.06	347.05	311.54	242.53
49	216.90	199.16	165.63	149.86	116.34	232.99	213.93	177.91	160.97	124.96	333.24	307.61	256.34	230.71	179.44	455.50	420.00	350.98	315.49	246.48
50	216.90	199.16	165.63	149.86	116.34	232.99	213.93	177.91	160.97	124.96	333.24	307.61	256.34	230.71	179.44	459.43	423.95	352.96	319.44	246.48
51	220.85	205.07	169.58	151.84	118.31	237.22	220.27	182.16	163.10	127.08	343.10	317.47	264.22	238.60	185.35	463.38	429.85	356.91	321.40	250.43
52	224.79	207.04	173.52	155.77	122.26	241.46	222.40	186.38	167.32	131.33	352.96	327.33	274.08	244.51	191.27	471.27	433.80	362.82	325.35	254.36
53	228.74	210.99	175.49	159.72	122.26	245.69	226.64	188.51	171.57	131.33	362.82	337.19	280.01	252.39	195.21	475.22	439.71	364.79	329.30	256.34
54	232.67	214.93	179.44	161.70	126.19	249.92	230.87	192.74	173.69	135.55	374.65	345.07	287.89	260.29	201.13	481.13	443.66	370.70	333.24	260.29
55	238.60	218.88	183.37	163.66	128.17	256.29	235.10	196.98	175.79	137.68	386.48	354.93	295.78	266.20	207.04	487.05	449.57	374.65	337.19	262.25
56	256.34	236.62	195.21	177.47	136.05	275.35	254.16	209.68	190.63	146.15	414.09	382.53	319.44	285.92	222.81	518.59	479.15	398.32	358.88	278.03
57	274.08	252.39	210.99	189.30	147.89	294.40	271.10	226.64	203.33	158.85	443.66	410.14	341.12	307.61	238.60	550.14	508.73	423.95	380.56	297.75
58	291.83	270.15	224.79	203.09	157.75	313.47	290.18	241.46	218.15	169.44	473.24	437.75	362.82	329.30	254.36	583.67	538.31	447.61	404.23	313.52
59	309.59	285.92	238.60	214.93	167.61	332.54	307.12	256.29	230.87	180.04	502.82	463.38	386.48	349.02	270.15	615.22	565.92	473.24	425.92	331.26
60	329.30	303.66	252.39	228.74	177.47	353.71	326.18	271.10	245.69	190.63	530.42	490.99	408.18	368.74	285.92	646.76	597.46	496.91	447.61	347.05
61	358.88	329.30	274.08	248.46	191.27	385.49	353.71	294.40	266.88	205.46	567.88	524.51	437.75	394.37	305.64	694.09	640.85	532.40	481.13	372.67
62	386.48	356.91	297.75	268.17	209.02	415.15	383.37	319.82	288.07	224.52	605.36	558.02	463.38	420.00	325.35	741.02	684.23	569.86	512.68	398.32
63	418.04	386.48	319.44	287.89	222.81	449.04	415.15	343.13	309.24	239.34	640.85	591.55	492.96	443.66	345.07	788.74	727.61	607.32	546.21	425.92
64	445.64	412.11	343.10	307.61	240.57	478.68	442.67	368.54	330.43	258.41	676.33	625.08	520.56	469.29	364.79	836.06	770.99	642.82	577.74	449.57
65	475.22	439.71	364.79	329.30	256.34	510.45	472.33	391.84	353.71	275.35	713.81	658.59	548.17	494.94	394.51	883.38	814.36	678.31	611.27	475.22
66	536.35	496.91	412.11	372.67	287.89	576.12	533.76	442.67	400.31	309.24	796.60	737.47	615.22	554.09	429.85	972.11	897.19	747.32	672.40	522.54
67	597.46	552.12	459.43	414.09	321.40	641.76	593.05	493.50	444.79	345.23	885.35	818.31	680.28	613.25	477.19	1,058.88	978.04	816.34	733.53	571.83
68	658.59	609.30	508.73	455.50	356.91	707.43	654.47	546.44	489.28	383.37	972.11	897.19	747.32	672.40	522.54	1,147.62	1,058.88	883.38	794.65	619.15
69	721.70	664.52	554.09	498.87	386.48	775.21	713.80	595.17	535.86	417.26	1,056.91	978.04	812.40	731.56	567.88	1,236.35	1,141.69	952.39	855.78	666.48
70	780.85	721.70	601.41	542.26	421.97	838.76	775.21	646.00	582.47	453.25	1,145.64	1,056.91	879.44	792.69	615.22	1,325.08	1,224.52	1,019.45	916.91	713.81
71	901.14	832.12	694.09	623.10	485.08	967.96	893.82	745.55	669.30	521.04	1,303.39	1,204.80	1,003.66	903.10	701.98	1,490.71	1,376.34	1,145.64	1,033.24	802.55
72	1,023.38	944.51	786.76	707.89	550.14	1,099.27	1,014.55	845.09	760.38	590.94	1,465.07	1,352.69	1,127.90	1,013.52	788.74	1,656.35	1,528.18	1,273.81	1,145.64	891.28
73	1,141.69	1,054.93	877.47	790.71	615.22	1,226.35	1,133.16	942.53	849.34	660.84	1,626.77	1,502.55	1,252.12	1,125.92	877.47	1,821.98	1,681.97	1,401.98	1,261.98	981.97
74	1,261.98	1,165.36	970.15	873.52	678.31	1,355.56	1,251.77	1,042.09	938.28	728.60	1,786.49	1,648.46	1,374.38	1,236.35	962.25	1,987.61	1,835.79	1,528.18	1,376.34	1,070.70
75	1,382.26	1,277.75	1,064.79	956.34	745.35	1,484.76	1,372.50	1,143.75	1,027.25	800.62	1,948.17	1,798.32	1,498.60	1,348.74	1,049.03	2,153.26	1,987.61	1,656.35	1,490.71	1,159.44
76	1,575.50	1,455.21	1,212.68	1,090.42	849.87	1,692.32	1,563.11	1,302.60	1,171.27	912.88	2,202.55	2,032.97	1,693.81	1,524.23	1,185.08	2,411.55	2,226.20	1,855.50	1,670.15	1,299.44
77	1,796.35	1,660.30	1,382.26	1,244.23	968.18	1,929.54	1,783.41	1,484.76	1,336.49	1,039.97	2,486.49	2,297.19	1,914.66	1,723.39	1,340.85	2,699.45	2,494.38	2,078.32	1,871.27	1,455.21
78	2,013.25	1,857.48	1,547.89	1,392.12	1,084.51	2,162.53	1,995.21	1,662.67	1,495.34	1,164.93	2,762.55	2,549.58	2,123.68	1,912.68	1,486.76	2,971.57	2,742.83	2,285.36	2,056.62	1,599.17
79	2,214.37	2,042.83	1,703.67	1,532.13	1,192.96	2,378.56	2,194.30	1,829.99	1,645.73	1,281.43	3,011.01	2,778.32	2,314.94	2,084.24	1,620.86	3,208.19	2,961.71	2,468.75	2,220.30	1,727.34
80	2,391.84	2,206.49	1,837.76	1,656.35	1,285.65	2,569.19	2,370.09	1,974.04	1,779.16	1,380.98	3,251.56	3,001.15	2,500.29	2,251.85	1,750.99	3,466.49	3,200.29	2,665.93	2,397.76	1,865.36
81	2,557.48	2,362.26	1,967.89	1,770.71	1,378.31	2,747.11	2,537.42	2,113.80	1,902.00	1,480.51	3,478.32	3,212.12	2,675.79	2,407.62	1,873.25	3,707.06	3,423.12	2,853.26	2,567.34	1,997.47
82	2,750.72	2,539.72	2,115.78	1,904.80	1,480.86	2,954.68	2,728.04	2,272.66	2,046.04	1,590.67	3,738.61	3,450.72	2,876.91	2,589.02	2,013.25	3,985.09	3,679.46	3,066.21	2,758.60	2,147.33
83	2,969.59	2,742.83	2,285.36	2,056.62	1,599.17	3,189.78	2,946.21	2,454.81	2,209.12	1,717.74	4,038.32	3,726.78	3,105.65	2,796.06	2,174.93	4,306.50	3,973.26	3,312.69	2,979.45	2,318.89
84	3,223.96	2,975.50	2,478.61	2,230.15	1,735.22	3,463.01	3,196.13	2,662.39	2,395.52	1,863.88	4,381.43	4,044.25	3,369.87	3,034.66	2,358.32	4,671.29	4,310.45	3,592.70	3,233.82	2,514.10
85	3,513.83	3,243.68	2,701.42	2,431.27	1,890.99	3,774.38	3,484.20	2,901.73	2,611.55	2,031.20	4,777.76	4,409.04	3,673.53	3,306.78	2,571.28	5,091.30	4,698.89	3,916.08	3,525.64	2,740.86
86	3,827.34	3,535.50	2,943.95	2,652.12	2,060.57	4,111.14	3,797.66	3,162.24	2,848.79	2,213.36	5,205.66	4,805.38	4,004.81	3,604.52	2,803.96	5,548.75	5,122.83	4,269.03	3,841.14	2,989.31
87	4,174.39	3,852.97	3,210.15	2,888.75	2,247.90	4,483.93	4,138.67	3,448.18	3,102.95	2,414.57	5,674.95	5,237.21	4,363.68	3,927.91	3,054.38	6,049.60	5,582.28	4,653.54	4,188.19	3,257.49
88	4,549.04	4,198.04	3,500.02	3,149.03	2,450.99	4,88														

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay 10 Individual														
	730 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO					0 EP	30 EP	90 EP	180 EP	365 EP
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	296.72	278.74	233.78	206.61	161.86	467.57	431.59	359.67	323.69	251.76	638.40	584.46	485.55	431.59	341.68
25-29	298.86	273.94	224.14	207.53	157.73	464.88	431.67	356.97	323.76	249.04	630.91	581.11	489.78	439.98	340.36
30-34	293.72	278.27	231.88	200.98	162.33	463.78	425.13	355.56	324.64	247.35	633.83	579.72	486.97	432.86	340.11
35-39	300.63	272.00	229.05	207.58	157.48	465.26	429.46	357.89	322.10	250.52	629.88	579.78	479.58	429.46	336.41
40-44	296.36	270.02	223.92	204.17	158.06	461.01	428.09	355.64	316.13	250.27	619.08	572.97	474.19	428.09	329.30
45	286.63	261.70	218.09	193.16	155.77	442.40	405.02	336.48	305.32	236.78	598.17	548.32	461.09	411.24	324.01
46	281.18	262.85	220.06	195.60	152.82	433.99	397.32	336.19	299.52	238.39	599.04	550.14	458.45	409.55	323.98
47	282.66	258.61	216.51	192.44	150.35	427.00	396.93	330.77	294.69	234.55	595.39	547.28	457.08	408.97	318.75
48	283.94	254.36	218.88	195.21	153.80	425.92	390.42	325.35	295.78	230.71	585.64	544.23	455.50	408.18	319.44
49	277.32	254.21	213.77	190.66	150.21	415.98	387.08	323.54	288.87	225.32	583.53	543.08	444.86	404.42	311.99
50	271.63	254.66	209.40	192.41	147.15	413.12	379.17	316.92	282.96	220.71	577.24	531.97	441.42	401.79	311.26
51	272.47	250.22	211.31	189.06	150.13	411.48	378.13	316.95	283.59	222.42	583.86	533.82	444.85	400.36	311.39
52	272.11	250.35	206.81	190.48	146.94	408.18	375.52	315.65	282.99	223.13	576.87	533.34	446.27	397.29	310.22
53	265.22	249.29	206.87	185.65	143.21	403.12	371.30	312.95	281.13	217.47	572.86	530.42	440.25	397.81	307.64
54	265.49	244.66	203.01	187.40	140.56	400.83	369.61	312.33	281.10	218.64	577.82	530.97	442.48	400.83	312.33
55	264.54	244.19	203.49	183.14	142.45	396.82	361.20	305.24	274.71	213.66	569.78	529.08	442.61	391.73	310.33
56	270.38	259.42	214.52	194.56	149.66	424.04	389.12	324.26	294.34	229.48	578.69	538.78	448.99	404.09	314.29
57	289.87	270.54	227.06	202.90	159.42	444.45	405.81	343.00	309.19	241.55	584.55	536.24	449.29	400.97	314.01
58	303.76	280.40	233.67	210.30	163.56	462.66	425.27	355.17	317.79	247.68	584.16	542.10	448.63	406.58	313.11
59	310.22	287.73	238.28	215.80	166.34	472.06	436.10	364.16	328.20	256.26	579.95	539.49	445.09	404.62	310.22
60	316.68	294.99	242.93	221.25	169.19	485.87	451.15	377.41	334.03	264.62	581.30	533.58	446.82	403.44	312.33
61	339.16	313.72	262.85	233.18	182.30	512.98	470.59	394.27	351.88	275.57	614.71	563.85	470.59	423.95	330.68
62	362.66	333.81	276.12	247.27	193.69	531.62	494.54	407.99	366.78	284.35	638.78	589.32	490.42	440.96	342.05
63	376.26	348.25	288.21	260.18	200.14	556.40	512.36	424.29	384.27	296.20	660.47	608.43	508.37	456.32	356.26
64	396.33	368.85	302.14	274.68	211.89	576.83	529.74	443.41	400.25	310.00	686.70	635.68	529.74	478.72	372.77
65	411.01	376.77	315.87	285.43	220.73	593.69	548.01	456.68	411.01	319.68	704.05	654.58	544.22	487.13	380.56
66	448.16	409.30	342.92	306.05	239.67	637.91	586.29	490.42	442.48	342.92	748.53	689.53	575.23	516.23	401.92
67	474.68	438.99	367.60	331.93	256.97	678.12	624.57	521.08	471.11	364.05	785.18	724.51	603.17	542.49	421.15
68	510.15	468.50	392.16	353.98	274.16	718.38	662.86	555.28	499.74	388.70	822.50	760.03	635.10	569.15	444.22
69	536.35	496.12	412.32	372.09	288.29	750.88	693.89	579.92	522.93	405.60	854.80	787.76	657.01	593.32	459.24
70	559.45	517.42	430.09	388.06	300.74	779.35	724.38	601.49	540.04	420.39	879.60	811.69	675.86	611.19	472.14
71	620.78	573.75	476.56	429.52	332.34	862.19	793.21	661.53	595.69	464.01	965.65	890.41	739.91	667.80	517.31
72	677.17	625.55	522.30	470.68	364.40	932.25	859.36	713.61	646.80	501.05	1,041.57	959.58	801.68	719.69	561.78
73	723.75	668.29	554.49	501.95	388.14	989.32	913.43	761.69	685.80	534.06	1,103.12	1,018.50	849.23	764.59	595.34
74	769.79	710.57	592.14	532.93	414.50	1,046.12	967.17	806.45	724.67	563.95	1,167.37	1,077.13	899.49	806.45	628.79
75	805.03	742.88	621.32	559.19	434.93	1,091.37	1,004.93	837.45	756.39	586.21	1,215.64	1,121.09	934.70	840.15	653.74
76	886.00	816.26	681.94	612.20	477.87	1,175.31	1,084.91	904.09	813.68	632.87	1,296.72	1,193.39	997.07	896.33	697.44
77	953.88	879.93	734.51	660.57	515.14	1,249.65	1,153.53	958.81	865.14	670.43	1,363.03	1,259.51	1,050.00	944.02	734.51
78	1,022.20	941.74	785.58	705.12	548.96	1,320.34	1,218.59	1,015.10	915.72	709.86	1,431.56	1,322.71	1,102.65	991.43	771.39
79	1,069.99	986.82	822.74	741.81	575.47	1,368.98	1,265.56	1,054.27	948.62	737.31	1,479.12	1,364.47	1,137.44	1,025.04	795.75
80	1,107.39	1,022.20	851.84	766.65	598.29	1,407.65	1,299.04	1,081.83	973.22	758.13	1,512.01	1,394.89	1,162.75	1,045.63	813.49
81	1,142.25	1,054.07	877.71	789.53	615.22	1,449.86	1,339.11	1,115.59	1,004.85	781.33	1,556.49	1,437.55	1,197.62	1,076.63	838.74
82	1,226.33	1,134.05	945.38	849.00	662.38	1,560.60	1,439.60	1,199.66	1,078.68	840.80	1,673.38	1,544.18	1,287.84	1,158.65	902.31
83	1,324.77	1,224.28	1,019.21	916.67	713.65	1,683.63	1,554.44	1,296.06	1,166.86	906.41	1,806.68	1,667.23	1,390.38	1,250.93	974.09
84	1,437.55	1,326.81	1,107.39	994.59	775.16	1,827.19	1,687.74	1,404.75	1,265.30	984.34	1,960.48	1,810.77	1,509.33	1,357.57	1,056.12
85	1,566.74	1,447.80	1,205.82	1,086.88	844.89	1,993.30	1,839.48	1,531.89	1,378.08	1,072.52	2,138.89	1,972.79	1,644.67	1,480.62	1,150.45
86	1,708.25	1,577.00	1,314.51	1,183.26	920.78	2,169.66	2,005.60	1,669.29	1,503.18	1,168.90	2,329.62	2,151.20	1,792.32	1,613.91	1,255.04
87	1,862.05	1,718.50	1,433.46	1,289.90	1,002.79	2,364.47	2,184.00	1,818.99	1,638.52	1,273.50	2,538.78	2,343.96	1,954.33	1,759.52	1,367.82
88	2,028.15	1,874.35	1,562.65	1,404.75	1,093.03	2,579.79	2,380.89	1,983.04	1,784.12	1,388.33	2,768.46	2,555.19	2,130.69	1,917.42	1,490.87
89	2,212.73	2,042.51	1,702.09	1,531.89	1,191.46	2,811.53	2,596.21	2,163.51	1,946.13	1,515.47	3,016.60	2,784.88	2,321.42	2,089.68	1,624.16
90	2,411.63	2,225.02	1,853.85	1,669.29	1,298.10	3,063.76	2,829.99	2,356.27	2,120.44	1,648.78	3,289.34	3,037.11	2,530.58	2,278.34	1,771.81
91	2,629.01	2,426.00	2,022.01	1,818.99	1,414.98	3,340.61	3,084.27	2,569.54	2,313.20	1,798.48	3,584.64	3,309.85	2,758.21	2,481.36	1,931.77
92	2,864.84	2,643.37	2,202.47	1,983.04	1,542.14	3,642.07	3,361.12	2,801.28	2,520.32	1,960.48	3,908.67	3,609.26	3,006.35	2,704.90	2,104.04
93	3,123.23	2,883.31	2,401.38	2,161.46	1,681.58	3,968.14	3,662.58	3,051.45	2,747.95	2,136.84	4,259.33	3,933.27	3,277.05	2,948.93	2,294.74
94	3,404.19	3,143.74	2,618.76	2,356.27	1,833.34	4,324.95	3,992.74	3,328.30	2,994.04	2,329.62	4,642.81	4,285.99	3,572.35	3,213.47	2,499.81

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay 10 Individual														
	No BIO					1095 x Daily Maximum					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	404.62	368.66	305.71	278.74	215.80	602.44	557.47	458.56	413.61	323.69	800.25	737.31	620.42	557.47	431.59
25-29	398.48	365.26	307.15	273.94	215.84	589.40	547.90	456.57	406.77	323.76	796.94	730.53	614.30	547.90	431.67
30-34	401.94	371.02	309.19	278.27	216.43	595.19	548.80	463.78	417.40	324.64	796.15	734.32	610.64	548.80	425.13
35-39	393.67	365.04	307.78	272.00	214.74	594.10	551.15	458.11	415.15	322.10	794.52	730.09	608.41	551.15	429.46
40-44	395.16	362.23	302.95	276.61	210.76	586.15	540.04	454.42	408.34	316.13	783.73	724.46	605.91	540.04	421.50
45	380.08	348.94	292.85	267.94	205.62	567.01	523.41	436.17	392.55	305.32	760.19	697.87	585.72	523.41	411.24
46	372.88	348.42	287.29	262.85	201.72	556.25	513.47	433.99	385.09	305.64	751.86	696.84	580.71	525.70	409.55
47	372.88	342.80	288.68	258.61	204.48	553.30	505.19	427.00	384.90	300.71	757.78	697.63	583.37	523.23	408.97
48	366.77	343.10	283.94	254.36	201.13	544.23	502.82	420.00	378.60	295.78	757.18	692.12	579.72	520.56	408.18
49	363.98	335.10	277.32	248.44	196.44	531.53	491.08	410.20	369.75	288.87	745.30	687.52	571.98	514.20	398.65
50	356.53	333.89	271.63	243.35	192.41	526.30	481.03	401.79	362.18	282.96	741.35	690.41	571.58	514.99	401.79
51	361.44	333.63	272.47	244.66	189.06	522.70	489.33	405.92	361.44	283.59	739.55	683.95	572.73	517.13	400.36
52	353.75	326.54	272.11	244.90	190.48	527.89	484.36	408.18	364.63	288.44	740.15	680.28	571.44	511.57	402.73
53	355.39	328.86	270.51	244.00	190.96	525.11	488.00	408.43	365.99	286.42	731.98	678.94	562.24	503.91	392.52
54	353.98	327.96	275.90	244.66	192.60	525.78	489.33	406.04	369.61	286.31	728.79	671.53	562.21	504.95	395.63
55	351.03	325.59	274.71	244.19	193.31	529.08	488.38	406.99	361.20	284.89	727.50	671.53	559.60	503.64	391.73
56	364.17	339.24	279.38	254.43	194.56	535.76	513.85	429.03	384.13	299.33	748.32	688.45	573.71	518.82	404.09
57	372.00	343.00	289.87	260.87	202.90	574.88	531.42	444.45	396.14	309.19	753.64	700.49	579.72	521.75	405.81
58	383.21	355.17	294.42	266.37	205.62	593.51	546.77	457.98	411.24	322.46	761.73	700.98	588.83	528.08	411.24
59	391.13	359.67	298.72	269.75	206.81	606.93	557.47	467.57	422.60	328.20	764.28	705.83	588.95	530.50	413.61
60	394.76	360.05	303.66	273.29	212.56	620.34	572.62	477.19	429.46	334.03	767.83	707.10	589.97	529.24	412.11
61	419.71	390.02	326.44	292.52	228.93	657.12	606.25	504.49	453.62	351.88	805.50	737.67	614.71	555.37	432.43
62	445.09	407.99	342.05	309.08	239.02	688.23	634.65	527.50	478.06	370.91	828.35	766.54	638.78	572.84	449.21
63	464.33	432.30	360.26	324.23	252.18	716.51	660.47	552.38	496.36	388.27	852.60	788.56	656.46	592.42	460.33
64	490.50	455.18	376.70	341.39	262.91	745.55	690.62	576.83	517.96	404.16	882.89	816.18	678.85	612.14	474.81
65	509.96	468.09	391.98	353.92	274.00	772.54	711.66	593.69	532.79	414.81	906.43	833.43	696.43	627.94	487.13
66	553.09	512.54	427.74	383.48	298.67	829.66	766.96	637.91	575.23	446.16	962.39	888.66	741.16	663.73	519.91
67	596.02	549.63	456.84	414.01	321.21	885.12	817.30	678.12	613.88	474.68	1,013.60	938.66	778.06	699.53	546.06
68	635.10	586.51	489.33	440.74	343.57	937.02	864.13	721.85	648.97	506.69	1,068.90	985.60	819.22	739.20	572.62
69	670.43	616.78	516.23	465.94	362.03	978.83	905.07	754.23	677.12	529.63	1,109.56	1,022.40	851.45	767.64	596.67
70	698.50	643.53	536.82	485.08	375.12	1,018.66	941.05	782.59	704.96	546.52	1,144.77	1,054.22	879.60	792.29	614.43
71	783.81	721.10	601.96	542.40	420.12	1,122.42	1,034.63	862.19	774.41	605.09	1,254.09	1,160.04	968.78	868.46	677.20
72	862.41	795.59	661.99	595.19	464.60	1,214.66	1,120.52	935.28	841.14	655.91	1,357.38	1,254.13	1,044.60	938.31	731.82
73	928.03	855.06	712.07	642.03	499.03	1,292.82	1,190.67	992.22	893.00	694.57	1,441.66	1,330.76	1,108.97	998.07	776.27
74	989.73	916.42	761.32	685.20	532.93	1,367.57	1,263.24	1,051.76	947.43	735.95	1,525.47	1,407.05	1,173.01	1,054.59	820.54
75	1,040.05	959.00	802.32	721.29	561.90	1,423.64	1,315.59	1,094.07	986.01	767.20	1,585.74	1,461.47	1,218.34	1,096.77	853.64
76	1,136.57	1,048.74	875.67	787.85	612.20	1,539.54	1,420.70	1,183.07	1,064.24	829.18	1,699.69	1,570.54	1,309.63	1,177.91	917.00
77	1,222.54	1,126.41	939.09	845.43	658.10	1,639.09	1,513.39	1,259.51	1,133.81	882.40	1,796.84	1,658.81	1,382.75	1,244.72	968.67
78	1,303.78	1,202.03	1,000.90	903.89	700.40	1,734.43	1,601.93	1,334.55	1,199.66	934.65	1,895.34	1,748.63	1,457.58	1,310.88	1,019.84
79	1,362.23	1,256.57	1,047.52	941.87	732.82	1,802.81	1,663.44	1,384.71	1,247.58	968.84	1,960.16	1,809.56	1,508.35	1,357.73	1,056.51
80	1,407.65	1,299.04	1,081.83	973.22	758.13	1,852.74	1,710.07	1,424.69	1,284.15	996.65	2,008.20	1,852.74	1,543.94	1,390.62	1,081.83
81	1,449.86	1,339.11	1,115.59	1,004.85	781.33	1,909.21	1,761.56	1,470.36	1,320.66	1,029.46	2,069.17	1,911.26	1,591.36	1,433.46	1,113.54
82	1,590.60	1,439.60	1,199.66	1,078.68	840.80	2,050.71	1,894.86	1,579.05	1,421.15	1,105.34	2,225.02	2,052.77	1,712.34	1,540.09	1,199.66
83	1,683.63	1,554.44	1,296.06	1,166.86	906.41	2,216.82	2,046.61	1,704.14	1,533.93	1,193.52	2,401.38	2,216.82	1,847.70	1,663.12	1,294.00
84	1,827.19	1,687.74	1,404.75	1,265.30	984.34	2,405.49	2,220.93	1,849.74	1,665.18	1,294.00	2,606.46	2,405.49	2,005.60	1,804.63	1,404.75
85	1,993.30	1,839.48	1,531.89	1,378.08	1,072.52	2,620.81	2,419.85	2,016.86	1,814.88	1,410.89	2,842.29	2,622.86	2,186.06	1,966.64	1,529.84
86	2,169.66	2,005.60	1,669.29	1,503.18	1,168.90	2,856.64	2,637.23	2,198.36	1,978.93	1,538.04	3,096.58	2,858.69	2,382.92	2,145.04	1,667.23
87	2,364.47	2,184.00	1,818.99	1,638.52	1,273.50	3,115.03	2,875.09	2,395.23	2,155.29	1,677.49	3,375.48	3,117.09	2,598.25	2,337.82	1,818.99
88	2,579.79	2,380.89	1,983.04	1,784.12	1,388.33	3,395.99	3,133.49	2,610.56	2,350.12	1,827.19	3,678.98	3,395.99	2,829.99	2,546.99	1,980.99
89	2,811.53	2,596.21	2,163.51	1,946.13	1,515.47	3,701.55	3,416.48	2,846.39	2,563.39	1,993.30	4,011.19	3,701.55	3,086.32	2,776.66	2,161.46
90	3,063.76	2,829.99	2,356.27	2,120.44	1,648.78	4,033.76	3,724.09	3,102.73	2,793.08	2,171.71	4,372.13	4,033.76	3,363.17	3,026.85	2,354.22
91	3,340.61	3,084.27	2,569.54	2,313.20	1,798.48	4,396.73	4,058.36	3,381.63	3,043.25	2,366.52	4,765.86	4,396.73	3,666.67	3,297.55	2,567.50
92	3,642.07	3,361.12	2,801.28	2,520.32	1,960.48	4,792.52	4,423.38	3,687.18	3,318.05	2,581.85	5,194.46	4,794.57	3,994.79	3,596.95	2,797.17
93	3,968.14	3,662.58	3,051.45	2,747.95	2,136.84	5,223.16	4,821.23	4,017.36	3,617.46	2,811.53	5,662.02	5,225.22	4,353.66	3,918.92	3,047.36
94	4,324.95	3,992.74	3,328.30	2,994.04	2,329.62	5,692.79	5,255.98	4,380.33	3,941.47	3,065.82	6,170.60	5,696.88	4,747.39	4,271.64	3,324.21

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay 10 Individual														
	1460 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO					0 EP	30 EP	90 EP	180 EP	365 EP
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	431.59	395.63	332.68	296.72	233.78	665.39	620.42	512.52	458.56	359.67	899.16	836.22	692.36	629.41	485.55
25-29	431.67	398.48	332.05	298.86	232.43	664.12	614.30	506.39	456.57	356.97	896.56	821.84	689.02	622.61	481.49
30-34	432.86	401.94	332.37	293.72	231.88	664.75	610.64	510.15	463.78	355.56	896.63	827.07	687.93	618.36	479.23
35-39	429.46	393.67	329.26	300.63	229.05	665.67	608.41	508.21	458.11	357.89	894.72	823.15	687.14	622.73	479.58
40-44	428.09	395.16	322.72	296.36	223.92	652.00	605.91	507.12	454.42	355.64	882.51	816.65	678.36	612.49	474.19
45	405.02	380.08	317.79	286.63	224.31	629.33	585.72	486.02	436.17	342.70	853.64	791.34	654.26	585.72	461.09
46	403.44	372.88	311.75	281.18	220.06	623.50	574.60	482.91	433.99	336.19	849.66	788.55	654.06	592.93	458.45
47	402.95	366.86	306.73	276.64	216.51	625.47	571.34	481.13	427.00	336.79	854.01	793.86	661.55	595.39	463.08
48	396.34	366.77	307.61	278.03	212.95	621.13	573.81	479.15	425.92	337.19	857.75	792.69	656.62	591.55	461.41
49	392.87	358.20	300.44	271.54	207.99	606.64	566.19	473.75	421.75	329.32	855.06	791.52	658.64	589.31	462.20
50	384.82	356.53	299.93	265.98	209.40	605.54	560.25	464.05	418.78	322.57	848.87	786.62	656.46	594.21	458.39
51	389.25	361.44	300.28	266.91	211.31	606.10	556.07	467.10	422.60	328.07	845.21	784.04	650.60	583.86	455.97
52	391.84	359.20	299.33	272.11	212.24	604.10	555.12	462.59	419.05	326.54	843.55	778.24	647.63	582.32	451.71
53	392.52	360.68	302.35	270.51	212.16	599.37	551.64	461.47	413.74	323.55	827.46	769.11	636.50	572.86	445.56
54	395.63	364.40	307.14	275.90	213.43	598.65	551.80	458.11	411.24	322.75	822.50	760.03	635.10	572.82	442.48
55	396.82	361.20	305.24	274.71	213.66	590.13	549.43	457.87	412.08	320.50	813.97	752.93	625.74	564.69	437.52
56	414.07	384.13	319.29	289.35	224.49	628.59	578.69	483.91	439.00	339.24	833.12	773.25	643.55	578.69	448.99
57	425.13	396.14	328.51	294.69	231.88	657.01	603.88	507.26	454.11	357.49	845.43	782.62	652.19	589.39	458.94
58	439.29	401.90	331.80	303.76	233.67	677.63	626.22	518.73	467.33	364.52	855.21	789.78	658.92	593.51	462.66
59	445.09	409.13	341.68	305.71	238.28	696.84	642.90	535.00	481.05	373.15	858.70	791.26	660.88	593.45	463.07
60	451.15	416.46	347.05	308.01	242.93	711.44	655.05	550.93	494.54	386.09	863.26	798.20	663.73	598.65	464.17
61	474.82	440.90	368.84	326.44	258.61	750.39	691.03	576.57	517.21	402.74	903.00	830.94	691.03	623.20	483.29
62	498.66	457.44	383.26	342.05	267.87	783.02	721.21	601.68	543.99	420.36	931.38	861.32	717.08	642.90	502.79
63	516.36	480.34	396.28	356.26	276.20	812.58	752.54	624.45	560.39	436.30	960.69	888.62	736.52	668.47	516.36
64	545.43	502.27	415.94	376.70	290.37	847.58	784.79	651.37	588.60	455.18	996.68	922.14	769.10	690.62	537.58
65	559.43	513.77	430.64	388.17	300.64	871.50	806.80	669.79	601.30	468.09	1,019.92	939.99	783.96	704.05	548.01
66	612.09	564.17	471.98	424.04	331.86	940.27	866.52	722.72	652.67	505.17	1,087.77	1,006.65	837.02	755.90	586.29
67	656.70	610.31	506.80	456.84	353.34	1,002.91	924.38	770.91	695.96	538.92	1,152.80	1,063.58	885.12	799.46	621.02
68	707.97	652.45	541.39	489.33	378.28	1,065.43	982.13	819.02	739.20	572.62	1,218.12	1,124.42	933.54	843.31	652.45
69	747.53	690.54	576.57	516.23	402.25	1,112.90	1,029.10	858.15	770.99	600.04	1,267.10	1,169.90	975.48	878.26	683.84
70	779.35	724.38	601.49	540.04	420.39	1,160.94	1,070.39	889.30	801.99	624.13	1,312.93	1,212.68	1,008.96	908.71	704.96
71	880.99	812.03	677.20	608.24	473.42	1,276.04	1,178.84	981.32	880.99	686.62	1,442.21	1,329.33	1,109.87	997.00	777.53
72	971.72	895.81	747.01	671.09	522.30	1,384.71	1,275.39	1,062.82	956.53	743.97	1,557.79	1,436.33	1,196.44	1,078.00	838.11
73	1,044.76	965.96	802.55	723.75	563.24	1,470.84	1,357.01	1,132.31	1,018.50	793.78	1,654.69	1,529.20	1,272.39	1,146.91	890.09
74	1,119.43	1,032.02	860.03	775.43	603.42	1,559.32	1,438.07	1,198.38	1,079.96	840.28	1,751.05	1,615.71	1,345.01	1,209.66	941.79
75	1,175.13	1,085.97	904.98	815.83	634.83	1,623.56	1,496.59	1,248.06	1,123.79	872.56	1,820.76	1,680.28	1,402.04	1,261.57	980.61
76	1,309.63	1,208.89	1,007.41	906.67	705.19	1,779.76	1,645.44	1,369.05	1,234.72	958.33	1,978.67	1,826.26	1,521.45	1,369.05	1,064.24
77	1,424.65	1,316.20	1,096.84	985.92	769.02	1,920.08	1,769.73	1,473.95	1,328.53	1,032.75	2,114.80	1,949.66	1,626.77	1,461.63	1,138.74
78	1,535.67	1,417.35	1,183.10	1,064.79	828.17	2,051.50	1,895.34	1,578.26	1,419.72	1,105.02	2,245.53	2,072.80	1,727.34	1,554.59	1,209.13
79	1,620.73	1,497.10	1,245.34	1,121.71	872.19	2,148.99	1,982.65	1,652.21	1,488.11	1,157.67	2,340.06	2,160.22	1,800.57	1,620.73	1,261.08
80	1,686.63	1,556.73	1,296.91	1,167.02	907.20	2,227.55	2,055.06	1,712.18	1,539.69	1,198.95	2,412.82	2,227.55	1,854.87	1,671.72	1,299.04
81	1,736.96	1,605.71	1,337.06	1,203.77	935.12	2,294.74	2,116.33	1,763.61	1,587.25	1,234.53	2,485.47	2,294.74	1,911.26	1,720.54	1,337.06
82	1,868.21	1,726.70	1,437.55	1,294.00	1,006.90	2,464.96	2,274.24	1,896.92	1,706.19	1,328.86	2,672.08	2,467.01	2,054.82	1,849.74	1,437.55
83	2,017.90	1,864.10	1,552.40	1,398.58	1,086.88	2,661.83	2,458.61	2,048.66	1,841.54	1,433.46	2,885.35	2,663.88	2,218.87	1,997.39	1,552.40
84	2,190.16	2,022.01	1,683.63	1,517.53	1,179.15	2,887.40	2,667.97	2,222.98	1,999.44	1,556.49	3,131.43	2,889.46	2,409.59	2,167.60	1,687.74
85	2,387.03	2,202.47	1,835.39	1,652.87	1,285.80	3,147.85	2,905.86	2,423.94	2,179.91	1,695.94	3,412.39	3,149.90	2,624.92	2,362.42	1,837.45
86	2,602.35	2,401.38	2,001.50	1,800.52	1,400.64	3,432.90	3,168.36	2,641.32	2,376.78	1,849.74	3,720.00	3,434.95	2,860.75	2,573.65	2,003.55
87	2,836.13	2,618.76	2,181.96	1,962.53	1,527.78	3,740.51	3,453.41	2,877.15	2,590.05	2,013.80	4,054.26	3,742.55	3,119.14	2,807.42	2,184.00
88	3,090.43	2,852.55	2,376.78	2,140.95	1,663.12	4,076.81	3,763.05	3,135.54	2,823.84	2,194.26	4,419.29	4,078.86	3,400.08	3,059.67	2,380.89
89	3,369.32	3,108.89	2,592.10	2,331.67	1,814.88	4,445.95	4,103.48	3,418.54	3,076.07	2,393.18	4,817.12	4,445.95	3,705.64	3,334.46	2,594.15
90	3,672.82	3,389.83	2,825.88	2,542.88	1,978.93	4,843.79	4,472.60	3,726.15	3,352.92	2,608.50	5,249.83	4,845.83	4,037.85	3,633.86	2,825.88
91	4,002.99	3,695.38	3,080.18	2,772.57	2,155.29	5,282.64	4,874.55	4,062.46	3,654.37	2,844.35	5,723.53	5,282.64	4,402.88	3,961.98	3,082.22
92	4,363.91	4,027.59	3,357.03	3,020.71	2,350.12	5,756.35	5,313.40	4,427.49	3,984.54	3,098.63	6,238.27	5,758.40	4,798.67	4,318.80	3,359.06
93	4,757.65	4,390.58	3,658.47	3,293.45	2,561.34	6,273.14	5,791.22	4,827.37	4,343.40	3,379.57	6,800.16	6,277.23	5,231.36	4,708.43	3,662.58
94	5,184.20	4,784.32	3,988.63	3,588.75	2,793.08	6,839.12	6,314.15	5,260.07	4,735.10	3,683.07	7,411.27	6,841.18	5,700.99	5,130.89	3,990.69

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay 10 Individual														
	1825 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	503.53	467.57	386.64	341.68	269.75	764.28	710.34	584.46	530.50	413.61	1,034.03	953.10	791.26	719.33	557.47
25-29	498.08	456.57	381.87	348.66	265.65	763.74	705.63	589.40	531.29	415.07	1,029.39	946.37	788.64	713.92	556.19
30-34	502.42	463.78	378.76	340.11	262.80	765.23	703.40	587.44	525.62	409.66	1,028.04	943.01	788.42	711.13	548.80
35-39	493.89	458.11	386.52	343.57	272.00	758.73	701.46	586.94	522.52	407.99	1,023.56	944.82	787.36	708.61	551.15
40-44	493.94	454.42	375.39	342.47	263.43	750.80	691.52	579.56	520.29	408.34	1,014.23	935.20	777.14	698.11	546.63
45	473.56	442.40	367.63	330.25	255.47	722.80	666.71	554.56	504.72	386.33	978.27	903.49	753.96	679.18	529.63
46	470.68	433.99	360.65	323.98	250.62	709.07	660.17	544.03	495.12	378.99	971.92	892.45	745.74	672.40	519.58
47	463.08	427.00	354.84	318.75	246.57	697.63	649.52	535.26	487.15	372.88	968.27	890.09	739.74	667.57	517.21
48	455.50	420.00	354.93	319.44	248.46	686.19	638.87	532.40	479.15	372.67	958.32	887.33	739.44	662.54	520.56
49	444.86	410.20	346.65	311.99	242.66	670.19	623.97	519.98	467.98	363.98	947.51	872.40	727.97	652.86	508.41
50	441.42	401.79	339.56	305.60	237.68	656.46	611.19	509.33	458.39	356.53	933.76	865.86	724.38	650.80	509.33
51	444.85	405.92	339.19	305.82	239.10	667.27	617.23	517.13	461.53	361.44	928.61	861.89	717.32	645.04	500.45
52	446.27	408.18	342.86	304.77	239.46	669.40	620.42	517.02	468.04	364.63	925.18	854.43	712.94	636.74	500.69
53	440.25	408.43	339.48	307.64	238.69	673.63	620.59	519.82	466.78	365.99	917.63	843.37	705.47	631.21	493.29
54	442.48	406.04	338.37	307.14	239.46	681.94	629.88	520.56	468.50	364.40	911.00	843.31	697.55	629.88	489.33
55	442.61	409.99	335.77	305.24	234.01	681.71	625.74	523.99	473.13	366.29	900.46	829.23	691.88	620.66	483.29
56	468.94	428.03	354.20	324.26	249.43	723.37	663.51	553.76	498.67	389.12	932.90	863.06	723.37	648.54	508.85
57	483.10	449.29	372.00	338.17	260.87	748.81	690.84	574.88	516.91	400.97	956.53	884.07	734.32	661.85	512.09
58	500.04	462.66	383.21	345.81	266.37	771.09	710.34	593.51	532.74	415.92	972.03	897.27	747.72	677.63	523.41
59	512.52	472.06	396.63	355.17	278.74	786.76	728.32	606.93	548.48	427.11	980.09	903.65	755.29	678.86	530.50
60	524.91	481.52	403.44	360.05	281.97	802.55	746.14	620.34	555.28	433.80	993.41	919.67	763.50	685.40	533.58
61	551.14	512.98	423.95	381.55	296.76	847.89	780.06	652.87	585.04	457.87	1,042.91	958.11	801.25	720.70	559.60
62	576.95	531.62	445.09	399.76	313.20	877.80	811.87	675.86	609.93	473.94	1,079.74	993.20	828.35	745.93	581.08
63	600.43	552.38	460.33	416.30	324.23	908.64	840.59	700.49	628.45	492.34	1,112.79	1,028.72	856.61	772.54	600.43
64	623.91	576.83	478.72	431.64	333.54	945.68	875.04	725.93	655.31	510.12	1,157.57	1,067.32	890.74	800.49	623.91
65	639.35	593.69	490.92	441.45	342.51	970.44	894.33	745.90	673.60	521.37	1,183.56	1,092.22	909.54	818.22	635.54
66	700.59	645.29	538.35	486.73	376.10	1,050.89	973.45	807.52	726.41	564.17	1,261.08	1,161.51	973.45	873.90	682.17
67	756.63	699.53	581.76	521.08	406.87	1,124.25	1,038.58	863.71	778.06	603.17	1,331.24	1,227.74	1,024.31	920.81	717.37
68	808.61	746.14	621.21	562.21	433.80	1,197.31	1,107.07	923.13	829.44	645.51	1,402.06	1,294.48	1,079.31	971.72	756.55
69	854.80	787.76	657.01	593.32	459.24	1,260.40	1,163.20	968.76	871.56	677.12	1,458.18	1,347.55	1,122.97	1,008.99	787.76
70	892.53	824.62	688.80	617.65	481.84	1,312.93	1,212.68	1,008.96	908.71	704.96	1,510.20	1,390.54	1,160.94	1,044.52	811.69
71	1,003.27	924.88	771.26	692.88	539.25	1,448.48	1,338.73	1,113.00	1,003.27	780.68	1,646.00	1,520.59	1,266.64	1,141.22	887.26
72	1,099.27	1,014.23	847.23	762.19	592.14	1,576.02	1,454.55	1,211.62	1,090.15	847.23	1,773.39	1,636.74	1,366.48	1,229.84	956.53
73	1,181.92	1,091.45	907.60	820.05	636.19	1,678.04	1,546.71	1,289.90	1,161.49	901.77	1,878.49	1,730.56	1,444.56	1,298.65	1,012.65
74	1,263.24	1,164.55	969.99	874.12	679.56	1,782.07	1,643.91	1,367.57	1,232.23	958.71	1,979.46	1,830.00	1,522.66	1,370.40	1,065.85
75	1,323.69	1,223.74	1,018.44	918.49	713.18	1,858.57	1,715.41	1,429.05	1,285.88	999.52	2,055.79	1,899.10	1,583.03	1,423.64	1,107.58
76	1,443.96	1,332.89	1,110.74	1,002.24	777.52	2,007.07	1,852.09	1,544.70	1,389.72	1,082.32	2,203.39	2,032.91	1,691.94	1,524.04	1,185.65
77	1,572.54	1,449.30	1,207.75	1,086.98	845.43	2,164.09	1,998.95	1,666.20	1,498.60	1,165.85	2,353.88	2,171.49	1,809.16	1,629.23	1,266.91
78	1,689.48	1,561.70	1,299.04	1,171.27	908.63	2,307.05	2,129.59	1,774.66	1,597.19	1,242.26	2,486.89	2,295.22	1,911.89	1,720.24	1,339.27
79	1,764.61	1,629.72	1,357.73	1,222.86	950.86	2,389.51	2,205.19	1,838.77	1,652.21	1,288.05	2,549.11	2,353.55	1,960.16	1,764.61	1,371.22
80	1,805.89	1,667.47	1,390.62	1,250.06	973.22	2,444.77	2,255.23	1,878.29	1,693.02	1,313.96	2,608.74	2,408.57	2,008.20	1,805.89	1,405.52
81	1,862.05	1,718.50	1,433.46	1,287.84	1,002.79	2,518.28	2,323.45	1,935.88	1,743.10	1,355.53	2,688.48	2,481.36	2,067.11	1,862.05	1,447.80
82	2,001.50	1,847.70	1,540.09	1,386.28	1,076.68	2,706.94	2,497.77	2,083.53	1,874.35	1,458.06	2,889.46	2,667.97	2,222.98	2,001.50	1,556.49
83	2,161.46	1,995.35	1,663.12	1,494.96	1,164.81	2,922.27	2,698.73	2,249.64	2,024.06	1,574.94	3,121.18	2,881.26	2,399.34	2,159.40	1,679.54
84	2,343.96	2,165.55	1,804.63	1,622.11	1,263.24	3,172.45	2,928.42	2,440.34	2,196.31	1,708.25	3,385.73	3,125.29	2,604.41	2,343.96	1,823.08
85	2,555.19	2,360.38	1,966.64	1,769.76	1,376.02	3,457.50	3,190.90	2,659.77	2,393.18	1,862.05	3,689.24	3,406.24	2,840.24	2,555.19	1,989.19
86	2,784.88	2,571.59	2,143.00	1,929.72	1,501.13	3,769.22	3,480.06	2,899.71	2,608.50	2,030.21	4,023.50	3,713.84	3,094.52	2,784.88	2,165.55
87	3,037.11	2,803.33	2,335.76	2,101.98	1,634.42	4,107.57	3,791.76	3,160.14	2,842.29	2,212.73	4,386.48	4,048.10	3,373.43	3,037.11	2,362.42
88	3,309.85	3,055.56	2,546.99	2,292.69	1,782.07	4,478.76	4,132.19	3,445.21	3,098.63	2,411.63	4,780.21	4,411.09	3,676.93	3,307.79	2,573.65
89	3,609.26	3,330.36	2,774.62	2,497.77	1,942.03	4,880.70	4,503.36	3,754.85	3,377.52	2,629.01	5,210.86	4,808.92	4,007.10	3,607.20	2,805.37
90	3,933.27	3,631.82	3,026.85	2,723.35	2,118.39	5,319.54	4,909.41	4,091.17	3,683.07	2,864.84	5,678.43	5,241.62	4,368.02	3,931.21	3,057.62
91	4,285.99	3,957.88	3,297.55	2,969.44	2,309.11	5,797.37	5,352.36	4,460.31	4,015.30	3,123.23	6,189.05	5,713.30	4,759.70	4,283.93	3,332.41
92	4,673.58	4,312.66	3,594.90	3,236.03	2,516.23	6,320.30	5,834.28	4,862.24	4,376.22	3,404.19	6,746.85	6,228.01	5,188.31	4,671.52	3,631.82
93	5,093.97	4,700.23	3,918.92	3,527.22	2,743.86	6,888.34	6,359.26	5,299.05	4,769.96	3,709.75	7,353.86	6,787.87	5,655.86	5,091.93	3,959.92
94	5,551.28	5,124.73	4,271.64	3,843.03	2,989.94	7,509.71	6,931.41	5,776.86	5,198.56	4,044.01	8,016.24	7,398.98	6,164.45	5,549.23	4,314.70

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay 10 Individual														
	2190 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	539.49	494.54	413.61	368.66	287.73	836.22	773.28	638.40	584.46	449.57	1,096.98	1,016.05	845.21	764.28	593.45
25-29	531.29	489.78	406.77	365.26	282.25	830.15	763.74	639.20	572.80	448.28	1,095.79	1,012.78	838.44	755.43	589.40
30-34	533.34	494.70	409.66	371.02	286.00	827.07	765.23	633.83	571.99	440.58	1,097.61	1,012.57	842.54	757.50	587.44
35-39	529.68	486.73	407.99	365.04	286.31	830.31	758.73	637.04	572.62	443.77	1,087.99	1,002.08	837.46	751.57	586.94
40-44	526.88	480.78	401.75	362.23	283.20	816.65	757.39	625.66	566.40	441.26	1,080.09	994.48	829.83	744.21	579.56
45	504.72	467.33	386.33	348.94	267.94	791.34	729.03	610.64	548.32	429.93	1,040.57	959.58	797.57	722.80	560.79
46	501.24	458.45	385.09	342.31	268.96	776.32	715.19	599.04	537.91	421.78	1,026.94	953.58	794.65	709.07	556.25
47	493.15	457.08	378.88	342.80	264.62	763.79	703.65	589.39	529.24	414.97	1,022.40	944.21	787.85	709.67	553.30
48	485.08	449.57	372.67	337.19	260.29	757.18	692.12	579.72	520.56	408.18	1,017.47	940.57	786.76	703.95	550.14
49	473.75	439.08	369.75	329.32	259.99	739.52	675.97	566.19	508.41	398.65	999.51	924.39	768.40	693.30	537.31
50	464.05	435.76	362.18	322.57	254.66	724.38	662.13	554.60	498.00	390.48	990.36	916.80	758.34	690.41	531.97
51	467.10	428.16	361.44	328.07	255.79	734.00	678.39	561.63	506.01	394.79	984.23	906.38	756.24	678.39	528.26
52	468.04	429.93	359.20	326.54	250.35	734.70	680.28	566.00	511.57	397.29	974.16	903.41	751.04	674.85	527.89
53	466.78	429.65	355.39	318.26	249.29	737.29	678.94	567.55	509.20	397.81	960.07	885.81	737.29	668.34	514.51
54	463.30	428.87	359.20	322.75	249.88	744.40	687.14	572.62	515.36	400.83	957.84	879.76	734.00	661.12	515.36
55	462.96	422.26	356.12	320.50	249.28	747.85	686.79	574.87	518.90	401.90	941.16	875.02	727.50	651.18	508.73
56	488.90	448.99	374.16	334.25	264.40	788.23	728.36	608.63	545.77	424.04	987.77	912.94	758.29	683.46	528.81
57	507.26	463.78	391.32	347.84	275.36	816.43	753.64	628.03	565.23	439.62	1,014.52	937.21	782.62	700.49	545.91
58	518.73	481.35	401.90	359.85	280.40	841.19	780.44	649.59	584.16	453.30	1,037.46	958.02	799.13	719.69	560.79
59	530.50	494.54	400.13	368.66	287.73	858.70	795.75	660.88	597.94	463.07	1,052.01	971.10	809.24	728.32	566.48
60	542.26	503.21	416.46	377.41	290.66	880.63	811.22	676.73	607.32	472.85	1,071.49	984.74	824.22	741.81	576.95
61	580.81	534.17	445.15	398.51	313.72	919.96	847.89	707.98	635.92	496.01	1,119.21	1,034.43	860.61	775.83	602.00
62	609.93	560.47	469.81	420.36	329.70	947.86	877.80	733.56	659.38	515.14	1,162.17	1,075.62	898.40	807.74	630.53
63	636.46	588.42	488.35	440.31	340.24	980.69	900.63	752.54	676.48	528.37	1,204.86	1,108.78	924.65	832.60	648.46
64	667.08	616.06	514.04	463.03	361.00	1,012.39	933.91	780.87	702.39	545.43	1,251.74	1,153.64	961.37	867.20	674.93
65	688.82	635.54	528.98	479.51	369.15	1,035.14	955.22	795.39	719.26	555.62	1,282.50	1,183.56	985.67	886.71	688.82
66	755.90	696.91	578.91	523.60	405.60	1,124.64	1,036.15	866.52	778.02	608.41	1,368.00	1,261.08	1,050.89	947.65	737.47
67	813.73	753.06	624.57	563.90	438.99	1,202.76	1,113.54	927.95	835.16	649.57	1,441.89	1,331.24	1,109.97	999.33	778.06
68	874.55	805.14	669.79	603.86	468.50	1,287.53	1,186.90	989.08	891.91	694.09	1,520.05	1,402.06	1,169.53	1,051.54	819.02
69	921.84	848.08	710.65	636.90	496.12	1,354.27	1,247.00	1,039.17	938.60	727.42	1,582.21	1,458.18	1,216.82	1,092.79	851.45
70	963.67	889.30	743.79	669.40	520.64	1,409.94	1,303.23	1,086.57	976.61	759.95	1,633.07	1,510.20	1,254.73	1,128.61	879.60
71	1,075.38	993.87	827.70	746.19	580.02	1,558.21	1,439.06	1,200.78	1,078.52	840.24	1,783.95	1,642.85	1,370.10	1,235.28	959.38
72	1,181.26	1,093.19	911.00	816.86	637.69	1,694.44	1,566.90	1,305.76	1,175.17	914.03	1,919.15	1,770.36	1,472.77	1,327.01	1,032.45
73	1,269.47	1,173.17	977.64	881.34	685.80	1,812.28	1,669.29	1,392.04	1,251.96	974.72	2,025.32	1,870.64	1,561.31	1,403.72	1,094.37
74	1,356.29	1,254.77	1,046.12	938.98	733.14	1,923.05	1,773.61	1,477.54	1,330.91	1,034.84	2,134.53	1,973.82	1,643.91	1,477.54	1,150.45
75	1,423.64	1,315.59	1,094.07	986.01	767.20	2,007.15	1,853.18	1,542.51	1,388.54	1,080.56	2,217.86	2,044.98	1,707.30	1,537.10	1,194.02
76	1,552.44	1,433.63	1,193.39	1,077.15	834.35	2,167.22	2,001.91	1,668.69	1,500.79	1,167.57	2,376.46	2,190.48	1,826.26	1,645.44	1,278.65
77	1,688.39	1,557.75	1,298.95	1,168.32	909.51	2,339.10	2,159.16	1,796.84	1,616.91	1,257.05	2,536.28	2,341.56	1,952.12	1,757.40	1,365.50
78	1,817.25	1,677.64	1,398.43	1,256.46	979.62	2,491.61	2,299.96	1,916.63	1,722.60	1,341.64	2,678.54	2,475.05	2,060.97	1,855.11	1,443.39
79	1,897.23	1,751.11	1,458.89	1,315.02	1,020.54	2,580.58	2,380.52	1,982.65	1,787.07	1,386.96	2,749.18	2,537.88	2,115.27	1,903.96	1,481.36
80	1,942.18	1,793.11	1,492.85	1,345.89	1,045.63	2,638.55	2,436.25	2,031.63	1,827.19	1,422.57	2,813.19	2,598.09	2,163.67	1,948.57	1,514.13
81	2,001.50	1,847.70	1,540.09	1,386.28	1,078.68	2,719.24	2,510.07	2,091.73	1,882.55	1,464.20	2,899.71	2,676.19	2,229.13	2,005.60	1,560.60
82	2,151.20	1,985.10	1,654.92	1,488.82	1,158.65	2,922.27	2,698.73	2,249.64	2,024.06	1,574.94	3,117.09	2,877.15	2,397.29	2,157.35	1,677.49
83	2,323.45	2,145.04	1,786.17	1,609.81	1,250.93	3,156.05	2,914.06	2,428.05	2,186.06	1,700.05	3,365.23	3,106.83	2,588.01	2,329.62	1,810.77
84	2,520.32	2,327.56	1,937.92	1,745.16	1,357.57	3,424.70	3,162.20	2,635.17	2,372.67	1,845.65	3,652.33	3,371.37	2,807.42	2,528.54	1,964.59
85	2,747.95	2,536.74	2,112.24	1,901.01	1,478.56	3,734.35	3,445.21	2,873.06	2,585.95	2,011.75	3,980.43	3,674.87	3,061.71	2,756.15	2,143.00
86	2,994.04	2,764.37	2,302.94	2,073.28	1,611.87	4,070.66	3,756.91	3,131.43	2,817.68	2,192.22	4,339.31	4,002.99	3,336.52	3,004.29	2,335.76
87	3,262.68	3,012.49	2,510.07	2,259.89	1,757.47	4,435.69	4,095.28	3,412.39	3,071.96	2,389.09	4,728.94	4,363.91	3,637.97	3,272.94	2,546.99
88	3,557.99	3,283.19	2,737.70	2,462.90	1,917.42	4,835.59	4,464.40	3,720.00	3,348.81	2,604.41	5,153.44	4,757.65	3,966.08	3,568.24	2,776.66
89	3,877.90	3,580.55	2,981.74	2,694.39	2,087.62	5,270.33	4,864.30	4,054.26	3,648.22	2,838.19	5,618.95	5,186.26	4,320.86	3,888.16	3,024.80
90	4,226.52	3,900.45	3,250.38	2,926.37	2,276.29	5,746.10	5,303.14	4,419.29	3,978.38	3,094.52	6,123.43	5,653.82	4,710.49	4,238.82	3,297.55
91	4,607.96	4,253.19	3,543.64	3,190.90	2,481.36	6,262.88	5,780.97	4,817.12	4,335.20	3,371.37	6,675.07	6,162.40	5,134.98	4,620.25	3,594.90
92	5,022.20	4,634.61	3,863.54	3,478.01	2,704.90	6,826.83	6,301.85	5,249.83	4,724.85	3,674.87	7,275.93	6,716.09	5,596.39	5,038.60	3,916.87
93	5,473.36	5,052.95	4,212.17	3,789.72	2,948.93	7,439.98	6,867.83	5,723.53	5,151.40	4,007.10	7,932.15	7,321.04	6,100.87	5,491.81	4,271.64
94	5,967.58	5,508.21	4,589.49	4,132.19	3,213.47	8,108.53	7,487.16	6,238.27	5,614.85	4,365.97	8,643.75	7,979.33	6,650.46	5,983.98	4,655.12

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay 10 Individual														
	2920 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	593.45	548.48	458.56	413.61	323.69	928.13	854.20	710.34	638.40	494.54	1,222.86	1,132.94	944.11	845.21	665.39
25-29	589.40	539.60	448.28	406.77	315.46	921.46	846.75	705.63	639.20	498.08	1,212.02	1,120.69	929.77	838.44	647.52
30-34	595.19	548.80	456.05	409.66	316.92	919.83	857.99	711.13	633.83	494.70	1,213.55	1,120.79	935.28	842.54	657.01
35-39	586.94	543.99	450.95	407.99	314.94	916.19	844.62	708.61	629.88	493.89	1,209.66	1,116.62	930.51	837.46	651.36
40-44	579.56	540.04	447.85	401.75	316.13	908.86	842.99	698.11	625.66	487.37	1,198.64	1,106.44	922.02	829.83	645.43
45	560.79	517.18	429.93	386.33	299.09	872.35	810.03	672.95	604.41	473.56	1,152.74	1,065.50	891.04	797.57	623.10
46	550.14	507.35	427.90	385.09	299.52	861.89	794.65	660.17	599.04	464.57	1,143.08	1,057.49	880.23	788.55	617.39
47	547.28	499.17	420.99	378.88	294.69	847.99	781.83	655.54	589.39	457.08	1,136.67	1,046.45	872.05	787.85	613.44
48	538.31	496.91	414.09	372.67	289.87	834.08	769.02	644.80	579.72	449.57	1,123.95	1,041.13	869.58	780.85	609.30
49	525.75	485.31	410.20	363.98	288.87	814.63	751.07	629.74	566.19	439.08	1,109.27	1,028.39	855.06	768.40	600.86
50	520.64	481.03	401.79	362.18	282.96	797.95	741.35	616.85	554.60	430.09	1,103.54	1,013.00	848.87	758.34	594.21
51	522.70	483.76	400.36	361.44	278.03	806.29	745.11	622.79	561.63	433.73	1,089.87	1,012.02	839.64	756.24	589.42
52	517.02	478.91	397.29	359.20	277.56	816.34	756.47	631.30	566.00	440.82	1,083.01	1,001.37	832.68	751.04	582.32
53	514.51	472.07	397.81	355.39	281.13	822.15	758.51	631.21	567.55	440.25	1,086.15	986.58	822.15	737.29	578.17
54	515.36	473.72	395.63	353.98	275.90	827.70	760.03	635.10	572.62	442.48	1,061.95	978.67	812.09	734.00	567.41
55	508.73	473.13	391.73	356.12	274.71	829.23	763.11	635.92	574.87	447.69	1,048.00	966.60	803.79	727.50	564.69
56	538.78	498.87	414.07	374.16	289.35	873.03	808.19	673.48	608.63	473.94	1,092.54	1,007.72	843.10	758.29	588.68
57	560.39	516.91	429.97	386.48	299.52	908.23	835.76	700.49	628.03	492.77	1,125.62	1,038.66	864.75	782.62	603.88
58	574.80	532.74	443.96	401.90	313.11	939.33	859.88	719.69	649.59	504.72	1,154.30	1,065.50	887.91	799.13	621.54
59	588.95	548.48	454.08	409.13	319.21	957.61	881.18	737.31	660.88	517.02	1,168.90	1,079.00	899.16	809.24	629.41
60	602.99	555.28	464.17	416.46	325.35	978.06	902.31	750.48	676.73	524.91	1,188.62	1,093.19	911.00	824.22	637.69
61	640.15	589.28	491.78	445.15	343.40	1,021.71	941.16	784.30	707.98	551.14	1,242.16	1,148.90	958.11	860.61	669.84
62	675.86	622.30	519.27	469.81	362.66	1,055.01	972.58	811.87	729.44	568.72	1,294.04	1,195.13	992.20	894.30	696.48
63	708.50	652.46	544.39	488.35	380.27	1,084.76	1,004.71	832.60	752.54	584.41	1,338.95	1,232.87	1,028.72	924.65	720.51
64	741.64	682.77	568.97	514.04	400.25	1,122.26	1,035.93	863.26	776.95	604.29	1,389.09	1,279.22	1,067.32	961.37	745.55
65	764.94	707.86	589.88	528.98	414.81	1,149.31	1,061.78	882.90	795.39	616.52	1,423.31	1,312.95	1,092.22	985.67	764.94
66	837.02	774.34	645.29	578.91	453.54	1,246.32	1,150.45	958.71	866.52	671.09	1,515.50	1,401.19	1,165.20	1,050.89	814.90
67	902.97	835.16	695.96	624.57	488.96	1,338.39	1,234.88	1,027.88	924.38	720.94	1,602.50	1,477.58	1,231.31	1,106.40	863.71
68	968.26	895.37	742.68	669.79	520.56	1,426.35	1,318.76	1,096.66	989.08	766.96	1,686.63	1,558.23	1,297.94	1,169.53	909.26
69	1,022.40	941.95	787.76	707.30	553.09	1,501.76	1,384.43	1,153.13	1,039.17	807.87	1,756.52	1,619.07	1,350.90	1,213.47	945.30
70	1,070.39	986.32	821.39	740.55	575.63	1,568.40	1,445.51	1,202.98	1,083.33	840.80	1,814.17	1,675.12	1,393.78	1,254.73	976.61
71	1,197.66	1,103.60	918.63	827.70	642.73	1,733.78	1,598.96	1,332.48	1,200.78	934.30	1,978.33	1,824.69	1,520.59	1,370.10	1,065.98
72	1,314.86	1,214.66	1,008.17	907.95	704.51	1,885.75	1,739.99	1,448.48	1,302.71	1,014.23	2,128.69	1,964.70	1,636.74	1,472.77	1,144.80
73	1,412.47	1,301.57	1,082.70	977.64	758.76	2,010.72	1,856.06	1,546.71	1,392.04	1,082.70	2,250.03	2,074.94	1,730.56	1,558.39	1,211.10
74	1,508.55	1,390.13	1,158.91	1,043.31	812.09	2,134.53	1,970.99	1,641.08	1,477.54	1,147.63	2,374.22	2,188.11	1,824.36	1,641.08	1,277.34
75	1,580.33	1,461.47	1,218.34	1,094.07	853.64	2,228.67	2,055.79	1,712.70	1,542.51	1,199.43	2,460.99	2,274.60	1,893.69	1,704.60	1,326.39
76	1,722.93	1,586.61	1,325.13	1,193.39	927.33	2,407.46	2,221.48	1,852.09	1,666.11	1,296.72	2,637.35	2,433.29	2,027.74	1,823.68	1,420.70
77	1,875.71	1,730.29	1,441.91	1,296.48	1,010.57	2,595.43	2,395.79	1,996.49	1,796.84	1,397.54	2,817.27	2,600.36	2,166.56	1,949.66	1,515.85
78	2,016.02	1,859.83	1,549.87	1,396.06	1,086.09	2,766.09	2,553.14	2,127.22	1,914.26	1,488.34	2,974.32	2,744.81	2,288.12	2,058.60	1,601.93
79	2,106.28	1,944.43	1,620.73	1,458.89	1,135.18	2,863.83	2,643.53	2,202.95	1,982.65	1,542.06	3,050.40	2,818.86	2,349.05	2,113.03	1,645.46
80	2,155.14	1,989.03	1,658.95	1,490.71	1,160.62	2,930.32	2,704.58	2,253.10	2,029.49	1,578.03	3,121.97	2,883.47	2,402.17	2,161.53	1,682.37
81	2,220.93	2,050.71	1,708.25	1,538.04	1,195.57	3,018.65	2,786.91	2,321.42	2,089.68	1,624.16	3,217.58	2,969.44	2,475.21	2,227.07	1,732.85
82	2,387.03	2,202.47	1,835.39	1,652.87	1,265.80	3,246.28	2,996.09	2,495.72	2,247.58	1,747.21	3,459.55	3,192.96	2,661.83	2,395.23	1,864.10
83	2,577.75	2,378.83	1,983.04	1,784.12	1,388.33	3,504.68	3,236.03	2,696.68	2,426.00	1,888.70	3,736.40	3,447.24	2,875.09	2,585.95	2,011.75
84	2,797.17	2,581.85	2,151.20	1,935.88	1,505.22	3,804.07	3,510.82	2,924.31	2,633.12	2,046.61	4,052.21	3,742.55	3,119.14	2,807.42	2,184.00
85	3,049.42	2,815.62	2,343.96	2,110.18	1,640.58	4,144.50	3,826.63	3,188.87	2,868.95	2,233.22	4,419.29	4,078.86	3,400.08	3,059.67	2,380.89
86	3,322.16	3,067.87	2,557.25	2,300.91	1,790.27	4,517.73	4,171.15	3,475.95	3,127.34	2,434.20	4,817.12	4,445.95	3,703.58	3,334.46	2,592.10
87	3,621.57	3,342.66	2,786.91	2,508.03	1,990.23	4,923.77	4,546.43	3,787.67	3,410.34	2,651.57	5,249.83	4,845.83	4,037.85	3,633.86	2,825.88
88	3,947.63	3,644.11	3,037.11	2,733.61	2,126.59	5,368.76	4,956.57	4,130.14	3,715.89	2,891.51	5,723.53	5,282.64	4,400.84	3,961.98	3,080.18
89	4,304.44	3,972.23	3,309.85	2,979.69	2,317.31	5,850.69	5,399.52	4,501.31	4,050.16	3,151.94	6,236.21	5,758.40	4,796.61	4,316.75	3,357.03
90	4,689.98	4,329.06	3,609.26	3,248.34	2,526.48	6,377.72	5,885.55	4,905.30	4,415.18	3,432.90	6,798.11	6,275.19	5,229.33	4,706.39	3,660.53
91	5,112.42	4,720.74	3,933.27	3,539.53	2,754.11	6,951.92	6,416.68	5,348.27	4,813.03	3,744.60	7,409.22	6,839.12	5,700.99	5,130.89	3,990.69
92	5,571.79	5,143.18	4,288.04	3,859.45	3,002.24	7,577.38	6,994.99	5,828.13	5,245.73	4,078.86	8,077.77	7,454.35	6,211.61	5,592.30	4,347.51
93	6,074.22	5,606.65	4,673.58	4,206.01	3,270.88	8,258.22	7,624.56	6,353.12	5,717.39	4,448.00	8,803.71	8,126.98	6,771.45	6,094.72	4,739.19
94	6,621.75	6,113.18	5,093.97	4,585.40	3,566.19	9,002.63	8,309.49	6,925.27	6,234.17	4,847.88	9,595.29	8,859.08	7,382.57	6,642.26	5,167.80



## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay 10 Individual														
	3650 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO					0 EP	30 EP	90 EP	180 EP	365 EP
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	638.40	584.46	485.55	440.58	341.68	998.07	917.14	764.28	692.36	539.49	1,303.78	1,204.88	1,007.06	908.15	701.35
25-29	639.20	589.40	489.78	439.98	340.36	987.88	913.16	755.43	680.71	531.29	1,295.03	1,203.71	1,004.47	904.85	705.63
30-34	633.83	587.44	486.97	440.58	340.11	989.40	912.09	765.23	680.21	533.34	1,298.57	1,205.82	997.12	896.63	695.66
35-39	629.88	586.94	486.73	436.62	343.57	987.77	909.04	751.57	679.98	529.68	1,295.55	1,195.35	994.93	894.72	694.30
40-44	619.08	579.56	480.78	428.09	335.88	974.72	895.69	750.80	671.77	526.88	1,284.26	1,178.89	987.90	889.10	691.52
45	598.17	548.32	461.09	411.24	324.01	934.65	866.11	722.80	654.26	504.72	1,233.74	1,146.51	953.34	859.88	666.71
46	592.93	544.03	452.34	409.55	317.86	916.91	849.66	709.07	641.83	495.12	1,228.66	1,130.85	941.36	849.66	660.17
47	583.37	535.26	451.06	402.95	318.75	902.12	835.96	697.63	631.48	487.15	1,214.85	1,124.64	938.20	841.98	655.54
48	579.72	532.40	443.66	396.34	313.52	893.24	822.26	686.19	621.13	479.15	1,206.77	1,118.04	928.74	834.08	650.71
49	566.19	519.98	433.32	392.87	306.20	872.40	803.07	670.19	606.64	467.98	1,190.17	1,097.72	912.85	826.18	641.31
50	554.60	514.99	430.09	384.82	299.93	854.54	786.62	656.46	594.21	458.39	1,177.12	1,086.57	905.47	814.92	633.83
51	556.07	517.13	428.16	383.69	300.28	867.45	800.73	667.27	600.54	467.10	1,173.28	1,084.32	900.82	806.29	628.35
52	555.12	511.57	424.50	386.40	299.33	876.20	805.45	669.40	604.10	468.04	1,159.20	1,066.69	892.53	800.02	625.87
53	551.64	509.20	424.34	381.90	297.04	875.19	806.24	673.63	604.68	472.07	1,140.41	1,055.55	880.50	790.33	615.30
54	546.60	510.15	426.87	380.01	296.72	884.96	812.09	681.94	609.06	478.91	1,134.84	1,046.34	869.35	780.85	609.06
55	549.43	503.64	417.17	381.55	289.98	885.20	819.06	681.71	615.57	478.20	1,119.21	1,032.74	859.76	773.28	600.31
56	578.69	503.80	403.80	369.11	280.30	937.89	863.06	723.37	648.54	508.85	1,172.36	1,082.55	897.98	808.19	628.59
57	599.04	555.56	458.94	415.46	323.68	971.04	893.74	748.81	671.52	526.58	1,202.92	1,111.14	927.55	835.76	647.36
58	621.54	570.14	476.67	429.93	331.80	1,000.08	925.31	771.09	696.32	542.10	1,233.74	1,135.61	948.68	855.21	663.60
59	629.41	584.46	485.55	436.10	341.68	1,025.04	944.11	786.76	705.83	552.98	1,249.83	1,155.42	962.09	867.69	674.38
60	646.36	598.65	498.87	448.82	351.38	1,045.47	967.39	802.55	724.46	563.95	1,266.72	1,171.27	976.06	876.28	685.40
61	686.79	636.92	529.93	474.82	373.07	1,093.79	1,004.75	839.41	758.86	589.28	1,335.43	1,229.45	1,021.71	924.21	716.47
62	721.21	667.63	556.35	502.79	391.51	1,129.19	1,038.53	869.57	783.02	609.93	1,384.71	1,273.43	1,063.26	956.11	745.93
63	756.54	696.50	580.41	524.37	408.29	1,160.83	1,072.76	896.63	804.57	628.45	1,429.02	1,320.94	1,100.79	988.70	772.54
64	792.64	733.78	612.14	549.35	427.71	1,204.66	1,110.49	926.05	835.80	647.45	1,483.26	1,368.47	1,145.80	1,028.07	800.49
65	822.03	757.33	631.73	570.85	441.45	1,229.22	1,134.08	943.80	852.47	662.18	1,522.27	1,404.29	1,172.14	1,054.16	822.03
66	896.02	825.96	689.53	619.47	483.04	1,334.82	1,231.58	1,028.77	925.52	719.03	1,622.42	1,497.07	1,246.32	1,120.95	873.90
67	967.21	892.26	742.36	670.98	521.08	1,431.18	1,324.10	1,102.82	992.19	770.91	1,713.13	1,581.07	1,316.98	1,184.92	920.81
68	1,034.19	954.37	798.20	718.38	558.74	1,526.99	1,409.00	1,173.01	1,055.01	822.50	1,804.63	1,665.81	1,388.17	1,249.35	971.72
69	1,092.79	1,008.99	841.38	757.58	589.97	1,605.68	1,481.65	1,236.93	1,112.90	864.84	1,877.20	1,733.05	1,444.77	1,300.62	1,012.34
70	1,144.77	1,054.22	879.60	792.29	614.43	1,675.12	1,549.00	1,290.29	1,160.94	902.23	1,940.29	1,791.53	1,494.02	1,345.28	1,044.52
71	1,279.17	1,181.98	984.47	887.26	689.75	1,852.91	1,711.84	1,426.53	1,282.31	1,000.14	2,116.28	1,953.24	1,627.18	1,467.28	1,138.09
72	1,402.93	1,299.68	1,081.04	971.72	756.12	2,016.32	1,861.46	1,551.72	1,396.85	1,087.12	2,277.48	2,104.39	1,752.14	1,576.02	1,226.81
73	1,508.77	1,394.97	1,161.49	1,044.76	814.21	2,150.81	1,984.46	1,654.69	1,488.34	1,158.57	2,407.62	2,223.76	1,853.13	1,666.36	1,298.65
74	1,612.88	1,488.82	1,237.87	1,116.62	865.65	2,281.16	2,106.35	1,753.88	1,579.05	1,226.59	2,537.76	2,340.38	1,954.08	1,756.69	1,367.57
75	1,691.09	1,561.42	1,302.08	1,172.42	910.38	2,382.66	2,198.95	1,831.57	1,650.56	1,283.18	2,633.89	2,431.27	2,026.07	1,823.46	1,418.24
76	1,844.33	1,702.28	1,418.13	1,276.06	991.91	2,575.37	2,379.04	1,981.24	1,782.35	1,387.13	2,820.76	2,603.78	2,169.81	1,952.83	1,518.87
77	2,003.88	1,851.06	1,542.96	1,390.15	1,079.58	2,775.36	2,563.39	2,134.52	1,922.54	1,493.67	3,014.45	2,782.76	2,319.38	2,087.69	1,624.30
78	2,155.61	1,992.35	1,658.72	1,493.08	1,161.81	2,957.76	2,730.60	2,276.29	2,046.76	1,592.45	3,184.92	2,938.83	2,449.03	2,205.30	1,715.50
79	2,252.40	2,081.56	1,733.13	1,560.04	1,213.87	3,063.89	2,827.85	2,355.80	2,122.02	1,649.96	3,266.19	3,014.43	2,513.15	2,261.39	1,760.10
80	2,306.34	2,129.59	1,773.95	1,597.19	1,241.55	3,134.75	2,894.10	2,410.69	2,170.05	1,686.63	3,341.32	3,083.64	2,570.41	2,312.73	1,799.49
81	2,376.78	2,192.22	1,827.19	1,644.67	1,279.64	3,229.87	2,981.74	2,483.41	2,237.33	1,739.01	3,443.15	3,178.61	2,649.52	2,384.98	1,853.85
82	2,553.14	2,356.27	1,964.59	1,767.72	1,376.02	3,471.86	3,205.27	2,670.03	2,403.43	1,868.21	3,701.55	3,416.48	2,848.44	2,563.39	1,993.30
83	2,758.21	2,546.99	2,120.44	1,909.21	1,484.71	3,748.71	3,461.61	2,885.35	2,596.21	2,019.95	3,998.89	3,689.24	3,074.02	2,768.46	2,151.20
84	2,992.00	2,762.31	2,302.94	2,073.28	1,611.87	4,068.61	3,756.91	3,131.43	2,817.68	2,192.22	4,337.26	4,002.99	3,336.52	3,004.29	2,335.76
85	3,260.63	3,010.45	2,508.03	2,257.84	1,755.41	4,433.64	4,095.28	3,410.34	3,069.92	2,387.03	4,726.90	4,363.91	3,635.91	3,272.94	2,544.94
86	3,555.93	3,283.19	2,735.66	2,460.85	1,915.37	4,833.54	4,462.35	3,717.95	3,346.77	2,602.35	5,153.44	4,757.65	3,964.03	3,568.24	2,774.62
87	3,875.85	3,576.44	2,981.74	2,682.33	2,087.62	5,270.33	4,864.30	4,052.21	3,648.22	2,836.13	5,618.95	5,186.26	4,320.86	3,888.16	3,024.80
88	4,224.48	3,898.41	3,248.34	2,924.31	2,274.24	5,744.04	5,301.09	4,419.29	3,976.34	3,094.52	6,123.43	5,651.77	4,710.49	4,238.82	3,297.55
89	4,603.85	4,249.08	3,541.59	3,188.87	2,479.32	6,258.78	5,778.91	4,817.12	4,333.15	3,371.37	6,675.07	6,160.34	5,132.93	4,620.25	3,592.86
90	5,018.10	4,632.56	3,861.49	3,473.91	2,702.84	6,824.78	6,299.79	5,247.78	4,724.85	3,672.82	7,273.88	6,714.04	5,596.39	5,036.55	3,916.87
91	5,469.25	5,048.86	4,208.06	3,787.67	2,944.82	7,437.94	6,865.80	5,721.50	5,149.35	4,005.05	7,930.11	7,319.00	6,096.82	5,489.76	4,269.59
92	5,963.47	5,504.12	4,585.40	4,128.08	3,209.36	8,106.47	7,483.05	6,236.21	5,612.81	4,365.97	8,641.70	7,977.28	6,648.42	5,983.98	4,653.07
93	6,500.77	6,000.38	4,999.64	4,499.27	3,500.57	8,838.58	8,157.75	6,798.11	6,119.32	4,759.70	9,420.97	8,697.08	7,245.17	6,523.31	5,071.42
94	7,083.17	6,539.73	5,448.74	4,905.30	3,814.33	9,632.20	8,891.89	7,409.22	6,668.93	5,186.26	10,267.93	9,478.40	7,899.35	7,107.77	5,528.72

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay 10 Individual														
	Unlimited					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	710.34	656.38	548.48	485.55	386.64	1,105.97	1,025.04	854.20	773.28	602.44	1,465.62	1,348.74	1,132.94	1,016.05	791.26
25-29	705.63	647.52	539.60	489.78	381.87	1,104.09	1,012.78	846.75	763.74	589.40	1,452.75	1,344.83	1,120.69	1,012.78	788.64
30-34	711.13	649.29	548.80	494.70	386.48	1,105.34	1,020.32	850.26	765.23	595.19	1,460.90	1,344.96	1,120.79	1,012.57	788.42
35-39	708.61	651.36	543.99	486.73	379.36	1,102.30	1,016.40	844.62	758.73	594.10	1,453.03	1,338.50	1,116.62	1,002.08	780.20
40-44	698.11	645.43	540.04	480.78	375.39	1,086.68	1,007.65	842.99	757.39	592.74	1,435.73	1,323.77	1,099.85	994.48	770.55
45	672.95	616.86	510.94	467.33	355.17	1,046.81	972.03	810.03	722.80	567.01	1,389.52	1,277.35	1,065.50	959.58	747.72
46	660.17	605.16	507.35	458.45	354.54	1,026.94	953.58	794.65	709.07	556.25	1,369.24	1,265.33	1,057.49	953.58	739.63
47	655.54	601.41	499.17	451.06	348.82	1,016.38	938.20	781.83	697.63	547.28	1,365.20	1,256.95	1,046.45	944.21	733.72
48	644.80	591.55	496.91	449.57	349.02	999.73	922.81	769.02	692.12	538.31	1,354.66	1,248.17	1,041.13	934.65	727.61
49	635.52	583.53	485.31	439.08	340.87	976.39	901.30	751.07	675.97	525.75	1,334.59	1,230.60	1,028.39	924.39	722.19
50	622.50	571.58	475.37	430.09	333.89	956.41	882.83	735.70	662.13	514.99	1,318.59	1,216.73	1,013.00	916.80	707.40
51	622.79	578.30	478.20	428.16	333.63	967.54	895.26	745.11	672.83	522.70	1,306.74	1,212.21	1,006.46	906.38	706.20
52	620.42	571.44	478.91	429.93	337.42	974.16	903.41	756.47	674.85	527.89	1,300.70	1,197.31	1,001.37	897.98	702.06
53	615.30	567.55	472.07	422.65	328.86	975.98	907.03	753.20	678.94	525.11	1,278.33	1,182.85	981.29	885.81	689.56
54	614.27	567.41	473.72	426.87	333.16	989.08	911.00	760.03	687.14	530.97	1,270.18	1,171.27	978.67	879.76	687.14
55	615.57	564.69	473.13	422.26	330.68	997.12	915.72	763.11	686.79	534.17	1,256.57	1,159.91	966.60	869.93	676.62
56	648.54	598.65	493.89	448.99	344.22	1,047.63	967.81	808.19	723.37	563.73	1,312.05	1,212.27	1,007.72	907.95	703.42
57	671.52	618.36	516.91	463.78	362.33	1,086.98	1,004.85	835.76	753.64	584.55	1,347.85	1,246.40	1,038.66	932.39	729.49
58	691.65	640.23	532.74	481.35	373.86	1,121.58	1,037.46	859.88	780.44	602.85	1,383.29	1,275.80	1,060.83	958.02	743.04
59	705.83	651.89	543.99	490.04	382.14	1,146.43	1,056.51	881.18	795.75	615.93	1,402.69	1,290.29	1,079.00	971.10	755.29
60	724.46	668.06	555.28	503.21	390.42	1,166.94	1,080.17	897.98	811.22	629.01	1,422.88	1,314.43	1,093.19	984.74	763.50
61	771.58	707.98	589.28	534.17	411.23	1,220.96	1,127.69	941.16	847.89	657.12	1,492.29	1,377.82	1,144.85	1,034.43	801.25
62	807.74	745.93	622.30	564.84	436.84	1,265.19	1,166.28	968.48	877.80	679.98	1,549.55	1,430.04	1,191.00	1,071.49	832.47
63	848.60	784.55	648.46	584.41	452.32	1,300.92	1,200.85	1,000.71	900.63	700.49	1,601.14	1,477.05	1,232.87	1,108.78	864.61
64	886.82	820.11	682.77	612.14	478.72	1,345.92	1,243.90	1,035.93	933.91	725.93	1,663.76	1,534.27	1,279.22	1,149.72	894.66
65	917.16	848.67	704.05	635.54	494.73	1,377.65	1,271.09	1,057.97	955.22	742.09	1,704.93	1,571.74	1,309.14	1,179.75	917.16
66	1,002.95	929.21	770.66	696.91	538.35	1,493.37	1,379.07	1,150.45	1,036.15	803.84	1,817.85	1,677.74	1,397.51	1,257.38	977.15
67	1,081.42	999.33	831.59	749.49	581.76	1,602.50	1,481.16	1,231.31	1,109.97	863.71	1,916.57	1,770.23	1,477.58	1,327.67	1,035.03
68	1,159.12	1,072.36	895.37	801.68	628.14	1,710.92	1,579.05	1,315.30	1,183.42	919.67	2,019.79	1,863.63	1,554.75	1,398.58	1,089.71
69	1,226.89	1,129.67	941.95	848.08	660.38	1,796.74	1,662.65	1,381.08	1,243.63	965.41	2,101.78	1,940.89	1,619.07	1,454.82	1,133.02
70	1,280.59	1,183.58	986.32	889.30	692.04	1,878.84	1,733.32	1,442.29	1,299.99	1,008.96	2,173.13	2,008.20	1,671.88	1,503.72	1,170.64
71	1,432.79	1,323.06	1,103.60	990.74	771.26	2,072.39	1,915.62	1,595.83	1,435.94	1,116.14	2,370.24	2,188.39	1,821.57	1,642.85	1,276.04
72	1,576.02	1,454.55	1,211.62	1,090.15	847.23	2,256.22	2,083.14	1,736.96	1,560.83	1,214.66	2,550.77	2,353.39	1,961.66	1,764.29	1,372.56
73	1,689.72	1,561.31	1,298.65	1,170.24	910.52	2,407.62	2,223.76	1,853.13	1,666.36	1,298.65	2,696.52	2,489.34	2,074.94	1,867.73	1,453.33
74	1,804.63	1,666.46	1,387.30	1,249.15	969.99	2,554.67	2,357.30	1,965.35	1,767.97	1,376.02	2,842.29	2,625.17	2,185.30	1,968.17	1,531.11
75	1,893.69	1,750.51	1,458.77	1,310.18	1,021.14	2,669.00	2,463.69	2,053.08	1,847.78	1,437.15	2,949.95	2,723.04	2,269.20	2,042.28	1,588.44
76	2,063.91	1,906.33	1,598.61	1,428.46	1,113.32	2,885.33	2,663.18	2,218.89	1,996.74	1,552.44	3,159.15	2,916.33	2,430.70	2,187.89	1,702.28
77	2,245.43	2,075.36	1,727.82	1,555.29	1,210.22	3,108.11	2,871.49	2,393.32	2,154.24	1,676.06	3,374.31	3,117.97	2,597.90	2,339.10	1,819.02
78	2,415.90	2,228.97	1,857.48	1,670.55	1,301.41	3,315.06	3,059.51	2,548.41	2,295.22	1,784.12	3,565.87	3,291.39	2,742.44	2,467.96	1,918.99
79	2,524.38	2,328.83	1,942.18	1,746.61	1,359.99	3,432.53	3,167.28	2,639.03	2,376.04	1,847.78	3,657.34	3,376.35	2,814.38	2,531.13	1,969.15
80	2,583.19	2,383.00	1,984.78	1,788.86	1,388.49	3,511.69	3,241.23	2,700.31	2,431.98	1,891.07	3,743.81	3,456.31	2,879.20	2,589.57	2,014.59
81	2,659.77	2,456.76	2,046.61	1,841.54	1,433.46	3,617.46	3,340.61	2,782.82	2,503.92	1,948.17	3,855.34	3,560.04	2,967.38	2,670.03	2,077.37
82	2,860.75	2,641.32	2,200.42	1,980.99	1,540.09	3,888.16	3,588.75	2,992.00	2,692.59	2,093.78	4,144.50	3,826.63	3,188.87	2,868.95	2,233.22
83	3,088.38	2,852.55	2,376.78	2,138.89	1,663.12	4,199.86	3,875.85	3,229.87	2,907.91	2,261.94	4,478.76	4,132.19	3,445.21	3,098.63	2,411.63
84	3,352.92	3,094.52	2,577.75	2,319.36	1,804.63	4,556.69	4,206.01	3,504.68	3,156.05	2,452.65	4,858.14	4,482.86	3,736.40	3,363.17	2,614.66
85	3,654.37	3,373.43	2,809.48	2,528.54	1,966.64	4,968.88	4,585.40	3,820.47	3,439.04	2,674.13	5,294.94	4,886.85	4,072.72	3,666.67	2,850.49
86	3,980.43	3,676.93	3,061.71	2,758.21	2,143.00	5,413.89	4,997.59	4,165.01	3,748.71	2,916.11	5,770.71	5,327.76	4,439.80	3,994.79	3,108.89
87	4,341.37	4,007.10	3,338.56	3,004.29	2,337.82	5,901.95	5,446.70	4,538.23	4,085.03	3,176.56	6,291.59	5,805.57	4,839.68	4,355.71	3,387.77
88	4,730.99	4,365.97	3,640.02	3,274.99	2,549.03	6,433.10	5,936.82	4,948.37	4,454.15	3,463.66	6,857.58	6,328.50	5,274.44	4,747.39	3,691.29
89	5,155.49	4,759.70	3,968.14	3,570.29	2,778.71	7,011.39	6,472.06	5,393.38	4,854.04	3,775.36	7,474.85	6,898.60	5,748.15	5,176.00	4,023.50
90	5,621.01	5,188.31	4,324.95	3,890.20	3,026.85	7,640.96	7,054.45	5,879.40	5,290.84	4,115.79	8,147.49	7,519.96	6,266.98	5,641.52	4,386.48
91	6,127.52	5,655.86	4,712.54	4,240.88	3,299.59	8,330.00	7,688.12	6,408.48	5,768.66	4,486.96	8,879.58	8,198.75	6,830.92	6,148.03	4,782.27
92	6,677.13	6,164.45	5,137.04	4,622.31	3,596.95	9,080.56	8,381.27	6,984.74	6,285.43	4,888.90	9,679.36	8,934.96	7,444.09	6,699.67	5,210.86
93	7,280.04	6,720.18	5,598.45	5,038.60	3,918.92	9,896.74	9,135.92	7,614.30	6,851.43	5,329.80	10,550.92	9,738.84	8,116.73	7,304.64	5,682.53
94	7,934.21	7,325.15	6,104.98	5,491.81	4,273.69	10,788.81	9,958.27	8,299.23	7,468.69	5,809.68	11,498.36	10,616.54	8,846.78	7,960.88	6,193.16

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay to 65 Individual														
	730 x Daily Maximum					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	No BIO		365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	81.34	76.41	64.08	56.69	44.37	128.17	118.31	98.59	88.73	69.01	175.00	160.21	133.10	118.31	93.66
25-29	97.96	89.79	73.47	68.03	51.70	152.39	141.50	117.01	106.13	81.64	206.81	190.48	160.54	144.22	111.56
30-34	131.12	124.22	103.52	89.71	72.46	207.04	189.79	158.73	144.93	110.43	282.96	258.80	217.39	193.23	151.84
35-39	171.43	155.11	130.62	118.37	89.79	265.31	244.90	204.09	183.68	142.86	359.20	330.62	273.48	244.90	191.84
40-44	204.09	185.95	154.19	140.59	108.85	317.47	294.80	244.90	217.69	172.35	426.32	394.56	326.54	294.80	226.76
45	217.69	198.76	165.63	146.70	118.31	336.00	307.61	255.55	231.88	179.84	454.31	416.46	350.19	312.33	246.09
46	219.51	205.19	171.79	152.71	119.29	338.80	310.17	262.45	233.82	186.11	467.65	429.46	357.89	319.71	252.91
47	225.20	206.03	172.50	153.32	119.80	340.21	316.24	263.54	234.79	186.87	474.36	436.03	364.16	325.83	253.95
48	231.88	207.74	178.75	159.42	125.61	347.84	318.84	265.71	241.55	188.42	478.27	444.45	372.00	333.33	260.87
49	234.72	215.16	180.94	161.38	127.14	352.09	327.64	273.85	244.51	190.72	493.91	459.67	376.55	342.31	264.07
50	236.62	221.83	182.40	167.61	128.17	359.86	330.28	276.06	246.48	192.25	502.82	463.38	384.51	350.00	271.13
51	242.51	222.72	188.07	168.27	133.64	366.24	336.56	282.11	252.42	197.97	519.68	475.14	395.95	356.35	277.16
52	249.43	229.48	189.57	174.61	134.70	374.16	344.22	289.35	259.42	204.55	528.81	488.90	409.08	364.17	284.35
53	251.41	236.32	196.09	175.98	135.75	382.14	351.98	296.66	266.50	206.16	543.05	502.82	417.34	377.11	291.64
54	257.45	237.25	196.87	181.73	136.29	388.70	358.41	302.87	272.58	212.00	560.32	514.89	429.06	388.70	302.87
55	264.54	244.19	203.49	183.14	142.45	396.82	361.20	305.24	274.71	213.66	569.78	529.08	442.61	391.73	310.33

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay to 65 Individual														
	1095 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	110.92	101.06	83.80	76.41	59.16	165.14	152.82	125.70	113.38	88.73	219.37	202.11	170.07	152.82	118.31
25-29	130.62	119.73	100.68	89.79	70.75	193.20	179.60	149.66	133.34	106.13	261.24	239.46	201.37	179.60	141.50
30-34	179.44	165.63	138.03	124.22	96.62	265.71	244.99	207.04	186.35	144.93	355.42	327.82	272.61	244.99	189.79
35-39	224.49	208.17	175.51	155.11	122.45	338.78	314.29	261.24	236.73	183.68	453.07	416.33	346.95	314.29	244.90
40-44	272.11	249.43	208.62	190.48	145.12	403.64	371.88	312.93	281.18	217.69	539.70	498.87	417.25	371.88	290.26
45	288.68	265.01	222.42	203.49	156.17	430.64	397.53	331.26	298.15	231.88	577.35	530.03	444.85	397.53	312.33
46	291.08	272.00	224.28	205.19	157.48	434.23	400.83	338.80	300.63	238.60	586.94	543.99	453.33	410.37	319.71
47	297.07	273.12	230.00	206.03	162.91	440.82	402.49	340.21	306.66	239.58	603.73	555.83	464.79	416.87	325.83
48	299.52	280.20	231.88	207.74	164.26	444.45	410.64	343.00	309.19	241.55	618.36	565.23	473.43	425.13	333.33
49	308.08	283.63	234.72	210.28	166.26	449.89	415.67	347.21	312.97	244.51	630.83	581.93	484.13	435.23	337.42
50	310.56	290.85	236.62	211.97	167.61	458.45	419.02	350.00	315.49	246.48	645.78	601.41	497.89	448.59	350.00
51	321.70	296.96	242.51	217.77	168.27	465.23	435.54	361.30	321.70	252.42	658.26	608.77	509.79	460.29	356.35
52	324.26	299.33	249.43	224.49	174.61	483.91	444.00	374.16	334.25	264.40	678.47	623.59	523.82	468.94	369.17
53	336.89	311.75	256.43	231.30	181.02	497.79	462.59	387.16	346.95	271.52	693.89	643.61	532.98	477.68	372.09
54	343.26	318.02	267.54	237.25	186.77	509.83	474.51	393.74	358.41	277.64	706.70	651.18	545.18	489.64	383.64
55	351.03	325.59	274.71	244.19	193.31	529.08	488.38	406.99	361.20	284.89	727.50	671.53	559.60	503.64	391.73

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay to 65 Individual														
	1460 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	118.31	108.45	91.20	81.34	64.08	182.40	170.07	140.49	125.70	98.59	246.48	229.23	189.79	172.54	133.10
25-29	141.50	130.62	108.85	97.96	76.19	217.69	201.37	165.99	149.66	117.01	293.88	269.39	225.86	204.09	157.83
30-34	193.23	179.44	148.38	131.12	103.52	296.76	272.61	227.74	207.04	158.73	400.28	369.23	307.12	276.06	213.95
35-39	244.90	224.49	187.75	171.43	130.62	379.60	346.95	289.80	261.24	204.09	510.21	469.40	391.84	355.11	273.48
40-44	294.80	272.11	222.23	204.09	154.19	448.99	417.25	349.21	312.93	244.90	607.72	562.37	467.13	421.78	326.54
45	307.61	288.68	241.36	217.69	170.37	477.98	444.85	369.14	331.26	260.29	648.34	601.02	496.91	444.85	350.19
46	314.94	291.08	243.37	219.51	171.79	486.73	448.56	376.97	338.80	262.45	663.28	615.57	510.59	462.88	357.89
47	321.04	292.28	244.36	220.41	172.50	498.32	455.20	383.32	340.21	268.33	680.40	632.49	527.07	474.36	368.95
48	323.68	299.52	251.22	227.06	173.91	507.26	468.61	391.32	347.84	275.36	700.49	647.36	536.24	483.10	376.81
49	332.53	303.19	254.29	229.84	176.04	513.47	479.23	400.99	356.99	278.74	723.75	669.95	557.47	498.79	391.21
50	335.21	310.56	261.27	231.69	182.40	527.47	488.03	404.23	364.79	280.99	739.44	685.21	571.83	517.61	399.30
51	346.45	321.70	267.26	237.57	188.07	539.48	494.94	415.75	376.15	292.02	752.30	697.85	579.07	519.68	405.84
52	359.20	329.26	274.38	249.43	194.56	553.76	508.85	424.04	384.13	299.33	773.25	713.39	593.67	533.80	414.07
53	372.09	341.91	286.61	256.43	201.13	568.18	522.93	437.45	392.20	306.73	784.39	729.09	603.39	543.05	422.37
54	383.64	353.35	297.83	267.54	208.96	580.51	535.08	444.22	398.79	312.97	797.57	736.99	615.85	555.28	429.06
55	396.82	361.20	305.24	274.71	213.66	590.13	549.43	457.87	412.08	320.50	813.97	752.93	625.74	564.69	437.52

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay to 65 Individual														
	1825 x Daily Maximum					5% Simple BIO					5% Compound BIO				
	No BIO														
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	138.03	128.17	105.99	93.66	73.94	209.51	194.72	160.21	145.42	113.38	283.45	261.27	216.90	197.18	152.82
25-29	163.26	149.66	125.17	114.28	87.07	250.35	231.30	193.20	174.15	136.05	337.42	310.22	258.50	234.01	182.32
30-34	224.30	207.04	169.09	151.84	117.33	341.63	314.01	262.25	234.65	182.89	458.94	420.99	351.98	317.47	244.99
35-39	281.64	261.24	220.41	195.92	155.11	432.67	400.01	334.71	297.97	232.66	583.68	538.78	448.99	404.09	314.29
40-44	340.14	312.93	258.50	235.83	181.42	517.02	476.20	399.11	358.28	281.18	698.42	644.01	535.16	480.73	376.42
45	359.67	336.00	279.22	250.83	194.02	548.96	506.37	421.18	383.32	293.41	743.00	686.19	572.62	515.84	402.25
46	367.43	338.80	281.54	252.91	195.65	553.54	515.36	424.69	386.52	295.86	758.73	696.69	582.17	524.91	405.60
47	368.95	340.21	282.71	253.95	196.46	555.83	517.50	426.44	388.11	297.07	771.45	709.15	589.36	531.86	412.08
48	372.00	343.00	289.87	260.87	202.90	560.39	521.75	434.78	391.32	304.36	782.62	724.65	603.88	541.07	425.13
49	376.55	347.21	293.41	264.07	205.38	567.25	528.13	440.11	396.11	308.08	801.99	738.41	616.17	552.59	430.33
50	384.51	350.00	295.78	266.20	207.04	571.83	532.40	443.66	399.30	310.56	813.38	754.23	630.99	566.90	443.66
51	395.95	361.30	301.91	272.22	212.83	593.92	549.38	460.29	410.80	321.70	826.53	767.14	638.46	574.12	445.43
52	409.08	374.16	314.29	279.38	219.51	613.62	568.72	473.94	429.03	334.25	848.08	783.24	653.52	583.68	458.96
53	417.34	387.16	321.80	291.64	226.27	638.57	588.30	492.77	442.48	346.95	869.88	799.48	668.75	598.36	467.62
54	429.06	393.74	328.12	297.83	232.20	661.28	610.80	504.79	454.31	353.35	883.38	817.76	676.41	610.80	474.51
55	442.61	406.99	335.77	305.24	234.01	681.71	625.74	523.99	473.13	366.29	900.46	829.23	691.88	620.66	483.29

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay to 65 Individual														
	2190 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	147.89	135.56	113.38	101.06	78.87	229.23	211.97	175.00	160.21	123.24	300.71	278.52	231.69	209.51	162.68
25-29	174.15	160.54	133.34	119.73	92.52	272.11	250.35	209.52	187.75	146.94	359.20	331.97	274.84	247.62	193.20
30-34	238.11	220.85	182.89	165.63	127.68	369.23	341.63	282.96	255.36	196.69	490.01	452.04	376.13	338.17	262.25
35-39	302.05	277.56	232.66	208.17	163.26	473.48	432.67	363.27	326.54	253.07	620.42	571.44	477.56	428.58	334.71
40-44	362.82	331.07	276.64	249.43	195.02	562.37	521.56	430.85	390.02	303.87	743.79	684.82	571.44	512.49	399.11
45	383.32	354.93	293.41	265.01	203.49	601.02	553.70	463.78	416.46	326.54	790.32	728.79	605.76	548.96	425.92
46	391.29	357.89	300.63	267.23	209.97	606.02	558.31	467.65	419.92	329.26	801.68	744.40	620.34	553.54	434.23
47	392.91	364.16	301.87	273.12	210.84	608.54	560.62	469.58	421.65	330.62	814.57	752.27	627.70	565.40	440.82
48	396.14	367.16	304.36	275.36	212.56	618.36	565.23	473.43	425.13	333.33	830.94	768.13	642.52	574.88	449.29
49	400.99	371.65	312.97	278.74	220.06	625.95	572.15	479.23	430.33	337.42	846.00	782.43	650.39	586.81	454.79
50	404.23	379.58	315.49	280.99	221.83	630.99	576.76	483.10	433.80	340.14	862.68	798.60	660.57	601.41	463.38
51	415.75	381.10	321.70	292.02	227.66	653.31	603.81	499.88	450.39	351.41	876.03	806.73	673.11	603.81	470.19
52	429.03	394.12	329.26	299.33	229.48	673.48	623.59	518.82	468.94	364.17	892.98	828.14	688.45	618.60	483.91
53	442.48	407.28	336.89	301.69	236.32	698.91	643.61	538.02	482.71	377.11	910.10	839.71	698.91	633.55	487.73
54	449.26	413.93	348.31	312.97	242.29	721.85	666.32	555.28	499.74	388.70	928.82	853.09	711.76	641.09	499.74
55	462.96	422.26	356.12	320.50	249.28	747.85	686.79	574.87	518.90	401.90	941.16	875.02	727.50	651.18	508.73

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay to 65 Individual														
	2920 x Daily Maximum										5% Compound BIO				
	No BIO					5% Simple BIO									
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	162.68	150.35	125.70	113.38	88.73	253.87	234.16	194.72	175.00	135.56	335.21	310.56	258.80	231.69	182.40
25-29	193.20	176.88	146.94	133.34	103.41	302.05	277.56	231.30	209.52	163.26	397.29	367.35	304.77	274.84	212.24
30-34	265.71	244.99	203.60	182.89	141.47	410.64	383.02	317.47	282.96	220.85	541.77	500.35	417.53	376.13	293.31
35-39	334.71	310.22	257.15	232.66	179.60	522.46	481.65	404.09	359.20	281.64	689.81	636.74	530.63	477.56	371.44
40-44	399.11	371.88	308.40	276.64	217.69	625.87	580.51	480.73	430.85	335.61	825.41	761.92	634.94	571.44	444.45
45	425.92	392.79	326.54	293.41	227.16	662.54	615.22	511.10	459.04	359.67	875.49	809.24	676.73	605.76	473.24
46	429.46	396.06	334.03	300.63	233.82	672.83	620.34	515.36	467.65	362.66	892.34	825.53	687.14	615.57	481.96
47	436.03	397.70	335.40	301.87	234.79	675.61	622.90	522.28	469.58	364.16	905.61	833.73	694.77	627.70	488.74
48	439.62	405.81	338.17	304.36	236.72	681.17	628.03	526.58	473.43	367.16	917.89	850.26	710.16	637.69	497.59
49	445.01	410.77	347.21	308.08	244.51	689.51	635.73	533.03	479.23	371.65	938.92	870.45	723.75	650.39	508.57
50	453.52	419.02	350.00	315.49	246.48	695.07	645.78	537.33	483.10	374.65	961.27	882.40	739.44	660.57	517.61
51	465.23	430.60	356.35	321.70	247.46	717.65	663.21	554.33	499.88	386.04	970.07	900.77	747.34	673.11	524.62
52	473.94	439.00	364.17	329.26	254.43	748.32	693.43	578.69	518.82	404.09	992.76	917.93	763.28	688.45	533.80
53	487.73	447.50	377.11	336.89	266.50	779.37	719.03	598.36	538.02	417.34	1,010.66	935.25	779.37	698.91	548.07
54	499.74	459.35	383.64	343.26	267.54	802.62	736.99	615.85	555.28	429.06	1,029.78	949.01	787.47	711.76	550.22
55	508.73	473.13	391.73	356.12	274.71	829.23	763.11	635.92	574.87	447.69	1,048.00	966.60	803.79	727.50	564.69



## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay to 65 Individual														
	3650 x Daily Maximum					5% Simple BIO					5% Compound BIO				
	0 EP	30 EP	No BIO		365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	175.00	160.21	133.10	120.78	93.66	273.59	251.41	209.51	189.79	147.89	357.40	330.28	276.06	248.94	192.25
25-29	209.52	193.20	160.54	144.22	111.56	323.82	299.33	247.62	223.13	174.15	424.50	394.56	329.26	296.60	231.30
30-34	282.96	262.25	217.39	196.69	151.84	441.69	407.18	341.63	303.66	238.11	579.72	538.31	445.15	400.28	310.56
35-39	359.20	334.71	277.56	248.98	195.92	563.27	518.38	428.58	387.76	302.05	738.79	681.64	567.36	510.21	395.93
40-44	426.32	399.11	331.07	294.80	231.30	671.22	616.78	517.02	462.59	362.82	884.37	811.80	680.28	612.25	476.20
45	454.31	416.46	350.19	312.33	246.09	709.86	657.80	548.96	496.91	383.32	937.02	870.77	724.07	653.08	506.37
46	462.88	424.69	353.11	319.71	248.14	715.77	663.28	553.54	501.05	386.52	959.14	882.79	734.86	663.28	515.36
47	464.79	426.44	359.37	321.04	253.95	718.74	666.03	555.83	503.12	388.11	967.89	896.02	747.48	670.82	522.28
48	473.43	434.78	362.33	323.68	256.04	729.49	671.52	560.39	507.26	391.32	985.53	913.07	758.46	681.17	531.42
49	479.23	440.11	366.77	332.53	259.18	738.41	679.73	567.25	513.47	396.11	1,007.38	929.13	772.65	699.29	542.81
50	483.10	448.59	374.65	335.21	261.27	744.37	685.21	571.83	517.61	399.30	1,025.36	946.48	788.74	709.86	552.12
51	494.94	460.29	381.10	341.50	267.26	772.10	712.71	593.92	534.53	415.75	1,044.30	965.11	801.79	717.65	559.27
52	508.85	468.94	389.12	354.20	274.38	803.19	738.33	613.62	553.76	429.03	1,062.60	977.80	818.16	733.34	573.71
53	522.93	482.71	402.25	362.03	281.57	829.66	764.28	638.57	573.21	447.50	1,081.07	1,000.61	834.68	749.20	583.27
54	530.03	494.70	413.93	368.50	287.73	858.15	787.47	661.28	590.60	464.41	1,100.44	1,014.63	842.99	757.18	590.60
55	549.43	503.64	417.17	381.55	289.98	885.20	819.06	681.71	615.57	478.20	1,119.21	1,032.74	859.76	773.28	600.31

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7042VA  
Annual Premium per \$10 Daily Benefit

Age	50% Home Care Pay to 65 Individual														
	No BIO					Unlimited					5% Compound BIO				
	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP	0 EP	30 EP	90 EP	180 EP	365 EP
18-24	194.72	179.93	150.35	133.10	105.99	303.17	280.99	234.16	211.97	165.14	401.76	369.72	310.56	278.52	216.90
25-29	231.30	212.24	176.88	160.54	125.17	361.91	331.97	277.56	250.35	193.20	476.20	440.82	367.35	331.97	258.50
30-34	317.47	289.87	244.99	220.85	172.54	493.45	455.50	379.58	341.63	265.71	652.19	600.43	500.35	452.04	351.98
35-39	404.09	371.44	310.22	277.56	216.33	628.59	579.61	481.65	432.67	338.78	828.58	763.28	636.74	571.44	444.91
40-44	480.73	444.45	371.88	331.07	258.50	748.32	693.89	580.51	521.56	408.18	988.69	911.58	757.39	684.82	530.63
45	511.10	468.50	388.06	354.93	269.75	795.04	738.26	615.22	548.96	430.64	1,055.33	970.15	809.24	728.79	567.88
46	515.36	472.42	396.06	357.89	276.77	801.68	744.40	620.34	553.54	434.23	1,068.90	987.77	825.53	744.40	577.40
47	522.28	479.15	397.70	359.37	277.91	809.78	747.48	622.90	555.83	436.03	1,087.69	1,001.44	833.73	752.27	584.57
48	526.58	483.10	405.81	367.16	285.03	816.43	753.64	628.03	565.23	439.62	1,106.30	1,019.34	850.26	763.30	594.21
49	537.91	493.91	410.77	371.65	288.52	826.43	762.87	635.73	572.15	445.01	1,129.62	1,041.60	870.45	782.43	611.27
50	542.26	497.89	414.09	374.65	290.85	833.10	769.02	640.85	576.76	448.59	1,148.60	1,059.86	882.40	798.60	616.20
51	554.33	514.73	425.64	381.10	296.96	861.18	796.84	663.21	598.87	465.23	1,163.09	1,078.95	895.83	806.73	628.56
52	568.72	523.82	439.00	394.12	309.30	892.98	828.14	693.43	618.60	483.91	1,192.32	1,097.53	917.93	823.15	643.55
53	583.27	538.02	447.50	407.28	311.75	925.18	859.82	714.00	643.61	497.79	1,211.80	1,121.29	930.21	839.71	653.66
54	595.66	550.22	459.35	413.93	323.06	959.11	883.38	736.99	666.32	514.89	1,231.69	1,135.78	949.01	853.09	666.32
55	615.57	564.69	473.13	422.26	330.68	997.12	915.72	763.11	686.79	534.17	1,256.57	1,159.91	966.60	869.93	676.62

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Individual															
	730 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	27.60	25.63	23.67	21.69	29.66	27.52	25.42	23.31	43.39	39.44	35.49	33.53	59.16	53.25	49.30	47.32
25-29	29.58	27.60	25.63	23.67	31.77	29.66	27.52	25.42	47.32	43.39	39.44	37.46	63.11	57.18	53.25	49.30
30-34	31.55	29.58	27.60	25.63	33.89	31.77	29.66	27.52	51.27	45.35	41.41	39.44	67.04	63.11	57.18	53.25
35-39	35.49	31.55	29.58	27.60	38.13	33.89	31.77	29.66	53.25	49.30	45.35	43.39	72.96	67.04	61.13	57.18
40-44	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	59.16	53.25	49.30	45.35	78.87	72.96	65.06	63.11
45	37.46	35.49	31.55	29.58	40.24	38.13	33.89	31.77	59.16	55.21	49.30	47.32	80.85	72.96	67.04	63.11
46	39.44	35.49	31.55	29.58	42.36	38.13	33.89	31.77	59.16	55.21	49.30	47.32	80.85	74.92	67.04	65.06
47	39.44	35.49	31.55	31.55	42.36	38.13	33.89	33.89	59.16	55.21	49.30	47.32	82.82	74.92	69.01	65.06
48	39.44	35.49	33.53	33.53	42.36	38.13	36.01	33.89	61.13	55.21	49.30	47.32	82.82	76.90	69.01	65.06
49	39.44	37.46	33.53	31.55	42.36	40.24	36.01	33.89	61.13	55.21	51.27	47.32	84.78	76.90	70.99	67.04
50	41.41	37.46	33.53	31.55	44.48	40.24	36.01	33.89	61.13	55.21	51.27	47.32	84.78	78.87	70.99	67.04
51	41.41	37.46	33.53	31.55	44.48	40.24	36.01	33.89	61.13	57.18	51.27	49.30	86.76	78.87	72.96	69.01
52	41.41	37.46	35.49	33.53	44.48	40.24	38.13	36.01	63.11	57.18	51.27	49.30	88.73	80.85	72.96	70.99
53	41.41	39.44	35.49	33.53	44.48	42.36	38.13	36.01	63.11	57.18	53.25	49.30	90.71	82.82	74.92	70.99
54	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	65.06	59.16	53.25	51.27	92.68	84.78	76.90	72.96
55	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	65.06	59.16	53.25	51.27	94.64	86.76	78.87	74.92
56	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	69.01	65.06	59.16	55.21	96.62	88.73	80.85	76.90
57	51.27	45.35	41.41	39.44	55.08	48.71	44.48	42.36	76.90	70.99	63.11	61.13	100.57	92.68	84.78	80.85
58	53.25	49.30	45.35	43.39	57.20	52.95	48.71	46.61	82.82	74.92	69.01	65.06	104.50	96.62	86.76	82.82
59	57.18	53.25	47.32	45.35	61.41	57.20	50.83	48.71	88.73	80.85	72.96	69.01	108.45	98.59	90.71	84.78
60	61.13	55.21	51.27	49.30	65.66	59.30	55.08	52.95	94.64	86.76	78.87	74.92	112.40	102.54	92.68	88.73
61	67.04	61.13	55.21	53.25	72.02	65.66	59.30	57.20	100.57	92.68	84.78	80.85	120.29	110.43	100.57	94.64
62	72.96	67.04	61.13	57.18	78.37	72.02	65.66	61.41	108.45	98.59	90.71	84.78	128.17	118.31	108.45	102.54
63	78.87	72.96	65.06	63.11	84.72	78.37	69.88	67.78	116.34	106.48	96.62	90.71	138.03	126.19	114.36	108.45
64	84.78	76.90	70.99	67.04	91.07	82.82	76.25	72.02	122.26	112.40	102.54	96.62	145.91	134.08	122.26	116.34
65	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	130.14	118.31	108.45	102.54	155.77	141.98	130.14	122.26
66	100.57	92.68	84.78	80.85	108.02	99.56	91.07	86.84	143.94	132.12	120.29	114.36	169.58	155.77	141.98	134.08
67	112.40	102.54	92.68	88.73	120.74	110.14	99.56	95.31	157.75	145.91	132.12	126.19	183.37	167.61	153.80	145.91
68	122.26	112.40	102.54	96.62	131.33	120.74	110.14	103.77	173.52	157.75	143.94	136.05	199.16	181.42	165.63	157.75
69	134.08	122.26	110.43	106.48	144.02	131.33	118.61	114.38	187.32	171.56	155.77	147.89	212.95	195.21	177.47	167.61
70	143.94	132.12	120.29	114.36	154.62	141.92	129.21	122.85	201.13	185.35	167.61	159.72	226.76	209.02	189.30	179.44
71	165.63	151.84	138.03	130.14	177.91	163.10	148.27	139.80	228.74	209.02	191.27	181.42	256.34	234.65	214.93	203.09
72	185.35	171.56	155.77	147.89	199.10	184.28	167.32	158.85	256.34	234.65	212.95	203.09	285.92	262.25	238.60	226.76
73	207.04	189.30	173.52	163.66	222.40	203.33	186.38	175.79	281.97	260.29	236.62	224.79	315.49	289.87	264.22	250.43
74	228.74	209.02	189.30	181.42	245.69	224.52	203.33	194.86	309.59	283.94	258.31	244.51	345.07	317.47	287.89	274.08
75	248.46	228.74	207.04	197.18	266.88	245.69	222.40	211.80	337.19	309.59	280.01	266.20	374.65	343.10	313.52	297.75
76	285.92	262.25	238.60	226.76	307.12	281.70	256.29	243.57	380.56	349.02	317.47	301.69	418.04	384.51	349.02	331.26
77	323.38	295.78	270.15	256.34	347.36	317.71	290.18	275.35	421.97	388.46	352.96	335.21	461.41	423.95	384.51	366.77
78	360.84	329.30	299.73	285.92	387.59	353.71	321.96	307.12	465.36	427.90	388.46	368.74	504.79	463.38	421.97	400.28
79	398.32	364.79	331.26	315.49	427.85	391.84	355.83	338.89	508.73	467.33	423.95	402.25	550.14	502.82	457.47	433.80
80	433.80	398.32	362.82	343.10	465.97	427.85	389.72	368.54	552.12	506.77	459.43	437.75	593.53	544.23	492.96	469.29
81	465.36	425.92	386.48	368.74	499.86	457.50	415.15	396.09	591.55	542.26	492.96	467.33	634.94	581.69	528.45	502.82
82	498.87	457.47	416.06	396.34	535.86	491.40	446.92	425.73	634.94	581.69	528.45	502.82	682.26	625.08	567.88	540.28
83	540.28	494.94	449.57	427.90	580.35	531.64	482.91	459.62	686.19	629.01	571.83	542.26	735.49	674.38	613.25	583.67
84	585.64	536.35	487.05	463.38	629.06	576.12	523.17	497.75	743.39	682.26	619.15	589.58	798.60	731.56	666.48	632.96
85	638.87	585.64	532.40	504.79	686.24	629.06	571.88	542.22	810.43	743.39	676.33	642.82	871.56	798.60	725.63	690.14
86	696.05	636.90	579.72	550.14	747.67	684.12	622.71	590.94	883.38	810.43	737.47	700.00	948.46	869.58	790.71	751.27
87	759.16	696.05	630.99	599.44	815.45	747.67	677.77	643.88	964.23	883.38	802.55	763.11	1,035.22	948.46	861.70	818.31
88	826.20	757.18	688.17	654.66	887.45	813.32	739.20	703.19	1,050.98	962.25	875.49	832.12	1,127.90	1,033.24	940.57	893.24
89	901.14	826.20	751.27	713.81	967.96	887.45	806.99	766.74	1,145.64	1,049.03	954.37	907.05	1,228.45	1,125.92	1,023.38	972.11
90	981.97	901.14	818.31	776.90	1,054.78	967.96	878.99	834.51	1,248.17	1,143.67	1,039.17	987.90	1,338.88	1,228.45	1,116.06	1,060.84
91	1,070.70	981.97	891.28	847.89	1,150.10	1,054.78	957.37	910.76	1,360.57	1,246.21	1,133.81	1,076.63	1,461.14	1,338.88	1,216.63	1,155.50
92	1,167.34	1,068.74	972.11	922.81	1,253.89	1,148.00	1,044.19	991.24	1,482.83	1,358.59	1,234.38	1,173.24	1,591.28	1,459.16	1,327.04	1,260.00
93	1,271.84	1,165.36	1,058.88	1,007.61	1,366.15	1,251.77	1,137.39	1,082.33	1,614.93	1,480.86	1,346.76	1,279.72	1,735.22	1,591.28	1,445.35	1,374.38
94	1,386.20	1,269.86	1,155.50	1,098.32	1,488.98	1,364.03	1,241.18	1,179.75	1,760.85	1,614.93	1,467.05	1,394.10	1,890.99	1,733.24	1,575.50	1,496.62

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Individual															
	1095 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	55.21	51.27	47.32	43.39	74.92	69.01	61.13	59.16
25-29	39.44	37.46	33.53	31.55	42.36	40.24	36.01	33.89	59.16	55.21	49.30	47.32	80.85	72.96	67.04	63.11
30-34	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	65.06	59.16	53.25	51.27	86.76	78.87	70.99	69.01
35-39	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	69.01	63.11	57.18	55.21	92.68	84.78	76.90	72.96
40-44	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	74.92	69.01	63.11	59.16	98.59	90.71	82.82	78.87
45	51.27	47.32	41.41	39.44	55.08	50.83	44.48	42.36	76.90	69.01	63.11	61.13	102.54	92.68	84.78	80.85
46	51.27	47.32	43.39	41.41	55.08	50.83	46.61	44.48	76.90	69.01	63.11	61.13	102.54	94.64	86.76	80.85
47	51.27	47.32	43.39	41.41	55.08	50.83	46.61	44.48	76.90	70.99	63.11	61.13	104.50	96.62	88.76	82.82
48	51.27	47.32	43.39	41.41	55.08	50.83	46.61	44.48	76.90	70.99	63.11	61.13	106.48	96.62	88.73	84.78
49	53.25	47.32	43.39	41.41	57.20	50.83	46.61	44.48	76.90	70.99	65.06	61.13	108.45	98.59	90.71	84.78
50	53.25	49.30	43.39	41.41	57.20	52.95	46.61	44.48	76.90	70.99	65.06	61.13	110.43	100.57	90.71	86.76
51	53.25	49.30	45.35	43.39	57.20	52.95	48.71	46.61	78.87	72.96	65.06	63.11	112.40	102.54	92.68	88.73
52	55.21	49.30	45.35	43.39	59.30	52.95	48.71	46.61	80.85	74.92	67.04	63.11	114.36	104.50	94.64	90.71
53	55.21	51.27	47.32	43.39	59.30	55.08	50.83	46.61	82.82	76.90	69.01	65.06	114.36	106.48	96.62	90.71
54	57.18	51.27	47.32	45.35	61.41	55.08	50.83	48.71	84.78	76.90	70.99	67.04	116.34	106.48	98.59	92.68
55	57.18	53.25	47.32	45.35	61.41	57.20	50.83	48.71	86.76	78.87	72.96	69.01	118.31	108.45	98.59	94.64
56	61.13	57.18	51.27	49.30	65.66	61.41	55.08	52.95	92.68	84.78	76.90	72.96	124.22	114.36	104.50	98.59
57	65.06	59.16	53.25	51.27	69.88	63.55	57.20	55.08	100.57	90.71	82.82	78.87	130.14	120.29	108.45	102.54
58	69.01	63.11	57.18	55.21	74.13	67.78	61.41	59.30	106.48	96.62	88.73	84.78	136.05	124.22	114.36	108.45
59	72.96	67.04	59.16	57.18	78.37	72.02	63.55	61.41	112.40	102.54	94.64	88.73	141.98	130.14	118.31	112.40
60	74.92	69.01	63.11	59.16	80.49	74.13	67.78	63.55	118.31	108.45	98.59	94.64	147.89	136.05	122.26	116.34
61	82.82	76.90	69.01	65.06	88.97	82.60	74.13	69.88	130.14	118.31	108.45	102.54	157.75	143.94	132.12	124.22
62	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	140.00	128.17	116.34	110.43	167.61	153.80	140.00	132.12
63	96.62	88.73	80.85	76.90	103.77	95.31	86.84	82.60	149.86	136.05	124.22	118.31	177.47	163.66	147.89	141.98
64	104.50	96.62	86.76	82.82	112.24	103.77	93.19	88.97	159.72	145.91	132.12	128.17	189.30	173.52	157.75	149.86
65	112.40	102.54	92.68	88.73	120.74	110.14	99.56	95.31	169.58	155.77	141.98	134.08	199.16	181.42	166.63	157.75
66	126.19	114.36	104.50	98.59	135.55	122.85	112.24	105.91	187.32	171.56	157.75	149.86	216.90	199.16	181.42	171.56
67	140.00	128.17	116.34	110.43	150.38	137.68	124.96	118.61	207.04	189.30	171.56	163.66	236.62	216.90	197.18	187.32
68	153.80	140.00	128.17	120.29	165.20	150.38	137.68	129.21	224.79	207.04	187.32	179.44	256.34	234.65	214.93	203.09
69	165.63	151.84	138.03	132.12	177.91	163.10	148.27	141.92	244.51	224.79	203.09	193.23	276.06	252.39	230.71	218.88
70	179.44	165.63	149.86	141.98	192.74	177.91	160.97	152.50	262.25	240.57	218.88	209.02	295.78	270.15	246.48	234.65
71	209.02	191.27	173.52	165.63	224.52	205.46	186.38	177.91	297.75	274.08	248.46	236.62	335.21	307.61	278.03	264.22
72	236.62	216.90	197.18	187.32	254.16	232.99	211.80	201.21	333.24	305.64	278.03	264.22	372.67	343.10	311.54	295.78
73	264.22	242.53	220.85	209.02	283.82	260.51	237.22	224.52	368.74	339.16	307.61	291.83	412.11	378.60	343.10	327.33
74	293.80	268.17	244.51	232.67	315.59	288.07	262.63	249.92	404.23	370.70	337.19	321.40	451.55	414.09	376.62	356.91
75	321.40	295.78	268.17	254.36	345.23	317.71	288.07	273.23	439.71	404.23	366.77	349.02	490.99	449.57	408.18	388.46
76	366.77	337.19	305.64	291.83	393.96	362.18	328.29	313.47	496.91	455.50	414.09	394.37	550.14	504.79	457.47	435.78
77	414.09	378.60	345.07	327.33	444.79	406.68	370.65	351.60	554.09	508.73	463.38	439.71	609.30	558.02	506.77	483.10
78	459.43	421.97	382.53	364.79	493.50	453.25	410.89	391.84	611.27	561.97	510.70	485.08	668.45	613.25	558.02	528.45
79	506.77	463.38	421.97	400.28	544.34	497.75	453.25	429.97	668.45	613.25	558.02	530.42	727.61	666.48	607.32	575.78
80	552.12	506.77	459.43	437.75	593.05	544.34	493.50	470.21	725.63	666.48	605.36	575.78	786.76	721.70	656.62	623.10
81	591.55	542.26	492.96	467.33	635.41	582.47	529.51	501.98	776.90	711.84	648.73	615.22	841.98	772.97	701.98	666.48
82	634.94	581.69	528.45	502.82	682.02	624.83	567.63	540.11	836.06	767.04	696.05	662.54	905.07	830.15	755.21	717.75
83	686.19	629.01	571.83	542.26	737.07	675.66	614.24	582.47	903.10	828.17	751.27	713.81	978.04	897.19	814.36	774.93
84	743.39	682.26	619.15	589.58	798.52	732.85	665.07	633.30	980.01	897.19	816.34	774.93	1,060.84	972.11	885.35	840.01
85	810.43	743.39	676.33	642.82	870.52	798.52	726.48	690.49	1,066.77	978.04	889.30	845.92	1,157.48	1,060.84	964.23	914.93
86	883.38	810.43	737.47	700.00	948.88	870.52	792.15	751.91	1,163.39	1,066.77	970.15	920.86	1,261.98	1,155.50	1,050.98	997.75
87	964.23	883.38	802.55	763.11	1,035.72	948.88	862.05	819.69	1,267.89	1,163.39	1,056.91	1,003.66	1,374.38	1,260.00	1,145.64	1,088.46
88	1,050.98	962.25	875.49	832.12	1,128.91	1,033.60	940.42	893.82	1,382.26	1,267.89	1,151.55	1,094.37	1,498.60	1,374.38	1,248.17	1,187.05
89	1,145.64	1,049.03	954.37	907.05	1,230.60	1,126.81	1,025.14	974.31	1,506.48	1,380.29	1,256.07	1,192.96	1,632.68	1,496.62	1,360.57	1,293.53
90	1,248.17	1,143.67	1,039.17	987.90	1,340.72	1,228.47	1,116.22	1,061.14	1,642.54	1,506.48	1,368.45	1,299.44	1,780.57	1,632.68	1,482.83	1,409.87
91	1,360.57	1,246.21	1,133.81	1,076.63	1,461.45	1,338.62	1,217.88	1,156.47	1,790.42	1,640.58	1,492.69	1,417.75	1,940.29	1,778.61	1,616.91	1,536.06
92	1,482.83	1,358.59	1,234.38	1,173.24	1,592.78	1,459.34	1,325.90	1,260.24	1,952.12	1,788.47	1,626.77	1,543.94	2,115.78	1,938.31	1,762.82	1,674.09
93	1,614.93	1,480.86	1,346.76	1,279.72	1,734.68	1,590.67	1,446.62	1,374.62	2,127.61	1,950.15	1,772.68	1,683.95	2,305.08	2,113.82	1,920.57	1,825.93
94	1,760.85	1,614.93	1,467.05	1,394.10	1,891.42	1,734.68	1,575.83	1,497.48	2,318.89	2,125.64	1,932.40	1,835.79	2,512.12	2,303.10	2,094.10	1,989.58

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Individual															
	1460 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	39.44	37.46	33.53	31.55	42.36	40.24	36.01	33.89	61.13	57.18	51.27	49.30	82.82	76.90	69.01	67.04
25-29	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	67.04	61.13	55.21	53.25	90.71	82.82	74.92	70.99
30-34	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	70.99	65.06	59.16	57.18	96.62	88.73	80.85	76.90
35-39	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	76.90	70.99	65.06	61.13	104.50	94.64	86.76	82.82
40-44	53.25	49.30	45.35	43.39	57.20	52.95	48.71	46.61	82.82	76.90	69.01	65.06	112.40	102.54	92.68	88.73
45	55.21	51.27	45.35	43.39	59.30	55.08	48.71	46.61	84.78	76.90	70.99	67.04	114.36	104.50	94.64	90.71
46	55.21	51.27	45.35	43.39	59.30	55.08	48.71	46.61	84.78	78.87	70.99	67.04	116.34	106.48	96.62	92.68
47	55.21	51.27	47.32	43.39	59.30	55.08	50.83	46.61	86.76	78.87	72.96	69.01	118.31	108.45	98.59	94.64
48	55.21	51.27	47.32	43.39	59.30	55.08	50.83	48.71	86.76	80.85	72.96	69.01	120.29	110.43	100.57	96.62
49	57.18	51.27	47.32	45.35	61.41	55.08	50.83	48.71	88.73	80.85	72.96	69.01	124.22	112.40	102.54	98.59
50	57.18	51.27	47.32	45.35	61.41	55.08	50.83	48.71	88.73	82.82	74.92	70.99	126.19	116.34	104.50	100.57
51	59.16	53.25	49.30	45.35	63.55	57.20	52.95	48.71	90.71	82.82	74.92	72.96	128.17	116.34	106.48	100.57
52	59.16	55.21	49.30	47.32	63.55	59.30	52.95	50.83	92.68	84.78	76.90	72.96	128.17	118.31	106.48	102.54
53	61.13	57.18	51.27	49.30	65.66	61.41	55.08	52.95	94.64	86.76	78.87	74.92	130.14	120.29	108.45	102.54
54	63.11	57.18	53.25	49.30	67.78	61.41	57.20	52.95	96.62	88.73	80.85	74.92	132.12	120.29	110.43	104.50
55	65.06	59.16	53.25	51.27	69.88	63.55	57.20	55.08	96.62	88.73	80.85	76.90	134.08	122.26	110.43	106.48
56	69.01	63.11	57.18	55.21	74.13	67.78	61.41	59.30	104.50	96.62	88.73	82.82	140.00	128.17	116.34	110.43
57	72.96	67.04	61.13	59.16	78.37	72.02	65.66	63.55	112.40	104.50	94.64	88.73	145.91	134.08	122.26	116.34
58	78.87	70.99	65.06	61.13	84.72	76.25	69.88	65.66	120.29	110.43	100.57	96.62	153.80	140.00	128.17	120.29
59	82.82	74.92	69.01	65.06	88.97	80.49	74.13	69.88	130.14	118.31	108.45	102.54	159.72	145.91	132.12	126.19
60	86.76	78.87	72.96	69.01	93.19	84.72	78.37	74.13	138.03	126.19	114.36	108.45	165.63	151.84	138.03	132.12
61	94.64	86.76	78.87	74.92	101.66	93.19	84.72	80.49	147.89	136.05	124.22	116.34	177.47	163.66	147.89	140.00
62	100.57	92.68	84.78	80.85	108.02	99.56	91.07	86.84	157.15	145.91	132.12	126.19	189.30	173.52	157.75	149.86
63	108.45	98.59	90.71	84.78	116.49	105.91	97.44	91.07	169.58	155.77	141.98	134.08	201.13	183.37	167.61	157.75
64	116.34	106.48	96.62	90.71	124.96	114.38	103.77	97.44	179.44	165.63	149.86	141.98	212.95	195.21	177.47	167.61
65	122.26	112.40	102.54	96.62	131.33	120.74	110.14	103.77	191.27	175.49	159.72	151.84	222.81	205.07	185.35	177.47
66	138.03	126.19	116.34	110.43	148.27	135.55	124.96	118.61	212.95	195.21	177.47	167.61	246.48	226.76	205.07	195.21
67	153.80	141.98	128.17	122.26	165.20	152.50	137.68	131.33	234.65	214.93	195.21	185.35	270.15	246.48	224.79	212.95
68	169.58	155.77	141.98	134.08	182.16	167.32	152.50	144.02	256.34	234.65	212.95	203.09	291.83	268.17	244.51	232.67
69	185.35	169.58	155.77	147.89	199.10	182.16	167.32	158.85	278.03	254.36	230.71	220.85	315.49	289.87	264.22	250.43
70	201.13	185.35	167.61	159.72	216.05	199.10	180.04	171.57	299.73	274.08	250.43	236.62	339.16	311.54	281.97	268.17
71	234.65	214.93	195.21	185.35	252.04	230.87	209.68	199.10	339.16	311.54	283.94	268.17	384.51	350.98	319.44	303.66
72	266.20	244.51	222.81	210.99	285.93	262.63	239.34	226.64	380.56	349.02	317.47	301.69	427.90	392.39	356.91	339.16
73	299.73	274.08	248.46	236.62	321.96	294.40	266.88	254.16	420.00	386.48	350.98	333.24	473.24	433.80	394.37	374.65
74	331.26	303.66	276.06	262.25	355.83	326.18	296.53	281.70	461.41	421.97	384.51	364.79	518.59	475.22	431.83	410.14
75	362.82	333.24	303.66	287.89	389.72	357.95	326.18	309.24	500.84	459.43	418.04	396.34	563.95	516.63	469.29	445.64
76	423.95	388.46	352.96	335.21	455.39	417.26	379.12	360.07	575.78	528.45	479.15	455.50	638.87	585.64	532.40	506.77
77	483.10	441.69	402.25	382.53	518.92	474.44	432.08	410.89	650.71	595.50	542.26	514.65	715.77	656.62	597.46	567.88
78	542.26	496.91	451.55	429.85	582.47	533.76	485.03	461.72	723.67	664.52	603.39	573.81	792.69	727.61	660.57	627.04
79	601.41	552.12	500.84	477.19	646.00	593.05	537.97	512.57	798.60	731.56	664.52	632.96	869.58	796.62	723.67	688.17
80	662.54	607.32	552.12	524.51	711.66	652.35	593.05	563.41	873.52	800.57	727.61	690.14	946.48	867.61	788.74	749.30
81	707.89	648.73	589.58	560.00	760.38	696.84	633.30	601.52	934.65	855.78	778.88	739.44	1,011.55	926.76	843.94	800.57
82	761.13	698.03	634.94	603.39	817.57	749.79	682.02	648.13	1,003.66	920.86	836.06	794.65	1,088.46	997.75	907.05	861.70
83	822.26	753.25	684.23	650.71	883.24	809.10	734.97	698.96	1,084.51	993.80	903.10	857.75	1,175.22	1,076.63	980.01	930.71
84	891.28	818.31	743.39	705.91	957.37	878.99	798.52	758.26	1,177.19	1,078.60	980.01	930.71	1,275.79	1,169.29	1,062.82	1,009.59
85	972.11	891.28	810.43	769.02	1,044.19	957.37	870.52	826.04	1,281.70	1,175.22	1,068.74	1,015.50	1,390.15	1,273.81	1,157.48	1,100.28
86	1,058.88	972.11	883.38	838.03	1,137.39	1,044.19	948.88	900.17	1,398.03	1,281.70	1,165.36	1,106.21	1,514.37	1,388.17	1,261.98	1,198.87
87	1,155.50	1,058.88	962.25	914.93	1,241.18	1,137.39	1,033.60	982.78	1,524.23	1,396.06	1,269.86	1,206.77	1,650.44	1,514.37	1,376.34	1,307.32
88	1,258.03	1,153.53	1,049.03	995.78	1,351.31	1,239.07	1,126.81	1,069.61	1,660.30	1,522.27	1,384.24	1,315.22	1,800.28	1,650.44	1,500.57	1,425.63
89	1,372.40	1,258.03	1,143.67	1,086.49	1,474.17	1,351.31	1,228.47	1,167.05	1,810.14	1,658.32	1,508.46	1,433.53	1,961.98	1,798.32	1,634.65	1,553.80
90	1,494.65	1,370.43	1,246.21	1,183.10	1,605.47	1,472.04	1,338.62	1,270.83	1,973.82	1,808.18	1,644.51	1,561.70	2,137.47	1,960.01	1,782.54	1,691.83
91	1,630.72	1,494.65	1,358.59	1,289.58	1,751.64	1,605.47	1,459.34	1,385.20	2,151.28	1,971.84	1,792.40	1,701.69	2,330.72	2,135.50	1,942.26	1,845.65
92	1,776.63	1,628.74	1,480.86	1,405.92	1,908.37	1,749.52	1,590.67	1,510.16	2,344.51	2,149.31	1,954.10	1,855.50	2,539.72	2,328.75	2,117.75	2,011.28
93	1,936.35	1,774.66	1,614.93	1,534.09	2,079.93	1,906.25	1,734.68	1,647.85	2,555.51	2,342.54	2,129.59	2,023.11	2,768.46	2,537.76	2,307.05	2,192.69
94	2,111.84	1,934.38	1,758.89	1,672.11	2,268.44	2,077.81	1,889.32	1,796.10	2,784.24	2,553.53	2,320.86	2,204.51	3,018.89	2,766.49	2,516.07	2,389.88

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Individual															
	1825 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	70.99	65.06	59.16	57.18	96.62	88.73	80.85	76.90
25-29	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	76.90	70.99	63.11	61.13	102.54	94.64	86.76	80.85
30-34	53.25	49.30	45.35	43.39	57.20	52.95	48.71	46.61	82.82	74.92	69.01	65.06	110.43	102.54	92.68	88.73
35-39	57.18	53.25	47.32	45.35	61.41	57.20	50.83	48.71	88.73	80.85	72.96	70.99	120.29	110.43	98.59	94.64
40-44	63.11	57.18	51.27	49.30	67.78	61.41	55.08	52.95	94.64	86.76	78.87	74.92	128.17	118.31	106.48	102.54
45	63.11	57.18	53.25	49.30	67.78	61.41	57.20	52.95	96.62	88.73	80.85	76.90	130.14	120.29	108.45	104.50
46	63.11	59.16	53.25	51.27	67.78	63.55	57.20	55.08	96.62	88.73	80.85	76.90	132.12	122.26	110.43	104.50
47	63.11	59.16	53.25	51.27	67.78	63.55	57.20	55.08	96.62	88.73	80.85	76.90	134.08	122.26	112.40	106.48
48	65.06	59.16	53.25	51.27	69.88	63.55	57.20	55.08	96.62	88.73	80.85	76.90	136.05	124.22	112.40	106.48
49	65.06	59.16	53.25	51.27	69.88	63.55	57.20	55.08	96.62	88.73	80.85	76.90	136.05	126.19	114.36	108.45
50	65.06	59.16	53.25	51.27	69.88	63.55	57.20	55.08	96.62	88.73	80.85	76.90	138.03	126.19	114.36	108.45
51	67.04	61.13	55.21	53.25	72.02	65.66	59.30	57.20	100.57	92.68	82.82	78.87	140.00	128.17	116.34	110.43
52	67.04	63.11	57.18	53.25	72.02	67.78	61.41	57.20	102.54	94.64	86.76	80.85	141.98	130.14	118.31	112.40
53	69.01	63.11	57.18	55.21	74.13	67.78	61.41	59.30	106.48	96.62	88.73	84.78	143.94	132.12	120.29	114.36
54	70.99	65.06	59.16	55.21	76.25	69.88	63.55	59.30	108.45	100.57	90.71	86.76	145.91	134.08	122.26	116.34
55	72.96	67.04	59.16	57.18	78.37	72.02	63.55	61.41	112.40	102.54	92.68	88.73	147.89	136.05	122.26	116.34
56	76.90	70.99	65.06	61.13	82.60	76.25	69.88	65.66	120.29	110.43	100.57	94.64	155.77	143.94	130.14	124.22
57	82.82	76.90	69.01	67.04	88.97	82.60	74.13	72.02	128.17	118.31	108.45	102.54	165.63	151.84	138.03	130.14
58	88.73	82.82	74.92	70.99	95.31	88.97	80.49	76.25	138.03	126.19	114.36	108.45	173.52	159.72	143.94	138.03
59	94.64	86.76	78.87	74.92	101.66	93.19	84.72	80.49	145.91	134.08	122.26	116.34	183.37	167.61	151.84	143.94
60	100.57	92.68	84.78	80.85	108.02	99.56	91.07	86.84	155.77	141.98	130.14	122.26	191.27	175.49	159.72	151.84
61	108.45	100.57	90.71	86.76	116.49	108.02	97.44	93.19	165.63	151.84	138.03	132.12	205.07	187.32	171.56	161.70
62	116.34	106.48	96.62	92.68	124.96	114.36	103.77	99.56	177.47	163.66	147.89	141.98	218.88	201.13	181.42	173.52
63	124.22	114.36	104.50	98.59	133.43	122.85	112.24	105.91	189.30	173.52	157.75	149.86	232.67	212.95	193.23	183.37
64	132.12	122.26	110.43	104.50	141.92	131.33	118.61	112.24	201.13	185.35	167.61	159.72	246.48	224.79	205.07	195.21
65	140.00	128.17	116.34	110.43	150.38	137.68	124.96	118.61	212.95	195.21	177.47	167.61	260.29	238.60	216.90	205.07
66	159.72	145.91	132.12	126.19	171.57	156.74	141.92	135.55	238.60	218.88	199.16	189.30	285.92	262.25	238.60	226.76
67	177.47	161.70	147.89	140.00	190.63	173.69	158.85	150.38	264.22	240.57	218.88	209.02	311.54	285.92	260.29	246.48
68	195.21	179.44	161.70	150.38	209.68	192.74	173.69	165.20	287.89	264.22	240.57	228.74	337.19	309.59	281.97	268.17
69	212.95	195.21	177.47	167.61	228.74	209.68	190.63	180.04	313.52	287.89	262.25	248.46	362.82	333.24	303.66	287.89
70	230.71	210.99	193.23	183.37	247.82	226.64	207.56	196.98	339.16	311.54	281.97	268.17	390.42	356.91	325.35	307.61
71	266.20	244.51	222.81	210.99	285.93	262.63	239.34	226.64	386.48	352.96	321.40	305.64	437.75	402.25	364.79	347.05
72	301.69	278.03	252.39	238.60	324.06	298.65	271.10	256.29	433.80	396.34	360.84	343.10	487.05	447.61	406.20	386.48
73	339.16	309.59	281.97	268.17	364.32	332.54	302.87	288.07	481.13	439.71	400.28	380.56	536.35	492.96	447.61	425.92
74	374.65	343.10	311.54	295.78	402.43	368.54	334.64	317.71	526.49	483.10	439.71	418.04	585.64	538.31	489.01	463.38
75	410.14	374.65	341.12	323.38	440.55	402.43	366.42	347.36	573.81	526.49	479.15	455.50	634.94	581.69	530.42	502.82
76	467.33	427.90	388.46	370.70	501.98	459.62	417.26	398.19	648.73	595.50	540.28	514.65	711.84	652.68	593.53	563.95
77	532.40	489.01	443.66	421.97	571.88	525.27	476.56	453.25	733.53	672.40	611.27	579.72	796.62	731.56	664.52	630.99
78	595.50	546.21	496.91	471.27	639.66	586.70	533.76	506.22	814.36	745.35	678.31	644.80	877.47	804.50	731.56	694.09
79	656.62	601.41	546.21	518.59	705.31	646.00	586.70	557.04	887.33	814.36	739.44	701.98	946.48	867.61	788.74	749.30
80	707.89	648.73	589.58	560.00	760.38	696.84	633.30	601.52	958.32	879.44	798.60	759.16	1,023.38	938.60	851.84	810.43
81	757.18	694.09	630.99	599.44	813.32	745.55	677.77	643.88	1,025.36	940.57	853.80	812.40	1,094.37	1,003.66	912.96	865.63
82	814.36	747.32	678.31	644.80	874.75	802.73	728.60	692.61	1,102.26	1,009.59	918.88	873.52	1,177.19	1,078.60	980.01	930.71
83	879.44	806.48	733.53	696.05	944.65	866.28	787.91	747.67	1,190.99	1,090.42	991.83	942.53	1,269.86	1,165.36	1,058.88	1,005.64
84	954.37	875.49	796.62	755.21	1,025.14	940.42	855.70	811.20	1,291.56	1,183.10	1,076.63	1,023.38	1,378.31	1,263.95	1,149.58	1,092.40
85	1,041.13	954.37	867.61	824.22	1,118.32	1,025.14	931.95	885.34	1,407.89	1,291.56	1,173.24	1,114.09	1,502.55	1,378.31	1,252.12	1,189.01
86	1,133.81	1,039.17	944.51	897.19	1,217.88	1,116.22	1,014.55	963.72	1,534.09	1,405.92	1,279.72	1,214.66	1,638.60	1,502.55	1,364.52	1,297.46
87	1,236.35	1,133.81	1,031.27	978.04	1,328.02	1,217.88	1,107.74	1,050.56	1,672.11	1,534.09	1,394.10	1,325.08	1,786.49	1,636.63	1,488.74	1,413.82
88	1,348.74	1,236.35	1,123.95	1,066.77	1,448.75	1,328.02	1,207.29	1,145.86	1,823.95	1,672.11	1,520.29	1,443.39	1,946.21	1,784.52	1,620.86	1,540.01
89	1,469.02	1,346.76	1,224.52	1,163.39	1,577.95	1,446.62	1,315.32	1,249.65	1,987.61	1,821.98	1,656.35	1,573.52	2,121.70	1,944.24	1,768.75	1,680.01
90	1,601.14	1,467.05	1,334.94	1,267.89	1,719.86	1,575.83	1,433.93	1,361.90	2,167.05	1,985.65	1,806.21	1,715.50	2,312.96	2,119.73	1,926.49	1,829.86
91	1,745.08	1,599.17	1,455.21	1,382.26	1,874.48	1,717.74	1,563.11	1,484.76	2,360.30	2,165.07	1,967.89	1,869.30	2,520.01	2,311.00	2,100.01	1,995.51
92	1,902.83	1,743.10	1,585.36	1,506.48	2,043.92	1,872.35	1,702.91	1,618.19	2,573.25	2,358.32	2,145.36	2,036.90	2,746.77	2,518.05	2,289.31	2,174.93
93	2,074.38	1,900.85	1,727.34	1,642.54	2,228.20	2,041.80	1,855.41	1,764.32	2,805.92	2,571.28	2,338.61	2,220.30	2,995.22	2,744.81	2,496.35	2,370.16
94	2,259.73	2,072.41	1,883.11	1,790.42	2,427.29	2,226.08	2,022.73	1,923.19	3,058.33	2,803.96	2,547.62	2,421.41	3,263.40	2,991.29	2,719.16	2,583.11

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Individual															
	2190 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	76.90	70.99	65.06	61.13	102.54	94.64	84.78	80.85
25-29	53.25	49.30	45.35	41.41	57.20	52.95	48.71	44.48	82.82	76.90	69.01	67.04	110.43	100.57	90.71	86.76
30-34	57.18	53.25	47.32	45.35	61.41	57.20	50.83	48.71	90.71	82.82	74.92	70.99	118.31	108.45	98.59	92.68
35-39	61.13	57.18	51.27	49.30	65.66	61.41	55.08	52.95	96.62	88.73	80.85	76.90	128.17	116.34	106.48	100.57
40-44	67.04	61.13	55.21	53.25	72.02	65.66	59.30	57.20	104.50	94.64	86.76	82.82	136.05	126.19	114.36	108.45
45	67.04	61.13	57.18	53.25	72.02	65.66	61.41	57.20	106.48	96.62	88.73	82.82	140.00	128.17	116.34	110.43
46	67.04	63.11	57.18	53.25	72.02	67.78	61.41	57.20	106.48	96.62	88.73	82.82	140.00	130.14	118.31	112.40
47	69.01	63.11	57.18	53.25	74.13	67.78	61.41	57.20	106.48	96.62	88.73	84.78	141.98	130.14	118.31	112.40
48	69.01	63.11	57.18	53.25	74.13	67.78	61.41	59.30	106.48	96.62	88.73	84.78	143.94	132.12	120.29	114.36
49	69.01	63.11	57.18	53.25	74.13	67.78	61.41	59.30	106.48	96.62	88.73	84.78	143.94	132.12	120.29	114.36
50	69.01	63.11	57.18	53.25	74.13	67.78	61.41	59.30	106.48	96.62	88.73	84.78	145.91	134.08	122.26	116.34
51	70.99	65.06	59.16	55.21	76.25	69.88	63.55	59.30	110.43	100.57	90.71	86.76	147.89	136.05	124.22	116.34
52	70.99	65.06	59.16	57.18	76.25	69.88	63.55	61.41	112.40	102.54	94.64	88.73	149.86	138.03	124.22	118.31
53	72.96	67.04	61.13	57.18	78.37	72.02	65.66	61.41	116.34	106.48	96.62	92.68	151.84	138.03	126.19	120.29
54	74.92	69.01	61.13	59.16	80.49	74.13	65.66	63.55	120.29	108.45	98.59	94.64	153.80	140.00	128.17	122.26
55	74.92	69.01	63.11	59.16	80.49	74.13	67.78	63.55	122.26	112.40	102.54	96.62	155.77	141.98	130.14	122.26
56	80.85	74.92	67.04	65.06	86.84	80.49	72.02	69.88	132.12	120.29	110.43	104.50	165.63	151.84	138.03	130.14
57	86.76	80.85	72.96	69.01	93.19	86.84	78.37	74.13	141.98	130.14	118.31	112.40	175.49	159.72	145.91	138.03
58	92.68	84.78	76.90	72.96	99.56	91.07	82.60	78.37	149.86	138.03	126.19	118.31	185.35	169.58	153.80	145.91
59	98.59	90.71	82.82	78.87	105.91	97.44	88.97	84.78	159.72	145.91	134.08	126.19	195.21	179.44	163.66	153.80
60	104.50	96.62	86.76	82.82	112.24	103.77	93.19	88.97	169.58	155.77	141.98	134.08	205.07	189.30	171.56	163.66
61	114.36	104.50	94.64	90.71	122.85	112.24	101.66	97.44	181.42	165.63	149.86	143.94	220.85	203.09	183.37	175.49
62	124.22	112.40	102.54	98.59	133.43	120.74	110.14	105.91	193.23	175.49	159.72	151.84	236.62	216.90	197.18	187.32
63	132.12	122.26	110.43	104.50	141.92	131.33	118.61	112.24	203.09	187.32	169.58	161.70	250.43	230.71	209.02	199.16
64	141.98	130.14	118.31	112.40	152.50	139.80	127.08	120.74	214.93	197.18	179.44	171.56	266.20	244.51	220.85	210.99
65	151.84	138.03	126.19	120.29	163.10	148.27	135.55	129.21	226.76	209.02	189.30	179.44	281.97	258.31	234.65	222.81
66	171.56	157.75	141.98	136.05	184.28	169.44	152.50	146.15	254.36	232.67	212.95	201.13	309.59	283.94	258.31	244.51
67	191.27	175.49	157.75	149.86	205.46	188.51	169.44	160.97	281.97	258.31	234.65	222.81	337.19	309.59	281.97	268.17
68	209.02	193.23	175.49	165.63	224.52	207.56	188.51	177.91	309.59	283.94	258.31	244.51	364.79	335.21	305.64	289.87
69	228.74	210.99	191.27	181.42	245.69	226.64	205.46	194.86	337.19	309.59	280.01	266.20	394.37	360.84	327.33	311.54
70	248.46	228.74	207.04	197.18	266.88	245.69	222.40	211.80	364.79	333.24	303.66	287.89	421.97	386.48	350.98	333.24
71	287.89	262.25	238.60	226.76	309.24	281.70	256.29	243.57	416.06	380.56	347.05	329.30	475.22	435.78	396.34	376.62
72	325.35	297.75	272.11	258.31	349.48	319.82	292.28	277.46	467.33	427.90	388.46	368.74	526.49	483.10	439.71	418.04
73	362.82	333.24	303.66	287.89	389.72	357.95	326.18	309.24	518.59	475.22	431.83	410.14	579.72	532.40	483.10	459.43
74	402.25	368.74	335.21	317.47	432.08	396.09	360.07	341.01	569.86	522.54	475.22	449.57	632.96	579.72	526.49	500.84
75	439.71	404.23	366.77	349.02	472.33	434.20	393.96	374.90	621.13	567.88	516.63	490.99	686.19	629.01	571.83	542.26
76	502.82	459.43	418.04	398.32	540.11	493.50	449.04	427.85	700.00	642.82	583.67	554.09	767.04	703.95	638.87	607.32
77	571.83	524.51	477.19	453.52	614.24	563.41	512.57	487.15	792.69	725.63	660.57	627.04	859.73	788.74	715.77	680.28
78	640.85	587.60	534.37	506.77	688.37	631.18	574.00	544.34	879.44	806.48	733.53	696.05	946.48	867.61	788.74	749.30
79	705.91	646.76	587.60	558.02	758.26	694.71	631.18	599.40	958.32	877.47	798.60	759.16	1,021.41	936.62	851.84	808.45
80	761.13	698.03	634.94	603.39	817.57	749.79	682.02	648.13	1,035.22	948.46	861.70	820.29	1,102.26	1,011.55	918.88	873.52
81	814.36	747.32	678.31	644.80	874.75	802.73	728.60	692.61	1,108.18	1,015.50	922.81	877.47	1,181.13	1,082.54	983.95	934.65
82	875.49	802.55	729.58	694.09	940.42	862.05	783.68	745.55	1,190.99	1,090.42	991.83	942.53	1,267.89	1,163.39	1,056.91	1,003.66
83	946.48	867.61	788.74	749.30	1,016.67	931.95	847.23	804.85	1,285.65	1,179.15	1,070.70	1,017.47	1,370.43	1,256.07	1,141.69	1,084.51
84	1,027.33	940.57	855.78	812.40	1,103.50	1,010.32	919.23	872.65	1,394.10	1,277.75	1,163.39	1,104.23	1,466.76	1,362.54	1,238.31	1,177.19
85	1,118.04	1,025.36	932.67	885.35	1,200.94	1,101.39	1,001.83	951.00	1,520.29	1,394.10	1,267.89	1,202.82	1,620.86	1,484.79	1,350.71	1,283.67
86	1,220.57	1,118.04	1,015.50	966.20	1,311.07	1,200.94	1,090.80	1,037.84	1,656.35	1,518.32	1,380.29	1,311.27	1,766.77	1,618.88	1,472.97	1,398.03
87	1,329.02	1,218.59	1,108.18	1,052.96	1,427.56	1,308.95	1,190.36	1,131.04	1,806.21	1,656.35	1,504.51	1,429.58	1,926.49	1,764.80	1,605.07	1,524.23
88	1,449.30	1,329.02	1,206.77	1,147.62	1,556.77	1,427.56	1,296.25	1,232.72	1,969.87	1,804.23	1,640.58	1,559.73	2,098.03	1,924.52	1,749.03	1,662.25
89	1,579.45	1,447.33	1,315.22	1,250.14	1,696.56	1,554.64	1,412.74	1,342.84	2,145.36	1,967.89	1,788.47	1,699.73	2,287.33	2,098.03	1,906.78	1,810.14
90	1,721.41	1,577.47	1,435.49	1,362.54	1,849.06	1,694.44	1,541.94	1,463.57	2,338.61	2,145.36	1,950.15	1,851.55	2,494.38	2,285.36	2,078.32	1,973.82
91	1,877.20	1,719.45	1,563.66	1,484.79	2,016.40	1,846.94	1,679.60	1,594.88	2,549.58	2,336.63	2,125.64	2,019.16	2,717.19	2,492.40	2,265.64	2,151.28
92	2,044.80	1,875.22	1,703.67	1,618.88	2,196.42	2,014.26	1,829.99	1,738.92	2,780.29	2,547.62	2,316.91	2,200.58	2,961.71	2,715.23	2,468.75	2,344.51
93	2,230.15	2,042.83	1,857.48	1,764.80	2,395.52	2,194.30	1,995.21	1,895.65	3,028.75	2,776.34	2,523.96	2,397.76	3,229.87	2,959.74	2,691.56	2,557.48
94	2,429.31	2,228.18	2,025.09	1,924.52	2,609.45	2,393.40	2,175.25	2,067.22	3,302.83	3,028.77	2,752.69	2,614.66	3,519.73	3,225.93	2,934.09	2,786.20

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Individual															
	2920 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	55.21	51.27	45.35	43.39	59.30	55.08	48.71	46.61	86.76	78.87	70.99	69.01	114.36	104.50	94.64	90.71
25-29	59.16	55.21	49.30	47.32	63.55	59.30	52.95	50.83	92.68	84.78	76.90	72.96	122.26	112.40	102.54	96.62
30-34	63.11	59.16	53.25	51.27	67.78	63.55	57.20	55.08	100.57	90.71	82.82	78.87	132.12	120.29	110.43	104.50
35-39	69.01	63.11	57.18	55.21	74.13	67.78	61.41	59.30	106.48	98.59	88.73	84.78	141.98	130.14	118.31	112.40
40-44	72.96	67.04	61.13	59.16	78.37	72.02	65.66	63.55	114.36	106.48	96.62	90.71	151.84	140.00	126.19	120.29
45	74.92	69.01	63.11	59.16	80.49	74.13	67.78	63.55	118.31	108.45	98.59	92.68	155.77	141.98	128.17	122.26
46	74.92	69.01	63.11	59.16	80.49	74.13	67.78	63.55	118.31	108.45	98.59	92.68	155.77	143.94	130.14	124.22
47	74.92	69.01	63.11	59.16	80.49	74.13	67.78	63.55	118.31	108.45	98.59	92.68	157.75	143.94	132.12	124.22
48	76.90	69.01	63.11	61.13	82.60	74.13	67.78	65.66	118.31	108.45	98.59	92.68	159.72	145.91	132.12	126.19
49	76.90	69.01	63.11	61.13	82.60	74.13	67.78	65.66	118.31	108.45	98.59	92.68	161.70	147.89	134.08	128.17
50	76.90	70.99	63.11	61.13	82.60	76.25	67.78	65.66	118.31	108.45	98.59	92.68	161.70	147.89	136.05	128.17
51	78.87	70.99	65.06	61.13	84.72	76.25	69.88	65.66	122.26	112.40	100.57	96.62	163.66	149.86	136.05	130.14
52	78.87	72.96	67.04	63.11	84.72	78.37	72.02	67.78	124.22	114.36	104.50	98.59	165.63	151.84	138.03	132.12
53	80.85	74.92	67.04	65.06	86.84	80.49	72.02	69.88	128.17	118.31	106.48	102.54	167.61	153.80	140.00	132.12
54	82.82	74.92	69.01	65.06	88.97	80.49	74.13	69.88	132.12	122.26	110.43	104.50	169.58	155.77	141.98	134.08
55	84.78	76.90	69.01	67.04	91.07	82.60	74.13	72.02	136.05	124.22	112.40	108.45	171.56	157.75	143.94	136.05
56	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	145.91	134.08	122.26	116.34	187.37	167.61	151.84	145.91
57	96.62	88.73	80.85	76.90	103.77	95.31	86.84	82.60	157.75	143.94	130.14	124.22	195.21	177.47	161.70	153.80
58	102.54	94.64	86.76	80.85	110.14	101.66	93.19	86.84	167.61	153.80	140.00	132.12	205.07	189.30	171.56	163.66
59	110.43	100.57	90.71	86.76	118.61	108.02	97.44	93.19	177.47	163.66	147.89	140.00	216.90	199.16	181.42	171.56
60	116.34	106.48	96.62	92.68	124.96	114.38	103.77	99.56	187.32	171.56	155.77	147.89	228.74	209.02	189.30	181.42
61	126.19	116.34	104.50	100.57	135.55	124.96	112.24	108.02	201.13	183.37	167.61	159.72	244.51	224.79	205.07	193.23
62	136.05	126.19	114.36	108.45	146.15	135.55	122.85	116.49	212.95	195.21	177.47	169.58	262.25	240.57	218.88	207.04
63	147.89	134.08	122.26	116.34	158.85	144.02	131.33	124.96	226.76	207.04	189.30	179.44	278.03	256.34	232.67	220.85
64	157.75	143.94	132.12	124.22	169.44	154.62	141.92	133.43	238.60	218.88	199.16	189.30	295.78	270.15	246.48	234.65
65	167.61	153.80	140.00	134.08	180.04	165.20	150.38	144.02	252.39	230.71	210.99	199.16	311.54	285.92	260.29	246.48
66	189.30	173.52	157.75	149.86	203.33	186.38	169.44	160.97	281.97	258.31	234.65	222.81	343.10	315.49	285.92	272.11
67	210.99	193.23	175.49	167.61	226.64	207.56	188.51	180.04	313.52	285.92	260.29	248.46	374.65	343.10	311.54	295.78
68	232.67	212.95	193.23	185.35	249.92	228.74	207.56	199.10	343.10	315.49	285.92	272.11	406.20	372.67	339.16	321.40
69	254.36	232.67	212.95	201.13	273.23	249.92	228.74	216.05	374.65	343.10	311.54	295.78	437.75	400.28	364.79	345.07
70	276.06	252.39	230.71	218.88	296.53	271.10	247.82	235.10	404.23	370.70	337.19	319.44	467.33	429.85	390.42	370.70
71	319.44	291.83	266.20	252.39	343.13	313.47	285.93	271.10	461.41	421.97	384.51	364.79	526.49	483.10	439.71	416.06
72	360.84	331.26	301.69	285.92	387.59	355.83	324.06	307.12	518.59	475.22	431.83	410.14	585.64	536.35	487.05	463.38
73	404.23	370.70	337.19	319.44	434.20	398.19	362.18	343.13	575.78	526.49	479.15	455.50	644.80	589.58	536.35	510.70
74	445.64	408.18	372.67	352.96	478.68	438.45	400.31	379.12	630.99	579.72	526.49	500.84	701.98	644.80	585.64	556.07
75	489.01	447.61	408.18	386.48	525.27	480.81	438.45	415.15	688.17	630.99	573.81	544.23	761.13	698.03	634.94	603.39
76	558.02	510.70	463.38	441.69	599.40	548.58	497.75	474.44	778.88	713.81	648.73	615.22	851.84	780.85	709.86	674.38
77	634.94	581.69	528.45	502.82	682.02	624.83	567.63	540.11	879.44	806.48	733.53	696.05	954.37	875.49	794.65	755.21
78	711.84	652.68	593.53	563.95	784.63	701.08	637.53	605.77	976.06	895.21	812.40	772.97	1,050.98	962.25	875.49	832.12
79	782.83	717.75	652.68	619.15	840.88	770.96	701.08	665.07	1,082.82	976.06	887.33	841.98	1,133.81	1,039.17	944.51	897.19
80	845.92	774.93	703.95	668.45	908.64	832.39	756.16	718.02	1,149.58	1,052.96	958.32	909.02	1,224.52	1,121.97	1,021.41	970.15
81	905.07	828.17	753.25	715.77	972.19	889.59	809.10	768.84	1,228.45	1,125.92	1,025.36	974.09	1,311.27	1,200.85	1,092.40	1,037.19
82	972.11	891.28	810.43	769.02	1,044.19	957.37	870.52	826.04	1,321.13	1,210.71	1,100.28	1,047.05	1,407.89	1,291.56	1,173.24	1,116.06
83	1,048.03	962.25	875.49	830.15	1,126.81	1,033.60	940.42	891.70	1,427.61	1,307.32	1,189.01	1,129.86	1,522.27	1,394.10	1,267.89	1,204.80
84	1,139.72	1,045.08	948.46	901.14	1,224.23	1,122.57	1,018.78	967.96	1,547.89	1,419.72	1,289.58	1,226.49	1,650.44	1,512.41	1,376.34	1,307.32
85	1,242.26	1,137.76	1,035.22	981.97	1,334.37	1,222.13	1,111.97	1,054.78	1,687.90	1,405.92	1,336.90	1,260.29	1,800.28	1,648.46	1,498.60	1,423.67
86	1,352.69	1,240.28	1,127.90	1,070.70	1,452.98	1,332.26	1,211.53	1,150.10	1,839.72	1,685.92	1,534.09	1,457.19	1,961.98	1,798.32	1,634.65	1,551.84
87	1,474.93	1,352.69	1,228.45	1,167.34	1,584.30	1,452.98	1,319.54	1,253.89	2,005.37	1,837.76	1,672.11	1,587.33	2,137.47	1,960.01	1,780.57	1,691.83
88	1,607.05	1,472.97	1,338.88	1,273.81	1,726.21	1,582.20	1,438.15	1,368.26	2,186.77	2,003.39	1,821.98	1,731.27	2,330.72	2,135.50	1,942.26	1,845.65
89	1,752.96	1,607.05	1,461.14	1,388.17	1,882.95	1,726.21	1,569.48	1,491.11	2,381.98	2,184.79	1,985.65	1,887.06	2,539.72	2,328.75	2,115.78	2,011.28
90	1,910.71	1,750.99	1,591.28	1,512.41	2,052.39	1,880.82	1,709.28	1,624.56	2,596.92	2,380.02	2,165.07	2,056.62	2,768.46	2,537.76	2,307.05	2,192.69
91	2,082.27	1,908.73	1,735.22	1,648.46	2,236.66	2,050.27	1,863.88	1,770.69	2,831.57	2,594.94	2,358.32	2,241.99	3,016.92	2,766.49	2,514.10	2,389.88
92	2,269.59	2,080.29	1,890.99	1,796.35	2,437.88	2,234.55	2,031.20	1,929.54	3,085.93	2,827.62	2,571.28	2,443.11	3,289.02	3,014.94	2,740.86	2,604.80
93	2,474.66	2,267.62	2,060.57	1,958.03	2,658.16	2,435.76	2,213.36	2,103.22	3,363.96	3,083.95	2,801.99	2,661.98	3,584.80	3,287.06	2,987.34	2,837.47
94	2,695.51	2,472.68	2,247.90	2,135.50	2,895.38	2,656.03	2,414.57	2,293.84	3,665.65	3,360.01	3,054.38	2,902.55	3,908.19	3,582.84	3,257.49	3,093.81



## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Individual															
	3650 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	59.16	53.25	49.30	47.32	63.55	57.20	52.95	50.83	92.68	84.78	76.90	72.96	122.26	112.40	100.57	96.62
25-29	63.11	59.16	53.25	51.27	67.78	63.55	57.20	55.08	98.59	90.71	82.82	78.87	130.14	120.29	108.45	104.50
30-34	69.01	63.11	57.18	53.25	74.13	67.78	61.41	57.20	106.48	98.59	88.73	84.78	140.00	128.17	116.34	110.43
35-39	72.96	67.04	61.13	59.16	78.37	72.02	65.66	63.55	114.36	104.50	94.64	90.71	151.84	138.03	126.19	120.29
40-44	78.87	72.96	65.06	63.11	84.72	78.37	69.88	67.78	124.22	112.40	102.54	98.59	161.70	149.86	136.05	128.17
45	80.85	72.96	67.04	63.11	86.84	78.37	72.02	67.78	126.19	114.36	104.50	98.59	165.63	151.84	138.03	132.12
46	80.85	72.96	67.04	63.11	86.84	78.37	72.02	67.78	126.19	114.36	104.50	100.57	167.61	153.80	140.00	132.12
47	80.85	74.92	67.04	63.11	86.84	80.49	72.02	67.78	126.19	116.34	104.50	100.57	169.58	155.77	140.00	134.08
48	80.85	74.92	67.04	65.06	86.84	80.49	72.02	69.88	126.19	116.34	104.50	100.57	169.58	155.77	141.98	134.08
49	80.85	74.92	67.04	65.06	86.84	80.49	72.02	69.88	126.19	116.34	104.50	100.57	171.56	157.75	143.94	136.05
50	82.82	74.92	69.01	65.06	88.97	80.49	74.13	69.88	126.19	116.34	104.50	100.57	173.52	159.72	143.94	138.03
51	82.82	76.90	69.01	67.04	88.97	82.60	74.13	72.02	130.14	118.31	108.45	102.54	175.49	161.70	145.91	140.00
52	84.78	78.87	70.99	67.04	91.07	84.72	76.25	72.02	134.08	122.26	112.40	106.48	177.47	163.66	147.89	140.00
53	86.76	78.87	72.96	69.01	93.19	84.72	78.37	74.13	138.03	126.19	114.36	108.45	179.44	165.63	149.86	141.98
54	88.73	80.85	72.96	69.01	95.31	86.84	78.37	74.13	141.98	130.14	118.31	112.40	181.42	167.61	151.84	143.94
55	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	145.91	134.08	122.26	114.36	183.37	169.58	153.80	145.91
56	96.62	88.73	80.85	76.90	103.77	95.31	86.84	82.60	155.77	143.94	130.14	124.22	195.21	179.44	166.66	155.77
57	104.50	94.64	86.76	82.82	112.24	101.66	93.19	88.97	167.61	153.80	140.00	132.12	209.02	191.27	173.52	165.63
58	110.43	100.57	92.68	86.76	118.61	108.02	99.56	93.19	179.44	163.66	149.86	141.98	220.85	201.13	183.37	173.52
59	116.34	108.45	98.59	92.68	124.96	116.49	105.91	99.56	189.30	173.52	157.75	149.86	232.67	212.95	193.23	183.37
60	124.22	114.36	102.54	98.59	133.43	122.85	110.14	105.91	201.13	185.35	167.61	159.72	244.51	224.79	203.09	193.23
61	136.05	124.22	112.40	106.48	146.15	133.43	120.74	114.36	214.93	197.18	179.44	169.58	262.25	240.57	218.88	207.04
62	145.91	134.08	122.26	116.34	156.74	144.02	131.33	124.96	228.74	209.02	191.27	181.42	280.01	256.34	232.67	222.81
63	157.75	143.94	132.12	124.22	169.44	154.62	141.92	133.43	242.53	222.81	201.13	191.27	297.75	274.08	248.46	236.62
64	169.58	153.80	140.00	134.08	182.16	165.20	150.38	144.02	256.34	234.65	212.95	203.09	315.49	289.87	264.22	250.43
65	179.44	165.63	149.86	141.98	192.74	177.91	160.97	152.50	274.08	248.46	224.79	212.95	333.24	305.64	278.03	264.22
66	203.09	185.35	169.58	161.70	218.15	199.10	182.16	173.69	301.69	278.03	252.39	238.60	366.77	337.19	305.64	291.83
67	226.76	207.04	189.30	179.44	243.57	222.40	203.33	192.74	335.21	307.61	280.01	264.22	400.28	366.77	333.24	317.47
68	248.46	228.74	207.04	197.18	266.88	245.69	222.40	211.80	366.77	337.19	305.64	291.83	433.80	398.32	362.82	343.10
69	272.11	250.43	228.74	214.93	292.28	269.00	243.57	230.87	400.28	366.77	333.24	317.47	467.33	427.90	390.42	370.70
70	295.78	270.15	246.48	234.65	317.71	290.18	264.76	252.04	431.83	396.34	360.84	343.10	500.84	459.43	418.04	396.34
71	341.12	313.52	283.94	270.15	366.42	336.76	305.00	290.18	492.96	451.55	412.11	390.42	563.95	516.63	469.29	445.64
72	386.48	354.93	321.40	305.64	415.15	381.25	345.23	328.29	554.09	508.73	461.41	439.71	627.04	573.81	522.54	494.94
73	431.83	396.34	360.84	341.12	463.86	425.73	387.59	366.42	615.22	563.95	512.68	487.05	688.17	630.99	573.81	546.21
74	477.19	437.75	398.32	378.60	512.57	470.21	427.85	406.68	676.33	619.15	563.95	534.37	751.27	688.17	627.04	595.50
75	522.54	479.15	435.78	414.09	561.28	514.69	468.09	444.79	737.47	676.33	613.25	583.67	814.36	747.32	678.31	644.80
76	595.50	546.21	496.91	471.27	639.66	586.70	533.76	506.22	832.12	763.11	694.09	658.59	912.96	836.06	759.16	721.70
77	680.28	623.10	565.92	538.31	730.73	669.30	607.89	578.22	940.57	861.70	784.79	745.35	1,021.41	936.62	851.84	808.45
78	761.13	698.03	634.94	603.39	817.57	749.79	682.02	648.13	1,045.08	958.32	869.58	826.20	1,123.95	1,029.31	936.62	889.30
79	838.03	767.04	698.03	662.54	900.17	823.92	749.79	711.66	1,137.76	1,043.10	948.46	901.14	1,212.68	1,112.11	1,011.55	960.29
80	905.07	828.17	753.25	715.77	972.19	889.59	809.10	768.84	1,228.45	1,127.90	1,025.36	974.09	1,311.27	1,200.85	1,092.40	1,037.19
81	968.18	887.33	806.48	765.07	1,039.97	953.12	866.28	821.79	1,315.22	1,206.77	1,096.35	1,041.13	1,401.98	1,285.65	1,169.29	1,110.14
82	1,039.17	954.37	867.61	824.22	1,116.22	1,025.14	931.95	885.34	1,413.82	1,295.51	1,179.15	1,120.00	1,506.48	1,382.26	1,256.07	1,192.96
83	1,123.95	1,029.31	936.62	889.30	1,207.29	1,105.64	1,006.08	955.25	1,528.18	1,400.01	1,271.84	1,208.73	1,628.74	1,492.69	1,356.62	1,289.58
84	1,218.59	1,118.04	1,015.50	964.23	1,308.95	1,200.94	1,090.80	1,035.72	1,656.35	1,518.32	1,380.29	1,311.27	1,766.77	1,618.88	1,472.97	1,398.03
85	1,329.02	1,218.59	1,106.21	1,050.98	1,427.56	1,308.95	1,188.22	1,128.91	1,806.21	1,656.35	1,504.51	1,429.58	1,924.52	1,764.80	1,605.07	1,524.23
86	1,447.33	1,327.04	1,206.77	1,145.64	1,554.64	1,425.44	1,296.25	1,230.60	1,967.89	1,804.23	1,640.58	1,557.75	2,098.03	1,924.52	1,749.03	1,662.25
87	1,577.47	1,447.33	1,315.22	1,250.14	1,694.44	1,554.64	1,412.74	1,342.84	2,145.36	1,967.89	1,788.47	1,699.73	2,287.33	2,096.06	1,906.78	1,810.14
88	1,721.41	1,577.47	1,433.53	1,362.54	1,849.06	1,694.44	1,539.84	1,463.57	2,338.61	2,143.40	1,950.15	1,851.55	2,494.38	2,285.36	2,078.32	1,973.82
89	1,875.22	1,719.45	1,563.66	1,484.79	2,014.26	1,846.94	1,679.60	1,594.88	2,549.58	2,336.63	2,125.64	2,019.16	2,717.19	2,490.43	2,265.64	2,151.28
90	2,044.80	1,873.25	1,703.67	1,618.88	2,196.42	2,012.15	1,829.99	1,738.92	2,778.32	2,547.62	2,316.91	2,200.58	2,961.71	2,715.23	2,468.75	2,344.51
91	2,228.18	2,042.83	1,857.48	1,764.80	2,393.40	2,194.30	1,995.21	1,895.65	3,028.75	2,776.34	2,523.96	2,397.76	3,229.87	2,959.74	2,691.56	2,555.51
92	2,429.31	2,226.20	2,023.11	1,922.54	2,609.45	2,391.28	2,173.13	2,065.11	3,302.83	3,026.77	2,750.72	2,614.66	3,519.73	3,225.93	2,934.09	2,786.20
93	2,646.22	2,427.34	2,206.49	2,096.06	2,842.44	2,607.33	2,370.09	2,251.48	3,598.61	3,298.88	2,999.17	2,849.31	3,837.20	3,517.76	3,196.36	3,036.63
94	2,884.80	2,644.24	2,403.67	2,283.38	3,098.70	2,840.32	2,581.91	2,452.70	3,921.99	3,596.63	3,269.30	3,105.65	4,182.28	3,833.25	3,484.25	3,310.72

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Individual															
	Unlimited															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	67.04	61.13	55.21	53.25	72.02	65.66	59.30	57.20	102.54	94.64	86.76	80.85	136.05	124.22	114.36	108.45
25-29	70.99	65.06	59.16	57.18	76.25	69.88	63.55	61.41	110.43	102.54	92.68	88.73	145.91	134.08	122.26	116.34
30-34	76.90	70.99	63.11	61.13	82.60	76.25	67.78	65.66	120.29	108.45	98.59	94.64	157.75	143.94	132.12	124.22
35-39	82.82	74.92	69.01	65.06	88.97	80.49	74.13	69.88	128.17	118.31	106.48	102.54	169.58	155.77	141.98	134.08
40-44	88.73	80.85	72.96	69.01	95.31	86.84	78.37	74.13	138.03	126.19	114.36	108.45	181.42	167.61	151.84	143.94
45	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	140.00	128.17	118.31	112.40	185.35	169.58	153.80	147.89
46	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	140.00	130.14	118.31	112.40	187.32	171.56	155.77	147.89
47	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	140.00	130.14	118.31	112.40	189.30	173.52	157.75	149.86
48	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	140.00	130.14	118.31	112.40	191.27	175.49	159.72	151.84
49	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	141.98	130.14	118.31	112.40	193.23	177.47	159.72	151.84
50	90.71	84.78	76.90	72.96	97.44	91.07	82.60	78.37	141.98	130.14	118.31	112.40	195.21	177.47	161.70	153.80
51	92.68	84.78	76.90	74.92	99.56	91.07	82.60	80.49	145.91	134.08	120.29	114.36	197.18	181.42	163.66	155.77
52	94.64	86.76	78.87	74.92	101.66	93.19	84.72	80.49	149.86	138.03	124.22	118.31	199.16	183.37	165.63	157.75
53	96.62	88.73	80.85	76.90	103.77	95.31	86.84	82.60	153.80	141.98	128.17	122.26	201.13	185.35	167.61	159.72
54	98.59	90.71	82.82	78.87	105.91	97.44	88.97	84.72	157.75	145.91	132.12	128.19	203.09	187.32	169.58	161.70
55	100.57	92.68	84.78	78.87	108.02	99.56	91.07	84.72	163.66	149.86	136.05	128.17	207.04	189.30	171.56	163.66
56	108.45	98.59	90.71	84.78	116.49	105.91	97.44	91.07	175.49	161.70	145.91	138.03	218.88	201.13	183.37	173.52
57	116.34	106.48	96.62	92.68	124.96	114.38	103.77	99.56	187.32	171.56	155.77	147.89	232.67	212.95	195.21	185.35
58	124.22	114.36	102.54	98.59	133.43	122.85	110.14	105.91	201.13	183.37	167.61	157.75	246.48	226.76	205.07	195.21
59	132.12	120.29	110.43	104.50	141.92	129.21	118.61	112.24	212.95	195.21	177.47	169.58	260.29	238.60	216.90	205.07
60	140.00	128.17	116.34	110.43	150.38	137.68	124.96	118.61	224.79	207.04	187.32	179.44	274.08	250.43	228.74	216.90
61	151.84	138.03	126.19	120.29	163.10	148.27	135.55	129.21	240.57	220.85	201.13	191.27	293.80	270.15	244.51	232.67
62	163.66	149.86	136.05	130.14	175.79	160.97	146.15	138.03	256.34	234.65	212.95	203.09	313.52	287.89	262.25	248.46
63	177.47	161.70	147.89	140.00	190.63	173.69	158.85	150.38	272.11	248.46	226.76	214.93	333.24	305.64	278.03	264.22
64	189.30	173.52	157.75	149.86	203.33	186.38	169.44	160.97	285.92	262.25	238.60	226.76	354.93	325.35	295.78	280.01
65	201.13	185.35	167.61	159.72	216.05	199.10	180.04	171.57	301.69	276.06	252.39	238.60	374.65	343.10	311.54	295.78
66	226.76	209.02	189.30	179.44	243.57	224.52	203.33	192.74	339.16	309.59	281.97	268.17	412.11	376.62	343.10	325.35
67	252.39	232.67	210.99	201.13	271.10	249.92	226.64	216.05	374.65	343.10	311.54	297.75	449.57	412.11	374.65	354.93
68	280.01	256.34	232.67	220.85	300.77	275.35	249.92	232.22	412.11	376.62	343.10	325.35	487.05	445.64	406.20	384.51
69	305.64	280.01	254.36	240.57	328.29	300.77	273.23	258.41	447.61	410.14	372.67	354.93	524.51	481.13	435.78	414.09
70	331.26	303.66	276.06	262.25	355.83	326.18	296.53	281.70	485.08	443.66	404.23	382.53	561.97	514.85	467.33	443.66
71	382.53	350.98	317.47	301.69	410.89	377.00	341.01	324.06	552.12	506.77	461.41	437.75	630.99	579.72	526.49	498.87
72	431.83	396.34	360.84	343.10	463.86	425.73	387.59	368.54	621.13	569.86	516.63	490.99	701.98	642.82	583.67	556.07
73	483.10	443.66	402.25	382.53	518.92	476.56	432.08	410.89	688.17	630.99	573.81	546.21	770.99	707.89	642.82	611.27
74	534.37	490.99	445.64	423.95	574.00	527.39	478.68	455.39	757.18	694.09	630.99	599.44	841.98	770.99	701.98	666.48
75	585.64	536.35	487.05	463.38	629.06	576.12	523.17	497.75	824.22	757.18	688.17	652.68	911.00	836.06	759.16	721.70
76	668.45	611.27	556.07	528.45	718.02	656.60	597.30	567.63	932.67	853.80	776.90	737.47	1,021.41	936.62	851.84	808.45
77	761.13	698.03	634.94	603.39	817.57	749.79	682.02	648.13	1,052.96	966.20	877.47	834.08	1,143.67	1,049.03	952.39	905.07
78	851.84	780.85	709.86	674.38	915.01	838.76	762.49	724.38	1,169.29	1,072.68	974.09	926.76	1,258.03	1,153.53	1,049.03	995.78
79	936.62	859.73	780.85	741.42	1,006.08	923.48	838.76	796.38	1,275.79	1,169.29	1,062.82	1,009.59	1,358.59	1,246.21	1,131.83	1,076.63
80	1,013.52	928.74	843.94	802.55	1,088.68	997.61	906.53	862.05	1,376.34	1,261.98	1,147.62	1,090.42	1,467.05	1,344.80	1,222.54	1,161.41
81	1,082.54	993.80	903.10	857.75	1,162.80	1,067.50	970.06	921.35	1,472.97	1,350.71	1,228.45	1,165.36	1,569.59	1,439.44	1,309.30	1,244.23
82	1,165.36	1,066.77	970.15	922.81	1,251.77	1,145.86	1,042.09	991.24	1,583.38	1,451.28	1,319.16	1,254.09	1,687.90	1,547.89	1,405.92	1,336.90
83	1,258.03	1,153.53	1,049.03	995.78	1,351.31	1,239.07	1,126.81	1,069.61	1,709.59	1,567.61	1,425.63	1,354.66	1,823.95	1,672.11	1,520.29	1,443.39
84	1,364.52	1,250.14	1,137.76	1,080.56	1,465.70	1,342.84	1,222.13	1,160.68	1,855.50	1,701.69	1,545.92	1,469.02	1,977.75	1,814.09	1,648.46	1,565.64
85	1,486.76	1,364.52	1,240.28	1,177.19	1,597.00	1,465.70	1,332.26	1,264.49	2,023.11	1,885.92	1,701.69	1,601.14	2,157.19	1,975.79	1,796.35	1,707.62
86	1,620.86	1,486.76	1,350.71	1,283.67	1,741.05	1,597.00	1,450.87	1,378.85	2,204.51	2,021.14	1,837.76	1,745.08	2,350.44	2,155.21	1,958.03	1,861.41
87	1,766.77	1,620.86	1,472.97	1,400.01	1,897.79	1,741.05	1,582.20	1,503.81	2,403.67	2,202.55	2,003.39	1,902.83	2,561.42	2,348.46	2,135.50	2,029.02
88	1,926.49	1,766.77	1,605.07	1,524.23	2,069.34	1,897.79	1,724.10	1,637.24	2,618.60	2,401.69	2,182.83	2,074.38	2,792.13	2,559.44	2,326.77	2,210.44
89	2,100.01	1,924.52	1,749.03	1,662.25	2,255.72	2,067.22	1,878.71	1,785.51	2,855.22	2,616.64	2,380.02	2,259.73	3,044.52	2,790.15	2,535.79	2,409.59
90	2,289.31	2,098.03	1,906.78	1,812.12	2,459.06	2,253.60	2,048.17	1,946.48	3,111.56	2,853.26	2,592.97	2,464.80	3,318.60	3,040.58	2,764.53	2,626.50
91	2,494.38	2,287.33	2,078.32	1,975.79	2,679.33	2,456.95	2,232.43	2,122.29	3,391.56	3,109.60	2,827.62	2,685.65	3,616.35	3,314.67	3,012.97	2,863.12
92	2,719.16	2,492.40	2,265.64	2,153.26	2,920.79	2,677.22	2,433.64	2,312.91	3,697.20	3,389.59	3,081.98	2,928.18	3,941.71	3,612.42	3,285.09	3,121.42
93	2,963.67	2,717.19	2,470.71	2,346.49	3,183.43	2,918.67	2,653.91	2,520.48	4,030.44	3,695.23	3,358.04	3,190.43	4,296.64	3,937.77	3,580.86	3,401.42
94	3,231.84	2,961.71	2,691.56	2,557.48	3,471.48	3,181.31	2,891.15	2,747.11	4,393.25	4,026.50	3,661.71	3,478.32	4,683.12	4,292.70	3,902.27	3,707.06

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Joint															
	1460 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	19.72	19.72	17.74	15.77	21.19	21.19	19.05	16.94	31.55	29.58	27.60	25.63	43.39	39.44	35.49	33.53
25-29	21.69	19.72	17.74	17.74	23.31	21.19	19.05	19.05	35.49	31.55	29.58	27.60	47.32	43.39	39.44	37.46
30-34	23.67	21.69	19.72	19.72	25.42	23.31	21.19	21.19	37.46	33.53	31.55	29.58	49.30	45.35	41.41	39.44
35-39	25.63	23.67	21.69	19.72	27.52	25.42	23.31	21.19	39.44	37.46	33.53	31.55	53.25	49.30	45.35	43.39
40-44	27.60	25.63	23.67	21.69	29.66	27.52	25.42	23.31	43.39	39.44	35.49	33.53	57.18	53.25	49.30	45.35
45	27.60	25.63	23.67	21.69	29.66	27.52	25.42	23.31	43.39	39.44	35.49	33.53	59.16	55.21	49.30	47.32
46	27.60	25.63	23.67	21.69	29.66	27.52	25.42	23.31	43.39	39.44	37.46	35.49	59.16	55.21	49.30	47.32
47	29.58	25.63	23.67	23.67	31.77	27.52	25.42	25.42	43.39	41.41	37.46	35.49	61.13	55.21	51.27	47.32
48	29.58	27.60	23.67	23.67	31.77	29.66	25.42	25.42	45.35	41.41	37.46	35.49	61.13	57.18	51.27	49.30
49	29.58	27.60	23.67	23.67	31.77	29.66	25.42	25.42	45.35	41.41	37.46	35.49	63.11	57.18	51.27	49.30
50	29.58	27.60	25.63	23.67	31.77	29.66	27.52	25.42	45.35	41.41	37.46	35.49	63.11	57.18	53.25	49.30
51	29.58	27.60	25.63	23.67	31.77	29.66	27.52	25.42	45.35	41.41	37.46	35.49	65.06	59.16	53.25	51.27
52	31.55	27.60	25.63	23.67	33.89	29.66	27.52	25.42	45.35	41.41	39.44	37.46	65.06	59.16	55.21	51.27
53	31.55	27.60	25.63	23.67	33.89	29.66	27.52	25.42	47.32	43.39	39.44	37.46	67.04	61.13	55.21	53.25
54	31.55	29.58	25.63	25.63	33.89	31.77	27.52	27.52	47.32	43.39	39.44	37.46	67.04	63.11	57.18	53.25
55	31.55	29.58	25.63	25.63	33.89	31.77	27.52	27.52	47.32	43.39	39.44	37.46	69.01	63.11	57.18	55.21
56	35.49	31.55	29.58	27.60	38.13	33.89	31.77	29.66	51.27	47.32	43.39	41.41	70.99	65.06	59.16	57.18
57	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	57.18	51.27	47.32	45.35	74.92	69.01	61.13	59.16
58	39.44	37.46	33.53	31.55	42.36	40.24	36.01	33.89	61.13	55.21	51.27	47.32	76.90	70.99	65.06	61.13
59	43.39	39.44	35.49	35.49	46.61	42.36	38.13	36.01	65.06	59.16	53.25	51.27	80.85	72.96	67.04	63.11
60	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	69.01	63.11	57.18	55.21	82.82	74.92	69.01	65.06
61	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	74.92	69.01	61.13	59.16	88.73	80.85	74.92	70.99
62	53.25	49.30	45.35	43.39	57.20	52.95	48.71	46.61	78.87	72.96	67.04	63.11	94.64	86.76	78.87	74.92
63	57.18	53.25	47.32	45.35	61.41	57.20	50.83	48.71	84.78	78.87	70.99	67.04	102.54	92.68	84.78	80.85
64	63.11	57.18	51.27	49.30	67.78	61.41	55.08	52.95	90.71	82.82	74.92	70.99	108.45	98.59	90.71	84.78
65	67.04	61.13	55.21	53.25	72.02	65.66	59.30	57.20	96.62	88.73	78.87	74.92	114.36	104.50	94.64	90.71
66	74.92	69.01	61.13	59.16	80.49	74.13	65.66	63.55	106.48	96.62	88.73	84.78	124.22	114.36	104.50	98.59
67	82.82	74.92	69.01	65.06	88.97	80.49	74.13	69.88	116.34	106.48	96.62	92.68	136.05	124.22	112.40	106.48
68	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	128.17	116.34	106.48	100.57	145.91	134.08	122.26	116.34
69	98.59	90.71	82.82	78.87	105.91	97.44	88.97	84.72	138.03	126.19	114.36	110.43	157.75	143.94	130.14	124.22
70	106.48	98.59	88.73	84.78	114.36	105.91	95.31	91.07	149.86	136.05	124.22	118.31	167.61	153.80	140.00	132.12
71	122.26	112.40	102.54	96.62	131.33	120.74	110.14	103.77	169.58	155.77	140.00	134.08	189.30	173.52	157.75	149.86
72	138.03	126.19	114.36	108.45	148.27	135.55	122.85	116.49	189.30	173.52	157.75	149.86	210.99	193.23	175.49	167.61
73	153.80	140.00	128.17	120.29	165.20	150.38	137.68	129.21	209.02	191.27	173.52	165.63	232.67	212.95	195.21	185.35
74	167.61	153.80	140.00	134.08	180.04	165.20	150.38	144.02	228.74	209.02	191.27	181.42	254.36	234.65	212.95	201.13
75	183.37	167.61	153.80	145.91	196.98	180.04	165.20	156.74	248.46	228.74	207.04	197.18	276.06	254.36	230.71	218.88
76	210.99	193.23	175.49	167.61	226.64	207.56	188.51	180.04	280.01	256.34	234.65	222.81	309.59	283.94	258.31	244.51
77	238.60	218.88	199.16	189.30	256.29	235.10	213.93	203.33	311.54	285.92	260.29	246.48	341.12	313.52	283.94	270.15
78	266.20	244.51	220.85	210.99	285.93	262.63	237.22	226.64	343.10	315.49	285.92	272.11	372.67	341.12	311.54	295.78
79	293.80	268.17	244.51	232.67	315.59	288.07	262.63	249.92	374.65	345.07	313.52	297.75	406.20	370.70	337.19	321.40
80	321.40	293.80	266.20	254.36	345.23	315.59	285.93	273.23	408.18	372.67	339.16	323.38	437.75	400.28	364.79	347.05
81	343.10	313.52	285.92	272.11	368.54	336.76	307.12	292.28	435.78	400.28	362.82	345.07	467.33	429.85	390.42	370.70
82	368.74	337.19	307.61	291.83	396.09	362.18	330.43	313.47	469.29	429.85	390.42	370.70	502.82	461.41	420.00	398.32
83	398.32	364.79	331.26	315.49	427.85	391.84	355.83	338.89	506.77	463.38	421.97	400.28	544.23	498.87	453.52	429.85
84	431.83	396.34	360.84	341.12	463.86	425.73	387.59	366.42	548.17	502.82	457.47	433.80	589.58	540.28	499.99	467.33
85	471.27	431.83	392.39	372.67	506.22	463.86	421.50	400.31	599.44	548.17	498.87	473.24	642.82	589.58	536.35	508.73
86	512.68	471.27	427.90	406.20	550.69	506.22	459.62	436.32	652.68	597.46	544.23	516.63	700.00	642.82	583.67	554.09
87	560.00	512.68	467.33	443.66	601.52	550.69	501.98	476.56	711.84	652.68	591.55	561.97	763.11	700.00	636.90	605.36
88	609.30	560.00	508.73	483.10	654.47	601.52	546.44	518.92	774.93	709.86	646.76	613.25	832.12	763.11	694.09	658.59
89	664.52	609.30	554.09	526.49	713.80	654.47	595.17	565.53	843.94	774.93	703.95	668.45	907.05	832.12	755.21	717.75
90	725.63	664.52	603.39	573.81	779.43	713.80	648.13	616.36	920.86	843.94	767.04	729.58	987.90	907.05	824.22	782.83
91	790.71	723.67	658.59	625.08	849.34	777.33	707.43	671.44	1,003.66	920.86	836.06	794.65	1,078.60	987.90	897.19	853.80
92	861.70	788.74	717.75	682.26	925.60	847.23	770.96	732.85	1,094.37	1,003.66	911.00	865.63	1,175.22	1,076.63	978.04	930.71
93	938.60	859.73	782.83	743.39	1,008.20	923.48	840.88	798.52	1,192.96	1,092.40	993.80	944.51	1,279.72	1,173.24	1,066.77	1,013.52
94	1,023.38	938.60	851.84	810.43	1,099.27	1,008.20	915.01	870.52	1,299.44	1,190.99	1,082.54	1,029.31	1,396.06	1,279.72	1,163.39	1,104.23

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Joint															
	2190 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	25.63	23.67	21.69	19.72	27.52	25.42	23.31	21.19	39.44	35.49	31.55	31.55	51.27	47.32	43.39	41.41
25-29	27.60	25.63	23.67	21.69	29.66	27.52	25.42	23.31	41.41	37.46	35.49	33.53	55.21	51.27	47.32	43.39
30-34	29.58	27.60	25.63	23.67	31.77	29.66	27.52	25.42	45.35	41.41	37.46	35.49	59.16	55.21	49.30	47.32
35-39	31.55	29.58	27.60	25.63	33.89	31.77	29.66	27.52	47.32	43.39	39.44	37.46	65.06	59.16	53.25	51.27
40-44	35.49	31.55	29.58	27.60	38.13	33.89	31.77	29.66	51.27	47.32	43.39	41.41	69.01	63.11	57.18	55.21
45	35.49	31.55	29.58	27.60	38.13	33.89	31.77	29.66	53.25	49.30	43.39	41.41	70.99	65.06	59.16	55.21
46	35.49	33.53	29.58	27.60	38.13	36.01	31.77	29.66	53.25	49.30	43.39	41.41	70.99	65.06	59.16	57.18
47	35.49	33.53	29.58	27.60	38.13	36.01	31.77	29.66	53.25	49.30	43.39	41.41	72.96	67.04	61.13	57.18
48	35.49	33.53	29.58	27.60	38.13	36.01	31.77	29.66	53.25	49.30	45.35	41.41	74.92	67.04	61.13	59.16
49	37.46	33.53	29.58	29.58	40.24	36.01	31.77	31.77	53.25	49.30	45.35	41.41	74.92	69.01	63.11	59.16
50	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	53.25	49.30	45.35	43.39	76.90	69.01	63.11	61.13
51	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	55.21	51.27	45.35	43.39	76.90	70.99	65.06	61.13
52	37.46	35.49	31.55	29.58	40.24	38.13	33.89	31.77	57.18	51.27	47.32	45.35	78.87	72.96	65.06	63.11
53	39.44	35.49	31.55	31.55	42.36	38.13	33.89	33.89	57.18	53.25	47.32	45.35	80.85	72.96	67.04	63.11
54	39.44	35.49	33.53	31.55	42.36	38.13	36.01	33.89	59.16	53.25	49.30	47.32	80.85	74.92	67.04	65.06
55	39.44	37.46	33.53	31.55	42.36	40.24	36.01	33.89	61.13	55.21	49.30	47.32	82.82	76.90	69.01	65.06
56	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	65.06	59.16	53.25	51.27	86.76	78.87	72.96	69.01
57	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	69.01	63.11	57.18	55.21	90.71	82.82	74.92	70.99
58	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	72.96	67.04	61.13	59.16	94.64	86.76	78.87	74.92
59	49.30	45.35	41.41	39.44	52.95	48.71	44.48	44.48	78.87	70.99	65.06	61.13	98.59	92.56	82.82	78.87
60	53.25	47.32	43.39	41.41	57.20	50.83	46.61	44.48	82.82	76.90	69.01	65.06	102.54	94.64	84.78	80.85
61	57.18	53.25	47.32	45.35	61.41	57.20	50.83	48.71	90.71	82.82	74.92	70.99	110.43	100.57	90.71	86.76
62	63.11	57.18	53.25	49.30	67.78	61.41	57.20	52.95	96.62	88.73	80.85	76.90	116.34	106.48	96.62	92.56
63	67.04	63.11	57.18	53.25	72.02	67.78	61.41	57.20	104.50	94.64	86.76	82.82	124.22	114.36	102.54	98.59
64	72.96	67.04	61.13	57.18	78.37	72.02	65.66	61.41	110.43	102.54	92.68	88.73	130.14	120.29	108.45	104.50
65	76.90	70.99	65.06	61.13	82.60	76.25	69.88	65.66	118.31	108.45	98.59	92.68	138.03	130.14	114.36	108.45
66	86.76	80.85	72.96	69.01	93.19	86.84	78.37	74.13	130.14	120.29	108.45	104.50	151.84	138.03	126.19	120.29
67	96.62	88.73	80.85	76.90	103.77	95.31	86.84	82.60	143.94	132.12	120.29	114.36	165.63	151.84	138.03	130.14
68	106.48	96.62	88.73	84.78	114.38	103.77	95.31	91.07	157.75	143.94	130.14	124.22	179.44	163.66	149.86	141.98
69	116.34	106.48	96.62	92.68	124.96	114.38	103.77	99.56	169.58	155.77	141.98	134.08	191.27	175.49	159.72	151.84
70	126.19	114.36	104.50	98.59	135.55	122.85	112.24	105.91	183.37	167.61	151.84	145.91	205.07	189.30	171.56	163.66
71	145.91	132.12	120.29	114.36	156.74	141.92	129.21	122.85	207.04	191.27	173.52	163.66	232.67	212.95	193.23	183.37
72	165.63	151.84	138.03	130.14	177.91	163.10	148.27	138.80	232.67	212.95	193.23	183.37	260.29	238.60	216.90	205.07
73	185.35	169.58	153.80	145.91	199.10	182.16	165.20	156.74	256.34	236.62	214.93	203.09	287.89	262.25	238.60	226.76
74	205.07	187.32	169.58	161.70	220.27	201.21	182.16	173.69	281.97	258.31	234.65	222.81	313.52	287.89	262.25	248.46
75	224.79	205.07	187.32	177.47	241.46	220.27	201.21	190.63	305.64	281.97	256.34	242.53	341.12	313.52	283.94	270.15
76	256.34	234.65	212.95	203.09	275.35	252.04	228.74	218.15	347.05	317.47	287.89	274.08	382.53	350.98	319.44	303.66
77	287.89	264.22	240.57	228.74	309.24	283.82	258.41	245.69	386.48	354.93	321.40	305.64	423.95	388.46	352.96	335.21
78	319.44	293.80	266.20	252.39	343.13	315.59	285.93	271.10	425.92	390.42	354.93	337.19	465.36	425.92	388.46	368.74
79	352.96	323.38	293.80	278.03	379.12	347.36	315.59	298.65	465.36	427.90	388.46	368.74	506.77	465.36	421.97	400.28
80	384.51	352.96	319.44	303.66	413.03	379.12	343.13	326.18	504.79	463.38	421.97	400.28	548.17	502.82	457.47	433.80
81	410.14	376.62	343.10	325.35	440.55	404.56	368.54	349.48	540.28	496.91	451.55	427.90	585.64	538.31	489.01	463.38
82	441.69	404.23	368.74	349.02	474.44	434.20	396.09	374.90	581.69	532.40	485.08	461.41	630.99	577.74	524.51	498.87
83	477.19	437.75	398.32	378.60	512.57	470.21	427.85	406.68	629.01	575.78	522.54	496.91	680.28	625.08	567.88	538.31
84	518.59	475.22	431.83	410.14	557.04	510.45	463.86	440.55	682.26	625.08	567.88	540.28	739.44	676.33	615.22	585.64
85	563.95	516.63	471.27	447.61	605.77	554.94	506.22	480.81	743.39	680.28	619.15	587.60	804.50	737.47	670.43	636.90
86	615.22	563.95	512.68	487.05	660.84	605.77	550.69	523.17	810.43	741.42	674.38	640.85	877.47	804.50	731.56	694.09
87	670.43	615.22	558.02	530.42	720.13	660.84	599.40	569.75	883.38	808.45	735.49	698.03	956.34	877.47	796.62	757.18
88	731.56	670.43	609.30	577.74	785.80	720.13	654.47	620.58	962.25	881.42	802.55	761.13	1,043.10	956.34	869.58	826.20
89	796.62	729.58	664.52	630.99	855.70	783.68	713.80	677.77	1,049.03	962.25	873.52	830.15	1,135.78	1,041.13	946.48	899.16
90	867.61	796.62	723.67	688.17	931.95	855.70	777.33	739.20	1,143.67	1,047.05	952.39	905.07	1,238.31	1,135.78	1,033.24	980.01
91	946.48	867.61	788.74	749.30	1,016.67	931.95	847.23	804.85	1,246.21	1,141.69	1,039.17	985.92	1,350.71	1,238.31	1,125.92	1,068.74
92	1,031.27	946.48	859.73	816.34	1,107.74	1,016.67	923.48	876.87	1,358.59	1,244.23	1,131.83	1,074.65	1,472.97	1,348.74	1,226.49	1,165.36
93	1,123.95	1,031.27	936.62	891.28	1,207.29	1,107.74	1,006.08	957.37	1,480.86	1,356.62	1,234.38	1,171.27	1,605.07	1,471.00	1,336.90	1,269.86
94	1,226.49	1,123.95	1,021.41	970.15	1,317.44	1,207.29	1,097.15	1,042.09	1,612.96	1,478.88	1,344.80	1,277.75	1,749.03	1,603.10	1,457.19	1,384.24

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Joint															
	2920 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	25.63	23.67	21.69	21.69	27.52	25.42	23.31	23.31	41.41	37.46	33.53	31.55	55.21	49.30	45.35	43.39
25-29	27.60	25.63	23.67	21.69	29.66	27.52	25.42	23.31	43.39	39.44	35.49	33.53	59.16	53.25	49.30	47.32
30-34	29.58	27.60	25.63	23.67	31.77	29.66	27.52	25.42	47.32	43.39	39.44	37.46	63.11	57.18	53.25	49.30
35-39	33.53	29.58	27.60	25.63	36.01	31.77	29.66	27.52	51.27	45.35	41.41	39.44	69.01	63.11	57.18	53.25
40-44	35.49	31.55	29.58	27.60	38.13	33.89	31.77	29.66	53.25	49.30	45.35	43.39	72.96	67.04	61.13	57.18
45	35.49	33.53	29.58	27.60	38.13	36.01	31.77	29.66	55.21	51.27	45.35	43.39	74.92	69.01	63.11	59.16
46	35.49	33.53	29.58	29.58	38.13	36.01	31.77	31.77	55.21	51.27	47.32	43.39	76.90	69.01	63.11	61.13
47	35.49	33.53	29.58	29.58	38.13	36.01	31.77	31.77	57.18	51.27	47.32	45.35	76.90	70.99	65.06	61.13
48	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	57.18	53.25	47.32	45.35	78.87	72.96	67.04	63.11
49	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	57.18	53.25	47.32	45.35	80.85	74.92	67.04	63.11
50	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	59.16	53.25	49.30	45.35	82.82	74.92	69.01	65.06
51	37.46	35.49	31.55	29.58	40.24	38.13	33.89	31.77	59.16	55.21	49.30	47.32	82.82	76.90	69.01	65.06
52	39.44	35.49	33.53	31.55	42.36	38.13	36.01	33.89	61.13	55.21	51.27	47.32	84.78	76.90	70.99	67.04
53	39.44	37.46	33.53	31.55	42.36	40.24	36.01	33.89	61.13	57.18	51.27	49.30	84.78	78.87	70.99	67.04
54	41.41	37.46	35.49	33.53	44.48	40.24	38.13	36.01	63.11	57.18	51.27	49.30	86.76	78.87	70.99	69.01
55	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	63.11	59.16	53.25	51.27	86.76	80.85	72.96	69.01
56	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	63.11	61.13	57.18	55.21	90.71	84.78	76.90	72.96
57	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	74.92	67.04	61.13	59.16	96.62	88.73	78.87	74.92
58	51.27	47.32	43.39	39.44	55.08	50.83	46.61	42.36	78.87	72.96	67.04	63.11	100.57	92.68	82.82	78.87
59	53.25	49.30	45.35	43.39	57.20	52.95	48.71	46.61	84.78	76.90	70.99	67.04	104.50	94.64	86.76	82.82
60	57.18	51.27	47.32	45.35	61.41	55.08	50.83	48.71	88.73	82.82	74.92	70.99	108.45	98.59	90.71	86.76
61	61.13	57.18	51.27	49.30	65.66	61.41	55.08	52.95	96.62	88.73	80.85	76.90	116.34	106.48	96.62	92.68
62	65.06	61.13	55.21	53.25	69.88	65.66	59.30	57.20	104.50	94.64	86.76	82.82	124.22	112.40	102.54	98.59
63	70.99	65.06	59.16	55.21	76.25	69.88	63.55	59.30	110.43	102.54	92.68	88.73	130.14	120.29	108.45	104.50
64	74.92	69.01	63.11	59.16	80.49	74.13	67.78	63.55	118.31	108.45	98.59	92.68	138.03	126.19	116.34	110.43
65	80.85	72.96	67.04	63.11	86.84	78.37	72.02	67.78	124.22	114.36	104.50	98.59	148.08	134.08	122.26	116.34
66	90.71	82.82	74.92	70.99	97.44	88.97	80.49	76.25	140.00	128.17	116.34	110.43	161.70	147.89	134.08	128.17
67	100.57	92.68	84.78	80.85	108.02	99.56	91.07	86.84	153.80	140.00	128.17	122.26	175.49	161.70	147.89	140.00
68	110.43	102.54	92.68	88.73	118.61	110.14	99.56	95.31	167.61	153.80	140.00	132.12	191.27	175.49	159.72	151.84
69	122.26	112.40	100.57	96.62	131.33	120.74	108.02	103.77	181.42	165.63	151.84	143.94	207.04	189.30	171.56	163.66
70	132.12	120.29	110.43	104.50	141.92	129.21	118.61	112.24	195.21	179.44	163.66	155.77	220.85	203.09	185.35	175.49
71	153.80	140.00	128.17	122.26	165.20	150.38	137.68	131.33	222.81	203.09	185.35	175.49	250.43	230.71	209.02	199.16
72	173.52	159.72	145.91	138.03	186.38	171.57	156.74	148.27	248.46	228.74	207.04	197.18	280.01	256.34	232.67	222.81
73	195.21	179.44	163.66	155.77	209.68	192.74	175.79	167.32	276.06	252.39	228.74	216.90	309.59	283.94	258.31	244.51
74	216.90	199.16	181.42	171.56	232.99	213.93	194.86	184.28	301.69	276.06	250.43	238.60	339.16	311.54	281.97	268.17
75	238.60	218.88	199.16	189.30	256.29	235.10	213.93	203.33	327.33	301.69	274.08	260.29	368.74	337.19	307.61	291.83
76	276.06	254.36	230.71	218.88	296.53	273.23	247.82	235.10	376.62	345.07	313.52	297.75	418.04	382.53	349.02	331.26
77	315.49	289.87	262.25	250.43	338.89	311.35	281.70	269.00	425.92	390.42	354.93	337.19	469.29	429.85	390.42	370.70
78	354.93	325.35	295.78	280.01	381.25	349.48	317.71	300.77	473.24	433.80	394.37	374.65	518.59	475.22	431.83	410.14
79	394.37	360.84	327.33	311.54	423.61	387.59	351.60	334.64	522.54	479.15	435.78	414.09	567.88	520.56	473.24	449.57
80	431.83	396.34	360.84	343.10	463.86	425.73	387.59	368.54	569.86	522.54	475.22	451.55	619.15	567.88	514.65	489.01
81	463.38	423.95	386.48	366.77	497.75	455.39	415.15	393.96	611.27	560.00	508.73	483.10	662.54	607.32	552.12	524.51
82	496.91	455.50	414.09	394.37	533.76	489.28	444.79	423.61	656.62	601.41	546.21	520.56	711.84	652.68	593.53	563.95
83	538.31	492.96	447.61	425.92	578.22	529.51	480.81	457.50	709.86	650.71	591.55	561.97	769.02	703.95	640.85	609.30
84	583.67	534.37	485.08	461.41	626.94	574.00	521.04	495.61	769.02	705.91	640.85	609.30	834.08	765.07	694.09	660.57
85	634.94	583.67	530.42	502.82	682.02	626.94	569.75	540.11	838.03	769.02	698.03	664.52	909.02	832.12	757.18	719.72
86	692.12	634.94	577.74	548.17	743.44	682.02	620.58	588.82	914.93	838.03	761.13	723.67	989.87	909.02	826.20	784.79
87	755.21	692.12	629.01	597.46	811.20	743.44	675.66	641.76	995.78	912.96	830.15	788.74	1,080.56	989.87	899.16	855.78
88	822.26	755.21	686.19	652.68	883.24	811.20	737.07	701.08	1,086.49	995.78	905.07	859.73	1,177.19	1,078.60	980.01	932.67
89	897.19	822.26	747.32	709.86	963.72	883.24	802.73	762.49	1,183.10	1,084.51	985.92	936.62	1,283.67	1,175.22	1,068.74	1,015.50
90	978.04	897.19	814.36	774.93	1,050.56	963.72	874.75	832.39	1,289.58	1,183.10	1,074.65	1,021.41	1,398.03	1,281.70	1,165.36	1,106.21
91	1,066.77	978.04	889.30	843.94	1,145.86	1,050.56	955.25	906.53	1,405.92	1,289.58	1,171.27	1,114.09	1,524.23	1,398.03	1,269.86	1,206.77
92	1,161.41	1,064.79	968.18	920.86	1,247.54	1,143.75	1,039.97	989.14	1,532.13	1,405.92	1,277.75	1,214.66	1,662.25	1,522.27	1,384.24	1,315.22
93	1,265.93	1,161.41	1,054.93	1,003.66	1,359.80	1,247.54	1,133.16	1,078.08	1,670.15	1,532.13	1,392.12	1,323.11	1,810.14	1,660.30	1,508.46	1,433.53
94	1,380.29	1,265.93	1,149.58	1,092.40	1,482.64	1,359.80	1,234.82	1,173.40	1,821.98	1,670.15	1,518.32	1,441.42	1,973.82	1,810.14	1,644.51	1,561.70

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Joint															
	3650 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	29.58	27.60	25.63	23.67	31.77	29.66	27.52	25.42	45.35	41.41	39.44	37.46	63.11	57.18	51.27	49.30
25-29	31.55	29.58	27.60	25.63	33.89	31.77	29.66	27.52	49.30	45.35	41.41	39.44	67.04	61.13	55.21	53.25
30-34	35.49	31.55	29.58	27.60	38.13	33.89	31.77	29.66	53.25	49.30	45.35	41.41	70.99	65.06	59.16	57.18
35-39	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	57.18	53.25	47.32	45.35	76.90	70.99	65.06	61.13
40-44	39.44	37.46	33.53	31.55	42.36	40.24	36.01	33.89	61.13	57.18	51.27	49.30	82.82	76.90	69.01	65.06
45	41.41	37.46	33.53	31.55	44.48	40.24	36.01	33.89	63.11	57.18	53.25	49.30	84.78	76.90	70.99	67.04
46	41.41	37.46	33.53	33.53	44.48	40.24	36.01	36.01	63.11	57.18	53.25	49.30	86.76	78.87	70.99	67.04
47	41.41	37.46	35.49	33.53	44.48	40.24	38.13	36.01	63.11	57.18	53.25	49.30	86.76	78.87	72.96	69.01
48	41.41	37.46	35.49	33.53	44.48	40.24	38.13	36.01	63.11	57.18	53.25	49.30	86.76	80.85	72.96	69.01
49	41.41	37.46	35.49	33.53	44.48	40.24	38.13	36.01	63.11	57.18	53.25	49.30	88.73	80.85	72.96	70.99
50	41.41	39.44	35.49	33.53	44.48	42.36	38.13	36.01	63.11	57.18	53.25	49.30	88.73	82.82	74.92	70.99
51	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	65.06	59.16	53.25	51.27	90.71	82.82	74.92	70.99
52	43.39	39.44	37.46	35.49	46.61	42.36	40.24	38.13	67.04	61.13	55.21	53.25	92.68	84.78	76.90	72.96
53	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	69.01	63.11	57.18	55.21	92.68	84.78	76.90	72.96
54	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	70.99	65.06	59.16	55.21	94.64	86.76	78.87	74.92
55	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	72.96	67.04	61.13	57.18	96.62	88.73	78.87	74.92
56	51.27	45.35	41.41	39.44	55.08	48.71	44.48	42.36	78.87	70.99	65.06	61.13	100.57	92.68	84.78	80.85
57	53.25	49.30	45.35	43.39	57.20	52.95	48.71	46.61	82.82	76.90	69.01	67.04	106.48	98.59	88.73	84.78
58	57.18	53.25	47.32	45.35	61.41	57.20	50.83	48.71	88.73	82.82	74.92	70.99	112.40	102.54	94.64	88.73
59	61.13	57.18	51.27	49.30	65.66	61.41	55.08	52.95	94.64	78.87	74.92	74.92	118.31	108.45	98.59	92.68
60	65.06	59.16	55.21	51.27	69.88	63.55	59.30	55.08	100.57	92.68	82.82	78.87	124.22	114.36	102.54	98.59
61	70.99	65.06	59.16	55.21	76.25	69.88	63.55	59.30	108.45	98.59	90.71	84.78	132.12	122.26	110.43	104.50
62	74.92	69.01	63.11	59.16	80.49	74.13	67.78	63.55	116.34	106.48	96.62	90.71	141.98	130.14	118.31	112.40
63	80.85	74.92	67.04	63.11	86.84	80.49	72.02	67.78	122.26	112.40	102.54	96.62	149.86	138.03	126.19	118.31
64	86.76	78.87	70.99	69.01	93.19	84.72	76.25	74.13	130.14	120.29	108.45	102.54	159.72	145.91	132.12	126.19
65	90.71	82.82	76.90	69.01	97.44	88.97	82.60	78.37	138.03	126.19	114.36	108.45	167.61	153.80	140.00	134.08
66	102.54	94.64	84.78	80.85	110.14	101.66	91.07	86.84	153.80	141.98	128.17	122.26	185.35	169.58	153.80	145.91
67	114.36	104.50	94.64	90.71	122.85	112.24	101.66	97.44	171.56	155.77	141.98	134.08	201.13	185.35	167.61	159.72
68	126.19	116.34	104.50	100.57	135.55	124.96	112.24	108.02	187.32	171.56	155.77	147.89	218.88	201.13	181.42	173.52
69	138.03	126.19	114.36	108.45	148.27	135.55	122.85	116.49	203.09	187.32	169.58	161.70	234.65	216.90	197.18	187.32
70	149.86	138.03	124.22	118.31	160.97	148.27	133.43	127.08	218.88	201.13	183.37	173.52	252.39	230.71	210.99	199.16
71	173.52	157.75	143.94	136.05	186.38	169.44	154.62	146.15	250.43	228.74	209.02	197.18	283.94	260.29	236.62	224.79
72	195.21	179.44	163.66	155.77	209.68	192.74	175.79	167.32	280.01	256.34	234.65	222.81	315.49	289.87	264.22	250.43
73	218.88	201.13	183.37	173.52	235.10	216.05	196.98	186.38	311.54	285.92	260.29	246.48	349.02	319.44	289.87	276.06
74	242.53	222.81	201.13	191.27	260.51	239.34	216.05	205.46	341.12	313.52	283.94	270.15	380.56	349.02	317.47	301.69
75	266.20	242.53	220.85	210.99	285.93	260.51	237.22	226.64	372.67	341.12	309.59	293.80	412.11	376.62	343.10	325.35
76	301.69	278.03	252.39	240.57	324.06	298.65	271.10	258.41	420.00	386.48	350.98	333.24	461.41	421.97	384.51	364.79
77	345.07	315.49	287.89	274.08	370.65	338.89	309.24	294.40	475.22	435.78	396.34	376.62	516.63	473.24	429.85	408.18
78	386.48	354.93	321.40	305.64	415.15	381.25	345.23	328.29	528.45	483.10	439.71	418.04	567.88	520.56	473.24	449.57
79	425.92	390.42	354.93	337.19	457.50	419.36	381.25	362.18	575.78	526.49	479.15	455.50	613.25	561.97	510.70	485.08
80	459.43	420.00	382.53	362.82	493.50	451.14	410.89	389.72	621.13	569.86	516.63	490.99	662.54	607.32	552.12	524.51
81	490.99	449.57	410.14	388.46	527.39	482.91	440.55	417.26	664.52	609.30	554.09	526.49	709.86	650.71	591.55	561.97
82	528.45	483.10	439.71	418.04	567.63	518.92	472.33	449.04	713.81	654.66	595.50	565.92	763.11	698.03	634.94	603.39
83	569.86	522.54	475.22	451.55	612.11	561.28	510.45	485.03	770.99	707.89	642.82	611.27	824.22	755.21	686.19	652.68
84	619.15	567.88	514.65	489.01	665.07	609.99	552.81	525.27	836.06	767.04	698.03	662.54	893.24	818.31	745.35	707.89
85	674.38	619.15	561.97	534.37	724.38	665.07	603.64	574.00	912.96	836.06	761.13	721.70	974.09	893.24	812.40	770.99
86	735.49	674.38	613.25	581.69	790.03	724.38	658.72	624.83	993.80	911.00	828.17	786.76	1,060.84	972.11	885.35	840.01
87	800.57	733.53	668.45	634.94	859.93	787.91	718.02	682.02	1,084.51	993.80	903.10	857.75	1,157.48	1,060.84	964.23	916.91
88	873.52	800.57	727.61	692.12	938.28	859.93	781.56	743.44	1,181.13	1,082.54	983.95	934.65	1,261.98	1,155.50	1,050.98	997.75
89	952.39	873.52	792.69	753.25	1,023.02	938.28	851.46	809.10	1,287.61	1,181.13	1,072.68	1,019.45	1,374.38	1,260.00	1,145.64	1,088.46
90	1,037.19	950.43	865.63	822.26	1,114.11	1,020.90	929.81	883.24	1,403.96	1,287.61	1,169.29	1,112.11	1,498.60	1,374.38	1,248.17	1,187.05
91	1,131.83	1,037.19	942.53	895.21	1,215.76	1,114.11	1,012.42	961.59	1,530.15	1,401.98	1,275.79	1,210.71	1,632.68	1,496.62	1,360.57	1,293.53
92	1,232.40	1,129.86	1,027.33	976.06	1,323.79	1,213.63	1,103.50	1,048.44	1,668.18	1,528.18	1,390.15	1,321.13	1,780.57	1,632.68	1,482.83	1,409.87
93	1,342.83	1,232.40	1,120.00	1,064.79	1,442.40	1,323.79	1,203.04	1,143.75	1,818.04	1,666.20	1,514.37	1,439.44	1,940.29	1,778.61	1,616.91	1,536.06
94	1,465.07	1,342.83	1,220.57	1,159.44	1,573.71	1,442.40	1,311.07	1,245.40	1,981.70	1,816.07	1,650.44	1,569.59	2,115.78	1,938.31	1,762.82	1,674.09

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Joint															
	4380 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	31.55	29.58	27.60	25.63	33.89	31.77	29.66	27.52	51.27	45.35	41.41	39.44	67.04	61.13	55.21	53.25
25-29	35.49	31.55	29.58	27.60	38.13	33.89	31.77	29.66	53.25	49.30	45.35	43.39	70.99	65.06	59.16	57.18
30-34	37.46	33.53	31.55	29.58	40.24	36.01	33.89	31.77	59.16	53.25	49.30	45.35	76.90	70.99	63.11	61.13
35-39	39.44	37.46	33.53	31.55	42.36	40.24	36.01	33.89	63.11	57.18	51.27	49.30	82.82	74.92	69.01	65.06
40-44	43.39	39.44	35.49	33.53	46.61	42.36	38.13	36.01	67.04	61.13	55.21	53.25	88.73	80.85	72.96	70.99
45	43.39	39.44	37.46	35.49	46.61	42.36	40.24	38.13	69.01	63.11	57.18	53.25	90.71	82.82	74.92	70.99
46	43.39	39.44	37.46	35.49	46.61	42.36	40.24	38.13	69.01	63.11	57.18	55.21	90.71	82.82	76.90	72.96
47	43.39	41.41	37.46	35.49	46.61	44.48	40.24	38.13	69.01	63.11	57.18	55.21	92.68	84.78	76.90	72.96
48	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	69.01	63.11	57.18	55.21	92.68	84.78	76.90	72.96
49	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	69.01	63.11	57.18	55.21	94.64	86.76	78.87	74.92
50	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	69.01	63.11	57.18	55.21	94.64	86.76	78.87	74.92
51	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	70.99	65.06	59.16	57.18	96.62	88.73	80.85	76.90
52	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	72.96	67.04	61.13	57.18	96.62	88.73	80.85	76.90
53	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	74.92	69.01	63.11	59.16	98.59	90.71	80.85	76.90
54	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	76.90	70.99	65.06	61.13	98.59	90.71	82.82	78.87
55	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	78.87	72.96	67.04	63.11	100.57	92.68	82.82	78.87
56	53.25	49.30	43.39	41.41	57.20	52.95	46.61	44.48	84.78	78.87	70.99	67.04	106.48	98.59	88.73	84.78
57	57.18	51.27	47.32	45.35	61.41	55.08	50.83	48.71	90.71	84.78	76.90	72.96	114.36	104.50	94.64	90.71
58	61.13	55.21	49.30	47.32	65.66	59.30	52.95	50.83	98.59	88.73	80.85	76.90	120.29	110.43	100.57	94.64
59	63.11	59.16	53.25	51.27	67.78	63.55	57.20	55.08	104.50	94.64	86.76	82.82	126.19	116.34	106.48	100.57
60	67.04	63.11	57.18	53.25	72.02	67.78	61.41	57.20	110.43	100.57	90.71	86.76	134.08	122.26	110.43	104.50
61	72.96	67.04	61.13	59.16	78.37	72.02	65.66	63.55	116.34	106.48	98.59	92.68	143.94	130.14	118.31	112.40
62	80.85	72.96	67.04	63.11	86.84	78.37	72.02	67.78	124.22	114.36	104.50	98.59	153.80	140.00	128.17	120.29
63	86.76	78.87	70.99	69.01	93.19	84.72	76.25	74.13	132.12	120.29	110.43	104.50	161.70	149.86	136.05	128.17
64	92.68	84.78	76.90	72.96	99.56	91.07	82.60	78.37	140.00	128.17	116.34	110.43	171.56	157.75	143.94	136.05
65	98.59	90.71	82.82	76.90	105.91	97.44	88.97	82.60	147.89	134.08	122.26	116.34	181.42	167.61	151.84	143.94
66	110.43	102.54	92.68	86.76	118.61	110.14	99.56	93.19	165.63	151.84	138.03	130.14	201.13	183.37	167.61	157.75
67	124.22	112.40	102.54	98.59	133.43	120.74	110.14	105.91	183.37	167.61	151.84	143.94	218.88	201.13	181.42	173.52
68	136.05	124.22	112.40	108.45	146.15	133.43	120.74	116.49	201.13	183.37	167.61	159.72	236.62	216.90	197.18	187.32
69	147.89	136.05	124.22	118.31	158.85	146.15	133.43	127.08	218.88	201.13	181.42	173.52	254.36	234.65	212.95	201.13
70	161.70	147.89	134.08	128.17	173.69	158.85	144.02	137.68	236.62	216.90	197.18	187.32	274.08	250.43	228.74	216.90
71	185.35	169.58	155.77	147.89	199.10	182.16	167.32	158.85	270.15	246.48	224.79	212.95	307.61	281.97	256.34	242.53
72	210.99	193.23	175.49	167.61	226.64	207.56	188.51	180.04	301.69	278.03	252.39	238.60	341.12	313.52	283.94	270.15
73	236.62	216.90	197.18	187.32	254.16	232.99	211.80	201.21	335.21	307.61	280.01	266.20	376.62	345.07	313.52	297.75
74	260.29	238.60	216.90	207.04	279.60	256.29	232.99	222.40	368.74	337.19	307.61	281.93	410.14	376.62	341.12	325.35
75	285.92	262.25	238.60	226.76	307.12	281.70	256.29	243.57	402.25	368.74	335.21	317.47	443.66	406.20	370.70	350.98
76	325.35	297.75	272.11	258.31	349.48	319.82	292.28	277.46	453.52	416.06	378.60	358.88	496.91	455.50	414.09	394.37
77	370.70	339.16	309.59	293.80	398.19	364.32	332.54	315.59	512.68	471.27	427.90	406.20	558.02	510.70	463.38	441.69
78	416.06	380.56	347.05	329.30	446.92	408.78	372.79	353.71	569.86	522.54	475.22	451.55	613.25	561.97	510.70	485.08
79	457.47	418.04	380.56	360.84	491.40	449.04	408.78	387.59	621.13	569.86	516.63	490.99	662.54	607.32	552.12	524.51
80	492.96	451.55	412.11	390.42	529.51	485.03	442.67	419.36	670.43	615.22	558.02	530.42	715.77	654.66	595.50	565.92
81	528.45	483.10	439.71	418.04	567.63	518.92	472.33	449.04	717.75	658.59	597.46	567.88	765.07	701.98	636.90	605.36
82	567.88	520.56	473.24	449.57	609.99	559.16	508.33	482.91	770.99	707.89	642.82	611.27	822.26	753.25	684.23	650.71
83	613.25	561.97	510.70	485.08	658.72	603.64	548.58	521.04	832.12	763.11	694.09	658.59	887.33	814.36	739.44	703.95
84	664.52	609.30	554.09	526.49	713.80	654.47	595.17	565.53	903.10	828.17	753.25	715.77	964.23	883.38	802.55	763.11
85	725.63	664.52	603.39	573.81	779.43	713.80	648.13	616.36	985.92	903.10	820.29	780.85	1,050.98	962.25	875.49	832.12
86	790.71	723.67	658.59	625.08	849.34	777.33	707.43	671.44	1,074.65	983.95	895.21	849.87	1,145.64	1,049.03	954.37	907.05
87	861.70	788.74	717.75	682.26	925.60	847.23	770.96	732.85	1,171.27	1,072.68	976.06	926.76	1,248.17	1,143.67	1,039.17	987.90
88	938.60	861.70	782.83	743.39	1,008.20	925.60	840.88	798.52	1,275.79	1,169.29	1,062.82	1,009.59	1,360.57	1,246.21	1,133.81	1,076.63
89	1,023.38	938.60	853.80	810.43	1,099.27	1,008.20	917.11	870.52	1,390.15	1,275.79	1,159.44	1,100.26	1,482.83	1,358.59	1,236.35	1,173.24
90	1,116.06	1,023.38	928.74	883.38	1,198.83	1,099.27	997.61	948.88	1,516.34	1,390.15	1,263.95	1,200.85	1,614.93	1,480.86	1,346.76	1,279.72
91	1,216.63	1,114.09	1,013.52	962.25	1,306.85	1,196.69	1,088.68	1,033.60	1,652.40	1,514.37	1,376.34	1,307.32	1,760.85	1,614.93	1,467.05	1,394.10
92	1,325.08	1,214.66	1,104.23	1,049.03	1,423.34	1,304.72	1,186.11	1,126.81	1,800.28	1,650.44	1,500.57	1,425.63	1,920.57	1,758.89	1,599.17	1,520.29
93	1,445.35	1,325.08	1,204.80	1,143.67	1,552.52	1,423.34	1,294.13	1,228.47	1,963.96	1,800.28	1,636.63	1,553.80	2,092.13	1,918.59	1,743.10	1,656.35
94	1,575.50	1,443.39	1,313.25	1,246.21	1,692.32	1,550.42	1,410.62	1,338.62	2,139.45	1,961.98	1,782.54	1,693.81	2,281.43	2,090.15	1,900.85	1,806.21

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Joint															
	5840 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	35.49	33.53	29.58	27.60	38.13	36.01	31.77	29.66	55.21	51.27	47.32	43.39	72.96	67.04	61.13	59.16
25-29	39.44	35.49	31.55	29.58	42.36	38.13	33.89	31.77	59.16	55.21	49.30	47.32	78.87	72.96	65.06	63.11
30-34	41.41	37.46	33.53	33.53	44.48	40.24	36.01	36.01	65.06	59.16	53.25	51.27	84.78	78.87	70.99	67.04
35-39	45.35	41.41	37.46	35.49	48.71	44.48	40.24	38.13	69.01	63.11	57.18	55.21	90.71	84.78	76.90	72.96
40-44	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	74.92	69.01	63.11	59.16	98.59	90.71	82.82	78.87
45	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	76.90	69.01	63.11	61.13	100.57	92.68	82.82	78.87
46	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	76.90	69.01	63.11	61.13	100.57	92.68	84.78	80.85
47	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	76.90	69.01	63.11	61.13	102.54	94.64	84.78	80.85
48	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	76.90	69.01	63.11	61.13	102.54	94.64	86.76	80.85
49	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	76.90	70.99	63.11	61.13	104.50	94.64	86.76	82.82
50	49.30	45.35	41.41	39.44	52.95	48.71	44.48	42.36	76.90	70.99	63.11	61.13	104.50	96.62	86.76	82.82
51	51.27	47.32	43.39	41.41	55.08	50.83	44.48	42.36	78.87	72.96	65.06	63.11	106.48	96.62	88.73	84.78
52	51.27	47.32	43.39	41.41	55.08	50.83	46.61	44.48	80.85	74.92	67.04	65.06	108.45	98.59	88.73	84.78
53	53.25	47.32	43.39	41.41	57.20	50.83	46.61	44.48	82.82	76.90	69.01	67.04	108.45	100.57	90.71	86.76
54	53.25	49.30	45.35	41.41	57.20	52.95	48.71	44.48	86.76	78.87	70.99	67.04	110.43	100.57	92.68	86.76
55	55.21	49.30	45.35	43.39	59.30	52.95	48.71	46.61	88.73	80.85	72.96	69.01	112.40	102.54	92.68	88.73
56	59.16	53.25	49.30	47.32	63.55	57.20	52.95	50.83	94.64	86.76	78.87	74.92	118.31	108.45	98.59	94.64
57	63.11	57.18	53.25	49.30	67.78	61.41	57.20	52.95	102.54	92.68	84.78	80.85	126.19	116.34	104.50	100.57
58	67.04	61.13	55.21	53.25	72.02	65.66	59.30	57.20	108.45	98.59	90.71	86.76	134.08	122.26	110.43	106.48
59	70.99	65.06	59.16	57.18	76.25	69.88	63.55	61.41	114.36	106.48	96.62	90.71	140.00	128.17	116.34	110.43
60	74.92	69.01	63.11	59.16	80.49	74.13	67.78	63.55	122.26	112.40	100.57	96.62	147.89	136.05	124.22	116.34
61	82.82	74.92	69.01	65.06	88.97	80.49	74.13	69.88	130.14	120.29	108.45	102.54	159.72	145.91	132.12	126.19
62	88.73	80.85	72.96	70.99	95.31	86.84	78.37	76.25	138.03	126.19	116.34	110.43	169.58	155.77	141.98	134.08
63	94.64	86.76	78.87	74.92	101.66	93.19	84.72	80.49	145.91	134.08	122.26	116.34	181.42	165.63	149.86	143.94
64	102.54	94.64	84.78	80.85	110.14	101.66	91.07	86.84	155.77	141.98	130.14	122.26	191.27	175.49	159.72	151.84
65	108.45	100.57	90.71	86.76	116.49	108.02	97.44	93.19	163.66	149.86	136.05	130.14	203.09	185.35	169.58	159.72
66	122.26	112.40	102.54	96.62	131.33	120.74	110.14	103.77	183.37	167.61	151.84	145.91	222.81	203.09	185.35	175.49
67	136.05	126.19	114.36	108.45	146.15	135.55	122.85	116.49	203.09	185.35	169.58	159.72	242.53	222.81	203.09	191.27
68	151.84	138.03	126.19	120.29	163.10	148.27	135.55	129.21	222.81	203.09	185.35	175.49	262.25	240.57	218.88	209.02
69	165.63	151.84	138.03	130.14	177.91	163.10	148.27	139.80	242.53	222.81	201.13	191.27	283.94	260.29	236.62	224.79
70	179.44	163.66	149.86	141.98	192.74	175.79	160.97	152.50	262.25	240.57	218.88	207.04	303.66	278.03	252.39	240.57
71	207.04	189.30	171.56	163.66	222.40	203.33	184.28	175.79	299.73	274.08	248.46	236.62	341.12	313.52	283.94	270.15
72	234.65	214.93	195.21	185.35	252.04	230.87	209.68	199.10	335.21	307.61	280.01	266.20	378.60	347.05	315.49	299.73
73	262.25	240.57	218.88	207.04	281.70	258.41	235.10	222.40	372.67	341.12	309.59	295.78	418.04	382.53	347.05	331.26
74	289.87	264.22	240.57	228.74	311.35	283.82	258.41	245.69	410.14	374.65	341.12	323.38	455.50	418.04	378.60	360.84
75	317.47	289.87	264.22	250.43	341.01	311.35	283.82	269.00	445.64	408.18	372.67	352.96	492.96	451.55	410.14	390.42
76	360.84	331.26	301.69	285.92	387.59	355.83	324.06	307.12	504.79	461.41	420.00	398.32	552.12	506.77	459.43	437.75
77	412.11	376.62	343.10	325.35	442.67	404.56	368.54	349.48	569.86	522.54	475.22	451.55	619.15	567.88	514.65	489.01
78	461.41	421.97	384.51	364.79	495.61	453.25	413.03	391.84	632.96	579.72	526.49	500.84	680.28	623.10	567.88	538.31
79	506.77	465.36	421.97	402.25	544.34	499.86	453.25	432.08	690.14	630.99	573.81	546.21	735.49	674.38	613.25	581.69
80	548.17	502.82	455.50	433.80	588.82	540.11	489.28	465.97	745.35	682.26	621.13	589.58	792.69	727.61	660.57	629.01
81	585.64	536.35	489.01	463.38	629.06	576.12	525.27	497.75	796.62	729.58	664.52	630.99	849.87	778.88	707.89	672.40
82	629.01	577.74	524.51	498.87	675.66	620.58	563.41	535.86	855.78	784.79	713.81	678.31	912.96	836.06	761.13	723.67
83	680.28	623.10	565.92	538.31	730.73	669.30	607.89	578.22	924.79	847.89	770.99	731.56	985.92	903.10	822.26	780.85
84	737.47	676.33	615.22	583.67	792.15	726.48	660.84	626.94	1,003.66	918.88	836.06	794.65	1,068.74	980.01	891.28	845.92
85	804.50	737.47	670.43	636.90	864.17	792.15	720.13	684.12	1,094.37	1,001.69	911.00	865.63	1,165.36	1,068.74	972.11	922.81
86	877.47	804.50	731.56	694.09	942.53	864.17	785.80	745.55	1,192.96	1,092.40	993.80	944.51	1,271.84	1,165.36	1,058.88	1,005.64
87	956.34	875.49	796.62	757.18	1,027.25	940.42	855.70	813.32	1,299.44	1,190.99	1,082.54	1,029.31	1,386.20	1,269.86	1,153.53	1,096.35
88	1,041.13	954.37	867.61	824.22	1,118.32	1,025.14	931.95	885.34	1,415.77	1,297.46	1,181.13	1,121.97	1,510.43	1,384.24	1,258.03	1,194.94
89	1,135.78	1,041.13	946.48	899.16	1,220.00	1,118.32	1,016.67	965.84	1,543.94	1,415.77	1,285.65	1,222.54	1,646.49	1,508.46	1,372.40	1,303.39
90	1,238.31	1,133.81	1,031.27	980.01	1,330.12	1,217.88	1,107.74	1,052.68	1,681.97	1,541.99	1,401.98	1,332.97	1,794.37	1,644.51	1,494.65	1,419.72
91	1,348.74	1,236.35	1,123.95	1,068.74	1,448.75	1,328.02	1,207.29	1,148.00	1,833.81	1,681.97	1,528.18	1,451.26	1,956.07	1,792.40	1,628.74	1,547.89
92	1,471.00	1,348.74	1,226.49	1,163.39	1,580.06	1,448.75	1,317.44	1,249.65	1,999.44	1,831.84	1,666.20	1,583.38	2,131.56	1,954.10	1,776.63	1,687.90
93	1,603.10	1,469.02	1,334.94	1,269.86	1,721.96	1,577.95	1,433.93	1,364.03	2,178.88	1,997.47	1,816.07	1,725.36	2,322.82	2,129.59	1,936.35	1,839.72
94	1,747.05	1,601.14	1,455.21	1,384.24	1,876.60	1,719.86	1,563.11	1,486.87	2,376.07	2,178.91	1,979.72	1,881.13	2,531.84	2,320.86	2,109.87	2,005.37



## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Joint															
	7300 x Daily Maximum															
	No BIO				1% Compound BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	37.46	35.49	31.55	29.58	40.24	38.13	33.89	31.77	59.16	55.21	49.30	47.32	78.87	72.96	65.06	63.11
25-29	41.41	37.46	33.53	33.53	44.48	40.24	36.01	36.01	65.06	59.16	53.25	51.27	84.78	76.90	70.99	67.04
30-34	43.39	41.41	37.46	35.49	46.61	44.48	40.24	38.13	69.01	63.11	57.18	55.21	90.71	82.82	76.90	72.96
35-39	47.32	43.39	39.44	37.46	50.83	46.61	42.36	40.24	74.92	69.01	61.13	59.16	98.59	90.71	80.85	76.90
40-44	51.27	47.32	43.39	41.41	55.08	50.83	46.61	44.48	80.85	72.96	67.04	63.11	104.50	96.62	88.73	82.82
45	51.27	47.32	43.39	41.41	55.08	50.83	46.61	44.48	80.85	74.92	67.04	65.06	106.48	98.59	88.73	84.78
46	51.27	47.32	43.39	41.41	55.08	50.83	46.61	44.48	80.85	74.92	67.04	65.06	108.45	98.59	90.71	86.76
47	53.25	47.32	43.39	41.41	57.20	50.83	46.61	44.48	80.85	74.92	67.04	65.06	110.43	100.57	90.71	86.76
48	53.25	47.32	43.39	41.41	57.20	50.83	46.61	44.48	80.85	74.92	67.04	65.06	110.43	100.57	92.68	86.76
49	53.25	49.30	43.39	41.41	57.20	52.95	46.61	44.48	80.85	74.92	67.04	65.06	112.40	102.54	92.68	88.73
50	53.25	49.30	43.39	41.41	57.20	52.95	46.61	44.48	80.85	74.92	69.01	65.06	112.40	102.54	94.64	88.73
51	53.25	49.30	45.35	43.39	57.20	52.95	48.71	46.61	84.78	76.90	70.99	67.04	114.36	104.50	94.64	90.71
52	55.21	51.27	45.35	43.39	59.30	55.08	48.71	46.61	86.76	78.87	72.96	69.01	114.36	106.48	96.62	90.71
53	55.21	51.27	47.32	45.35	59.30	55.08	50.83	48.71	88.73	82.82	74.92	70.99	116.34	106.48	96.62	92.68
54	57.18	53.25	47.32	45.35	61.41	57.20	50.83	48.71	92.68	84.78	76.90	72.96	118.31	108.45	98.59	92.68
55	59.16	53.25	49.30	45.35	63.55	57.20	52.95	48.71	94.64	86.76	78.87	74.92	118.31	108.45	98.59	94.64
56	63.11	57.18	51.27	49.30	67.78	61.41	55.08	52.95	100.57	92.68	84.78	80.85	126.19	116.34	106.48	100.57
57	67.04	61.13	55.21	53.25	72.02	65.66	59.30	57.20	108.45	100.57	90.71	86.76	134.08	124.22	112.40	106.48
58	70.99	65.06	59.16	57.18	76.25	69.88	63.55	61.41	116.34	106.48	96.62	92.68	141.98	130.14	118.31	112.40
59	76.90	69.01	63.11	61.13	82.60	74.13	67.78	65.66	122.26	112.40	102.54	96.62	149.86	138.03	126.19	118.31
60	80.85	72.96	67.04	63.11	86.84	78.37	72.02	67.78	130.14	120.29	108.45	102.54	157.75	145.91	132.12	126.19
61	86.76	80.85	72.96	69.01	93.19	86.84	78.37	74.13	140.00	128.17	116.34	110.43	169.58	155.77	141.98	134.08
62	94.64	86.76	78.87	74.92	101.66	93.19	84.72	80.49	147.89	136.05	124.22	116.34	181.42	165.63	151.84	143.94
63	102.54	92.68	84.78	80.85	110.14	99.56	91.07	86.84	157.75	143.94	130.14	124.22	193.23	177.47	161.70	153.80
64	108.45	100.57	90.71	86.76	116.49	108.02	97.44	93.19	165.63	151.84	138.03	132.12	205.07	187.32	171.56	161.70
65	116.34	106.48	96.62	92.68	124.96	114.38	103.77	99.56	175.49	159.72	145.91	138.03	216.90	199.16	179.44	171.56
66	132.12	120.29	110.43	104.50	141.92	129.21	118.61	112.24	195.21	179.44	163.66	155.77	238.60	218.88	199.16	189.30
67	145.91	134.08	122.26	116.34	156.74	144.02	131.33	124.96	216.90	199.16	181.42	171.56	260.29	238.60	216.90	205.07
68	161.70	147.89	134.08	128.17	173.69	158.85	144.02	137.68	238.60	218.88	199.16	189.30	281.97	258.31	234.65	222.81
69	177.47	161.70	147.89	140.00	190.63	173.69	158.85	150.38	258.31	238.60	216.90	205.07	303.66	278.03	252.39	240.57
70	191.27	175.49	159.72	151.84	205.46	188.51	171.57	163.10	280.01	258.31	232.67	222.81	325.35	297.75	270.15	256.34
71	220.85	203.09	183.37	175.49	237.22	218.15	196.98	188.51	319.44	293.80	266.20	252.39	364.79	335.21	303.66	289.87
72	250.43	228.74	209.02	199.16	269.00	245.69	224.52	213.93	358.88	329.30	299.73	283.94	406.20	372.67	339.16	321.40
73	280.01	256.34	232.67	220.85	300.77	275.35	249.92	237.22	398.32	364.79	331.26	315.49	445.64	410.14	372.67	352.96
74	309.59	283.94	258.31	244.51	332.54	305.00	277.46	262.63	437.75	402.25	364.79	347.05	487.05	445.64	406.20	386.48
75	339.16	311.54	281.97	268.17	364.32	334.64	302.87	288.07	477.19	437.75	398.32	378.60	528.45	483.10	439.71	418.04
76	386.48	354.93	321.40	305.64	415.15	381.25	345.23	328.29	540.28	494.94	449.57	427.90	591.55	542.26	492.96	467.33
77	439.71	404.23	366.77	349.02	472.33	434.20	393.96	374.90	609.30	558.02	508.73	483.10	662.54	607.32	552.12	524.51
78	492.96	451.55	410.14	390.42	529.51	485.03	440.55	419.36	678.33	621.13	563.95	536.35	727.61	666.48	607.32	575.78
79	542.26	496.91	451.55	429.85	582.47	533.76	485.03	461.72	737.47	676.33	615.22	583.67	786.76	721.70	654.66	623.10
80	585.64	536.35	489.01	463.38	629.06	576.12	525.27	497.75	796.62	729.58	664.52	630.99	849.87	778.88	707.89	672.40
81	627.04	573.81	522.54	496.91	673.54	616.36	561.28	533.76	851.84	780.85	709.86	674.38	909.02	832.12	757.18	719.72
82	674.38	617.18	561.97	534.37	724.38	662.94	603.64	574.00	916.91	840.01	763.11	725.63	976.06	895.21	814.36	772.97
83	727.61	666.48	607.32	575.78	781.56	715.90	652.35	618.48	989.87	907.05	824.22	782.83	1,054.93	966.20	879.44	836.06
84	790.71	723.67	658.59	625.08	849.34	777.33	707.43	671.44	1,074.65	983.95	895.21	849.87	1,145.64	1,049.03	954.37	907.05
85	861.70	788.74	717.75	682.26	925.60	847.23	770.96	732.85	1,171.27	1,072.68	976.06	926.76	1,248.17	1,143.67	1,039.17	987.90
86	938.60	859.73	782.83	743.39	1,008.20	923.48	840.88	798.52	1,275.79	1,169.29	1,062.82	1,009.59	1,360.57	1,246.21	1,133.81	1,076.63
87	1,023.38	936.62	851.84	810.43	1,099.27	1,006.08	915.01	870.52	1,390.15	1,273.81	1,159.44	1,100.28	1,482.83	1,358.59	1,234.38	1,173.24
88	1,114.09	1,021.41	928.74	883.38	1,196.69	1,097.15	997.61	948.88	1,516.34	1,390.15	1,263.95	1,200.85	1,614.93	1,480.86	1,346.76	1,279.72
89	1,214.66	1,114.09	1,013.52	962.25	1,304.72	1,196.69	1,088.68	1,033.60	1,652.40	1,514.37	1,376.34	1,307.32	1,760.85	1,614.93	1,467.05	1,394.10
90	1,325.08	1,214.66	1,104.23	1,049.03	1,423.34	1,304.72	1,186.11	1,126.81	1,800.28	1,650.44	1,500.57	1,425.63	1,920.57	1,758.89	1,599.17	1,520.29
91	1,443.39	1,323.11	1,202.82	1,143.67	1,550.42	1,421.21	1,292.01	1,228.47	1,961.98	1,800.28	1,636.63	1,553.80	2,092.13	1,918.59	1,743.10	1,656.35
92	1,573.52	1,443.39	1,311.27	1,246.21	1,690.21	1,550.42	1,408.51	1,338.62	2,139.45	1,961.98	1,782.54	1,693.81	2,281.43	2,090.15	1,900.85	1,806.21
93	1,715.50	1,571.56	1,429.58	1,358.59	1,842.71	1,688.09	1,535.59	1,459.34	2,332.68	2,137.47	1,944.24	1,845.65	2,486.49	2,279.45	2,072.41	1,967.89
94	1,869.30	1,713.53	1,557.75	1,480.86	2,007.91	1,840.59	1,673.27	1,590.67	2,541.70	2,330.72	2,117.75	2,013.25	2,709.31	2,484.52	2,257.76	2,145.36

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Pay 10 Individual											
	No BIO				730 x Daily Maximum				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	125.88	116.89	107.90	98.91	197.82	179.84	161.86	152.85	269.75	242.77	224.79	215.80
25-29	124.52	116.22	107.91	99.62	199.24	182.63	166.03	157.73	265.65	240.74	224.14	207.53
30-34	123.67	115.94	108.21	100.49	200.98	177.78	162.33	154.59	262.80	247.35	224.15	208.70
35-39	128.83	114.52	107.36	100.20	193.27	178.95	164.64	157.48	264.84	243.37	221.90	207.58
40-44	125.14	111.96	105.37	98.78	197.58	177.81	164.65	151.47	263.43	243.68	217.33	210.76
45	118.39	112.16	99.70	93.47	186.93	174.46	155.77	149.55	255.47	230.55	211.86	199.40
46	122.26	110.03	97.80	91.69	183.37	171.16	152.82	146.70	250.62	232.28	207.83	201.72
47	120.29	108.26	96.22	90.22	180.42	168.40	150.35	144.33	252.59	228.53	210.49	198.46
48	118.31	106.48	94.64	88.97	183.37	165.63	147.89	141.98	248.46	230.71	207.04	195.21
49	115.55	109.78	98.21	92.45	179.11	161.78	150.21	138.66	248.44	225.32	207.99	196.44
50	118.85	107.52	96.21	90.55	175.43	158.46	147.15	135.82	243.35	226.37	203.73	192.41
51	116.78	105.65	94.53	88.97	172.38	156.12	144.57	139.01	244.66	222.42	205.75	194.62
52	114.28	103.41	97.96	92.52	174.15	157.83	141.50	136.05	244.90	223.13	201.37	195.92
53	111.39	106.08	95.48	90.17	169.74	153.83	143.21	132.61	244.00	222.78	201.56	190.96
54	114.52	104.11	93.69	88.50	171.79	156.17	140.56	135.34	244.66	223.84	203.01	192.60
55	111.93	101.75	91.58	86.49	167.88	152.63	137.37	132.28	244.19	223.84	203.49	193.31
56	119.73	109.75	99.78	94.78	179.60	164.64	149.66	139.69	244.44	224.44	204.55	194.56
57	125.61	111.11	101.45	96.62	188.42	173.91	154.59	149.77	246.39	227.06	207.74	198.07
58	126.18	116.83	107.49	102.81	196.28	177.58	163.56	154.22	247.68	228.99	205.62	196.28
59	130.38	121.39	107.90	103.41	202.30	184.32	166.34	157.35	247.27	224.79	206.81	193.31
60	134.47	121.47	112.80	108.45	208.23	190.88	173.52	164.84	247.27	225.58	203.88	195.21
61	144.14	131.42	118.71	114.47	216.21	199.25	182.30	173.82	258.61	237.41	216.21	203.49
62	152.49	140.11	127.76	119.51	226.67	206.06	189.57	177.21	267.87	247.27	226.67	214.30
63	160.12	148.11	132.09	128.09	236.16	216.16	196.14	184.13	280.20	256.18	232.17	220.16
64	168.73	153.04	141.27	133.42	243.29	223.66	204.04	192.27	290.37	266.83	243.29	231.52
65	175.06	159.83	144.62	137.00	251.17	228.34	209.32	197.90	300.64	274.00	251.17	235.96
66	188.05	173.31	158.55	151.17	269.17	247.05	224.93	213.87	317.11	291.30	265.49	250.75
67	203.44	185.59	167.75	160.61	285.52	264.11	239.12	228.42	331.93	303.36	278.38	264.11
68	215.16	197.82	180.47	170.06	305.40	277.64	253.34	239.46	350.51	319.29	291.51	277.64
69	227.95	207.83	187.72	181.02	318.45	291.64	264.82	251.41	362.03	331.86	301.69	284.94
70	236.07	216.67	197.26	187.56	329.86	303.98	274.87	261.93	371.88	342.78	310.45	294.28
71	263.35	241.41	219.46	206.93	363.68	332.34	304.12	288.44	407.58	373.09	341.74	322.92
72	285.44	264.19	239.89	227.74	394.76	361.36	327.96	312.78	440.31	403.88	367.43	349.21
73	306.43	280.17	256.81	242.21	417.33	385.22	350.19	332.68	466.94	428.99	391.05	370.62
74	327.09	298.89	270.70	259.42	442.70	406.04	369.39	349.65	493.45	453.98	411.68	391.93
75	340.38	313.36	283.64	270.15	461.94	424.12	383.61	364.70	513.26	470.05	429.52	407.91
76	374.55	343.56	312.56	297.06	498.54	457.20	415.89	395.22	547.61	503.70	457.20	433.96
77	404.23	369.72	337.68	320.42	527.47	485.57	441.20	419.02	576.76	529.93	480.64	458.45
78	433.01	395.16	359.67	343.10	558.42	513.47	466.15	442.48	605.76	556.07	506.37	480.34
79	454.08	415.86	377.65	359.67	579.95	532.74	483.29	458.56	627.17	573.21	521.51	494.54
80	468.50	430.17	391.84	370.54	596.29	547.30	496.20	472.77	641.01	587.76	532.40	506.85
81	483.97	442.95	401.94	383.48	615.22	563.95	512.68	486.02	660.33	604.97	549.59	522.93
82	518.82	475.77	432.70	412.19	660.33	604.97	549.59	522.93	709.55	650.08	590.60	561.90
83	561.90	514.73	467.57	445.01	713.65	654.18	594.71	563.95	764.91	701.35	637.77	607.00
84	609.06	557.79	506.53	481.92	773.13	709.55	643.93	613.17	830.54	760.82	693.15	658.28
85	664.44	609.06	553.70	524.99	842.85	773.13	703.40	668.53	906.41	830.54	754.66	717.75
86	723.91	662.38	602.91	572.15	918.72	842.85	766.96	728.00	986.39	904.36	822.34	781.33
87	789.53	723.91	656.22	623.42	1,002.79	918.72	834.64	793.63	1,076.63	986.39	896.16	851.05
88	859.25	787.47	715.69	680.84	1,093.03	1,000.74	910.52	865.40	1,173.01	1,074.57	978.19	928.98
89	937.18	859.25	781.33	742.36	1,191.46	1,090.97	992.54	943.32	1,277.59	1,170.95	1,064.32	1,010.99
90	1,021.25	937.18	851.05	807.98	1,298.10	1,189.41	1,080.72	1,027.41	1,392.44	1,277.59	1,160.70	1,103.28
91	1,113.54	1,021.25	926.92	881.81	1,414.98	1,296.06	1,179.15	1,119.68	1,519.58	1,392.44	1,265.30	1,201.72
92	1,214.02	1,111.48	1,010.99	959.74	1,542.14	1,412.95	1,283.75	1,220.17	1,654.92	1,517.53	1,380.13	1,310.40
93	1,322.71	1,211.97	1,101.23	1,047.92	1,679.54	1,540.09	1,400.64	1,330.91	1,804.63	1,654.92	1,503.18	1,429.35
94	1,441.66	1,320.66	1,201.72	1,142.25	1,831.28	1,679.54	1,525.73	1,449.86	1,966.64	1,802.57	1,638.52	1,556.49

## Current Rate Schedule

Genworth Life Insurance Company  
 Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay 10 Individual											
	No BIO				1095 x Daily Maximum				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	170.85	152.85	143.86	134.87	251.76	233.78	215.80	197.82	341.68	314.70	278.74	269.75
25-29	166.03	157.73	141.13	132.83	249.04	232.43	207.53	199.24	340.36	307.15	282.25	265.65
30-34	170.06	154.59	139.13	131.41	255.08	231.88	208.70	200.98	340.11	309.19	278.27	270.54
35-39	171.79	157.48	143.15	135.99	250.52	229.05	207.58	200.42	336.41	307.78	279.15	264.84
40-44	164.65	151.47	138.30	131.72	250.27	230.51	210.76	197.58	329.30	302.95	276.61	263.43
45	162.01	149.55	130.86	124.61	243.00	218.09	199.40	193.16	324.01	292.85	267.94	255.47
46	158.93	146.70	134.47	128.36	238.39	213.95	195.60	189.49	317.86	293.41	268.96	250.62
47	156.37	144.33	132.31	126.29	234.55	216.51	192.44	186.44	318.75	294.69	264.62	252.59
48	153.80	141.98	130.14	124.22	230.71	212.95	189.30	183.37	319.44	289.87	266.20	254.36
49	155.99	138.66	127.11	121.33	225.32	207.99	190.66	179.11	317.77	288.87	265.77	248.44
50	152.80	141.47	124.50	118.85	220.71	203.73	186.76	175.43	316.92	288.62	260.32	249.01
51	150.13	139.01	122.90	122.34	222.42	205.75	183.50	177.94	316.95	289.16	261.35	250.22
52	152.39	136.05	125.17	119.73	223.13	206.81	185.03	174.15	315.65	288.44	261.24	250.35
53	148.52	137.92	127.30	116.70	222.78	206.87	185.65	175.03	307.64	286.42	259.91	244.00
54	150.97	135.34	124.93	119.73	223.84	203.01	187.40	176.99	307.14	281.10	260.29	244.66
55	147.54	137.37	122.10	117.01	223.84	203.49	188.23	178.05	305.24	279.80	254.36	244.19
56	154.65	144.68	129.70	124.73	234.47	214.52	194.56	184.59	314.29	289.35	264.40	249.43
57	159.42	144.93	130.44	125.61	246.39	222.23	202.90	193.23	318.84	294.69	265.71	251.22
58	163.56	149.55	135.53	130.86	252.36	228.99	210.30	200.94	322.46	294.42	271.05	257.03
59	166.34	152.85	134.87	130.38	256.26	233.78	215.80	202.30	323.69	296.72	269.75	256.26
60	164.84	151.84	138.82	130.14	260.29	238.60	216.90	208.23	325.35	299.33	268.96	255.94
61	178.05	165.33	148.38	139.91	279.80	254.36	233.18	220.46	339.16	309.47	284.04	267.08
62	189.57	173.09	156.61	148.36	292.60	267.87	243.15	230.79	350.30	321.45	292.60	276.12
63	196.14	180.12	164.11	156.10	304.21	276.20	252.18	240.18	360.26	332.24	300.22	288.21
64	207.98	192.27	172.65	164.81	317.85	290.37	262.91	251.14	376.70	345.31	313.91	298.23
65	216.92	197.90	178.87	171.26	327.28	300.64	274.00	258.79	384.37	350.11	319.68	304.45
66	235.99	213.87	195.43	184.37	350.30	320.80	294.99	280.24	405.60	372.42	339.24	320.80
67	253.40	231.99	210.57	199.87	374.74	342.62	310.50	296.23	428.29	392.60	356.91	339.05
68	270.70	246.40	225.58	211.70	395.63	364.40	329.70	315.81	451.15	412.98	378.28	357.46
69	281.57	258.11	234.65	224.60	415.67	382.14	345.26	328.51	469.29	429.06	392.20	372.09
70	294.28	271.63	245.77	232.83	430.09	394.53	358.96	342.78	485.08	443.03	404.23	384.82
71	332.34	304.12	275.90	263.35	473.42	435.80	395.03	376.23	532.98	489.09	442.07	420.12
72	364.40	334.03	303.66	288.48	513.18	470.68	428.16	406.91	573.92	528.37	479.78	455.50
73	391.05	358.96	326.85	309.35	545.73	501.95	455.26	431.91	609.93	560.32	507.78	484.44
74	420.14	383.48	349.65	332.73	578.04	530.11	482.17	459.62	645.71	592.14	538.57	510.37
75	440.33	405.21	367.40	348.48	602.42	553.79	502.47	478.16	672.65	615.93	559.19	532.18
76	480.46	441.70	400.39	382.30	650.94	596.70	542.45	516.63	720.69	661.28	599.28	570.87
77	517.61	473.24	431.34	409.16	692.61	635.92	579.23	549.65	761.62	697.54	633.45	603.88
78	551.33	506.37	459.04	437.75	733.53	674.38	612.85	582.09	802.15	735.89	669.64	634.15
79	577.71	528.26	481.05	456.32	762.03	699.10	638.16	604.68	829.47	759.79	692.36	656.38
80	596.29	547.30	496.20	472.77	783.70	719.80	653.79	621.84	849.71	779.43	709.15	672.95
81	615.22	563.95	512.68	486.02	807.98	740.31	674.69	639.82	875.65	803.87	730.05	693.15
82	660.33	604.97	549.59	522.93	869.51	797.73	723.91	689.04	941.29	863.34	785.42	746.46
83	713.65	654.18	594.71	563.95	939.23	861.31	781.33	742.36	1,017.16	933.07	846.94	805.93
84	773.13	709.55	643.93	613.17	1,019.21	933.07	849.00	805.93	1,103.28	1,010.99	920.78	873.60
85	842.85	773.13	703.40	668.53	1,109.43	1,017.16	924.87	879.76	1,203.77	1,103.28	1,002.79	951.52
86	918.72	842.85	766.96	728.00	1,209.92	1,109.43	1,008.96	957.69	1,312.46	1,201.72	1,093.03	1,037.67
87	1,002.79	918.72	834.64	793.63	1,318.60	1,209.92	1,099.19	1,043.81	1,429.35	1,310.40	1,191.46	1,131.99
88	1,093.03	1,000.74	910.52	865.40	1,437.55	1,318.60	1,197.62	1,138.15	1,558.54	1,429.35	1,298.10	1,234.53
89	1,191.46	1,090.97	992.54	943.32	1,566.74	1,435.49	1,306.31	1,240.68	1,697.99	1,556.49	1,414.98	1,345.28
90	1,298.10	1,189.41	1,080.72	1,027.41	1,708.25	1,566.74	1,423.20	1,351.42	1,851.79	1,697.99	1,542.14	1,466.26
91	1,414.98	1,296.06	1,179.15	1,119.68	1,862.05	1,706.19	1,552.40	1,474.46	2,017.90	1,849.74	1,681.58	1,597.51
92	1,542.14	1,412.95	1,283.75	1,220.17	2,030.21	1,859.99	1,691.83	1,605.71	2,200.42	2,015.86	1,833.34	1,741.05
93	1,679.54	1,540.69	1,400.64	1,330.91	2,212.73	2,028.15	1,843.59	1,751.30	2,397.29	2,198.36	1,997.39	1,898.95
94	1,831.28	1,679.54	1,525.73	1,449.86	2,411.63	2,210.67	2,009.70	1,909.21	2,612.61	2,395.23	2,177.86	2,069.17

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Pay 10 Individual											
	1460 x Daily Maximum				5% Simple BIO				5% Compound BIO			
	No BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	179.84	170.85	152.85	143.86	278.74	260.76	233.78	224.79	377.65	350.67	314.70	305.71
25-29	182.63	166.03	149.42	141.13	282.25	257.35	232.43	224.14	381.87	348.66	315.46	298.86
30-34	185.51	170.06	154.59	146.86	278.27	255.08	231.88	224.15	378.76	347.84	316.92	301.45
35-39	178.95	164.64	150.32	143.15	279.15	257.68	236.21	221.90	379.36	343.57	314.94	300.63
40-44	177.81	164.65	151.47	144.89	276.61	256.84	230.51	217.33	375.39	342.47	309.54	296.36
45	174.46	162.01	143.31	137.08	267.94	243.00	224.31	211.86	361.39	330.25	299.09	286.63
46	171.16	158.93	140.59	134.47	262.85	244.51	220.06	207.83	360.65	330.09	299.52	287.29
47	168.40	156.37	144.33	132.31	264.62	240.57	222.53	210.49	360.84	330.77	300.71	288.68
48	165.63	153.80	141.98	130.15	260.29	242.53	218.88	207.04	360.84	331.26	301.69	289.87
49	167.54	150.21	138.66	132.88	259.99	236.87	213.77	202.21	363.98	329.32	300.44	288.87
50	164.11	147.15	135.82	130.16	254.66	237.68	215.05	203.73	362.18	333.89	299.93	288.62
51	166.82	150.13	139.01	127.90	255.79	233.54	211.31	205.75	361.44	328.07	300.28	283.59
52	163.26	152.39	136.05	130.62	255.79	234.01	212.24	201.37	353.75	326.54	293.88	282.99
53	164.43	153.83	137.92	132.61	254.60	233.38	212.16	201.56	350.08	323.55	291.73	275.82
54	166.58	150.97	140.56	130.14	255.08	234.25	213.43	197.82	348.79	317.55	291.51	275.90
55	167.88	152.63	137.37	132.28	249.28	228.93	208.58	198.40	345.94	315.42	284.89	274.71
56	174.61	159.64	144.68	130.69	264.40	244.44	224.49	209.52	354.20	324.26	294.34	279.38
57	178.75	164.26	149.77	144.93	275.36	256.04	231.88	217.39	357.49	328.51	299.52	285.03
58	186.93	168.24	154.22	144.87	285.06	261.70	238.34	228.99	364.52	331.80	303.76	285.06
59	188.83	170.85	157.35	148.36	296.72	269.75	247.27	233.78	364.16	332.68	301.21	287.73
60	190.88	173.52	160.51	151.84	303.66	277.64	251.60	238.60	364.40	334.03	303.66	290.66
61	203.49	186.53	169.58	161.10	317.96	292.52	267.08	250.13	381.55	351.88	317.96	301.01
62	210.17	193.69	177.21	168.97	329.70	304.97	276.12	263.75	395.63	362.66	329.70	313.20
63	220.16	200.14	184.13	172.13	344.25	316.22	288.21	272.19	408.29	372.26	340.24	320.23
64	231.52	211.89	192.27	180.50	357.08	329.62	298.23	282.52	423.79	388.47	353.16	333.54
65	235.96	216.92	197.90	186.47	369.15	338.70	308.26	293.04	430.04	395.79	357.73	342.51
66	258.11	235.99	217.55	206.49	398.24	365.04	331.86	313.42	460.92	424.04	383.48	365.04
67	278.38	256.97	231.99	221.28	424.72	389.03	353.34	335.48	488.96	446.13	406.87	385.46
68	298.46	274.16	249.88	235.99	451.15	412.98	374.81	357.46	513.63	471.98	430.33	409.50
69	315.10	288.29	264.82	251.41	472.66	432.43	392.20	375.44	536.35	492.77	449.18	425.72
70	329.86	303.98	274.87	261.93	491.54	449.49	410.69	388.06	556.22	510.94	462.43	439.79
71	373.09	341.74	310.39	294.72	539.25	495.36	451.47	426.39	611.37	558.07	507.91	482.83
72	409.95	376.55	343.14	324.93	586.07	537.48	488.90	464.60	658.95	604.29	549.63	522.30
73	443.59	405.65	367.71	350.19	621.60	571.99	519.46	493.20	700.40	642.03	583.67	554.49
74	473.72	434.23	394.76	375.03	659.82	603.42	549.84	521.65	741.59	679.56	617.53	586.51
75	497.07	456.54	416.01	394.40	686.16	629.42	572.70	542.98	772.60	707.78	642.93	610.53
76	555.37	508.87	462.37	439.13	754.26	692.28	627.70	596.70	836.93	767.18	697.44	663.85
77	603.88	552.12	502.82	478.17	813.38	744.37	677.82	643.31	894.72	820.78	746.83	709.86
78	650.71	596.29	541.86	515.84	868.40	797.41	724.07	688.56	951.22	873.12	792.69	752.46
79	685.61	629.41	570.96	543.99	910.40	833.97	757.55	721.57	991.32	908.15	824.98	784.52
80	715.53	655.91	596.29	566.48	943.40	864.61	785.81	745.35	1,022.20	937.02	851.84	809.24
81	736.20	674.69	613.17	582.40	972.03	890.01	810.03	769.02	1,052.01	963.83	877.71	832.60
82	791.58	725.95	660.33	627.51	1,043.81	957.69	869.51	826.43	1,131.99	1,037.67	943.32	896.16
83	855.14	783.38	711.60	676.73	1,127.90	1,033.56	939.23	892.07	1,222.22	1,119.68	1,019.21	967.94
84	926.92	851.05	773.13	734.16	1,224.28	1,121.74	1,019.21	967.94	1,326.81	1,216.08	1,105.34	1,049.97
85	1,010.99	926.92	842.85	799.78	1,332.97	1,222.22	1,111.48	1,056.12	1,445.75	1,324.77	1,203.77	1,144.30
86	1,101.23	1,010.99	918.72	871.56	1,453.96	1,332.97	1,211.97	1,150.45	1,574.94	1,443.71	1,312.46	1,246.84
87	1,201.72	1,101.23	1,000.74	951.52	1,585.20	1,451.91	1,320.66	1,255.04	1,716.45	1,574.94	1,431.40	1,359.62
88	1,308.35	1,199.66	1,090.97	1,035.61	1,726.70	1,583.14	1,439.60	1,367.82	1,872.30	1,716.45	1,560.60	1,482.67
89	1,427.29	1,308.35	1,189.41	1,129.94	1,882.55	1,724.65	1,568.80	1,490.87	2,040.46	1,870.25	1,700.05	1,615.96
90	1,554.44	1,425.24	1,296.06	1,230.43	2,052.77	1,880.50	1,710.30	1,624.16	2,222.98	2,038.41	1,853.85	1,759.52
91	1,695.94	1,554.44	1,412.95	1,341.17	2,237.33	2,050.71	1,864.10	1,769.76	2,423.94	2,220.93	2,019.95	1,919.46
92	1,847.70	1,693.89	1,540.09	1,462.16	2,438.30	2,235.27	2,032.26	1,929.72	2,641.32	2,421.89	2,202.47	2,091.73
93	2,013.80	1,845.65	1,679.54	1,595.45	2,657.72	2,436.25	2,214.77	2,104.04	2,879.20	2,639.26	2,399.34	2,280.40
94	2,196.31	2,011.75	1,829.23	1,739.01	2,895.60	2,655.68	2,413.69	2,292.69	3,139.65	2,877.15	2,616.72	2,485.47

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Pay 10 Individual											
	No BIO				1825 x Daily Maximum				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	215.80	197.82	179.84	170.85	323.69	296.72	269.75	260.76	440.58	404.62	368.66	350.67
25-29	207.53	190.93	174.34	166.03	323.76	298.86	265.65	257.35	431.67	398.48	365.26	340.36
30-34	208.70	193.23	177.78	170.06	324.64	293.72	270.54	255.08	432.86	401.94	363.29	347.84
35-39	207.58	193.27	171.79	164.64	322.10	293.47	264.84	257.68	436.62	400.83	357.89	343.57
40-44	210.76	190.99	171.24	164.65	316.13	289.79	263.43	250.27	428.09	395.16	355.64	342.47
45	199.40	180.70	168.24	155.77	305.32	280.40	255.47	243.00	411.24	380.08	342.70	330.25
46	195.60	183.37	165.05	158.93	299.52	275.08	250.62	238.39	409.55	378.99	342.31	323.98
47	192.44	180.42	162.38	156.37	294.69	270.64	246.57	234.55	408.97	372.88	342.80	324.77
48	195.21	177.47	159.72	153.80	289.87	266.20	242.53	230.71	408.18	372.67	337.19	319.44
49	190.66	173.33	155.99	150.21	283.10	259.99	236.87	225.32	398.65	369.75	335.10	317.77
50	186.76	169.77	152.80	147.15	277.31	254.66	232.02	220.71	396.14	362.18	328.23	311.26
51	189.06	172.38	155.69	150.13	283.59	261.35	233.54	222.42	394.79	361.44	328.07	311.39
52	185.03	174.15	157.83	146.94	282.99	261.24	239.46	223.13	391.84	359.20	326.54	310.22
53	185.65	169.74	153.83	148.52	286.42	259.91	238.69	228.09	387.21	355.39	323.55	307.64
54	187.40	171.79	156.17	145.76	286.31	265.49	239.46	229.05	385.22	353.98	322.75	307.14
55	188.23	172.96	152.63	147.54	289.98	264.54	239.10	228.93	381.55	351.03	315.42	300.15
56	194.56	179.60	164.64	154.65	304.31	279.38	254.43	239.46	394.12	364.17	329.26	314.29
57	202.90	188.42	169.09	164.26	314.01	289.87	265.71	251.22	405.81	372.00	338.17	318.84
58	210.30	196.28	177.58	168.24	327.12	299.09	271.05	257.03	411.24	378.54	341.15	327.12
59	215.80	197.82	179.84	170.85	332.68	305.71	278.74	265.25	418.12	382.14	346.18	328.20
60	221.25	203.88	186.53	177.86	342.70	312.33	286.31	268.96	420.79	386.09	351.38	334.03
61	233.18	216.21	195.02	186.53	356.12	326.44	296.76	284.04	440.90	402.74	368.84	347.63
62	243.15	222.54	201.94	193.69	370.91	342.05	309.08	296.72	457.44	420.36	379.15	362.66
63	252.18	232.17	212.15	200.14	384.27	352.25	320.23	304.21	472.34	432.30	392.28	372.26
64	262.91	243.29	219.75	207.98	400.25	368.85	333.54	317.85	490.50	447.33	408.10	388.47
65	270.20	247.36	224.53	213.11	411.01	376.77	342.51	323.47	502.35	460.49	418.62	395.79
66	286.67	272.87	247.05	235.99	446.16	409.30	372.42	353.98	534.67	490.42	446.16	424.04
67	321.21	292.66	267.68	253.40	478.25	435.42	396.17	378.32	563.90	517.51	471.11	446.13
68	343.57	315.81	284.57	270.70	506.69	465.04	423.39	402.57	593.45	544.86	496.28	471.98
69	362.03	331.86	301.69	284.94	532.98	489.41	445.83	422.37	616.78	566.51	516.23	489.41
70	378.36	346.02	316.92	300.74	556.22	510.94	462.43	439.79	640.30	585.33	533.58	504.48
71	423.25	388.77	354.28	335.47	614.51	561.20	511.04	485.96	696.02	639.58	580.02	551.80
72	464.60	428.16	388.70	367.43	668.06	610.37	555.70	528.37	750.04	689.32	625.55	595.19
73	501.95	458.18	417.33	396.90	712.07	650.79	592.42	563.24	793.78	729.58	662.46	630.36
74	535.75	490.64	445.51	422.97	752.87	690.84	628.79	597.78	837.46	769.79	699.29	662.64
75	561.90	513.26	467.35	443.03	786.11	721.29	656.44	624.02	869.85	796.92	726.69	688.86
76	612.20	560.54	508.87	485.63	849.85	780.09	707.78	674.19	932.50	855.02	777.52	738.78
77	665.50	611.27	554.58	527.47	916.91	840.50	764.09	724.65	995.78	914.44	830.64	788.74
78	714.60	655.45	596.29	565.53	977.25	894.42	813.97	773.76	1,052.96	965.41	877.86	832.91
79	748.56	685.61	622.66	591.20	1,011.55	928.38	842.96	800.25	1,079.00	989.08	899.16	854.20
80	764.51	700.64	636.74	604.81	1,034.98	949.80	862.49	819.89	1,105.26	1,013.68	919.99	875.26
81	787.47	721.85	656.22	623.42	1,066.37	978.19	887.96	844.89	1,138.15	1,043.81	949.49	900.27
82	846.94	777.22	705.44	670.58	1,146.35	1,049.97	955.63	908.47	1,224.28	1,121.74	1,019.21	967.94
83	914.61	838.74	762.87	723.91	1,238.63	1,134.05	1,031.50	980.25	1,320.66	1,211.97	1,101.23	1,045.87
84	992.54	910.52	828.49	785.42	1,343.22	1,230.43	1,119.68	1,064.32	1,433.46	1,314.51	1,195.57	1,136.10
85	1,082.77	992.54	902.31	857.20	1,464.20	1,343.22	1,220.17	1,158.65	1,562.65	1,433.46	1,302.20	1,236.59
86	1,179.15	1,080.72	982.29	933.07	1,595.45	1,462.16	1,330.91	1,263.24	1,704.14	1,562.65	1,419.09	1,349.37
87	1,285.80	1,179.15	1,072.52	1,017.16	1,739.01	1,595.45	1,449.86	1,378.08	1,857.95	1,702.09	1,548.29	1,470.36
88	1,402.69	1,285.80	1,168.90	1,109.43	1,896.92	1,739.01	1,581.11	1,501.13	2,024.06	1,855.90	1,685.69	1,601.61
89	1,527.78	1,400.64	1,273.50	1,209.92	2,067.11	1,894.86	1,722.60	1,636.47	2,206.56	2,022.01	1,839.48	1,747.21
90	1,665.18	1,525.73	1,388.33	1,318.60	2,253.73	2,065.08	1,878.45	1,784.12	2,405.49	2,204.51	2,003.55	1,903.06
91	1,814.88	1,663.12	1,513.42	1,437.55	2,454.70	2,251.69	2,046.61	1,944.08	2,620.81	2,403.43	2,184.00	2,075.33
92	1,978.93	1,812.83	1,648.78	1,566.74	2,676.19	2,452.65	2,231.18	2,118.39	2,856.64	2,618.76	2,380.89	2,261.94
93	2,157.35	1,976.88	1,796.43	1,708.25	2,918.17	2,674.13	2,432.14	2,309.11	3,115.03	2,854.59	2,596.21	2,464.96
94	2,350.12	2,155.29	1,958.43	1,862.05	3,180.65	2,916.11	2,649.52	2,518.28	3,393.93	3,110.93	2,827.93	2,686.44

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Pay 10 Individual											
	No BIO				2190 x Daily Maximum				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	224.79	206.81	188.83	179.84	350.67	323.69	296.72	278.74	467.57	431.59	386.64	368.66
25-29	224.14	207.53	190.93	174.34	348.66	323.76	290.55	282.25	464.88	423.38	381.87	365.26
30-34	224.15	208.70	185.51	177.78	355.56	324.64	293.72	278.27	463.78	425.13	386.48	363.29
35-39	221.90	207.58	186.11	178.95	350.73	322.10	293.47	279.15	465.26	422.30	386.52	365.04
40-44	223.92	204.17	184.40	177.81	349.05	316.13	289.79	276.61	454.42	421.50	381.98	362.23
45	211.86	193.16	180.70	168.24	336.48	305.32	280.40	261.70	442.40	405.02	367.63	348.94
46	207.83	195.60	177.28	165.05	330.09	299.52	275.08	256.73	433.99	403.44	366.77	348.42
47	210.49	192.44	174.42	162.38	324.77	294.69	270.64	258.61	433.01	396.93	360.84	342.80
48	207.04	189.30	171.56	165.63	319.44	289.87	266.20	254.36	431.83	396.34	360.84	343.10
49	202.21	184.88	167.54	161.78	311.99	283.10	259.99	248.44	421.75	387.08	352.43	335.10
50	198.07	181.10	164.11	158.46	305.60	277.31	254.66	243.35	418.78	384.82	350.87	333.89
51	200.19	183.50	166.82	155.69	311.39	283.59	255.79	244.66	417.04	383.69	350.32	328.07
52	195.92	179.60	163.26	157.83	310.22	282.99	261.24	244.90	413.61	380.95	342.86	326.54
53	196.25	180.34	164.43	153.83	312.95	286.42	259.91	249.29	408.43	371.30	339.48	323.55
54	197.82	182.21	161.38	156.17	317.55	286.31	260.29	249.88	406.04	369.61	338.37	322.75
55	193.31	178.05	162.79	152.63	315.42	289.98	264.54	249.28	401.90	366.29	335.77	315.42
56	204.55	189.57	169.61	164.64	334.25	304.31	279.38	264.40	419.05	384.13	349.21	329.26
57	212.56	198.07	178.75	169.09	347.84	318.84	289.87	275.36	429.97	391.32	357.49	338.17
58	219.64	200.94	182.25	172.92	355.17	327.12	299.09	280.40	439.29	401.90	364.52	345.81
59	224.79	206.81	188.83	179.84	364.16	332.68	305.71	287.73	445.09	409.13	373.15	350.67
60	229.92	212.56	190.88	182.21	373.07	342.70	312.33	294.99	451.15	416.46	377.41	360.05
61	245.90	224.69	203.49	195.02	390.02	356.12	322.19	309.47	474.82	436.66	394.27	377.30
62	259.63	234.90	206.06	214.30	403.88	366.78	333.81	317.33	494.54	453.33	412.11	391.51
63	268.19	248.17	224.15	212.15	412.29	380.27	344.25	328.23	508.37	468.33	424.29	404.29
64	282.52	258.98	235.44	223.66	427.71	392.39	357.08	341.39	529.74	486.58	439.48	419.87
65	293.04	266.39	243.56	232.15	437.64	403.41	365.34	346.32	544.22	498.54	452.88	430.04
66	320.80	294.99	265.49	254.43	475.67	435.10	398.24	376.10	578.91	530.97	483.04	457.24
67	346.19	317.64	285.52	271.24	510.37	467.54	424.72	403.30	610.31	560.33	510.37	485.39
68	367.87	340.11	308.87	291.51	544.86	499.74	454.63	430.33	642.03	589.97	537.91	510.15
69	388.85	358.68	325.16	308.40	573.21	526.28	476.01	452.54	670.43	613.44	556.46	529.63
70	407.47	375.12	339.56	323.38	598.25	546.52	498.00	472.14	692.04	633.83	575.63	546.52
71	457.74	416.98	379.36	360.56	661.53	605.09	551.80	523.58	755.59	692.88	630.18	598.84
72	501.05	458.53	419.05	397.80	719.69	658.95	598.22	567.85	810.78	743.97	677.17	643.77
73	536.98	493.20	449.42	426.08	767.52	703.32	639.11	607.00	857.99	787.95	714.98	679.97
74	575.23	527.29	479.36	453.98	814.90	747.23	679.56	642.90	905.13	828.99	752.87	716.21
75	602.42	553.79	502.47	478.16	850.94	778.01	707.78	672.65	940.10	861.75	783.41	742.88
76	658.69	601.87	547.61	521.80	917.00	842.09	764.59	725.85	1,004.83	922.17	836.93	795.59
77	714.79	655.64	596.48	566.90	990.85	907.05	825.71	783.81	1,074.65	985.92	894.72	850.36
78	769.02	705.12	641.24	608.11	1,055.33	967.78	880.23	835.27	1,135.78	1,041.13	946.48	899.16
79	804.74	737.31	669.87	636.16	1,092.48	1,000.31	910.40	865.45	1,164.41	1,067.75	971.10	921.65
80	822.03	753.88	685.72	651.66	1,118.04	1,024.33	930.64	885.91	1,190.44	1,092.48	992.38	943.40
81	846.94	777.22	705.44	670.58	1,152.50	1,056.12	959.74	912.56	1,228.37	1,125.84	1,023.30	972.03
82	910.52	834.64	758.76	721.85	1,238.63	1,134.05	1,031.50	980.25	1,318.60	1,209.92	1,099.19	1,043.81
83	984.34	902.31	820.29	779.27	1,337.06	1,226.33	1,113.54	1,058.17	1,425.24	1,306.31	1,187.37	1,127.90
84	1,068.43	978.19	890.01	844.89	1,449.86	1,328.86	1,209.92	1,148.41	1,546.24	1,417.04	1,287.84	1,224.28
85	1,162.75	1,066.37	969.99	920.78	1,581.11	1,449.86	1,318.60	1,250.93	1,685.69	1,544.18	1,404.75	1,335.02
86	1,269.39	1,162.75	1,056.12	1,004.85	1,722.60	1,579.05	1,435.49	1,363.73	1,837.45	1,683.63	1,531.89	1,453.96
87	1,382.18	1,267.33	1,152.50	1,095.08	1,878.45	1,722.60	1,564.69	1,486.76	2,003.55	1,835.39	1,669.29	1,585.20
88	1,507.27	1,382.18	1,255.04	1,193.52	2,048.66	1,876.41	1,706.19	1,622.11	2,181.96	2,001.50	1,818.99	1,728.76
89	1,642.62	1,505.22	1,367.82	1,300.15	2,231.18	2,046.61	1,859.99	1,767.72	2,378.83	2,181.96	1,983.04	1,882.55
90	1,790.27	1,640.58	1,492.93	1,417.04	2,432.14	2,231.18	2,028.15	1,925.63	2,594.15	2,376.78	2,161.46	2,052.77
91	1,952.28	1,788.23	1,626.22	1,544.18	2,651.57	2,430.10	2,210.67	2,099.93	2,825.88	2,592.10	2,356.27	2,237.33
92	2,126.59	1,950.23	1,771.81	1,683.63	2,891.51	2,649.52	2,409.59	2,288.60	3,080.18	2,823.84	2,567.50	2,438.30
93	2,319.36	2,124.55	1,931.77	1,835.39	3,149.90	2,867.40	2,624.92	2,493.67	3,359.06	3,078.12	2,799.22	2,659.77
94	2,526.48	2,317.31	2,106.08	2,001.50	3,434.95	3,147.85	2,862.80	2,719.24	3,660.53	3,354.97	3,051.45	2,897.66

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Pay 10 Individual											
	No BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	251.76	233.78	206.81	197.82	395.63	359.67	323.69	314.70	521.51	476.56	431.59	413.61
25-29	249.04	232.43	207.53	199.24	390.17	356.97	323.76	307.15	514.69	473.18	431.67	406.77
30-34	247.35	231.88	208.70	200.98	394.21	355.56	324.64	309.19	517.88	471.50	432.86	409.66
35-39	250.52	229.05	207.58	200.42	386.52	357.89	322.10	307.78	515.36	472.42	429.46	407.99
40-44	243.68	223.92	204.17	197.58	381.98	355.64	322.72	302.95	507.12	467.60	421.50	401.75
45	236.78	218.09	199.40	186.93	373.86	342.70	311.54	292.85	492.25	448.63	405.02	386.33
46	232.28	213.95	195.60	183.37	366.77	336.19	305.64	287.29	482.91	446.22	403.44	385.09
47	228.53	210.49	192.44	180.42	360.84	330.77	300.71	282.66	481.13	439.03	402.95	378.88
48	230.71	207.04	189.30	183.37	354.93	325.35	295.78	278.03	479.15	437.75	396.34	378.60
49	225.32	202.21	184.88	179.11	346.65	317.77	288.87	271.54	473.75	433.32	392.87	375.53
50	220.71	203.73	181.10	175.43	339.56	311.26	282.96	265.98	464.05	424.44	390.48	367.84
51	222.42	200.19	183.50	172.38	344.76	316.95	283.59	272.47	461.53	422.60	383.69	367.00
52	217.69	201.37	185.03	174.15	342.86	315.65	288.44	272.11	457.16	419.05	380.95	364.63
53	217.47	201.56	180.34	175.03	344.77	318.26	286.42	275.82	450.87	413.74	376.61	355.39
54	218.64	197.82	182.21	171.79	348.79	322.75	291.51	275.90	447.69	411.24	374.81	353.98
55	218.75	198.40	178.05	172.96	351.03	320.50	288.98	279.80	442.61	406.99	371.38	351.03
56	229.48	209.52	189.57	179.60	369.17	339.24	309.30	294.34	463.95	424.04	384.13	369.17
57	236.72	217.39	198.07	188.42	386.48	352.66	318.84	304.36	478.27	434.78	396.14	378.81
58	243.00	224.31	205.62	191.61	397.23	364.52	331.80	313.11	486.02	448.63	406.58	387.87
59	251.76	229.29	206.81	197.82	404.62	373.15	337.19	319.21	494.54	454.08	413.61	391.13
60	255.94	234.25	212.56	203.88	412.11	377.41	342.70	325.35	503.21	459.83	416.46	399.11
61	271.32	250.13	224.69	216.21	432.43	394.27	360.35	343.40	525.70	483.29	440.90	415.46
62	284.35	263.75	239.02	226.67	445.09	407.99	370.91	354.43	548.12	502.79	457.44	432.71
63	300.22	272.19	248.17	236.16	460.33	420.30	384.27	364.25	564.41	520.37	472.34	448.33
64	313.91	286.45	262.91	247.21	474.81	435.56	396.33	376.70	588.60	537.58	490.50	466.95
65	323.47	296.83	270.20	258.79	487.13	445.26	407.20	384.37	601.30	551.82	502.35	475.71
66	353.98	324.48	294.99	280.24	527.29	483.04	438.80	416.66	641.59	589.97	534.67	508.85
67	381.89	349.76	317.64	303.36	567.47	517.51	471.11	449.70	678.12	621.02	563.90	535.35
68	409.50	374.81	340.11	326.22	603.86	555.28	503.21	478.91	714.90	655.91	596.91	565.69
69	432.43	395.55	362.03	341.91	636.90	583.27	529.63	502.82	744.18	680.47	620.15	586.62
70	452.73	413.93	378.36	358.96	662.94	607.95	552.98	523.88	766.41	704.96	640.30	607.95
71	507.91	464.01	423.25	401.30	733.64	670.93	611.37	580.02	837.10	768.13	699.15	661.53
72	555.70	510.15	464.60	440.31	798.63	731.82	665.02	631.62	901.88	825.96	750.04	713.61
73	598.25	548.64	499.03	472.77	852.16	779.19	709.15	674.14	954.29	872.57	793.78	755.84
74	637.26	583.68	532.93	504.73	902.31	828.99	752.87	716.21	1,003.82	922.06	837.46	795.17
75	669.95	613.23	559.19	529.47	942.80	864.45	786.11	745.59	1,042.75	956.31	869.85	826.64
76	731.02	669.02	607.04	578.61	1,020.33	935.09	849.85	805.93	1,115.91	1,022.91	929.92	883.43
77	793.67	727.12	660.57	628.52	1,099.30	1,008.10	916.91	870.07	1,192.96	1,094.37	993.31	944.02
78	854.20	783.22	712.23	676.73	1,171.27	1,074.26	974.88	927.55	1,261.19	1,154.71	1,050.59	998.54
79	892.42	818.23	744.05	705.83	1,211.62	1,112.72	1,011.55	959.85	1,292.53	1,184.64	1,076.74	1,022.80
80	913.59	836.93	760.26	721.93	1,241.55	1,137.21	1,034.98	981.73	1,322.48	1,211.73	1,103.12	1,047.76
81	941.29	861.31	783.38	744.40	1,277.59	1,170.95	1,066.37	1,013.05	1,363.73	1,248.88	1,136.10	1,078.68
82	1,010.99	926.92	842.85	799.78	1,373.98	1,259.13	1,144.30	1,088.94	1,464.20	1,343.22	1,220.17	1,160.70
83	1,090.97	1,000.74	910.52	863.34	1,484.71	1,359.62	1,236.59	1,175.06	1,583.14	1,449.86	1,318.60	1,252.99
84	1,185.32	1,086.88	986.39	937.18	1,609.81	1,476.51	1,341.17	1,275.55	1,716.45	1,572.89	1,431.40	1,359.62
85	1,291.95	1,183.26	1,076.63	1,021.25	1,755.41	1,609.81	1,462.16	1,390.38	1,872.30	1,714.39	1,558.54	1,480.62
86	1,406.78	1,289.90	1,173.01	1,113.54	1,913.32	1,753.36	1,595.45	1,515.47	2,040.46	1,870.25	1,700.05	1,613.91
87	1,533.93	1,406.78	1,277.59	1,214.02	2,085.57	1,911.26	1,739.01	1,650.83	2,222.98	2,038.41	1,851.79	1,759.52
88	1,671.32	1,531.89	1,392.44	1,324.77	2,274.24	2,083.53	1,894.86	1,800.52	2,423.94	2,220.93	2,019.95	1,919.46
89	1,823.08	1,671.32	1,519.58	1,443.71	2,477.27	2,272.20	2,065.08	1,962.53	2,641.32	2,421.89	2,200.42	2,091.73
90	1,987.13	1,821.03	1,654.92	1,572.89	2,700.79	2,475.21	2,251.69	2,138.89	2,879.20	2,639.26	2,399.34	2,280.40
91	2,165.55	1,985.10	1,804.63	1,714.39	2,944.82	2,698.73	2,452.65	2,331.67	3,137.60	2,877.15	2,614.66	2,485.47
92	2,360.38	2,163.51	1,966.64	1,868.21	3,209.36	2,940.73	2,674.13	2,540.83	3,420.59	3,135.54	2,850.49	2,708.99
93	2,573.65	2,358.32	2,143.00	2,036.35	3,498.52	3,207.32	2,914.06	2,768.46	3,728.20	3,418.54	3,106.83	2,950.98
94	2,803.33	2,571.59	2,337.82	2,220.93	3,812.27	3,494.42	3,176.96	3,018.65	4,064.52	3,726.15	3,387.77	3,217.58

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Pay 10 Individual											
	3650 x Daily Maximum				5% Simple BIO				5% Compound BIO			
	No BIO											
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	269.75	242.77	224.79	215.80	422.60	386.64	350.67	332.68	557.47	512.52	458.56	440.58
25-29	265.65	249.04	224.14	215.84	415.07	381.87	348.66	332.05	547.90	506.39	456.57	439.98
30-34	270.54	247.35	224.15	208.70	417.40	386.48	347.84	332.37	548.80	502.42	456.05	432.86
35-39	264.84	243.37	221.90	214.74	415.15	379.36	343.57	329.26	551.15	501.05	458.11	436.62
40-44	263.43	243.68	217.33	210.76	414.91	375.39	342.47	329.30	540.04	500.53	454.42	428.09
45	255.47	230.55	211.86	199.40	398.79	361.39	330.25	311.54	523.41	479.78	436.17	417.48
46	250.62	226.18	207.83	195.60	391.21	354.54	323.98	311.75	519.58	476.80	433.99	409.55
47	246.57	228.53	204.48	192.44	384.90	354.84	318.75	306.73	517.21	475.12	427.00	408.97
48	242.53	224.79	201.13	195.21	378.60	349.02	313.52	301.69	508.73	467.33	425.92	402.25
49	236.87	219.54	196.44	190.66	369.75	340.87	306.20	294.65	502.65	462.20	421.75	398.65
50	237.68	215.05	198.07	186.76	362.18	333.89	299.93	288.62	498.00	458.39	413.12	396.14
51	233.54	216.87	194.62	189.06	367.00	333.63	305.82	289.16	494.89	455.97	411.48	394.79
52	234.01	217.69	195.92	185.03	370.07	337.42	310.22	293.88	489.80	451.71	408.18	386.40
53	233.38	212.16	196.25	185.65	371.30	339.48	307.64	291.73	482.69	445.56	403.12	381.90
54	234.25	213.43	192.60	182.21	374.81	343.57	312.33	296.72	478.91	442.48	400.83	380.01
55	234.01	213.66	193.31	183.14	376.47	345.94	315.42	295.07	473.13	437.52	396.82	376.47
56	244.44	204.55	194.56	184.17	394.12	329.26	304.17	291.29	493.89	453.98	414.07	394.12
57	256.04	231.88	212.56	202.90	410.64	376.81	343.00	323.68	512.09	468.61	425.13	405.81
58	261.70	238.34	219.64	205.62	425.27	387.87	355.17	336.48	523.41	476.67	434.61	411.24
59	265.25	247.27	224.79	211.31	431.59	395.63	359.67	341.68	530.50	485.55	440.58	418.12
60	273.29	251.60	225.58	216.90	442.48	407.78	368.74	351.38	537.91	494.54	446.82	425.13
61	292.52	267.08	241.65	228.93	462.10	423.95	385.79	364.60	563.85	517.21	470.59	445.15
62	304.97	280.24	255.52	243.15	478.06	436.84	399.76	379.15	585.20	535.75	486.29	465.69
63	320.23	292.21	268.19	252.18	492.34	452.32	408.29	388.27	604.43	556.40	504.35	480.34
64	337.46	306.06	278.60	266.83	510.12	466.95	423.79	404.16	627.83	576.83	525.81	498.35
65	346.32	319.68	289.23	274.00	521.37	475.71	433.84	411.01	643.15	589.88	536.60	509.96
66	379.80	346.60	317.11	302.36	564.17	519.91	471.98	446.16	685.85	630.53	571.53	545.73
67	410.44	374.74	342.62	324.78	606.74	556.78	506.80	478.25	724.51	663.84	603.17	574.61
68	437.28	402.57	364.40	347.05	645.51	593.45	537.91	513.63	763.50	701.03	638.56	603.86
69	462.59	425.72	385.49	365.38	680.47	623.50	566.51	539.70	794.46	727.42	663.73	630.20
70	485.08	443.03	404.23	384.82	708.20	650.00	591.79	562.69	821.39	753.49	685.56	650.00
71	542.40	498.51	451.47	429.52	783.81	717.97	655.26	620.78	896.68	821.43	746.19	708.57
72	585.19	546.60	494.97	470.68	853.29	783.46	710.57	677.17	965.65	883.66	804.71	762.19
73	639.11	586.59	534.06	504.87	910.52	834.64	758.76	720.83	1,018.50	933.86	849.23	808.38
74	682.37	625.98	569.59	541.39	967.17	885.40	806.45	764.15	1,074.32	984.09	896.68	851.56
75	715.88	656.44	597.02	567.30	1,010.33	926.59	840.15	799.62	1,115.69	1,023.84	929.29	883.36
76	780.09	715.52	650.94	617.37	1,090.07	999.67	909.26	862.76	1,195.98	1,095.24	994.50	945.42
77	850.36	778.88	707.40	672.89	1,175.71	1,077.12	980.99	931.69	1,276.77	1,170.78	1,064.79	1,010.57
78	913.35	837.64	761.92	724.07	1,254.09	1,149.97	1,043.50	991.43	1,348.74	1,235.17	1,123.95	1,067.16
79	955.36	874.44	795.75	755.29	1,297.04	1,189.14	1,081.24	1,027.28	1,382.45	1,267.81	1,153.18	1,094.72
80	977.48	894.42	813.49	773.05	1,326.73	1,218.12	1,107.39	1,052.01	1,416.17	1,296.91	1,179.79	1,120.16
81	1,006.90	922.81	838.74	795.67	1,367.82	1,255.04	1,140.19	1,082.77	1,458.06	1,337.06	1,216.08	1,154.55
82	1,080.72	992.54	902.31	857.20	1,470.36	1,347.31	1,226.33	1,164.81	1,566.74	1,437.55	1,306.31	1,240.68
83	1,168.90	1,070.47	974.09	924.87	1,589.31	1,456.00	1,322.71	1,257.08	1,693.89	1,552.40	1,410.89	1,341.17
84	1,267.33	1,162.75	1,056.12	1,002.79	1,722.60	1,579.05	1,435.49	1,363.73	1,837.45	1,683.63	1,531.89	1,453.96
85	1,382.18	1,267.33	1,150.45	1,093.03	1,878.45	1,722.60	1,564.69	1,486.76	2,001.50	1,835.39	1,669.29	1,585.20
86	1,505.22	1,380.13	1,255.04	1,191.46	2,046.61	1,876.41	1,706.19	1,620.07	2,181.96	2,001.50	1,818.99	1,728.76
87	1,640.58	1,505.22	1,367.82	1,300.15	2,231.18	2,046.61	1,859.99	1,767.72	2,378.83	2,179.91	1,983.04	1,882.55
88	1,790.27	1,640.58	1,490.87	1,417.04	2,432.14	2,229.13	2,028.15	1,925.63	2,594.15	2,376.78	2,161.46	2,052.77
89	1,950.23	1,788.23	1,626.22	1,544.18	2,651.57	2,430.10	2,210.67	2,099.93	2,825.88	2,590.05	2,356.27	2,237.33
90	2,126.59	1,948.17	1,771.81	1,683.63	2,889.46	2,649.52	2,409.59	2,288.60	3,080.18	2,823.84	2,567.50	2,438.30
91	2,317.31	2,124.55	1,931.77	1,835.39	3,149.90	2,887.40	2,624.92	2,493.67	3,359.06	3,078.12	2,799.22	2,657.72
92	2,526.48	2,315.25	2,104.04	1,999.44	3,434.95	3,147.85	2,860.75	2,719.24	3,660.53	3,354.97	3,051.45	2,897.66
93	2,752.06	2,524.43	2,294.74	2,179.91	3,742.55	3,430.84	3,119.14	2,963.27	3,990.69	3,658.47	3,324.21	3,158.10
94	3,000.20	2,750.01	2,499.81	2,374.72	4,078.86	3,740.51	3,400.08	3,229.87	4,349.57	3,986.69	3,623.60	3,443.15



## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Pay 10 Individual											
	No BIO				Unlimited				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	305.71	278.74	251.76	242.77	467.57	431.59	395.63	368.66	620.42	566.48	521.51	494.54
25-29	298.86	273.94	249.04	240.74	464.88	431.67	390.17	373.56	614.30	564.50	514.69	489.78
30-34	301.45	278.27	247.35	239.62	471.50	425.13	386.48	371.02	618.36	564.27	517.88	486.97
35-39	300.63	272.00	250.52	236.21	465.26	429.46	386.52	372.20	615.57	565.47	515.36	486.73
40-44	296.36	270.02	243.68	230.51	461.01	421.50	381.98	362.23	605.91	559.81	507.12	480.78
45	286.63	261.70	236.78	224.31	442.40	405.02	373.86	355.17	585.72	535.87	486.02	467.33
46	281.18	256.73	232.28	220.06	433.99	403.44	366.77	348.42	580.71	531.81	482.91	458.45
47	276.64	252.59	228.53	216.51	427.00	396.93	360.84	342.80	577.35	529.24	481.13	457.08
48	248.46	248.46	224.79	218.88	420.00	390.42	354.93	337.19	573.81	526.49	479.15	455.50
49	265.77	242.66	225.32	213.77	415.98	381.32	346.65	329.32	566.19	519.98	467.98	444.86
50	260.32	243.35	220.71	209.40	407.47	373.51	339.56	322.57	560.25	509.33	464.05	441.42
51	261.35	239.10	216.87	211.31	411.48	378.13	339.19	322.51	556.07	511.57	461.53	439.29
52	261.24	239.46	217.69	206.81	413.61	380.95	342.86	326.54	549.67	506.14	457.16	435.38
53	259.91	238.69	217.47	206.87	413.74	381.90	344.77	328.86	541.04	498.60	450.87	429.65
54	260.29	239.46	218.64	208.23	416.46	385.22	348.79	333.16	536.19	494.54	447.69	426.87
55	259.45	239.10	218.75	203.49	422.26	386.64	351.03	330.68	534.17	488.38	442.61	422.26
56	274.38	249.43	229.48	214.52	444.00	409.08	369.17	349.21	553.76	500.85	463.95	439.21
57	285.03	260.87	236.72	227.06	458.94	420.30	381.65	362.33	570.06	521.75	478.27	454.11
58	294.42	271.05	243.00	233.67	476.67	434.61	397.23	373.86	584.16	537.42	486.02	462.66
59	301.21	274.24	251.76	238.28	485.55	445.09	404.62	386.64	593.45	543.99	494.54	467.57
60	308.01	281.97	255.94	242.93	494.54	455.50	412.11	394.76	602.99	550.93	503.21	477.19
61	326.44	296.76	271.32	258.61	517.21	474.82	432.43	411.23	631.68	580.81	525.70	500.26
62	342.05	313.20	284.35	272.00	535.75	490.42	444.09	424.48	655.26	601.68	548.12	519.27
63	360.26	328.23	300.22	284.19	552.38	504.35	460.33	436.30	676.48	620.43	564.41	536.38
64	376.70	345.31	313.91	298.23	568.97	521.89	474.81	451.25	706.31	647.45	588.60	557.20
65	388.17	357.73	323.47	308.26	582.26	532.79	487.13	460.49	723.07	662.18	601.30	570.85
66	424.04	390.86	353.98	335.54	634.23	578.91	527.29	501.48	770.66	704.29	641.59	608.41
67	456.84	421.15	381.89	364.05	678.12	621.02	563.90	538.92	813.73	745.93	678.12	642.43
68	492.80	451.15	409.50	388.70	725.31	662.86	603.86	572.62	857.20	784.31	714.90	676.73
69	519.58	476.01	432.43	408.97	760.93	697.24	633.55	603.39	891.67	817.92	740.81	703.95
70	543.28	498.00	452.73	430.09	795.51	727.61	662.94	627.35	921.65	844.02	766.41	727.61
71	608.24	558.07	504.78	479.69	877.86	805.75	733.64	696.02	1,003.27	921.76	837.10	793.21
72	665.02	610.37	555.70	528.37	956.53	877.58	795.59	756.12	1,081.04	989.95	898.85	856.33
73	714.98	656.62	595.34	566.16	1,018.50	933.86	849.23	808.38	1,141.06	1,047.68	951.38	904.68
74	764.15	702.12	637.26	606.25	1,082.77	992.54	902.31	857.20	1,204.02	1,102.51	1,003.82	953.07
75	802.32	734.78	667.25	634.83	1,129.19	1,037.35	942.80	894.17	1,248.06	1,145.41	1,040.05	988.72
76	875.67	800.76	728.44	692.28	1,221.81	1,118.48	1,017.74	966.09	1,338.05	1,226.98	1,115.91	1,059.07
77	951.41	872.54	793.67	754.23	1,316.20	1,207.75	1,096.84	1,042.61	1,429.58	1,311.27	1,190.50	1,131.34
78	1,022.20	937.02	851.84	809.24	1,403.17	1,287.21	1,168.90	1,112.11	1,509.64	1,384.24	1,258.82	1,194.94
79	1,067.75	980.09	890.17	845.21	1,454.39	1,333.00	1,211.62	1,150.92	1,548.80	1,420.67	1,290.29	1,227.36
80	1,094.61	1,003.03	911.47	866.74	1,486.45	1,362.94	1,239.42	1,177.67	1,584.41	1,452.38	1,320.34	1,254.33
81	1,125.84	1,033.56	939.23	892.07	1,531.89	1,404.75	1,277.59	1,211.97	1,632.36	1,497.02	1,361.68	1,294.00
82	1,211.97	1,109.43	1,008.96	959.74	1,646.72	1,509.33	1,371.93	1,304.26	1,755.41	1,609.81	1,462.16	1,390.38
83	1,308.35	1,199.66	1,090.97	1,035.61	1,777.97	1,630.32	1,482.67	1,408.84	1,896.92	1,739.01	1,581.11	1,501.13
84	1,419.09	1,300.15	1,183.26	1,123.79	1,929.72	1,769.76	1,607.76	1,527.78	2,056.86	1,886.66	1,714.39	1,628.27
85	1,546.24	1,419.09	1,289.90	1,224.28	2,104.04	1,927.66	1,753.36	1,665.18	2,243.47	2,054.82	1,868.21	1,775.92
86	1,685.69	1,546.24	1,404.75	1,335.02	2,292.69	2,101.98	1,911.26	1,814.88	2,444.45	2,241.44	2,036.35	1,935.88
87	1,837.45	1,685.69	1,531.89	1,456.00	2,499.81	2,290.65	2,083.53	1,978.93	2,663.88	2,442.40	2,220.93	2,110.18
88	2,003.55	1,837.45	1,669.29	1,585.20	2,723.35	2,497.77	2,270.14	2,157.35	2,903.80	2,661.83	2,419.85	2,298.85
89	2,184.00	2,001.50	1,818.99	1,728.76	2,969.44	2,721.30	2,475.21	2,350.12	3,166.30	2,901.76	2,637.23	2,505.97
90	2,380.89	2,181.96	1,983.04	1,884.61	3,236.03	2,967.38	2,696.68	2,563.39	3,451.35	3,162.20	2,875.09	2,731.55
91	2,594.15	2,378.83	2,161.46	2,054.82	3,527.22	3,233.98	2,940.73	2,793.08	3,761.02	3,447.24	3,133.49	2,977.64
92	2,827.93	2,592.10	2,356.27	2,239.38	3,845.09	3,525.17	3,205.27	3,045.31	4,099.37	3,756.91	3,416.48	3,246.28
93	3,082.22	2,825.88	2,569.54	2,440.34	4,191.66	3,843.03	3,492.37	3,318.05	4,468.51	4,095.28	3,724.09	3,537.48
94	3,361.12	3,080.18	2,799.22	2,659.77	4,569.00	4,187.55	3,808.18	3,617.46	4,870.44	4,464.40	4,058.36	3,855.34

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Pay to 65 Individual											
	No BIO				730 x Daily Maximum				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	34.51	32.04	29.58	27.11	54.23	49.30	44.37	41.90	73.94	66.55	61.62	59.16
25-29	40.81	38.09	35.38	32.66	65.30	59.87	54.42	51.70	87.07	78.91	73.47	68.03
30-34	55.21	51.76	48.32	44.86	89.71	79.36	72.46	69.01	117.33	110.43	100.08	93.17
35-39	73.47	65.30	61.23	57.15	110.21	102.04	93.88	89.79	151.02	138.77	126.53	118.37
40-44	86.17	77.10	72.57	68.03	136.05	122.45	113.38	104.31	181.42	167.80	149.66	145.12
45	89.92	85.18	75.71	70.99	141.98	132.51	118.31	113.57	194.02	175.10	160.91	151.44
46	95.43	85.89	76.35	71.57	143.15	133.60	119.29	114.52	195.65	181.34	162.25	157.48
47	95.83	86.25	76.66	76.66	143.75	134.16	119.80	114.99	201.24	182.08	167.70	158.13
48	96.62	86.96	82.13	77.29	149.77	135.26	120.78	115.94	202.90	188.42	169.09	159.42
49	97.80	92.92	83.14	78.24	151.60	136.92	127.14	117.36	210.28	190.72	176.04	166.26
50	103.52	93.66	83.80	78.87	152.82	138.03	128.17	118.31	211.97	197.18	177.47	167.61
51	103.93	94.04	84.14	79.19	153.43	143.53	128.68	123.73	217.77	197.97	183.12	173.23
52	104.77	94.78	89.79	84.81	159.64	144.68	129.70	124.73	224.49	204.55	184.59	179.60
53	105.59	100.57	90.50	85.48	160.91	145.82	135.75	125.70	231.30	211.18	191.07	181.02
54	111.06	100.96	90.87	85.81	166.58	151.44	136.29	131.25	237.25	217.06	196.87	186.77
55	111.93	101.75	91.58	86.49	167.88	152.63	137.37	132.28	244.19	223.84	203.49	193.31

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Pay to 65 Individual											
	No BIO				1095 x Daily Maximum				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	46.83	41.90	39.44	36.97	69.01	64.08	59.16	54.23	93.66	86.27	76.41	73.94
25-29	54.42	51.70	46.26	43.54	81.64	76.19	68.03	65.30	111.56	100.68	92.52	87.07
30-34	75.92	69.01	62.11	58.67	113.87	103.52	93.17	89.71	151.84	138.03	124.22	120.78
35-39	97.96	89.79	81.64	77.55	142.86	130.62	118.37	114.28	191.84	175.51	159.19	151.02
40-44	113.38	104.31	95.24	90.71	172.35	158.73	145.12	136.05	228.76	208.62	190.48	181.42
45	123.05	113.57	99.38	94.64	184.56	165.63	151.44	146.70	246.09	222.42	203.49	194.02
46	124.06	114.52	104.98	100.20	186.11	167.02	152.71	147.92	248.14	229.05	209.97	195.65
47	124.58	114.99	105.42	100.63	186.87	172.50	153.32	148.54	253.95	234.79	210.84	201.24
48	125.61	115.94	106.29	101.45	188.42	173.91	154.59	149.77	260.87	236.72	217.39	207.74
49	132.04	117.36	107.58	102.70	190.72	176.04	161.38	151.60	268.96	244.51	224.94	210.28
50	133.10	123.24	108.45	103.52	192.25	177.47	162.68	152.82	276.06	251.41	226.76	216.90
51	133.64	123.73	113.84	108.88	197.97	183.12	163.32	158.38	282.11	257.37	232.62	222.72
52	139.69	124.73	114.74	109.75	204.55	189.57	169.61	159.64	289.35	264.40	239.46	229.48
53	140.79	130.73	120.68	110.62	211.18	196.09	175.98	165.93	291.64	271.52	246.39	231.30
54	146.39	131.25	121.15	116.10	217.06	196.87	181.73	171.64	297.83	272.58	252.39	237.25
55	147.54	137.37	122.10	117.01	223.84	203.49	188.23	178.05	305.24	279.80	254.36	244.19

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Pay to 65 Individual											
	No BIO				1460 x Daily Maximum				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	49.30	46.83	41.90	39.44	76.41	71.48	64.08	61.62	103.52	96.13	86.27	83.80
25-29	59.87	54.42	48.98	46.26	92.52	84.36	76.19	73.47	125.17	114.28	103.41	97.96
30-34	82.82	75.92	69.01	65.57	124.22	113.87	103.52	100.08	169.09	155.28	141.47	134.58
35-39	102.04	93.88	85.72	81.64	159.19	146.94	134.70	126.53	216.33	195.92	179.60	171.43
40-44	122.45	113.38	104.31	99.78	190.48	176.88	158.73	149.66	258.50	235.83	213.16	204.09
45	132.51	123.05	108.85	104.11	203.49	184.56	170.37	160.91	274.48	250.83	227.16	217.69
46	133.60	124.06	109.75	104.98	205.19	190.88	171.79	162.25	281.54	257.68	233.82	224.28
47	134.16	124.58	114.99	105.42	210.84	191.67	177.29	167.70	287.50	263.54	239.58	230.00
48	135.26	125.61	115.94	111.11	212.56	198.07	178.75	169.09	294.69	270.54	246.39	236.72
49	141.82	127.14	117.36	112.48	220.06	200.50	180.94	171.16	308.08	278.74	254.29	244.51
50	142.96	128.17	118.31	113.38	221.83	207.04	187.32	177.47	315.49	290.85	261.27	251.41
51	148.47	133.64	123.73	113.84	227.66	207.86	188.07	183.12	321.70	292.02	267.26	252.42
52	149.66	139.69	124.73	119.73	234.47	214.52	194.56	184.59	324.26	299.33	269.39	259.42
53	155.67	145.82	130.73	125.70	241.36	221.25	201.13	191.07	331.86	306.73	276.55	261.46
54	161.54	146.39	136.29	126.19	247.35	227.16	206.96	191.83	338.21	307.93	282.68	267.54
55	167.88	152.63	137.37	132.28	249.28	228.93	208.58	198.40	345.94	315.42	284.89	274.71

## Current Rate Schedule

Genworth Life Insurance Company  
 Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay to 65 Individual											
	No BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	59.16	54.23	49.30	46.83	88.73	81.34	73.94	71.48	120.78	110.92	101.06	96.13
25-29	68.03	62.58	57.15	54.42	106.13	97.96	87.07	84.36	141.50	130.62	119.73	111.56
30-34	93.17	86.27	79.36	75.92	144.93	131.12	120.78	113.87	193.23	179.44	162.19	155.28
35-39	118.37	110.21	97.96	93.88	183.68	167.35	151.02	146.94	248.98	228.58	204.09	195.92
40-44	145.12	131.52	117.92	113.38	217.69	199.55	181.42	172.35	294.80	272.11	244.90	235.83
45	151.44	137.24	127.77	118.31	231.88	212.95	194.02	184.56	312.33	288.68	260.29	250.83
46	152.71	143.15	128.83	124.06	233.82	214.74	195.65	186.11	319.71	295.86	267.23	252.91
47	153.32	143.75	129.37	124.58	234.79	215.62	196.46	186.87	325.83	297.07	273.12	258.74
48	159.42	144.93	130.44	125.61	236.72	217.39	198.07	188.42	333.33	304.36	275.36	260.87
49	161.38	146.70	132.04	127.14	239.62	220.06	200.50	190.72	337.42	312.97	283.63	268.96
50	162.68	147.89	133.10	128.17	241.55	221.83	202.11	192.25	345.07	315.49	285.92	271.13
51	168.27	153.43	138.58	133.64	252.42	232.62	207.86	197.97	351.41	321.70	292.02	277.16
52	169.61	159.64	144.68	134.70	259.42	239.46	219.51	204.55	359.20	329.26	299.33	284.35
53	175.98	160.91	145.82	140.79	271.52	246.39	226.27	216.21	367.07	336.89	306.73	291.64
54	181.73	166.58	151.44	141.35	277.64	257.45	232.20	222.10	373.54	343.26	312.97	297.83
55	188.23	172.96	152.63	147.54	289.98	264.54	239.10	228.93	381.55	351.03	315.42	300.15

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Pay to 65 Individual											
	No BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	61.62	56.69	51.76	49.30	96.13	88.73	81.34	76.41	128.17	118.31	105.99	101.06
25-29	73.47	68.03	62.58	57.15	114.28	106.13	95.24	92.52	152.39	138.77	125.17	119.73
30-34	100.08	93.17	82.82	79.36	158.73	144.93	131.12	124.22	207.04	189.79	172.54	162.19
35-39	126.53	118.37	106.13	102.04	200.00	183.68	167.35	159.19	265.31	240.82	220.41	208.17
40-44	154.19	140.59	128.98	122.45	240.37	217.69	199.55	190.48	312.93	290.26	263.04	249.43
45	160.91	146.70	137.24	127.77	255.55	231.88	212.95	198.76	336.00	307.61	279.22	265.01
46	162.25	152.71	138.38	128.83	257.68	233.82	214.74	200.42	338.80	314.94	286.31	272.00
47	167.70	153.32	138.96	129.37	258.74	234.79	215.62	206.03	344.99	316.24	287.50	273.12
48	169.09	154.59	140.10	135.26	260.87	236.72	217.39	207.74	352.66	323.68	294.69	280.20
49	171.16	156.48	141.82	136.92	264.07	239.62	220.06	210.28	356.99	327.64	298.30	283.63
50	172.54	157.75	142.96	138.03	266.20	241.55	221.83	211.97	364.79	335.21	305.64	290.85
51	178.18	163.32	148.47	138.58	277.16	252.42	227.66	217.77	371.21	341.50	311.81	292.02
52	179.60	164.64	149.66	144.68	284.35	259.42	239.46	224.49	379.15	349.21	314.29	299.33
53	186.05	170.96	155.87	145.82	296.66	271.52	246.39	236.32	387.16	351.98	321.80	306.73
54	191.83	176.68	158.48	151.44	307.93	277.64	252.39	242.29	393.74	358.41	328.12	312.97
55	193.31	178.05	162.79	152.63	315.42	289.98	264.54	249.28	401.90	366.29	335.77	315.42

## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Pay to 65 Individual											
	No BIO				5% Simple BIO				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	69.01	64.08	56.69	54.23	108.45	98.59	88.73	86.27	142.96	130.63	118.31	113.38
25-29	81.64	76.19	68.03	65.30	127.90	117.01	106.13	100.68	168.71	155.11	141.50	133.34
30-34	110.43	103.52	93.17	89.71	175.98	158.73	144.93	138.03	231.20	210.49	193.23	182.89
35-39	142.86	130.62	118.37	114.28	220.41	204.09	183.68	175.51	293.88	269.39	244.90	232.66
40-44	167.80	154.19	140.59	136.05	263.04	244.90	222.23	208.62	349.21	322.00	290.26	276.64
45	179.84	165.63	151.44	141.98	283.94	260.29	236.62	222.42	373.86	340.73	307.61	293.41
46	181.34	167.02	152.71	143.15	286.31	262.45	238.60	224.28	376.97	348.34	314.94	300.63
47	182.08	167.70	153.32	143.75	287.50	263.54	239.58	225.20	383.32	349.78	321.04	301.87
48	188.42	169.09	154.59	149.77	289.87	265.71	241.55	227.06	391.32	357.49	323.68	309.19
49	190.72	171.16	156.48	151.60	293.41	268.96	244.51	229.84	400.99	366.77	332.53	317.86
50	192.25	177.47	157.75	152.82	295.78	271.13	246.48	231.69	404.23	369.72	340.14	320.42
51	197.97	178.18	163.32	153.43	306.85	282.11	252.42	242.51	410.80	376.15	341.50	326.65
52	199.55	184.59	169.61	159.64	314.29	289.35	264.40	249.43	419.05	384.13	349.21	334.25
53	206.16	191.07	170.96	165.93	326.84	301.69	271.52	261.46	427.39	392.20	357.00	336.89
54	212.00	191.83	176.68	166.58	338.21	312.97	282.68	267.54	434.12	398.79	363.45	343.26
55	218.75	198.40	178.05	172.96	351.03	320.50	289.98	279.80	442.61	406.99	371.38	351.03

## Current Rate Schedule

Genworth Life Insurance Company  
 Current-Year Premiums  
 Applies to policies issued before or on 09/30/2003

Form: 7044VA  
 Annual Premium per \$100 Monthly Benefit

Age	Pay to 65 Individual											
	No BIO				3650 x Daily Maximum				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	73.94	66.55	61.62	59.16	115.85	105.99	96.13	91.20	152.82	140.49	125.70	120.78
25-29	87.07	81.64	73.47	70.75	136.05	125.17	114.28	108.85	179.60	165.99	149.66	144.22
30-34	120.78	110.43	100.08	93.17	186.35	172.54	155.28	148.38	244.99	224.30	203.60	193.23
35-39	151.02	138.77	126.53	122.45	236.73	216.33	195.92	187.75	314.29	285.73	261.24	248.98
40-44	181.42	167.80	149.66	145.12	285.73	258.50	235.83	226.76	371.88	344.68	312.93	294.80
45	194.02	175.10	160.91	151.44	302.87	274.48	250.83	236.62	397.53	364.40	331.26	317.07
46	195.65	176.57	162.25	152.71	305.40	276.77	252.91	243.37	405.60	372.20	338.80	319.71
47	196.46	182.08	162.91	153.32	306.66	282.71	253.95	244.36	412.08	378.54	340.21	325.83
48	198.07	183.58	164.26	159.42	309.19	285.03	256.04	246.39	415.46	381.65	347.84	328.51
49	200.50	185.82	166.26	161.38	312.97	288.52	259.18	249.40	425.45	391.21	356.99	337.42
50	207.04	187.32	172.54	162.68	315.49	290.85	261.27	251.41	433.80	399.30	359.86	345.07
51	207.86	193.03	173.23	168.27	326.65	296.96	272.22	257.37	440.49	405.84	366.24	351.41
52	214.52	199.55	179.60	169.61	339.24	309.30	284.35	269.39	448.99	414.07	374.16	354.20
53	221.25	201.13	186.05	175.98	351.98	321.80	291.64	276.55	457.57	422.37	382.14	362.03
54	227.16	206.96	186.77	176.68	363.45	333.16	302.87	287.73	464.41	429.06	388.70	368.50
55	234.01	213.66	193.31	183.14	376.47	345.94	315.42	295.07	473.13	437.52	396.82	376.47



## Current Rate Schedule

Genworth Life Insurance Company  
Current-Year Premiums  
Applies to policies issued before or on 09/30/2003

Form: 7044VA  
Annual Premium per \$100 Monthly Benefit

Age	Pay to 65 Individual											
	No BIO				Unlimited				5% Compound BIO			
	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP	0 EP	30 EP	90 EP	180 EP
18-24	83.80	76.41	69.01	66.55	128.17	118.31	108.45	101.06	170.07	155.28	142.96	135.56
25-29	97.96	89.79	81.64	78.91	152.39	141.50	127.90	122.45	201.37	185.03	168.71	160.54
30-34	134.58	124.22	110.43	106.97	210.49	189.79	172.54	165.63	276.06	251.90	231.20	217.39
35-39	171.43	155.11	142.86	134.70	265.31	244.90	220.41	212.24	351.03	322.46	293.88	277.56
40-44	204.09	185.95	167.80	158.73	317.47	290.26	263.04	249.43	417.25	385.49	349.21	331.07
45	217.69	198.76	179.84	170.37	336.00	307.61	283.94	269.75	444.85	406.99	369.14	354.93
46	219.51	200.42	181.34	171.79	338.80	314.94	286.31	272.00	453.33	415.15	376.97	357.89
47	220.41	201.24	182.08	172.50	340.21	316.24	287.50	273.12	459.99	421.65	383.32	364.16
48	222.23	202.90	183.58	178.75	343.00	318.84	289.87	275.36	468.61	429.97	391.32	372.00
49	224.94	205.38	190.72	180.94	352.09	322.75	293.41	278.74	479.23	440.11	396.11	376.55
50	226.76	211.97	192.25	182.40	354.93	325.35	295.78	280.99	488.03	443.66	404.23	384.51
51	232.62	212.83	193.03	188.07	366.24	336.56	301.91	287.05	494.94	455.34	410.80	391.00
52	239.46	219.51	199.55	189.57	379.15	349.21	314.29	299.33	503.86	463.95	419.05	399.11
53	246.39	226.27	206.16	196.09	392.20	362.03	326.84	311.75	512.87	472.66	427.39	407.28
54	252.39	232.20	212.00	201.92	403.83	373.54	338.21	323.06	519.93	479.55	434.12	413.93
55	259.45	239.10	218.75	203.49	422.26	386.64	351.03	330.68	534.17	488.38	442.61	422.26



Genworth Life Insurance Company  
PO Box 40005  
Lynchburg, VA 24506

**Important Change – Decision Required**

JANE DOE  
123 ANY ST  
RICHMOND, VA 23221

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 John 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 74.200%, from \$4,353.53 to \$7,583.85 annually, beginning on your next billing anniversary date, August 22, 2024.** 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.

**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*.**

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](http://genworth.com/lcpremiums).

Once again, thank you for being a Genworth Life Insurance Company policyholder.

Sincerely,

Brian K. Haendiges

President and Chief Executive Officer

**Long Term Care Insurance**  
Premium Increase Notice  
05/31/24  
Genworth Life Insurance  
Company

**Insured:**  
Jane Doe

**Policy Number:**  
XYZ1234567

**Policy Form:**  
7042VA

**Agent:**  
Andy 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](http://genworth.com/lcpremiums)**

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: 165224CRB VA 10/01/22, 165226 VA 10/01/22, 165239 VA 10/01/22, 134613VA 06/29/16, Envelope

Underwritten by Genworth Life Insurance Company, Lynchburg, VA

SAMPLE

## 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.

Options for reducing your benefits and premiums may include, where applicable, one or a combination of the following: reducing your daily/monthly benefit amount, reducing your benefit period, removing any inflation protection/benefit increases, extending your Elimination Period, or dropping any optional rider(s). Please contact our Customer Service Team for additional information and/or quotes by calling 877 710.0817.

**IMPORTANT: Reducing your coverage below your state minimums for Partnership will result in a loss of Partnership status, a change in your asset protection type and may reduce your overall protection.**

### 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.

**Consider Cost of Care.** As you think about your options, it may be helpful to consider the cost of long term care services. You can find 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](http://genworth.com/costofcare).

**Genworth Data.** 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 12/31/22.

**Online tools available.** To access additional tools and information please register/log-in at [genworth.com](http://genworth.com) and go to the 'Coverage & Care' tab. Featured here is the **Coverage Needs Estimator**, a personalized online tool that provides comparative information to help you think about:

- The median cost of care services you may require in the future, and
- How your future estimated policy benefits may align with potential care needs

**Important:** The enclosed cost of care, long term care event, and claims-related figures (and similar information on [genworth.com](http://genworth.com)) are medians, averages and approximations. Similarly, future cost of care information available on [genworth.com](http://genworth.com) and within the Coverage Needs Estimator 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.

**Introducing the NEW CareScout Quality Network for in-home care at special pricing.** When considering your coverage options and potential need for future care, know you have access to the CareScout Quality Network to help find providers who meet your needs. CareScout®, an affiliate of Genworth, is rolling out its nationwide CareScout Quality Network, which includes providers (initially in-home care providers) who meet high standards for quality care and offer special pricing for Genworth's long-term care customers. Learn more at [CareScout.com/Genworth](http://CareScout.com/Genworth).

### 3. Pay 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.

#### 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**  
 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

### The median monthly cost of care provided in your area:

In Home Care \$5,339.00 (Based on 44 hours/week)  
 Assisted Living \$5,701.00  
 Nursing Home \$9,581.00  
*Genworth 2023 Cost of Care Study*

genworth.com

Register / log-in to view and select coverage choices online

Policyholder:

Jane Doe

Date:

05/31/24

Policy number:

XYZ1234567

Premium before increase:

\$4,353.53 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 when you receive your next bill. If we don't hear from you by <b>08/22/24</b> this 74.200% rate increase will take effect.	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. There may be other ways that you can reduce your benefits and premiums beyond what is listed.		
		Alternative A	Alternative B	Alternative C
Daily maximum benefit	\$186.50	<b>\$170.35</b>	<b>\$178.68</b>	<b>\$167.41</b>
Benefit period	3 years	3 years	3 years	<b>2 Years</b>
Remaining lifetime maximum	\$204,217.50	<b>\$186,533.25</b>	<b>\$195,654.60</b>	<b>\$122,209.30</b>
Inflation protection	Compound 3%	Compound 3%	<b>Compound 1%</b>	Compound 3%
Elimination period	90 days	90 days	90 days	90 days
▶ Annual premium 08/22/24	<b>\$7,583.85</b>	<input type="checkbox"/> <b>\$6,927.03</b>	<input type="checkbox"/> <b>\$6,277.75</b>	<input type="checkbox"/> <b>\$5,233.21</b>
<b>3. Pay nothing more</b>	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> . <b>IMPORTANT: Selecting this option would greatly reduce the total amount of benefits available to pay for care.</b>		<input type="checkbox"/> <b>\$41,138.97</b> Paid up policy benefit <input type="checkbox"/> <b>Contingent Benefit Upon Lapse</b>	

**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 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.

**Please see the reverse of this form for further instructions if you wish to change your coverage**

# Coverage Options

Page 2 of 2      Date: 05/31/24

Policyholder:                      Jane Doe  
Policy number:                      XYZ1234567  
Premium before increase:      \$4,353.53 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 or elect online by: **08/22/24**.

**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

\_\_\_\_\_

\_\_\_\_\_

SAMPLE



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**

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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 103.000% rate increase and the Virginia State Corporation Commission determined that a rate increase of 74.200% was allowable under Virginia's regulations. For additional information regarding premium increases, please go to [genworth.com/ltcpremiums](http://genworth.com/ltcpremiums). In addition, if you are registered on [genworth.com](http://genworth.com), you may select one of the coverage options shown in this letter online.

### **Haney class member information**

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When considering your options with this rate increase, also consider that you are currently a class member of the Haney class action settlement. As a class member in Haney, et al. v. Genworth Life Insurance Company, et al., Case No. 3:22-cv-00055-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 877 710.0817.**

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.choice2longtermcareinsurancesettlement.com](http://www.choice2longtermcareinsurancesettlement.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, 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 877 710.0817 to receive any updated benefits and premium and to make your selection.



## **Policy is Guaranteed Renewable and subject to future premium increases**

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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.

Please be aware that, as of 05/2024, we planned to request at least 69% in additional rate increases on your policy and policies like yours issued in Virginia. The actual increases we seek may be higher or more numerous than the plans described above. To see more current planned premium increase requests you may register or log on to your account at [genworth.com](http://genworth.com) and go to the section entitled "I want to" or call our Customer Service Team.

Planned rate increases will take effect only as permitted by the Virginia State Corporation Commission and state law.

## **Benefits**

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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**

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**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.**

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.

### **Removing or reducing inflation protection**

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The rate increase percentage for policyholders with larger inflation protection is higher than the rate increase for policies with 1% inflation protection or those without inflation protection. An election to remove your inflation protection option or reduce to 1% compound inflation would likely result in a lower premium increase now, as well as possibly reduce our plans for future rate increases on your policy.

### **Select a Limited Benefit with no further premium requirement**

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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**

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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. At that time, you may want to call one of our Customer Service Representatives to discuss options to reduce the premium increase 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**

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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**

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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)**

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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](http://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:** Jane Doe

**Policy Number:** XYZ1234567

## 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		Percentage Increase Over		Percentage Increase Over
	Initial Premium	Issue Age	Initial Premium	Issue Age	
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**

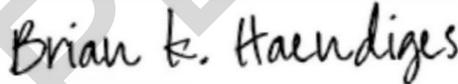
Payment is subject to the limits determined above for the Shortened Benefit Period plan. In addition, the total amount payable under this Benefit and the Policy, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the Policy had remained in premium 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.**

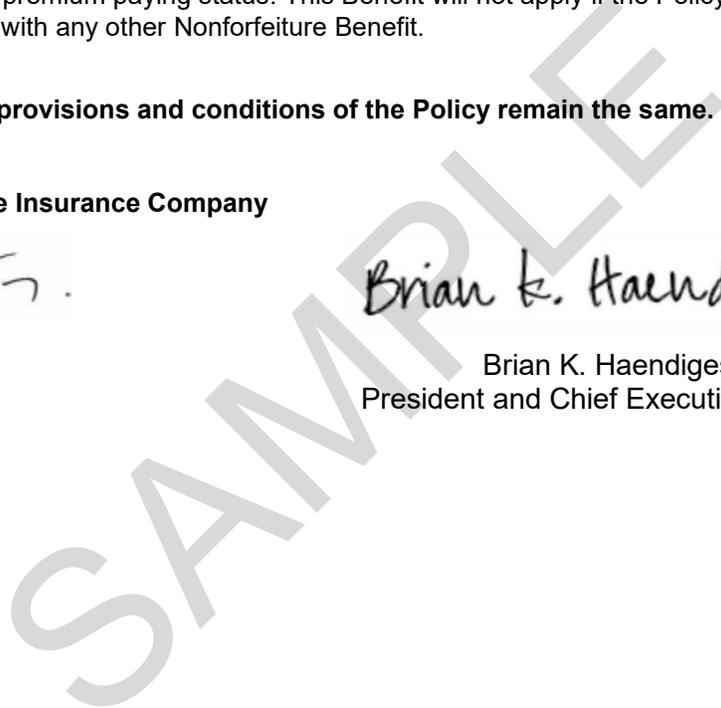
**Signed for Genworth Life Insurance Company**



Vidal J. Torres, Jr.  
Secretary



Brian K. Haendiges  
President and Chief Executive Officer





# Long Term Care Insurance

Premium Change Notice

05/31/2024

Genworth Life Insurance Company  
PO Box 40005  
Lynchburg, VA 24506

from Genworth Life Insurance Company

JANE DOE  
123 ANY ST  
RICHMOND, VA 23221

Insured  
Jane Doe

Policy number  
XYZ1234567

Agent  
Andy Agent  
Best Agency

Policy Form  
7042VA

Customer Service  
877 710.0817  
M-Th: 8:30–6PM ET  
F: 9-6PM ET  
Fax: 800 876 8220  
genworth.com

Dear Jane 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 \$4,353.53 to \$7,583.85 annually beginning on August 24, 2024. This represents a 74.200% 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.

**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*.**

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](http://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. Introducing the NEW CareScout Quality Network for in-home care at special pricing.** When considering your coverage options and potential need for future care, know you have access to the CareScout Quality Network to help find providers who meet your needs. CareScout®, an affiliate of Genworth, is rolling out its nationwide CareScout Quality Network, which includes providers (initially in-home care providers) who meet high standards for quality care and offer special pricing for Genworth's long-term care customers. Learn more at [CareScout.com/Genworth](https://www.carescout.com/genworth).

enclosures: 165239 VA 10/01/22, 134613VA 06/29/16

SAMPLE



**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**

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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 103.000% rate increase and the Virginia State Corporation Commission determined that a rate increase of 74.200% was allowable under Virginia's regulations. For additional information regarding premium increases, please go to [genworth.com/ltcpremiums](http://genworth.com/ltcpremiums).

### **Haney class member information**

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When considering your options with this rate increase, also consider that you are currently a class member of the Haney class action settlement. As a class member in Haney, et al. v. Genworth Life Insurance Company, et al., Case No. 3:22-cv-00055-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 877 710.0817.**

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.choice2longtermcareinsurancesettlement.com](http://www.choice2longtermcareinsurancesettlement.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, 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 877 710.0817 to receive any updated benefits and premium and to make your selection.

## **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.

Please be aware that, as of 05/2024, we planned to request at least 69% in additional rate increases on your policy and policies like yours issued in Virginia. The actual increases we seek may be higher or more numerous than the plans described above. To see more current planned premium increase requests you may register or log on to your account at [genworth.com](http://genworth.com) and go to the section entitled "I want to" or call our Customer Service Team.

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 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.**

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.



**Removing or reducing inflation protection**

---

The rate increase percentage for policyholders with larger inflation protection is higher than the rate increase for policies with 1% inflation protection or those without inflation protection. An election to remove your inflation protection option or reduce to 1% compound inflation would likely result in a lower premium increase now, as well as possibly reduce our plans for future rate increases on your policy.

**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**

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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. At that time, you may want to call one of our Customer Service Representatives to discuss options to reduce the premium increase 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](http://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: Jane Doe

Policy Number: XYZ1234567

## 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**

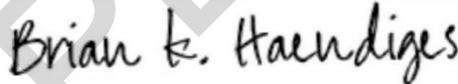
Payment is subject to the limits determined above for the Shortened Benefit Period plan. In addition, the total amount payable under this Benefit and the Policy, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the Policy had remained in premium 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.**

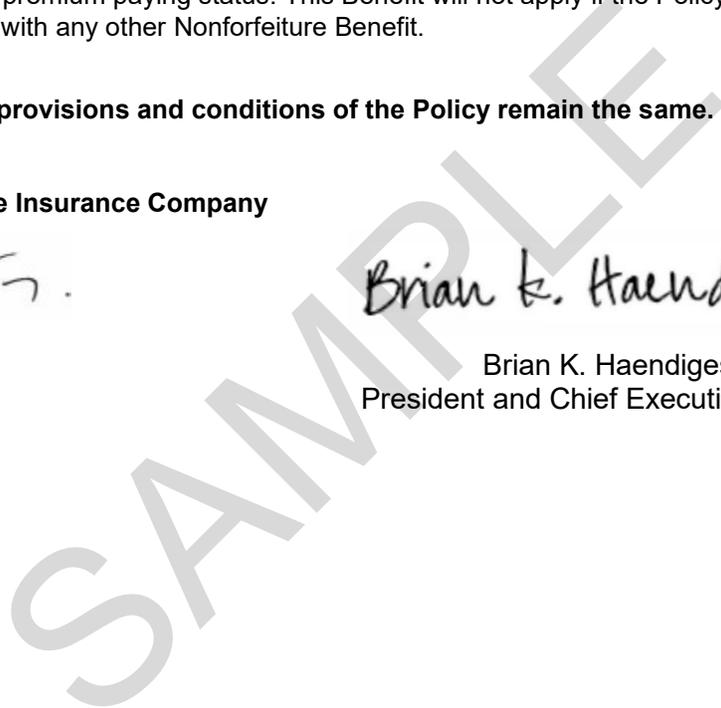
**Signed for Genworth Life Insurance Company**



Vidal J. Torres, Jr.  
Secretary



Brian K. Haendiges  
President and Chief Executive Officer





Genworth Life Insurance Company  
PO Box 40005  
Lynchburg, VA 24506

**Important Change – Decision Required**

JAKE DOE  
JANE DOE  
123 ANY ST  
RICHMOND, VA 23227

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 Flexible Benefit option and avoid additional increases until at least 2030
3. Review and adjust your coverage to reduce your premiums
4. Pay nothing more by electing the Contingent Benefit Upon Lapse

Dear Jake Doe and Jane 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 74.200%, from \$2,072.83 to \$3,610.87 semi-annually, beginning on your next billing anniversary date, August 22, 2024.** 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 you several choices, including the new Flexible Benefit option that allows you to adjust your coverage to mitigate both the current and already planned future increases and lock in your new premium until at least 2030.** 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.

**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.**

We encourage you to discuss them with your financial advisor or a member of our Customer Service Team by calling 855 766.1595 before making a decision.

For additional information regarding premium increases, we encourage you to visit [genworth.com/lcpremiums](http://genworth.com/lcpremiums).

Once again, thank you for being a Genworth Life Insurance Company policyholder.

Sincerely,

Brian K. Haendiges  
President and Chief Executive Officer

**Long Term Care Insurance**

Premium Increase Notice

05/31/24

Genworth Life Insurance Company

**Insured:**

Jake Doe

Jane Doe

**Policy Number:**

ABC1234568

**Policy Form:**

7044VA

**Agent:**

Andy Agent

Best Agency

**Customer Service:**

**855 766.1595**

M-Th: 8:30 – 6PM ET

F: 9 – 6PM ET

**Fax: 800 876.8220**

**[genworth.com/lcpremiums](http://genworth.com/lcpremiums)**

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: FBO-COTC VA 10/01/22, 165226FBO VA 10/01/22, 165239FBO VA 10/01/22, 7044END-FBO30 VA SAMPLE, 134613VA 06/29/16, Envelope

Underwritten by Genworth Life Insurance Company, Lynchburg, VA

## 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 include the **Flexible Benefit** option and we offer several alternatives for keeping coverage in place and within budget.

Options for reducing your benefits and premiums may include, where applicable, one or a combination of the following: reducing your daily/monthly benefit amount, reducing your benefit period, removing any inflation protection/benefit increases, extending your Elimination Period, or dropping any optional rider(s). Please contact our Customer Service Team for additional information and/or quotes by calling 855 766.1595.

**IMPORTANT:** Reducing your coverage below your state minimums for Partnership will result in a loss of Partnership status, a change in your asset protection type and may reduce your overall protection.

### 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 Flexible Benefit option

Currently, payments under your policy are made on a reimbursement basis. This means you may have to show receipts or invoices and you are only reimbursed for your actual expenses, subject to policy limits.

With our Flexible Benefit option, instead of submitting receipts and getting reimbursed for care, we simply pay eligible benefits to you in fixed payment amounts, which vary primarily by whether you are at home, in a nursing home, or in an assisted care facility. **These payments can then be used any way you choose.** If you choose the Flexible Benefit option, you will have:

1. A **remaining lifetime benefit amount of \$400,000**. NOTE: This may be significantly less than your current remaining lifetime benefit amount.
2. An **optional** 1% annual compound inflation protection benefit.
3. A guarantee that your new premium **will not increase until at least January 1, 2030**.

For each full calendar month that you qualify, you will receive one of the following:

- Nursing Home Benefit for care in a nursing home - you receive 100% of your Monthly Maximum of \$5,556
- Assisted Care Facility Benefit for care in an assisted care facility - you receive 75% of your Monthly Maximum: \$4,167
- Flexible Care Benefit, which you can use to help cover the costs of care outside of a nursing home or assisted care facility, including home care and even care provided by family members - you receive 50% of your Monthly Maximum: \$2,778

If you select the optional 1% inflation protection benefit, your Monthly Maximum and remaining lifetime benefit amount will increase 1% each year to help offset rising costs of long term care.

An extended Elimination Period (EP) of 180 days applies to the Nursing Home and Assisted Care Facility benefits and an EP of 90 days applies to the Flexible Care Benefit. The EP is the number of days you must meet applicable benefit eligibility requirements before your coverage begins to pay benefits.

The premium for this option is shown on the *Coverage Options page*. Fixed monthly payment benefits provided by the endorsement replace other policy payment benefits. Payments are adjusted when you are eligible for benefits for only part of a calendar month and when more than one type of benefit may apply in a calendar month.

For complete details, including information on how to qualify for benefits, please read the accompanying *Important Information Regarding this Premium Increase* and sample Flexible Benefit option endorsement. Only the endorsement has the actual terms of the Flexible Benefit option.

### 3. Review and adjust your Long Term Care Coverage

The additional choices shown under “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 set of benefits that, while less than what you currently have, is designed to help you align your long term care insurance to your financial needs.

**Consider Cost of Care.** As you think about your options, it may be helpful to consider the cost of long term care services. You can find 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](http://genworth.com/costofcare).

**Genworth Data.** 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 12/31/22.

**Online tools available.** To access additional tools and information please register/log-in at [genworth.com](http://genworth.com) and go to the ‘**Coverage & Care**’ tab. Featured here is the **Coverage Needs Estimator**, a personalized online tool that provides comparative information to help you think about:

- The median cost of care services you may require in the future, and
- How your future estimated policy benefits may align with potential care needs

**Important:** The enclosed cost of care, long term care event, and claims-related figures (and similar information on [genworth.com](http://genworth.com)) are medians, averages and approximations. Similarly, future cost of care information available on [genworth.com](http://genworth.com) and within the Coverage Needs Estimator 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.

**Introducing the NEW CareScout Quality Network for in-home care at special pricing.** When considering your coverage options and potential need for future care, know you have access to the CareScout Quality Network to help find providers who meet your needs. CareScout®, an affiliate of Genworth, is rolling out its nationwide CareScout Quality Network, which includes providers (initially in-home care providers) who meet high standards for quality care and offer special pricing for Genworth’s long-term care customers. Learn more at [CareScout.com/Genworth](http://CareScout.com/Genworth).

### 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

**Genworth Life Insurance Company**  
 PO Box 40005  
 Lynchburg, VA 24506

Customer Service:  
 855 766.1595  
 M-Th: 8:30 – 6PM ET  
 F: 9 – 6PM ET  
 Fax: 800 876.8220

**The median monthly cost of care in your area:**  
 In Home Care \$5,339.00 (Based on 44 hrs/wk)  
 Assisted Living \$5,701.00  
 Nursing Home \$9,581.00  
*Genworth 2023 Cost of Care Study*

Policyholders: Jake Doe  
 Jane Doe  
 Policy number: ABC1234568  
 Premium before increase: \$2,072.83 semi-annually

1. Keep your current coverage		2. Elect the Flexible Benefit Option		3. 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 08/22/24, this 74.200% rate increase will take effect.		If you would like to change your benefits to <b>guarantee no additional premium increases until at least 2030</b> , you may select one of the alternatives below. A detailed description of this option can be found in the enclosed sample Flexible Benefit Option 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.	
Maximum benefit	\$5,700.00 Monthly	Monthly payments: Up to <b>\$5,556.00</b> for Nursing Home Benefit Up to <b>\$4,167.00</b> for Assisted Care Facility Benefit Up to <b>\$2,778.00</b> for Flexible Care Benefit		<b>\$5,103.97 Daily</b>	<b>\$4,510.60 Daily</b>
Benefit period	8 Years	<b>Not applicable</b>		8 Years	8 Years
Remaining lifetime benefit	\$547,200.00	<b>\$400,000.00</b>	<b>\$400,000.00</b>	<b>\$489,981.12</b>	<b>\$433,017.60</b>
Inflation protection	Simple 5%	<b>Compound 1%</b>	<b>None</b>	<b>Compound 1%</b>	Simple 5%
Elimination Period (Days before benefits begin)	90 days Facility/ 0 days Home Care	<b>180 days Facility/ 90 days Flexible Care</b>	<b>180 days Facility/ 90 days Flexible Care</b>	90 days Facility/ 0 days Home Care	90 days Facility/ 0 days Home Care
Annual premium 08/22/24	\$3,610.87	<b>A: <input type="checkbox"/> \$2,426.26</b>	<b>**B: <input type="checkbox"/> \$1,992.67</b>	<b>C: <input type="checkbox"/> \$2,072.67</b>	<b>D: <input type="checkbox"/> \$2,813.92</b>
<b>4. Pay nothing more</b>	If you would like to stop paying premiums on your policy, you can choose the option at right. Please read the detailed description of this option in the endorsement and <i>Important Information Regarding This Premium Increase</i> . <b>IMPORTANT: Selecting this option would greatly reduce the total amount of benefits available to pay for care.</b>			<b>\$38,961.46</b> Paid up policy benefit <input type="checkbox"/> <b>Contingent Benefit Upon Lapse</b>	

**\*\*  By checking this box and signing this form, you acknowledge that the reduction in coverage is below your state benefit minimum for Partnership; and therefore, your policy will no longer be Partnership qualified and you will lose the associated asset protection. Options that we believe will result in loss of Partnership Status are indicated with double asterisks (\*\*).**

**You may have other ways to adjust your coverage;** please contact our 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 of the information included in these documents before finalizing your decision. The options shown 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: 05/31/24

Policyholders:

Jake Doe

Jane Doe

Policy number:

ABC1234568

Premium before increase: \$2,072.83 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 or elect online by: **08/22/24**.

**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

Other Insured Signature

Date



\_\_\_\_\_

SAMPLE



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 4

### **About this premium increase**

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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 103.000% rate increase and the Virginia State Corporation Commission determined that a rate increase of 74.200% was allowable under Virginia's regulation. For additional information regarding premium increases, please go to [genworth.com/ltcpremiums](http://genworth.com/ltcpremiums).

### **Haney class member information**

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When considering your options with this rate increase, also consider that you are currently a class member of the Haney class action settlement. As a class member in Haney, et al. v. Genworth Life Insurance Company, et al., Case No. 3:22-cv-00055-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 855 766.1595.**

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.choice2longtermcareinsurancesettlement.com](http://www.choice2longtermcareinsurancesettlement.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, 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 855 766.1595 to receive any updated benefits and premium and to make your selection.

## **Policy is Guaranteed Renewable and subject to future premium increases**

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Your long term care insurance coverage is 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 of 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. However, if you elect the Flexible Benefit option, your new premium will not increase until at least 2030.

Please be aware that, as of 05/2024, we planned to request at least 69% in additional rate increases on your policy and policies like yours issued in Virginia. The actual increases we seek may be higher or more numerous than the plans described above. To see more current planned premium increase requests, you may register or log on to your account at [genworth.com](http://genworth.com) and go to the section entitled "I want to" or call our Customer Service Team.

Planned rate increases will take effect only as permitted by the Virginia State Corporation Commission and state law.

## **Benefits**

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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**

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**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 options available to you may not be of equal value.** For example, we price the Flexible Benefit option differently than other options so we can change how benefits are paid and offer a guarantee that premiums will not increase for a period of time. This means, coverage under the Flexible Benefit 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/or 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 premium rate or rate 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.

This description of the benefit change process does not apply to the election of the Flexible Benefit option. Please refer to the section entitled Understanding the Flexible Benefit Option for specific information regarding the impact to your benefits if this option is selected.

**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.

### **Removing or reducing inflation protection**

---

The rate increase percentage for policyholders with a larger inflation protection is higher than the rate increase for policies with 1% inflation protection or those without inflation protection. An election to remove your inflation protection or reduce to 1% compound inflation would likely result in a lower premium increase now, as well as possibly reduce our plans for future rate increases on your policy.

### **Understanding the Flexible Benefit option**

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The Flexible Benefit option is designed to help mitigate the impact of premium increases by changing your benefits, while also guaranteeing that your new premium will not increase until at least 2030. This option will change your policy from one that reimburses you for actual expenses incurred to one that pays fixed monthly payment benefits regardless of the amount of the expenses you incur. Overall, the Flexible Benefit option provides a simpler claims process and allows you flexibility in the way you can use your benefit dollars.

The fixed monthly payment benefits vary, primarily by the type of benefit for which you qualify. The types of benefits are the Nursing Home Benefit (up to 100% of the monthly maximum), Assisted Care Facility Benefit (up to 75% of the monthly maximum), or Flexible Care Benefit (up to 50% of the monthly maximum). The Flexible Care Benefit can be used to help cover the costs of care outside of a nursing home or assisted care facility, including home care and care provided by family members. Payments are adjusted when you are eligible for benefits for only part of a month. When more than one benefit could apply in a month, we will pay only the benefit with the longest period of qualification in that month.

The requirements to qualify for fixed monthly payment benefits are in the Flexible Benefit option endorsement, including the requirement that you meet the policy's initial and ongoing benefit eligibility requirements. Additionally, before we can provide monthly payment benefits, you will have to satisfy the applicable Elimination Period, which is 180 days for the Nursing Home Benefit and Assisted Care Facility Benefit, and 90 days for the Flexible Care Benefit. If you are receiving Indemnity Payments based on the Nursing Home Benefit or Assisted Care Facility Benefit, we may confirm, at any time, your confinement in the facility as a resident inpatient, and that the facility satisfies the Policy requirements.

Please review the *Considerations* and *Coverage Options* pages and the sample endorsement for more details regarding how your benefit and premium amounts may change. In most instances, your benefit levels will be lower with the Flexible Benefit option. You will have the opportunity to select the Flexible Benefit option with or without the 1% inflation protection. All policyholders selecting the Flexible Benefit option will get the same new lifetime maximum and opportunity to select a 1% inflation protection. This means some policyholders selecting the Flexible Benefit option will reduce their available coverage by more than other policyholders. The new lifetime maximum will not be reduced by benefits already paid before selecting the Flexible Benefit option, but future benefit payments will reduce and/or exhaust the lifetime maximum as described in your policy.

There may be other options available to you to mitigate or offset the current premium increase; however, only the Flexible Benefit option includes the guarantee of having no further premium increases implemented on your policy until at least 2030.

Please note: By accepting any change in benefits, you may have a lower dollar amount of benefits available for future claims. This will be shown on the updated schedule page that you will receive if you elect this option. In accordance with your policy, any days which have already satisfied your Elimination Period will continue to count towards your new Elimination Period under the Flexible Benefit option.

The Flexible Benefit option is available up to 60 days after the next Billing Anniversary Date on which your rate increase is effective. 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 Flexible Benefit option. The only benefit change that will be available to you going forward is to drop an applicable rider or to elect other changes that we may make available for you to reduce your coverage.

**Important Tax Information:** The benefit provided by the Flexible Benefit option endorsement is a periodic payment without regard to any actual expenses that you incur. Your receipt of benefits under this endorsement may result in taxable income. Genworth does not provide tax advice. You should consult with your tax advisor and other professional advisors to understand potential tax consequences.

### **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**

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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. At that time, you may want to call one of our Customer Service Representatives to discuss options to reduce the premium increase 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**

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If you are using automatic withdrawals, the new required premium will be automatically deducted from your bank checking account. If you are using 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**

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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)**

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Genworth companies began selling long term care insurance in 1974 and have been the largest provider of long term care insurance policies in the United States. It is important to note that Genworth regularly monitors the business performance of these policies and believes that its companies' 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](http://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(s):** [John Doe]

**Policy Number:** [ABC1234567]

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

**This sample Flexible Benefit Option Endorsement shows the changes to your policy if this endorsement is selected. We have bracketed ([ ]) language that will vary based on your specific policy information and the option you select.**

## FLEXIBLE BENEFIT OPTION ENDORSEMENT

On the Endorsement effective date, this Endorsement is attached to and is made a part of the Policy. It is subject to all parts of Your Policy not in conflict with this Endorsement. This Endorsement will control in the event of a conflict between this Endorsement and any other part or provision of Your Policy, including, for example, any rider, endorsement, or amendment that is a part of the Policy. This Endorsement also controls in the event of a conflict between this Endorsement and Your application for the Policy.

### OVERVIEW

This is a summary of how the Endorsement changes Your policy. For complete details, please read the entire Endorsement along with Your Policy.

This Endorsement changes the Policy so that benefit payments under the Policy will be made on an “indemnity” basis, rather than on a “reimbursement” basis. This means We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the “Indemnity Payment”), for each calendar month You meet the “Required Conditions for an Indemnity Payment” described in this Endorsement. Once You qualify for an Indemnity Payment, You may use it for any purpose, including, for example, to pay family members or other informal caregivers.

**Types of Benefits:** This Endorsement further changes the Policy so that benefit payments available under the Policy are limited to Indemnity Payments under the following benefits:

- **Flexible Care Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment but do not meet the additional required conditions for a Nursing Home Benefit or an Assisted Care Facility Benefit. You do not have to incur any expenses for Covered Care to qualify for the Flexible Care Benefit. If You qualify for the full Flexible Care Benefit, Your Indemnity Payment will be 50% of the Monthly Maximum.
- **Assisted Care Facility Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in an Assisted Care Facility, and meet the additional required conditions for the Assisted Care Facility Benefit. If You qualify for the full Assisted Care Facility Benefit, then Your Indemnity Payment will be 75% of the Monthly Maximum.
- **Nursing Home Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in a Nursing Home, and meet the additional required conditions for the Nursing Home Benefit. If You qualify for the full Nursing Home Benefit, then Your Indemnity Payment will be 100% of the Monthly Maximum.

**We will only pay one benefit in a calendar month.** If You have qualifying days for more than one benefit in a calendar month, We will pay only the benefit with the most qualifying days in that month. For example, if You have 10 qualifying days for the Nursing Home Benefit, 11 qualifying days for the Assisted Care Facility Benefit, and 10 qualifying days for the Flexible Care Benefit in a calendar month, then We will only pay the Assisted Care Facility Benefit for that month.

**Payments are adjusted when You are eligible for benefits for only part of a month.** If You meet the Requirements for an Indemnity Payment for less than 15 days in a calendar month, then any Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will be 50% of the full benefit. For example, if You qualify for the payment of the Flexible Care Benefit in a calendar month, but You meet the Requirements for an Indemnity Payment for less than 15 days in that month, then Your Indemnity Payment will be reduced from 50% to 25% of the Monthly Maximum.

## **CHANGES TO YOUR POLICY**

This Endorsement changes Your Policy in the following ways:

- **Lifetime Maximum**  
The Lifetime Maximum that applies on the Endorsement effective date is changed to the amount shown on the accompanying updated Schedule.

### **\*The Benefit Increases section applies to the election of the inflation protection option\***

- **Benefit Increases**  
As shown on the accompanying updated Schedule, the Benefit Increases provision is [changed to 1% Full Compound Inflation Protection. There will be no benefit increases on the Endorsement effective date. Beginning on the first Policy Anniversary Date that occurs after the effective date of this Endorsement, the Monthly Maximum and Lifetime Maximum amounts will increase in accordance with the 1% Full Compound Inflation Protection Benefit Increases provision of the Policy][changed to None. This means Policy benefits will not increase].

- **Required Conditions for an Indemnity Payment**  
We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the "Indemnity Payment"), for each calendar month You meet the conditions for an Indemnity Payment. These conditions are as follows:
  - You satisfy the Policy's Eligibility for The Payment of Benefits provision,
  - We have received a Plan of Care that meets the Policy's requirements, that fairly, accurately and appropriately addresses the Qualified Long Term Care Services needed for that month, and that is not for care in a hospital or clinic, a sub-acute care or rehabilitation hospital or unit, or a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness, and
  - You have satisfied the Elimination Period for the Indemnity Payment benefit for which We are making an Indemnity Payment.
- **Indemnity Payments**  
When You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), the amount of the payment depends on whether You qualify for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit. If You qualify for more than one benefit in a calendar month, then We will pay only the benefit with the most days of qualification in that month.
  - **Qualifying for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit.**
    - **Flexible Care Benefit:** We will determine if You qualify for a Flexible Care Benefit by the number of qualifying days in a calendar month. A qualifying day for the Flexible Care Benefit is each day:
      - ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),

- ◇ You have previously satisfied the Elimination Period for the Flexible Care Benefit, and
- ◇ You are not confined in a Nursing Home or an Assisted Care Facility. However, this condition will not apply if, before becoming confined to the Nursing Home or Assisted Care Facility, You previously qualified for a Flexible Care Benefit and You have not yet met the Elimination Period for the Nursing Home Benefit or Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Flexible Care Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in that calendar month:

- ◇ exceeds the number of qualifying days for the Assisted Care Facility Benefit, and
- ◇ exceeds the number of qualifying days for the Nursing Home Benefit.

- **Assisted Care Facility Benefit:** We will determine if You qualify for an Assisted Care Facility Benefit by the number of qualifying days in a calendar month. A qualifying day for the Assisted Care Facility Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You are confined as a resident inpatient in an Assisted Care Facility,
- ◇ Your confinement is consistent with Your Plan of Care, and
- ◇ You have previously satisfied the Elimination Period for the Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Assisted Care Facility Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◇ exceeds the number of qualifying days for the Nursing Home Benefit, and
- ◇ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.

- **Nursing Home Benefit:** We will determine if You qualify for a Nursing Home Benefit by the number of qualifying days in a calendar month. A qualifying day for the Nursing Home Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You are confined as a resident inpatient in a Nursing Home,
- ◇ Your confinement is consistent with Your Plan of Care, and
- ◇ You have previously satisfied the Elimination Period for the Nursing Home Benefit.

You will qualify for an Indemnity Payment under the Nursing Home Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◇ exceeds or is the same as the number of qualifying days for the Assisted Care Facility Benefit, and
- ◇ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.

- **Indemnity Payment amounts.**

- Benefit payments available under the Policy are limited to the Indemnity Payment benefits described in this Endorsement. Indemnity Payments are subject to the Lifetime Maximum.
- All Indemnity Payments are subject to the Monthly Maximum on the accompanying Schedule.





- Proofs of Loss Not Required  
Written proofs of loss, such as invoices or copies of checks, will not be required to receive an Indemnity Payment under this Endorsement.
  - The “Proofs of Loss” provision on Page 23 of Your Policy is deleted in its entirety and replaced with the following:
 

**Opening a Claim:** When this Policy provides for payment of one or more Indemnity Payments, a claim must be opened with Us within 90 days after the end of the monthly period for which an Indemnity Payment would be due. If it was not reasonably possible to open a claim in the time required, We shall not reduce or deny a claim for being late if it is opened as soon as reasonably possible. Unless You are not legally capable, the required claim must always be opened with Us no later than 1 year from the time specified. To open a claim, You must contact us by phone or in writing and provide Us with Your name, Your policy number, current address, and state that You are opening a claim for benefits under Your Policy. We will work with You to complete all requirements necessary for Us to make a claim decision.
  - If You are receiving Indemnity Payments based on the Assisted Care Facility Benefit or Nursing Home Benefit, We may confirm, at any time, Your confinement in the facility as a resident inpatient, and that the facility satisfies the Policy requirements.
- Benefits are Not Conditioned on Expenses Being Incurred  
With this Endorsement, Indemnity Payments are conditioned on meeting the requirements of a Flexible Care Benefit, Assisted Care Facility Benefits, or Nursing Home Benefit and not on the actual expenses You incur for Covered Care.
  - In the “Benefit Provisions,” under the subheading, “Conditions,” the first sentence is changed to replace “expenses incurred” with “benefits payable.”
  - In the “Premium Provisions,” under the subheading, “Reinstatement,” the first sentence of the fourth paragraph is changed to replace “expenses incurred” with “benefits payable.”
  - In the “Contingent Nonforfeiture Benefit,” under the subheading, “The Shortened Benefit Period Plan,” the last sentence is changed to replace “expenses incurred” with “benefits payable.”
- Plan of Care  
The Plan of Care provisions of the Policy remain unchanged, except that Our right to request periodic updates to the Plan of Care not more frequently than once every 30 days is subject to the Opening a Claim provision in this Endorsement.
- Time of Payment of Claim  
After We receive confirmation that You qualify for an Indemnity Payment and confirmation of the amount owed, We will pay the Indemnity Payment then due immediately; We will also pay an Indemnity Payment at the end of each calendar month thereafter for which You qualify for an Indemnity Payment.
- Policy Exclusions  
The following Policy exclusions are deleted from the Policy:
  - The exclusion for services “Provided by a Family Member,” and
  - The exclusion for services “For which no charge is normally made in the absence of insurance.”

All other Policy exclusions will continue to apply, except that Benefits will not be conditioned upon the actual expenses You incur.

- Indemnity Payments are not Reduced by other Coverage  
Indemnity Payments will be paid without regard to other insurance coverage You have with Us. Indemnity Payments will also be paid without regard to any federal, state or other governmental health care program or law.
- Policy Benefits that are Removed from the Policy  
The Flexible Care Benefit replaces the following benefits, which are deleted from and are no longer available with Your Policy.
  - Home Care Benefit
  - Respite Care Benefit
  - Caregiver Training Benefit
  - Equipment Benefit
  - Alternative Care Benefit
  - International Coverage Benefit
- [Policy Riders and Rider Benefits that are Removed from the Policy  
The following Rider, and all benefits under the Rider, is deleted from and is no longer available with Your Policy:
  - Restoration of Benefits RiderAs of the effective date of this Endorsement, You will no longer pay the additional premium associated with the deleted Rider.]

#### **IMPACT TO YOUR PREMIUM**

Once this Endorsement becomes effective, while We may begin the regulatory process of seeking a premium increase at any time, We will not increase Your Policy premium until at least the Policy Anniversary Date that occurs on or after January 1, 2030. Premium increases are subject to the “We have a limited right to change premiums” provision on Page 1 of Your Policy.

#### **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 decide to revert to the benefits You had prior to selecting this Endorsement, You must send, and We must receive, Your signed and written request to change Your decision within 60 days of Our written confirmation of the benefit changes made pursuant to this Endorsement. Otherwise, the only benefit changes You may make under the Policy are to drop an applicable rider, or make such other changes that We may make available for You to reduce Your coverage.

#### **DISCLOSURE OF POSSIBLE TAX CONSEQUENCES**

The benefit provided by this Endorsement is a periodic indemnity payment without regard to any actual expenses that You incur. Your receipt of benefits under this Endorsement may result in taxable income. You should consult with Your tax advisor and other professional advisors to understand potential tax consequences.

In all other respects, the provisions of the Policy 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:** Jake Doe  
Jane Doe

**Policy Number:** ABC1234568

## 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**

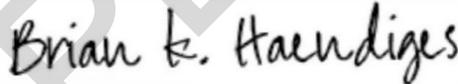
Payment is subject to the limits determined above for the Shortened Benefit Period plan. In addition, the total amount payable under this Benefit and the Policy, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the Policy had remained in premium 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.**

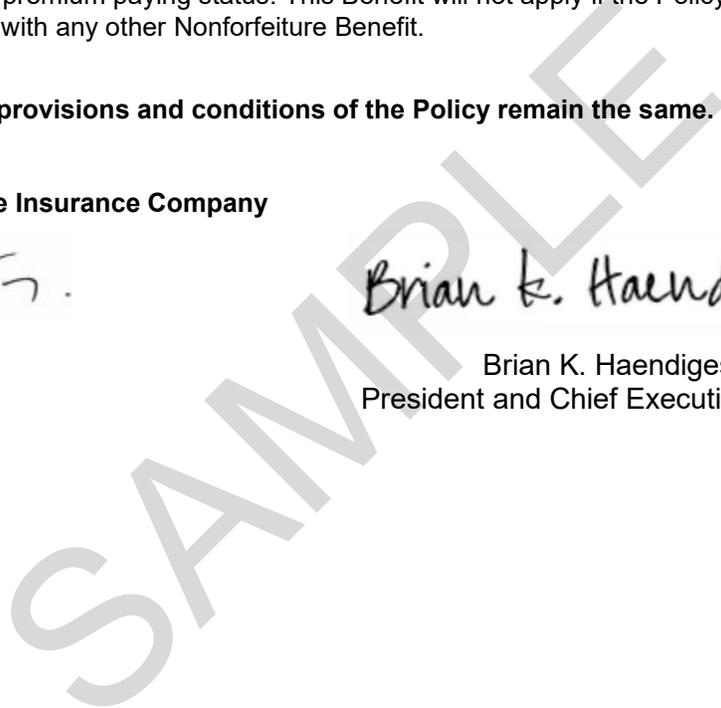
**Signed for Genworth Life Insurance Company**



Vidal J. Torres, Jr.  
Secretary



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(s):** [John Doe]

**Policy Number:** [ABC1234567]

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

## FLEXIBLE BENEFIT OPTION ENDORSEMENT

On the Endorsement effective date, this Endorsement is attached to and is made a part of the Policy. It is subject to all parts of Your Policy not in conflict with this Endorsement. This Endorsement will control in the event of a conflict between this Endorsement and any other part or provision of Your Policy, including, for example, any rider, endorsement, or amendment that is a part of the Policy. This Endorsement also controls in the event of a conflict between this Endorsement and Your application for the Policy.

### OVERVIEW

This is a summary of how the Endorsement changes Your policy. For complete details, please read the entire Endorsement along with Your Policy.

This Endorsement changes the Policy so that benefit payments under the Policy will be made on an “indemnity” basis, rather than on a “reimbursement” basis. This means We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the “Indemnity Payment”), for each calendar month You meet the “Required Conditions for an Indemnity Payment” described in this Endorsement. Once You qualify for an Indemnity Payment, You may use it for any purpose, including, for example, to pay family members or other informal caregivers.

**Types of Benefits:** This Endorsement further changes the Policy so that benefit payments available under the Policy are limited to Indemnity Payments under the following benefits:

- **Flexible Care Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment but do not meet the additional required conditions for a Nursing Home Benefit or an Assisted Care Facility Benefit. You do not have to incur any expenses for Covered Care to qualify for the Flexible Care Benefit. If You qualify for the full Flexible Care Benefit, Your Indemnity Payment will be 50% of the Monthly Maximum.
- **Assisted Care Facility Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in an Assisted Care Facility, and meet the additional required conditions for the Assisted Care Facility Benefit. If You qualify for the full Assisted Care Facility Benefit, then Your Indemnity Payment will be 75% of the Monthly Maximum.
- **Nursing Home Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in a Nursing Home, and meet the additional required conditions for the Nursing Home Benefit. If You qualify for the full Nursing Home Benefit, then Your Indemnity Payment will be 100% of the Monthly Maximum.

**We will only pay one benefit in a calendar month.** If You have qualifying days for more than one benefit in a calendar month, We will pay only the benefit with the most qualifying days in that month. For example, if You have 10 qualifying days for the Nursing Home Benefit, 11 qualifying days for the Assisted Care Facility Benefit, and 10 qualifying days for the Flexible Care Benefit in a calendar month, then We will only pay the Assisted Care Facility Benefit for that month.

**Payments are adjusted when You are eligible for benefits for only part of a month.** If You meet the Requirements for an Indemnity Payment for less than 15 days in a calendar month, then any Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will be 50% of the full benefit. For example, if You qualify for the payment of the Flexible Care Benefit in a calendar month, but You meet the Requirements for an Indemnity Payment for less than 15 days in that month, then Your Indemnity Payment will be reduced from 50% to 25% of the Monthly Maximum.

## **CHANGES TO YOUR POLICY**

This Endorsement changes Your Policy in the following ways:

- **Lifetime Maximum**  
The Lifetime Maximum that applies on the Endorsement effective date is changed to the amount shown on the accompanying updated Schedule. The Lifetime Maximum is reduced as benefits are paid on or after the effective date of the Endorsement. [It is increased when any Benefit Increases apply.] The Lifetime Maximum is exhausted when there is no remaining amount available.
- **[Benefit Increases**  
As shown on the accompanying updated Schedule, the Benefit Increases provision is [changed to 1% Compound Inflation Protection. There will be no benefit increases on the Endorsement effective date. Beginning on the first Policy Anniversary Date that occurs after the effective date of this Endorsement, the Monthly Maximum and *remaining* Lifetime Maximum amounts will increase in accordance with the 1% Compound Inflation Protection Benefit Increases provision of the Policy][changed to None. This means Policy benefits will not increase].]
- **Required Conditions for an Indemnity Payment**  
We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the “Indemnity Payment”), for each calendar month You meet the conditions for an Indemnity Payment. These conditions are as follows:
  - You satisfy the Policy’s Eligibility for The Payment of Benefits provision,
  - We have received a Plan of Care that meets the Policy’s requirements, that fairly, accurately and appropriately addresses the Qualified Long Term Care Services needed for that month, and that is not for care in a hospital or clinic, a sub-acute care or rehabilitation hospital or unit, or a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness, and
  - You have satisfied the Elimination Period for the Indemnity Payment benefit for which We are making an Indemnity Payment.
- **Indemnity Payments**  
When You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), the amount of the payment depends on whether You qualify for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit. If You qualify for more than one benefit in a calendar month, then We will pay only the benefit with the most days of qualification in that month.
  - **Qualifying for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit.**

- **Flexible Care Benefit:** We will determine if You qualify for a Flexible Care Benefit by the number of qualifying days in a calendar month. A qualifying day for the Flexible Care Benefit is each day:
  - ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
  - ◇ You have previously satisfied the Elimination Period for the Flexible Care Benefit, and
  - ◇ You are not confined in a Nursing Home or an Assisted Care Facility. However, this condition will not apply if, before becoming confined to the Nursing Home or Assisted Care Facility, You previously qualified for a Flexible Care Benefit and You have not yet met the Elimination Period for the Nursing Home Benefit or Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Flexible Care Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in that calendar month:

- ◇ exceeds the number of qualifying days for the Assisted Care Facility Benefit, and
- ◇ exceeds the number of qualifying days for the Nursing Home Benefit.

- **Assisted Care Facility Benefit:** We will determine if You qualify for an Assisted Care Facility Benefit by the number of qualifying days in a calendar month. A qualifying day for the Assisted Care Facility Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You are confined as a resident inpatient in an Assisted Care Facility,
- ◇ Your confinement is consistent with Your Plan of Care, and
- ◇ You have previously satisfied the Elimination Period for the Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Assisted Care Facility Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◇ exceeds the number of qualifying days for the Nursing Home Benefit, and
- ◇ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.

- **Nursing Home Benefit:** We will determine if You qualify for a Nursing Home Benefit by the number of qualifying days in a calendar month. A qualifying day for the Nursing Home Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You are confined as a resident inpatient in a Nursing Home,
- ◇ Your confinement is consistent with Your Plan of Care, and
- ◇ You have previously satisfied the Elimination Period for the Nursing Home Benefit.



You will qualify for an Indemnity Payment under the Nursing Home Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◇ exceeds or is the same as the number of qualifying days for the Assisted Care Facility Benefit, and
- ◇ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.

○ **Indemnity Payment amounts.**

- Benefit payments available under the Policy are limited to the Indemnity Payment benefits described in this Endorsement. Indemnity Payments are subject to the Lifetime Maximum.
- All Indemnity Payments are subject to the Monthly Maximum on the accompanying Schedule.
- You can qualify for no more than one Indemnity Payment benefit (Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit) in a calendar month. In no event will the total Indemnity Payment in a month exceed the Monthly Maximum.
- If the total number of qualifying days for the Flexible Care Benefit, Assisted Care Facility Benefit, and Nursing Home Benefit is at least 15 days in a calendar month, then the Indemnity Payment for the Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will equal an amount as follows:
  - ◇ **Flexible Care Benefit** – 50% of the Monthly Maximum
  - ◇ **Assisted Care Facility Benefit** – 75% of the Monthly Maximum
  - ◇ **Nursing Home Benefit** – 100% of the Monthly Maximum
- If the total number of qualifying days for the Flexible Care Benefit, Assisted Care Facility Benefit, and Nursing Home Benefit is less than 15 days in a calendar month, then We will make a reduced Indemnity Payment. The reduced Indemnity Payment for the Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which you qualify will equal an amount as follows:
  - ◇ **Flexible Care Benefit** – 25% of the Monthly Maximum
  - ◇ **Assisted Care Facility Benefit** – 37.5% of the Monthly Maximum
  - ◇ **Nursing Home Benefit** – 50% of the Monthly Maximum

- **Temporary Absences from a Nursing Home or an Assisted Care Facility.** Confinement in a Nursing Home or an Assisted Care Facility will include temporary absences that meet the requirements of the Bed Reservation Benefit. The total number of temporary absences for both the Nursing Home Benefit and Assisted Care Facility Benefit cannot exceed the maximum allowable days under the Bed Reservation Benefit. Your Policy will pay no separate benefit under the Bed Reservation Benefit.

- Waiver of Premium

The Flexible Care Benefit replaces the Home Care Benefit as a benefit to which the Waiver of Premium Benefit applies. The same Waiver of Premium Benefit requirements that applied to the Home Care Benefit apply to the Flexible Care Benefit.

- Elimination Period

The Elimination Period is changed to be the number of days You have to meet the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), other than the condition that You satisfy the Elimination Period, before a particular Indemnity Payment benefit can be paid.

As shown on the accompanying updated Schedule, the Elimination Period is 90 days for the Flexible Care Benefit. The Elimination Period is 180 days for the Nursing Home Benefit and the Assisted Care Facility Benefit.

Any days that count towards Your Elimination Period will count towards the Elimination Period for each of the three Indemnity Payment benefits. Any days that counted towards Your Elimination Period prior to the effective date of this Endorsement will continue to count towards Your Elimination Period.

Once the Elimination Period is satisfied for a particular Benefit, You will never have to satisfy a new Elimination Period for that Benefit unless, subsequent to satisfying that Elimination Period, You add additional days to that Elimination Period which have not previously been satisfied.

- Proofs of Loss Not Required

Written proofs of loss, such as invoices or copies of checks, will not be required to receive an Indemnity Payment under this Endorsement.

- The “Proofs of Loss” provision on Page 21 of Your Policy is deleted in its entirety and replaced with the following:

**Opening a Claim:** When this Policy provides for payment of one or more Indemnity Payments, a claim must be opened with Us within 90 days after the end of the monthly period for which an Indemnity Payment would be due. If it was not reasonably possible to open a claim in the time required, We shall not reduce or deny a claim for being late if it is opened as soon as reasonably possible. Unless You are not legally capable, the required claim must always be opened with Us no later than 1 year from the time specified. To open a claim, You must contact us by phone or in writing and provide Us with Your name, Your policy number, current address, and state that You are opening a claim for benefits under Your Policy. We will work with You to complete all requirements necessary for Us to make a claim decision.

- If You are receiving Indemnity Payments based on the Assisted Care Facility Benefit or Nursing Home Benefit, We may confirm, at any time, Your confinement in the facility as a resident inpatient, and that the facility satisfies the Policy requirements.

- Benefits are Not Conditioned on Expenses Being Incurred  
 With this Endorsement, Indemnity Payments are conditioned on meeting the requirements of a Flexible Care Benefit, Assisted Care Facility Benefits, or Nursing Home Benefit and not on the actual expenses You incur for Covered Care.
  - In the “Benefit Provisions,” under the subheading, “Conditions,” the first sentence is changed to replace “expenses incurred” with “benefits payable.”
  - In the “Premium Provisions,” under the subheading, “Reinstatement,” the first sentence of the fourth paragraph is changed to replace “expenses incurred” with “benefits payable.”
  - In the “Contingent Nonforfeiture Benefit,” under the subheading, “The Shortened Benefit Period Plan,” the last sentence is changed to replace “expenses incurred” with “benefits payable.”
  
- Plan of Care  
 The Plan of Care provisions of the Policy remain unchanged, except that Our right to request periodic updates to the Plan of Care not more frequently than once every 30 days is subject to the Opening a Claim provision in this Endorsement.
  
- Time of Payment of Claim  
 After We receive confirmation that You qualify for an Indemnity Payment and confirmation of the amount owed, We will pay the Indemnity Payment then due immediately; We will also pay an Indemnity Payment at the end of each calendar month thereafter for which You qualify for an Indemnity Payment.
  
- Policy Exclusions  
 The following Policy exclusions are deleted from the Policy:
  - The exclusion for services “Provided by a Family Member,” and
  - The exclusion for services “For which no charge is normally made in the absence of insurance.”

All other Policy exclusions will continue to apply, except that Benefits will not be conditioned upon the actual expenses You incur.
  
- Indemnity Payments are not Reduced by other Coverage  
 Indemnity Payments will be paid without regard to other insurance coverage You have with Us. Indemnity Payments will also be paid without regard to any federal, state or other governmental health care program or law.
  
- Policy Benefits that are Removed from the Policy  
 The Flexible Care Benefit replaces the following benefits, which are deleted from and are no longer available with Your Policy.
  - Home Care Benefit
  - Respite Care Benefit
  - Caregiver Training Benefit
  - Equipment Benefit
  - Alternative Care Benefit

- [Policy Riders and Rider Benefits that are Removed from the Policy]  
The following Rider(s), and all benefits under the Rider(s), are deleted from and are no longer available with Your Policy:
  - [Waiver of Home Care Elimination Period Rider]
  - [Restoration of Benefits Rider]
  - [Monthly Benefits Rider]

As of the effective date of this Endorsement, You will no longer pay the additional premium associated with any deleted Rider(s).]

**IMPACT TO YOUR PREMIUM**

Once this Endorsement becomes effective, while We may begin the regulatory process of seeking a premium increase at any time, We will not increase Your Policy premium until at least the Policy Anniversary Date that occurs on or after January 1, 2030. Premium increases are subject to the “We have a limited right to change premiums” provision on Page 1 of Your Policy.

**LIMITED OPTIONS TO CHANGE COVERAGE**

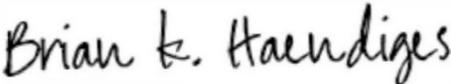
If You decide that You do not wish to keep the benefit changes made pursuant to this Endorsement but instead decide to revert to the benefits You had prior to selecting this Endorsement, You must send, and We must receive, Your signed and written request to change Your decision within 60 days of Our written confirmation of the benefit changes made pursuant to this Endorsement. Otherwise, the only benefit changes You may make under the Policy are to drop an applicable rider, or make such other changes that We may make available for You to reduce Your coverage.

**DISCLOSURE OF POSSIBLE TAX CONSEQUENCES**

The benefit provided by this Endorsement is a periodic indemnity payment without regard to any actual expenses that You incur. Your receipt of benefits under this Endorsement may result in taxable income. You should consult with Your tax advisor and other professional advisors to understand potential tax consequences.

In all other respects, the provisions 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

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

**Insured(s):** [John Doe]

**Policy Number:** [ABC1234567]

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

## FLEXIBLE BENEFIT OPTION ENDORSEMENT

On the Endorsement effective date, this Endorsement is attached to and is made a part of the Policy. It is subject to all parts of Your Policy not in conflict with this Endorsement. This Endorsement will control in the event of a conflict between this Endorsement and any other part or provision of Your Policy, including, for example, any rider, endorsement, or amendment that is a part of the Policy. This Endorsement also controls in the event of a conflict between this Endorsement and Your application for the Policy.

### OVERVIEW

This is a summary of how the Endorsement changes Your policy. For complete details, please read the entire Endorsement along with Your Policy.

This Endorsement changes the Policy so that benefit payments under the Policy will be made on an “indemnity” basis, rather than on a “reimbursement” basis. This means We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the “Indemnity Payment”), for each calendar month You meet the “Required Conditions for an Indemnity Payment” described in this Endorsement. Once You qualify for an Indemnity Payment, You may use it for any purpose, including, for example, to pay family members or other informal caregivers.

**Types of Benefits:** This Endorsement further changes the Policy so that benefit payments available under the Policy are limited to Indemnity Payments under the following benefits:

- **Flexible Care Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment but do not meet the additional required conditions for a Nursing Home Benefit or an Assisted Care Facility Benefit. You do not have to incur any expenses for Covered Care to qualify for the Flexible Care Benefit. If You qualify for the full Flexible Care Benefit, Your Indemnity Payment will be 50% of the Monthly Maximum.
- **Assisted Care Facility Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in an Assisted Care Facility, and meet the additional required conditions for the Assisted Care Facility Benefit. If You qualify for the full Assisted Care Facility Benefit, then Your Indemnity Payment will be 75% of the Monthly Maximum.
- **Nursing Home Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in a Nursing Home, and meet the additional required conditions for the Nursing Home Benefit. If You qualify for the full Nursing Home Benefit, then Your Indemnity Payment will be 100% of the Monthly Maximum.

**We will only pay one benefit in a calendar month.** If You have qualifying days for more than one benefit in a calendar month, We will pay only the benefit with the most qualifying days in that month. For example, if You have 10 qualifying days for the Nursing Home Benefit, 11 qualifying days for the Assisted Care Facility Benefit, and 10 qualifying days for the Flexible Care Benefit in a calendar month, then We will only pay the Assisted Care Facility Benefit for that month.

**Payments are adjusted when You are eligible for benefits for only part of a month.** If You meet the Requirements for an Indemnity Payment for less than 15 days in a calendar month, then any Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will be 50% of the full benefit. For example, if You qualify for the payment of the Flexible Care Benefit in a calendar month, but You meet the Requirements for an Indemnity Payment for less than 15 days in that month, then Your Indemnity Payment will be reduced from 50% to 25% of the Monthly Maximum.

### **CHANGES TO YOUR POLICY**

This Endorsement changes Your Policy in the following ways:

- **Lifetime Maximum**  
The Lifetime Maximum that applies on the Endorsement effective date is changed to the amount shown on the accompanying updated Schedule.
- **[Benefit Increases**  
As shown on the accompanying updated Schedule, the Benefit Increases provision is [changed to 1% Full Compound Inflation Protection. There will be no benefit increases on the Endorsement effective date. Beginning on the first Policy Anniversary Date that occurs after the effective date of this Endorsement, the Monthly Maximum and Lifetime Maximum amounts will increase in accordance with the 1% Full Compound Inflation Protection Benefit Increases provision of the Policy][changed to None. This means Policy benefits will not increase].]
- **Required Conditions for an Indemnity Payment**  
We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the “Indemnity Payment”), for each calendar month You meet the conditions for an Indemnity Payment. These conditions are as follows:
  - You satisfy the Policy’s Eligibility for The Payment of Benefits provision,
  - We have received a Plan of Care that meets the Policy’s requirements, that fairly, accurately and appropriately addresses the Qualified Long Term Care Services needed for that month, and that is not for care in a hospital or clinic, a sub-acute care or rehabilitation hospital or unit, or a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness, and
  - You have satisfied the Elimination Period for the Indemnity Payment benefit for which We are making an Indemnity Payment.
- **Indemnity Payments**  
When You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), the amount of the payment depends on whether You qualify for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit. If You qualify for more than one benefit in a calendar month, then We will pay only the benefit with the most days of qualification in that month.
  - **Qualifying for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit.**
    - **Flexible Care Benefit:** We will determine if You qualify for a Flexible Care Benefit by the number of qualifying days in a calendar month. A qualifying day for the Flexible Care Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You have previously satisfied the Elimination Period for the Flexible Care Benefit, and
- ◇ You are not confined in a Nursing Home or an Assisted Care Facility. However, this condition will not apply if, before becoming confined to the Nursing Home or Assisted Care Facility, You previously qualified for a Flexible Care Benefit and You have not yet met the Elimination Period for the Nursing Home Benefit or Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Flexible Care Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in that calendar month:

- ◇ exceeds the number of qualifying days for the Assisted Care Facility Benefit, and
- ◇ exceeds the number of qualifying days for the Nursing Home Benefit.

- **Assisted Care Facility Benefit:** We will determine if You qualify for an Assisted Care Facility Benefit by the number of qualifying days in a calendar month. A qualifying day for the Assisted Care Facility Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You are confined as a resident inpatient in an Assisted Care Facility,
- ◇ Your confinement is consistent with Your Plan of Care, and
- ◇ You have previously satisfied the Elimination Period for the Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Assisted Care Facility Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◇ exceeds the number of qualifying days for the Nursing Home Benefit, and
- ◇ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.

- **Nursing Home Benefit:** We will determine if You qualify for a Nursing Home Benefit by the number of qualifying days in a calendar month. A qualifying day for the Nursing Home Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You are confined as a resident inpatient in a Nursing Home,
- ◇ Your confinement is consistent with Your Plan of Care, and
- ◇ You have previously satisfied the Elimination Period for the Nursing Home Benefit.

You will qualify for an Indemnity Payment under the Nursing Home Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◇ exceeds or is the same as the number of qualifying days for the Assisted Care Facility Benefit, and

- ◇ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.
- **Indemnity Payment amounts.**
  - Benefit payments available under the Policy are limited to the Indemnity Payment benefits described in this Endorsement. Indemnity Payments are subject to the Lifetime Maximum.
  - All Indemnity Payments are subject to the Monthly Maximum on the accompanying Schedule.
  - You can qualify for no more than one Indemnity Payment benefit (Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit) in a calendar month. In no event will the total Indemnity Payment in a month exceed the Monthly Maximum.
  - If the total number of qualifying days for the Flexible Care Benefit, Assisted Care Facility Benefit, and Nursing Home Benefit is at least 15 days in a calendar month, then the Indemnity Payment for the Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will equal an amount as follows:
    - ◇ **Flexible Care Benefit** – 50% of the Monthly Maximum
    - ◇ **Assisted Care Facility Benefit** – 75% of the Monthly Maximum
    - ◇ **Nursing Home Benefit** – 100% of the Monthly Maximum
  - If the total number of qualifying days for the Flexible Care Benefit, Assisted Care Facility Benefit, and Nursing Home Benefit is less than 15 days in a calendar month, then We will make a reduced Indemnity Payment. The reduced Indemnity Payment for the Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which you qualify will equal an amount as follows:
    - ◇ **Flexible Care Benefit** – 25% of the Monthly Maximum
    - ◇ **Assisted Care Facility Benefit** – 37.5% of the Monthly Maximum
    - ◇ **Nursing Home Benefit** – 50% of the Monthly Maximum
- **Temporary Absences from a Nursing Home or an Assisted Care Facility.** Confinement in a Nursing Home or an Assisted Care Facility will include temporary absences that meet the requirements of the Bed Reservation Benefit. The total number of temporary absences for both the Nursing Home Benefit and Assisted Care Facility Benefit cannot exceed the maximum allowable days under the Bed Reservation Benefit. Your Policy will pay no separate benefit under the Bed Reservation Benefit.
- Waiver of Premium

We will waive the premium payments for each coverage month that begins during a period for which benefits are paid or payable under:

  - The Nursing Home Benefit, after satisfying the Elimination Period for the Nursing Home Benefit;



- The Assisted Care Facility Benefit, after satisfying the Elimination Period for the Assisted Care Facility Benefit; or
  - The Flexible Care Benefit, after satisfying the Elimination Period for the Flexible Care Benefit.
- Elimination Period  
 The Elimination Period is changed to be the number of days You have to meet the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), other than the condition that You satisfy the Elimination Period, before a particular Indemnity Payment benefit can be paid. As shown on the accompanying updated Schedule, the Elimination Period is 90 days for the Flexible Care Benefit. The Elimination Period is 180 days for the Nursing Home Benefit and the Assisted Care Facility Benefit.  
 Any days that count towards Your Elimination Period will count towards the Elimination Period for each of the three Indemnity Payment benefits. Any days that counted towards Your Elimination Period prior to the effective date of this Endorsement will continue to count towards Your Elimination Period.  
 Once the Elimination Period is satisfied for a particular Benefit, You will never have to satisfy a new Elimination Period for that Benefit unless, subsequent to satisfying that Elimination Period, You add additional days to that Elimination Period which have not previously been satisfied.
- Proofs of Loss Not Required  
 Written proofs of loss, such as invoices or copies of checks, will not be required to receive an Indemnity Payment under this Endorsement.
    - The “Proofs of Loss” provision on Page 23 of Your Policy is deleted in its entirety and replaced with the following:  
**Opening a Claim:** When this Policy provides for payment of one or more Indemnity Payments, a claim must be opened with Us within 90 days after the end of the monthly period for which an Indemnity Payment would be due. If it was not reasonably possible to open a claim in the time required, We shall not reduce or deny a claim for being late if it is opened as soon as reasonably possible. Unless You are not legally capable, the required claim must always be opened with Us no later than 1 year from the time specified. To open a claim, You must contact us by phone or in writing and provide Us with Your name, Your policy number, current address, and state that You are opening a claim for benefits under Your Policy. We will work with You to complete all requirements necessary for Us to make a claim decision.
    - If You are receiving Indemnity Payments based on the Assisted Care Facility Benefit or Nursing Home Benefit, We may confirm, at any time, Your confinement in the facility as a resident inpatient, and that the facility satisfies the Policy requirements.
- Benefits are Not Conditioned on Expenses Being Incurred  
 With this Endorsement, Indemnity Payments are conditioned on meeting the requirements of a Flexible Care Benefit, Assisted Care Facility Benefits, or Nursing Home Benefit and not on the actual expenses You incur for Covered Care.
    - In the “Benefit Provisions,” under the subheading, “Conditions,” the first sentence is changed to replace “expenses incurred” with “benefits payable.”

- In the “Premium Provisions,” under the subheading, “Reinstatement,” the first sentence of the fourth paragraph is changed to replace “expenses incurred” with “benefits payable.”
  - In the “Contingent Nonforfeiture Benefit,” under the subheading, “The Shortened Benefit Period Plan,” the last sentence is changed to replace “expenses incurred” with “benefits payable.”
- Plan of Care  
The Plan of Care provisions of the Policy remain unchanged, except that Our right to request periodic updates to the Plan of Care not more frequently than once every 30 days is subject to the Opening a Claim provision in this Endorsement.
  - Time of Payment of Claim  
After We receive confirmation that You qualify for an Indemnity Payment and confirmation of the amount owed, We will pay the Indemnity Payment then due immediately; We will also pay an Indemnity Payment at the end of each calendar month thereafter for which You qualify for an Indemnity Payment.
  - Policy Exclusions  
The following Policy exclusions are deleted from the Policy:
    - The exclusion for services “Provided by a Family Member,” and
    - The exclusion for services “For which no charge is normally made in the absence of insurance.”

All other Policy exclusions will continue to apply, except that Benefits will not be conditioned upon the actual expenses You incur.
  - Indemnity Payments are not Reduced by other Coverage  
Indemnity Payments will be paid without regard to other insurance coverage You have with Us. Indemnity Payments will also be paid without regard to any federal, state or other governmental health care program or law.
  - Policy Benefits that are Removed from the Policy  
The Flexible Care Benefit replaces the following benefits, which are deleted from and are no longer available with Your Policy.
    - Home Care Benefit
    - Respite Care Benefit
    - Caregiver Training Benefit
    - Equipment Benefit
    - Alternative Care Benefit
    - International Coverage Benefit
  - [Policy Riders and Rider Benefits that are Removed from the Policy]  
The following Rider, and all benefits under the Rider, is deleted from and is no longer available with Your Policy:
    - Restoration of Benefits Rider

As of the effective date of this Endorsement, You will no longer pay the additional premium associated with the deleted Rider.]

**IMPACT TO YOUR PREMIUM**

Once this Endorsement becomes effective, while We may begin the regulatory process of seeking a premium increase at any time, We will not increase Your Policy premium until at least the Policy Anniversary Date that occurs on or after January 1, 2030. Premium increases are subject to the “We have a limited right to change premiums” provision on Page 1 of Your Policy.

**LIMITED OPTIONS TO CHANGE COVERAGE**

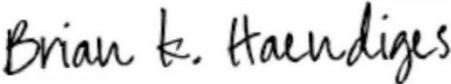
If You decide that You do not wish to keep the benefit changes made pursuant to this Endorsement but instead decide to revert to the benefits You had prior to selecting this Endorsement, You must send, and We must receive, Your signed and written request to change Your decision within 60 days of Our written confirmation of the benefit changes made pursuant to this Endorsement. Otherwise, the only benefit changes You may make under the Policy are to drop an applicable rider, or make such other changes that We may make available for You to reduce Your coverage.

**DISCLOSURE OF POSSIBLE TAX CONSEQUENCES**

The benefit provided by this Endorsement is a periodic indemnity payment without regard to any actual expenses that You incur. Your receipt of benefits under this Endorsement may result in taxable income. You should consult with Your tax advisor and other professional advisors to understand potential tax consequences.

In all other respects, the provisions 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

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

**Insured(s):** [John Doe]

**Policy Number:** [ABC1234567]

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

## FLEXIBLE BENEFIT OPTION ENDORSEMENT

On the Endorsement effective date, this Endorsement is attached to and is made a part of the Policy. It is subject to all parts of Your Policy not in conflict with this Endorsement. This Endorsement will control in the event of a conflict between this Endorsement and any other part or provision of Your Policy, including, for example, any rider, endorsement, or amendment that is a part of the Policy. This Endorsement also controls in the event of a conflict between this Endorsement and Your application for the Policy.

### OVERVIEW

This is a summary of how the Endorsement changes Your policy. For complete details, please read the entire Endorsement along with Your Policy.

This Endorsement changes the Policy so that benefit payments under the Policy will be made on an “indemnity” basis, rather than on a “reimbursement” basis. This means We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the “Indemnity Payment”), for each calendar month You meet the “Required Conditions for an Indemnity Payment” described in this Endorsement. Once You qualify for an Indemnity Payment, You may use it for any purpose, including, for example, to pay family members or other informal caregivers.

**Types of Benefits:** This Endorsement further changes the Policy so that benefit payments available under the Policy are limited to Indemnity Payments under the following benefits:

- **Flexible Care Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment but do not meet the additional required conditions for a Nursing Home Benefit or an Assisted Care Facility Benefit. You do not have to incur any expenses for Covered Care to qualify for the Flexible Care Benefit. If You qualify for the full Flexible Care Benefit, Your Indemnity Payment will be 50% of the Monthly Maximum.
- **Assisted Care Facility Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in an Assisted Care Facility, and meet the additional required conditions for the Assisted Care Facility Benefit. If You qualify for the full Assisted Care Facility Benefit, then Your Indemnity Payment will be 75% of the Monthly Maximum.
- **Nursing Home Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in a Nursing Home, and meet the additional required conditions for the Nursing Home Benefit. If You qualify for the full Nursing Home Benefit, then Your Indemnity Payment will be 100% of the Monthly Maximum.

**We will only pay one benefit in a calendar month.** If You have qualifying days for more than one benefit in a calendar month, We will pay only the benefit with the most qualifying days in that month. For example, if You have 10 qualifying days for the Nursing Home Benefit, 11 qualifying days for the Assisted Care Facility Benefit, and 10 qualifying days for the Flexible Care Benefit in a calendar month, then We will only pay the Assisted Care Facility Benefit for that month.

**Payments are adjusted when You are eligible for benefits for only part of a month.** If You meet the Requirements for an Indemnity Payment for less than 15 days in a calendar month, then any Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will be 50% of the full benefit. For example, if You qualify for the payment of the Flexible Care Benefit in a calendar month, but You meet the Requirements for an Indemnity Payment for less than 15 days in that month, then Your Indemnity Payment will be reduced from 50% to 25% of the Monthly Maximum.

### **CHANGES TO YOUR POLICY**

This Endorsement changes Your Policy in the following ways:

- **Lifetime Maximum**  
The Lifetime Maximum that applies on the Endorsement effective date is changed to the amount shown on the accompanying updated Schedule. The Lifetime Maximum is reduced as benefits are paid on or after the effective date of the Endorsement. [It is increased when any Benefit Increases apply.] The Lifetime Maximum is exhausted when there is no remaining amount available.
- **[Benefit Increases**  
As shown on the accompanying updated Schedule, the Benefit Increases provision is [changed to 1% Compound. There will be no benefit increases on the Endorsement effective date. Beginning on the first Policy Anniversary Date that occurs after the effective date of this Endorsement, the Monthly Maximum and *remaining* Lifetime Maximum amounts will increase in accordance with the 1% Compound Benefit Increases provision of the Policy][changed to None. This means Policy benefits will not increase].]
- **Required Conditions for an Indemnity Payment**  
We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the “Indemnity Payment”), for each calendar month You meet the conditions for an Indemnity Payment. These conditions are as follows:
  - You satisfy the Policy’s Eligibility for The Payment of Benefits provision,
  - We have received a Plan of Care that meets the Policy’s requirements, that fairly, accurately and appropriately addresses the Qualified Long Term Care Services needed for that month, and that is not for care in a hospital or clinic, a sub-acute care or rehabilitation hospital or unit, or a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness, and
  - You have satisfied the Elimination Period for the Indemnity Payment benefit for which We are making an Indemnity Payment.
- **Indemnity Payments**  
When You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), the amount of the payment depends on whether You qualify for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit. If You qualify for more than one benefit in a calendar month, then We will pay only the benefit with the most days of qualification in that month.
  - **Qualifying for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit.**

- **Flexible Care Benefit:** We will determine if You qualify for a Flexible Care Benefit by the number of qualifying days in a calendar month. A qualifying day for the Flexible Care Benefit is each day:
  - ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
  - ◇ You have previously satisfied the Elimination Period for the Flexible Care Benefit, and
  - ◇ You are not confined in a Nursing Home or an Assisted Care Facility. However, this condition will not apply if, before becoming confined to the Nursing Home or Assisted Care Facility, You previously qualified for a Flexible Care Benefit and You have not yet met the Elimination Period for the Nursing Home Benefit or Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Flexible Care Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in that calendar month:

- ◇ exceeds the number of qualifying days for the Assisted Care Facility Benefit, and
- ◇ exceeds the number of qualifying days for the Nursing Home Benefit.

- **Assisted Care Facility Benefit:** We will determine if You qualify for an Assisted Care Facility Benefit by the number of qualifying days in a calendar month. A qualifying day for the Assisted Care Facility Benefit is each day:
  - ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
  - ◇ You are confined as a resident inpatient in an Assisted Care Facility,
  - ◇ Your confinement is consistent with Your Plan of Care, and
  - ◇ You have previously satisfied the Elimination Period for the Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Assisted Care Facility Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◇ exceeds the number of qualifying days for the Nursing Home Benefit, and
- ◇ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.

- **Nursing Home Benefit:** We will determine if You qualify for a Nursing Home Benefit by the number of qualifying days in a calendar month. A qualifying day for the Nursing Home Benefit is each day:
  - ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
  - ◇ You are confined as a resident inpatient in a Nursing Home,
  - ◇ Your confinement is consistent with Your Plan of Care, and
  - ◇ You have previously satisfied the Elimination Period for the Nursing Home Benefit.

You will qualify for an Indemnity Payment under the Nursing Home Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◇ exceeds or is the same as the number of qualifying days for the Assisted Care Facility Benefit, and
- ◇ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.

○ **Indemnity Payment amounts.**

- Benefit payments available under the Policy are limited to the Indemnity Payment benefits described in this Endorsement. Indemnity Payments are subject to the Lifetime Maximum.
- All Indemnity Payments are subject to the Monthly Maximum on the accompanying Schedule.
- You can qualify for no more than one Indemnity Payment benefit (Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit) in a calendar month. In no event will the total Indemnity Payment in a month exceed the Monthly Maximum.
- If the total number of qualifying days for the Flexible Care Benefit, Assisted Care Facility Benefit, and Nursing Home Benefit is at least 15 days in a calendar month, then the Indemnity Payment for the Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will equal an amount as follows:
  - ◇ **Flexible Care Benefit** – 50% of the Monthly Maximum
  - ◇ **Assisted Care Facility Benefit** – 75% of the Monthly Maximum
  - ◇ **Nursing Home Benefit** – 100% of the Monthly Maximum
- If the total number of qualifying days for the Flexible Care Benefit, Assisted Care Facility Benefit, and Nursing Home Benefit is less than 15 days in a calendar month, then We will make a reduced Indemnity Payment. The reduced Indemnity Payment for the Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which you qualify will equal an amount as follows:
  - ◇ **Flexible Care Benefit** – 25% of the Monthly Maximum
  - ◇ **Assisted Care Facility Benefit** – 37.5% of the Monthly Maximum
  - ◇ **Nursing Home Benefit** – 50% of the Monthly Maximum

- **Temporary Absences from a Nursing Home or an Assisted Care Facility.** Confinement in a Nursing Home or an Assisted Care Facility will include temporary absences that meet the requirements of the Bed Reservation Benefit. The total number of temporary absences for both the Nursing Home Benefit and Assisted Care Facility Benefit cannot exceed the maximum allowable days under the Bed Reservation Benefit. Your Policy will pay no separate benefit under the Bed Reservation Benefit.

- Waiver of Premium

The Flexible Care Benefit replaces the Home Care Benefit as a benefit to which the Waiver of Premium Benefit applies. The same Waiver of Premium Benefit requirements that applied to the Home Care Benefit apply to the Flexible Care Benefit.

- Elimination Period

The Elimination Period is changed to be the number of days You have to meet the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), other than the condition that You satisfy the Elimination Period, before a particular Indemnity Payment benefit can be paid.

As shown on the accompanying updated Schedule, the Elimination Period is 90 days for the Flexible Care Benefit. The Elimination Period is 180 days for the Nursing Home Benefit and the Assisted Care Facility Benefit.

Any days that count towards Your Elimination Period will count towards the Elimination Period for each of the three Indemnity Payment benefits. Any days that counted towards Your Elimination Period prior to the effective date of this Endorsement will continue to count towards Your Elimination Period.

Once the Elimination Period is satisfied for a particular Benefit, You will never have to satisfy a new Elimination Period for that Benefit unless, subsequent to satisfying that Elimination Period, You add additional days to that Elimination Period which have not previously been satisfied.

- Proofs of Loss Not Required

Written proofs of loss, such as invoices or copies of checks, will not be required to receive an Indemnity Payment under this Endorsement.

- The “Proofs of Loss” provision on Page 21 of Your Policy is deleted in its entirety and replaced with the following:

**Opening a Claim:** When this Policy provides for payment of one or more Indemnity Payments, a claim must be opened with Us within 90 days after the end of the monthly period for which an Indemnity Payment would be due. If it was not reasonably possible to open a claim in the time required, We shall not reduce or deny a claim for being late if it is opened as soon as reasonably possible. Unless You are not legally capable, the required claim must always be opened with Us no later than 1 year from the time specified. To open a claim, You must contact us by phone or in writing and provide Us with Your name, Your policy number, current address, and state that You are opening a claim for benefits under Your Policy. We will work with You to complete all requirements necessary for Us to make a claim decision.

- If You are receiving Indemnity Payments based on the Assisted Care Facility Benefit or Nursing Home Benefit, We may confirm, at any time, Your confinement in the facility as a resident inpatient, and that the facility satisfies the Policy requirements.
- We may continue to request, as often as reasonably necessary, that You or Your Representative provide Us with pertinent records and documents and permit Us to make copies, and provide Us with a Recorded Statement or submit to an Examination Under Oath in connection with any claim submitted on Your behalf.

- Benefits are Not Conditioned on Expenses Being Incurred



With this Endorsement, Indemnity Payments are conditioned on meeting the requirements of a Flexible Care Benefit, Assisted Care Facility Benefits, or Nursing Home Benefit and not on the actual expenses You incur for Covered Care.

- In the “Benefit Provisions,” under the subheading, “Conditions,” the first sentence is changed to replace “expenses incurred” with “benefits payable.”
- In the “Premium Provisions,” under the subheading, “Reinstatement,” the first sentence of the fourth paragraph is changed to replace “expenses incurred” with “benefits payable.”
- In the “Contingent Nonforfeiture Benefit,” under the subheading, “The Shortened Benefit Period Plan,” the first sentence of the last paragraph is changed to replace “expenses incurred” with “benefits payable.”

- Plan of Care

The Plan of Care provisions of the Policy remain unchanged, except that Our right to request periodic updates to the Plan of Care not more frequently than once every 30 days is subject to the Opening a Claim provision in this Endorsement.

- Time of Payment of Claim

After We receive confirmation that You qualify for an Indemnity Payment and confirmation of the amount owed, We will pay the Indemnity Payment then due immediately; We will also pay an Indemnity Payment at the end of each calendar month thereafter for which You qualify for an Indemnity Payment.

- Policy Exclusions

The following Policy exclusions are deleted from the Policy:

- The exclusion for services “Provided by a Family Member,” and
- The exclusion for services “For which no charge is normally made in the absence of insurance.”

All other Policy exclusions will continue to apply, except that Benefits will not be conditioned upon the actual expenses You incur.

- Indemnity Payments are not Reduced by other Coverage

Indemnity Payments will be paid without regard to other insurance coverage You have with Us. Indemnity Payments will also be paid without regard to any federal, state or other governmental health care program or law.

- Policy Benefits that are Removed from the Policy

The Flexible Care Benefit replaces the following benefits, which are deleted from and are no longer available with Your Policy.

- Home Care Benefit
- Respite Care Benefit
- Caregiver Training Benefit
- Equipment Benefit
- Alternative Care Benefit

- [Policy Riders and Rider Benefits that are Removed from the Policy]  
The following Rider(s), and all benefits under the Rider(s), are deleted from and are no longer available with Your Policy:
  - [Waiver of Home Care Elimination Period Rider]
  - [Restoration of Benefits Rider]
  - [Monthly Benefits Rider]

As of the effective date of this Endorsement, You will no longer pay the additional premium associated with any deleted Rider(s).]

**IMPACT TO YOUR PREMIUM**

Once this Endorsement becomes effective, while We may begin the regulatory process of seeking a premium increase at any time, We will not increase Your Policy premium until at least the Policy Anniversary Date that occurs on or after January 1, 2030. Premium increases are subject to the “We have a limited right to change premiums” provision on Page 1 of Your Policy.

**LIMITED OPTIONS TO CHANGE COVERAGE**

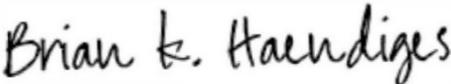
If You decide that You do not wish to keep the benefit changes made pursuant to this Endorsement but instead decide to revert to the benefits You had prior to selecting this Endorsement, You must send, and We must receive, Your signed and written request to change Your decision within 60 days of Our written confirmation of the benefit changes made pursuant to this Endorsement. Otherwise, the only benefit changes You may make under the Policy are to drop an applicable rider, or make such other changes that We may make available for You to reduce Your coverage.

**DISCLOSURE OF POSSIBLE TAX CONSEQUENCES**

The benefit provided by this Endorsement is a periodic indemnity payment without regard to any actual expenses that You incur. Your receipt of benefits under this Endorsement may result in taxable income. You should consult with Your tax advisor and other professional advisors to understand potential tax consequences.

In all other respects, the provisions 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

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

**Insured(s):** [John Doe]

**Policy Number:** [ABC1234567]

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

## FLEXIBLE BENEFIT OPTION ENDORSEMENT

On the Endorsement effective date, this Endorsement is attached to and is made a part of the Policy. It is subject to all parts of Your Policy not in conflict with this Endorsement. This Endorsement will control in the event of a conflict between this Endorsement and any other part or provision of Your Policy, including, for example, any rider, endorsement, or amendment that is a part of the Policy. This Endorsement also controls in the event of a conflict between this Endorsement and Your application for the Policy.

### OVERVIEW

This is a summary of how the Endorsement changes Your policy. For complete details, please read the entire Endorsement along with Your Policy.

This Endorsement changes the Policy so that benefit payments under the Policy will be made on an “indemnity” basis, rather than on a “reimbursement” basis. This means We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the “Indemnity Payment”), for each calendar month You meet the “Required Conditions for an Indemnity Payment” described in this Endorsement. Once You qualify for an Indemnity Payment, You may use it for any purpose, including, for example, to pay family members or other informal caregivers.

**Types of Benefits:** This Endorsement further changes the Policy so that benefit payments available under the Policy are limited to Indemnity Payments under the following benefits:

- **Flexible Care Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment but do not meet the additional required conditions for a Nursing Home Benefit or an Assisted Care Facility Benefit. You do not have to incur any expenses for Covered Care to qualify for the Flexible Care Benefit. If You qualify for the full Flexible Care Benefit, Your Indemnity Payment will be 50% of the Monthly Maximum.
- **Assisted Care Facility Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in an Assisted Care Facility, and meet the additional required conditions for the Assisted Care Facility Benefit. If You qualify for the full Assisted Care Facility Benefit, then Your Indemnity Payment will be 75% of the Monthly Maximum.
- **Nursing Home Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in a Nursing Home, and meet the additional required conditions for the Nursing Home Benefit. If You qualify for the full Nursing Home Benefit, then Your Indemnity Payment will be 100% of the Monthly Maximum.

**We will only pay one benefit in a calendar month.** If You have qualifying days for more than one benefit in a calendar month, We will pay only the benefit with the most qualifying days in that month. For example, if You have 10 qualifying days for the Nursing Home Benefit, 11 qualifying days for the Assisted Care Facility Benefit, and 10 qualifying days for the Flexible Care Benefit in a calendar month, then We will only pay the Assisted Care Facility Benefit for that month.

**Payments are adjusted when You are eligible for benefits for only part of a month.** If You meet the Requirements for an Indemnity Payment for less than 15 days in a calendar month, then any Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will be 50% of the full benefit. For example, if You qualify for the payment of the Flexible Care Benefit in a calendar month, but You meet the Requirements for an Indemnity Payment for less than 15 days in that month, then Your Indemnity Payment will be reduced from 50% to 25% of the Monthly Maximum.

### **CHANGES TO YOUR POLICY**

This Endorsement changes Your Policy in the following ways:

- **Lifetime Maximum**  
The Lifetime Maximum that applies on the Endorsement effective date is changed to the amount shown on the accompanying updated Schedule.
- **[Benefit Increases**  
As shown on the accompanying updated Schedule, the Benefit Increases provision is [changed to 1% Compound. There will be no benefit increases on the Endorsement effective date. Beginning on the first Policy Anniversary Date that occurs after the effective date of this Endorsement, the Monthly Maximum and Lifetime Maximum amounts will increase in accordance with the 1% Compound Benefit Increases provision of the Policy][changed to None. This means Policy benefits will not increase].]
- **Required Conditions for an Indemnity Payment**  
We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the “Indemnity Payment”), for each calendar month You meet the conditions for an Indemnity Payment. These conditions are as follows:
  - You satisfy the Policy’s Eligibility for The Payment of Benefits provision,
  - We have received a Plan of Care that meets the Policy’s requirements, that fairly, accurately and appropriately addresses the Qualified Long Term Care Services needed for that month, and that is not for care in a hospital or clinic, a sub-acute care or rehabilitation hospital or unit, or a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness, and
  - You have satisfied the Elimination Period for the Indemnity Payment benefit for which We are making an Indemnity Payment.
- **Indemnity Payments**  
When You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), the amount of the payment depends on whether You qualify for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit. If You qualify for more than one benefit in a calendar month, then We will pay only the benefit with the most days of qualification in that month.
  - **Qualifying for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit.**
    - **Flexible Care Benefit:** We will determine if You qualify for a Flexible Care Benefit by the number of qualifying days in a calendar month. A qualifying day for the Flexible Care Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You have previously satisfied the Elimination Period for the Flexible Care Benefit, and
- ◇ You are not confined in a Nursing Home or an Assisted Care Facility. However, this condition will not apply if, before becoming confined to the Nursing Home or Assisted Care Facility, You previously qualified for a Flexible Care Benefit and You have not yet met the Elimination Period for the Nursing Home Benefit or Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Flexible Care Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in that calendar month:

- ◇ exceeds the number of qualifying days for the Assisted Care Facility Benefit, and
- ◇ exceeds the number of qualifying days for the Nursing Home Benefit.

- **Assisted Care Facility Benefit:** We will determine if You qualify for an Assisted Care Facility Benefit by the number of qualifying days in a calendar month. A qualifying day for the Assisted Care Facility Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You are confined as a resident inpatient in an Assisted Care Facility,
- ◇ Your confinement is consistent with Your Plan of Care, and
- ◇ You have previously satisfied the Elimination Period for the Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Assisted Care Facility Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◇ exceeds the number of qualifying days for the Nursing Home Benefit, and
- ◇ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.

- **Nursing Home Benefit:** We will determine if You qualify for a Nursing Home Benefit by the number of qualifying days in a calendar month. A qualifying day for the Nursing Home Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You are confined as a resident inpatient in a Nursing Home,
- ◇ Your confinement is consistent with Your Plan of Care, and
- ◇ You have previously satisfied the Elimination Period for the Nursing Home Benefit.

You will qualify for an Indemnity Payment under the Nursing Home Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◇ exceeds or is the same as the number of qualifying days for the Assisted Care Facility Benefit, and
  - ◇ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.
- **Indemnity Payment amounts.**
  - Benefit payments available under the Policy are limited to the Indemnity Payment benefits described in this Endorsement. Indemnity Payments are subject to the Lifetime Maximum.
  - All Indemnity Payments are subject to the Monthly Maximum on the accompanying Schedule.
  - You can qualify for no more than one Indemnity Payment benefit (Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit) in a calendar month. In no event will the total Indemnity Payment in a month exceed the Monthly Maximum.
  - If the total number of qualifying days for the Flexible Care Benefit, Assisted Care Facility Benefit, and Nursing Home Benefit is at least 15 days in a calendar month, then the Indemnity Payment for the Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will equal an amount as follows:
    - ◇ **Flexible Care Benefit** – 50% of the Monthly Maximum
    - ◇ **Assisted Care Facility Benefit** – 75% of the Monthly Maximum
    - ◇ **Nursing Home Benefit** – 100% of the Monthly Maximum
  - If the total number of qualifying days for the Flexible Care Benefit, Assisted Care Facility Benefit, and Nursing Home Benefit is less than 15 days in a calendar month, then We will make a reduced Indemnity Payment. The reduced Indemnity Payment for the Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which you qualify will equal an amount as follows:
    - ◇ **Flexible Care Benefit** – 25% of the Monthly Maximum
    - ◇ **Assisted Care Facility Benefit** – 37.5% of the Monthly Maximum
    - ◇ **Nursing Home Benefit** – 50% of the Monthly Maximum
- **Temporary Absences from a Nursing Home or an Assisted Care Facility.** Confinement in a Nursing Home or an Assisted Care Facility will include temporary absences that meet the requirements of the Bed Reservation Benefit. The total number of temporary absences for both the Nursing Home Benefit and Assisted Care Facility Benefit cannot exceed the maximum allowable days under the Bed Reservation Benefit. Your Policy will pay no separate benefit under the Bed Reservation Benefit.
- Waiver of Premium  
We will waive the premium payments for each coverage month that begins during a period for which benefits are paid or payable under:

- The Nursing Home Benefit, after satisfying the Elimination Period for the Nursing Home Benefit;
  - The Assisted Care Facility Benefit, after satisfying the Elimination Period for the Assisted Care Facility Benefit; or
  - The Flexible Care Benefit, after satisfying the Elimination Period for the Flexible Care Benefit.
- Elimination Period  
 The Elimination Period is changed to be the number of days You have to meet the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), other than the condition that You satisfy the Elimination Period, before a particular Indemnity Payment benefit can be paid.  
 As shown on the accompanying updated Schedule, the Elimination Period is 90 days for the Flexible Care Benefit. The Elimination Period is 180 days for the Nursing Home Benefit and the Assisted Care Facility Benefit.  
 Any days that count towards Your Elimination Period will count towards the Elimination Period for each of the three Indemnity Payment benefits. Any days that counted towards Your Elimination Period prior to the effective date of this Endorsement will continue to count towards Your Elimination Period.  
 Once the Elimination Period is satisfied for a particular Benefit, You will never have to satisfy a new Elimination Period for that Benefit unless, subsequent to satisfying that Elimination Period, You add additional days to that Elimination Period which have not previously been satisfied.
- Proofs of Loss Not Required  
 Written proofs of loss, such as invoices or copies of checks, will not be required to receive an Indemnity Payment under this Endorsement.
    - The “Proofs of Loss” provision on Page 23 of Your Policy is deleted in its entirety and replaced with the following:
 

**Opening a Claim:** When this Policy provides for payment of one or more Indemnity Payments, a claim must be opened with Us within 90 days after the end of the monthly period for which an Indemnity Payment would be due. If it was not reasonably possible to open a claim in the time required, We shall not reduce or deny a claim for being late if it is opened as soon as reasonably possible. Unless You are not legally capable, the required claim must always be opened with Us no later than 1 year from the time specified. To open a claim, You must contact us by phone or in writing and provide Us with Your name, Your policy number, current address, and state that You are opening a claim for benefits under Your Policy. We will work with You to complete all requirements necessary for Us to make a claim decision.
    - If You are receiving Indemnity Payments based on the Assisted Care Facility Benefit or Nursing Home Benefit, We may confirm, at any time, Your confinement in the facility as a resident inpatient, and that the facility satisfies the Policy requirements.
    - We may continue to request, as often as reasonably necessary, that You or Your Representative provide Us with pertinent records and documents and permit Us to make copies, and provide Us with a Recorded Statement or submit to an Examination Under Oath in connection with any claim submitted on Your behalf.

- Benefits are Not Conditioned on Expenses Being Incurred  
 With this Endorsement, Indemnity Payments are conditioned on meeting the requirements of a Flexible Care Benefit, Assisted Care Facility Benefits, or Nursing Home Benefit and not on the actual expenses You incur for Covered Care.
  - In the “Benefit Provisions,” under the subheading, “Conditions,” the first sentence is changed to replace “expenses incurred” with “benefits payable.”
  - In the “Premium Provisions,” under the subheading, “Reinstatement,” the first sentence of the fourth paragraph is changed to replace “expenses incurred” with “benefits payable.”
  - In the “Contingent Nonforfeiture Benefit,” under the subheading, “The Shortened Benefit Period Plan,” the first sentence of the last paragraph is changed to replace “expenses incurred” with “benefits payable.”
  
- Plan of Care  
 The Plan of Care provisions of the Policy remain unchanged, except that Our right to request periodic updates to the Plan of Care not more frequently than once every 30 days is subject to the Opening a Claim provision in this Endorsement.
  
- Time of Payment of Claim  
 After We receive confirmation that You qualify for an Indemnity Payment and confirmation of the amount owed, We will pay the Indemnity Payment then due immediately; We will also pay an Indemnity Payment at the end of each calendar month thereafter for which You qualify for an Indemnity Payment.
  
- Policy Exclusions  
 The following Policy exclusions are deleted from the Policy:
  - The exclusion for services “Provided by a Family Member,” and
  - The exclusion for services “For which no charge is normally made in the absence of insurance.”

All other Policy exclusions will continue to apply, except that Benefits will not be conditioned upon the actual expenses You incur.
  
- Indemnity Payments are not Reduced by other Coverage  
 Indemnity Payments will be paid without regard to other insurance coverage You have with Us. Indemnity Payments will also be paid without regard to any federal, state or other governmental health care program or law.
  
- Policy Benefits that are Removed from the Policy  
 The Flexible Care Benefit replaces the following benefits, which are deleted from and are no longer available with Your Policy.
  - Home Care Benefit
  - Respite Care Benefit
  - Caregiver Training Benefit
  - Equipment Benefit
  - Alternative Care Benefit



- International Coverage Benefit
- [Policy Riders and Rider Benefits that are Removed from the Policy]  
The following Rider, and all benefits under the Rider, is deleted from and is no longer available with Your Policy:

- Restoration of Benefits Rider

As of the effective date of this Endorsement, You will no longer pay the additional premium associated with the deleted Rider.]

**IMPACT TO YOUR PREMIUM**

Once this Endorsement becomes effective, while We may begin the regulatory process of seeking a premium increase at any time, We will not increase Your Policy premium until at least the Policy Anniversary Date that occurs on or after January 1, 2030. Premium increases are subject to the “We have a limited right to change premiums” provision on Page 1 of Your Policy.

**LIMITED OPTIONS TO CHANGE COVERAGE**

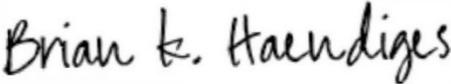
If You decide that You do not wish to keep the benefit changes made pursuant to this Endorsement but instead decide to revert to the benefits You had prior to selecting this Endorsement, You must send, and We must receive, Your signed and written request to change Your decision within 60 days of Our written confirmation of the benefit changes made pursuant to this Endorsement. Otherwise, the only benefit changes You may make under the Policy are to drop an applicable rider, or make such other changes that We may make available for You to reduce Your coverage.

**DISCLOSURE OF POSSIBLE TAX CONSEQUENCES**

The benefit provided by this Endorsement is a periodic indemnity payment without regard to any actual expenses that You incur. Your receipt of benefits under this Endorsement may result in taxable income. You should consult with Your tax advisor and other professional advisors to understand potential tax consequences.

In all other respects, the provisions 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	

**FBO Rate Schedule**

Genworth Life Insurance Company  
Current- Year Premiums

Flexible Benefit Option Base Rates  
Guarantee to 2030

Form: 7042VA

Annual Premium Per \$100 of Monthly Maximum

Age	NO BIO	
	Individual	Joint
18-24	22.28	19.34
25-29	24.14	20.89
30-34	25.99	22.44
35-39	27.85	23.98
40-44	30.33	26.30
45	30.95	26.30
46	30.95	27.08
47	30.95	27.08
48	31.56	27.08
49	31.56	27.85
50	31.56	27.85
51	32.18	28.63
52	32.80	28.63
53	33.42	29.40
54	34.04	30.17
55	34.66	30.17
56	37.14	32.49
57	38.99	34.04
58	41.47	36.36
59	43.32	37.91
60	45.80	39.46
61	50.13	43.32
62	54.46	47.19
63	58.80	51.06
64	63.13	54.93
65	67.46	58.80
66	75.51	65.76
67	84.17	73.50
68	92.22	80.46
69	100.88	87.42
70	108.93	94.39
71	125.64	109.86
72	142.97	124.56
73	160.30	139.26
74	177.01	153.96
75	194.34	168.66
76	222.19	193.41
77	250.04	217.40
78	277.90	241.38
79	305.13	265.36
80	332.98	290.12
81	356.50	310.23
82	383.11	333.44
83	414.06	359.75
84	449.34	390.69
85	489.57	426.28
86	533.51	464.19
87	581.78	505.97
88	633.77	551.61
89	691.33	601.13
90	753.23	655.28
91	821.31	714.08
92	894.96	778.29
93	975.42	848.69
94	1,063.30	925.29

**FBO Rate Schedule**

Genworth Life Insurance Company  
Current- Year Premiums

Flexible Benefit Option Nonforfeiture Rider Rates  
Guarantee to 2030

Form: 7042VA

Annual Premium Per \$100 of Monthly Maximum

Age	NO BIO	
	Individual	Joint
18-24	6.68	5.80
25-29	7.24	6.27
30-34	7.80	6.73
35-39	8.36	7.19
40-44	9.10	7.89
45	9.28	7.89
46	9.28	8.12
47	9.28	8.12
48	9.47	8.12
49	9.47	8.36
50	9.47	8.36
51	9.66	8.59
52	9.84	8.59
53	10.03	8.82
54	10.21	9.05
55	10.40	9.05
56	11.14	9.75
57	11.70	10.21
58	12.44	10.91
59	13.00	11.37
60	13.74	11.84
61	15.04	13.00
62	16.34	14.16
63	17.64	15.32
64	18.94	16.48
65	20.24	17.64
66	21.90	19.07
67	23.57	20.58
68	24.90	21.72
69	26.23	22.73
70	27.23	23.60
71	30.15	26.37
72	32.88	28.65
73	35.27	30.64
74	37.17	32.33
75	38.87	33.73
76	42.22	36.75
77	45.01	39.13
78	47.24	41.03
79	48.82	42.46
80	49.95	43.52
81	53.47	46.54
82	57.47	50.02
83	62.11	53.96
84	67.40	58.60
85	73.43	63.94
86	80.03	69.63
87	87.27	75.90
88	95.07	82.74
89	103.70	90.17
90	112.98	98.29
91	123.20	107.11
92	134.24	116.74
93	146.31	127.30
94	159.50	138.79

**FBO Rate Schedule**  
 Genworth Life Insurance Company  
 Current- Year Premiums

Flexible Benefit Option Base Rates  
 Guarantee to 2030

Form: 7044VA

Annual Premium Per \$100 of Monthly Maximum

Age	NO BIO	
	Individual	Joint
18-24	27.85	23.21
25-29	29.71	25.53
30-34	31.56	27.85
35-39	35.28	30.17
40-44	37.14	32.49
45	37.14	32.49
46	38.99	32.49
47	38.99	32.49
48	38.99	34.81
49	38.99	34.81
50	38.99	34.81
51	40.85	34.81
52	40.85	34.81
53	40.85	37.14
54	42.71	37.14
55	42.71	37.14
56	46.42	39.46
57	48.28	41.78
58	51.99	44.10
59	53.85	46.42
60	55.70	48.74
61	61.27	53.38
62	66.84	58.02
63	72.41	62.67
64	77.98	67.31
65	83.55	71.95
66	92.84	81.23
67	103.98	90.52
68	113.26	99.80
69	124.40	109.08
70	133.69	116.05
71	155.97	134.62
72	176.39	153.18
73	196.82	171.75
74	219.10	190.32
75	239.52	208.89
76	274.80	239.06
77	308.22	269.23
78	343.50	297.08
79	376.92	327.25
80	412.20	357.43
81	440.05	382.96
82	473.47	410.81
83	510.61	445.62
84	555.17	482.76
85	605.30	526.86
86	659.15	573.27
87	718.57	624.34
88	783.55	680.04
89	854.11	742.70
90	930.24	810.01
91	1,013.79	881.96
92	1,104.77	960.87
93	1,205.04	1,049.07
94	1,312.73	1,141.91

**FBO Rate Schedule**  
 Genworth Life Insurance Company  
 Current- Year Premiums

Flexible Benefit Option Nonforfeiture Rider Rates  
 Guarantee to 2030

Form: 7044VA

Annual Premium Per \$100 of Monthly Maximum

Age	NO BIO	
	Individual	Joint
18-24	8.36	6.96
25-29	8.91	7.66
30-34	9.47	8.36
35-39	10.58	9.05
40-44	11.14	9.75
45	11.14	9.75
46	11.70	9.75
47	11.70	9.75
48	11.70	10.44
49	11.70	10.44
50	11.70	10.44
51	12.25	10.44
52	12.25	10.44
53	12.25	11.14
54	12.81	11.14
55	12.81	11.14
56	13.93	11.84
57	14.48	12.53
58	15.60	13.23
59	16.15	13.93
60	16.71	14.62
61	18.38	16.01
62	20.05	17.41
63	21.72	18.80
64	23.40	20.19
65	25.07	21.58
66	26.92	23.56
67	29.11	25.34
68	30.58	26.95
69	32.34	28.36
70	33.42	29.01
71	37.43	32.31
72	40.57	35.23
73	43.30	37.79
74	46.01	39.97
75	47.90	41.78
76	52.21	45.42
77	55.48	48.46
78	58.40	50.50
79	60.31	52.36
80	61.83	53.61
81	66.01	57.44
82	71.02	61.62
83	76.59	66.84
84	83.28	72.41
85	90.80	79.03
86	98.87	85.99
87	107.78	93.65
88	117.53	102.01
89	128.12	111.41
90	139.54	121.50
91	152.07	132.29
92	165.72	144.13
93	180.76	157.36
94	196.91	171.29

**FBO Rate Schedule**

Genworth Life Insurance Company  
Current- Year Premiums

Flexible Benefit Option Base Rates  
Guarantee to 2030

Form: 7042VA

Annual Premium Per \$100 of Monthly Maximum

Age	1% BIO	
	Individual	Joint
18-24	27.13	23.55
25-29	29.39	25.43
30-34	31.65	27.32
35-39	33.91	29.20
40-44	36.93	32.03
45	37.68	32.03
46	37.68	32.97
47	37.68	32.97
48	38.43	32.97
49	38.43	33.91
50	38.43	33.91
51	39.19	34.85
52	39.94	34.85
53	40.69	35.80
54	41.45	36.74
55	42.20	36.74
56	45.22	39.56
57	47.48	41.45
58	50.49	44.27
59	52.75	46.16
60	55.77	48.04
61	61.04	52.75
62	66.32	57.46
63	71.59	62.17
64	76.87	66.88
65	82.14	71.59
66	91.94	80.07
67	102.49	89.49
68	112.29	97.97
69	122.84	106.44
70	132.63	114.92
71	152.98	133.76
72	174.08	151.66
73	195.18	169.56
74	215.53	187.46
75	236.63	205.35
76	270.54	235.50
77	304.45	264.70
78	338.36	293.90
79	371.52	323.10
80	405.43	353.25
81	434.07	377.74
82	466.47	406.00
83	504.15	438.03
84	547.11	475.71
85	596.09	519.04
86	649.60	565.19
87	708.38	616.06
88	771.68	671.64
89	841.76	731.93
90	917.12	797.87
91	1,000.02	869.46
92	1,089.69	947.64
93	1,187.66	1,033.36
94	1,294.67	1,126.62

**FBO Rate Schedule**

Genworth Life Insurance Company  
Current- Year Premiums

Flexible Benefit Option Nonforfeiture Rider Rates  
Guarantee to 2030

Form: 7042VA

Annual Premium Per \$100 of Monthly Maximum

Age	1% BIO	
	Individual	Joint
18-24	8.14	7.06
25-29	8.82	7.63
30-34	9.50	8.20
35-39	10.17	8.76
40-44	11.08	9.61
45	11.30	9.61
46	11.30	9.89
47	11.30	9.89
48	11.53	9.89
49	11.53	10.17
50	11.53	10.17
51	11.76	10.46
52	11.98	10.46
53	12.21	10.74
54	12.43	11.02
55	12.66	11.02
56	13.56	11.87
57	14.24	12.43
58	15.15	13.28
59	15.83	13.85
60	16.73	14.41
61	18.31	15.83
62	19.89	17.24
63	21.48	18.65
64	23.06	20.06
65	24.64	21.48
66	26.66	23.22
67	28.70	25.06
68	30.32	26.45
69	31.94	27.68
70	33.16	28.73
71	36.72	32.10
72	40.04	34.88
73	42.94	37.30
74	45.26	39.37
75	47.33	41.07
76	51.40	44.74
77	54.80	47.65
78	57.52	49.96
79	59.44	51.70
80	60.81	52.99
81	65.11	56.66
82	69.97	60.90
83	75.62	65.70
84	82.07	71.36
85	89.41	77.86
86	97.44	84.78
87	106.26	92.41
88	115.75	100.75
89	126.26	109.79
90	137.57	119.68
91	150.00	130.42
92	163.45	142.15
93	178.15	155.00
94	194.20	168.99

**FBO Rate Schedule**

Genworth Life Insurance Company  
Current- Year Premiums

Flexible Benefit Option Base Rates  
Guarantee to 2030

Form: 7044VA

Annual Premium Per \$100 of Monthly Maximum

Age	1% BIO	
	Individual	Joint
18-24	33.91	28.26
25-29	36.17	31.09
30-34	38.43	33.91
35-39	42.95	36.74
40-44	45.22	39.56
45	45.22	39.56
46	47.48	39.56
47	47.48	39.56
48	47.48	42.39
49	47.48	42.39
50	47.48	42.39
51	49.74	42.39
52	49.74	42.39
53	49.74	45.22
54	52.00	45.22
55	52.00	45.22
56	56.52	48.04
57	58.78	50.87
58	63.30	53.69
59	65.56	56.52
60	67.82	59.35
61	74.61	65.00
62	81.39	70.65
63	88.17	76.30
64	94.95	81.95
65	101.73	87.61
66	113.04	98.91
67	126.60	110.21
68	137.91	121.52
69	151.47	132.82
70	162.78	141.30
71	189.91	163.91
72	214.77	186.51
73	239.64	209.12
74	266.77	231.73
75	291.64	254.34
76	334.60	291.08
77	375.29	327.81
78	418.24	361.72
79	458.94	398.46
80	501.89	435.20
81	535.80	466.29
82	576.50	500.20
83	621.71	542.59
84	675.97	587.80
85	737.01	641.50
86	802.58	698.02
87	874.92	760.19
88	954.05	828.01
89	1,039.96	904.31
90	1,132.65	986.26
91	1,234.38	1,073.87
92	1,345.16	1,169.95
93	1,467.24	1,277.34
94	1,598.37	1,390.38



**FBO Rate Schedule**

Genworth Life Insurance Company  
Current- Year Premiums

Flexible Benefit Option Nonforfeiture Rider Rates  
Guarantee to 2030

Form: 7044VA

Annual Premium Per \$100 of Monthly Maximum

Age	1% BIO	
	Individual	Joint
18-24	10.17	8.48
25-29	10.85	9.33
30-34	11.53	10.17
35-39	12.89	11.02
40-44	13.56	11.87
45	13.56	11.87
46	14.24	11.87
47	14.24	11.87
48	14.24	12.72
49	14.24	12.72
50	14.24	12.72
51	14.92	12.72
52	14.92	12.72
53	14.92	13.56
54	15.60	13.56
55	15.60	13.56
56	16.96	14.41
57	17.63	15.26
58	18.99	16.11
59	19.67	16.96
60	20.35	17.80
61	22.38	19.50
62	24.42	21.19
63	26.45	22.89
64	28.49	24.59
65	30.52	26.28
66	32.78	28.68
67	35.45	30.86
68	37.24	32.81
69	39.38	34.53
70	40.69	35.32
71	45.58	39.34
72	49.40	42.90
73	52.72	46.01
74	56.02	48.66
75	58.33	50.87
76	63.57	55.30
77	67.55	59.01
78	71.10	61.49
79	73.43	63.75
80	75.28	65.28
81	80.37	69.94
82	86.47	75.03
83	93.26	81.39
84	101.40	88.17
85	110.55	96.22
86	120.39	104.70
87	131.24	114.03
88	143.11	124.20
89	155.99	135.65
90	169.90	147.94
91	185.16	161.08
92	201.77	175.49
93	220.09	191.60
94	239.76	208.56

**FBO Rate Schedule**

Genworth Life Insurance Company  
Proposed Premiums

Flexible Benefit Option Base Rates  
Guarantee to 2030

Form: 7042VA Rev

Annual Premium Per \$100 of Monthly Maximum

Age	NO BIO	
	Individual	Joint
18-24	22.28	19.34
25-29	24.14	20.89
30-34	25.99	22.44
35-39	27.85	23.98
40-44	30.33	26.30
45	30.95	26.30
46	30.95	27.08
47	30.95	27.08
48	31.56	27.08
49	31.56	27.85
50	31.56	27.85
51	32.18	28.63
52	32.80	28.63
53	33.42	29.40
54	34.04	30.17
55	34.66	30.17
56	37.14	32.49
57	38.99	34.04
58	41.47	36.36
59	43.32	37.91
60	45.80	39.46
61	50.13	43.32
62	54.46	47.19
63	58.80	51.06
64	63.13	54.93
65	67.46	58.80
66	75.51	65.76
67	84.17	73.50
68	92.22	80.46
69	100.88	87.42
70	108.93	94.39
71	125.64	109.86
72	142.97	124.56
73	160.30	139.26
74	177.01	153.96
75	194.34	168.66
76	222.19	193.41
77	250.04	217.40
78	277.90	241.38
79	305.13	265.36
80	332.98	290.12
81	356.50	310.23
82	383.11	333.44
83	414.06	359.75
84	449.34	390.69
85	489.57	426.28
86	533.51	464.19
87	581.78	505.97
88	633.77	551.61
89	691.33	601.13
90	753.23	655.28
91	821.31	714.08
92	894.96	778.29
93	975.42	848.69
94	1,063.30	925.29

**FBO Rate Schedule**

Genworth Life Insurance Company  
Proposed Premiums

Flexible Benefit Option Nonforfeiture Rider Rates  
Guarantee to 2030

Form: 7042VA Rev

Annual Premium Per \$100 of Monthly Maximum

Age	NO BIO	
	Individual	Joint
18-24	6.68	5.80
25-29	7.24	6.27
30-34	7.80	6.73
35-39	8.36	7.19
40-44	9.10	7.89
45	9.28	7.89
46	9.28	8.12
47	9.28	8.12
48	9.47	8.12
49	9.47	8.36
50	9.47	8.36
51	9.66	8.59
52	9.84	8.59
53	10.03	8.82
54	10.21	9.05
55	10.40	9.05
56	11.14	9.75
57	11.70	10.21
58	12.44	10.91
59	13.00	11.37
60	13.74	11.84
61	15.04	13.00
62	16.34	14.16
63	17.64	15.32
64	18.94	16.48
65	20.24	17.64
66	21.90	19.07
67	23.57	20.58
68	24.90	21.72
69	26.23	22.73
70	27.23	23.60
71	30.15	26.37
72	32.88	28.65
73	35.27	30.64
74	37.17	32.33
75	38.87	33.73
76	42.22	36.75
77	45.01	39.13
78	47.24	41.03
79	48.82	42.46
80	49.95	43.52
81	53.47	46.54
82	57.47	50.02
83	62.11	53.96
84	67.40	58.60
85	73.43	63.94
86	80.03	69.63
87	87.27	75.90
88	95.07	82.74
89	103.70	90.17
90	112.98	98.29
91	123.20	107.11
92	134.24	116.74
93	146.31	127.30
94	159.50	138.79

**FBO Rate Schedule**Genworth Life Insurance Company  
Proposed PremiumsFlexible Benefit Option Base Rates  
Guarantee to 2030

Form: 7044VA Rev

Annual Premium Per \$100 of Monthly Maximum

Age	NO BIO	
	Individual	Joint
18-24	27.85	23.21
25-29	29.71	25.53
30-34	31.56	27.85
35-39	35.28	30.17
40-44	37.14	32.49
45	37.14	32.49
46	38.99	32.49
47	38.99	32.49
48	38.99	34.81
49	38.99	34.81
50	38.99	34.81
51	40.85	34.81
52	40.85	34.81
53	40.85	37.14
54	42.71	37.14
55	42.71	37.14
56	46.42	39.46
57	48.28	41.78
58	51.99	44.10
59	53.85	46.42
60	55.70	48.74
61	61.27	53.38
62	66.84	58.02
63	72.41	62.67
64	77.98	67.31
65	83.55	71.95
66	92.84	81.23
67	103.98	90.52
68	113.26	99.80
69	124.40	109.08
70	133.69	116.05
71	155.97	134.62
72	176.39	153.18
73	196.82	171.75
74	219.10	190.32
75	239.52	208.89
76	274.80	239.06
77	308.22	269.23
78	343.50	297.08
79	376.92	327.25
80	412.20	357.43
81	440.05	382.96
82	473.47	410.81
83	510.61	445.62
84	555.17	482.76
85	605.30	526.86
86	659.15	573.27
87	718.57	624.34
88	783.55	680.04
89	854.11	742.70
90	930.24	810.01
91	1,013.79	881.96
92	1,104.77	960.87
93	1,205.04	1,049.07
94	1,312.73	1,141.91

**FBO Rate Schedule**

Genworth Life Insurance Company  
Proposed Premiums

Flexible Benefit Option Nonforfeiture Rider Rates  
Guarantee to 2030

Form: 7044VA Rev

Annual Premium Per \$100 of Monthly Maximum

Age	NO BIO	
	Individual	Joint
18-24	8.36	6.96
25-29	8.91	7.66
30-34	9.47	8.36
35-39	10.58	9.05
40-44	11.14	9.75
45	11.14	9.75
46	11.70	9.75
47	11.70	9.75
48	11.70	10.44
49	11.70	10.44
50	11.70	10.44
51	12.25	10.44
52	12.25	10.44
53	12.25	11.14
54	12.81	11.14
55	12.81	11.14
56	13.93	11.84
57	14.48	12.53
58	15.60	13.23
59	16.15	13.93
60	16.71	14.62
61	18.38	16.01
62	20.05	17.41
63	21.72	18.80
64	23.40	20.19
65	25.07	21.58
66	26.92	23.56
67	29.11	25.34
68	30.58	26.95
69	32.34	28.36
70	33.42	29.01
71	37.43	32.31
72	40.57	35.23
73	43.30	37.79
74	46.01	39.97
75	47.90	41.78
76	52.21	45.42
77	55.48	48.46
78	58.40	50.50
79	60.31	52.36
80	61.83	53.61
81	66.01	57.44
82	71.02	61.62
83	76.59	66.84
84	83.28	72.41
85	90.80	79.03
86	98.87	85.99
87	107.78	93.65
88	117.53	102.01
89	128.12	111.41
90	139.54	121.50
91	152.07	132.29
92	165.72	144.13
93	180.76	157.36
94	196.91	171.29

**FBO Rate Schedule**

Genworth Life Insurance Company  
Proposed Premiums

Flexible Benefit Option Base Rates  
Guarantee to 2030

Form: 7042VA Rev

Annual Premium Per \$100 of Monthly Maximum

Age	1% BIO	
	Individual	Joint
18-24	27.13	23.55
25-29	29.39	25.43
30-34	31.65	27.32
35-39	33.91	29.20
40-44	36.93	32.03
45	37.68	32.03
46	37.68	32.97
47	37.68	32.97
48	38.43	32.97
49	38.43	33.91
50	38.43	33.91
51	39.19	34.85
52	39.94	34.85
53	40.69	35.80
54	41.45	36.74
55	42.20	36.74
56	45.22	39.56
57	47.48	41.45
58	50.49	44.27
59	52.75	46.16
60	55.77	48.04
61	61.04	52.75
62	66.32	57.46
63	71.59	62.17
64	76.87	66.88
65	82.14	71.59
66	91.94	80.07
67	102.49	89.49
68	112.29	97.97
69	122.84	106.44
70	132.63	114.92
71	152.98	133.76
72	174.08	151.66
73	195.18	169.56
74	215.53	187.46
75	236.63	205.35
76	270.54	235.50
77	304.45	264.70
78	338.36	293.90
79	371.52	323.10
80	405.43	353.25
81	434.07	377.74
82	466.47	406.00
83	504.15	438.03
84	547.11	475.71
85	596.09	519.04
86	649.60	565.19
87	708.38	616.06
88	771.68	671.64
89	841.76	731.93
90	917.12	797.87
91	1,000.02	869.46
92	1,089.69	947.64
93	1,187.66	1,033.36
94	1,294.67	1,126.62

**FBO Rate Schedule**

Genworth Life Insurance Company  
Proposed Premiums

Flexible Benefit Option Nonforfeiture Rider Rates  
Guarantee to 2030

Form: 7042VA Rev

Annual Premium Per \$100 of Monthly Maximum

Age	1% BIO	
	Individual	Joint
18-24	8.14	7.06
25-29	8.82	7.63
30-34	9.50	8.20
35-39	10.17	8.76
40-44	11.08	9.61
45	11.30	9.61
46	11.30	9.89
47	11.30	9.89
48	11.53	9.89
49	11.53	10.17
50	11.53	10.17
51	11.76	10.46
52	11.98	10.46
53	12.21	10.74
54	12.43	11.02
55	12.66	11.02
56	13.56	11.87
57	14.24	12.43
58	15.15	13.28
59	15.83	13.85
60	16.73	14.41
61	18.31	15.83
62	19.89	17.24
63	21.48	18.65
64	23.06	20.06
65	24.64	21.48
66	26.66	23.22
67	28.70	25.06
68	30.32	26.45
69	31.94	27.68
70	33.16	28.73
71	36.72	32.10
72	40.04	34.88
73	42.94	37.30
74	45.26	39.37
75	47.33	41.07
76	51.40	44.74
77	54.80	47.65
78	57.52	49.96
79	59.44	51.70
80	60.81	52.99
81	65.11	56.66
82	69.97	60.90
83	75.62	65.70
84	82.07	71.36
85	89.41	77.86
86	97.44	84.78
87	106.26	92.41
88	115.75	100.75
89	126.26	109.79
90	137.57	119.68
91	150.00	130.42
92	163.45	142.15
93	178.15	155.00
94	194.20	168.99

**FBO Rate Schedule**

Genworth Life Insurance Company  
Proposed Premiums

Flexible Benefit Option Base Rates  
Guarantee to 2030

Form: 7044VA Rev

Annual Premium Per \$100 of Monthly Maximum

Age	1% BIO	
	Individual	Joint
18-24	33.91	28.26
25-29	36.17	31.09
30-34	38.43	33.91
35-39	42.95	36.74
40-44	45.22	39.56
45	45.22	39.56
46	47.48	39.56
47	47.48	39.56
48	47.48	42.39
49	47.48	42.39
50	47.48	42.39
51	49.74	42.39
52	49.74	42.39
53	49.74	45.22
54	52.00	45.22
55	52.00	45.22
56	56.52	48.04
57	58.78	50.87
58	63.30	53.69
59	65.56	56.52
60	67.82	59.35
61	74.61	65.00
62	81.39	70.65
63	88.17	76.30
64	94.95	81.95
65	101.73	87.61
66	113.04	98.91
67	126.60	110.21
68	137.91	121.52
69	151.47	132.82
70	162.78	141.30
71	189.91	163.91
72	214.77	186.51
73	239.64	209.12
74	266.77	231.73
75	291.64	254.34
76	334.60	291.08
77	375.29	327.81
78	418.24	361.72
79	458.94	398.46
80	501.89	435.20
81	535.80	466.29
82	576.50	500.20
83	621.71	542.59
84	675.97	587.80
85	737.01	641.50
86	802.58	698.02
87	874.92	760.19
88	954.05	828.01
89	1,039.96	904.31
90	1,132.65	986.26
91	1,234.38	1,073.87
92	1,345.16	1,169.95
93	1,467.24	1,277.34
94	1,598.37	1,390.38



**FBO Rate Schedule**

Genworth Life Insurance Company  
Proposed Premiums

Flexible Benefit Option Nonforfeiture Rider Rates  
Guarantee to 2030

Form: 7044VA Rev

Annual Premium Per \$100 of Monthly Maximum

Age	1% BIO	
	Individual	Joint
18-24	10.17	8.48
25-29	10.85	9.33
30-34	11.53	10.17
35-39	12.89	11.02
40-44	13.56	11.87
45	13.56	11.87
46	14.24	11.87
47	14.24	11.87
48	14.24	12.72
49	14.24	12.72
50	14.24	12.72
51	14.92	12.72
52	14.92	12.72
53	14.92	13.56
54	15.60	13.56
55	15.60	13.56
56	16.96	14.41
57	17.63	15.26
58	18.99	16.11
59	19.67	16.96
60	20.35	17.80
61	22.38	19.50
62	24.42	21.19
63	26.45	22.89
64	28.49	24.59
65	30.52	26.28
66	32.78	28.68
67	35.45	30.86
68	37.24	32.81
69	39.38	34.53
70	40.69	35.32
71	45.58	39.34
72	49.40	42.90
73	52.72	46.01
74	56.02	48.66
75	58.33	50.87
76	63.57	55.30
77	67.55	59.01
78	71.10	61.49
79	73.43	63.75
80	75.28	65.28
81	80.37	69.94
82	86.47	75.03
83	93.26	81.39
84	101.40	88.17
85	110.55	96.22
86	120.39	104.70
87	131.24	114.03
88	143.11	124.20
89	155.99	135.65
90	169.90	147.94
91	185.16	161.08
92	201.77	175.49
93	220.09	191.60
94	239.76	208.56

**Objection Response  
Genworth Life Insurance Company**

This letter is in response to the comments received in your objection letters, dated November 15, 2022, to Genworth Life Insurance Company's (GLIC's) Virginia Choice 2 & 2.1 Loss Ratio rate increase request. The comments and our responses are as follows:

**Objection Letter 1a:**

**Objection 1**

**Please explain why the Average Percentage Rate Change Per Member of 130% does not match the Overall % Rate Impact of 142% displayed under the Rate/Rule Schedule tab.**

We have updated these numbers to make them consistent.

**Objection 2**

**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.**

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, and Exhibits IIa-IIb of the Actuarial Memorandum.

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

**Objection 3**

**Please provide the SERFF Tr. Num under which the policyholder notification forms were approved.**

The forms that comprise the 'FBO VA Policyholder Letter Template' are filed for review on the 2022 Choice 2/2.1 Rate Stability filing, GEFA-133450231. The forms that comprise the 'Standard VA Policyholder Letter Template' and the 'Standard VA Policyholder No Quote Letter Template' are filed for review on the 2022 PCS II filing, GEFA-133450195.

**Objection 4**

**Please provide all projections required to compute the "Prospective PV" and the "If Knew/Makeup Blend" allowable increases as currently under consideration by the NAIC. Please provide these in Excel with working formulas.**

## Objection Response Genworth Life Insurance Company

Please see “VA Choice 2 & 2.1 LR Objection 1 Attachments.xlsx” for the requested information. Attachment 1 is the calculation of the Prospective PV (PPV) method, with Attachments 2-3 containing the associated projections.

For the Blended If-Knew, the calculation has been provided in Attachment 4. For both the If-Knew and Make Up portions, we solved for the amount of rate increase that would return the block to the originally priced lifetime loss ratio.

While GLIC has provided the requested calculations and supporting documentation, we also would share our concerns with using either of these approaches as a “one size fits all” approach to justifying or limiting rate increases. Specifically, we would like to highlight the following:

### Prospective Present Value Method

- This method is more appropriate for newer products that both have more premium runway and where historical requests and approvals have been close to the fully justified amount.
- Due to the additional complexity involved in this method, applying the PPV calculations to more granular splits presents credibility issues that may not accurately reflect expectations for future experience.
- With the natural growth of future loss ratios through time, delays in approvals, either through phasing of approvals or long approval processes, result in reductions of justified amounts under this methodology.
- A lack of consistency in consideration for catch-up and transition portions of the calculations introduces additional pressure to achieving necessary rate increases for the health of the block.
- Splitting our rate increase requests to account for experience differences in Benefit Inflation Option introduces an additional challenge. Since prior approvals did not include this separation, our requests do not include all of the historical rate increases that would have been allowed had we split our inforce in prior requests. This creates a disincentive to a more targeted approach to match rate increases to the actual risk profile of the block.
- To help address this concern, we have included in the above calculation a catch-up portion to reflect this difference. However, the calculation at this granularity is subject to the same credibility issues that are present for the base calculation.

### Blended If-Knew Method

- This method is more appropriate for older products with more complex rate increase histories, as it looks holistically at the full justified amount of rate increases.
- The reliance on the If-Knew methodology as part of the calculation is troubling. Specifically, it gives credit for premiums that were never paid on these policies to offset very real claims, both in the past and expected future. It does so on the premise that the requested level of premium should have been charged since the inception of the policy. However, this premise requires companies to have a perfect knowledge of future events, giving no relief for experience that emerges differently from assumptions are that in line with generally accepted expectations at the time of pricing.
- GLIC has already included a significant amount of cost-sharing in the development of the Multi-Year Rate Action Plan (MYRAP). We believe that the thresholds included in the

**Objection Response**  
**Genworth Life Insurance Company**

cost-sharing provision of the Minnesota version of this methodology are arbitrary and do not allow companies to reflect the realities of their product blocks. For this reason, the calculation provided does not include that cost sharing provision.

For these reasons, it is GLIC's belief that the use of alternative methodologies should be to check the overall reasonability of rate increase requests, but not to be a hard limit on the amount that can be approved.

### **Objection 5**

- 1) Pursuant to 14VAC5-200-77 B. 3. a. please provide a description of the basis, that will withstand actuarial peer review, on which the 1% BIO and No BIO rates were determined.**
- 2) Pursuant to 14VAC5-200-77 B. 3. i. please provide a complete description of pricing assumptions upon which the 1%BIO and No BIO rates were determined.**

The 1% Compound inflation option was priced to maintain approximate actuarial equivalence between policies that already have an inflation option and the new 1% Compound inflation. The equivalency was calculated looking at the future loss ratios for the two pricing groups, the current benefits under the current inflation and everyone electing the 1% Compound. The final premiums for the 1% Compound were developed by applying a load to the No BIO premiums. Going forward, the 1% Compound will be included in the Low BIO category and any potential future rate increases would be consistent with those requested on the Low BIO cohort. To ensure a sufficient level of credibility, the calculation was done on nationwide experience and the relativity will be the same nationwide.

The 1% Compound inflation option was pricing using assumptions consistent with 2021 CFT on a best estimate basis. The final premiums were developed to be consistent with the anticipated premiums for the policies with inflation used in the comparison. This would include an expectation for future approvals on those policies based on nationwide justified rate increases.

### **Objection 6**

**Pursuant to 14VAC5-130-60 B. 4. please provide the anticipated loss ratio and a description of how it was calculated for the new 1% BIO and No BIO rates.**

As noted in the response to question 5, the pricing for the 1% Compound BIO option was done by solving for the load that would result in the same future loss ratio for current benefit elections and if all policyholders that were eligible elected the 1% BIO. There was no specific target for the lifetime loss ratio on the new option.

**Objection Response  
Genworth Life Insurance Company**

**Objection 7**

**Explain how the addition of the new 1% and No BIO rates are not discriminatory since this is a closed block of business.**

**VA 38.2-508 states in part:**

**No person shall:**

**2. Unfairly discriminate or permit any unfair discrimination between individuals of the same class and of essentially the same hazard (i) in the amount of premium, policy fees, or rates charged for any policy or contract of accident or health insurance, (ii) in the benefits payable under such policy or contract, (iii) in any of the terms or conditions of such policy or contract, or (iv) in any other manner.**

GLIC does not believe the addition of a new Benefit Inflation Option is discriminatory. Specifically:

- Policyholders who have elected a BIO currently have an option to change the level of their benefits by changing their BIO. The addition of this choice gives policyholders more choices to tailor the benefits to their needs.
- The price of the new benefit level will be the same across all policyholders who elect it, which avoids inequities in the rates charged for people who move to the similar benefits.
- Because the new rate levels were calculated using actuarial equivalency on a future loss ratio basis with the entire High BIO inforce population, the new option accounts for differences in expected claims experience.

GLIC believes the proposed rates for the 1% Compound inflation option are reasonable compared to the benefits that will be provided for the option and that the offering of the new inflation option is not discriminatory to the policyholders of the block. Similar to policyholder alternatives previously filed and approved on other policy forms, the inclusion of this new option allows for policyholders to make decisions about their future benefits that best fit their financial situation.

**Objection Response  
Genworth Life Insurance Company**

**Objection 8**

To assist the Bureau in its review, for each of the subsets of the business split by No BIO, 1% BIO, High BIO Limited and High BIO Lifetime, please provide (in Excel format) the following 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.**

Please see Attachments 5-9 in the attached document “VA Flex 1 Objection 1 Attachments.xlsx” for the requested projections. Please note that GLIC has filed this rate increase request on the combined High BIO cohort, which includes 5% Simple, 3% Compound and 5% Compound inflation options. Overall, we believe that experience between these inflation options has been comparable for the Flex product and they should be treated consistently. This rate increase request does not include any policies that have No BIO. However, GLIC has included the experience for the Low BIO policies (currently comprised of only No BIO policies) with this response.

**Objection 9**

**Please provide a comparison of the assumptions associated with the proposed rate increase to the assumptions associated with the most recently approved rate filing.**

**For those assumptions that have changed, please justify the change.**

GLIC reviews emerging experience as part of the assumption setting process for development of annual Cash Flow Testing assumptions. These assumptions are then used as best estimate assumptions for rate increase filings. At a high level, the filings mentioned above had the following CFT assumption sets:

- 2020 Filing: 2019CFT Best Estimate Assumptions
- 2022 Filing: 2021CFT Best Estimate Assumptions

The sections included below will attempt to highlight key differences between the assumption sets referenced above.

*Voluntary Lapse Rates*

- Updated Experience for each successive assumption development process does not significantly increase lapse activity or impact the assumptions.

## Objection Response Genworth Life Insurance Company

- Shock Lapse experience is excluded from lapse studies. Most lapse activity is excluded as rate increases have been implemented in most states for last few years.

### *Healthy Life Mortality*

- Updated experience continues to result in lower healthy life mortality rates than previously expected. 2021CFT mortality rates are significantly lower than those in 2019CFT.
- As highlighted in the new Memorandum, the credibility weighting formula was updated to put more weight on emerging experience and less weight on the historical baseline. This resulted in lower mortality assumptions.

### *Incidence Assumptions*

- Comparing incidence rates for Married, Standard Females Issued at Age 65 and Claiming at Attained Age 80 shows a small change due to the adjustment of the baseline assumption.
  - 2019CFT Assumptions = 2.71%
  - 2021CFT Assumptions = 3.75%
- The change in incidence is not consistent across all cells, so we do not anticipate that Incidence would be a major driver of the request. However, incidence does contribute to the need for rate increases on this product.

### *Claim Termination Rates*

- Claim termination rates are developed for each month during the anticipated lifetime of claims and consist of Disabled Life Mortality rates and Claim Recovery rates. The assumption tables are therefore very difficult to efficiently summarize.
- Overall, claim termination rates continue to decrease in aggregate, increasing the need for rate increases from one assumption set to the next.

### *Utilization Rates and Trends*

- The benefit utilization assumption consists of two components: 1) a calendar year specific current utilization rate and 2) a future cost of care inflation trend. These two are then combined with the benefit inflation option of the policy to calculate future utilization rates.
- Direct comparisons between the assumption sets are difficult. However, the base utilization rate did not materially change between the 2019CFT and 2021CFT assumption updates.
- The trend assumptions were changed significantly from the 2020CFT assumptions to the updated 2021CFT assumptions. This change in cost of care trends was the biggest driver for the increased requests in the updated filing.
  - 2019CFT trend assumptions were between 1% (No BIO policies) and 2.3% (Compound policies) annually with slight variations for benefit period differences and site of claim (ALF, NH, HC).
  - 2021CFT assumptions range between 0% (No BIO) and 3.1% (Compound) with the weighted annual cost of care inflation significantly increasing.

**Objection Response  
Genworth Life Insurance Company**

**Objection 10**

**Please identify the portion of the proposed rate increase that is attributed to each of the following components:**

- a. Changes in the voluntary lapse assumptions**
- b. Changes in the mortality assumptions**
- c. Changes in the expected claim cost assumptions**
- d. Changes in any other assumptions (e.g., interest rates)**

Based on our analysis, the proportion of the change in loss ratio from our 2019 CFT assumptions to the current 2021 CFT assumptions that can be attributed to each of the above assumptions are approximately:

- Lapse: 0%
- Mortality: 20%
- Benefit Utilization Rate (BUR): 65%
- Claim Termination Rate (CTR): 15%
- Incidence: 0%

GLIC does not have a way to directly attribute the calculated rate increase to each of the individual assumptions, given the limitations of our modeling. However, we have been able to approximate the impacts using our forward-looking model runs. Please note that these are not exact attributions but are instead intended to give a general sense of how much each assumption change contributed to rate increase request.

**Objection 11**

**Please confirm that the assumptions being used in this filing are not any more conservative than used in asset adequacy testing.**

As indicated in Section 8 of the Actuarial Memorandum, the best estimate assumptions in this filing are consistent with Cash Flow Testing prior to any provision for contingency, adverse deviation or risk margin. From this baseline, Cash Flow Testing incorporates assumptions for policyholder behavior, future rate increases and sensitivity testing. The assumption set for this rate filing includes MAE assumptions and requested rate increases.

When determining the need for a rate increase, GLIC does not utilize separate assumptions for policyholder behavior. This includes adjustments to assumptions to account for anti-selective behavior and explicit assumptions for RBO and NFO elections that would affect the earned premium and incurred claims streams. GLIC does not believe that the potential of policyholders choosing to reduce or eliminate their benefits should affect the calculation of the rate increase.



**Objection Response  
Genworth Life Insurance Company**

**Objection 12**

**Please state the anticipated lifetime loss ratio anticipated in the initial filing.**

The original nationwide filing for policy form 7052 was developed to yield an aggregated lifetime loss ratio of 64.3% based on the anticipated mix of business.

**Objection 13**

**A 58% rate increase was approved under GEFA-132571093 on 8/01/2022.**

- 1) Please advise the % of In-Force policies to which the previous increase has been applied.**
- 2) Please justify the filing of this current rate increase in light of the fact that the full effect of the historical experience of the prior increase has not been fully measured.**

The prior rate increase would have been applied to all in-force policies in this block. This filing is intended to only impact the 39 inforce policies in the Lifetime Low BIO cohort, the 1,737 inforce policies in the Lifetime High BIO cohort, and the 12,962 inforce policies in the Limited High BIO cohort.

GLIC appreciates the Department's concern about how the prior rate increase might affect the emerging experience and the magnitude of the justified rate increase. However, we believe that this rate filing is still appropriate:

- The prior filing used assumptions and data based on the inforce as 12/31/2019, whereas this filing is using assumption and data based on the inforce as of 12/31/2021. This additional two years of experience demonstrates the need for the additional rate increase.
- Based on our nationwide experience for reduced benefit option elections, we do not expect policyholder behavior to have a material impact on the amount of rate increase that can be justified in this rate filing.
- The rate increase requested in this filing is narrowly focused, targeting the benefit levels that have shown significantly worsening experience. Any delay in approving necessary rate increase may ultimately increase the required amount of rate increase.
- Based on our experience, if policyholder behavior assumptions were to be incorporated into our requests, we would expect that the magnitude of our requests would increase due to the inclusion of antiselection.

**Objection Response  
Genworth Life Insurance Company**

**Objection 14**

**Please comment on the Company's position towards phasing in future rate increases in lieu of a single rate increase.**

While GLIC is not completely opposed to phasing future rate increase in lieu of a single rate increase, we would highlight that any delay in approving justified rate increases, including spreading a single rate increase over multiple phases, may result in the need for higher rate increases. This will affect the current request, as the cumulative effect of the phasing would be higher than a one-time increase. Additionally, any amount not included in the phasing schedule, whether through an approval less than the requested amount or by not adjusting the phased amounts to account for the delay, will increase any future requests.

Regards,



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Matthew E. Haladay, FSA, MAAA  
AVP & Actuary, In-Force Pricing  
Genworth Life Insurance Company

Date: January 6, 2023

**Objection Response**  
**Genworth Life Insurance Company**

This letter is in response to the comments received in your objection letters, dated January 30, 2023, to Genworth Life Insurance Company's (GLIC's) Virginia Choice 2 & 2.1 Loss Ratio rate increase request. The comments and our responses are as follows:

**Objection 1:**

**It is noted that the Company does not anticipate that the experience during the COVID-19 period is indicative of long-term trends. Please provide whatever internal data the Company has compiled on A/E experience on the assumptions during the COVID-19 period.**

In 2022, there was a companywide policy enacted to not include experience from 2020+ in our 2022 experience studies. This was due to the uncertain future impact of COVID on experience. As a result of this policy, we are still analyzing the experience and are not in the position to share these results externally. We expect the analysis and review process to be completed later in 2023.

**Objection 2:**

**The Virginia Bureau of Insurance requires that the projections supporting pre-rate stability blocks of business be split to use only the pre-stability experience. The projections included in this filing include the entire policy form series regardless of issue date. Please resubmit all projections to comply.**

Please see the attached workbook 'VA Choice 2 & 2.1 LR Objection 2 Attachments.xlsx' which contains resubmissions of previous projections. Historically, GLIC has not split the Choice 2 & 2.1 Loss Ratio filings by the rate stability date due to pre-rate stability experience being so limited on this form. GLIC believe the current filing experience, as submitted, is consistent with past practices and supports the request. However, we have provided the requested information in the attached workbook.

**Objection 3:**

**Since only a sample of voluntary lapse rates is supplied, please provide the average ultimate voluntary lapse rates under current 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.

**Objection Response**  
**Genworth Life Insurance Company**

For Choice 2 & 2.1, the experience prior to the upward trending (Attained Age 79) has a lapse rate of approximately 0.72%. With the increasing trend in the tail of the data, the assumption increases to ultimate lapse rates of approximately 2.98% for the Choice 2 & 2.1 products. The product projections reach ultimate lapse rates at Attained Age 97 or older, depending on Issue Age of the policyholder.

Choice 2 & 2.1 were 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 meaningless. That being said, original ultimate lapse rates for Choice 2 were 1.5% and for Choice 2.1 were 1% of total life exposures.

**Objection 4:**

**For each of the two subsets of the business, 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 loss ratio policies on the Choice 2 & 2.1 product on a nationwide basis split by benefit periods and benefit increase options, as filed.

<b>Choice 2 &amp; 2.1 Loss Ratio – Active Life Reserves</b>			
<b>Cohort</b>	<b>Lifetime High BIO</b>	<b>Limited High BIO</b>	<b>Lifetime Low BIO</b>
Active Life Reserves	\$249,730,594	\$1,472,345,642	\$6,658,961

Regards,




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Matthew E. Haladay, FSA, MAAA  
 AVP & Actuary, In-Force Pricing  
 Genworth Life Insurance Company

Date: March 15, 2023

**Objection Response**  
**Genworth Life Insurance Company**

This letter is in response to the comments received in your objection letters, dated May 18, 2023, to Genworth Life Insurance Company's (GLIC's) Virginia Choice 2 & 2.1 Loss Ratio rate increase request. The comments and our responses are as follows:

- 1. No supporting projections or calculations were provided for the If-Knew/Makeup Blend (Minnesota) Method in Attachment 4. Please provide all projections and calculations supporting this method, including cost-sharing as specified on pages 23-24 of the LTCI MSA Framework. Note: previous rate increases must also be backed out of the allowable increase under this method.**

Attachments 1-3 in the workbook 'VA Choice 2 & 2.1 LR Objection 4 Attachments' which show the Minnesota Method as described in pages 23-24 of the LTCI MSA Framework. Attachment 1 shows each step of the calculation and the formulas included connect to the projections shown in Attachments 2 and 3. Attachment 2 shows nationwide historical and projected data with no rate increases, while Attachment 3 shows the same data with Virginia Approved rate increases.

There are notable differences for the Blended If-Knew method between GLIC and the LTCI MSA Framework, both in calculations and modeling nuances. We believe that recognizing those differences is important as they have the potential to lead to big differences in the final justified rate increase that is calculated.

1. The LTCI MSA Framework's calculation for the If-Knew increase assumes the claims do not change after the application of the rate increase. The Company's model assumes the claims will change following a rate increase due to Waiver of Premium (WOP). The treatment of the WOP is the same for the Make-Up portion of the LTCI MSA Framework and ultimately leads to a difference in the justified amount.
2. The make-up rate increase calculated in the LTCI MSA Framework assumes that the rate increase will be implemented on the first day of the projected years, which is 1/1/2022 for this filing. The Company's calculation uses an implementation date in 2023, which increases the justified rate increase.
3. GLIC does not believe that the Cost-Sharing portion of the Blended If-Knew is appropriate, especially on newer blocks of rate stability products. The inclusion of the If-Knew already incorporates a level of cost sharing and adding another factor to limit the justified increase further limits the company compared to what rate stability regulations support. However, GLIC has included the cost-sharing in our calculation. It should be noted that when the cost sharing is applied is different between the two calculations and this also causes a disconnect and difference.

Overall, due to the reasons listed above, GLIC's results for the previously provided methodology of the Blended If-Knew vary from the values resulting from the LTCI MSA Framework calculations.

**Objection Response  
Genworth Life Insurance Company**

- 2. Please provide the dual loss ratio test required by 14VAC5-200-150 B. for each segment (Limited High and Lifetime High) with supporting projections showing the source of all data and using the higher of 60% or the original loss ratio for each segment.**

Please see Attachments 4-6 in the workbook 'VA Choice 2 & 2.1 LR Objection 4 Attachments' for the dual loss ratio test using 69.6/80% along with the accompanying projections. Attachment 4 shows the tests with formulas intact and connecting to values in Attachments 5 and 6. Please note that the requested rate increases do not pass this dual loss ratio test. Attachments 7-9 provide rate increases that pass the dual loss ratio test for these cohorts. These conclusions are summarized in the table below.

Attachment	Cohort	Rate Increase	69.6/80% Test
Attachment 4a	Lifetime High	234%	Fail
Attachment 4b	Limited High	103%	Fail
Attachment 7a	Lifetime High	164%	Pass
Attachment 7b	Limited High	74.3%	Pass

- 3. It may be advantageous for the Company to update Exhibit XIII with any filing dispositions or new filings that have occurred since September 30, 2022.**

Please see Attachment 10 in the workbook 'VA Choice 2 & 2.1 LR Objection 4 Attachments' for an update to the Status of Filings as of April 30, 2023. GLIC continues to work on achieving approvals on remaining open filings and plans to continue filing for justified rate increases where and when possible.

Regards,




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Matthew E. Haladay, FSA, MAAA  
AVP & Actuary, In-Force Pricing  
Genworth Life Insurance Company  
Date: June 15, 2023

CONFIDENTIAL

Genworth Life Insurance Company  
 Attachment 1a: Blended If-Knew Methodology Calculation  
 Nationwide Experience with Virginia Approved Rate Increases  
 Best Estimate Assumptions + No MAE; Includes Paid-Up Policies

Policies with Lifetime Benefit Period and High BIO	
<b>(1) If Knew RI (Since Issue)</b>	<b>76.7%</b>
- (PV (Claims) / PV (Premium)) / Original LLR - 1	76.7%
- PV(Claims) @ Original Rate Level	3,997,675,047
- PV(Premium) @ Original Rate Level	3,251,155,184
- Original LLR	69.6%
<b>(2) Make Up (Standard Solve)</b>	<b>313.0%</b>
- (((PV Claims / Original LLR) - PV(Past Prem))/PV (Future Prem) - 1	313.0%
- PV(Claims) @ Actual Rate Level w. Past Increases	4,122,330,228
- PV(Historical Premium) @ Actual Rate Level w. Past Increases	2,443,772,203
- PV(Future Premium) @ Original Rate Level	842,485,864
- Original LLR	69.6%
<b>(3) Percentage of Issued Policies Inforce</b>	<b>66.7%</b>
- Issued Lives	21
- Inforce Lives	14
<b>Blended RI = (2) * (3) + (1) * (1-(3))</b>	<b>234.2%</b>
<b>Include Cost Sharing</b>	<b>158.6%</b>
- Cumulative Rate Increase to Date	97.2%
<b>LTC MSA Framework Blended If Knew</b>	<b>31.1%</b>

CONFIDENTIAL

Genworth Life Insurance Company  
 Attachment 1b: Blended If-Knew Methodology Calculation  
 Nationwide Experience with Virginia Approved Rate Increases  
 Best Estimate Assumptions + No MAE; Includes Paid-Up Policies

Policies with Limited Benefit Period and High BIO	
<b>(1) If Knew RI (Since Issue)</b>	<b>38.6%</b>
- (PV (Claims) / PV (Premium)) / Original LLR - 1	38.6%
- PV(Claims) @ Original Rate Level	13,529,138,334
- PV(Premium) @ Original Rate Level	14,026,649,840
- Original LLR	69.6%
<b>(2) Make Up (Standard Solve)</b>	<b>161.7%</b>
- (((PV Claims / Original LLR) - PV(Past Prem))/PV (Future Prem) - 1	161.7%
- PV(Claims) @ Actual Rate Level w. Past Increases	14,145,634,391
- PV(Historical Premium) @ Actual Rate Level w. Past Increases	10,405,416,776
- PV(Future Premium) @ Original Rate Level	3,789,696,538
- Original LLR	69.6%
<b>(3) Percentage of Issued Policies Inforce</b>	<b>68.4%</b>
- Issued Lives	76
- Inforce Lives	52
<b>Blended RI = (2) * (3) + (1) * (1-(3))</b>	<b>122.8%</b>
<b>Include Cost Sharing</b>	<b>98.8%</b>
- Cumulative Rate Increase to Date	97.2%
<b>LTC MSA Framework Blended If Knew</b>	<b>0.8%</b>



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**Genworth Life Insurance Company**  
**Attachment 2a: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Lifetime High BIO With No Rate Increases for Non-AARP Policies**  
**Policies Issued Prior to October 1, 2003**  
**Best Estimate Assumptions + No MAE; Includes Paid-Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4.50%	
				Discount Factor	
2003	729,417	-	0.0%		2.2576
2004	12,821,657	1,248	0.0%		2.1604
2005	30,745,293	1,331,545	4.3%		2.0674
2006	52,854,102	2,558,006	4.8%		1.9783
2007	75,647,303	2,243,421	3.0%		1.8932
2008	95,158,701	6,388,255	6.7%		1.8116
2009	104,269,050	11,611,205	11.1%		1.7336
2010	110,963,215	13,812,539	12.4%		1.6590
2011	119,404,683	10,297,242	8.6%		1.5875
2012	123,572,428	16,691,154	13.5%		1.5192
2013	122,695,339	19,112,966	15.6%		1.4537
2014	120,026,099	26,945,912	22.5%		1.3911
2015	116,119,797	28,176,274	24.3%		1.3312
2016	110,368,266	41,460,622	37.6%		1.2739
2017	102,985,283	54,667,779	53.1%		1.2191
2018	95,915,684	46,984,626	49.0%		1.1666
2019	90,523,207	65,257,781	72.1%		1.1163
2020	86,053,749	57,973,627	67.4%		1.0683
2021	80,723,275	80,386,883	99.6%		1.0223
2022	77,891,712	79,127,749	101.6%		0.9782
2023	75,004,330	89,927,029	119.9%		0.9361
2024	72,979,081	101,336,116	138.9%		0.8958
2025	71,176,169	113,656,567	159.7%		0.8572
2026	69,244,208	126,990,947	183.4%		0.8203
2027	67,173,587	141,162,714	210.1%		0.7850
2028	64,953,815	155,675,393	239.7%		0.7512
2029	62,605,186	170,049,682	271.6%		0.7188
2030	60,128,726	184,257,203	306.4%		0.6879
2031	57,548,197	198,171,051	344.4%		0.6583
2032	54,870,922	213,864,280	389.8%		0.6299
2033	52,104,091	230,947,472	443.2%		0.6028
2034	49,254,202	246,727,329	500.9%		0.5768
2035	46,337,262	260,500,865	562.2%		0.5520
2036	43,369,643	271,935,040	627.0%		0.5282
2037	40,375,877	280,512,933	694.8%		0.5055
2038	37,378,912	285,993,643	765.1%		0.4837
2039	34,403,926	288,766,250	839.3%		0.4629
2040	31,476,246	288,429,016	916.3%		0.4429
2041	28,623,818	285,090,054	996.0%		0.4239
2042	25,868,095	278,365,970	1076.1%		0.4056
2043	23,229,674	268,714,357	1156.8%		0.3882
2044	20,725,182	257,200,362	1241.0%		0.3714
2045	18,372,172	244,565,713	1331.2%		0.3554
2046	16,179,280	230,956,189	1427.5%		0.3401
2047	14,152,893	216,286,592	1528.2%		0.3255
2048	12,299,655	200,414,523	1629.4%		0.3115
2049	10,618,308	183,497,553	1728.1%		0.2981
2050	9,107,700	166,293,923	1825.9%		0.2852
2051	7,762,877	149,546,312	1926.4%		0.2729
2052	6,575,574	133,576,179	2031.4%		0.2612
2053	5,535,906	118,716,693	2144.5%		0.2499
2054	4,633,003	105,382,843	2274.6%		0.2392
2055	3,855,276	93,380,441	2422.1%		0.2289
2056	3,190,581	82,560,915	2587.6%		0.2190
2057	2,625,593	72,823,143	2773.6%		0.2096
2058	2,150,317	64,058,965	2979.0%		0.2006
2059	1,752,683	56,077,405	3199.5%		0.1919
2060	1,422,015	48,876,549	3437.1%		0.1837
2061	1,148,577	42,409,374	3692.3%		0.1758
2062	923,627	36,517,957	3953.8%		0.1682
2063	739,511	31,195,220	4218.4%		0.1609
2064	589,420	26,497,120	4495.5%		0.1540
2065	467,467	22,300,763	4770.6%		0.1474
2066	368,779	18,565,338	5034.3%		0.1410
2067	289,275	15,295,244	5287.4%		0.1350
2068	225,551	12,494,011	5539.3%		0.1291
2069	174,735	10,088,278	5773.5%		0.1236
2070	134,423	8,062,928	5998.2%		0.1183
2071	102,647	6,359,704	6195.7%		0.1132
2072	77,805	4,928,125	6334.0%		0.1083
2073	58,536	3,759,336	6422.3%		0.1036
2074	43,717	2,828,074	6469.0%		0.0992
2075	32,413	2,099,414	6477.1%		0.0949
2076	23,865	1,535,667	6434.8%		0.0908
2077	17,449	1,113,665	6382.4%		0.0869
2078	12,667	800,138	6316.6%		0.0832
2079	9,134	571,745	6259.6%		0.0796
2080	6,543	405,324	6195.0%		0.0762
2081	4,662	285,198	6118.0%		0.0729

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	2,408,669,320	602,390,245	25.0%
<b>Future:</b>	842,485,864	3,395,284,802	403.0%
<b>Lifetime:</b>	3,251,155,184	3,997,675,047	123.0%

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**Genworth Life Insurance Company**  
**Attachment 2b: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Limited High BIO With No Rate Increases for Non-AARP Policies**  
**Policies Issued Prior to October 1, 2003**  
**Best Estimate Assumptions + No MAE; Includes Paid-Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4.50%	
				Discount Factor	
2003	2,137,914	-	0.0%		2.2576
2004	37,841,200	583,304	1.5%		2.1604
2005	94,077,191	159,863	0.2%		2.0674
2006	163,964,458	2,223,164	1.4%		1.9783
2007	241,210,242	5,614,683	2.3%		1.8932
2008	331,931,150	11,848,811	3.6%		1.8116
2009	393,402,512	11,614,854	3.0%		1.7336
2010	446,910,731	19,567,167	4.4%		1.6590
2011	522,451,489	29,571,442	5.7%		1.5875
2012	566,415,528	43,207,491	7.6%		1.5192
2013	563,725,581	49,594,167	8.8%		1.4537
2014	554,508,413	74,028,135	13.4%		1.3911
2015	541,199,566	92,735,387	17.1%		1.3312
2016	525,405,736	99,191,153	18.9%		1.2739
2017	499,370,307	142,080,038	28.5%		1.2191
2018	465,972,999	167,672,471	36.0%		1.1666
2019	438,641,199	193,615,004	44.1%		1.1163
2020	413,787,694	193,496,897	46.8%		1.0683
2021	386,862,330	284,664,336	73.6%		1.0223
2022	368,838,448	278,646,013	75.5%		0.9782
2023	355,169,281	325,150,135	91.5%		0.9361
2024	344,592,120	375,092,219	108.9%		0.8958
2025	334,635,488	428,541,796	128.1%		0.8572
2026	323,997,010	485,043,447	149.7%		0.8203
2027	312,631,038	544,039,874	174.0%		0.7850
2028	300,532,529	603,966,724	201.0%		0.7512
2029	287,770,146	662,566,758	230.2%		0.7188
2030	274,405,069	718,035,232	261.7%		0.6879
2031	260,528,478	769,021,179	295.2%		0.6583
2032	246,281,912	823,668,446	334.4%		0.6299
2033	231,708,798	880,431,944	380.0%		0.6028
2034	216,874,017	928,924,448	428.3%		0.5768
2035	201,874,073	967,776,016	479.4%		0.5520
2036	186,814,385	995,709,506	533.0%		0.5282
2037	171,821,328	1,012,325,601	589.2%		0.5055
2038	157,042,045	1,016,413,247	647.2%		0.4837
2039	142,592,948	1,007,791,416	706.8%		0.4629
2040	128,609,272	988,579,699	768.7%		0.4429
2041	115,202,893	959,693,940	833.0%		0.4239
2042	102,474,460	921,249,405	899.0%		0.4056
2043	90,501,428	874,509,475	966.3%		0.3882
2044	79,350,018	821,713,585	1035.6%		0.3714
2045	69,071,552	766,059,305	1109.1%		0.3554
2046	59,690,591	708,526,709	1187.0%		0.3401
2047	51,201,512	648,661,112	1266.9%		0.3255
2048	43,589,886	587,747,559	1348.4%		0.3115
2049	36,830,603	526,550,112	1429.7%		0.2981
2050	30,890,276	467,164,862	1512.3%		0.2852
2051	25,721,099	411,308,112	1599.1%		0.2729
2052	21,260,815	358,949,403	1688.3%		0.2612
2053	17,446,790	310,682,102	1780.7%		0.2499
2054	14,214,937	267,564,750	1882.3%		0.2392
2055	11,502,842	229,023,083	1991.0%		0.2289
2056	9,247,557	194,316,474	2101.3%		0.2190
2057	7,386,061	163,825,051	2218.0%		0.2096
2058	5,862,272	137,819,814	2351.0%		0.2006
2059	4,624,942	115,514,140	2497.6%		0.1919
2060	3,628,283	96,378,536	2656.3%		0.1837
2061	2,831,199	80,036,739	2827.0%		0.1758
2062	2,197,718	66,015,158	3003.8%		0.1682
2063	1,697,805	54,131,299	3188.3%		0.1609
2064	1,305,754	44,226,612	3387.1%		0.1540
2065	999,668	35,976,829	3598.9%		0.1474
2066	761,865	29,033,843	3810.9%		0.1410
2067	577,961	23,302,735	4031.9%		0.1350
2068	436,365	18,681,318	4281.1%		0.1291
2069	327,682	14,829,978	4525.7%		0.1236
2070	244,553	11,650,617	4764.0%		0.1183
2071	181,272	9,092,137	5015.7%		0.1132
2072	133,394	7,018,429	5261.4%		0.1083
2073	97,480	5,344,153	5482.3%		0.1036
2074	70,717	4,026,946	5694.4%		0.0992
2075	50,909	2,998,611	5890.1%		0.0949
2076	36,360	2,197,779	6044.5%		0.0908
2077	25,763	1,579,194	6129.7%		0.0869
2078	18,113	1,124,412	6207.7%		0.0832
2079	12,633	795,436	6296.3%		0.0796
2080	8,740	557,678	6380.9%		0.0762
2081	5,991	386,450	6450.6%		0.0729

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	10,236,953,302	1,710,803,882	16.7%
<b>Future:</b>	3,789,696,538	11,818,334,452	311.9%
<b>Lifetime:</b>	14,026,649,840	13,529,138,334	96.5%

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**Genworth Life Insurance Company**  
**Attachment 3a: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Lifetime High BIO With Virginia Approved Rate Increases for Non-AARP Policies**  
**Policies Issued Prior to October 1, 2003**  
**Best Estimate Assumptions + No MAE; Includes Paid-Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4.50%	
				Discount Factor	
2003	729,417	-	0.0%		2.2576
2004	12,821,657	1,248	0.0%		2.1604
2005	30,745,293	1,331,545	4.3%		2.0674
2006	52,854,102	2,558,006	4.8%		1.9783
2007	75,647,303	2,243,421	3.0%		1.8932
2008	95,158,701	6,388,255	6.7%		1.8116
2009	104,269,050	11,611,205	11.1%		1.7336
2010	110,963,215	13,812,539	12.4%		1.6590
2011	119,404,683	10,297,242	8.6%		1.5875
2012	123,572,428	16,691,154	13.5%		1.5192
2013	122,695,339	19,112,966	15.6%		1.4537
2014	120,026,099	26,945,912	22.5%		1.3911
2015	116,119,797	28,176,274	24.3%		1.3312
2016	110,368,266	41,460,622	37.6%		1.2739
2017	102,985,283	54,667,779	53.1%		1.2191
2018	95,915,684	46,984,626	49.0%		1.1666
2019	90,523,207	65,257,781	72.1%		1.1163
2020	99,756,515	57,973,627	58.1%		1.0683
2021	100,742,647	80,386,883	79.8%		1.0223
2022	97,208,857	80,929,807	83.3%		0.9782
2023	125,733,856	94,256,056	75.0%		0.9361
2024	143,903,071	107,720,142	74.9%		0.8958
2025	140,348,017	120,403,508	85.8%		0.8572
2026	136,538,498	134,185,501	98.3%		0.8203
2027	132,455,567	148,844,199	112.4%		0.7850
2028	128,078,531	163,833,153	127.9%		0.7512
2029	123,447,411	178,647,800	144.7%		0.7188
2030	118,564,228	193,247,043	163.0%		0.6879
2031	113,475,836	207,491,351	182.9%		0.6583
2032	108,196,679	223,553,979	206.6%		0.6299
2033	102,740,932	241,003,377	234.6%		0.6028
2034	97,121,406	257,018,533	264.6%		0.5768
2035	91,369,667	270,879,648	296.5%		0.5520
2036	85,517,997	282,260,611	330.1%		0.5282
2037	79,614,768	290,655,983	365.1%		0.5055
2038	73,705,233	295,829,857	401.4%		0.4837
2039	67,839,037	298,199,511	439.6%		0.4629
2040	62,066,120	297,372,303	479.1%		0.4429
2041	56,441,589	293,475,599	520.0%		0.4239
2042	51,007,745	286,137,805	561.0%		0.4056
2043	45,805,201	275,840,295	602.2%		0.3882
2044	40,866,743	263,674,866	645.2%		0.3714
2045	36,226,984	250,374,411	691.1%		0.3554
2046	31,902,951	236,096,086	740.0%		0.3401
2047	27,907,241	220,789,248	791.2%		0.3255
2048	24,252,952	204,318,114	842.4%		0.3115
2049	20,937,605	186,843,874	892.4%		0.2981
2050	17,958,927	169,137,462	941.8%		0.2852
2051	15,307,150	151,945,594	992.6%		0.2729
2052	12,965,981	135,586,454	1045.7%		0.2612
2053	10,915,921	120,392,017	1102.9%		0.2499
2054	9,135,540	106,775,434	1168.8%		0.2392
2055	7,601,988	94,533,335	1243.5%		0.2289
2056	6,291,316	83,509,764	1327.4%		0.2190
2057	5,177,249	73,601,234	1421.6%		0.2096
2058	4,240,080	64,695,470	1525.8%		0.2006
2059	3,456,011	56,594,805	1637.6%		0.1919
2060	2,803,986	49,294,484	1758.0%		0.1837
2061	2,264,810	42,744,907	1887.4%		0.1758
2062	1,821,245	36,784,978	2019.8%		0.1682
2063	1,458,197	31,405,892	2153.7%		0.1609
2064	1,162,242	26,662,253	2294.0%		0.1540
2065	921,770	22,429,062	2433.3%		0.1474
2066	727,174	18,663,977	2566.6%		0.1410
2067	570,405	15,370,338	2694.6%		0.1350
2068	444,750	12,550,883	2822.0%		0.1291
2069	344,550	10,130,868	2940.3%		0.1236
2070	265,060	8,094,544	3053.9%		0.1183
2071	202,403	6,382,870	3153.5%		0.1132
2072	153,419	4,944,809	3223.1%		0.1083
2073	115,423	3,771,185	3267.3%		0.1036
2074	86,204	2,836,395	3290.3%		0.0992
2075	63,913	2,105,189	3293.8%		0.0949
2076	47,058	1,539,629	3271.7%		0.0908
2077	34,407	1,116,361	3244.6%		0.0869
2078	24,978	801,960	3210.7%		0.0832
2079	18,010	572,972	3181.3%		0.0796
2080	12,901	406,140	3148.1%		0.0762
2081	9,192	285,737	3108.5%		0.0729

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	2,443,772,203	602,390,245	24.7%
<b>Future:</b>	1,585,346,849	3,519,939,983	222.0%
<b>Lifetime:</b>	4,029,119,053	4,122,330,228	102.3%

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**Genworth Life Insurance Company**  
**Attachment 3b: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Limited High BIO With Virginia Approved Rate Increases for Non-AARP Policies**  
**Policies Issued Prior to October 1, 2003**  
**Best Estimate Assumptions + No MAE; Includes Paid-Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4.50%	
				Discount Factor	
2003	2,137,914	-	0.0%		2.2576
2004	37,841,200	583,304	1.5%		2.1604
2005	94,077,191	159,863	0.2%		2.0674
2006	163,964,458	2,223,164	1.4%		1.9783
2007	241,210,242	5,614,683	2.3%		1.8932
2008	331,931,150	11,848,811	3.6%		1.8116
2009	393,402,512	11,614,854	3.0%		1.7336
2010	446,910,731	19,567,167	4.4%		1.6590
2011	522,451,489	29,571,442	5.7%		1.5875
2012	566,415,528	43,207,491	7.6%		1.5192
2013	563,725,581	49,594,167	8.8%		1.4537
2014	554,508,413	74,028,135	13.4%		1.3911
2015	541,199,566	92,735,387	17.1%		1.3312
2016	525,405,736	99,191,153	18.9%		1.2739
2017	499,370,307	142,080,038	28.5%		1.2191
2018	465,972,999	167,672,471	36.0%		1.1666
2019	438,641,199	193,615,004	44.1%		1.1163
2020	479,677,166	193,496,897	40.3%		1.0683
2021	482,804,187	284,664,336	59.0%		1.0223
2022	460,310,383	286,181,279	62.2%		0.9782
2023	595,389,668	343,809,334	57.7%		0.9361
2024	679,480,525	403,581,591	59.4%		0.8958
2025	659,847,640	459,643,092	69.7%		0.8572
2026	638,870,263	519,265,162	81.3%		0.8203
2027	616,458,387	581,677,604	94.4%		0.7850
2028	592,602,063	645,040,417	108.8%		0.7512
2029	567,436,685	706,792,660	124.6%		0.7188
2030	541,082,891	764,912,574	141.4%		0.6879
2031	513,720,475	817,980,965	159.2%		0.6583
2032	485,628,524	874,724,270	180.1%		0.6299
2033	456,892,676	933,386,196	204.3%		0.6028
2034	427,640,863	982,886,863	229.8%		0.5768
2035	398,063,373	1,021,883,872	256.7%		0.5520
2036	368,368,077	1,049,181,923	284.8%		0.5282
2037	338,804,168	1,064,499,204	314.2%		0.5055
2038	309,661,787	1,066,630,231	344.5%		0.4837
2039	281,170,479	1,055,451,930	375.4%		0.4629
2040	253,596,908	1,033,298,920	407.5%		0.4429
2041	227,161,673	1,001,211,505	440.7%		0.4239
2042	202,063,239	959,369,550	474.8%		0.4056
2043	178,454,336	909,124,320	509.4%		0.3882
2044	156,465,539	852,807,877	545.0%		0.3714
2045	136,198,050	793,618,012	582.7%		0.3554
2046	117,700,295	732,604,159	622.4%		0.3401
2047	100,961,189	669,455,967	663.1%		0.3255
2048	85,952,281	605,515,941	704.5%		0.3115
2049	72,624,056	541,572,384	745.7%		0.2981
2050	60,910,683	479,754,828	787.6%		0.2852
2051	50,717,892	421,782,218	831.6%		0.2729
2052	41,922,926	367,584,870	876.8%		0.2612
2053	34,402,278	317,738,583	923.6%		0.2499
2054	28,029,581	273,298,393	975.0%		0.2392
2055	22,681,764	233,640,802	1030.1%		0.2289
2056	18,234,704	197,990,874	1085.8%		0.2190
2057	14,564,130	166,730,341	1144.8%		0.2096
2058	11,559,463	140,113,543	1212.1%		0.2006
2059	9,119,645	117,317,607	1286.4%		0.1919
2060	7,154,393	97,788,928	1366.8%		0.1837
2061	5,582,672	81,132,215	1453.3%		0.1758
2062	4,333,549	66,858,738	1542.8%		0.1682
2063	3,347,801	54,776,055	1636.2%		0.1609
2064	2,574,739	44,717,171	1736.8%		0.1540
2065	1,971,185	36,348,518	1844.0%		0.1474
2066	1,502,277	29,313,294	1951.3%		0.1410
2067	1,139,647	23,511,731	2063.1%		0.1350
2068	860,442	18,837,629	2189.3%		0.1291
2069	646,137	14,945,620	2313.1%		0.1236
2070	482,219	11,735,294	2433.6%		0.1183
2071	357,440	9,153,868	2561.0%		0.1132
2072	263,031	7,062,991	2685.2%		0.1083
2073	192,214	5,375,946	2796.8%		0.1036
2074	139,443	4,049,419	2904.0%		0.0992
2075	100,385	3,014,333	3002.8%		0.0949
2076	71,695	2,208,615	3080.6%		0.0908
2077	50,800	1,586,511	3123.0%		0.0869
2078	35,716	1,129,324	3161.9%		0.0832
2079	24,911	798,723	3206.3%		0.0796
2080	17,233	559,862	3248.7%		0.0762
2081	11,813	387,889	3283.5%		0.0729

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	10,405,416,776	1,710,803,882	16.4%
<b>Future:</b>	7,113,264,883	12,434,830,509	174.8%
<b>Lifetime:</b>	17,518,681,659	14,145,634,391	80.7%

**Genworth Life Insurance Company**  
**Attachment 4a: Choice 2 & 2.1 Policy Forms - Nationwide Experience Projection (VA Forms Only)**  
**Lifetime High BIO With Requested 234% Rate Increase for Non-AARP Policies**

This exhibit demonstrates compliance with the model regulation which requires that on a lifetime present value basis, incurred claims are at least equal to 69.6% of original premiums and 80% of increased premiums. This test is satisfied if Line 11 is "True". Note that a provision for Moderately Adverse Experience has been added.

<u>Row</u>	<u>Description</u>	<u>Value</u>
(1)	Accumulated Past Total Premiums Including Rate Increases (Attachment 5):	525,581,319
(2)	Accumulated Past Premiums on Original Rate Basis:	517,512,190
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	8,069,130
(4)	PV Future Total Premiums Including Approved and Proposed Rate Increases (Attachment 5):	1,115,331,562
(5)	PV Future Premiums on Original Rate Basis:	194,994,639
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	920,336,923
(7)	Accumulated Past Incurred Claims (Attachment 5)	171,195,287
(8)	PV Future Incurred Claims (Attachment 5)	930,275,982
(9)	Total Incurred Claims: (7) + (8)	1,101,471,269
(10)	$0.696 \times [(2) + (5)] + 0.8 \times [(3) + (6)] =$	1,238,629,595
(11)	Test: Is (9) > (10)?	FALSE

**Genworth Life Insurance Company**  
**Attachment 4b: Choice 2 & 2.1 Policy Forms - Nationwide Experience Projection (VA Forms Only)**  
**Limited High BIO With Requested 103% Rate Increase for Non-AARP**

This exhibit demonstrates compliance with the model regulation which requires that on a lifetime present value basis, incurred claims are at least equal to 69.6% of original premiums and 80% of increased premiums. This test is satisfied if Line 11 is "True". Note that a provision for Moderately Adverse Experience has been added.

<u>Row</u>	<u>Description</u>	<u>Value</u>
(1)	Accumulated Past Total Premiums Including Rate Increases (Attachment 5):	2,237,677,058
(2)	Accumulated Past Premiums on Original Rate Basis:	2,201,754,338
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	35,922,720
(4)	PV Future Total Premiums Including Approved and Proposed Rate Increases (Attachment 5):	2,899,891,767
(5)	PV Future Premiums on Original Rate Basis:	814,674,885
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	2,085,216,882
(7)	Accumulated Past Incurred Claims (Attachment 5)	448,481,091
(8)	PV Future Incurred Claims (Attachment 5)	3,119,562,167
(9)	Total Incurred Claims: (7) + (8)	3,568,043,258
(10)	$0.696 \times [(2) + (5)] + 0.8 \times [(3) + (6)] =$	3,796,346,421
(11)	Test: Is (9) > (10)?	FALSE

**Genworth Life Insurance Company**  
**Attachment 5a: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Lifetime High BIO With Requested 234% Rate Increase for Non-AARP Policies**  
**Policies Issued Prior to October 1, 2003**  
**Excluding Paid-Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Discount Factor	Lives
2003	309,296	-	0.0%	2.2576	732
2004	5,080,636	-	0.0%	2.1604	3,449
2005	10,904,089	503,141	4.6%	2.0674	5,842
2006	15,904,299	536,936	3.4%	1.9783	7,422
2007	19,634,234	797,622	4.1%	1.8932	8,876
2008	22,427,341	1,715,921	7.7%	1.8116	9,517
2009	22,684,551	2,942,728	13.0%	1.7336	9,395
2010	22,579,937	4,508,097	20.0%	1.6590	9,397
2011	22,683,673	2,723,887	12.0%	1.5875	9,403
2012	22,372,057	4,756,214	21.3%	1.5192	9,241
2013	21,913,305	3,745,728	17.1%	1.4537	9,098
2014	21,531,237	8,029,697	37.3%	1.3911	8,966
2015	21,235,894	9,355,489	44.1%	1.3312	8,877
2016	20,928,525	14,249,527	68.1%	1.2739	8,772
2017	20,621,456	12,959,998	62.8%	1.2191	8,657
2018	20,129,962	15,500,846	77.0%	1.1666	8,537
2019	19,683,653	20,530,914	104.3%	1.1163	8,424
2020	22,357,416	14,941,678	66.8%	1.0683	8,324
2021	23,572,207	19,915,847	84.5%	1.0223	8,194
2022	23,389,763	21,224,506	90.7%	0.9782	8,033
2023	52,843,614	26,907,295	50.9%	0.9361	7,865
2024	112,539,531	36,118,834	32.1%	0.8958	7,681
2025	109,711,579	39,594,486	36.1%	0.8572	7,479
2026	106,593,121	43,507,584	40.8%	0.8203	7,259
2027	103,200,843	47,593,082	46.1%	0.7850	7,023
2028	99,539,178	51,513,318	51.8%	0.7512	6,772
2029	95,653,679	55,162,266	57.7%	0.7188	6,505
2030	91,529,188	58,708,177	64.1%	0.6879	6,224
2031	87,253,397	62,107,816	71.2%	0.6583	5,931
2032	82,836,977	65,799,107	79.4%	0.6299	5,627
2033	78,265,346	69,627,298	89.0%	0.6028	5,313
2034	73,582,272	72,793,865	98.9%	0.5768	4,992
2035	68,816,796	75,215,613	109.3%	0.5520	4,665
2036	63,980,572	76,760,333	120.0%	0.5282	4,336
2037	59,146,052	77,258,379	130.6%	0.5055	4,006
2038	54,358,568	76,844,500	141.4%	0.4837	3,680
2039	49,651,990	75,764,547	152.6%	0.4629	3,359
2040	45,067,590	73,800,376	163.8%	0.4429	3,047
2041	40,643,035	70,999,071	174.7%	0.4239	2,745
2042	36,410,718	67,446,085	185.2%	0.4056	2,458
2043	32,400,269	63,459,256	195.9%	0.3882	2,186
2044	28,636,724	59,350,006	207.3%	0.3714	1,931
2045	25,137,810	55,085,272	219.1%	0.3554	1,694
2046	21,914,776	50,681,374	231.3%	0.3401	1,476
2047	18,972,104	46,303,280	244.1%	0.3255	1,277
2048	16,310,631	41,862,148	256.7%	0.3115	1,098
2049	13,926,881	37,328,329	268.0%	0.2981	937
2050	11,811,895	32,902,219	278.6%	0.2852	795
2051	9,952,662	28,804,426	289.4%	0.2729	671
2052	8,332,138	25,130,781	301.6%	0.2612	562
2053	6,931,697	21,848,033	315.2%	0.2499	469
2054	5,731,274	19,019,662	331.9%	0.2392	388
2055	4,710,407	16,526,397	350.8%	0.2289	320
2056	3,848,956	14,299,032	371.5%	0.2190	263
2057	3,127,315	12,337,750	394.5%	0.2096	215
2058	2,527,018	10,583,379	418.8%	0.2006	175
2059	2,031,123	9,000,542	443.1%	0.1919	141
2060	1,624,050	7,608,730	468.5%	0.1837	114
2061	1,291,877	6,388,444	494.5%	0.1758	92
2062	1,022,201	5,357,445	524.1%	0.1682	73
2063	804,374	4,443,964	552.5%	0.1609	58
2064	629,232	3,679,476	584.8%	0.1540	46
2065	489,058	3,033,374	620.2%	0.1474	37
2066	377,539	2,469,217	654.0%	0.1410	29
2067	289,466	1,984,211	685.5%	0.1350	23
2068	220,365	1,576,717	715.5%	0.1291	18
2069	166,489	1,249,444	750.5%	0.1236	14
2070	124,780	984,319	788.8%	0.1183	11
2071	92,766	772,099	832.3%	0.1132	8
2072	68,384	604,567	884.1%	0.1083	6
2073	49,964	465,624	931.9%	0.1036	5
2074	36,222	357,584	987.2%	0.0992	4
2075	26,059	276,175	1059.8%	0.0949	3
2076	18,609	208,142	1118.5%	0.0908	2
2077	13,183	154,102	1168.9%	0.0869	2
2078	9,257	111,239	1201.7%	0.0832	1
2079	6,443	80,376	1247.5%	0.0796	1
2080	4,432	58,348	1316.6%	0.0762	1
2081	3,027	41,984	1387.1%	0.0729	1

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	525,581,319	171,195,287	32.6%
<b>Future:</b>	1,115,331,562	930,275,982	83.4%
<b>Lifetime:</b>	1,640,912,882	1,101,471,269	67.1%

**Genworth Life Insurance Company**  
**Attachment 5b: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Limited High BIO With Requested 103% Rate Increase for Non-AARP**  
**Policies Issued Prior to October 1, 2003 Only**  
**Excluding Paid-Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Discount Factor	Lives
2003	908,766	-	0.0%	2.2576	2,773
2004	15,351,289	413,519	2.7%	2.1604	13,868
2005	35,418,660	8,918	0.0%	2.0674	26,177
2006	55,322,040	775,352	1.4%	1.9783	35,096
2007	71,971,600	1,437,362	2.0%	1.8932	43,975
2008	88,683,076	4,279,979	4.8%	1.8116	50,405
2009	95,390,851	4,743,811	5.0%	1.7336	51,721
2010	98,988,568	6,363,277	6.4%	1.6590	53,267
2011	102,413,220	7,999,761	7.8%	1.5875	54,944
2012	103,216,866	10,376,321	10.1%	1.5192	54,114
2013	101,322,984	17,825,446	17.6%	1.4537	53,303
2014	99,688,553	21,545,493	21.6%	1.3911	52,561
2015	98,070,004	25,137,289	25.6%	1.3312	51,880
2016	96,412,196	30,020,881	31.1%	1.2739	51,153
2017	94,246,747	32,108,197	34.1%	1.2191	50,502
2018	91,515,343	37,580,187	41.1%	1.1666	49,824
2019	88,878,531	49,883,162	56.1%	1.1163	49,155
2020	99,762,601	45,793,149	45.9%	1.0683	48,490
2021	104,774,072	71,544,852	68.3%	1.0223	47,798
2022	102,880,610	76,198,316	74.1%	0.9782	46,689
2023	177,251,927	94,652,441	53.4%	0.9361	45,566
2024	303,642,381	120,197,053	39.6%	0.8958	44,318
2025	294,287,232	134,785,260	45.8%	0.8572	42,950
2026	284,079,136	150,441,525	53.0%	0.8203	41,462
2027	273,024,168	166,536,014	61.0%	0.7850	39,860
2028	261,297,241	182,226,053	69.7%	0.7512	38,167
2029	248,970,463	196,755,074	79.0%	0.7188	36,386
2030	236,175,222	209,840,412	88.8%	0.6879	34,528
2031	223,003,883	221,318,457	99.2%	0.6583	32,607
2032	209,577,531	233,281,011	111.3%	0.6299	30,637
2033	195,965,254	245,206,198	125.1%	0.6028	28,633
2034	182,225,519	254,451,026	139.6%	0.5768	26,610
2035	168,458,560	260,683,845	154.7%	0.5520	24,586
2036	154,766,318	263,727,988	170.4%	0.5282	22,574
2037	141,275,044	263,251,661	186.3%	0.5055	20,589
2038	128,106,339	259,269,808	202.4%	0.4837	18,652
2039	115,379,666	252,471,309	218.8%	0.4629	16,779
2040	103,196,889	243,216,690	235.7%	0.4429	14,987
2041	91,644,539	231,702,368	252.8%	0.4239	13,289
2042	80,798,023	218,051,141	269.9%	0.4056	11,697
2043	70,710,533	202,803,472	286.8%	0.3882	10,218
2044	61,421,861	186,963,568	304.4%	0.3714	8,859
2045	52,952,276	171,092,866	323.1%	0.3554	7,623
2046	45,303,723	155,181,692	342.5%	0.3401	6,508
2047	38,462,020	139,473,308	362.6%	0.3255	5,513
2048	32,399,913	124,125,607	383.1%	0.3115	4,634
2049	27,080,802	109,095,324	402.9%	0.2981	3,866
2050	22,462,171	94,782,616	422.0%	0.2852	3,201
2051	18,491,053	81,529,701	440.9%	0.2729	2,630
2052	15,107,337	69,617,217	460.8%	0.2612	2,146
2053	12,250,438	59,070,001	482.2%	0.2499	1,737
2054	9,859,844	49,923,684	506.3%	0.2392	1,397
2055	7,878,407	41,964,818	532.7%	0.2289	1,116
2056	6,251,430	34,946,007	559.0%	0.2190	885
2057	4,926,054	28,889,124	586.5%	0.2096	697
2058	3,855,716	23,752,560	616.0%	0.2006	546
2059	2,998,538	19,406,150	647.2%	0.1919	425
2060	2,317,800	15,757,342	679.8%	0.1837	330
2061	1,781,337	12,717,265	713.9%	0.1758	254
2062	1,361,159	10,189,423	748.6%	0.1682	195
2063	1,034,266	8,099,041	783.1%	0.1609	149
2064	781,834	6,425,339	821.8%	0.1540	113
2065	587,784	5,061,702	861.2%	0.1474	85
2066	439,513	3,954,940	899.8%	0.1410	64
2067	326,809	3,089,643	945.4%	0.1350	48
2068	241,665	2,397,354	992.0%	0.1291	35
2069	177,672	1,842,750	1037.2%	0.1236	26
2070	129,842	1,404,745	1081.9%	0.1183	19
2071	94,282	1,063,173	1127.7%	0.1132	14
2072	68,028	792,695	1165.2%	0.1083	10
2073	48,807	580,785	1190.0%	0.1036	7
2074	34,791	423,815	1218.2%	0.0992	5
2075	24,654	307,879	1248.8%	0.0949	4
2076	17,320	220,927	1275.5%	0.0908	3
2077	12,100	156,872	1296.4%	0.0869	2
2078	8,386	110,652	1319.4%	0.0832	1
2079	5,767	77,709	1347.4%	0.0796	1
2080	3,934	53,799	1367.7%	0.0762	1
2081	2,651	36,359	1371.6%	0.0729	0

<b>Accumulated and Present Values as of 12/31/2021</b>			
<b>Past:</b>	2,237,677,058	448,481,091	20.0%
<b>Future:</b>	2,899,891,767	3,119,562,167	107.6%
<b>Lifetime:</b>	5,137,568,825	3,568,043,258	69.5%



**Genworth Life Insurance Company**  
**Attachment 6a: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Lifetime High BIO - Original Rate Basis**  
**Policies Issued Prior to October 1, 2003**  
**Excluding Paid-Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4.50% Discount Factor	Lives
2003	309,296	-	0.0%	2.2576	732
2004	5,080,636	-	0.0%	2.1604	3,449
2005	10,904,089	503,141	4.6%	2.0674	5,842
2006	15,904,299	536,936	3.4%	1.9783	7,422
2007	19,634,234	797,622	4.1%	1.8932	8,876
2008	22,427,341	1,715,921	7.7%	1.8116	9,517
2009	22,684,551	2,942,728	13.0%	1.7336	9,395
2010	22,579,937	4,508,097	20.0%	1.6590	9,397
2011	22,683,673	2,723,887	12.0%	1.5875	9,403
2012	22,372,057	4,756,214	21.3%	1.5192	9,241
2013	21,913,305	3,745,728	17.1%	1.4537	9,098
2014	21,531,237	8,029,697	37.3%	1.3911	8,966
2015	21,235,894	9,355,489	44.1%	1.3312	8,877
2016	20,928,525	14,249,527	68.1%	1.2739	8,772
2017	20,621,456	12,959,998	62.8%	1.2191	8,657
2018	20,129,962	15,500,846	77.0%	1.1666	8,537
2019	19,683,653	20,530,914	104.3%	1.1163	8,424
2020	19,286,354	14,941,678	77.5%	1.0683	8,324
2021	18,887,986	19,915,847	105.4%	1.0223	8,194
2022	18,741,798	20,724,638	110.6%	0.9782	8,030
2023	17,993,547	23,437,225	130.3%	0.9361	7,860
2024	17,434,191	26,196,132	150.3%	0.8958	7,674
2025	16,946,646	29,185,812	172.2%	0.8572	7,472
2026	16,423,581	32,474,227	197.7%	0.8203	7,254
2027	15,866,619	35,899,478	226.3%	0.7850	7,020
2028	15,275,591	39,226,689	256.8%	0.7512	6,772
2029	14,656,300	42,372,827	289.1%	0.7188	6,511
2030	14,005,721	45,480,929	324.7%	0.6879	6,237
2031	13,336,514	48,523,999	363.8%	0.6583	5,952
2032	12,649,599	51,842,541	409.8%	0.6299	5,655
2033	11,942,075	55,332,117	463.3%	0.6028	5,349
2034	11,220,016	58,364,089	520.2%	0.5768	5,033
2035	10,487,407	60,856,743	580.3%	0.5520	4,711
2036	9,745,711	62,673,047	643.1%	0.5282	4,385
2037	9,005,644	63,636,336	706.6%	0.5055	4,058
2038	8,273,734	63,836,890	771.6%	0.4837	3,732
2039	7,554,999	63,466,630	840.1%	0.4629	3,412
2040	6,855,483	62,319,634	909.0%	0.4429	3,100
2041	6,180,999	60,411,450	977.4%	0.4239	2,798
2042	5,536,265	57,797,860	1044.0%	0.4056	2,508
2043	4,925,694	54,747,763	1111.5%	0.3882	2,234
2044	4,352,927	51,538,267	1184.0%	0.3714	1,976
2045	3,820,478	48,168,725	1260.8%	0.3554	1,736
2046	3,330,183	44,644,791	1340.6%	0.3401	1,515
2047	2,882,600	41,081,622	1425.2%	0.3255	1,312
2048	2,477,780	37,394,274	1509.2%	0.3115	1,130
2049	2,115,265	33,557,573	1586.4%	0.2981	966
2050	1,793,717	29,753,043	1658.7%	0.2852	820
2051	1,511,220	26,192,032	1733.2%	0.2729	693
2052	1,265,139	22,971,681	1815.7%	0.2612	581
2053	1,052,498	20,072,426	1907.1%	0.2499	485
2054	870,228	17,560,087	2017.9%	0.2392	403
2055	715,221	15,332,291	2143.7%	0.2289	332
2056	584,420	13,330,709	2281.0%	0.2190	273
2057	474,847	11,556,598	2433.8%	0.2096	223
2058	383,699	9,958,410	2595.4%	0.2006	182
2059	308,403	8,506,009	2758.1%	0.1919	147
2060	246,593	7,220,690	2928.2%	0.1837	119
2061	196,157	6,086,736	3103.0%	0.1758	96
2062	155,209	5,123,850	3301.2%	0.1682	77
2063	122,135	4,265,525	3492.5%	0.1609	61
2064	95,542	3,543,709	3709.1%	0.1540	48
2065	74,258	2,930,873	3946.9%	0.1474	38
2066	57,325	2,393,031	4174.5%	0.1410	30
2067	43,952	1,928,165	4387.0%	0.1350	24
2068	33,460	1,536,151	4591.0%	0.1291	18
2069	25,279	1,220,408	4827.7%	0.1236	14
2070	18,946	963,720	5086.6%	0.1183	11
2071	14,085	757,625	5378.8%	0.1132	9
2072	10,383	594,454	5725.1%	0.1083	7
2073	7,586	458,624	6045.3%	0.1036	5
2074	5,500	352,807	6414.8%	0.0992	4
2075	3,957	272,938	6898.1%	0.0949	3
2076	2,826	205,954	7289.1%	0.0908	2
2077	2,002	152,635	7625.1%	0.0869	2
2078	1,406	110,264	7844.7%	0.0832	1
2079	978	79,734	8150.2%	0.0796	1
2080	673	57,930	8608.9%	0.0762	1
2081	460	41,712	9076.1%	0.0729	1

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	517,512,190	171,195,287	33.1%
<b>Future:</b>	194,994,639	761,468,916	390.5%
<b>Lifetime:</b>	712,506,829	932,664,203	130.9%

**Genworth Life Insurance Company**  
**Attachment 6b: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Limited High BIO - Original Rate Basis**  
**Policies Issued Prior to October 1, 2003 Only**  
**Excluding Paid-Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Discount Factor	Lives
2003	908,766	-	0.0%	2.2576	2,773
2004	15,351,289	413,519	2.7%	2.1604	13,868
2005	35,418,660	8,918	0.0%	2.0674	26,177
2006	55,322,040	775,352	1.4%	1.9783	35,096
2007	71,971,600	1,437,362	2.0%	1.8932	43,975
2008	88,683,076	4,279,979	4.8%	1.8116	50,405
2009	95,390,851	4,743,811	5.0%	1.7336	51,721
2010	98,988,568	6,363,277	6.4%	1.6590	53,267
2011	102,413,220	7,999,761	7.8%	1.5875	54,944
2012	103,216,866	10,376,321	10.1%	1.5192	54,114
2013	101,322,984	17,825,446	17.6%	1.4537	53,303
2014	99,688,553	21,545,493	21.6%	1.3911	52,561
2015	98,070,004	25,137,289	25.6%	1.3312	51,880
2016	96,412,196	30,020,881	31.1%	1.2739	51,153
2017	94,246,747	32,108,197	34.1%	1.2191	50,502
2018	91,515,343	37,580,187	41.1%	1.1666	49,824
2019	88,878,531	49,883,162	56.1%	1.1163	49,155
2020	86,058,999	45,793,149	53.2%	1.0683	48,490
2021	83,953,583	71,544,852	85.2%	1.0223	47,798
2022	82,436,386	74,225,170	90.0%	0.9782	46,657
2023	79,192,240	85,722,975	108.2%	0.9361	45,508
2024	76,535,567	97,758,936	127.7%	0.8958	44,240
2025	74,022,768	110,570,401	149.4%	0.8572	42,863
2026	71,336,788	124,078,531	173.9%	0.8203	41,375
2027	68,471,960	137,889,420	201.4%	0.7850	39,783
2028	65,466,711	151,403,074	231.3%	0.7512	38,107
2029	62,334,214	164,068,582	263.2%	0.7188	36,353
2030	59,101,895	175,699,172	297.3%	0.6879	34,531
2031	55,785,936	186,134,649	333.7%	0.6583	32,656
2032	52,412,664	197,113,111	376.1%	0.6299	30,736
2033	48,999,274	208,243,071	425.0%	0.6028	28,776
2034	45,556,984	217,288,587	477.0%	0.5768	26,789
2035	42,110,427	223,906,765	531.7%	0.5520	24,792
2036	38,684,089	227,857,457	589.0%	0.5282	22,800
2037	35,308,909	228,758,733	647.9%	0.5055	20,832
2038	32,015,398	226,572,587	707.7%	0.4837	18,909
2039	28,833,091	221,859,894	769.5%	0.4629	17,047
2040	25,787,567	214,886,278	833.3%	0.4429	15,261
2041	22,899,810	205,780,731	898.6%	0.4239	13,564
2042	20,188,824	194,607,932	963.9%	0.4056	11,969
2043	17,667,753	181,841,101	1029.2%	0.3882	10,484
2044	15,346,494	168,394,081	1097.3%	0.3714	9,114
2045	13,230,067	154,849,655	1170.4%	0.3554	7,863
2046	11,318,850	141,182,952	1247.3%	0.3401	6,733
2047	9,609,375	127,530,414	1327.1%	0.3255	5,720
2048	8,094,651	114,040,376	1408.8%	0.3115	4,822
2049	6,765,579	100,682,330	1488.2%	0.2981	4,034
2050	5,611,636	87,841,218	1565.3%	0.2852	3,350
2051	4,619,501	75,858,273	1642.1%	0.2729	2,761
2052	3,774,159	65,015,803	1722.7%	0.2612	2,258
2053	3,060,440	55,363,242	1809.0%	0.2499	1,833
2054	2,463,215	46,951,235	1906.1%	0.2392	1,478
2055	1,968,207	39,600,618	2012.0%	0.2289	1,183
2056	1,561,751	33,089,226	2118.7%	0.2190	941
2057	1,230,641	27,442,269	2229.9%	0.2096	743
2058	963,246	22,631,866	2349.5%	0.2006	583
2059	749,103	18,543,487	2475.4%	0.1919	455
2060	579,040	15,097,684	2607.4%	0.1837	353
2061	445,019	12,216,786	2745.2%	0.1758	273
2062	340,049	9,812,345	2885.6%	0.1682	209
2063	258,383	7,817,523	3025.6%	0.1609	160
2064	195,320	6,215,194	3182.1%	0.1540	121
2065	146,842	4,905,965	3341.0%	0.1474	92
2066	109,800	3,840,648	3497.8%	0.1410	69
2067	81,644	3,005,727	3681.5%	0.1350	52
2068	60,374	2,336,121	3869.4%	0.1291	38
2069	44,387	1,798,449	4051.8%	0.1236	28
2070	32,438	1,372,947	4232.6%	0.1183	21
2071	23,554	1,040,456	4417.4%	0.1132	15
2072	16,995	776,651	4569.9%	0.1083	11
2073	12,193	569,642	4671.9%	0.1036	8
2074	8,692	416,096	4787.4%	0.0992	6
2075	6,159	302,541	4912.1%	0.0949	4
2076	4,327	217,283	5021.5%	0.0908	3
2077	3,023	154,421	5108.4%	0.0869	2
2078	2,095	109,009	5203.0%	0.0832	1
2079	1,441	76,609	5317.0%	0.0796	1
2080	983	53,071	5400.5%	0.0762	1
2081	662	35,887	5419.0%	0.0729	0

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	2,201,754,338	448,481,091	20.4%
<b>Future:</b>	814,674,885	2,701,256,009	331.6%
<b>Lifetime:</b>	3,016,429,223	3,149,737,100	104.4%

**Genworth Life Insurance Company**  
**Attachment 7a: Choice 2 & 2.1 Policy Forms - Nationwide Experience Projection (VA Forms Only)**  
**Lifetime High BIO With Requested 164% Rate Increase for Non-AARP Policies**

This exhibit demonstrates compliance with the model regulation which requires that on a lifetime present value basis, incurred claims are at least equal to 69.6% of original premiums and 80% of increased premiums. This test is satisfied if Line 11 is "True". Note that a provision for Moderately Adverse Experience has been added.

<u>Row</u>	<u>Description</u>	<u>Value</u>
(1)	Accumulated Past Total Premiums Including Rate Increases (Attachment 8):	525,581,319
(2)	Accumulated Past Premiums on Original Rate Basis:	517,512,190
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	8,069,130
(4)	PV Future Total Premiums Including Approved and Proposed Rate Increases (Attachment 8):	891,247,439
(5)	PV Future Premiums on Original Rate Basis:	194,994,639
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	696,252,800
(7)	Accumulated Past Incurred Claims (Attachment 8)	171,195,287
(8)	PV Future Incurred Claims (Attachment 8)	888,846,183
(9)	Total Incurred Claims: (7) + (8)	1,060,041,470
(10)	$0.696 \times [(2) + (5)] + 0.8 \times [(3) + (6)] =$	1,059,362,297
(11)	Test: Is (9) > (10)?	TRUE

**Genworth Life Insurance Company**  
**Attachment 7b: Choice 2 & 2.1 Policy Forms - Nationwide Experience Projection (VA Forms Only)**  
**Limited High BIO With Requested 103% Rate Increase for Non-AARP**

This exhibit demonstrates compliance with the model regulation which requires that on a lifetime present value basis, incurred claims are at least equal to 69.6% of original premiums and 80% of increased premiums. This test is satisfied if Line 11 is "True". Note that a provision for Moderately Adverse Experience has been added.

<u>Row</u>	<u>Description</u>	<u>Value</u>
(1)	Accumulated Past Total Premiums Including Rate Increases (Attachment 8):	2,237,677,058
(2)	Accumulated Past Premiums on Original Rate Basis:	2,201,754,338
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	35,922,720
(4)	PV Future Total Premiums Including Approved and Proposed Rate Increases (Attachment 8):	2,515,772,430
(5)	PV Future Premiums on Original Rate Basis:	814,674,885
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	1,701,097,545
(7)	Accumulated Past Incurred Claims (Attachment 8)	448,481,091
(8)	PV Future Incurred Claims (Attachment 8)	3,041,322,723
(9)	Total Incurred Claims: (7) + (8)	3,489,803,814
(10)	$0.696 \times [(2) + (5)] + 0.8 \times [(3) + (6)] =$	3,489,050,951
(11)	Test: Is (9) > (10)?	TRUE

**Genworth Life Insurance Company**  
**Attachment 8a: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Lifetime High BIO With Requested 164% Rate Increase for Non-AARP Policies**  
**Policies Issued Prior to October 1, 2003**  
**Excluding Paid-Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Discount Factor	Lives
2003	309,296	-	0.0%	2.2576	732
2004	5,080,636	-	0.0%	2.1604	3,449
2005	10,904,089	503,141	4.6%	2.0674	5,842
2006	15,904,299	536,936	3.4%	1.9783	7,422
2007	19,634,234	797,622	4.1%	1.8932	8,876
2008	22,427,341	1,715,921	7.7%	1.8116	9,517
2009	22,684,551	2,942,728	13.0%	1.7336	9,395
2010	22,579,937	4,508,097	20.0%	1.6590	9,397
2011	22,683,673	2,723,887	12.0%	1.5875	9,403
2012	22,372,057	4,756,214	21.3%	1.5192	9,241
2013	21,913,305	3,745,728	17.1%	1.4537	9,098
2014	21,531,237	8,029,697	37.3%	1.3911	8,966
2015	21,235,894	9,355,489	44.1%	1.3312	8,877
2016	20,928,525	14,249,527	68.1%	1.2739	8,772
2017	20,621,456	12,959,998	62.8%	1.2191	8,657
2018	20,129,962	15,500,846	77.0%	1.1666	8,537
2019	19,683,653	20,530,914	104.3%	1.1163	8,424
2020	22,357,416	14,941,678	66.8%	1.0683	8,324
2021	23,572,207	19,915,847	84.5%	1.0223	8,194
2022	23,389,763	21,224,506	90.7%	0.9782	8,033
2023	46,058,984	26,222,496	56.9%	0.9361	7,865
2024	89,157,707	33,666,933	37.8%	0.8958	7,681
2025	86,888,137	37,022,501	42.6%	0.8572	7,479
2026	84,394,012	40,781,240	48.3%	0.8203	7,259
2027	81,687,986	44,703,591	54.7%	0.7850	7,023
2028	78,773,062	48,477,290	61.5%	0.7512	6,772
2029	75,684,593	52,001,994	68.7%	0.7188	6,505
2030	72,410,170	55,439,722	76.6%	0.6879	6,224
2031	69,018,719	58,751,253	85.1%	0.6583	5,931
2032	65,518,262	62,350,438	95.2%	0.6299	5,627
2033	61,896,868	66,094,957	106.8%	0.6028	5,313
2034	58,188,795	69,228,265	119.0%	0.5768	4,992
2035	54,416,747	71,667,534	131.7%	0.5520	4,665
2036	50,589,755	73,279,363	144.9%	0.5282	4,336
2037	46,764,918	73,892,370	158.0%	0.5055	4,006
2038	42,977,858	73,630,318	171.3%	0.4837	3,680
2039	39,255,273	72,725,730	185.3%	0.4629	3,359
2040	35,629,654	70,963,483	199.2%	0.4429	3,047
2041	32,130,828	68,382,868	212.8%	0.4239	2,745
2042	28,784,281	65,062,007	226.0%	0.4056	2,458
2043	25,613,384	61,306,645	239.4%	0.3882	2,186
2044	22,637,829	57,419,724	253.6%	0.3714	1,931
2045	19,871,525	53,376,192	268.6%	0.3554	1,694
2046	17,323,438	49,189,734	283.9%	0.3401	1,476
2047	14,997,038	45,013,008	300.1%	0.3255	1,277
2048	12,892,942	40,758,136	316.1%	0.3115	1,098
2049	11,008,444	36,396,575	330.6%	0.2981	937
2050	9,336,476	32,124,057	344.1%	0.2852	795
2051	7,866,788	28,158,903	357.9%	0.2729	671
2052	6,585,881	24,597,267	373.5%	0.2612	562
2053	5,478,946	21,409,280	390.8%	0.2499	469
2054	4,530,109	18,659,001	411.9%	0.2392	388
2055	3,723,196	16,231,333	436.0%	0.2289	320
2056	3,042,289	14,059,759	462.1%	0.2190	263
2057	2,471,889	12,144,727	491.3%	0.2096	215
2058	1,997,403	10,428,949	522.1%	0.2006	175
2059	1,605,438	8,878,343	553.0%	0.1919	141
2060	1,283,681	7,512,845	585.3%	0.1837	114
2061	1,021,124	6,313,892	618.3%	0.1758	92
2062	807,967	5,299,724	655.9%	0.1682	73
2063	635,793	4,399,872	692.0%	0.1609	58
2064	497,357	3,645,928	733.1%	0.1540	46
2065	386,561	3,008,046	778.2%	0.1474	37
2066	298,414	2,450,391	821.1%	0.1410	29
2067	228,800	1,970,362	861.2%	0.1350	23
2068	174,180	1,566,693	899.5%	0.1291	18
2069	131,596	1,242,269	944.0%	0.1236	14
2070	98,629	979,229	992.8%	0.1183	11
2071	73,324	768,522	1048.1%	0.1132	8
2072	54,052	602,068	1113.9%	0.1083	6
2073	39,492	463,894	1174.6%	0.1036	5
2074	28,631	356,404	1244.8%	0.0992	4
2075	20,597	275,375	1337.0%	0.0949	3
2076	14,709	207,602	1411.4%	0.0908	2
2077	10,420	153,739	1475.4%	0.0869	2
2078	7,317	110,998	1517.0%	0.0832	1
2079	5,093	80,218	1575.1%	0.0796	1
2080	3,503	58,245	1662.7%	0.0762	1
2081	2,392	41,917	1752.1%	0.0729	1

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	525,581,319	171,195,287	32.6%
<b>Future:</b>	891,247,439	888,846,183	99.7%
<b>Lifetime:</b>	1,416,828,759	1,060,041,470	74.8%

**Genworth Life Insurance Company**  
**Attachment 8b: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Limited High BIO With Requested 74.3% Rate Increase for Non-AARP**  
**Policies Issued Prior to October 1, 2003 Only**  
**Excluding Paid-Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4.50%	
				Discount Factor	Lives
2003	908,766	-	0.0%	2.2576	2,773
2004	15,351,289	413,519	2.7%	2.1604	13,868
2005	35,418,660	8,918	0.0%	2.0674	26,177
2006	55,322,040	775,352	1.4%	1.9783	35,096
2007	71,971,600	1,437,362	2.0%	1.8932	43,975
2008	88,683,076	4,279,979	4.8%	1.8116	50,405
2009	95,390,851	4,743,811	5.0%	1.7336	51,721
2010	98,988,568	6,363,277	6.4%	1.6590	53,267
2011	102,413,220	7,999,761	7.8%	1.5875	54,944
2012	103,216,866	10,376,321	10.1%	1.5192	54,114
2013	101,322,984	17,825,446	17.6%	1.4537	53,303
2014	99,688,553	21,545,493	21.6%	1.3911	52,561
2015	98,070,004	25,137,289	25.6%	1.3312	51,880
2016	96,412,196	30,020,881	31.1%	1.2739	51,153
2017	94,246,747	32,108,197	34.1%	1.2191	50,502
2018	91,515,343	37,580,187	41.1%	1.1666	49,824
2019	88,878,531	49,883,162	56.1%	1.1163	49,155
2020	99,762,601	45,793,149	45.9%	1.0683	48,490
2021	104,774,072	71,544,852	68.3%	1.0223	47,798
2022	102,880,610	76,198,316	74.1%	0.9782	46,689
2023	164,809,866	93,502,876	56.7%	0.9361	45,566
2024	260,938,275	115,953,603	44.4%	0.8958	44,318
2025	252,813,505	130,205,796	51.5%	0.8572	42,950
2026	243,978,798	145,455,811	59.6%	0.8203	41,462
2027	234,435,406	161,118,430	68.7%	0.7850	39,860
2028	224,330,522	176,396,875	78.6%	0.7512	38,167
2029	213,723,355	190,573,473	89.2%	0.7188	36,386
2030	202,723,674	203,383,692	100.3%	0.6879	34,528
2031	191,406,943	214,664,568	112.2%	0.6583	32,607
2032	179,874,904	226,441,013	125.9%	0.6299	30,637
2033	168,186,808	238,215,809	141.6%	0.6028	28,633
2034	156,390,958	247,422,943	158.2%	0.5768	26,610
2035	144,573,144	253,728,640	175.5%	0.5520	24,586
2036	132,820,303	256,944,228	193.5%	0.5282	22,574
2037	121,240,443	256,728,431	211.8%	0.5055	20,589
2038	109,937,986	253,086,178	230.2%	0.4837	18,652
2039	99,015,276	246,682,142	249.1%	0.4629	16,779
2040	88,559,797	237,858,901	268.6%	0.4429	14,987
2041	78,645,456	226,800,122	288.4%	0.4239	13,289
2042	69,337,051	213,617,610	308.1%	0.4056	11,697
2043	60,680,150	198,839,112	327.7%	0.3882	10,218
2044	52,708,874	183,451,745	348.0%	0.3714	8,859
2045	45,440,593	168,020,984	369.8%	0.3554	7,623
2046	38,876,916	152,534,280	392.4%	0.3401	6,508
2047	33,005,714	137,214,693	415.7%	0.3255	5,513
2048	27,803,502	122,218,309	439.6%	0.3115	4,634
2049	23,238,892	107,504,276	462.6%	0.2981	3,866
2050	19,275,459	93,469,873	484.9%	0.2852	3,201
2051	15,867,698	80,457,133	507.0%	0.2729	2,630
2052	12,964,030	68,747,007	530.3%	0.2612	2,146
2053	10,512,445	58,368,986	555.2%	0.2499	1,737
2054	8,461,009	49,361,541	583.4%	0.2392	1,397
2055	6,760,682	41,517,705	614.1%	0.2289	1,116
2056	5,364,528	34,594,857	644.9%	0.2190	885
2057	4,227,185	28,615,498	676.9%	0.2096	697
2058	3,308,698	23,540,617	711.5%	0.2006	546
2059	2,573,129	19,243,005	747.8%	0.1919	425
2060	1,988,969	15,632,589	786.0%	0.1837	330
2061	1,528,615	12,622,616	825.8%	0.1758	254
2062	1,168,049	10,118,111	866.2%	0.1682	195
2063	887,533	8,045,801	906.5%	0.1609	149
2064	670,914	6,385,597	951.8%	0.1540	113
2065	504,394	5,032,249	997.7%	0.1474	85
2066	377,159	3,933,326	1042.9%	0.1410	64
2067	280,444	3,073,773	1096.0%	0.1350	48
2068	207,380	2,385,774	1150.4%	0.1291	35
2069	152,465	1,834,372	1203.1%	0.1236	26
2070	111,421	1,398,732	1255.4%	0.1183	19
2071	80,906	1,058,877	1308.8%	0.1132	14
2072	58,377	789,660	1352.7%	0.1083	10
2073	41,882	578,678	1381.7%	0.1036	7
2074	29,855	422,355	1414.7%	0.0992	5
2075	21,156	306,869	1450.5%	0.0949	4
2076	14,863	220,238	1481.8%	0.0908	3
2077	10,383	156,408	1506.3%	0.0869	2
2078	7,197	110,341	1533.2%	0.0832	1
2079	4,949	77,501	1565.9%	0.0796	1
2080	3,376	53,661	1589.7%	0.0762	1
2081	2,275	36,270	1594.4%	0.0729	0

Accumulated and Present Values as of 12/31/2021			
<b>Past:</b>	2,237,677,058	448,481,091	20.0%
<b>Future:</b>	2,515,772,430	3,041,322,723	120.9%
<b>Lifetime:</b>	4,753,449,488	3,489,803,814	73.4%

**Genworth Life Insurance Company**  
**Attachment 9a: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Lifetime High BIO - Original Rate Basis**  
**Policies Issued Prior to October 1, 2003**  
**Excluding Paid-Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4.50%	
				Discount Factor	Lives
2003	309,296	-	0.0%	2.2576	732
2004	5,080,636	-	0.0%	2.1604	3,449
2005	10,904,089	503,141	4.6%	2.0674	5,842
2006	15,904,299	536,936	3.4%	1.9783	7,422
2007	19,634,234	797,622	4.1%	1.8932	8,876
2008	22,427,341	1,715,921	7.7%	1.8116	9,517
2009	22,684,551	2,942,728	13.0%	1.7336	9,395
2010	22,579,937	4,508,097	20.0%	1.6590	9,397
2011	22,683,673	2,723,887	12.0%	1.5875	9,403
2012	22,372,057	4,756,214	21.3%	1.5192	9,241
2013	21,913,305	3,745,728	17.1%	1.4537	9,098
2014	21,531,237	8,029,697	37.3%	1.3911	8,966
2015	21,235,894	9,355,489	44.1%	1.3312	8,877
2016	20,928,525	14,249,527	68.1%	1.2739	8,772
2017	20,621,456	12,959,998	62.8%	1.2191	8,657
2018	20,129,962	15,500,846	77.0%	1.1666	8,537
2019	19,683,653	20,530,914	104.3%	1.1163	8,424
2020	19,286,354	14,941,678	77.5%	1.0683	8,324
2021	18,887,986	19,915,847	105.4%	1.0223	8,194
2022	18,741,798	20,724,638	110.6%	0.9782	8,030
2023	17,993,547	23,437,225	130.3%	0.9361	7,860
2024	17,434,191	26,196,132	150.3%	0.8958	7,674
2025	16,946,646	29,185,812	172.2%	0.8572	7,472
2026	16,423,581	32,474,227	197.7%	0.8203	7,254
2027	15,866,619	35,899,478	226.3%	0.7850	7,020
2028	15,275,591	39,226,689	256.8%	0.7512	6,772
2029	14,656,300	42,372,827	289.1%	0.7188	6,511
2030	14,005,721	45,480,929	324.7%	0.6879	6,237
2031	13,336,514	48,523,999	363.8%	0.6583	5,952
2032	12,649,599	51,842,541	409.8%	0.6299	5,655
2033	11,942,075	55,332,117	463.3%	0.6028	5,349
2034	11,220,016	58,364,089	520.2%	0.5768	5,033
2035	10,487,407	60,856,743	580.3%	0.5520	4,711
2036	9,745,711	62,673,047	643.1%	0.5282	4,385
2037	9,005,644	63,636,336	706.6%	0.5055	4,058
2038	8,273,734	63,836,890	771.6%	0.4837	3,732
2039	7,554,999	63,466,630	840.1%	0.4629	3,412
2040	6,855,483	62,319,634	909.0%	0.4429	3,100
2041	6,180,999	60,411,450	977.4%	0.4239	2,798
2042	5,536,265	57,797,860	1044.0%	0.4056	2,508
2043	4,925,694	54,747,763	1111.5%	0.3882	2,234
2044	4,352,927	51,538,267	1184.0%	0.3714	1,976
2045	3,820,478	48,168,725	1260.8%	0.3554	1,736
2046	3,330,183	44,644,791	1340.6%	0.3401	1,515
2047	2,882,600	41,081,622	1425.2%	0.3255	1,312
2048	2,477,780	37,394,274	1509.2%	0.3115	1,130
2049	2,115,265	33,557,573	1586.4%	0.2981	966
2050	1,793,717	29,753,043	1658.7%	0.2852	820
2051	1,511,220	26,192,032	1733.2%	0.2729	693
2052	1,265,139	22,971,681	1815.7%	0.2612	581
2053	1,052,498	20,072,426	1907.1%	0.2499	485
2054	870,228	17,560,087	2017.9%	0.2392	403
2055	715,221	15,332,291	2143.7%	0.2289	332
2056	584,420	13,330,709	2281.0%	0.2190	273
2057	474,847	11,556,598	2433.8%	0.2096	223
2058	383,699	9,958,410	2595.4%	0.2006	182
2059	308,403	8,506,009	2758.1%	0.1919	147
2060	246,593	7,220,690	2928.2%	0.1837	119
2061	196,157	6,086,736	3103.0%	0.1758	96
2062	155,209	5,123,850	3301.2%	0.1682	77
2063	122,135	4,265,525	3492.5%	0.1609	61
2064	95,542	3,543,709	3709.1%	0.1540	48
2065	74,258	2,930,873	3946.9%	0.1474	38
2066	57,325	2,393,031	4174.5%	0.1410	30
2067	43,952	1,928,165	4387.0%	0.1350	24
2068	33,460	1,536,151	4591.0%	0.1291	18
2069	25,279	1,220,408	4827.7%	0.1236	14
2070	18,946	963,720	5086.6%	0.1183	11
2071	14,085	757,625	5378.8%	0.1132	9
2072	10,383	594,454	5725.1%	0.1083	7
2073	7,586	458,624	6045.3%	0.1036	5
2074	5,500	352,807	6414.8%	0.0992	4
2075	3,957	272,938	6898.1%	0.0949	3
2076	2,826	205,954	7289.1%	0.0908	2
2077	2,002	152,635	7625.1%	0.0869	2
2078	1,406	110,264	7844.7%	0.0832	1
2079	978	79,734	8150.2%	0.0796	1
2080	673	57,930	8608.9%	0.0762	1
2081	460	41,712	9076.1%	0.0729	1

**Accumulated and Present Values as of 12/31/2021**

<b>Past:</b>	517,512,190	171,195,287	33.1%
<b>Future:</b>	194,994,639	761,468,916	390.5%
<b>Lifetime:</b>	712,506,829	932,664,203	130.9%

**Genworth Life Insurance Company**  
**Attachment 9b: Choice 2 & 2.1 Policy Forms - Nationwide Experience (VA Forms Only)**  
**Limited High BIO - Original Rate Basis**  
**Policies Issued Prior to October 1, 2003 Only**  
**Excluding Paid-Up Policies**

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Discount Factor	Lives
2003	908,766	-	0.0%	2.2576	2,773
2004	15,351,289	413,519	2.7%	2.1604	13,868
2005	35,418,660	8,918	0.0%	2.0674	26,177
2006	55,322,040	775,352	1.4%	1.9783	35,096
2007	71,971,600	1,437,362	2.0%	1.8932	43,975
2008	88,683,076	4,279,979	4.8%	1.8116	50,405
2009	95,390,851	4,743,811	5.0%	1.7336	51,721
2010	98,988,568	6,363,277	6.4%	1.6590	53,267
2011	102,413,220	7,999,761	7.8%	1.5875	54,944
2012	103,216,866	10,376,321	10.1%	1.5192	54,114
2013	101,322,984	17,825,446	17.6%	1.4537	53,303
2014	99,688,553	21,545,493	21.6%	1.3911	52,561
2015	98,070,004	25,137,289	25.6%	1.3312	51,880
2016	96,412,196	30,020,881	31.1%	1.2739	51,153
2017	94,246,747	32,108,197	34.1%	1.2191	50,502
2018	91,515,343	37,580,187	41.1%	1.1666	49,824
2019	88,878,531	49,883,162	56.1%	1.1163	49,155
2020	86,058,999	45,793,149	53.2%	1.0683	48,490
2021	83,953,583	71,544,852	85.2%	1.0223	47,798
2022	82,436,386	74,225,170	90.0%	0.9782	46,657
2023	79,192,240	85,722,975	108.2%	0.9361	45,508
2024	76,535,567	97,758,936	127.7%	0.8958	44,240
2025	74,022,768	110,570,401	149.4%	0.8572	42,863
2026	71,336,788	124,078,531	173.9%	0.8203	41,375
2027	68,471,960	137,889,420	201.4%	0.7850	39,783
2028	65,466,711	151,403,074	231.3%	0.7512	38,107
2029	62,334,214	164,068,582	263.2%	0.7188	36,353
2030	59,101,895	175,699,172	297.3%	0.6879	34,531
2031	55,785,936	186,134,649	333.7%	0.6583	32,656
2032	52,412,664	197,113,111	376.1%	0.6299	30,736
2033	48,999,274	208,243,071	425.0%	0.6028	28,776
2034	45,556,984	217,288,587	477.0%	0.5768	26,789
2035	42,110,427	223,906,765	531.7%	0.5520	24,792
2036	38,684,089	227,857,457	589.0%	0.5282	22,800
2037	35,308,909	228,758,733	647.9%	0.5055	20,832
2038	32,015,398	226,572,587	707.7%	0.4837	18,909
2039	28,833,091	221,859,894	769.5%	0.4629	17,047
2040	25,787,567	214,886,278	833.3%	0.4429	15,261
2041	22,899,810	205,780,731	898.6%	0.4239	13,564
2042	20,188,824	194,607,932	963.9%	0.4056	11,969
2043	17,667,753	181,841,101	1029.2%	0.3882	10,484
2044	15,346,494	168,394,081	1097.3%	0.3714	9,114
2045	13,230,067	154,849,655	1170.4%	0.3554	7,863
2046	11,318,850	141,182,952	1247.3%	0.3401	6,733
2047	9,609,375	127,530,414	1327.1%	0.3255	5,720
2048	8,094,651	114,040,376	1408.8%	0.3115	4,822
2049	6,765,579	100,682,330	1488.2%	0.2981	4,034
2050	5,611,636	87,841,218	1565.3%	0.2852	3,350
2051	4,619,501	75,858,273	1642.1%	0.2729	2,761
2052	3,774,159	65,015,803	1722.7%	0.2612	2,258
2053	3,060,440	55,363,242	1809.0%	0.2499	1,833
2054	2,463,215	46,951,235	1906.1%	0.2392	1,478
2055	1,968,207	39,600,618	2012.0%	0.2289	1,183
2056	1,561,751	33,089,226	2118.7%	0.2190	941
2057	1,230,641	27,442,269	2229.9%	0.2096	743
2058	963,246	22,631,866	2349.5%	0.2006	583
2059	749,103	18,543,487	2475.4%	0.1919	455
2060	579,040	15,097,684	2607.4%	0.1837	353
2061	445,019	12,216,786	2745.2%	0.1758	273
2062	340,049	9,812,345	2885.6%	0.1682	209
2063	258,383	7,817,523	3025.6%	0.1609	160
2064	195,320	6,215,194	3182.1%	0.1540	121
2065	146,842	4,905,965	3341.0%	0.1474	92
2066	109,800	3,840,648	3497.8%	0.1410	69
2067	81,644	3,005,727	3681.5%	0.1350	52
2068	60,374	2,336,121	3869.4%	0.1291	38
2069	44,387	1,798,449	4051.8%	0.1236	28
2070	32,438	1,372,947	4232.6%	0.1183	21
2071	23,554	1,040,456	4417.4%	0.1132	15
2072	16,995	776,651	4569.9%	0.1083	11
2073	12,193	569,642	4671.9%	0.1036	8
2074	8,692	416,096	4787.4%	0.0992	6
2075	6,159	302,541	4912.1%	0.0949	4
2076	4,327	217,283	5021.5%	0.0908	3
2077	3,023	154,421	5108.4%	0.0869	2
2078	2,095	109,009	5203.0%	0.0832	1
2079	1,441	76,609	5317.0%	0.0796	1
2080	983	53,071	5400.5%	0.0762	1
2081	662	35,887	5419.0%	0.0729	0

Accumulated and Present Values as of 12/31/2021		
Past:	2,201,754,338	448,481,091
Future:	814,674,885	2,701,256,009
Lifetime:	3,016,429,223	3,149,737,100

20.4%  
331.6%  
104.4%





**Objection Response  
Genworth Life Insurance Company**

This letter is in response to the comments received in your objection letter, dated March 22, 2024, to Genworth Life Insurance Company's (GLIC's) Choice 2 & 2.1 (LR) Virginia rate increase request. The comments and our responses are as follows:

**1. In accordance with discussions with the Bureau, please update the filing, including Rate Tables and Rate/Rule Schedule information, Actuarial Memorandum and projections, Rate/Request Summary and Cover Letter, and General Information tab as appropriate to support the following increases:**

**Limited High Bio: 74.3%**  
**Lifetime High Bio: 164.0%**

GLIC acknowledges the Bureau's decision to limit the approval to less than what was requested and to approve the rate increases in the table below and have updated the rate tables accordingly. However, GLIC believes the experience justifies a larger increase, as detailed in our original request. GLIC will continue to monitor the experience on this block of business and anticipates filing subsequent rate increases in the future, as justified by our experience.

Please note that prior discussions with the Bureau indicated a 74.3% rate increase on the Limited High BIO cohort. While preparing the attached document, GLIC found that number to be a rounded typo and the correct value used is 74.2%. This has been reflected in the table below as well as the updated filed.

<b>Choice 2 &amp; 2.1 LR</b>	
<b>Lifetime High BIO</b>	<b>Limited High BIO</b>
164.0%	74.2%

Please see the following updated files:

- "VA Choice 2 (LR) Classic Select Current Rate Tables.pdf"
- "VA Choice 2 (LR) Classic Select Proposed Rate Tables.pdf"
- "VA Choice 2 (LR) Privileged Choice Current Rate Tables.pdf"
- "VA Choice 2 (LR) Privileged Choice Proposed Rate Tables.pdf"
- "VA Ch 2\_2.1 nAARP LR Confidential Memo 20240403.pdf"
- "VA Choice 2 LR LTC Insurance Rate Request Summary 20240403.pdf"
- "VA Choice 2\_2.1 nAARP LR FBO Rate Schedule 20240403.pdf"
- "VA Choice 2\_2.1 nAARP LR Cover Letter 20240403.pdf"

**2. The Bureau is requesting Genworth consider phasing the increases over a 2- or 3-year period without actuarial adjustment for time value of money.**

GLIC confirms with the Bureau that based on recent conversations, these offers will not be phased.

**Objection Response  
Genworth Life Insurance Company**

**Rate Tables**

**1. Please include the exact form number on the rate sheets. The terms "et al" are not acceptable.**

The form numbers have been updated in the rate table files provided.

**2. The rate sheets include rates for a Flexible Benefit Option Nonforfeiture Rider  
- What is the form number for this rider?**

The form number for the Nonforfeiture rider is 62376VA. Those rates are for policies that have already purchased a nonforfeiture rider before electing the Flexible Benefit Rider.

**- Please explain how the rates were developed. We note the FBO rate schedule previously approved in GEFA-132466778 did not include nonforfeiture rider rates.**

The rates for the FBO Nonforfeiture rider were calculated by applying a factor to the FBO base rates. The factor varies by issue age. This is the same way that was outlined in the other rate tables, but instead of listing the factors, the calculation was completed for each cell in the rate tables.

**3. The FBO rate schedule pages say "Current-Year Premiums". Please revise to reflect that the rate sheets are the proposed rates.**

This has been updated. Please see "VA Choice 2\_2.1 nAARP LR FBO Rate Schedule 20240403.pdf"

Regards,



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Matthew E. Haladay, FSA, MAAA  
AVP & Actuary, In-Force Pricing  
Genworth Life Insurance Company  
Date: April 03, 2024

# 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.

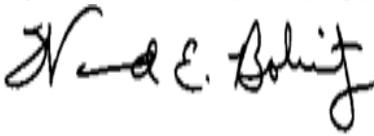
It will not be reduced by any Benefits previously paid under the Policy.

**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

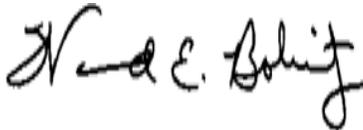
Coverage under this Benefit ends and the [Policy] terminates when the first of the following occurs:

- 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].]

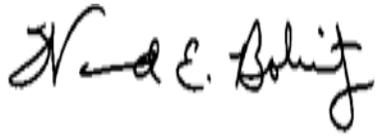
[Subject to the Daily Payment Maximum the expenses an Insured Person incurs for services provided by a Long Term Care Facility and the Home Care benefit will be paid at [ninety percent (90%)].]

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.

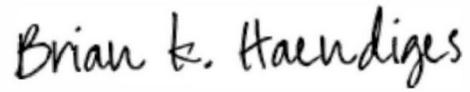
165935 VA 11/17/16

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]





CONTRACTS  
 APR 15 2003  
 COMPLIANCE

**GE Financial Assurance**

Long Term Care Division  
 1650 Los Gatos Drive  
 San Rafael, CA 94903-1899

April 15, 2003

Ms. Elsie B. Andy  
 Insurance Market Examiner  
 Forms and Rates Section  
 Life and Health Division  
 Commonwealth of Virginia  
 State Corporate Commission  
 1300 E. Main Street  
 Richmond, VA 23219

**APPROVED**  
 Commonwealth of Virginia  
 State Corporate Commission  
 Bureau Of Insurance  
 DATE 4/30/03  
 BY Elsie B. Andy

APR 2003  
 Bureau of Insurance of Virginia  
 Forms & Rates Section  
 L & H Division

**Re: General Electric Capital Assurance Company**  
 INDIVIDUAL ACCIDENT AND HEALTH INSURANCE  
 Long Term Care Insurance Policy, Form No. 7042VA et al.  
 Your Letter of April 9, 2003  
 Submission No: 007 0000020238

**NAIC No. 70025**  
**FEIN 91-6027719**

Dear Ms. Andy:

I am writing to you in response to your letter of April 9, 2003. I have answered each of your concerns/objections in the same order as written by you.

1. We previously resubmitted the forms to you with this change included.
2. We have revised the Nonforfeiture Benefit Rider as you requested. This change caused the form number to be changed to 62376VA.

I would appreciate a call whenever you have questions.

You can phone me toll-free at (800) 284-5568 Ext. 7889 or call directly at (415) 492-7889. Our FAX number is (415) 492-7550. You may also email me at [Michelle.Davanzo@ge.com](mailto:Michelle.Davanzo@ge.com).

Sincerely,

*Michelle A. Davanzo*

Michelle A. Davanzo  
 Senior Contract Analyst  
 Contracts

Enclosures

# GENERAL ELECTRIC CAPITAL ASSURANCE COMPANY

Administrative Office: 1650 Los Gatos Drive, San Rafael, CA 94903-1899

## LONG TERM CARE INSURANCE POLICY

Insured(s): Mrs. Mary Jane Doe  
Mr. John E. Doe

Policy Number: [ABC1234567]

### DECLARATIONS

We are pleased to issue the above numbered insurance Policy, herein called the *Policy*. Keep it in a safe place, as it is a legal contract between You (the Insured(s) named above) and Us (the insurer). As You read it, be aware of the following.

**You have an unconditional right to return this Policy in the first 30 days.** You have 30 days from the day You receive this Policy to examine and return it to Us. You can return it for any reason. Simply return it to Us at Our Administrative Office or to the agent or office through which it was bought. This Policy will then be void from the start. We will refund the full amount paid for this Policy within 30 days of such a return.

**CAUTION: This Policy may not apply when You have a claim! Please Read! The issuance of this long term care insurance Policy is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at this address: 1650 Los Gatos Drive, San Rafael, California 94903-1899.**

**This Policy is Guaranteed Renewable for Life.** Subject to its terms, You can keep this Policy in force until benefits have been exhausted by paying the required premiums on time. We cannot cancel or refuse to renew this Policy. We cannot change any of its terms on Our own, except that We can change the premiums.

**We have a limited right to change premiums.** Premiums will not change due to a change in Your age or health. We can change premiums based on premium class; but only if We change them for all similar policies issued in the same state and on the same form as this Policy. Premium changes will only be made as of a Policy Anniversary Date. We will give You at least 60 days written notice before We change premiums.

Signed for General Electric Capital Assurance Company.

  
Secretary

  
President and CEO, Long Term Care Division

**Notice to Buyer:** This Policy may not cover all of the costs associated with long term care which may be incurred by You during the period of coverage. You are advised to review carefully all Policy limitations.

**This Policy is not a Medicare Supplement policy.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us.

**This Policy is intended to qualify for favorable tax treatment.** As such, it must meet certain federal standards in addition to all applicable standards in the state in which the Policy was issued or issued for delivery. If You have any questions regarding the tax qualification of this product, You should direct such questions to the appropriate federal agency, or You should consult Your tax advisor.

**This Policy is a tax-qualified contract under the Internal Revenue Code.**

# FEDERAL TAX QUALIFICATION PROVISIONS

## CONFORMITY WITH INTERNAL REVENUE CODE

This Policy is intended to be 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 (herein referred to as the "Code"). If on its effective date, this Policy does not comply with the requirements of the above-cited Section of the Code, it will be treated as if it had been changed to comply with those requirements. Because this Policy is guaranteed renewable, We will inform You in writing of any such required change in the provisions of this Policy; and You will be given the choice of accepting the change, or retaining this Policy without that change.

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A copy of the application for this Policy ..... Attached

Any Riders, Endorsements, Notices and other papers ..... Attached/Included

Refer to the Schedule to determine the Benefits, Options, and applicable coverage details.

**SCHEDULE**

**GENERAL ELECTRIC CAPITAL ASSURANCE COMPANY**

**Policyholder**

[Mary Jane Doe]  
[Apt #1234]  
[123 Main Street]  
[Anytown, US 99999]

**Insured(s)**

[Mary Jane Doe]  
[John E. Doe]

**Policy Number**

[LTC-1234567890]

**Policy Effective Date**

[September 15, 2004]

**Coverage Limits and Features**

Daily Maximum ..... [\$100]

Lifetime Maximum ..... [\$144,000]

The Lifetime Maximum amount available is reduced as benefits are paid. It is increased when any Benefit Increases apply. The Lifetime Maximum is exhausted when there is no remaining amount available.

[Benefit Increases.....None]

[Benefit Increases..... 5% Compound Inflation Protection

On each Policy Anniversary Date Your Daily Maximum and the remaining Lifetime Maximum will each increase by 5% of the respective Daily Maximum and remaining Lifetime Maximum amounts applicable on that Policy Anniversary Date. Such annual increases will be available to pay for expenses incurred on or after the date of the increases and while this Policy is in force. Benefit Increases cease when the Policy terminates.]

OR

The Lifetime Maximum is exhausted only when the total of all benefits paid equals the applicable Lifetime Maximum including any Benefit Increases.

[Benefit Increases..... 5% Equal Benefit Increases

On each Policy Anniversary Date Your Daily Maximum and Lifetime Maximum will each increase by 5% of the original respective Daily Maximum and Lifetime Maximum amounts applicable on the Policy Effective Date. Annual increases will be available to pay for expenses incurred on or after the date of the increases and while this Policy is in force. These increases are not reduced by benefit payments. Benefit Increases cease when the Policy terminates.]

Elimination Period ..... [0][30][90][180] Days of Covered Care

The Elimination Period applies to the Nursing Home Benefit, Assisted Care Facility Benefit and the Home Care Benefit.

**Benefits and Services Provided**

**We Pay Up to these Limits**

Privileged Care Coordination Services ..... Not subject to Policy limits

Home Care Benefit ..... Up to [50% of] the Daily Maximum per calendar day

Respite Care Benefit ..... 21 days per Policy Year

Caregiver Training Benefit ..... Up to a lifetime maximum equal to [5 times] the Daily Maximum

Equipment Benefit ..... Up to a lifetime maximum equal to [50 times] the Daily Maximum

Nursing Home Benefit ..... Up to the Daily Maximum per calendar day

Assisted Care Facility Benefit ..... Up to the Daily Maximum per calendar day

Bed Reservation Benefit ..... [30] days per Policy Year

Alternate Care Benefit ..... Included – payment subject to mutual agreement

Waiver of Premium Benefit ..... Included – See Benefit Provisions

[Nonforfeiture Benefit ..... Included - See Attached Rider]

[Restoration of Benefits Provisions ..... Included - See Attached Rider]

[Survivorship Benefit..... Included - See Attached Rider]

[Enhanced Survivorship Benefit..... Included - See Attached Rider]

[Monthly Benefits Rider ..... Included - See Attached Rider]

[Waiver of Home Care Elimination Period Rider..... Included - See Attached Rider]

**SCHEDULE**

(Continued)

**Name of Policyholder:**  
[Mary Jane Doe]

**Policy Number:**  
[ABC1234567]

**PREMIUM INFORMATION**

RATE CLASSIFICATION: Policyholder - ..... [Standard]/[Preferred] [with {Insured} Couple Discount]  
Second Insured - .... [Standard]/[Preferred] [with {Insured} Couple Discount]

ANNUAL PREMIUMS:	Policyholder	Second Insured
Basic Policy Coverage (including any Benefit Increases).....	[\$xx.xx]	[\$xx.xx]
[Nonforfeiture Benefit Rider.....	[\$xx.xx]	[\$xx.xx]
[Restoration of Benefits Rider .....	[\$xx.xx]	[\$xx.xx]
[Monthly Benefits Rider .....	[\$xx.xx]	[\$xx.xx]
[Survivorship Rider.....	[\$xx.xx]	[\$xx.xx]
[Enhanced Survivorship Rider.....	[\$xx.xx]	[\$xx.xx]
[Waiver of Home Care Elimination Period Rider.....	[\$xx.xx]	[\$xx.xx]
Individual Totals .....	[\$xx.xx]	[\$xx.xx]
Total Annual Premium.....	[\$xxx.xx]	

FIRST PREMIUM	PREMIUM PAYMENT MODE	MODAL PREMIUM
[\$aaa.aa]	[Quarterly][*]	[\$bbb.bb]

See the Modal Premium Disclosure on the next page.

**[\*Notice – This Policy has a paid-up feature.**

[This means that, if You pay all required premiums as they become due, this Policy will be paid-up and no future premium payments will be required after this Policy has been in force for a period of 10 full years. We do, however, have the right to increase premiums that become due prior to the date this Policy becomes paid-up.]

OR

[This means that, if You pay all required premiums as they become due, this Policy will be paid-up and no future premium payments will be required after the Policy Anniversary Date coinciding with or next following the date You reach 65 years of age. We do, however, have the right to increase premiums that become due prior to the date this Policy becomes paid-up.]

[If this Policy includes automatic Benefit Increases, those increases will continue beyond the paid-up date without requiring additional premium payments.]

**SCHEDULE**  
(Continued)

**MODAL PREMIUM DISCLOSURE**

**[Premium Payment Options:** You pay for Your Policy by paying the premiums due in a timely manner. You have the right to choose one of the following premium payment modes: annually in one payment, semi-annual in two payments, quarterly in four payments, or monthly in twelve payments (each individual payment being a "Modal Premium Payment"). You may pay Your premiums monthly in twelve payments only by pre-authorized electronic transfer (EFT). If You choose a payment mode other than annual, You will pay additional charges for selecting that payment mode (the "Additional Payment Charges"). The chart below compares, for the first year of a policy with a \$1,000 annual premium, the total premium payments for each payment mode and the corresponding Additional Payment Charges that You would pay during the first year.

First Year Cost Comparison of Additional Payment Charges for Alternative Premium Payment Modes				
Premium Payment Mode	Number of Premium Payments per Year	Amount of Each Modal Premium Payment during the First Year (Including Additional Payment Charges)	Total of Modal Premium Payments during First Year (Including Additional Payment Charges)	Total Additional Payment Charge during the First Year (In Dollars)
Annual	1	\$1,000.00	\$1,000.00	\$0.00
Semiannual	2	\$510.00	\$1,020.00	\$20.00
Quarterly	4	\$260.00	\$1,040.00	\$40.00
Monthly (EFT only)	12	\$90.00	\$1,080.00	\$80.00

**Notice to Insured:** Each Modal Premium Payment is a payment, in advance, for insurance coverage. Coverage continues until the next premium payment is due. You are under no contractual obligation to continue making premium payments. However, pursuant to the Premium Provisions of the Policy, the failure to pay a premium may result in the termination of your coverage.

**Calculation of Modal Premium:** The Modal Premium Payment amounts are calculated by multiplying the Annual Modal Premium by the applicable modal premium factor:

- Annual - 1.00
- Semiannual - .51
- Quarterly - .26
- Monthly (EFT only) - .09

As illustrated above, if paid on a Semiannual, Quarterly, or Monthly Premium Payment Mode, your total premiums will be higher than if you made a single payment using the Annual Premium Payment Mode.]

## **THE POLICY TAKES EFFECT AND REMAINS IN FORCE**

### **EFFECTIVE DATE AND CONSIDERATION**

This Policy is issued based on: the statements made in its application; and payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule. It can be continued in force by the timely payment of premiums until it terminates.

### **POLICY TERMINATION**

This Policy will terminate on the earlier of:

- > The end of the period for which premium has been paid, subject to the Grace Period and Unintentional Lapse Protection provision;
- > The date benefit payments exhaust the Lifetime Maximum, as described in the Schedule;
- > The date this Policy is cancelled;
- > If there is more than one Insured, the date this Policy is converted due to divorce or final separation; or
- > The date You die, except that if there is more than one Insured, the date the last surviving Insured dies.

### **YOUR RIGHT TO CANCEL THIS POLICY AT ANY TIME**

You may cancel this Policy at any time by sending Us written notice signed by every Insured. This Policy will be cancelled as of the date We receive the cancellation notice, or any later date stated in the notice.

### **EXTENSION OF BENEFITS**

If this Policy terminates while an Insured is confined in a Nursing Home or Assisted Care Facility the Insured will continue to be eligible for benefits under the Nursing Home Benefits and the Assisted Care Facility Benefit until the earlier of the following:

- > The date the Insured's continuous confinement in such facilities ceases; or
- > The date benefit payments exhaust the Lifetime Maximum; or
- > The date the Insured dies.

For the purposes of these provisions, continuous confinement will include: being transferred to another Nursing Home or Assisted Care Facility; receiving another level of care in the same Nursing Home or Assisted Care Facility; and transferring back to a Nursing Home or Assisted Care Facility from a temporary or acute hospitalization.

This Extension of Benefits is subject to the Elimination Period and all other applicable provisions of this Policy.

## **SECOND RED COVERAGE PROVISIONS**

*Applicable when this Policy insures a couple who are named as Insureds in the Schedule.*

### **COVERAGE PROVISIONS**

When more than one person is shown as an Insured in the Schedule:

- > All references to "You" in this Policy and any attached Riders will apply equally to each Insured. We will, however, send general correspondence and billing notices to the Policyholder. In the event one Insured dies, the survivor will become the Policyholder.
- > Each Insured is covered for all of the Benefits and services of this Policy. The Lifetime Maximum will be shared and the Waiver of Premium Benefit will apply as described below. The Elimination Period and all other maximums and limits determined from the Schedule for each Benefit will apply separately to each Insured.
- > **Sharing the Lifetime Maximum:** The Lifetime Maximum will be shared and will be exhausted by the combined benefit payments made on behalf of both Insureds.
- > **Dual Waiver of Premium:** The Waiver of Premium Benefit will apply to all premiums, not just the premium attributed to the Insured who is receiving benefits for which premium waiver is provided.
- > Both Insureds must sign requests to change coverage, cancel, or convert this Policy.

### **CONTINUATION ON DEATH OF ONE INSURED**

If one Insured dies the surviving Insured may continue this Policy. Upon receipt of due proof of death, future premiums for this Policy will be reduced to 125% of the premium applicable to the survivor's portion of the Policy premium. The Lifetime Maximum will not be affected.

### **LIMITED CONVERSION OPTION**

When a couple's relationship terminates due to divorce or final separation, they can either: continue sharing coverage under this Policy; or request that this Policy be converted to 2 individual policies so that each Insured would be in the same position as if he or she had been issued a separate policy with the same effective date as this Policy. Conversion to individual policies is subject to the following conditions:

- > This Policy can be converted if, at the time the conversion is requested:
  - Both Insureds request the conversion in writing;
  - Neither Insured is eligible for benefit payments; and
  - No Waiver of Premium Benefit or Nonforfeiture Benefit is in effect.
- > Except as provided herein, this Policy and an Insured's converted policy will be identical to the extent that this Policy applied to the Insured. The converted policy will have the same Policy Effective Date as this Policy; and will show an original Lifetime Maximum equal to one-half the original Lifetime Maximum of this Policy.
- > One-half the total amount of all benefits paid under this Policy, and not restored by any Restoration of Benefits Rider, will be deemed to have been paid as benefits under each Insured's converted policy.
- > With each converted policy We will provide a statement of:
  - The current Lifetime Maximum (reflecting any Benefit Increases and other changes to the original Lifetime Maximum);
  - Benefit payments deemed paid under the converted policy; and
  - The amount of unused benefits available as of the date of conversion.
- > Premiums for each converted policy will be due beginning on the next premium due date for this Policy. Premiums will be based on the Insured's original issue age and original Rate Classification (as shown in the Schedule).

Except as stated above, there is no right to convert to individual policies.



## GLOSSARY

Many terms used in this Policy are defined below. Additional definitions appear where they can assist You in understanding related text. For example, most Benefits have definitions for covered services and/or providers. Defined terms are highlighted in *bold italics* where they are defined; and have that meaning throughout the Policy.

***Activities of Daily Living:*** The activities defined below that are measured to determine Your ability to function independently. Each of the following is an Activity of Daily Living (ADL):

- > ***Bathing:*** Washing oneself by sponge bath; or washing oneself in either a tub or shower, including the task of getting into or out of the tub or shower.
- > ***Dressing:*** Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- > ***Eating:*** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
- > ***Continence:*** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- > ***Toileting:*** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- > ***Transferring:*** Moving into or out of a bed, chair or wheelchair.

***Covered Care:*** Only those Qualified Long Term Care Services for which this Policy pays benefits or would pay benefits in the absence of an Elimination Period.

***Elimination Period:*** The number of days that You must receive Covered Care before benefits are payable under those Benefits that are subject to the Elimination Period.

The Schedule states:

- > the number of days in the Elimination Period; and
- > the Benefits to which the Elimination Period applies.

The Elimination Period can be satisfied by days for which payment would otherwise be made under those Benefits to which the Elimination Period applies. Days used to satisfy the Elimination Period do not need to be consecutive; and can be accumulated over time.

Once satisfied, You will never have to satisfy a new Elimination Period for this Policy.

***Family Member:*** Your spouse and anyone who is related to You or Your spouse as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece. This includes adopted, in-law and step-relatives.

***Home:*** Your primary place of residence in the area You use principally for independent residential living. This could be a house, condominium, apartment, unit in a congregate care community, or similar residential environment. Your Home does not include a hospital, Nursing Home or Assisted Care Facility.

***Insured:*** The person or persons named as an Insured in the Schedule. The terms "You" and "Your" are also used to refer to each Insured.

**Licensed Health Care Practitioner:** Any of the following who is not a Family Member:

- > A physician, as defined in Section 1861(r)(1) of the Social Security Act;
- > A registered professional nurse;
- > A licensed social worker; or
- > Any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

**Lifetime Maximum:** This is the maximum amount of benefits the Policy will pay. The Schedule shows:

- > the amount that applies on the Policy Effective Date;
- > how it changes based on benefit payments and any Benefit Increases; and
- > how to determine when it is exhausted.

**Medicaid:** The program administered in accordance with Title 32.1 of the Code of Virginia.

**Medicare:** The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

**Nurse:** Someone who is licensed as a Registered Graduate Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN), and is operating within the scope of that license.

**Policy Anniversary Date:** The first day of each Policy Year while this Policy is in force, beginning with the second Policy Year.

**Policyholder:** The Insured designated as such in the Schedule. The Policyholder will receive Policy correspondence and is authorized to make Policy changes when two signatures are not otherwise required.

**Policy Year:** Each twelve-month period beginning with the Policy Effective Date shown in the Schedule.

**Qualified Long Term Care Services:** Necessary diagnostic, preventative, therapeutic, curative, treatment, mitigation, and rehabilitative services, and Maintenance or Personal Care Services which:

- > Are required by a Chronically Ill Individual; and
- > Are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"Maintenance or Personal Care Services" as used in this definition means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which the person is a Chronically Ill Individual, including protection from threats to health and safety due to Severe Cognitive Impairment and hands on services to assist You with Activities of Daily Living.

**Important Note:** To be eligible for payment under this Policy, it is not sufficient for services to be Qualified Long Term Care Services. Such services must also:

- > Be care or support services for which this Policy pays benefits; and
- > Satisfy all other requirements of this Policy for Benefit eligibility and payment.

**Representative:** The person designated by You or by a court of law to represent You.

**We, Us, and Our:** General Electric Capital Assurance Company. We are a stock life insurance company. Our Administrative Office for this Policy is at 1650 Los Gatos Drive, San Rafael, California 94903-1899.

**You and Your:** The person or persons named as an Insured or Insureds in the Schedule.

## BENEFIT PROVISIONS

### LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

#### **ELIGIBILITY FOR THE PAYMENT OF BENEFITS**

- For You to be eligible for the Benefits provided by this Policy We must have both:
  - > A Current Eligibility Certification; and
  - > On-going proof which demonstrates that the Covered Care You receive is needed due to Your continually being a Chronically Ill Individual.

The proof can be based on information from care providers, personal physicians and other Licensed Health Care Practitioners.

Our claims evaluation process is described in the Claims Provisions.

#### **CONDITIONS**

Benefits will be paid only as reimbursement for expenses incurred for care and services that:

- > Are Qualified Long Term Care Services; and
- > Are consistent with, and received pursuant to, Your Plan of Care as prescribed by a Licensed Health Care Practitioner; and
- > Meet the requirements for payment in accordance with the Benefits, services, and all other provisions of this Policy; and
- > Except as stated in the Extension of Benefits provision, are received while Your insurance under this Policy is in force. An expense, fee or charge is considered to be incurred on the day on which the care, service or other item forming the basis for it is received.

Benefit payments cease when the Lifetime Maximum is exhausted and are subject to: the Elimination Period requirements; and all other limits determined from the Schedule, the specific Benefits and other provisions of this Policy.

#### **DEFINITIONS**

An *Activity of Daily Living* is one of the following: Bathing; Dressing; Eating; Contenance; Toileting; and Transferring. These terms are defined in the Glossary.

A *Chronically Ill Individual* is a person who has been certified by a Licensed Health Care Practitioner as:

- > Being unable to perform, without Substantial Assistance (either Standby Assistance or Hands-on Assistance) from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must, at first, be expected to exist for a period of at least 90 days; or
- > Requiring Substantial Supervision to protect the person from threats to health and safety due to Severe Cognitive Impairment.

A *Current Eligibility Certification* is a Licensed Health Care Practitioner's written certification, made within the preceding 12-month period, that You meet the above requirements for being a Chronically Ill Individual.

**Substantial Assistance** is either:

- > **Hands-on Assistance**, which is the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform the Activity of Daily Living; or
- > **Standby Assistance**, which is the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing the Activity of Daily Living.

**Severe Cognitive Impairment** is a loss or deterioration in intellectual capacity that:

- > Is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
- > Is measured by clinical evidence and standardized tests that reliably measure impairment in the person's:
  - Short-term or long-term memory;
  - Orientation as to people, places, or time;
  - Deductive or abstract reasoning; or
  - Judgment as it relates to safety awareness.

**Substantial Supervision** is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering) and to protect others.

A **Plan of Care** is a written, individualized plan for care and support services for You that:

- > Has been developed as a result of an assessment and incorporates any information provided by Your personal physician; and
- > Has been prescribed by a Licensed Health Care Practitioner; and
- > Fairly, accurately and appropriately addresses Your long term care and support service needs; and
- > Specifies:
  - the type, frequency and duration of all services required to meet those needs;
  - the providers appropriate to furnish those services; and
  - an estimate of the appropriate cost of such services.

The Plan of Care must be updated as Your needs change. We must receive a copy of the Plan of Care upon its completion and each time it is updated. We retain the right to request periodic updates not more frequently than once every 30 days subject to the Proofs of Loss provision. We will make a copy of the current Plan of Care available to Your personal physician. No more than one Plan of Care may be in effect at a time.

## **PRIVILEGED CARE® COORDINATION SERVICES**

*This is an option You may choose to use when You become a Chronically Ill Individual.*

### **COVERED PRIVILEGED CARE COORDINATION SERVICES**

These services are intended to help identify care needs and community resources available to deliver care. We will pay for the services described below when a Privileged Care Coordinator provides them to You while Your insurance is in force under this Policy. These payments will be at Our expense; and will NOT count against any payment maximum.

When You use these services, the Privileged Care Coordinator will:

- > Meet with You in Your Home to obtain a full understanding of Your unique situation and condition. Based on that information the Privileged Care Coordinator will develop and prescribe a Plan of Care appropriate for Your needs. This may include care in Your Home and in the community.
- > Provide the initial and subsequent Current Eligibility Certifications.
- > Suggest a variety of formal and informal care and support service providers. This may include negotiating service and care provider rates for You; and identifying other financial resources available to meet the needs specified in Your Plan of Care.
- > Help in completion of claims forms required to get payment under this Policy.
- > Assist with implementing the Plan of Care by scheduling and coordinating the care and support service providers chosen by You.
- > Monitor the care and support services being received. This will include periodic re-assessments to determine revisions to Your Plan of Care warranted by changing needs.

### **DEFINITION**

A *Privileged Care Coordinator* is a Licensed Health Care Practitioner provided by Us at no cost to You. He or she will assist You in identifying Your long term care needs and matching those needs with available care and service providers and resources. The Privileged Care Coordinator will be a professional whose duties are to: gather objective information specific to Your circumstances; use the information gathered to help develop Your Plan of Care; and identify qualified providers that can deliver the needed care and services.

Privileged Care Coordinators are familiar with the care and service providers available in Your area. Those providers vary greatly from skilled professionals to lay caregivers, based on the degree and type of assistance needed. Privileged Care Coordinators will help identify qualified caregivers that are acceptable to You and Your family. In all cases, You are responsible for choosing the actual care and service providers to be used. If for any reason You are not satisfied with a Privileged Care Coordinator or care or service provider, You can request that an alternative be identified.

### **PAYMENT LIMITATIONS**

Payment for these Privileged Care Coordination Services is not subject to, and cannot be used to satisfy, the Elimination Period.

## HOME CARE BENEFIT

### THE BENEFIT

We will pay for expenses You incur for care and support services defined below that, other than Hospice Care, are received while You are living at Home, and are provided by someone other than a family member.

### DEFINITIONS

- > **Nurse and Therapist Services:** These are health care services provided in Your Home by a Nurse, or a licensed physical, occupational, respiratory or speech therapist.
- > **Services from Other Care Providers:** These are Home Health Aide and Personal Care Attendant Services, Homemaker Services, and Chore Services (as defined below) that:
  - A person provides in Your Home because they are necessary to enable You to continue to stay independent and safe at Home; and
  - Are necessary because You alone are not able to perform them due to Your being a Chronically Ill Individual; and
  - Are consistent with the needs addressed in Your Plan of Care.Providers of these services do not need to be affiliated with a home health care agency.

***Home Health Aide and Personal Care Attendant Services:*** This is assistance with: simple health care tasks; personal hygiene; managing medications; and help in performing Activities of Daily Living.

***Homemaker Services:*** This is assistance with one or more of the following tasks: meal planning and preparation; doing laundry; and light house cleaning (such as: vacuuming, dry mopping, dishwashing, cleaning the kitchen or bath, and changing soiled bedding).

***Chore Services:*** This is assistance with the following light work activities: minor household repairs related to Your safety at Home (such as to handrails and safety rails, stairs, or floors); taking out the garbage; and simple cleaning tasks to remove unsafe debris or dirt in Your Home. Chore Services do not include any type of: residential upkeep, construction, renovation or routine home preservation (such as painting); lawn or yard care; snow removal; vehicle or equipment maintenance; or similar tasks.

- > **Community Care:** This is Adult Day Care and Hospice Care as defined below.

***Adult Day Care:*** This is a program for six or more individuals of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside Your Home.

***Hospice Care:*** This consists of services (not including prescription drugs) that are designed to provide palliative care to You or to alleviate Your physical, emotional and spiritual discomforts because You are experiencing the last phases of life due to a terminal disease (diagnosed with 6 months or less to live). Hospice Care can be provided in Your Home, or in a separate facility that is licensed or certified to provide Hospice Care by the State in which it is located.

### PAYMENT LIMITATIONS

Payment of this Benefit is subject to: the Lifetime Maximum; the Elimination Period; and the payment limits determined from the Schedule for this Benefit. No payment will be made under this Benefit for any period for which You are receiving Nursing Home Benefits, Assisted Care Facility Benefits, or Bed Reservation Benefits.

## RESPITE CARE BENEFIT

### **THE BENEFIT**

When You receive Respite Care We will pay benefits under the Nursing Home Benefit, the Assisted Care Facility Benefit and the Home Care Benefit, without requiring You to satisfy the Elimination Period. Respite Care can be received in Your Home, or during a temporary stay in a Nursing Home or Assisted Care Facility.

### **DEFINITION**

*Respite Care* is short-term care that is provided to You in order to relieve the person who normally provides You with informal (unpaid) care in Your Home. The Respite Care must be stated in, and furnished in accordance with, Your Plan of Care.

### **PAYMENT LIMITATIONS**

Payment of this Benefit is subject to the Lifetime Maximum; and this Benefit will be payable for no more than the number of days (continuous or not) determined from the Schedule for this Benefit.

Payment of this Benefit is not subject to, and days of Covered Care under it cannot be used to satisfy, the Elimination Period.

## CAREGIVER TRAINING BENEFIT

### **THE BENEFIT**

We will pay for expenses You incur for training an informal (unpaid) caregiver to care for You in Your Home. All the following conditions apply to this Benefit:

- > We will not pay to train someone who will be paid to care for You.
- > The training can be received while You are confined in a hospital, Nursing Home, or Assisted Care Facility only if it is reasonably expected that the training will make it possible for You to go Home where You can be cared for by the person receiving the training.

### **PAYMENT LIMITATIONS**

Payment of this Benefit is subject to: the Lifetime Maximum; and the payment limits determined from the Schedule for this Benefit.

Payment of this Benefit is not subject to, and days of Covered Care under it cannot be used to satisfy, the Elimination Period.

## EQUIPMENT BENEFIT

### **THE BENEFIT**

We will pay for expenses, including installation fees, labor and related costs, You incur for the purchase or rental of Supportive Equipment if:

- > The equipment is intended to assist You in living at Home by relieving Your need for direct physical assistance; and
- > Your Plan of Care states that it is expected that the equipment will enable You to remain at Home for at least 90 days after the date of purchase or first rental.

### **DEFINITION**

*Supportive Equipment* includes items such as the following:

- > Pumps and other devices for intravenous injection;
- > Ramps to permit movement from one level of a residence to another;
- > Grab bars to assist in toileting, bathing or showering; and
- > Stair lifts for going between levels of Your Home.

Supportive Equipment does not include either:

- > Equipment that will, other than incidentally, increase the value of the residence in which it is installed; or
- > Artificial limbs, teeth, medical supplies, or equipment placed in Your body, temporarily or permanently.

### **PAYMENT LIMITATIONS**

Payment of this Benefit is subject to: the Lifetime Maximum; and the payment limits determined from the Schedule for this Benefit.

Payment of this Benefit is not subject to, and days of Covered Care under it cannot be used to satisfy, the Elimination Period.



## NURSING HOME BENEFIT

### THE BENEFIT

We will pay for expenses You incur for care and support services (including room and board, but not prescription drugs) provided by a Nursing Home while You are confined there as a resident inpatient.

This includes expenses for: private duty nursing care provided by a Nurse who is not employed by the facility; and all levels of care (including skilled, intermediate and custodial care) provided by the Nursing Home. The expenses must be consistent with the level of charges normally made for other inpatients receiving similar care in that facility.

### DEFINITION

A *Nursing Home* is a facility, not excluded below, that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients in accordance with the authority granted by a license issued by the federal government or the State in which it is located. Such nursing care must be performed by or under the direct supervision of a Nurse; the facility must employ at least one full-time Nurse; and a Nurse must be on duty or on call in the facility at all times.

If a facility has multiple licenses or purposes, a separate portion, ward, wing or unit thereof can qualify as a Nursing Home only if that portion, ward, wing or unit is engaged primarily in providing such nursing care in accordance with the authority granted by its license.

**Excluded Places:** The definition of a Nursing Home does NOT include any of the following:

- > A hospital or clinic.
- > A sub-acute care or rehabilitation hospital or unit.
- > A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- > An Assisted Care Facility.
- > Your Home or place of residence in an area used principally for independent residential living (including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities).
- > A substantially similar adult residence establishment or environment.

### PAYMENT LIMITATIONS

Payment of this Benefit is subject to: the Lifetime Maximum; the Elimination Period; and the payment limits determined from the Schedule for this Benefit.

## ASSISTED CARE FACILITY BENEFIT

### **THE BENEFIT**

We will pay for expenses You incur for care and support services (including room and board, but not prescription drugs) provided by an Assisted Care Facility while You are confined there as a resident inpatient. The expenses must be consistent with the level of charges normally made for other resident inpatients receiving similar care in that facility.

### **DEFINITION**

An *Assisted Care Facility* is a facility, not excluded below, that satisfies the Conditions below and is engaged primarily in providing continual (24 hours-a-day, every day) assistance and supervision to at least 10 resident inpatients due to their inability to perform Activities of Daily Living or Severe Cognitive Impairment.

**Conditions:** To satisfy this definition, such facility (e.g., assisted care, assisted living, or Alzheimer's dementia care facility) must at all times:

- > Provide such care and services under a license, certificate, or substantially similar permit and oversight from the federal government or the State in which it is located;
- OR**
- > Provide such care and services in accordance with all applicable laws, and continuously meet all of the following requirements:
  - It maintains records for all care and services provided to each resident inpatient;
  - It has an awake employee on duty in the facility who is trained and ready to provide its resident inpatients with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment;
  - It has an awake employee who is aware of the whereabouts of the resident inpatients;
  - It provides, at a minimum, assistance with Bathing and Dressing;
  - It provides 3 meals a day and accommodates special dietary needs;
  - It has formal arrangements with a duly licensed physician or Nurse to furnish medical care and services in case of an emergency; and
  - It has the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications.

**Excluded Places:** An Assisted Care Facility is NOT any of the following:

- > A hospital or clinic.
- > A Nursing Home.
- > A sub-acute care or rehabilitation hospital or unit.
- > A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- > Your Home or place of residence in an area used principally for independent residential living (including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities).
- > A substantially similar adult residence establishment or environment.

If a facility has multiple licenses, certifications, purposes, or locations, a separate portion, ward, wing, unit or location thereof can qualify as an Assisted Care Facility only if it is engaged primarily in providing care that satisfies the above definition.

### **PAYMENT LIMITATIONS**

Payment of this Benefit is subject to: the Lifetime Maximum; the Elimination Period; and the payment limits determined from the Schedule for this Benefit.

## BED RESERVATION BENEFIT

### **THE BENEFIT**

We will continue to pay benefits, or give Elimination Period credit, under the Nursing Home Benefit and the Assisted Care Facility Benefit while You:

- > Are temporarily absent during a stay in a Nursing Home or Assisted Care Facility; and
- > Are charged to reserve Your accommodations in that facility.

The temporary absence can be for any reason. This includes, but is not limited to, a hospital stay, or spending holidays or other time with Your family.

### **PAYMENT LIMITATIONS**

This Benefit is subject to the Lifetime Maximum and will apply to no more than the number of days (continuous or not) determined from the Schedule for this Benefit.

## ALTERNATIVE CARE BENEFIT

*For expenses not otherwise covered. Prior approval by Us is required.*

### **THE BENEFIT**

We will pay for expenses You incur for care, treatment, services, supplies or other items not specifically covered by another Benefit of this Policy when all of the following conditions are met:

- > They are clearly specified in Your Plan of Care.
- > You, Your personal physician and We mutually agree that they are cost-effective alternatives to Benefits specifically available under this Policy.
- > They are for qualified long term care services as defined in Section 7702B(c) of the Internal Revenue Code.
- > They are incurred while such mutual agreement is in effect.
- > They are incurred while Your insurance is in force under this Policy.

Agreement to use these alternatives will not waive any of the rights You or We have under this Policy. The agreement may be discontinued at any time without affecting Your right to the Benefits otherwise available under this Policy.

Examples include, but are not limited to:

- > In-Home safety devices.
- > Community-based services that provide meals in the Home for disabled individuals (such as Meals on Wheels).
- > Equipment in Your Home that is not covered under the Equipment Benefit.
- > Rental or lease of emergency medical response devices.
- > Other services designed to help You remain at Home.

### **PAYMENT LIMITATIONS**

The agreement will state how payment is affected by the Elimination Period. It will also state any time and payment maximums. Payment of this Benefit is also subject to: the Lifetime Maximum; and all other provisions and conditions of this Policy.

## VAIVER OF PREMIUM BENEFIT

### **THE BENEFIT**

We will waive the premium payments for each coverage month that begins after You have satisfied the Elimination Period and during a period for which benefits are paid or payable under:

- > the Nursing Home Benefit; or
- > the Assisted Care Facility Benefit; or
- > the Home Care Benefit.

This waiver applies to the entire premium for this Policy and all attachments.

### **PAYMENT LIMITATIONS**

This Benefit stops when You cease to receive Covered Care during any period for which benefits are paid under the Nursing Home Benefit, the Assisted Care Facility Benefit, or the Home Care Benefit. When this Benefit stops, We will give credit for any premium paid for periods during which the waiver applied, against future premiums when due. You will then be required: to pay the remaining premiums due in accordance with this Policy's previous premium payment mode; and to continue to make future premium payments as they become due.

## EXCLUSIONS AND LIMITATIONS

### **EXCLUSIONS**

No payment will be made for any expenses incurred for any room and board, care, treatment, services, equipment or other items:

- > Provided by a Family Member, unless:
  - The Family Member is a regular employee of the organization that is providing the services; and
  - Such organization receives payment for the services; and
  - The Family Member receives no compensation other than the normal compensation for employees in her or his job category.
- > For which no charge is normally made in the absence of insurance.
- > Provided outside of the United States of America, its territories and possessions.
- > Provided by or in a Veterans Administration or federal government facility, unless a valid charge is made to You or Your estate.
- > Resulting, directly or indirectly, from:
  - War or act of war, whether declared or not.
  - Attempted suicide or an intentionally self-inflicted injury.
  - Your alcoholism or addiction to drugs or narcotics; but not addiction that results from the administration of those substances in accordance with the advice and written instructions of a duly licensed physician.

**Note:** We will pay benefits for mental illness and Alzheimer's disease, subject to the same exclusions, limitations and provisions otherwise applicable to other Covered Care under this Policy.

### **NON-DUPLICATION**

Benefits will be paid only for expenses for Covered Care that are in excess of the amount paid or payable under Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount) and any other federal, state or other governmental health care program or law (except Medicaid). However, this Non-Duplication provision will not disqualify an expense for Covered Care from being used to satisfy the Elimination Period.

### **OTHER COVERAGE WITH US**

We may reduce benefits payable under this Policy for Covered Care if We also pay benefits for that Covered Care under any other policy issued by Us. This applies to policies providing long term care insurance (including policies providing nursing home and/or home care coverage) whether payable on an expense reimbursement, indemnity or any other basis.

Benefits will be reduced under this Policy only when payment would result in Our paying, under this and all other such policies, more than the expense You actually incur for an item of Covered Care. Any such reduction will be limited to the amount payment under this Policy causes the total amount of benefits under this and all other such policies to be more than 100% of the expense You actually incurred for that Covered Care.

If you are insured under more than one policy issued by Us that has a similar Other Coverage With Us provision, the coverage with the earliest effective date will be deemed to be the primary coverage, and the other coverage secondary, in order by effective date, from the earliest to the latest.

Any policy without a similar Other Coverage With Us provision will pay first without any reduction in its benefits.

## CLAIMS PROVISIONS

*Let Us know once it appears You may be a Chronically Ill Individual, and then follow these procedures.*

### **YOUR ROLE IN THE CLAIMS PROCESS**

Early awareness by Our Claims Department will facilitate a timely claim review. You can help Us greatly in the claims process and at the same time begin early planning of Your Covered Care, by contacting Us as soon as it appears You may be a Chronically Ill Individual.

Let Us know if You choose to use the services of a Privileged Care Coordinator. When You do that We will make arrangements for a coordinator to contact You immediately and begin providing You with Privileged Care Coordination Services. Of course, Your Representative can also contact Us.

### **ASSISTANCE IN COMPLETING CLAIM FORMS**

You may call Us if You need any type of assistance during any phase of the claim process. Our toll free number is listed on Your ID card. When You use a Privileged Care Coordinator, We will work with that person to ensure that We understand Your condition, the prescribed Plan of Care, and any care and support services received.

### **TELLING US ABOUT A CLAIM**

**Notice of Claim:** We must be notified when You have a claim. The notice can be given to Us at Our Administrative Office or to Our agent. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: Your name; the Policy Number (as shown in the Schedule); and an address to which the claim forms should be sent.

**Claim Forms:** When We get notice of claim, We will send out the necessary forms to be used to file proof of loss within fifteen days after giving such notice.

The forms will tell You how to complete them and where to send them. Read them carefully. Answer all questions and send all required information to the address on the forms. This will assist Us in the evaluation of the claim so that We can determine the benefits for which You are eligible.

If You or Your Representative do not get the necessary claim forms from Us within 15 days, proof of loss can be filed without them by sending Us a letter which describes the occurrence, the character and the extent of the loss for which Your claim is made. That letter must be sent to Us at Our Administrative Office within the time period stated in the next paragraph.

**Proofs of Loss:** When this Policy provides for payment for continuing loss, written proof of the loss must be given to Us within 90 days after the end of each monthly period for which We are liable. For any other loss, written proof must be given to Us within 90 days after such loss. If it was not reasonably possible to give Us written proof in the time required, We shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to Us no later than 1 year from the time specified.

## OUR EVALUATION CRITERIA; AND THE CLAIMS PAYMENT PROCESS

**How We Evaluate Claims:** We will obtain information about You by working with You and Your personal physician. We will also consult with any Licensed Health Care Practitioners, agencies and other care providers You used. We will then review that information to determine eligibility for benefits. We reserve the right, as part of the review and at Our expense, to do an assessment or a physical examination of You. Similar reviews may be required, at reasonable intervals, to determine eligibility for continued benefits while a claim is pending. We may use outside services to assist in evaluating Your condition.

On an on-going basis, We must receive updates to Your Plan of Care and Current Eligibility Certifications. We will also need a copy of Your Medicare Explanation(s) of Benefits (or similar form for other plans and programs subject to the Non-Duplication provision) to determine which expenses (if any) are excluded from coverage.

**Physical Examinations:** At Our expense, We have the right to require a medical examination when a claim is made and at reasonable intervals while a claim is pending.

**Time of Payment of Claim:** After We receive the proper written proof of loss, We will pay any benefits then due immediately; and at the end of each monthly period thereafter, when the loss is expected to result in on-going benefits.

**Payment of Claims:** All benefits will be payable to the Policyholder. If You become eligible for medical assistance in the Commonwealth of Virginia, the Virginia Department of Medical Assistance Services will be the payor of last resort for benefits payable under the policy. Any benefits unpaid at the Policyholder's death will be payable to his or her estate. If benefits are payable to an estate, we may pay a portion of those benefits, up to \$1,000, directly to someone related to You by blood or marriage who is deemed by us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

We may pay all or a portion of any benefits for care or services You receive to the provider of the care or services, unless You direct Us to do otherwise in writing by the time proofs of loss are filed. We do not require that a particular provider provide the care or services.

## **APPEALING A CLAIM DENIAL**

We will inform You in writing if a claim, or any part of a claim, is denied.

**Appeal Process:** If You believe that Our decision on a claim is in error You may appeal; and We will reconsider the claim. If You wish to make such an appeal, You must send Us a brief note (no special form needed) that tells Us why You feel We should change Our decision. You may authorize someone else to act for You in this appeal process.

The note should include the names, addresses and phone numbers of any providers You think We should contact to learn more about the health and the care received by the person on whose behalf the claim was made. This would include the physicians, health care professionals and other care providers who treated You; and the facilities from which You received care, treatment, services, equipment or other items.

We will provide You with a written explanation of the reasons for any claim denial and make available all information directly related to that denial within 60 days of the date of any written claims appeal. We will immediately pay any benefits due as a result of Our reconsideration.

**Legal Actions:** You cannot sue on any claim before 60 days after proof of claim has been given to Us as required by this Policy. You cannot sue after 3 years from the time the written proof of loss is required to be given.



## BASIC CONTRACT PROVISIONS

### THE CONTRACT

**Entire Contract; Changes:** This Policy, including any endorsements and attached papers, if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by an executive officer of the Company and unless such approval is endorsed hereon or attached hereto. No agent has the authority to change this Policy or waive any of its provisions.

### CONTESTING COVERAGE

**Incontestability; Time Limit on Certain Defenses:** We issued this Policy based on information We were provided. Any incorrect or omitted material information in Your application may cause this Policy to be rescinded (voided) or a claim to be denied.

**Misstatements in the Application:** If there has been a misrepresentation, We may rescind (void) this Policy or deny an otherwise valid claim:

- > While this Policy has been in force for less than 6 months, if the misrepresentation was material to the acceptance of You for coverage; and
- > While this Policy has been in force for at least 6 months but less than 2 years, if the misrepresentation is both: material to the acceptance of You for coverage; and pertains to the conditions for which benefits are sought.

After this Policy has been in force for 2 years it will not be contestable upon the grounds of misrepresentation alone; and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health.

If We pay any benefits under this Policy, the benefit payments will not be recovered by Us in the event this Policy is rescinded.

**Pre-Existing Conditions:** Except as permitted above, We will not reduce or deny any claim under this Policy because of a sickness or physical or medical condition that existed before this Policy's Effective Date.

### OTHER PROVISIONS

**Misstatement of Age:** If Your age was misstated in the application for this Policy, We will pay the benefits that the premiums paid would have purchased at Your true age. If, based on that true age, this Policy would not have become effective, We will only be liable for the refund of all premiums paid for this Policy.

**Governing Jurisdiction; Conformity with Statutes:** The laws of the state in which You reside on its Effective Date govern this Policy. Any provision of this Policy which is in conflict with the statutes of such state, is hereby changed to conform with the minimum requirements of those statutes.

**Time Periods:** All time periods begin and end at 12:01 a.m. at Your residence.

**Non-Participating; Dividends Not Payable:** This Policy does not participate in Our profits or surplus earnings; has no cash values; and will not pay dividends at any time.

**No Cash Values, Borrowing, or Use as Collateral:** This Policy does not provide for a cash surrender value, or other money that can be borrowed; or paid, assigned or pledged as collateral for a loan.

## PREMIUM PROVISIONS

### **PAYING PREMIUMS**

**Due Dates:** The Premium Payment Mode shown in the Schedule states how often premiums are to be paid. After the First Premium, each premium is due at the end of the period for which the prior premium was paid.

**Currency:** All payment by or to Us will be in the lawful money of the United States of America. Any foreign exchange rate will be as determined by Us.

**Unpaid Premiums:** When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

**Refund of Premiums Paid Beyond Your Death:** If the Policy terminates due to Your death, We will refund the pro rata portion of any premium paid for a period after Your death. The refund will be made within 30 days of Our receipt of written notice of Your death. It will be paid to Your estate.

**Limitations on the Refund of Premiums:** In the event this Policy is cancelled by You or terminated by Us, We shall, within 30 days of the effective date of such cancellation or termination, return to You the unearned portion of any premium paid. The earned premium shall be computed on a pro rata basis.

### **WHAT HAPPENS WHEN PREMIUMS ARE NOT PAID**

**Grace Period and Unintentional Lapse Protection:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium, during which grace period this Policy shall continue in force before it lapses.

You have the right to designate someone else to receive notice of lapse or termination of this Policy for nonpayment of premium. Your Policy will not lapse or be terminated for nonpayment of premium unless We, at least 30 days before the effective date of the lapse or termination, have given notice to You and to those persons designated by You for the purposes of receiving notice of lapse or termination. Notice will be given by first class United States mail, postage prepaid; and notice may not be given until 30 days after a premium is due and unpaid. Notice shall be deemed to have been given as of five (5) days after the date of mailing.

Your application shows whom You have designated to receive these notices. At any time You can direct Us, in writing, to change Your designation and send the notices to someone else.

**Reinstatement:** This Policy will terminate if a renewal premium is not paid on time.

Later acceptance of all past due premiums by Us (or by an agent duly authorized by Us to accept such payment) without requiring an application for reinstatement will reinstate this Policy as of the date of premium acceptance.

If We or Our duly authorized agent require an application for reinstatement, and give You a conditional receipt for the premium, this Policy will be reinstated upon either: Our approval of the application; or, lacking such approval, the 45th day after the date of the conditional receipt, unless We give You prior written notice of Our disapproval of the application.

The reinstated policy will cover only expenses incurred as a result of covered losses that begin after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the policy as reinstated.

**Continuation of Coverage due to Alzheimer's Disease and Other Forms of Cognitive or Functional Impairment:** We will provide a retroactive continuation of coverage if:

- > This Policy terminates due to non-payment of premiums (lapse); and
- > Within 7 months after termination We are given proof that You met the Eligibility for the Payment of Benefits requirements of this Policy.

We must receive proof of Your impairment or incapacity and all past-due premiums within that 7-month period. Any benefits for which You qualified during the continuation period will be paid to the same extent they would have been paid if this Policy and its riders had remained in force from the date of termination.

## **CONTINGENT NONFORFEITURE BENEFIT**

*This applies only if this Policy lapses after substantial cumulative premium increases.*

### **WHEN THIS BENEFIT APPLIES**

We will notify You at least 60 days prior to any change in premium rates for this Policy. Anytime the cumulative amount of all such premium increases equals or exceeds the Triggers Indicating a Substantial Premium Increase shown below We will:

- > Offer to reduce Your Policy benefits, without requiring additional underwriting, so that the required premium payments are not increased; and
- > Offer the option to convert Your coverage, without requiring additional underwriting, to a paid-up status with a shortened benefit period as described below. Such option may be elected at any time during the 120-day period following the due date of the premium increase; and
- > Notify each Insured that a default or lapse at any time during the 120-day period following the due date of the premium increase will be deemed to be the election of the option to convert coverage as described above.

### **THE SHORTENED BENEFIT PERIOD PLAN**

When coverage is converted to a shortened benefit period plan the Policy will continue automatically with a reduced Lifetime Maximum. It will have the same Benefits, Elimination Period and other payment limits that were in effect at the time of lapse or election to convert. These limits will not change thereafter. The amount of Your reduced Lifetime Maximum will be the greater of:

- > The maximum benefit amount applicable, at the time of default or lapse, under the Nursing Home Benefit for one month (30 days); or
- > 100% of the sum of all premiums actually paid and attributed to You for Your insurance under this Policy and any attached forms, including premiums paid prior to any change in benefits.

It will not be reduced by any benefits paid or payable for expenses incurred prior to the date of lapse.

### **PAYMENT LIMITATIONS**

The total amount We will pay under this Benefit and the Policy (while it was in force) is limited to the maximum amount that would have been paid if the Policy had remained in premium paying status.

### **TRIGGERS INDICATING A SUBSTANTIAL PREMIUM INCREASE**

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

If this Policy has a Nonforfeiture Benefit, that Benefit will apply whenever this Policy lapses after having been in force for at least 3 years (even if there have been no premium increases).

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**Please keep this Policy in a safe place with Your other important documents.**

## NONFORFEITURE BENEFIT RIDER

This Rider adds the following to the Benefit Provisions of the Policy to which it is attached.

### NONFORFEITURE BENEFIT

#### THE BENEFIT

If the Policy terminates due to default in any premium payment (lapses) after the Policy has been in force for at least 3 years, the Policy will continue automatically with a reduced Lifetime Maximum. It will have the same Benefits, Elimination Period and other payment limits that were in effect at the time of lapse or election to convert. These limits will not change thereafter. The amount of Your reduced Lifetime Maximum will be the greater of:

- > The maximum benefit amount applicable, at the time of default or lapse, under the Nursing Home Benefit for one month (30 days); or
- > 100% of the sum of all premiums actually paid and attributed to You for Your insurance under the Policy and any attached forms, including premiums paid prior to any change in benefits.

This amount may be adjusted subsequent to being initially granted only as necessary to reflect changes in claims, persistency and interest as reflected in changes in rates for premium paying contracts approved by the commission for the same contract term.

The Policy will then be in a paid up status; with no further premium payments being required.

#### PAYMENT LIMITATIONS

The total amount We will pay under this Benefit and the Policy (while it was in force) is limited to the maximum amount that would have been paid if the Policy had remained in premium paying status.

#### RIDER PROVISIONS

**When this Rider is in Force:** This Rider has been issued based on Your application and payment of the required premium. It takes effect on the Policy Effective Date. It continues as long as: the Policy is in force; and the required premium has been paid on time.

**Premium:** The Policy premium shown in the Schedule reflects the cost of this Rider. The same conditions that apply to changing premiums for the Policy apply to changing premiums for this Rider. The premium for this Rider will be waived when the Policy premium is waived.

This Rider forms a part of the Policy to which it is attached.

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

Signed for General Electric Capital Assurance Company.

  
Secretary

  
President and CBO, Long Term Care Division

**RESTORATION OF BENEFITS RIDER**

*This Rider adds the following to the Benefit Provisions of the Policy to which it is attached.*

**RESTORATION OF BENEFITS PROVISIONS**

**THE BENEFIT**

Under this Rider We will restore the Policy's Lifetime Maximum to the amount that would have applied if no benefits had been paid under the Policy. Except as limited below, this applies whenever a period of 180 consecutive days elapses during which no Insured required, or received, either:

- > Substantial Assistance from another individual in performing at least two (2) Activities of Daily Living due to a loss of functional capacity; or
- > Substantial Supervision due to Severe Cognitive Impairment.

**PAYMENT LIMITATIONS**

This restoration will not apply when the Policy is in force under a Nonforfeiture Benefit.

In addition, if the Policy originally covered 2 people who were both Insureds under the Policy on the date of death of one Insured, the restoration will operate to restore only that portion of the Lifetime Maximum that was actually used by the surviving Insured and was not previously restored.

**RIDER PROVISIONS**

**When this Rider is in Force:** This Rider has been issued based on Your application and payment of the required premium. It takes effect on the Policy Effective Date. It continues as long as: the Policy is in force; and the required premium has been paid on time.

**Premium:** The Policy premium shown in the Schedule reflects the cost of this Rider. The same conditions that apply to changing premiums for the Policy apply to changing premiums for this Rider. The premium for this Rider will be waived when the Policy premium is waived.

This Rider forms a part of the Policy to which it is attached.

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

Signed for General Electric Capital Assurance Company.

*W. E. Boling*  
Secretary

*Thomas A. Atkinson*  
President and CEO, Long Term Care Division

APPROVAL  
Commonwealth of Virginia  
State Corporation Commission  
Bureau Of Insurance  
DATE 4/30/03  
BY EB Amy

**§ SURVIVORSHIP BENEFIT RIDER §**

*This Rider adds the following to the Benefit Provisions of the Policy to which it is attached.*

**SURVIVORSHIP BENEFIT**

**THE BENEFIT**

If a couple have been insured under this Policy, or under separate policies issued by Us, for at least 10 years when one of them dies, no further premium payments will be required for this Policy if:

- > The survivor is insured under this Policy; and
- > Both persons continuously had long term care insurance coverage in force with Us, other than under a Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 10 year period; and
- > Both persons were a couple with coverage that included a similar Survivorship Benefit for the entire period of concurrent coverage; and
- > No long term care benefits were paid or payable by Us for either person for the first 10 years of such concurrent Survivorship Benefit coverage; and
- > We receive due written proof of such death.

This waiver applies to the premium for the Policy and all attached riders in force on the date of such death.

**RIDER PROVISIONS**

**When this Rider is in Force:** This Rider has been issued based on Your application and payment of the required premium. It takes effect on the Policy Effective Date. It continues as long as: the Policy is in force; and the required premium has been paid on time.

**Premium:** The Policy premium shown in the Schedule reflects the cost of this Rider. The same conditions that apply to changing premiums for the Policy apply to changing premiums for this Rider. The premium for this Rider will be waived when the Policy premium is waived.

This Rider forms a part of the Policy to which it is attached.

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

Signed for General Electric Capital Assurance Company.

  
Secretary

  
President and CEO, Long Term Care Division

**APPROVED**  
Commonwealth of Virginia  
State Corporation Commission  
Bureau of Insurance

DATE 4/20/03  
BY E. Bandy



**ENHANCED SURVIVORSHIP BENEFIT RIDER**

*This Rider adds the following to the Benefit Provisions of the Policy to which it is attached.*

**ENHANCED SURVIVORSHIP BENEFIT**

**THE BENEFIT**

If a couple have been insured under this Policy, or under separate policies issued by Us, for at least 7 years when one of them dies, no further premium payments will be required for this Policy if:

- > The survivor is insured under this Policy; and
- > Both persons continuously had long term care insurance coverage in force with Us, other than under a Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 7 year period; and
- > Both persons were a couple with coverage that included a similar Enhanced Survivorship Benefit for the entire period of concurrent coverage; and
- > We receive due written proof of such death.

This waiver applies to the premium for the Policy and all attached riders in force on the date of such death.

**RIDER PROVISIONS**

**When this Rider is in Force:** This Rider has been issued based on Your application and payment of the required premium. It takes effect on the Policy Effective Date. It continues as long as: the Policy is in force; and the required premium has been paid on time.

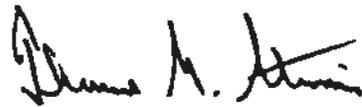
**Premium:** The Policy premium shown in the Schedule reflects the cost of this Rider. The same conditions that apply to changing premiums for the Policy apply to changing premiums for this Rider. The premium for this Rider will be waived when the Policy premium is waived.

This Rider forms a part of the Policy to which it is attached.

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

Signed for General Electric Capital Assurance Company.

  
Secretary

  
President and CEO, Long Term Care Division

APPROVED  
Commonwealth of Virginia  
State Corporation Commission  
Bureau of Insurance  
DATE 4/30/03  
BY EBAndy

**MONTHLY BENEFITS RIDER**

*This Rider makes the payment of Benefits for ongoing care subject to a monthly rather than daily maximum.*

**BENEFITS CHANGED BY THIS RIDER**

This Rider applies to the payments made under the following Benefits:

- > The Home Care Benefit; and
- > The Nursing Home Benefit; and
- > The Assisted Care Facility Benefit; and
- > The Bed Reservation Benefit.

**PAYMENT LIMITATIONS**

While this Rider is in force we will pay up to 30 times the Daily Maximum for all expenses covered under those Benefits changed by this Rider that are incurred during any one calendar month. This change shall be in lieu of the calendar day limits stated in the Policy Schedule. Payment is subject to the Elimination Period, the Lifetime Maximum and all other provisions and conditions of the Policy and those Benefits.

**RIDER PROVISIONS**

**When this Rider is in Force:** This Rider has been issued based on Your application and payment of the required premium. It takes effect on the Policy Effective Date. It continues as long as: the Policy is in force; and the required premium has been paid on time.

**Premium:** The Policy premium shown in the Schedule reflects the cost of this Rider. The same conditions that apply to changing premiums for the Policy apply to changing premiums for this Rider. The premium for this Rider will be waived when the Policy premium is waived.

This Rider forms a part of the Policy to which it is attached.

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

Signed for General Electric Capital Assurance Company.

*Wendy E. Bohig*  
Secretary

*Thomas A. Atkinson*  
President and CEO, Long Term Care Division

APPROVED  
Commonwealth Of Virginia  
State Corporation Commission  
Bureau Of Insurance  
DATE 4/30/03  
BY EB/andy

**WAIVER OF HOME CARE ELIMINATION PERIOD RIDER**

*This Rider: (1) waives the Elimination Period for the Home Care Benefit; (2) counts Home Care Benefit days toward satisfying the Elimination Period when a Plan of Care from a Privileged Care Coordinator is used; and (3) enhances the Waiver of Premium Benefit.*

The following Benefits are added to the Policy. The Enhanced Waiver of Premium Benefit replaces the Waiver of Premium Benefit in the Policy.

**BENEFIT REMOVING THE HOME CARE ELIMINATION PERIOD**

**THE BENEFIT**

The Elimination Period of the Policy is changed so that it:

- > Applies only to the Nursing Home Benefit and the Assisted Care Facility Benefit; and
- Does not apply to the Home Care Benefit; and
- > Can also be satisfied by days for which You receive payment under the Home Care Benefit in accordance with a Plan of Care from a Privileged Care Coordinator.

APPROVED  
 Commonwealth of Massachusetts  
 State Corporation Commission  
 Bureau Of Insurance  
 DATE 4/30/03  
 BY EBAndy

**ENHANCED WAIVER OF PREMIUM BENEFIT**

**THE BENEFIT**

We will waive the premium payments for each coverage month that begins during a period for which benefits are paid or payable under either:

- > The Nursing Home Benefit or the Assisted Care Facility Benefit (after satisfying the Elimination Period);
- > The Home Care Benefit in accordance with a Plan of Care developed by a Privileged Care Coordinator (for which no Elimination Period is required); or
- > The Home Care Benefit after satisfying a qualifying period which is equal to the number of days in the Elimination Period stated in the Schedule. In determining when the qualifying period has been satisfied we will count:
  - Days used to satisfy the Elimination Period that occur while You are confined in a Nursing Home or Assisted Care Facility; and
  - Days for which the Home Care Benefit is paid.

This waiver applies to the entire premium for this Policy and all attachments.

**PAYMENT LIMITATIONS**

This waiver stops when You cease to receive Covered Care during a period for which benefits are paid under the Nursing Home Benefit, the Assisted Care Facility Benefit, or the Home Care Benefit. When the waiver stops, We will give credit for any premium paid for periods during which the waiver applied, against future premiums when due. You will then be required: to pay the remaining premiums due in accordance with the Policy's previous premium payment mode; and to continue to make future premium payments as they become due.

## RIDER PROVISIONS

**When this Rider is in Force:** This Rider has been issued based on Your application and payment of the required premium. It takes effect on the Effective date of the Policy. It may be continued as long as: the Policy is in force; and the required premium has been paid.

**Premium:** The Policy premium shown in the Schedule reflects the cost of this Rider. The same conditions that apply to changing premiums for the Policy apply to changing premiums for this Rider. The premium for this rider will be waived when the Policy premium is waived based on Your receipt of benefits.

This Rider forms a part of the Policy to which it is attached.

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

Signed for General Electric Capital Assurance Company.

  
Secretary

  
President and CEO, Long Term Care Division



**GE Financial Assurance**

Long Term Care Division  
1650 Los Gatos Drive  
San Rafael, CA 94903-1899

April 8, 2003

Ms. Elsie B. Andy  
Insurance Market Examiner  
Forms and Rates Section  
Life and Health Division  
Commonwealth of Virginia  
State Corporate Commission  
1300 E. Main Street  
Richmond, VA 23219



**APPROVED**

**Commonwealth Of Virginia  
State Corporation Commission  
Bureau Of Insurance**

DATE: 4/30/03  
BY: Elsie B. Andy

**Re: General Electric Capital Assurance Company  
INDIVIDUAL ACCIDENT AND HEALTH INSURANCE  
Long Term Care Insurance Policy, Form No. 7044VA et al.  
Your Letter of April 3, 2003  
Submission No: 007 0000020237**

**NAIC No. 70025  
FEIN 91-6027719**

Dear Ms. Andy:

I am writing to you in response to your letter of April 3, 2003. I have answered each of your concerns/objections in the same order as written by you.

We have revised the definition of eating as you requested by adding "or by a feeding tube or intravenously".

Based on the above information, we hope that you will be able to grant approval of this submission. Enclosed for your reply is a prepaid return mail envelope. I would appreciate a call whenever you have questions.

You can phone me toll-free at (800) 284-5568 Ext. 7889 or call directly at (415) 492-7889. Our FAX number is (415) 492-7550. You may also email me at Michelle.Davanzo@ge.com.

Sincerely,

Michelle A. Davanzo  
Senior Contract Analyst  
Contracts

Enclosures

# GENERAL ELECTRIC CAPITAL ASSURANCE COMPANY

Administrative Office: 1650 Los Gatos Drive, San Rafael, CA 94903-1899

## LONG TERM CARE INSURANCE POLICY

Insured(s): Mrs. Mary Jane Doe  
Mr. John E. Doe

Policy Number: [ABC1234567]

### DECLARATIONS

We are pleased to issue the above numbered insurance Policy, herein called the *Policy*. Keep it in a safe place, as it is a legal contract between You (the Insured(s) named above) and Us (the insurer). As You read it, be aware of the following.

**You have an unconditional right to return this Policy in the first 30 days.** You have 30 days from the day You receive this Policy to examine and return it to Us. You can return it for any reason. Simply return it to Us at Our Administrative Office or to the agent or office through which it was bought. This Policy will then be void from the start. We will refund the full amount paid for this Policy within 30 days of such a return.

**CAUTION: This Policy may not apply when You have a claim! Please Read! The issuance of this long term care insurance Policy is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at this address: 1650 Los Gatos Drive, San Rafael, California 94903-1899.**

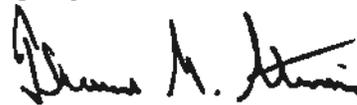
**This Policy is Guaranteed Renewable for Life.** Subject to its terms, You can keep this Policy in force until benefits have been exhausted by paying the required premiums on time. We cannot cancel or refuse to renew this Policy. We cannot change any of its terms on Our own, except that We can change the premiums.

**We have a limited right to change premiums.** Premiums will not change due to a change in Your age or health. We can change premiums based on premium class; but only if We change them for all similar policies issued in the same state and on the same form as this Policy. Premium changes will only be made as of a Policy Anniversary Date. We will give You at least 60 days written notice before We change premiums.

Signed for General Electric Capital Assurance Company.



Secretary



President and CEO, Long Term Care Division

**Notice to Buyer:** This Policy may not cover all of the costs associated with long term care which may be incurred by You during the period of coverage. You are advised to review carefully all Policy limitations.

**This Policy is not a Medicare Supplement policy.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us.

**This Policy is intended to qualify for favorable tax treatment.** As such, it must meet certain federal standards in addition to all applicable standards in the state in which the Policy was issued or issued for delivery. If You have any questions regarding the tax qualification of this product, You should direct such questions to the appropriate federal agency, or You should consult Your tax advisor.

**This Policy is a tax-qualified contract under the Internal Revenue Code.**

# FEDERAL TAX QUALIFICATION PROVISIONS

## CONFORMITY WITH INTERNAL REVENUE CODE

This Policy is intended to be 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 (herein referred to as the "Code"). If on its effective date, this Policy does not comply with the requirements of the above-cited Section of the Code, it will be treated as if it had been changed to comply with those requirements. Because this Policy is guaranteed renewable, We will inform You in writing of any such required change in the provisions of this Policy; and You will be given the choice of accepting the change, or retaining this Policy without that change.

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A copy of the application for this Policy .....	Attached
Any Riders, Endorsements, Notices and other papers .....	Attached/Included
Refer to the Schedule to determine the Benefits, Options, and applicable coverage details.	

**SCHEDULE**

**GENERAL ELECTRIC CAPITAL ASSURANCE COMPANY**

**Policyholder**

Mary Jane Doe  
Apt #1234  
123 Main Street  
Anytown, US 99999

**Insured(s)**

Mary Jane Doe  
John E. Doe

**Policy Number**

LTC-1234567890

**Policy Effective Date**

September 15, 2004

**Coverage Limits and Features**

Monthly Maximum ..... [\$3,000]

Lifetime Maximum ..... [\$144,000]

The Lifetime Maximum is exhausted only when the total of all benefits paid equals the applicable Lifetime Maximum including any Benefit Increases.

[Benefit Increases.....None]

[Benefit Increases.....5% Full Compound Inflation Protection

On each Policy Anniversary Date Your Monthly Maximum and Lifetime Maximum will each increase by 5% of the prior year's respective Monthly Maximum and Lifetime Maximum amounts. Such annual increases will be available to pay for expenses incurred on or after the date of the increases and while this Policy is in force. These increases are not reduced by benefit payments. Benefit Increases cease when the Policy terminates.]

[Benefit Increases.....5% Equal Benefit Increases

On each Policy Anniversary Date Your Monthly Maximum and Lifetime Maximum will each increase by 5% of the original respective Monthly Maximum and Lifetime Maximum amounts applicable on the Policy Effective Date. Annual increases will be available to pay for expenses incurred on or after the date of the increases and while this Policy is in force. These increases are not reduced by benefit payments. Benefit Increases cease when the Policy terminates.]

Elimination Period ..... [0][30][90][180] Days of Covered Care

The Elimination Period applies only to the Nursing Home Benefit [and] the Assisted Care Facility Benefit [and the International Coverage Benefit].

**Benefits and Services Provided**

**We Pay Up to these Limits**

Privileged Care Coordination Services ..... Not subject to Policy limits

Home Care Benefit ..... Up to the Monthly Maximum per calendar month\*

Respite Care Benefit ..... Up to the Monthly Maximum per Policy Year

Caregiver Training Benefit ..... Up to a lifetime maximum equal to [20%] of the Monthly Maximum

Equipment Benefit ..... Up to a lifetime maximum equal to [2 times] the Monthly Maximum

Nursing Home Benefit ..... Up to the Monthly Maximum per calendar month\*

Assisted Care Facility Benefit ..... Up to the Monthly Maximum per calendar month\*

Bed Reservation Benefit ..... [60] days per Policy Year\*

Alternate Care Benefit ..... Included – payment subject to mutual agreement

Waiver of Premium Benefit ..... Included – See Benefit Provisions

Survivorship Benefit ..... Included – See Benefit Provisions

International Coverage Benefit ..... Up to 75% of the Monthly Maximum per calendar month\*

..... for not more than 48 months

[Restoration of Benefits Provisions ..... Included - See Attached Rider]

[Nonforfeiture Benefit ..... Included - See Attached Rider]

[Enhanced Survivorship Benefit ..... Included - See Attached Rider]

\*The maximum total amount We will pay for all expenses that are incurred during a calendar month under all of these Benefits combined is limited to [100% of] the Monthly Maximum. This applies to: the Nursing Home Benefit; the Bed Reservation Benefit; the Assisted Care Facility Benefit; the Home Care Benefit, and the International Coverage Benefit.



**SCHEDULE**  
(Continued)

**Name of Policyholder:**  
[Mary Jane Doe]

**Policy Number:**  
[ABC1234567]

**PREMIUM INFORMATION**

RATE CLASSIFICATION: Policyholder - ..... [Standard]/[Preferred] [with {Insured} Couple Discount]  
Second Insured -.. [Standard]/[Preferred] [with {Insured} Couple Discount]

ANNUAL PREMIUMS:	Policyholder	Second Insured
Basic Policy Coverage (including any Benefit Increases).....	[\$xx.xx]	.....[\$xx.xx]
[Nonforfeiture Benefit Rider.....	[\$xx.xx]	.....[\$xx.xx]
[Restoration of Benefits Rider .....	[\$xx.xx]	.....[\$xx.xx]
[Enhanced Survivorship Benefit Rider .....	[\$xx.xx]	.....[\$xx.xx]
Individual Totals .....	[\$xx.xx]	.....[\$xx.xx]
Total Annual Premium.....		[\$xxx.xx]

FIRST PREMIUM	PREMIUM PAYMENT MODE	MODAL PREMIUM
[\$aaa.aa]	[Quarterly][*]	[\$bbb.bb]

See the Modal Premium Disclosure on the next page.

**[\*Notice – This Policy has a paid-up feature.**

[This means that, if You pay all required premiums as they become due, this Policy will be paid-up and no future premium payments will be required after this Policy has been in force for a period of 10 full years. We do, however, have the right to increase premiums that become due prior to the date this Policy becomes paid-up.]

OR

[This means that, if You pay all required premiums as they become due, this Policy will be paid-up and no future premium payments will be required after the Policy Anniversary Date coinciding with or next following the date You reach 65 years of age. We do, however, have the right to increase premiums that become due prior to the date this Policy becomes paid-up.]

[If this Policy includes automatic Benefit Increases, those increases will continue beyond the paid-up date without requiring additional premium payments.]

**SCHEDULE**  
(Continued)

**MODAL PREMIUM DISCLOSURE**

**[Premium Payment Options:** You pay for Your Policy by paying the premiums due in a timely manner. You have the right to choose one of the following premium payment modes: annually in one payment, semi-annual in two payments, quarterly in four payments, or monthly in twelve payments (each individual payment being a “Modal Premium Payment”). You may pay Your premiums monthly in twelve payments only by pre-authorized electronic transfer (EFT). If You choose a payment mode other than annual, You will pay additional charges for selecting that payment mode (the “Additional Payment Charges”). The chart below compares, for the first year of a policy with a \$1,000 annual premium, the total premium payments for each payment mode and the corresponding Additional Payment Charges that You would pay during the first year.

<b>First Year Cost Comparison of Additional Payment Charges for Alternative Premium Payment Modes</b>				
<b>Premium Payment Mode</b>	<b>Number of Premium Payments per Year</b>	<b>Amount of Each Modal Premium Payment during the First Year (Including Additional Payment Charges)</b>	<b>Total of Modal Premium Payments during First Year (Including Additional Payment Charges)</b>	<b>Total Additional Payment Charge during the First Year (In Dollars)</b>
Annual	1	\$1,000.00	\$1,000.00	\$0.00
Semiannual	2	\$510.00	\$1,020.00	\$20.00
Quarterly	4	\$260.00	\$1,040.00	\$40.00
Monthly (EFT only)	12	\$90.00	\$1,080.00	\$80.00

**Notice to Insured:** Each Modal Premium Payment is a payment, in advance, for insurance coverage. Coverage continues until the next premium payment is due. You are under no contractual obligation to continue making premium payments. However, pursuant to the Premium Provisions of the Policy, the failure to pay a premium may result in the termination of your coverage.

**Calculation of Modal Premium:** The Modal Premium Payment amounts are calculated by multiplying the Annual Modal Premium by the applicable modal premium factor:

- Annual - 1.00
- Semiannual - .51
- Quarterly - .26
- Monthly (EFT only) - .09

As illustrated above, if paid on a Semiannual, Quarterly, or Monthly Premium Payment Mode, your total premiums will be higher than if you made a single payment using the Annual Premium Payment Mode.]

## THE POLICY TAKING EFFECT AND REMAINING IN FORCE

### **EFFECTIVE DATE AND CONSIDERATION**

This Policy is issued based on: the statements made in its application; and payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule. It can be continued in force by the timely payment of premiums until it terminates.

### **POLICY TERMINATION**

This Policy will terminate on the earlier of:

- > The end of the period for which premium has been paid, subject to the Grace Period and Unintentional Lapse Protection provision;
- > The date benefit payments exhaust the Lifetime Maximum, as described in the Schedule;
- > The date this Policy is cancelled;
- > If there is more than one Insured, the date this Policy is converted due to divorce or final separation; or
- > The date You die, except that if there is more than one Insured, the date the last surviving Insured dies.

### **YOUR RIGHT TO CANCEL THIS POLICY AT ANY TIME**

You may cancel this Policy at any time by sending Us written notice signed by every Insured. This Policy will be cancelled as of the date We receive the cancellation notice, or any later date stated in the notice.

### **EXTENSION OF BENEFITS**

If this Policy terminates while an Insured is confined in a Nursing Home or Assisted Care Facility the Insured will continue to be eligible for benefits under the Nursing Home Benefits and the Assisted Care Facility Benefit until the earlier of the following:

- > The date the Insured's continuous confinement in such facilities ceases; or
- > The date benefit payments exhaust the Lifetime Maximum; or
- > The date the Insured dies.

For the purposes of these provisions, continuous confinement will include: being transferred to another Nursing Home or Assisted Care Facility; receiving another level of care in the same Nursing Home or Assisted Care Facility; and transferring back to a Nursing Home or Assisted Care Facility from a temporary or acute hospitalization.

This Extension of Benefits is subject to the Elimination Period and all other applicable provisions of this Policy.

## SHARED COVERAGE PROVISIONS

*Applicable when this Policy insures a couple who are named as insureds in the Schedule.*

### **COVERAGE PROVISIONS**

When more than one person is shown as an Insured in the Schedule:

- > All references to "You" in this Policy and any attached Riders will apply equally to each Insured. We will, however, send general correspondence and billing notices to the Policyholder. In the event one Insured dies, the survivor will become the Policyholder.
- > Each Insured is covered for all of the Benefits and services of this Policy. The Lifetime Maximum will be shared and the Waiver of Premium Benefit will apply as described below. The Elimination Period and all other maximums and limits determined from the Schedule for each Benefit will apply separately to each Insured.
- > **Sharing the Lifetime Maximum:** The Lifetime Maximum will be shared and will be exhausted by the combined benefit payments made on behalf of both Insureds.
- > **Dual Waiver of Premium:** The Waiver of Premium Benefit will apply to all premiums, not just the premium attributed to the Insured who is receiving benefits for which premium waiver is provided.
- > Both Insureds must sign requests to change coverage, cancel, or convert this Policy.

### **CONTINUATION ON DEATH OF ONE INSURED**

If one Insured dies the surviving Insured may continue this Policy. Upon receipt of due proof of death, future premiums for this Policy will be reduced to 125% of the premium applicable to the survivor's portion of the Policy premium. The Lifetime Maximum will not be affected.

### **LIMITED CONVERSION OPTION**

When a couple's relationship terminates due to divorce or final separation, they can either: continue sharing coverage under this Policy; or request that this Policy be converted to 2 individual policies so that each Insured would be in the same position as if he or she had been issued a separate policy with the same effective date as this Policy. Conversion to individual policies is subject to the following conditions:

- > This Policy can be converted if, at the time the conversion is requested:
  - Both Insureds request the conversion in writing;
  - Neither Insured is eligible for benefit payments; and
  - No Waiver of Premium Benefit or Nonforfeiture Benefit is in effect.
- > Except as provided herein, this Policy and an Insured's converted policy will be identical to the extent that this Policy applied to the Insured. The converted policy will have the same Policy Effective Date as this Policy; and will show an original Lifetime Maximum equal to one-half the original Lifetime Maximum of this Policy.
- > One-half the total amount of all benefits paid under this Policy, and not restored by any Restoration of Benefits Rider, will be deemed to have been paid as benefits under each Insured's converted policy.
- > With each converted policy We will provide a statement of:
  - The current Lifetime Maximum (reflecting any Benefit Increases and other changes to the original Lifetime Maximum);
  - Benefit payments deemed paid under the converted policy; and
  - The amount of unused benefits available as of the date of conversion.
- > Premiums for each converted policy will be due beginning on the next premium due date for this Policy. Premiums will be based on the Insured's original issue age and original Rate Classification (as shown in the Schedule).

Except as stated above, there is no right to convert to individual policies.

## GLOSSARY

Many terms used in this Policy are defined below. Additional definitions appear where they can assist You in understanding related text. For example, most Benefits have definitions for covered services and/or providers. Defined terms are highlighted in ***bold italics*** where they are defined, and have that meaning throughout the Policy.

***Activities of Daily Living:*** The activities defined below that are measured to determine Your ability to function independently. Each of the following is an Activity of Daily Living (ADL):

- > ***Bathing:*** Washing oneself by sponge bath; or washing oneself in either a tub or shower, including the task of getting into or out of the tub or shower.
- > ***Dressing:*** Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- > ***Eating:*** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
- > ***Continence:*** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- > ***Toileting:*** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- > ***Transferring:*** Moving into or out of a bed, chair or wheelchair.

***Covered Care:*** Only those Qualified Long Term Care Services for which this Policy pays benefits or would pay benefits in the absence of an Elimination Period.

***Elimination Period:*** The number of days that You must receive Covered Care before benefits are payable under those Benefits that are subject to the Elimination Period.

The Schedule states:

- > the number of days in the Elimination Period; and
- > the Benefits to which the Elimination Period applies.

The Elimination Period can be satisfied by days for which payment would otherwise be made under those Benefits to which the Elimination Period applies. It can also be satisfied by days for which You receive payment under the Home Care Benefit in accordance with a Plan of Care developed by a Privileged Care Coordinator. Days used to satisfy the Elimination Period do not need to be consecutive; and can be accumulated over time.

Once satisfied, You will never have to satisfy a new Elimination Period for this Policy.

***Family Member:*** Your spouse and anyone who is related to You or Your spouse as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece. This includes adopted, in-law and step-relatives.

***Home:*** Your primary place of residence in the area You use principally for independent residential living. This could be a house, condominium, apartment, unit in a congregate care community, or similar residential environment. Your Home does not include a hospital, Nursing Home or Assisted Care Facility.

***Insured:*** The person or persons named as an Insured in the Schedule. The terms "You" and "Your" are also used to refer to each Insured.

**Licensed Health Care Practitioner:** Any of the following who is not a Family Member:

- > A physician, as defined in Section 1861(r)(1) of the Social Security Act;
- > A registered professional nurse;
- > A licensed social worker, or
- > Any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

**Lifetime Maximum:** This is the maximum amount of benefits the Policy will pay. The Schedule shows:

- > the amount that applies on the Policy Effective Date;
- > how it changes based on benefit payments and any Benefit Increases; and
- > how to determine when it is exhausted.

**Medicaid:** The program administered in accordance with Title 32.1 of the Code of Virginia.

**Medicare:** The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

**Nurse:** Someone who is licensed as a Registered Graduate Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN), and is operating within the scope of that license.

**Policy Anniversary Date:** The first day of each Policy Year while this Policy is in force, beginning with the second Policy Year.

**Policyholder:** The Insured designated as such in the Schedule. The Policyholder will receive Policy correspondence and is authorized to make Policy changes when two signatures are not otherwise required.

**Policy Year:** Each twelve-month period beginning with the Policy Effective Date shown in the Schedule.

**Qualified Long Term Care Services:** Necessary diagnostic, preventative, therapeutic, curative, treatment, mitigation, and rehabilitative services, and Maintenance or Personal Care Services which:

- > Are required by a Chronically Ill Individual; and
- > Are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"Maintenance or Personal Care Services" as used in this definition means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which the person is a Chronically Ill Individual, including protection from threats to health and safety due to Severe Cognitive Impairment and hand on services to assist You with Activities of Daily Living.

**Important Note:** To be eligible for payment under this Policy, it is not sufficient for services to be Qualified Long Term Care Services. Such services must also:

- > Be care or support services for which this Policy pays benefits; and
- > Satisfy all other requirements of this Policy for Benefit eligibility and payment.

**Representative:** The person designated by You or by a court of law to represent You.

**We, Us, and Our:** General Electric Capital Assurance Company. We are a stock life insurance company. Our Administrative Office for this Policy is at 1650 Los Gatos Drive, San Rafael, California 94903-1899.

**You and Your:** The person or persons named as an Insured or Insureds in the Schedule.

## BENEFIT PROVISIONS

### LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

#### ELIGIBILITY FOR THE PAYMENT OF BENEFITS

For You to be eligible for the Benefits provided by this Policy We must have both:

- > A Current Eligibility Certification; and
- > On-going proof which demonstrates that the Covered Care You receive is needed due to Your continually being a Chronically Ill Individual.

The proof can be based on information from care providers, personal physicians and other Licensed Health Care Practitioners.

Our claims evaluation process is described in the Claims Provisions.

#### CONDITIONS

Benefits will be paid only as reimbursement for expenses incurred for care and services that:

- > Are Qualified Long Term Care Services; and
- > Are consistent with, and received pursuant to, Your Plan of Care as prescribed by a Licensed Health Care Practitioner; and
- > Meet the requirements for payment in accordance with the Benefits, services, and all other provisions of this Policy; and
- > Except as stated in the Extension of Benefits provision, are received while Your insurance under this Policy is in force. An expense, fee or charge is considered to be incurred on the day on which the care, service or other item forming the basis for it is received.

Benefit payments cease when the Lifetime Maximum is exhausted and are subject to: the Elimination Period requirements; and all other limits determined from the Schedule, the specific Benefits and other provisions of this Policy.

#### DEFINITIONS

An *Activity of Daily Living* is one of the following: Bathing; Dressing; Eating; Contenance; Toileting; and Transferring. These terms are defined in the Glossary.

A *Chronically Ill Individual* is a person who has been certified by a Licensed Health Care Practitioner as:

- > Being unable to perform, without Substantial Assistance (either Standby Assistance or Hands-on Assistance) from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must, at first, be expected to exist for a period of at least 90 days; or
- > Requiring Substantial Supervision to protect the person from threats to health and safety due to Severe Cognitive Impairment.

A *Current Eligibility Certification* is a Licensed Health Care Practitioner's written certification, made within the preceding 12-month period, that You meet the above requirements for being a Chronically Ill Individual.

**Substantial Assistance** is either:

- > **Hands-on Assistance**, which is the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform the Activity of Daily Living; or
- > **Standby Assistance**, which is the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing the Activity of Daily Living.

**Severe Cognitive Impairment** is a loss or deterioration in intellectual capacity that:

- > Is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
- > Is measured by clinical evidence and standardized tests that reliably measure impairment in the person's:
  - Short-term or long-term memory;
  - Orientation as to people, places, or time;
  - Deductive or abstract reasoning; or
  - Judgment as it relates to safety awareness.

**Substantial Supervision** is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering) and to protect others.

A **Plan of Care** is a written, individualized plan for care and support services for You that:

- > Has been developed as a result of an assessment and incorporates any information provided by Your personal physician; and
- > Has been prescribed by a Licensed Health Care Practitioner; and
- > Fairly, accurately and appropriately addresses Your long term care and support service needs; and
- > Specifies:
  - the type, frequency and duration of all services required to meet those needs;
  - the providers appropriate to furnish those services; and
  - an estimate of the appropriate cost of such services.

The Plan of Care must be updated as Your needs change. We must receive a copy of the Plan of Care upon its completion and each time it is updated. We retain the right to request periodic updates not more frequently than once every 30 days subject to the Proofs of Loss provision. We will make a copy of the current Plan of Care available to Your personal physician. No more than one Plan of Care may be in effect at a time.



## **PRIVILEGED CARE® COORDINATION SERVICES**

*This is an option You may choose to use when You become a Chronically Ill Individual.*

### **COVERED PRIVILEGED CARE COORDINATION SERVICES**

These services are intended to help identify care needs and community resources available to deliver care. We will pay for the services described below when a Privileged Care Coordinator provides them to You while Your insurance is in force under this Policy. These payments will be at Our expense; and will NOT count against any payment maximum.

When You use these services, the Privileged Care Coordinator will:

- > Meet with You in Your Home to obtain a full understanding of Your unique situation and condition. Based on that information the Privileged Care Coordinator will develop and prescribe a Plan of Care appropriate for Your needs. This may include care in Your Home and in the community.
- > Provide the initial and subsequent Current Eligibility Certifications.
- > Suggest a variety of formal and informal care and support service providers. This may include negotiating service and care provider rates for You; and identifying other financial resources available to meet the needs specified in Your Plan of Care.
- > Help in completion of claims forms required to get payment under this Policy.
- > Assist with implementing the Plan of Care by scheduling and coordinating the care and support service providers chosen by You.
- > Monitor the care and support services being received. This will include periodic re-assessments to determine revisions to Your Plan of Care warranted by changing needs.

### **DEFINITION**

A *Privileged Care Coordinator* is a Licensed Health Care Practitioner provided by Us at no cost to You. He or she will assist You in identifying Your long term care needs and matching those needs with available care and service providers and resources. The Privileged Care Coordinator will be a professional whose duties are to: gather objective information specific to Your circumstances; use the information gathered to help develop Your Plan of Care; and identify qualified providers that can deliver the needed care and services.

Privileged Care Coordinators are familiar with the care and service providers available in Your area. Those providers vary greatly from skilled professionals to lay caregivers, based on the degree and type of assistance needed. Privileged Care Coordinators will help identify qualified caregivers that are acceptable to You and Your family. In all cases, You are responsible for choosing the actual care and service providers to be used. If for any reason You are not satisfied with a Privileged Care Coordinator or care or service provider, You can request that an alternative be identified.

### **ADDITIONAL FEATURE**

When Home Care is provided in accordance with a Plan of Care developed by a Privileged Care Coordinator:

- > We will count days for which Home Care Benefits are paid toward satisfying the Elimination Period; and
- > The Waiver of Premium Benefit applies.

### **PAYMENT LIMITATIONS**

Payment for these Privileged Care Coordination Services is not subject to, and cannot be used to satisfy, the Elimination Period.

## HOME CARE BENEFIT

### THE BENEFIT

We will pay for expenses You incur for care and support services defined below that, other than Hospice Care, are received while You are living at Home, and are provided by someone other than a family member.

### DEFINITIONS

- > **Nurse and Therapist Services:** These are health care services provided in Your Home by a Nurse, or a licensed physical, occupational, respiratory or speech therapist.
- > **Services from Other Care Providers:** These are Home Health Aide and Personal Care Attendant Services, Homemaker Services, and Chore Services (as defined below) that:
  - A person provides in Your Home because they are necessary to enable You to continue to stay independent and safe at Home; and
  - Are necessary because You alone are not able to perform them due to Your being a Chronically Ill Individual; and
  - Are consistent with the needs addressed in Your Plan of Care.

Providers of these services do not need to be affiliated with a home health care agency.

***Home Health Aide and Personal Care Attendant Services:*** This is assistance with: simple health care tasks; personal hygiene; managing medications; and help in performing Activities of Daily Living.

***Homemaker Services:*** This is assistance with one or more of the following tasks: meal planning and preparation; doing laundry; and light house cleaning (such as: vacuuming, dry mopping, dishwashing, cleaning the kitchen or bath, and changing soiled bedding).

***Chore Services:*** This is assistance with the following light work activities: minor household repairs related to Your safety at Home (such as to handrails and safety rails, stairs, or floors); taking out the garbage; and simple cleaning tasks to remove unsafe debris or dirt in Your Home. Chore Services do not include any type of: residential upkeep, construction, renovation or routine home preservation (such as painting); lawn or yard care; snow removal; vehicle or equipment maintenance; or similar tasks.

- > **Community Care:** This is Adult Day Care and Hospice Care as defined below.

***Adult Day Care:*** This is a program for six or more individuals of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside Your Home.

***Hospice Care:*** This consists of services (not including prescription drugs) that are designed to provide palliative care to You or to alleviate Your physical, emotional and spiritual discomforts because You are experiencing the last phases of life due to a terminal disease (diagnosed with 6 months or less to live). Hospice Care can be provided in Your Home, or in a separate facility that is licensed or certified to provide Hospice Care by the State in which it is located.

### PAYMENT LIMITATIONS

Payment of this Benefit is subject to: the Lifetime Maximum; and the payment limits determined from the Schedule for this Benefit. No payment will be made under this Benefit for any period for which You are receiving Nursing Home Benefits, Assisted Care Facility Benefits, or Bed Reservation Benefits. Payment of this Benefit is not subject to, and days of Covered Care under it cannot be used to satisfy, the Elimination Period; except that days of Covered Care under this Benefit can be used to satisfy the Elimination Period when the care is received in accordance with a Plan of Care developed by a Privileged Care Coordinator.

## **RESPITE CARE BENEFIT**

### **THE BENEFIT**

When You receive Respite Care We will pay benefits under the Nursing Home Benefit, the Assisted Care Facility Benefit and the Home Care Benefit, without requiring You to satisfy the Elimination Period. Respite Care can be received in Your Home, or during a temporary stay in a Nursing Home or Assisted Care Facility.

### **DEFINITION**

*Respite Care* is short-term care that is provided to You in order to relieve the person who normally provides You with informal (unpaid) care in Your Home. The Respite Care must be stated in, and furnished in accordance with, Your Plan of Care.

### **PAYMENT LIMITATIONS**

Payment of this Benefit is subject to: the Lifetime Maximum; and the payment limits determined from the Schedule for this Benefit.

Payment of this Benefit is not subject to, and days of Covered Care under it cannot be used to satisfy, the Elimination Period.

## **CAREGIVER TRAINING BENEFIT**

### **THE BENEFIT**

We will pay for expenses You incur for training an informal (unpaid) caregiver to care for You in Your Home. All the following conditions apply to this Benefit:

- > We will not pay to train someone who will be paid to care for You.
- > The training can be received while You are confined in a hospital, Nursing Home, or Assisted Care Facility only if it is reasonably expected that the training will make it possible for You to go Home where You can be cared for by the person receiving the training.

### **PAYMENT LIMITATIONS**

Payment of this Benefit is subject to: the Lifetime Maximum; and the payment limits determined from the Schedule for this Benefit.

Payment of this Benefit is not subject to, and days of Covered Care under it cannot be used to satisfy, the Elimination Period.

## EQUIPMENT BENEFIT

### **THE BENEFIT**

We will pay for expenses, including installation fees, labor and related costs, You incur for the purchase or rental of Supportive Equipment if:

- > The equipment is intended to assist You in living at Home by relieving Your need for direct physical assistance; and
- > Your Plan of Care states that it is expected that the equipment will enable You to remain at Home for at least 90 days after the date of purchase or first rental.

### **DEFINITION**

*Supportive Equipment* includes items such as the following:

- > Pumps and other devices for intravenous injection;
- > Ramps to permit movement from one level of a residence to another;
- > Grab bars to assist in toileting, bathing or showering; and
- > Stair lifts for going between levels of Your Home.

Supportive Equipment does not include either:

- > Equipment that will, other than incidentally, increase the value of the residence in which it is installed; or
- > Artificial limbs, teeth, medical supplies, or equipment placed in Your body, temporarily or permanently.

### **PAYMENT LIMITATIONS**

Payment of this Benefit is subject to: the Lifetime Maximum; and the payment limits determined from the Schedule for this Benefit.

Payment of this Benefit is not subject to, and days of Covered Care under it cannot be used to satisfy, the Elimination Period.

## NURSING HOME BENEFIT

### THE BENEFIT

We will pay for expenses You incur for care and support services (including room and board, but not prescription drugs) provided by a Nursing Home while You are confined there as a resident inpatient.

This includes expenses for: private duty nursing care provided by a Nurse who is not employed by the facility; and all levels of care (including skilled, intermediate and custodial care) provided by the Nursing Home. The expenses must be consistent with the level of charges normally made for other inpatients receiving similar care in that facility.

### DEFINITION

A *Nursing Home* is a facility, not excluded below, that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients in accordance with the authority granted by a license issued by the federal government or the State in which it is located. Such nursing care must be performed by or under the direct supervision of a Nurse; the facility must employ at least one full-time Nurse; and a Nurse must be on duty or on call in the facility at all times.

If a facility has multiple licenses or purposes, a separate portion, ward, wing or unit thereof can qualify as a Nursing Home only if that portion, ward, wing or unit is engaged primarily in providing such nursing care in accordance with the authority granted by its license.

**Excluded Places:** The definition of a Nursing Home does NOT include any of the following:

- > A hospital or clinic.
- > A sub-acute care or rehabilitation hospital or unit.
- > A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- > An Assisted Care Facility.
- > Your Home or place of residence in an area used principally for independent residential living (including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities).
- > A substantially similar adult residence establishment or environment.

### PAYMENT LIMITATIONS

Payment of this Benefit is subject to: the Lifetime Maximum; the Elimination Period; and the payment limits determined from the Schedule for this Benefit.

## ASSISTED CARE FACILITY BENEFIT

### THE BENEFIT

We will pay for expenses You incur for care and support services (including room and board, but not prescription drugs) provided by an Assisted Care Facility while You are confined there as a resident inpatient. The expenses must be consistent with the level of charges normally made for other resident inpatients receiving similar care in that facility.

### DEFINITION

An *Assisted Care Facility* is a facility, not excluded below, that satisfies the Conditions below and is engaged primarily in providing continual (24 hours-a-day, every day) assistance and supervision to at least 10 resident inpatients due to their inability to perform Activities of Daily Living or Severe Cognitive Impairment.

**Conditions:** To satisfy this definition, such facility (e.g., assisted care, assisted living, or Alzheimer's dementia care facility) must at all times:

- > Provide such care and services under a license, certificate, or substantially similar permit and oversight from the federal government or the State in which it is located; **OR**
- > Provide such care and services in accordance with all applicable laws, and continuously meet all of the following requirements:
  - It maintains records for all care and services provided to each resident inpatient;
  - It has an awake employee on duty in the facility who is trained and ready to provide its resident inpatients with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment;
  - It has an awake employee who is aware of the whereabouts of the resident inpatients;
  - It provides, at a minimum, assistance with Bathing and Dressing;
  - It provides 3 meals a day and accommodates special dietary needs;
  - It has formal arrangements with a duly licensed physician or Nurse to furnish medical care and services in case of an emergency; and
  - It has the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications.

**Excluded Places:** An Assisted Care Facility is NOT any of the following:

- > A hospital or clinic.
- > A Nursing Home.
- > A sub-acute care or rehabilitation hospital or unit.
- > A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- > Your Home or place of residence in an area used principally for independent residential living (including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities).
- > A substantially similar adult residence establishment or environment.

If a facility has multiple licenses, certifications, purposes, or locations, a separate portion, ward, wing, unit or location thereof can qualify as an Assisted Care Facility only if it is engaged primarily in providing care that satisfies the above definition.

### PAYMENT LIMITATIONS

Payment of this Benefit is subject to: the Lifetime Maximum; the Elimination Period; and the payment limits determined from the Schedule for this Benefit.

## **BED RESERVATION BENEFIT**

### **THE BENEFIT**

We will continue to pay benefits, or give Elimination Period credit, under the Nursing Home Benefit and the Assisted Care Facility Benefit while You:

- > Are temporarily absent during a stay in a Nursing Home or Assisted Care Facility; and
- > Are charged to reserve Your accommodations in that facility.

The temporary absence can be for any reason. This includes, but is not limited to, a hospital stay, or spending holidays or other time with Your family.

### **PAYMENT LIMITATIONS**

This Benefit is subject to the Lifetime Maximum and will apply to no more than the number of days (continuous or not) determined from the Schedule for this Benefit.

## **ALTERNATIVE CARE BENEFIT**

*For expenses not otherwise covered. Prior approval by Us is required.*

### **THE BENEFIT**

We will pay for expenses You incur for care, treatment, services, supplies or other items not specifically covered by another Benefit of this Policy when all of the following conditions are met:

- > They are clearly specified in Your Plan of Care.
- > You, Your personal physician and We mutually agree that they are cost-effective alternatives to Benefits specifically available under this Policy.
- > They are for qualified long term care services as defined in Section 7702B(c) of the Internal Revenue Code.
- > They are incurred while such mutual agreement is in effect.
- > They are incurred while Your insurance is in force under this Policy.

Agreement to use these alternatives will not waive any of the rights You or We have under this Policy. The agreement may be discontinued at any time without affecting Your right to the Benefits otherwise available under this Policy.

Examples include, but are not limited to:

- > In-Home safety devices.
- > Community-based services that provide meals in the Home for disabled individuals (such as Meals on Wheels).
- > Equipment in Your Home that is not covered under the Equipment Benefit.
- > Rental or lease of emergency medical response devices.
- > Other services designed to help You remain at Home.

### **PAYMENT LIMITATIONS**

The agreement will state how payment is affected by the Elimination Period. It will also state any time and payment maximums. Payment of this Benefit is also subject to: the Lifetime Maximum; and all other provisions and conditions of this Policy.

## WAIVER OF PREMIUM BENEFIT

### **THE BENEFIT**

We will waive the premium payments for each coverage month that begins during a period for which benefits are paid or payable under either:

- > The Nursing Home Benefit or the Assisted Care Facility Benefit (after satisfying the Elimination Period);
- > The Home Care Benefit in accordance with a Plan of Care developed by a Privileged Care Coordinator (for which no Elimination Period is required); or
- > The Home Care Benefit after satisfying a qualifying period which is equal to the number of days in the Elimination Period stated in the Schedule. In determining when the qualifying period has been satisfied we will count:
  - Days used to satisfy the Elimination Period that occur while You are confined in a Nursing Home or Assisted Care Facility; and
  - Days for which the Home Care Benefit is paid.

This waiver applies to the entire premium for this Policy and all attachments.

### **PAYMENT LIMITATIONS**

This Benefit stops when You cease to receive Covered Care during any period for which benefits are paid under the Nursing Home Benefit, the Assisted Care Facility Benefit, or the Home Care Benefit. When this Benefit stops, We will give credit for any premium paid for periods during which the waiver applied, against future premiums when due. You will then be required: to pay the remaining premiums due in accordance with this Policy's previous premium payment mode; and to continue to make future premium payments as they become due.

## SURVIVORSHIP BENEFIT

### **THE BENEFIT**

If a couple have been insured under this Policy, or separate policies issued by Us, for at least 10 years when one of them dies, no further premium payments will be required for this Policy if:

- > The survivor is insured under this Policy; and
- > Both persons continuously had long term care insurance coverage in force with Us, other than under a Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 10 year period; and
- > Both persons were a couple with coverage that included a similar Survivorship Benefit for the entire period of concurrent coverage; and
- > No long term care benefits were paid or payable by Us for either person for the first 10 years of such concurrent Survivorship Benefit coverage; and
- > We receive due written proof of such death.

This waiver applies to the premium for this Policy and all attached riders in force on the date of such death.



## INTERNATIONAL COVERAGE BENEFIT

### THE BENEFIT

We will pay for expenses You incur for care and support services (including room and board, but not prescription drugs) provided by an Out-of-Country Nursing Home while You are confined there as a resident inpatient.

This includes expenses for all levels of care (whether skilled, intermediate or custodial) provided by the Out-of-Country Nursing Home. The expenses must be consistent with the level of charges normally made for other inpatients receiving similar care in the Out-of-Country Nursing Home.

Payment of this Benefit is subject to the following conditions:

- > Payment will be in lieu of all other Benefits and reimbursement otherwise provided by this Policy for expenses incurred during the period for which payment is made under this Benefit.
- > We will not provide Privileged Care Coordination Services in connection with this Benefit.
- > The Waiver of Premium Benefit will not apply to any period for which payment is made under this Benefit.
- > We must receive proof, satisfactory to Us, that You have met all of the requirements stated in the Limitations or Conditions on Eligibility for Benefits section of the Benefit Provisions. At Your own expense You must obtain and furnish Us with complete documentation in English. Such documentation shall include, but is not limited to:
  - A Current Eligibility Certification.
  - A satisfactory Plan of Care prescribing the need for care due to Your being a Chronically Ill Individual.
  - Properly completed claims forms, billing statements, and supporting medical and care documentation.
  - A copy of Your passport, airline ticket or other proof acceptable to Us that You are outside the United States of America, its territories and possessions.
- > We may require that You provide Us with all of the above information at reasonable intervals. We will not require this more frequently than monthly subject to the Proofs of Loss provision.
- > Payment will only be made to You, in the lawful money of the United States of America. Any foreign exchange rate will be as determined by Us.

### DEFINITION

An *Out-of-Country Nursing Home* is an institution, not excluded below, that:

- > Is located outside the United States, its territories and possessions; and
- > Is a legally operated facility that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients; and
- > Satisfies all of the Conditions on the next page.

**Conditions:** To satisfy this Out-of-Country Nursing Home definition, such facility, or separate portion, ward, wing or unit thereof, must at all times:

- > Provide such nursing care in accordance with the authority granted by a license or similar accreditation acceptable to Us that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which benefits would be payable under the Policy's Nursing Home Benefit; and
- > Employ at least one full-time Graduate Nurse;
- > Have a Graduate Nurse on duty or on call in the facility at all times;
- > Have an awake employee on duty in the facility who is:
  - Trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
  - Aware of the whereabouts of the residents;
- > Provide 3 meals a day and accommodate special dietary needs;
- > Have arrangements with a duly licensed physician or Graduate Nurse to furnish medical care and services in case of an emergency;
- > Have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- > Have accommodations for at least ten (10) resident inpatients in that location.

For the purposes of this definition, a *Graduate Nurse* is a person who has:

- > Completed an extensive post-secondary nursing care training program; and
- > A current license to provide skilled nursing care to sick or infirm individuals under the direction of a licensed physician.

**Excluded Places:** The definition of an Out-of-Country Nursing Home does NOT include any of the following:

- > A hospital or clinic.
- > A sub-acute care or rehabilitation hospital or unit.
- > A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- > Your Home or place of residence in an area used principally for independent residential living (including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities).
- > A substantially similar adult residence establishment or environment.

## **PAYMENT LIMITATIONS**

Payment of this Benefit is subject to: the Lifetime Maximum; the Elimination Period; and the payment limits determined from the Schedule for this Benefit. Payment for any period less than a full month will be pro-rated based on a 30-day month and the number of days for which payment is being made.

## EXCLUSIONS AND LIMITATIONS

### EXCLUSIONS

No payment will be made for any expenses incurred for any room and board, care, treatment, services, equipment or other items:

- > Provided by a Family Member, unless:
  - The Family Member is a regular employee of the organization that is providing the services; and
  - Such organization receives payment for the services; and
  - The Family Member receives no compensation other than the normal compensation for employees in her or his job category.
- > For which no charge is normally made in the absence of insurance.
- > Provided outside of the United States of America, its territories and possessions; except as described in the International Coverage Benefit.
- > Provided by or in a Veterans Administration or federal government facility, unless a valid charge is made to You or Your estate.
- > Resulting, directly or indirectly, from:
  - War or act of war, whether declared or not.
  - Attempted suicide or an intentionally self-inflicted injury.
  - Your alcoholism or addiction to drugs or narcotics; but not addiction that results from the administration of those substances in accordance with the advice and written instructions of a duly licensed physician.

**Note:** We will pay benefits for mental illness and Alzheimer's disease, subject to the same exclusions, limitations and provisions otherwise applicable to other Covered Care under this Policy.

### NON-DUPLICATION

Benefits will be paid only for expenses for Covered Care that are in excess of the amount paid or payable under Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount) and any other federal, state or other governmental health care program or law (except Medicaid). However, this Non-Duplication provision will not disqualify an expense for Covered Care from being used to satisfy the Elimination Period.

### OTHER COVERAGE WITH US

We may reduce benefits payable under this Policy for Covered Care if We also pay benefits for that Covered Care under any other policy issued by Us. This applies to policies providing long term care insurance (including policies providing nursing home and/or home care coverage) whether payable on an expense reimbursement, indemnity or any other basis.

Benefits will be reduced under this Policy only when payment would result in Our paying, under this and all other such policies, more than the expense You actually incur for an item of Covered Care. Any such reduction will be limited to the amount payment under this Policy causes the total amount of benefits under this and all other such policies to be more than 100% of the expense You actually incurred for that Covered Care.

If you are insured under more than one policy issued by Us that has a similar Other Coverage With Us provision, the coverage with the earliest effective date will be deemed to be the primary coverage, and the other coverage secondary, in order by effective date, from the earliest to the latest.

Any policy without a similar Other Coverage With Us provision will pay first without any reduction in its benefits.

## CLAIMS PROVISIONS

*Let Us know once it appears You may be a Chronically Ill Individual, and then follow these procedures.*

### **YOUR ROLE IN THE CLAIMS PROCESS**

Early awareness by Our Claims Department will facilitate a timely claim review. You can help Us greatly in the claims process and at the same time begin early planning of Your Covered Care, by contacting Us as soon as it appears You may be a Chronically Ill Individual.

Let Us know if You choose to use the services of a Privileged Care Coordinator. When You do that We will make arrangements for a coordinator to contact You immediately and begin providing You with Privileged Care Coordination Services. Of course, Your Representative can also contact Us.

### **ASSISTANCE IN COMPLETING CLAIM FORMS**

You may call Us if You need any type of assistance during any phase of the claim process. Our toll free number is listed on Your ID card. When You use a Privileged Care Coordinator, We will work with that person to ensure that We understand Your condition, the prescribed Plan of Care, and any care and support services received.

### **TELLING US ABOUT A CLAIM**

**Notice of Claim:** We must be notified when You have a claim. The notice can be given to Us at Our Administrative Office or to Our agent. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: Your name; the Policy Number (as shown in the Schedule); and an address to which the claim forms should be sent.

**Claim Forms:** When We get notice of claim, We will send out the necessary forms to be used to file proof of loss within fifteen days after giving such notice.

The forms will tell You how to complete them and where to send them. Read them carefully. Answer all questions and send all required information to the address on the forms. This will assist Us in the evaluation of the claim so that We can determine the benefits for which You are eligible.

If You or Your Representative do not get the necessary claim forms from Us within 15 days, proof of loss can be filed without them by sending Us a letter which describes the occurrence, the character and the extent of the loss for which Your claim is made. That letter must be sent to Us at Our Administrative Office within the time period stated in the next paragraph.

**Proofs of Loss:** When this Policy provides for payment for continuing loss, written proof of the loss must be given to Us within 90 days after the end of each monthly period for which We are liable. For any other loss, written proof must be given to Us within 90 days after such loss. If it was not reasonably possible to give Us written proof in the time required, We shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to Us no later than 1 year from the time specified.

## OUR EVALUATION CRITERIA; AND THE CLAIMS PAYMENT PROCESS

**How We Evaluate Claims:** We will obtain information about You by working with You and Your personal physician. We will also consult with any Licensed Health Care Practitioners, agencies and other care providers You used. We will then review that information to determine eligibility for benefits. We reserve the right, as part of the review and at Our expense, to do an assessment or a physical examination of You. Similar reviews may be required, at reasonable intervals, to determine eligibility for continued benefits while a claim is pending. We may use outside services to assist in evaluating Your condition.

On an on-going basis, We must receive updates to Your Plan of Care and Current Eligibility Certifications. We will also need a copy of Your Medicare Explanation(s) of Benefits (or similar form for other plans and programs subject to the Non-Duplication provision) to determine which expenses (if any) are excluded from coverage.

**Physical Examinations:** At Our expense, We have the right to require a medical examination when a claim is made and at reasonable intervals while a claim is pending.

**Time of Payment of Claim:** After We receive the proper written proof of loss, We will pay any benefits then due immediately; and at the end of each monthly period thereafter, when the loss is expected to result in on-going benefits.

**Payment of Claims:** All benefits will be payable to the Policyholder. If You become eligible for medical assistance in the Commonwealth of Virginia, the Virginia Department of Medical Assistance Services will be the payor of last resort for benefits payable under the policy. Any benefits unpaid at the Policyholder's death will be payable to his or her estate. If benefits are payable to an estate, we may pay a portion of those benefits, up to \$1,000, directly to someone related to You by blood or marriage who is deemed by us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

We may pay all or a portion of any benefits for care or services You receive to the provider of the care or services, unless You direct Us to do otherwise in writing by the time proofs of loss are filed. We do not require that a particular provider provide the care or services.

## **APPEALING A CLAIM DENIAL**

We will inform You in writing if a claim, or any part of a claim, is denied.

**Appeal Process:** If You believe that Our decision on a claim is in error You may appeal; and We will reconsider the claim. If You wish to make such an appeal, You must send Us a brief note (no special form needed) that tells Us why You feel We should change Our decision. You may authorize someone else to act for You in this appeal process.

The note should include the names, addresses and phone numbers of any providers You think We should contact to learn more about the health and the care received by the person on whose behalf the claim was made. This would include the physicians, health care professionals and other care providers who treated You; and the facilities from which You received care, treatment, services, equipment or other items.

We will provide You with a written explanation of the reasons for any claim denial and make available all information directly related to that denial within 60 days of the date of any written claims appeal. We will immediately pay any benefits due as a result of Our reconsideration.

**Legal Actions:** You cannot sue on any claim before 60 days after proof of claim has been given to Us as required by this Policy. You cannot sue after 3 years from the time the written proof of loss is required to be given.

## BASIC CONTRACT PROVISIONS

### THE CONTRACT

**Entire Contract; Changes:** This Policy, including any endorsements and attached papers, if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by an executive officer of the Company and unless such approval is endorsed hereon or attached hereto. No agent has the authority to change this Policy or waive any of its provisions.

### CONTESTING COVERAGE

**Incontestability; Time Limit on Certain Defenses:** We issued this Policy based on information We were provided. Any incorrect or omitted material information in Your application may cause this Policy to be rescinded (voided) or a claim to be denied.

**Misstatements in the Application:** If there has been a misrepresentation, We may rescind (void) this Policy or deny an otherwise valid claim:

- > While this Policy has been in force for less than 6 months, if the misrepresentation was material to the acceptance of You for coverage; and
- > While this Policy has been in force for at least 6 months but less than 2 years, if the misrepresentation is both: material to the acceptance of You for coverage; and pertains to the conditions for which benefits are sought.

After this Policy has been in force for 2 years it will not be contestable upon the grounds of misrepresentation alone; and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health.

If We pay any benefits under this Policy, the benefit payments will not be recovered by Us in the event this Policy is rescinded.

**Pre-Existing Conditions:** Except as permitted above, We will not reduce or deny any claim under this Policy because of a sickness or physical or medical condition that existed before this Policy's Effective Date.

### OTHER PROVISIONS

**Misstatement of Age:** If Your age was misstated in the application for this Policy, We will pay the benefits that the premiums paid would have purchased at Your true age. If, based on that true age, this Policy would not have become effective, We will only be liable for the refund of all premiums paid for this Policy.

**Governing Jurisdiction; Conformity with Statutes:** The laws of the state in which You reside on its Effective Date govern this Policy. Any provision of this Policy which is in conflict with the statutes of such state, is hereby changed to conform with the minimum requirements of those statutes.

**Time Periods:** All time periods begin and end at 12:01 a.m. at Your residence.

**Non-Participating; Dividends Not Payable:** This Policy does not participate in Our profits or surplus earnings; has no cash values; and will not pay dividends at any time.

**No Cash Values, Borrowing, or Use as Collateral:** This Policy does not provide for a cash surrender value, or other money that can be: borrowed; or paid, assigned or pledged as collateral for a loan.

## PREMIUM PROVISIONS

### PAYING PREMIUMS

**Due Dates:** The Premium Payment Mode shown in the Schedule states how often premiums are to be paid. After the First Premium, each premium is due at the end of the period for which the prior premium was paid.

**Currency:** All payment by or to Us will be in the lawful money of the United States of America. Any foreign exchange rate will be as determined by Us.

**Unpaid Premiums:** When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

**Refund of Premiums Paid Beyond Your Death:** If the Policy terminates due to Your death, We will refund the pro rata portion of any premium paid for a period after Your death. The refund will be made within 30 days of Our receipt of written notice of Your death. It will be paid to Your estate.

**Limitations on the Refund of Premiums:** In the event this Policy is cancelled by You or terminated by Us, We shall, within 30 days of the effective date of such cancellation or termination, return to You the unearned portion of any premium paid. The earned premium shall be computed on a pro rata basis.

### WHAT HAPPENS WHEN PREMIUMS ARE NOT PAID

**Grace Period and Unintentional Lapse Protection:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium, during which grace period this Policy shall continue in force before it lapses.

You have the right to designate someone else to receive notice of lapse or termination of this Policy for nonpayment of premium. Your Policy will not lapse or be terminated for nonpayment of premium unless We, at least 30 days before the effective date of the lapse or termination, have given notice to You and to those persons designated by You for the purposes of receiving notice of lapse or termination. Notice will be given by first class United States mail, postage prepaid; and notice may not be given until 30 days after a premium is due and unpaid. Notice shall be deemed to have been given as of five (5) days after the date of mailing.

Your application shows whom You have designated to receive these notices. At any time You can direct Us, in writing, to change Your designation and send the notices to someone else.

**Reinstatement:** This Policy will terminate if a renewal premium is not paid on time.

Later acceptance of all past due premiums by Us (or by an agent duly authorized by Us to accept such payment) without requiring an application for reinstatement will reinstate this Policy as of the date of premium acceptance.

If We or Our duly authorized agent require an application for reinstatement, and give You a conditional receipt for the premium, this Policy will be reinstated upon either: Our approval of the application; or, lacking such approval, the 45th day after the date of the conditional receipt, unless We give You prior written notice of Our disapproval of the application.

The reinstated policy will cover only expenses incurred as a result of covered losses that begin after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the policy as reinstated.



**Continuation of Coverage for Lapse due to Alzheimer's Disease and Other Forms of Cognitive or Functional Impairment:** We will provide a retroactive continuation of coverage if:

- > This Policy terminates due to non-payment of premiums (lapse); and
- > Within 7 months after termination We are given proof that You met the Eligibility for the Payment of Benefits requirements of this Policy.

We must receive proof of Your impairment or incapacity and all past-due premiums within that 7-month period. Any benefits for which You qualified during the continuation period will be paid to the same extent they would have been paid if this Policy and its riders had remained in force from the date of termination.

**CONTINGENT NONFORFEITURE BENEFIT**

*This applies only if this Policy lapses after substantial cumulative premium increases.*

**WHEN THIS BENEFIT APPLIES**

We will notify You at least 60 days prior to any change in premium rates for this Policy. Anytime the cumulative amount of all such premium increases equals or exceeds the Triggers Indicating a Substantial Premium Increase shown below We will:

- > Offer to reduce Your Policy benefits, without requiring additional underwriting, so that the required premium payments are not increased; and
- > Offer the option to convert Your coverage, without requiring additional underwriting, to a paid-up status with a shortened benefit period as described below. Such option may be elected at any time during the 120-day period following the due date of the premium increase; and
- > Notify each Insured that a default or lapse at any time during the 120-day period following the due date of the premium increase will be deemed to be the election of the option to convert coverage as described above.

**THE SHORTENED BENEFIT PERIOD PLAN**

When coverage is converted to a shortened benefit period plan the Policy will continue automatically with a reduced Lifetime Maximum. It will have the same Benefits, Elimination Period and other payment limits that were in effect at the time of lapse or election to convert. These limits will not change thereafter. The amount of Your reduced Lifetime Maximum will be the greater of:

- > The maximum benefit amount applicable, at the time of default or lapse, under the Nursing Home Benefit for one month (30 days); or
- > 100% of the sum of all premiums actually paid and attributed to You for Your insurance under this Policy and any attached forms, including premiums paid prior to any change in benefits.

It will not be reduced by any benefits paid or payable for expenses incurred prior to the date of lapse.

**PAYMENT LIMITATIONS**

The total amount We will pay under this Benefit and the Policy (while it was in force) is limited to the maximum amount that would have been paid if the Policy had remained in premium paying status.

**TRIGGERS INDICATING A SUBSTANTIAL PREMIUM INCREASE**

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

If this Policy has a Nonforfeiture Benefit, that Benefit will apply whenever this Policy lapses after having been in force for at least 3 years (even if there have been no premium increases).

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**Please keep this Policy in a safe place with Your other important documents.**

**ENHANCED SURVIVORSHIP BENEFIT RIDER**

*This Rider adds the following to the Benefit Provisions of the Policy to which it is attached.*

**ENHANCED SURVIVORSHIP BENEFIT**

**THE BENEFIT**

If a couple have been insured under this Policy, or separate policies issued by Us, for at least 7 years when one of them dies, no further premium payments will be required for this Policy if:

- > The survivor is insured under this Policy; and
- > Both persons continuously had long term care insurance coverage in force with Us, other than under a Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 7 year period; and
- > Both persons were a couple with coverage that included a similar Enhanced Survivorship Benefit for the entire period of concurrent coverage; and
- > We receive due written proof of such death.

This waiver applies to the premium for this Policy and all attached riders in force on the date of such death.

**PAYMENT LIMITATIONS**

This Benefit is in lieu of any Survivorship Benefit under the Policy.

**RIDER PROVISIONS**

**When this Rider is in Force:** This Rider has been issued based on Your application and payment of the required premium. It takes effect on the Policy Effective Date. It continues as long as: the Policy is in force; and the required premium has been paid on time.

**Premium:** The Policy premium shown in the Schedule reflects the cost of this Rider. The same conditions that apply to changing premiums for the Policy apply to changing premiums for this Rider. The premium for this Rider will be waived when the Policy premium is waived.

This Rider forms a part of the Policy to which it is attached.

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

Signed for General Electric Capital Assurance Company.

  
Secretary

  
President and CEO, Long Term Care Division

**APPROVED**  
Commonwealth Of Virginia  
State Corporation Commissioner  
Bureau Of Insurance  
DATE: 4/30/03  
BY: EBAndy

# GENWORTH LIFE INSURANCE COMPANY

Administrative Office: [3100 Albert Lankford Drive, Lynchburg, VA 24501] Phone [800 456.7766]

## LONG TERM CARE INSURANCE POLICY

**Insured(s):** [Mrs. Mary Jane Doe]  
[Mr. John E. Doe]

**Policy Number:** [ABC1234567]

### DECLARATIONS

We are pleased to issue the above numbered insurance Policy, herein called the **Policy**. Keep it in a safe place, as it is a legal contract between You (the Insured(s) named above) and Us (the insurer). As You read it, be aware of the following.

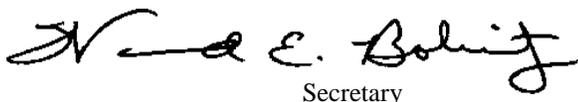
**You have an unconditional right to return this Policy in the first 30 days.** You have 30 days from the day You receive this Policy to examine and return it to Us. You can return it for any reason. Simply return it to Us at Our Administrative Office or to the agent or office through which it was bought. This Policy will then be void from the start. We will refund the full amount paid for this Policy within 30 days of such a return.

***CAUTION: This Policy may not apply when You have a claim! Please read! The issuance of this long term care insurance Policy is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at Our Administrative Office at the above address.***

**This Policy is Guaranteed Renewable for Life.** Subject to its terms, You can keep this Policy in force until benefits have been exhausted by paying the required premiums on time. We cannot cancel or refuse to renew this Policy. We cannot change any of its terms on Our own, except that We can change the premiums.

**We have a limited right to change premiums.** Premiums will not change due to a change in Your age or health. We can change premiums based on premium class; but only if We change them for all similar policies issued in the same state and on the same form as this Policy. Premium changes will only be made as of a Policy Anniversary Date. We will give You at least 60 days written notice before We change premiums.

**Signed for Genworth Life Insurance Company.**

  
Secretary

  
President and CEO, Long Term Care Division

**Notice to Buyer:** This Policy may not cover all of the costs associated with long term care which may be incurred by You during the period of coverage. You are advised to review carefully all Policy limitations.

**This Policy is not a Medicare Supplement policy.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us.

**The Policy is intended to qualify for favorable tax treatment. As such, it must meet certain federal standards in addition to all applicable standards in the state in which the Policy was issued or issued for delivery. If You have any questions regarding the tax qualification of this product, You should direct such questions to the appropriate federal agency, or You should consult Your tax advisor. This Policy is a tax-qualified contract under the Internal Revenue Code.**

# **FEDERAL TAX QUALIFICATION PROVISIONS**

## **CONFORMITY WITH INTERNAL REVENUE CODE**

This Policy is intended to be 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 (herein referred to as the "Code").

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A copy of the application for this Policy ..... Attached

Any Riders, Endorsements, Notices and other papers..... Attached/Included

Refer to the Schedule to determine the Benefits, Options, and applicable coverage details.

**SCHEDULE**

**GENWORTH LIFE INSURANCE COMPANY**

**Policyholder**  
Mary Jane Doe  
Apt #1234  
123 Main Street  
Anytown, US 99999

**Insured(s)**  
Mary Jane Doe  
John E. Doe

**Policy Number**  
LTC-1234567

**Policy Effective Date**  
September 15, 2007

**Coverage Limits and Features**

Daily Maximum..... [\$100]

Lifetime Maximum ..... [\$146,000]

The Lifetime Maximum amount available is reduced as benefits are paid. It is increased when any Benefit Increases apply. The Lifetime Maximum is exhausted when there is no remaining amount available.

[Benefit Increases ..... [None] {As described below

Your Daily Maximum and Lifetime Maximum will each increase in the manner described below. Any such annual increases will be available to pay for expenses incurred on or after the date of the increases and while this Policy is in force. Benefit Increases cease when the Policy terminates.]

[**5% Compound:** On each Policy Anniversary Date Your Daily Maximum will increase by 5% and the *remaining* Lifetime Maximum will increase by the same percentage that Your Daily Maximum increases.]

[**5% Equal:** On each Policy Anniversary Date they will each increase by 5% of the respective original Daily Maximum and Lifetime Maximum applicable on the Policy Effective Date. These increases are not reduced by benefit payments.]

[**3% Compound:** On each Policy Anniversary Date Your Daily Maximum will increase by 3%; and the *remaining* Lifetime Maximum will increase by the same percentage that Your Daily Maximum increases.]

[**5% Compound to Age 75:** On each Policy Anniversary Date while You are 75 years of age and younger, Your Daily Maximum will increase by 5%; and the *remaining* Lifetime Maximum will increase by the same percentage that Your Daily Maximum increases. All such increase cease, without a premium reduction, with the increase that occurs while You are 76 years of age.]

[**Graded Compound:** On each Policy Anniversary Date Your Daily Maximum will increase in the following manner, based on Your attained age on that date.

- > While You are 60 years of age and younger Your Daily Maximum will increase by 5%;
- > While You are at least 61 years of age and less than 76 years of age, Your Daily Maximum will increase by 3%; and
- > While You are 76 years of age and older, Your Daily Maximum will increase by 2%.

The *remaining* Lifetime Maximum will increase by the same percentage that Your Daily Maximum increases.]

[**Adjusting Increases:** On each Policy Anniversary Date Your Daily Maximum will increase in the following manner, based on Your attained age on that date.

- > While You are 60 years of age and younger they will increase by 5%;
- > While You are at least 61 years of age and less than 76 years of age, they will increase by 3% of the Daily Maximum applicable on the later of the Policy Effective Date or the Policy Anniversary Date on which You are 60 years of age; and
- > While You are 76 years of age and older, they will not increase.

The *remaining* Lifetime Maximum will increase by the same percentage that Your Daily Maximum increases.]

Elimination Period..... [0][30][90][180] Days of Covered Care

The Elimination Period applies to the Nursing Home Benefit, Assisted Care Facility Benefit and the Home Care Benefit.

**Benefits and Services Provided**

**We Pay Up to these Limits**

Privileged Care Coordination Services .....Not subject to Policy limits

Home Care Benefit ..... Up to [50% of ] the Daily Maximum per calendar day

Respite Care Benefit .....21 days per Policy Year

Caregiver Training Benefit ..... Up to a lifetime maximum equal to [5 times] the Daily Maximum

Equipment Benefit ..... Up to a lifetime maximum equal to [50 times] the Daily Maximum

Nursing Home Benefit..... Up to the Daily Maximum per calendar day

Assisted Care Facility Benefit ..... Up to the Daily Maximum per calendar day

Bed Reservation Benefit ..... [30] days per Policy Year

Alternate Care Benefit .....Included – payment subject to mutual agreement

Waiver of Premium Benefit..... Included – See Benefit Provisions

[Nonforfeiture Benefit .....Included - See Attached Rider]

[Restoration of Benefits Provisions .....Included - See Attached Rider]

[Survivorship Benefit.....Included - See Attached Rider]

[Enhanced Survivorship Benefit.....Included - See Attached Rider]

[Monthly Benefits Rider.....Included - See Attached Rider]

[Waiver of Home Care Elimination Period Rider.....Included - See Attached Rider]

[Return of Premium Upon Death After 10 Years Rider .....Included - See Attached Rider]

[Graded Return of Premium Upon Death Rider .....Included - See Attached Rider]

**SCHEDULE**  
(Continued)

**Name of Policyholder:**  
[Mary Jane Doe]

**Policy Number:**  
[ABC1234567]

**PREMIUM INFORMATION**

RATE CLASSIFICATION: Policyholder - ..... [Standard]/[Preferred] [with {Insured} Couple Discount]  
[No Other Discounts]  
Second Insured - ... [Standard]/[Preferred] [with {Insured} Couple Discount]  
[No Other Discounts]

ANNUAL PREMIUMS:	Policyholder	Second Insured
Basic Policy Coverage (including any Benefit Increases) .....	[\$xx.xx]	[\$xx.xx]
[Nonforfeiture Benefit Rider .....	[\$xx.xx]	[\$xx.xx]
[Restoration of Benefits Rider .....	[\$xx.xx]	[\$xx.xx]
[Monthly Benefits Rider .....	[\$xx.xx]	[\$xx.xx]
[Survivorship Rider .....	[\$xx.xx]	[\$xx.xx]
[Enhanced Survivorship Rider .....	[\$xx.xx]	[\$xx.xx]
[Waiver of Home Care Elimination Period Rider .....	[\$xx.xx]	[\$xx.xx]
[Return of Premium Upon Death After 10 Years Rider .....	[\$xx.xx]	[\$xx.xx]
[Graded Return of Premium Upon Death Rider .....	[\$xx.xx]	[\$xx.xx]
Individual Totals .....	[\$xx.xx]	[\$xx.xx]
Total Annual Premium .....		[\$xxx.xx]

FIRST PREMIUM	PREMIUM PAYMENT MODE	MODAL PREMIUM
[\$aaa.aa]	[Quarterly][*]	[\$bbb.bb]

Premiums shown above reflect all discounts that apply to Your coverage. See the Modal Premium Disclosure on the next page.

**Premium Payment Period:** [Lifetime] {[10 years] [To Age 65] – See the Paid-Up Feature below.}

**[\*Notice – This Policy has a paid-up feature.**

[This means that, if You pay all required premiums as they become due, this Policy will be paid-up and no future premium payments will be required after this Policy has been in force for a period of 10 full years. We do, however, have the right to increase premiums that become due prior to the date this Policy becomes paid-up.]

OR

[This means that, if You pay all required premiums as they become due, this Policy will be paid-up and no future premium payments will be required after the Policy Anniversary Date coinciding with or next following the date You reach 65 years of age. We do, however, have the right to increase premiums that become due prior to the date this Policy becomes paid-up.]

[If this Policy includes automatic Benefit Increases, those increases will continue beyond the paid-up date without requiring additional premium payments.]



**SCHEDULE**

(Continued)

**MODAL PREMIUM DISCLOSURE**

**Premium Payment Options:** You pay for Your Policy by paying the premiums due in a timely manner. You have the right to choose one of the following premium payment modes: annually in one payment, semi-annual in two payments, quarterly in four payments, or monthly in twelve payments (each individual payment being a “Modal Premium Payment”). You may pay Your premiums monthly in twelve payments only by pre-authorized electronic transfer (EFT). If You choose a payment mode other than annual, You will pay additional charges for selecting that payment mode (the “Additional Payment Charges”). The chart below compares, for the first year of a policy with a \$1,000 annual premium, the total premium payments for each payment mode and the corresponding Additional Payment Charges that You would pay during the first year.

<b>First Year Cost Comparison of Additional Payment Charges for Alternative Premium Payment Modes</b>				
<b>Premium Payment Mode</b>	<b>Number of Premium Payments per Year</b>	<b>Amount of Each Modal Premium Payment during the First Year (Including Additional Payment Charges)</b>	<b>Total of Modal Premium Payments during First Year (Including Additional Payment Charges)</b>	<b>Total Additional Payment Charge during the First Year (In Dollars)</b>
Annual	1	\$1,000.00	\$1,000.00	\$0.00
Semiannual	2	\$510.00	\$1,020.00	\$20.00
Quarterly	4	\$260.00	\$1,040.00	\$40.00
Monthly (EFT only)	12	\$90.00	\$1,080.00	\$80.00

**Notice to Insured:** Each Modal Premium Payment is a payment, in advance, for insurance coverage. Coverage continues until the next premium payment is due. You are under no contractual obligation to continue making premium payments. However, pursuant to the Premium Provisions of the Policy, the failure to pay a premium may result in the termination of your coverage.

**Calculation of Modal Premium:** The Modal Premium Payment amounts are calculated by multiplying the Annual Modal Premium by the applicable modal premium factor:

- > Annual - 1.00
- > Semiannual - .51
- > Quarterly - .26
- > Monthly (EFT only) - .09

As illustrated above, if paid on a Semiannual, Quarterly, or Monthly Premium Payment Mode, your total premiums will be higher than if you made a single payment using the Annual Premium Payment Mode.

## **THE POLICY TAKING EFFECT AND REMAINING IN FORCE**

### **EFFECTIVE DATE AND CONSIDERATION**

This Policy is issued based on: the statements made in its application; and payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule. It can be continued in force by the timely payment of premiums until it terminates.

### **POLICY TERMINATION**

This Policy will terminate on the earlier of:

- > The end of the period for which premium has been paid, subject to the Grace Period and Unintentional Lapse Protection provision;
- > The date benefit payments exhaust the Lifetime Maximum, as described in the Schedule;
- > The date this Policy is cancelled;
- > If there is more than one Insured, the date this Policy is converted due to legal divorce; or
- > The date You die, except that if there is more than one Insured, the date the last surviving Insured dies.

### **YOUR RIGHT TO CANCEL THIS POLICY AT ANY TIME**

You may cancel this Policy at any time by sending Us written notice signed by every Insured. This Policy will be cancelled as of the date We receive the cancellation notice, or any later date stated in the notice.

### **EXTENSION OF BENEFITS**

If this Policy terminates while an Insured is confined in a Nursing Home or Assisted Care Facility the Insured will continue to be eligible for benefits under the Nursing Home Benefits and the Assisted Care Facility Benefit until the earlier of the following:

- > The date the Insured's continuous confinement in such facility ceases; or
- > The date benefit payments exhaust the Lifetime Maximum; or
- > The date the Insured dies.

For the purposes of these provisions, continuous confinement will include: being transferred to another Nursing Home or Assisted Care Facility; receiving another level of care in the same Nursing Home or Assisted Care Facility; and transferring back to a Nursing Home or Assisted Care Facility from a temporary or acute hospitalization.

This Extension of Benefits is subject to the Elimination Period and all other applicable provisions of this Policy.

## **SHARED COVERAGE PROVISIONS**

*Applicable when this Policy insures a couple who are named as Insureds in the Schedule.*

### **COVERAGE PROVISIONS**

When more than one person is shown as an Insured in the Schedule:

- > All references to “You” in this Policy and any attached Riders will apply equally to each Insured. We will, however, send general correspondence and billing notices to the Policyholder. In the event one Insured dies, the survivor will become the Policyholder.
- > Each Insured is covered for all of the Benefits and services of this Policy. The Lifetime Maximum will be shared and the Waiver of Premium Benefit will apply as described below. The Elimination Period and all other maximums and limits determined from the Schedule for each Benefit will apply separately to each Insured.
- > **Sharing the Lifetime Maximum:** The Lifetime Maximum will be shared and will be exhausted by the combined benefit payments made on behalf of both Insureds.
- > **Dual Waiver of Premium:** The Waiver of Premium Benefit will apply to all premiums, not just the premium attributed to the Insured who is receiving benefits for which premium waiver is provided.
- > Both Insureds must sign requests to change coverage, cancel, or convert this Policy.

### **CONTINUATION ON DEATH OF ONE INSURED**

If one Insured dies the surviving Insured may continue this Policy. Upon receipt of due proof of death, future premiums for this Policy will be reduced to 125% of the premium applicable to the survivor’s portion of the Policy premium. The Lifetime Maximum will not be affected.

### **LIMITED CONVERSION OPTION**

When a couple’s relationship terminates due to divorce or final separation, they can either: continue sharing coverage under this Policy; or request that this Policy be converted to 2 individual policies so that each Insured would be in the same position as if he or she had been issued a separate policy with the same effective date as this Policy. Conversion to individual policies is subject to the following conditions:

- > This Policy can be converted if, at the time the conversion is requested:
  - Both Insureds request the conversion in writing;
  - Neither Insured is eligible for benefit payments; and
  - No Waiver of Premium Benefit or Nonforfeiture Benefit is in effect.
- > Except as provided herein, this Policy and an Insured’s converted policy will be identical to the extent that this Policy applied to the Insured. The converted policy will have the same Policy Effective Date as this Policy; and will show an original Lifetime Maximum equal to one-half the original Lifetime Maximum of this Policy.
- > One-half the total amount of all benefits paid under this Policy, and not restored by any Restoration of Benefits Rider, will be deemed to have been paid as benefits under each Insured’s converted policy.
- > With each converted policy We will provide a statement of:
  - The current Lifetime Maximum (reflecting any Benefit Increases and other changes to the original Lifetime Maximum);
  - Benefit payments deemed paid under the converted policy; and
  - The amount of unused benefits available as of the date of conversion.
- > Premiums for each converted policy will be due beginning on the next premium due date for this Policy. Premiums will be based on the Insured’s original issue age and original Rate Classification (as shown in the Schedule).

Except as stated above, there is no right to convert to individual policies.

## GLOSSARY

Many terms used in this Policy are defined below. Additional definitions appear where they can assist You in understanding related text. For example, most Benefits have definitions for covered services and/or providers. Defined terms are highlighted in ***bold italics*** where they are defined; and have that meaning throughout the Policy.

***Activities of Daily Living:*** The activities defined below that are measured to determine Your ability to function independently. Each of the following is an Activity of Daily Living (ADL):

- > ***Bathing:*** Washing oneself by sponge bath; or washing oneself in either a tub or shower, including the task of getting into or out of the tub or shower.
- > ***Dressing:*** Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- > ***Eating:*** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.
- > ***Continence:*** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- > ***Toileting:*** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- > ***Transferring:*** Moving into or out of a bed, chair or wheelchair.

***Covered Care:*** Only those Qualified Long Term Care Services for which this Policy pays benefits or would pay benefits in the absence of an Elimination Period.

***Elimination Period:*** The number of days that You must receive Covered Care before benefits are payable under those Benefits that are subject to the Elimination Period.

The Schedule states:

- > the number of days in the Elimination Period; and
- > the Benefits to which the Elimination Period applies.

The Elimination Period can be satisfied by days for which payment would otherwise be made under those Benefits to which the Elimination Period applies. Days used to satisfy the Elimination Period do not need to be consecutive; and can be accumulated over time.

Once satisfied, You will never have to satisfy a new Elimination Period for this Policy.

***Family Member:*** Your spouse and anyone who is related to You or Your spouse as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece. This includes adopted, in-law and step-relatives.

***Home:*** Your primary place of residence in the area You use principally for independent residential living. This could be a house, condominium, apartment, unit in a congregate care community, or similar residential environment. Your Home does not include a hospital, Nursing Home or Assisted Care Facility.

***Insured:*** The person or persons named as an Insured in the Schedule. The terms “You” and “Your” are also used to refer to each Insured.

**Licensed Health Care Practitioner:** Any of the following who is not a Family Member:

- > A physician, as defined in Section 1861(r)(1) of the Social Security Act;
- > A registered professional nurse;
- > A licensed social worker; or
- > Any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

**Lifetime Maximum:** This is the maximum amount of benefits the Policy will pay. The Schedule shows:

- > the amount that applies on the Policy Effective Date;
- > how it changes based on benefit payments and any Benefit Increases; and
- > how to determine when it is exhausted.

**Medicaid:** The state medical assistance program under Title XIX of the Social Security Act as it is now and as it may be amended. In Virginia it is the state medical assistance program administered in accordance with Title 32.1 of the Code of Virginia.

**Medicare:** The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

**Nurse:** Someone who is licensed as a Registered Graduate Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN), and is operating within the scope of that license.

**Policy Anniversary Date:** The first day of each Policy Year while this Policy is in force, beginning with the second Policy Year.

**Policyholder:** The Insured designated as such in the Schedule. The Policyholder will receive Policy correspondence and is authorized to make Policy changes when two signatures are not otherwise required.

**Policy Year:** Each twelve-month period beginning with the Policy Effective Date shown in the Schedule.

**Qualified Long Term Care Services:** Necessary diagnostic, preventative, therapeutic, curative, treatment, mitigation, and rehabilitative services, and Maintenance or Personal Care Services which:

- > Are required by a Chronically Ill Individual; and
- > Are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

“Maintenance or Personal Care Services” as used in this definition means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which the person is a Chronically Ill Individual, including protection from threats to health and safety due to Severe Cognitive Impairment and Hands on Assistance to assist You with Activities of Daily Living.

Important Note: To be eligible for payment under this Policy, it is not sufficient for services to be Qualified Long Term Care Services. Such services must also:

- > Be care or support services for which this Policy pays benefits; and
- > Satisfy all other requirements of this Policy for Benefit eligibility and payment.

**Representative:** The person designated by You or by a court of law to represent You.

**We, Us, and Our:** Genworth Life Insurance Company. We are a stock life insurance company. Our Administrative Office for this Policy is at 3100 Albert Lankford Drive, Lynchburg, VA 24501.

**You and Your:** The person or persons named as an Insured or Insureds in the Schedule.

## **BENEFIT PROVISIONS**

### **LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS**

#### **ELIGIBILITY FOR THE PAYMENT OF BENEFITS**

For You to be eligible for the Benefits provided by this Policy We must have both:

- > A Current Eligibility Certification; and
- > On-going proof which demonstrates that the Covered Care You receive is needed due to Your continually being a Chronically Ill Individual.

The proof can be based on information from care providers, personal physicians and other Licensed Health Care Practitioners.

Our claims evaluation process is described in the Claims Provisions.

#### **CONDITIONS**

Benefits will be paid only as reimbursement for expenses incurred for care and services that:

- > Are Qualified Long Term Care Services; and
- > Are consistent with, and received pursuant to, Your Plan of Care as prescribed by a Licensed Health Care Practitioner; and
- > Meet the requirements for payment in accordance with the Benefits, services, and all other provisions of this Policy; and
- > Except as stated in the Extension of Benefits provision, are received while Your insurance under this Policy is in force. An expense, fee or charge is considered to be incurred on the day on which the care, service or other item forming the basis for it is received.

Benefit payments cease when the Lifetime Maximum is exhausted and are subject to: the Elimination Period requirements; and all other limits determined from the Schedule, the specific Benefits and other provisions of this Policy.

#### **DEFINITIONS**

An *Activity of Daily Living* is one of the following: Bathing; Dressing; Eating; Contenance; Toileting; and Transferring. These terms are defined in the Glossary.

A *Chronically Ill Individual* is a person who has been certified by a Licensed Health Care Practitioner as:

- > Being unable to perform, without Substantial Assistance (either Standby Assistance or Hands-on Assistance) from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must, at first, be expected to exist for a period of at least 90 days; **or**
- > Requiring Substantial Supervision to protect the person from threats to health and safety due to Severe Cognitive Impairment.

A *Current Eligibility Certification* is a Licensed Health Care Practitioner's written certification, made within the preceding 12-month period, that You meet the above requirements for being a Chronically Ill Individual.

**Substantial Assistance** is either:

- > **Hands-on Assistance**, which is the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform the Activity of Daily Living; or
- > **Standby Assistance**, which is the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing the Activity of Daily Living.

**Severe Cognitive Impairment** is a loss or deterioration in intellectual capacity that:

- > Is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
- > Is measured by clinical evidence and standardized tests that reliably measure impairment in the person's:
  - Short-term or long-term memory;
  - Orientation as to people, places, or time;
  - Deductive or abstract reasoning;
  - Judgment as it relates to safety awareness.

**Substantial Supervision** is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering).

A **Plan of Care** is a written, individualized plan for care and support services for You that:

- > Has been developed as a result of an assessment and incorporates any information provided by Your personal physician; and
- > Has been prescribed by a Licensed Health Care Practitioner; and
- > Fairly, accurately and appropriately addresses Your long term care and support service needs; and
- > Specifies:
  - the type, frequency and duration of all services required to meet those needs;
  - the providers appropriate to furnish those services; and
  - an estimate of the appropriate cost of such services.

The Plan of Care must be updated as Your needs change. We must receive a copy of the Plan of Care upon its completion and each time it is updated. We retain the right to request periodic updates not more frequently than once every 30 days subject to the Proofs of Loss provision. We will make a copy of the current Plan of Care available to Your personal physician. No more than one Plan of Care may be in effect at a time.

## **PRIVILEGED CARE® COORDINATION SERVICES**

*This is an option You may choose to use when You become a Chronically Ill Individual.*

### **COVERED PRIVILEGED CARE COORDINATION SERVICES**

These services are intended to help identify care needs and community resources available to deliver care when You are a Chronically Ill Individual. We will pay for the services described below when You receive them while Your insurance is in force under this Policy. These services are furnished by a Privileged Care Coordination team provided by Us at Our expense; and will NOT count against any payment maximum.

Privileged Care Coordination Services will provide You with access to a team of qualified individuals which includes a Privileged Care Coordinator. The team will review Your specific situation and provide the following services:

- > Conduct assessments of Your functional and cognitive capabilities and personal need for care and services.
- > Work with You to identify specific services and care providers You require.
- > Develop and suggest an initial and subsequent Plans of Care to assist You in meeting Your needs.
- > Provide the initial and ongoing Current Eligibility Certifications.
- > Assist You in completion of initial claims forms.
- > Monitor Your care needs on an ongoing basis.

We should be contacted immediately when Privileged Care Coordination Services are desired. We will then make arrangements for You to begin to receive these services.

**Privileged Care Coordination Services Are Voluntary:** You are not required to use Privileged Care Coordination Services. However, when You do not use these Privileged Care Coordination Services We will not cover the expense for the services described above, including:

- > creating a Plan of Care;
- > providing a Current Eligibility Certification; and
- > assistance in coordinating care.

### **DEFINITION**

A ***Privileged Care Coordinator*** is a Licensed Health Care Practitioner, such as a Nurse, who:

- > is qualified by training and experience to assess and identify the long term care and support service needs of a Chronically Ill Individual;
- > develops Plans of Care
- > Current Eligibility Certifications; and
- > meets standards satisfactory to the Company that pertain to quality assurance, reporting and record maintenance requirements.

### **PAYMENT LIMITATIONS**

Payment for these Privileged Care Coordination Services is not subject to, and cannot be used to satisfy, the Elimination Period.



## HOME CARE BENEFIT

### THE BENEFIT

We will pay for expenses You incur for care and support services defined below that, other than Hospice Care, are received while You are living at Home, and are provided by someone who is not a Family Member.

### DEFINITIONS

- > **Nurse and Therapist Services:** These are health care services provided in Your Home by a Nurse, or a licensed physical, occupational, respiratory or speech therapist.
- > **Services from Other Care Providers:** These are Home Health Aide and Personal Care Attendant Services, Homemaker Services, and Chore Services (as defined below) that:
  - A person provides in Your Home because they are necessary to enable You to continue to stay independent and safe at Home; and
  - Are necessary because You alone are not able to perform them due to Your being a Chronically Ill Individual; and
  - Are consistent with the needs addressed in Your Plan of Care.

Providers of these services do not need to be affiliated with a home health care agency.

***Home Health Aide and Personal Care Attendant Services:*** This is assistance with: simple health care tasks; personal hygiene; managing medications; and help in performing Activities of Daily Living.

***Homemaker Services:*** This is assistance with one or more of the following tasks: meal planning and preparation; doing laundry; and light house cleaning (such as: vacuuming, dry mopping, dishwashing, cleaning the kitchen or bath, and changing soiled bedding).

***Chore Services:*** This is assistance with the following light work activities: minor household repairs related to Your safety at Home (such as to handrails and safety rails, stairs, or floors); taking out the garbage; and simple cleaning tasks to remove unsafe debris or dirt in Your Home. Chore Services do not include any type of: residential upkeep, construction, renovation or routine home preservation (such as painting); lawn or yard care; snow removal; vehicle or equipment maintenance; or similar tasks.

- > **Community Care:** This is Adult Day Care and Hospice Care as defined below.

***Adult Day Care:*** This is a program for six or more individuals of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside Your Home.

***Hospice Care:*** This consists of services (not including prescription drugs) that are designed to provide palliative care to You or to alleviate Your physical, emotional and spiritual discomforts because You are experiencing the last phases of life due to a terminal disease (diagnosed with 6 months or less to live). Hospice Care can be provided in Your Home, or in a separate facility that is licensed or certified to provide Hospice Care by the State in which it is located.

### PAYMENT LIMITATIONS

Payment of this Benefit is subject to: the Lifetime Maximum; the Elimination Period; and the payment limits determined from the Schedule for this Benefit. No payment will be made under this Benefit for any period for which You are receiving Nursing Home Benefits, Assisted Care Facility Benefits, or Bed Reservation Benefits.

## **RESPITE CARE BENEFIT**

### **THE BENEFIT**

When You receive Respite Care We will pay benefits under the Nursing Home Benefit, the Assisted Care Facility Benefit and the Home Care Benefit, without requiring You to satisfy the Elimination Period. Respite Care can be received in Your Home, or during a temporary stay in a Nursing Home or Assisted Care Facility.

### **DEFINITION**

*Respite Care* is short-term care that is provided to You in order to relieve the person who normally provides You with informal (unpaid) care in Your Home. The Respite Care must be stated in, and furnished in accordance with, Your Plan of Care.

### **PAYMENT LIMITATIONS**

Payment of this Benefit is subject to the Lifetime Maximum; and this Benefit will be payable for no more than the number of days (continuous or not) determined from the Schedule for this Benefit.

Payment of this Benefit is not subject to, and days of Covered Care under it cannot be used to satisfy, the Elimination Period.

## **CAREGIVER TRAINING BENEFIT**

### **THE BENEFIT**

We will pay for expenses You incur for training an informal (unpaid) caregiver to care for You in Your Home. All the following conditions apply to this Benefit:

- > We will not pay to train someone who will be paid to care for You.
- > The training can be received while You are confined in a hospital, Nursing Home, or Assisted Care Facility only if it is reasonably expected that the training will make it possible for You to go Home where You can be cared for by the person receiving the training.

### **PAYMENT LIMITATIONS**

Payment of this Benefit is subject to: the Lifetime Maximum; and the payment limits determined from the Schedule for this Benefit.

Payment of this Benefit is not subject to, and days of Covered Care under it cannot be used to satisfy, the Elimination Period.

## **EQUIPMENT BENEFIT**

### **THE BENEFIT**

We will pay for expenses, including installation fees, labor and related costs, You incur for the purchase or rental of Supportive Equipment if:

- > The equipment is intended to assist You in living at Home by relieving Your need for direct physical assistance; and
- > Your Plan of Care states that it is expected that the equipment will enable You to remain at Home for at least 90 days after the date of purchase or first rental.

### **DEFINITION**

*Supportive Equipment* includes items such as the following:

- > Pumps and other devices for intravenous injection;
- > Ramps to permit movement from one level of a residence to another;
- > Grab bars to assist in toileting, bathing or showering; and
- > Stair lifts for going between levels of Your Home.

Supportive Equipment does not include either:

- > Equipment that will, other than incidentally, increase the value of the residence in which it is installed; or
- > Artificial limbs, teeth, medical supplies, or equipment placed in Your body, temporarily or permanently.

### **PAYMENT LIMITATIONS**

Payment of this Benefit is subject to: the Lifetime Maximum; and the payment limits determined from the Schedule for this Benefit.

Payment of this Benefit is not subject to, and days of Covered Care under it cannot be used to satisfy, the Elimination Period.

## NURSING HOME BENEFIT

### THE BENEFIT

We will pay for expenses You incur for care and support services (including room and board, but not prescription drugs) provided by a Nursing Home while You are confined there as a resident inpatient.

This includes expenses for: private duty nursing care provided by a Nurse who is not employed by the facility; and all levels of care (including skilled, intermediate and custodial care) provided by the Nursing Home. The expenses must be consistent with the level of charges normally made for other inpatients receiving similar care in that facility.

### DEFINITION

A *Nursing Home* is a facility, not excluded below, that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients in accordance with the authority granted by a license issued by the federal government or the State in which it is located. Such nursing care must be performed by or under the direct supervision of a Nurse; the facility must employ at least one full-time Nurse; and a Nurse must be on duty or on call in the facility at all times.

If a facility has multiple licenses or purposes, a separate portion, ward, wing or unit thereof can qualify as a Nursing Home only if that portion, ward, wing or unit is engaged primarily in providing such nursing care in accordance with the authority granted by its license.

**Excluded Places:** The definition of a Nursing Home does NOT include any of the following:

- > A hospital or clinic.
- > A sub-acute care or rehabilitation hospital or unit.
- > A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- > An Assisted Care Facility.
- > Your Home or place of residence in an area used principally for independent residential living (including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities).
- > A substantially similar adult residence establishment or environment.

### PAYMENT LIMITATIONS

Payment of this Benefit is subject to: the Lifetime Maximum; the Elimination Period; and the payment limits determined from the Schedule for this Benefit.

## ASSISTED CARE FACILITY BENEFIT

### THE BENEFIT

We will pay for expenses You incur for care and support services (including room and board, but not prescription drugs) provided by an Assisted Care Facility while You are confined there as a resident inpatient. The expenses must be consistent with the level of charges normally made for other resident inpatients receiving similar care in that facility.

### DEFINITION

An *Assisted Care Facility* is a facility, not excluded below, that satisfies the Conditions below and is engaged primarily in providing continual (24 hours-a-day, every day) assistance and supervision to at least 10 resident inpatients due to their inability to perform Activities of Daily Living or Severe Cognitive Impairment.

**Conditions:** To satisfy this definition, such facility (e.g., assisted care, assisted living, or Alzheimer's dementia care facility) must at all times:

- > Provide such care and services under a license, certificate, or substantially similar permit and oversight from the federal government or the State in which it is located;  
OR
- > Provide such care and services in accordance with all applicable laws; and continuously meet all of the following requirements:
  - It maintains records for all care and services provided to each resident inpatient;
  - It has an awake employee on duty in the facility who is trained and ready to provide its resident inpatients with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment;
  - It has an awake employee who is aware of the whereabouts of the resident inpatients;
  - It provides, at a minimum, assistance with Bathing and Dressing;
  - It provides 3 meals a day and accommodates special dietary needs;
  - It has formal arrangements with a duly licensed physician or Nurse to furnish medical care and services in case of an emergency; and
  - It has the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications.

**Excluded Places:** An Assisted Care Facility is NOT any of the following:

- > A hospital or clinic.
- > A Nursing Home.
- > A sub-acute care or rehabilitation hospital or unit.
- > A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- > Your Home or place of residence in an area used principally for independent residential living (including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities).
- > A substantially similar adult residence establishment or environment.

If a facility has multiple licenses, certifications, purposes, or locations, a separate portion, ward, wing, unit or location thereof can qualify as an Assisted Care Facility only if it is engaged primarily in providing care that satisfies the above definition.

### PAYMENT LIMITATIONS

Payment of this Benefit is subject to: the Lifetime Maximum; the Elimination Period; and the payment limits determined from the Schedule for this Benefit.

## **BED RESERVATION BENEFIT**

### **THE BENEFIT**

We will continue to pay benefits, or give Elimination Period credit, under the Nursing Home Benefit and the Assisted Care Facility Benefit while You:

- > Are temporarily absent during a stay in a Nursing Home or Assisted Care Facility; and
- > Are charged to reserve Your accommodations in that facility.

The temporary absence can be for any reason. This includes, but is not limited to, a hospital stay, or spending holidays or other time with Your family.

### **PAYMENT LIMITATIONS**

This Benefit is subject to the Lifetime Maximum and will apply to no more than the number of days (continuous or not) determined from the Schedule for this Benefit.

## **ALTERNATIVE CARE BENEFIT**

*For expenses not otherwise covered. Prior approval by Us is required.*

### **THE BENEFIT**

We will pay for expenses You incur for care, treatment, services, supplies or other items not specifically covered by another Benefit of this Policy when all of the following conditions are met:

- > They are clearly specified in Your Plan of Care.
- > You, Your personal physician and We mutually agree that they are cost-effective alternatives to Benefits specifically available under this Policy.
- > They are for qualified long term care services as defined in Section 7702B(c) of the Internal Revenue Code.
- > They are incurred while such mutual agreement is in effect.
- > They are incurred while Your insurance is in force under this Policy.

Agreement to use these alternatives will not waive any of the rights You or We have under this Policy. The agreement may be discontinued at any time without affecting Your right to the Benefits otherwise available under this Policy.

Examples include, but are not limited to:

- > In-Home safety devices.
- > Community-based services that provide meals in the Home for disabled individuals (such as Meals on Wheels).
- > Equipment in Your Home that is not covered under the Equipment Benefit.
- > Rental or lease of emergency medical response devices.
- > Other services designed to help You remain at Home.

### **PAYMENT LIMITATIONS**

The agreement will state how payment is affected by the Elimination Period. It will also state any time and payment maximums. Payment of this Benefit is also subject to: the Lifetime Maximum; and all other provisions and conditions of this Policy.

## **WAIVER OF PREMIUM BENEFIT**

### **THE BENEFIT**

We will waive the premium payments for each coverage month that begins after You have satisfied the Elimination Period and during a period for which benefits are paid or payable under:

- > the Nursing Home Benefit; or
- > the Assisted Care Facility Benefit; or
- > the Home Care Benefit.

This waiver applies to the entire premium for this Policy and all attachments.

### **PAYMENT LIMITATIONS**

This Benefit stops when You cease to receive Covered Care during any period for which benefits are paid under the Nursing Home Benefit, the Assisted Care Facility Benefit, or the Home Care Benefit. When this Benefit stops, We will give credit for any premium paid for periods during which the waiver applied, against future premiums when due. You will then be required: to pay the remaining premiums due in accordance with this Policy's previous premium payment mode; and to continue to make future premium payments as they become due.

## **EXCLUSIONS AND LIMITATIONS**

### **EXCLUSIONS**

No payment will be made for any expenses incurred for any room and board, care, treatment, services, equipment or other items:

- > Provided by a Family Member, unless:
  - The Family Member is a regular employee of the organization that is providing the services; and
  - Such organization receives payment for the services; and
  - The Family Member receives no compensation other than the normal compensation for employees in her or his job category.
- > For which no charge is normally made in the absence of insurance.
- > Provided outside of the United States of America, its territories and possessions.
- > Provided by or in a Veterans Administration or federal government facility, unless a valid charge is made to You or Your estate.
- > Resulting, directly or indirectly, from:
  - War or act of war, whether declared or not.
  - Attempted suicide or an intentionally self-inflicted injury.
  - Your alcoholism or addiction to drugs or narcotics; but not addiction that results from the administration of those substances in accordance with the advice and written instructions of a duly licensed physician.

**Note:** We will pay benefits for mental illness and Alzheimer's disease, subject to the same exclusions, limitations and provisions otherwise applicable to other Covered Care under this Policy.

### **NON-DUPLICATION**

Benefits will be paid only for expenses for Covered Care that are in excess of the amount paid or payable under Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount) and any other federal, state or other governmental health care program or law (except Medicaid). However, this Non-Duplication provision will not disqualify an expense for Covered Care from being used to satisfy the Elimination Period.



## **CLAIMS PROVISIONS**

*Let Us know once it appears You may be a Chronically Ill Individual, and then follow these procedures.*

### **YOUR ROLE IN THE CLAIMS PROCESS**

Early awareness by Our Claims Department will facilitate a timely claim review. You can help Us greatly in the claims process and at the same time begin early planning of Your Covered Care, by contacting Us as soon as it appears You may be a Chronically Ill Individual.

Let Us know if You choose to use the services of a Privileged Care Coordinator. When You do that We will make arrangements for a coordinator to contact You immediately and begin providing You with Privileged Care Coordination Services. Of course, Your Representative can also contact Us.

### **ASSISTANCE IN COMPLETING CLAIM FORMS**

You may call Us if You need any type of assistance during any phase of the claim process. When You use a Privileged Care Coordinator, We will work with that person to ensure that We understand Your condition, the prescribed Plan of Care, and any care and support services received.

### **TELLING US ABOUT A CLAIM**

**Notice of Claim:** We must be notified when You have a claim. The notice can be given to Us at Our Administrative Office or to Our agent. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: Your name; the Policy Number (as shown in the Schedule); and an address to which the claim forms should be sent.

**Claim Forms:** When We get notice of claim We will send out the necessary forms to be used to file proof of loss within fifteen days after giving such notice.

The forms will tell You how to complete them and where to send them. Read them carefully. Answer all questions and send all required information to the address on the forms. This will assist Us in the evaluation of the claim so that We can determine the benefits for which You are eligible.

If You or Your Representative do not get the necessary claim forms from Us within 15 days, proof of loss can be filed without them by sending Us a letter which describes the occurrence, the character and the extent of the loss for which Your claim is made. That letter must be sent to Us at Our Administrative Office within the time period stated in the next paragraph.

**Proofs of Loss:** When this Policy provides for payment for continuing loss, written proof of the loss must be given to Us within 90 days after the end of each monthly period for which We are liable. For any other loss, written proof must be given to Us within 90 days after such loss. If it was not reasonably possible to give Us written proof in the time required, We shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to Us no later than 1 year from the time specified.

As often as reasonably necessary We may request that You or Your Representative:

- > Provide Us with pertinent records and documents and permit Us to make copies; and
- > Provide Us with a Recorded Statement or submit to an Examination Under Oath in connection with any claim submitted on Your behalf.

A "Recorded Statement" is a telephone or personal interview which is recorded. An "Examination Under Oath" is a formal proceeding during which the person, under oath and in the presence of a court reporter, is questioned by Our representative regarding the presented claim.

## OUR EVALUATION CRITERIA; AND THE CLAIMS PAYMENT PROCESS

**How We Evaluate Claims:** We will obtain information about You by working with You and Your personal physician. We will also consult with any Licensed Health Care Practitioners, agencies and other care providers You used. We will then review that information to determine eligibility for benefits. We reserve the right, as part of the review and at Our expense, to do an assessment or a physical examination of You. Similar reviews may be required, at reasonable intervals, to determine eligibility for continued benefits while a claim is pending. We may use outside services to assist in evaluating Your condition.

On an on-going basis, We must receive updates to Your Plan of Care and Current Eligibility Certifications. We will also need a copy of Your Medicare Explanation(s) of Benefits (or similar form for other plans and programs subject to the Non-Duplication provision) to determine which expenses (if any) are excluded from coverage.

**Physical Examinations:** At Our expense, We have the right to require a medical examination when a claim is made and at reasonable intervals while continued benefits are being claimed.

**Time of Payment of Claim:** After We receive the proper written proof of loss, We will pay any benefits then due immediately; and at the end of each monthly period thereafter, when the loss is expected to result in on-going benefits.

**Payment of Claims:** Benefits will be paid to You. Any benefits unpaid at Your death may be paid to Your estate.

If benefits may be paid to Your estate, We may pay a portion of those benefits, up to \$1,000, directly to someone related to You by blood or marriage who is deemed by Us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

We may pay all or a portion of any benefits for care or services You receive to the provider of the care or services, unless You direct Us to do otherwise in writing by the time proofs of loss are filed. We do not require that a particular provider provide the care or services.

If You become eligible for medical assistance in the Commonwealth of Virginia, the Virginia Department of Medical Assistance Services will be the payor of last resort for benefits payable under the Policy.

**Right to Recover Overpayments:** If We make payments which are in excess of the benefits payable under the Policy, We have the right to recover such excess from:

- > any person to whom, or for whom, or with respect to whom, such payments were made;
- > any organization which should have made such payments; and
- > future benefit payments, if any.

We will have the right to recover any benefits paid in error and any benefits paid as a result of fraudulent claims.

## APPEALING A CLAIM DECISION

We will inform You in writing if a claim, or any part of a claim, is denied.

**Appeal Process:** If You believe that Our decision on a claim is in error You may appeal; and We will reconsider the claim. If You wish to make such an appeal, You must send Us a brief note (no special form needed) that tells Us why You feel We should change Our decision. You may authorize someone else to act for You in this appeal process.

The note should include the names, addresses and phone numbers of any providers You think We should contact to learn more about the health and the care received by the person on whose behalf the claim was made. This would include the physicians, health care professionals and other care providers who treated You; and the facilities from which You received care, treatment, services, equipment or other items.

We will provide You with a written explanation of the reasons for any claim denial and make available all information directly related to that denial within 60 days of the date of any written claims appeal. We will immediately pay any benefits due as a result of Our reconsideration.

**Legal Actions:** You cannot sue on any claim before 60 days after proof of claim has been given to Us as required by this Policy. You cannot sue after 3 years from the time the written proof of loss is required to be given.

## **BASIC CONTRACT PROVISIONS**

### **THE CONTRACT**

**Entire Contract; Changes:** The entire contract between You and Us is as stated in this Policy, Your application and any papers We attach. No change in this Policy will be effective until approved by one of Our officers. That approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions.

### **CONTESTING COVERAGE**

**Incontestability; Time Limit on Certain Defenses:** We issued this Policy based on information We were provided. Any incorrect or omitted material information in Your application may cause this Policy to be rescinded (voided) or a claim to be denied.

**Misstatements in the Application:** If there has been a misrepresentation, We may rescind (void) this Policy or deny an otherwise valid claim:

- > While this Policy has been in force for less than 6 months, if the misrepresentation was material to the acceptance of You for coverage; and
- > While this Policy has been in force for at least 6 months but less than 2 years, if the misrepresentation is both: material to the acceptance of You for coverage; and pertains to the conditions for which benefits are sought.

After this Policy has been in force for 2 years it will not be contestable upon the grounds of misrepresentation alone; and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health.

If We pay any benefits under this Policy, the benefit payments will not be recovered by Us in the event this Policy is rescinded.

**Pre-Existing Conditions:** We will not reduce or deny any claim under this Policy because of a sickness or physical or medical condition that existed before this Policy's Effective Date.

### **OTHER PROVISIONS**

**Misstatement of Age:** If Your age was misstated in the application for this Policy, We will pay the benefits that the premiums paid would have purchased at Your true age. If, based on that true age, this Policy would not have become effective, We will only be liable for the refund of all premiums paid for this Policy.

**Governing Jurisdiction; Conformity with Statutes:** The laws of the state in which You reside on its Effective Date govern this Policy. Any provision of this Policy which is in conflict with the statutes of such state, is hereby changed to conform with the minimum requirements of those statutes.

**Time Periods:** All time periods begin and end at 12:01 a.m. at Your residence.

**Non-Participating; Dividends Not Payable:** This Policy does not participate in Our profits or surplus earnings; has no cash values; and will not pay dividends at any time.

**No Cash Values, Borrowing, or Use as Collateral:** This Policy does not provide for a cash surrender value, or other money that can be: borrowed; or paid, assigned or pledged as collateral for a loan.

**Communications Through Electronic Means and other Technologies:** Other than written communications, We reserve the right to designate the form and means of all communications, notices or proofs required by the Policy. If we agree, You may contact Us about Your Policy using electronic means or other technologies. If You agree, We may contact You regarding the Policy using electronic means or technologies. Except where prohibited by state or federal law, electronic communication is equal to other communication methods. Information exchanged has the same legal effect, validity and enforceability.

## **PREMIUM PROVISIONS**

### **PAYING PREMIUMS**

**Due Dates:** The Premium Payment Mode shown in the Schedule states how often premiums are to be paid. After the First Premium, each premium is due at the end of the period for which the prior premium was paid.

**Currency:** All payment by or to Us will be in the lawful money of the United States of America. Any foreign exchange rate will be as determined by Us.

**Unpaid Premiums:** When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

**Refund of Premiums Paid Beyond Your Death:** If the Policy terminates due to Your death, We will refund the pro rata portion of any premium paid for a period after Your death. The refund will be made within 30 days of Our receipt of written notice of Your death. It will be paid to Your estate.

**Limitations on the Refund of Premiums:** In the event this Policy is cancelled by You or terminated by Us, We shall, within 30 days of the effective date of such cancellation or termination, return to You the unearned portion of any premium paid. The earned premium shall be computed on a pro rata basis.

### **WHAT HAPPENS WHEN PREMIUMS ARE NOT PAID**

**Grace Period and Unintentional Lapse Protection:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium, during which grace period this Policy shall continue in force before it lapses.

You have the right to designate someone else to receive notice of lapse or termination of this Policy for nonpayment of premium. Your Policy will not lapse or be terminated for nonpayment of premium unless We, at least 30 days before the effective date of the lapse or termination, have given notice to You and to those persons designated by You for the purposes of receiving notice of lapse or termination. Notice will be given by first class United States mail, postage prepaid; and notice may not be given until 30 days after a premium is due and unpaid. Notice shall be deemed to have been given as of five (5) days after the date of mailing.

Your application shows whom You have designated to receive these notices. At any time You can direct Us, in writing, to change Your designation and send the notices to someone else.

**Reinstatement:** This Policy will terminate if a renewal premium is not paid on time.

Later acceptance of all past due premiums by Us (or by an agent duly authorized by Us to accept such payment) without requiring an application for reinstatement will reinstate this Policy as of the date of premium acceptance.

If We or Our duly authorized agent require an application for reinstatement, and give You a conditional receipt for the premium, this Policy will be reinstated upon either: Our approval of the application; or, lacking such approval, the 45th day after the date of the conditional receipt, unless We give You prior written notice of Our disapproval of the application.

The reinstated policy will cover only expenses incurred as a result of covered losses that begin after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the policy as reinstated.

**Continuation for Lapse due to Alzheimer’s Disease and Other Forms of Cognitive or Functional Impairment:** We will provide a retroactive continuation of coverage if:

- > This Policy terminates due to non-payment of premiums (lapse); and
- > Within 7 months after termination We are given proof that You met the Eligibility for the Payment of Benefits requirements of this Policy.

We must receive proof of Your impairment or incapacity and all past-due premiums within that 7-month period. Any benefits for which You qualified during the continuation period will be paid to the same extent they would have been paid if this Policy and its riders had remained in force from the date of termination.

**Right to Reduce Coverage and Lower Premiums:** You have the right to reduce Your future premiums at any time by requesting that We delete an optional Benefit for which an additional premium is charged, or by decreasing Your Daily Maximum or Lifetime Maximum amounts under the Policy. We may limit any reduction in coverage to plans or options available for this Policy form and those for which benefits would be available after consideration of claims paid or payable. The premium for the reduced coverage will be based on You’re the age used to determine the premiums for the coverage in force. The reduced coverage will become effective as of the date the next premium is due following the date We receive Your written request, or a later premium due date specified in Your written request. If You request a decrease in coverage, You will not be required to provide proof of insurability.

**CONTINGENT NONFORFEITURE BENEFITS**

**WHEN BENEFITS APPLY**

We will notify You prior to any change in premium rates for this Policy. Anytime the cumulative amount of all such premium increases equals or exceeds the applicable Triggers Indicating a Substantial Premium Increase shown below, We will offer, without requiring additional underwriting:

- > To reduce Your Policy benefits so that the required premium payments are not increased; and
- > To convert Your coverage, without requiring additional underwriting, to a paid-up status with a Shortened Benefit Period Plan as described below; and
- > To convert Your Policy to a Reduced Benefits Plan as described below if:
  - The Premium Payment Period shown in the Schedule is a fixed or limited period (and not “Lifetime”); and
  - Premiums have been paid for at least 40% of the number of months in the Premium Payment Period.

**TRIGGERS INDICATING A SUBSTANTIAL PREMIUM INCREASE**

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

***Additional Triggers when the Premium Payment Period is a fixed or limited period (not Lifetime)***

Under 65	50%	65-80	30%	Over 80	10%
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## **THE SHORTENED BENEFIT PERIOD PLAN**

### *(For all Premium Payment Periods)*

When coverage is converted to the Shortened Benefit Period Plan the Policy will continue automatically with a reduced Lifetime Maximum. It will have the same Benefits, Elimination Period and other payment limits that were in effect at the time of lapse or election to convert. These limits will not change thereafter. The amount of Your reduced Lifetime Maximum will be the greater of:

- > The maximum benefit amount applicable, at the time of default or lapse, under the Nursing Home Benefit for one month (30 days); or
- > 100% of the sum of all premiums actually paid and attributed to You for Your insurance under this Policy and any attached forms, including premiums paid prior to any change in benefits.

This Lifetime Maximum will not be reduced by any benefits paid or payable for expenses incurred prior to the date of lapse. The total amount payable under this Benefit and the Policy (while it was in force) is limited to the maximum amount that would have been paid if the Policy had remained in premium paying status.

## **THE REDUCED BENEFITS PLAN**

### *(For when the Premium Payment Period is a fixed or limited period (and not Lifetime)*

When coverage is converted to the Reduced Benefits Plan the Policy will continue automatically with reduced benefit payment maximums. It will have the same Benefits and Elimination Period that were in effect at the time of lapse or election to convert. The remaining Lifetime Maximum, Daily Maximum or Monthly Maximum and payment limits for each benefit will be reduced to an amount equal to:

- > Ninety percent (90%) of the respective amounts in effect immediately prior to the lapse;  
MULTIPLIED BY
- > The ratio of the number of completed months of paid premiums divided by the number of months in the Premium Payment Period.

The amount of any Benefit Increases will be reduced in the same manner. There will be no reduction in Your Lifetime Maximum if it is "Unlimited".

## **ELECTION OF AN OPTION**

An applicable option may be elected at any time during the 120-day period following the due date of the premium increase.

We will notify the Policyholder that a default or lapse at any time during the 120-day period following the due date of the premium increase will be deemed to be the election of the option to convert coverage to the plan which provides the greatest paid-up Lifetime Maximum.

If this Policy has a Nonforfeiture Benefit Rider, that Benefit may be elected whenever this Policy lapses after having been in force for at least 3 years (even if there have been no premium increases).

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**Please keep this Policy in a safe place with Your other important documents.**



# GENWORTH LIFE INSURANCE COMPANY

Administrative Office: [3100 Albert Lankford Drive, Lynchburg, VA 24501] Phone [800 456.7766]

## LONG TERM CARE INSURANCE POLICY

Insured(s): [JOHN A DOE]  
[MARY JANE DOE]

Policy Number: [ABC123456]

### DECLARATIONS

We are pleased to issue the above numbered insurance Policy, herein called the **Policy**. Keep it in a safe place, as it is a legal contract between You (the Insured(s) named above) and Us (the insurer). As You read it, be aware of the following.

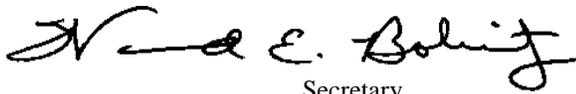
**You have an unconditional right to return this Policy in the first 30 days.** You have 30 days from the day You receive this Policy to examine and return it to Us. You can return it for any reason. Simply return it to Us at Our Administrative Office or to the agent or office through which it was bought. This Policy will then be void from the start. We will refund the full amount paid for this Policy within 30 days of such a return.

**CAUTION: This Policy may not apply when You have a claim! Please read! The issuance of this long term care insurance Policy is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at Our Administrative Office at the above address.**

**This Policy is Guaranteed Renewable for Life.** Subject to its terms, You can keep this Policy in force until benefits have been exhausted by paying the required premiums on time. We cannot cancel or refuse to renew this Policy. We cannot change any of its terms on Our own, except that We can change the premiums.

**We have a limited right to change premiums.** Premiums will not change due to a change in Your age or health. We can change premiums based on premium class; but only if We change them for all similar policies issued in the same state and on the same form as this Policy. Premium changes will only be made as of a Policy Anniversary Date. We will give You at least 60 days written notice before We change premiums.

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

**Notice to Buyer:** This Policy may not cover all of the costs associated with long term care which may be incurred by You during the period of coverage. You are advised to review carefully all Policy limitations.

**This Policy is not a Medicare Supplement policy.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us.

**The Policy is intended to qualify for favorable tax treatment. As such, it must meet certain federal standards in addition to all applicable standards in the state in which the Policy was issued or issued for delivery. If You have any questions regarding the tax qualification of this product, You should direct such questions to the appropriate federal agency, or You should consult Your tax advisor. This Policy is a tax-qualified contract under the Internal Revenue Code.**

# **FEDERAL TAX QUALIFICATION PROVISIONS**

## **CONFORMITY WITH INTERNAL REVENUE CODE**

This Policy is intended to be 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 (herein referred to as the “Code”).

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Refer to the Schedule to determine the Benefits, Options, and applicable coverage details.

**SCHEDULE**

**GENWORTH LIFE INSURANCE COMPANY**

**Policyholder**

**Insured(s)**  
Mary Jane Doe  
John E. Doe

**Policy Number**  
LTC-123456

Mary Jane Doe  
Apt #1234  
123 Main Street  
Anytown, US 99999

**Policy Effective Date**  
September 15, 2004

**Coverage Limits and Features**

Monthly Maximum ..... [\$3,000]  
Lifetime Maximum ..... [\$144,000]

The Lifetime Maximum is exhausted only when the total of all benefits paid equals the applicable Lifetime Maximum including any Benefit Increases.

[Benefit Increases ..... [None] {As described below

Your Monthly Maximum and Lifetime Maximum will each increase in the manner described below. Any such annual increases will be available to pay for expenses incurred on or after the date of the increases and while this Policy is in force. These increases are not reduced by benefit payments. Benefit Increases cease when the Policy terminates.

[5% Compound: On each Policy Anniversary Date they will each increase by 5%.]

[5% Equal: On each Policy Anniversary Date they will each increase by 5% of the respective original Monthly Maximum and Lifetime Maximum applicable on the Policy Effective Date.]

[3% Compound: On each Policy Anniversary Date they will each increase by 3%.]

[5% Compound to Age 75: On each Policy Anniversary Date while You are 75 years of age and younger, they will each increase by 5%. All such increase cease, without a premium reduction, with the increase that occurs while You are 76 years of age.]

[Graded Compound: On each Policy Anniversary Date they will each increase in the following manner, based on Your attained age on that date:

- > While You are 60 years of age and younger they will increase by 5%;
- > While You are at least 61 years of age and less than 76 years of age, they will increase by 3%; and
- > While You are 76 years of age and older, they will increase by 2%.]

[Adjusting Increases: On each Policy Anniversary Date they will each increase in the following manner, based on Your attained age on that date:

- > While You are 60 years of age and younger they will increase by 5%;
- > While You are at least 61 years of age and less than 76 years of age, they will increase by 3% of the Daily Maximum applicable on the later of the Policy Effective Date or the Policy Anniversary Date on which You are 60 years of age; and
- > While You are 76 years of age and older, they will not increase.}]

Elimination Period ..... [0][30][90][180] Days of Covered Care

The Elimination Period applies only to the Nursing Home Benefit, [and ]the Assisted Care Facility Benefit[and the International Coverage Benefit].

**Benefits and Services Provided**

**We Pay Up to these Limits**

Privileged Care Coordination Services .....	Not subject to Policy limits
Home Care Benefit .....	Up to the Monthly Maximum per calendar month*
Respite Care Benefit .....	Up to the Monthly Maximum per Policy Year
Caregiver Training Benefit .....	Up to a lifetime maximum equal to [20%] of the Monthly Maximum
Equipment Benefit .....	Up to a lifetime maximum equal to [2 times] the Monthly Maximum
Nursing Home Benefit .....	Up to the Monthly Maximum per calendar month*
Assisted Care Facility Benefit .....	Up to the Monthly Maximum per calendar month*
Bed Reservation Benefit .....	[60] days per Policy Year*
Alternate Care Benefit .....	Included – payment subject to mutual agreement
Waiver of Premium Benefit .....	Included – See Benefit Provisions
Survivorship Benefit .....	Included – See Benefit Provisions
International Coverage Benefit .....	Up to 75% of the Monthly Maximum per calendar month* for up to 48 calendar months but not after the Lifetime Maximum is exhausted

[Restoration of Benefits Provisions ..... Included - See Attached Rider]

[Nonforfeiture Benefit ..... Included - See Attached Rider]

[Enhanced Survivorship Benefit ..... Included - See Attached Rider]

[Return of Premium Upon Death After 10 Years Rider ..... Included - See Attached Rider]

[Graded Return of Premium Upon Death Rider ..... Included - See Attached Rider]

\*The maximum total amount We will pay for all expenses that are incurred during a calendar month under all of these Benefits combined is limited to 100% of the Monthly Maximum. This applies to: the Nursing Home Benefit; the Bed Reservation Benefit; the Assisted Care Facility Benefit; the Home Care Benefit; and the International Coverage Benefit.

**SCHEDULE**  
(Continued)

**Name of Policyholder:**  
[Mary Jane Doe]

**Policy Number:**  
[ABC1234567]

**PREMIUM INFORMATION**

RATE CLASSIFICATION: Policyholder - ..... [Standard]/[Preferred] [with {Insured} Couple Discount]  
[No Other Discounts]  
Second Insured -.. [Standard]/[Preferred] [with {Insured} Couple Discount]  
[No Other Discounts]

ANNUAL PREMIUMS:	Policyholder	Second Insured
Basic Policy Coverage (including any Benefit Increases).....	[\$xx.xx]	[\$xx.xx]
[Nonforfeiture Benefit Rider.....	[\$xx.xx]	[\$xx.xx]
[Restoration of Benefits Rider .....	[\$xx.xx]	[\$xx.xx]
[Enhanced Survivorship Benefit Rider .....	[\$xx.xx]	[\$xx.xx]
[Return of Premium Upon Death After 10 Years Rider .....	[\$xx.xx]	[\$xx.xx]
[Graded Return of Premium Upon Death Rider .....	[\$xx.xx]	[\$xx.xx]
Individual Totals .....	[\$xx.xx]	[\$xx.xx]
Total Annual Premium.....		[\$xxx.xx]

FIRST PREMIUM      PREMIUM PAYMENT MODE      MODAL PREMIUM  
[\$aaa.aa]                      [Quarterly][\*]                      [\$bbb.bb]

Premiums shown above reflect all discounts that apply to Your coverage. See the Modal Premium Disclosure on the next page.

**Premium Payment Period:** [Lifetime] {[10 years] [To Age 65] – See the Paid-Up Feature below.}

**[\*Notice – This Policy has a paid-up feature.**

[This means that, if You pay all required premiums as they become due, this Policy will be paid-up and no future premium payments will be required after this Policy has been in force for a period of 10 full years. We do, however, have the right to increase premiums that become due prior to the date this Policy becomes paid-up.]

OR

[This means that, if You pay all required premiums as they become due, this Policy will be paid-up and no future premium payments will be required after the Policy Anniversary Date coinciding with or next following the date You reach 65 years of age. We do, however, have the right to increase premiums that become due prior to the date this Policy becomes paid-up.]

[If this Policy includes automatic Benefit Increases, those increases will continue beyond the paid-up date without requiring additional premium payments.]

**SCHEDULE**

(Continued)

**MODAL PREMIUM DISCLOSURE**

**Premium Payment Options:** You pay for Your Policy by paying the premiums due in a timely manner. You have the right to choose one of the following premium payment modes: annually in one payment, semi-annual in two payments, quarterly in four payments, or monthly in twelve payments (each individual payment being a "Modal Premium Payment"). You may pay Your premiums monthly in twelve payments only by pre-authorized electronic transfer (EFT). If You choose a payment mode other than annual, You will pay additional charges for selecting that payment mode (the "Additional Payment Charges"). The chart below compares, for the first year of a policy with a \$1,000 annual premium, the total premium payments for each payment mode and the corresponding Additional Payment Charges that You would pay during the first year.

<b>First Year Cost Comparison of Additional Payment Charges for Alternative Premium Payment Modes</b>				
<b>Premium Payment Mode</b>	<b>Number of Premium Payments per Year</b>	<b>Amount of Each Modal Premium Payment during the First Year (Including Additional Payment Charges)</b>	<b>Total of Modal Premium Payments during First Year (Including Additional Payment Charges)</b>	<b>Total Additional Payment Charge during the First Year (In Dollars)</b>
Annual	1	\$1,000.00	\$1,000.00	\$0.00
Semiannual	2	\$510.00	\$1,020.00	\$20.00
Quarterly	4	\$260.00	\$1,040.00	\$40.00
Monthly (EFT only)	12	\$90.00	\$1,080.00	\$80.00

**Notice to Insured:** Each Modal Premium Payment is a payment, in advance, for insurance coverage. Coverage continues until the next premium payment is due. You are under no contractual obligation to continue making premium payments. However, pursuant to the Premium Provisions of the Policy, the failure to pay a premium may result in the termination of your coverage.

**Calculation of Modal Premium:** The Modal Premium Payment amounts are calculated by multiplying the Annual Modal Premium by the applicable modal premium factor:

- > Annual - 1.00
- > Semiannual - .51
- > Quarterly - .26
- > Monthly (EFT only) - .09

As illustrated above, if paid on a Semiannual, Quarterly, or Monthly Premium Payment Mode, your total premiums will be higher than if you made a single payment using the Annual Premium Payment Mode.

## **THE POLICY TAKING EFFECT AND REMAINING IN FORCE**

### **EFFECTIVE DATE AND CONSIDERATION**

This Policy is issued based on: the statements made in its application; and payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule. It can be continued in force by the timely payment of premiums until it terminates.

### **POLICY TERMINATION**

This Policy will terminate on the earlier of:

- > The end of the period for which premium has been paid, subject to the Grace Period and Unintentional Lapse Protection provision;
- > The date benefit payments exhaust the Lifetime Maximum, as described in the Schedule;
- > The date this Policy is cancelled;
- > If there is more than one Insured, the date this Policy is converted due to divorce or final separation; or
- > The date You die, except that if there is more than one Insured, the date the last surviving Insured dies.

### **YOUR RIGHT TO CANCEL THIS POLICY AT ANY TIME**

You may cancel this Policy at any time by sending Us written notice signed by every Insured. This Policy will be cancelled as of the date We receive the cancellation notice, or any later date stated in the notice.

### **EXTENSION OF BENEFITS**

If this Policy terminates while an Insured is confined in a Nursing Home or Assisted Care Facility the Insured will continue to be eligible for benefits under the Nursing Home Benefit and the Assisted Care Facility Benefit until the earlier of the following:

- > The date the Insured's continuous confinement in such facilities ceases; or
- > The date benefit payments exhaust the Lifetime Maximum; or
- > The date the Insured dies.

For the purposes of these provisions, continuous confinement will include: being transferred to another Nursing Home or Assisted Care Facility; receiving another level of care in the same Nursing Home or Assisted Care Facility; and transferring back to a Nursing Home or Assisted Care Facility from a temporary or acute hospitalization.

This Extension of Benefits is subject to the Elimination Period and all other applicable provisions of this Policy.

## **SHARED COVERAGE PROVISIONS**

*Applicable when this Policy insures a couple who are named as Insureds in the Schedule.*

### **COVERAGE PROVISIONS**

When more than one person is shown as an Insured in the Schedule:

- > All references to "You" in this Policy and any attached Riders will apply equally to each Insured. We will, however, send general correspondence and billing notices to the Policyholder. In the event one Insured dies, the survivor will become the Policyholder.
- > Each Insured is covered for all of the Benefits and services of this Policy. The Lifetime Maximum will be shared and the Waiver of Premium Benefit will apply as described below. The Elimination Period and all other maximums and limits determined from the Schedule for each Benefit will apply separately to each Insured.
- > **Sharing the Lifetime Maximum:** The Lifetime Maximum will be shared and will be exhausted by the combined benefit payments made on behalf of both Insureds.
- > **Dual Waiver of Premium:** The Waiver of Premium Benefit will apply to all premiums, not just the premium attributed to the Insured who is receiving benefits for which premium waiver is provided.
- > Both Insureds must sign requests to change coverage, cancel, or convert this Policy.

### **CONTINUATION ON DEATH OF ONE INSURED**

If one Insured dies the surviving Insured may continue this Policy. Upon receipt of due proof of death, future premiums for this Policy will be reduced to 125% of the premium applicable to the survivor's portion of the Policy premium. The Lifetime Maximum will not be affected.

### **LIMITED CONVERSION OPTION**

When a couple's relationship terminates due to divorce or final separation, they can either: continue sharing coverage under this Policy; or request that this Policy be converted to 2 individual policies so that each Insured would be in the same position as if he or she had been issued a separate policy with the same effective date as this Policy. Conversion to individual policies is subject to the following conditions:

- > This Policy can be converted if, at the time the conversion is requested:
  - Both Insureds request the conversion in writing;
  - Neither Insured is eligible for benefit payments; and
  - No Waiver of Premium Benefit or Nonforfeiture Benefit is in effect.
- > Except as provided herein, this Policy and an Insured's converted policy will be identical to the extent that this Policy applied to the Insured. The converted policy will have the same Policy Effective Date as this Policy; and will show an original Lifetime Maximum equal to one-half the original Lifetime Maximum of this Policy.
- > One-half the total amount of all benefits paid under this Policy, and not restored by any Restoration of Benefits Rider, will be deemed to have been paid as benefits under each Insured's converted policy.
- > With each converted policy We will provide a statement of:
  - The current Lifetime Maximum (reflecting any Benefit Increases and other changes to the original Lifetime Maximum);
  - Benefit payments deemed paid under the converted policy; and
  - The amount of unused benefits available as of the date of conversion.
- > Premiums for each converted policy will be due beginning on the next premium due date for this Policy. Premiums will be based on the Insured's original issue age and original Rate Classification (as shown in the Schedule).

Except as stated above, there is no right to convert to individual policies.

## GLOSSARY

Many terms used in this Policy are defined below. Additional definitions appear where they can assist You in understanding related text. For example, most Benefits have definitions for covered services and/or providers. Defined terms are highlighted in ***bold italics*** where they are defined; and have that meaning throughout the Policy.

***Activities of Daily Living:*** The activities defined below that are measured to determine Your ability to function independently. Each of the following is an Activity of Daily Living (ADL):

- > ***Bathing:*** Washing oneself by sponge bath; or washing oneself in either a tub or shower, including the task of getting into or out of the tub or shower.
- > ***Dressing:*** Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- > ***Eating:*** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.
- > ***Continence:*** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- > ***Toileting:*** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- > ***Transferring:*** Moving into or out of a bed, chair or wheelchair.

***Covered Care:*** Only those Qualified Long Term Care Services for which this Policy pays benefits or would pay benefits in the absence of an Elimination Period.

***Elimination Period:*** The number of days that You must receive Covered Care before benefits are payable under those Benefits that are subject to the Elimination Period.

The Schedule states:

- > the number of days in the Elimination Period; and
- > the Benefits to which the Elimination Period applies.

The Elimination Period can be satisfied by days for which payment would otherwise be made under those Benefits to which the Elimination Period applies. It can also be satisfied by days for which You receive payment under the Home Care Benefit in accordance with a Plan of Care developed by a Privileged Care Coordinator. Days used to satisfy the Elimination Period do not need to be consecutive; and can be accumulated over time.

Once satisfied, You will never have to satisfy a new Elimination Period for this Policy.

***Family Member:*** Your spouse and anyone who is related to You or Your spouse as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece. This includes adopted, in-law and step-relatives.

***Home:*** Your primary place of residence in the area You use principally for independent residential living. This could be a house, condominium, apartment, unit in a congregate care community, or similar residential environment. Your Home does not include a hospital, Nursing Home, or Assisted Care Facility.

***Insured:*** The person or persons named as an Insured in the Schedule. The terms "You" and "Your" are also used to refer to each Insured.



**Licensed Health Care Practitioner:** Any of the following who is not a Family Member:

- > A physician, as defined in Section 1861(r)(1) of the Social Security Act;
- > A registered professional nurse;
- > A licensed social worker; or
- > Any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

**Lifetime Maximum:** This is the maximum amount of benefits the Policy will pay. The Schedule shows:

- > the amount that applies on the Policy Effective Date;
- > how it changes based on benefit payments and any Benefit Increases; and
- > how to determine when it is exhausted.

**Medicaid:** The state medical assistance program under Title XIX of the Social Security Act as it is now and as it may be amended. In Virginia it is the state medical assistance program administered in accordance with Title 32.1 of the Code of Virginia.

**Medicare:** The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

**Nurse:** Someone who is licensed as a Registered Graduate Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN), and is operating within the scope of that license.

**Policy Anniversary Date:** The first day of each Policy Year while this Policy is in force, beginning with the second Policy Year.

**Policyholder:** The Insured designated as such in the Schedule. The Policyholder will receive Policy correspondence and is authorized to make Policy changes when two signatures are not otherwise required.

**Policy Year:** Each twelve-month period beginning with the Policy Effective Date shown in the Schedule.

**Qualified Long Term Care Services:** Necessary diagnostic, preventative, therapeutic, curative, treatment, mitigation, and rehabilitative services, and Maintenance or Personal Care Services which:

- > Are required by a Chronically Ill Individual; and
- > Are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"Maintenance or Personal Care Services" as used in this definition means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which the person is a Chronically Ill Individual, including protection from threats to health and safety due to Severe Cognitive Impairment and Hands on Assistance to assist You with Activities of Daily Living.

**Important Note:** To be eligible for payment under this Policy, it is not sufficient for services to be Qualified Long Term Care Services. Such services must also:

- > Be care or support services for which this Policy pays benefits; and
- > Satisfy all other requirements of this Policy for Benefit eligibility and payment.

**Representative:** A person designated by You or by a court of law to represent You.

**We, Us, and Our:** Genworth Life Insurance Company. We are a stock life insurance company. Our Administrative Office for this Policy is at 3100 Albert Lankford Drive, Lynchburg, VA 24501.

**You and Your:** The person or persons named as an Insured or Insureds in the Schedule.

## BENEFIT PROVISIONS

### LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

#### ELIGIBILITY FOR THE PAYMENT OF BENEFITS

For You to be eligible for the Benefits provided by this Policy We must have both:

- > A Current Eligibility Certification; and
- > On-going proof which demonstrates that the Covered Care You receive is needed due to Your continually being a Chronically Ill Individual.

The proof can be based on information from care providers, personal physicians and other Licensed Health Care Practitioners.

Our claims evaluation process is described in the Claims Provisions.

#### CONDITIONS

Benefits will be paid only as reimbursement for expenses incurred for care and services that:

- > Are Qualified Long Term Care Services; and
- > Are consistent with, and received pursuant to, Your Plan of Care as prescribed by a Licensed Health Care Practitioner; and
- > Meet the requirements for payment in accordance with the Benefits, services, and all other provisions of this Policy; and
- > Except as stated in the Extension of Benefits provision, are received while Your insurance under this Policy is in force. An expense, fee or charge is considered to be incurred on the day on which the care, service or other item forming the basis for it is received.

Benefit payments cease when the Lifetime Maximum is exhausted and are subject to: the Elimination Period requirements; and all other limits determined from the Schedule, the specific Benefits and other provisions of this Policy.

#### DEFINITIONS

An *Activity of Daily Living* is one of the following: Bathing; Dressing; Eating; Continence; Toileting; and Transferring. These terms are defined in the Glossary.

A *Chronically Ill Individual* is a person who has been certified by a Licensed Health Care Practitioner as:

- > Being unable to perform, without Substantial Assistance (either Standby Assistance or Hands-on Assistance) from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must, at first, be expected to exist for a period of at least 90 days; **or**
- > Requiring Substantial Supervision to protect the person from threats to health and safety due to Severe Cognitive Impairment.

A *Current Eligibility Certification* is a Licensed Health Care Practitioner's written certification, made within the preceding 12-month period, that You meet the above requirements for being a Chronically Ill Individual.

**Substantial Assistance** is either:

- > **Hands-on Assistance** which is the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform the Activity of Daily Living; or
- > **Standby Assistance** which is the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing the Activity of Daily Living.

**Severe Cognitive Impairment** is a loss or deterioration in intellectual capacity that:

- > Is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
- > Is measured by clinical evidence and standardized tests that reliably measure impairment in the person's:
  - Short-term or long-term memory;
  - Orientation as to people, places, or time;
  - Deductive or abstract reasoning;
  - Judgment as it relates to safety awareness.

**Substantial Supervision** is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering).

A **Plan of Care** is a written, individualized plan for care and support services for You that:

- > Has been developed as a result of an assessment and incorporates any information provided by Your personal physician; and
- > Has been prescribed by a Licensed Health Care Practitioner; and
- > Fairly, accurately and appropriately addresses Your long term care and support service needs; and
- > Specifies:
  - the type, frequency and duration of all services required to meet those needs;
  - the providers appropriate to furnish those services; and
  - an estimate of the appropriate cost of such services.

The Plan of Care must be updated as Your needs change. We must receive a copy of the Plan of Care upon its completion and each time it is updated. We retain the right to request periodic updates not more frequently than once every 30 days subject to the Proofs of Loss provision. We will make a copy of the current Plan of Care available to Your personal physician. No more than one Plan of Care may be in effect at a time.

## **PRIVILEGED CARE® COORDINATION SERVICES**

*This is an option You may choose to use when You become a Chronically Ill Individual.*

### **COVERED PRIVILEGED CARE COORDINATION SERVICES**

These services are intended to help identify care needs and community resources available to deliver care when You are a Chronically Ill Individual. We will pay for the services described below when You receive them while Your insurance is in force under this Policy. These services are furnished by a Privileged Care Coordination team provided by Us at Our expense; and will NOT count against any payment maximum.

Privileged Care Coordination Services will provide You with access to a team of qualified individuals which includes a Privileged Care Coordinator. The team will review Your specific situation and provide the following services:

- > Conduct assessments of Your functional and cognitive capabilities and personal need for care and services.
- > Work with You to identify specific services and care providers You require.
- > Develop and suggest an initial and subsequent Plans of Care to assist You in meeting Your needs.
- > Provide the initial and ongoing Current Eligibility Certifications.
- > Assist You in completion of initial claims forms.
- > Monitor Your care needs on an ongoing basis.
- > We should be contacted immediately when Privileged Care Coordination Services are desired. We will then make arrangements for You to begin to receive these services.

**Privileged Care Coordination Services Are Voluntary:** You are not required to use Privileged Care Coordination Services. However, when You do not use these Privileged Care Coordination Services We will not cover the expense for the services described above, including:

- > creating a Plan of Care;
- > providing a Current Eligibility Certification; and
- > assistance in coordinating care.

### **DEFINITION**

A **Privileged Care Coordinator** is a Licensed Health Care Practitioner, such as a Nurse, who:

- > is qualified by training and experience to assess and identify the long term care and support service needs of a Chronically Ill Individual;
- > develops Plans of Care;
- > provides Current Eligibility Certifications; and
- > meets standards satisfactory to the Company that pertain to quality assurance, reporting and record maintenance requirements.

### **ADDITIONAL FEATURE**

When Home Care is provided in accordance with a Plan of Care developed by a Privileged Care Coordinator:

- > We will count days for which Home Care Benefits are paid toward satisfying the Elimination Period; and
- > The Waiver of Premium Benefit applies.

### **PAYMENT LIMITATIONS**

Payment for these Privileged Care Coordination Services is not subject to, and cannot be used to satisfy, the Elimination Period.

## HOME CARE BENEFIT

### THE BENEFIT

We will pay for expenses You incur for care and support services defined below that, other than Hospice Care, are received while You are living at Home, and are provided by someone who is not a Family Member.

### DEFINITIONS

- > **Nurse and Therapist Services:** These are health care services provided in Your Home by a Nurse, or a licensed physical, occupational, respiratory or speech therapist.
- > **Services from Other Care Providers:** These are Home Health Aide and Personal Care Attendant Services, Homemaker Services, and Chore Services (as defined below) that:
  - A person provides in Your Home because they are necessary to enable You to continue to stay independent and safe at Home; and
  - Are necessary because You alone are not able to perform them due to Your being a Chronically Ill Individual; and
  - Are consistent with the needs addressed in Your Plan of Care.

Providers of these services do not need to be affiliated with a home health care agency.

***Home Health Aide and Personal Care Attendant Services:*** This is assistance with: simple health care tasks; personal hygiene; managing medications; and help in performing Activities of Daily Living.

***Homemaker Services:*** This is assistance with one or more of the following tasks: meal planning and preparation; doing laundry; and light house cleaning (such as: vacuuming, dry mopping, dishwashing, cleaning the kitchen or bath, and changing soiled bedding).

***Chore Services:*** This is assistance with the following light work activities: minor household repairs related to Your safety at Home (such as to handrails and safety rails, stairs, or floors); taking out the garbage; and simple cleaning tasks to remove unsafe debris or dirt in Your Home. Chore Services do not include any type of: residential upkeep, construction, renovation or routine home preservation (such as painting); lawn or yard care; snow removal; vehicle or equipment maintenance; or similar tasks.

- > **Community Care:** This is Adult Day Care and Hospice Care as defined below.

***Adult Day Care:*** This is a program for six or more individuals of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside Your Home.

***Hospice Care:*** This consists of services (not including prescription drugs) that are designed to provide palliative care to You or to alleviate Your physical, emotional and spiritual discomforts because You are experiencing the last phases of life due to a terminal disease (diagnosed with 6 months or less to live). Hospice Care can be provided in Your Home, or in a separate facility that is licensed or certified to provide Hospice Care by the State in which it is located.

### PAYMENT LIMITATIONS

Payment of this Benefit is subject to: the Lifetime Maximum; and the payment limits determined from the Schedule for this Benefit. No payment will be made under this Benefit for any period for which You are receiving Nursing Home Benefits, Assisted Care Facility Benefits, or Bed Reservation Benefits. Payment of this Benefit is not subject to, and days of Covered Care under it cannot be used to satisfy, the Elimination Period; except that days of Covered Care under this Benefit can be used to satisfy the Elimination Period when the care is received in accordance with a Plan of Care developed by a Privileged Care Coordinator.

## **RESPITE CARE BENEFIT**

### **THE BENEFIT**

When You receive Respite Care We will pay benefits under the Nursing Home Benefit, the Assisted Care Facility Benefit and the Home Care Benefit, without requiring You to satisfy the Elimination Period. Respite Care can be received in Your Home, or during a temporary stay in a Nursing Home or Assisted Care Facility.

### **DEFINITION**

*Respite Care* is short-term care that is provided to You in order to relieve the person who normally provides You with informal (unpaid) care in Your Home. The Respite Care must be stated in, and furnished in accordance with, Your Plan of Care.

### **PAYMENT LIMITATIONS**

Payment of this Benefit is subject to: the Lifetime Maximum; and the payment limits determined from the Schedule for this Benefit.

Payment of this Benefit is not subject to, and days of Covered Care under it cannot be used to satisfy, the Elimination Period.

## **CAREGIVER TRAINING BENEFIT**

### **THE BENEFIT**

We will pay for expenses You incur for training an informal (unpaid) caregiver to care for You in Your Home. All the following conditions apply to this Benefit:

- > We will not pay to train someone who will be paid to care for You.
- > The training can be received while You are confined in a hospital, Nursing Home or Assisted Care Facility only if it is reasonably expected that the training will make it possible for You to go Home where You can be cared for by the person receiving the training.

### **PAYMENT LIMITATIONS**

Payment of this Benefit is subject to: the Lifetime Maximum; and the payment limits determined from the Schedule for this Benefit.

Payment of this Benefit is not subject to, and days of Covered Care under it cannot be used to satisfy, the Elimination Period.

## **EQUIPMENT BENEFIT**

### **THE BENEFIT**

We will pay for expenses, including installation fees, labor and related costs, You incur for the purchase or rental of Supportive Equipment if:

- > The equipment is intended to assist You in living at Home by relieving Your need for direct physical assistance; and
- > Your Plan of Care states that it is expected that the equipment will enable You to remain at Home for at least 90 days after the date of purchase or first rental.

### **DEFINITION**

*Supportive Equipment* includes items such as the following:

- > Pumps and other devices for intravenous injection;
- > Ramps to permit movement from one level of a residence to another;
- > Grab bars to assist in toileting, bathing or showering; and
- > Stair lifts for going between levels of Your Home.

Supportive Equipment does not include either:

- > Equipment that will, other than incidentally, increase the value of the residence in which it is installed; or
- > Artificial limbs, teeth, medical supplies, or equipment placed in Your body, temporarily or permanently.

### **PAYMENT LIMITATIONS**

Payment of this Benefit is subject to: the Lifetime Maximum; and the payment limits determined from the Schedule for this Benefit.

Payment of this Benefit is not subject to, and days of Covered Care under it cannot be used to satisfy, the Elimination Period.

## NURSING HOME BENEFIT

### THE BENEFIT

We will pay for expenses You incur for care and support services (including room and board, but not prescription drugs) provided by a Nursing Home while You are confined there as a resident inpatient.

This includes expenses for: private duty nursing care provided by a Nurse who is not employed by the facility; and all levels of care (including skilled, intermediate and custodial care) provided by the Nursing Home. The expenses must be consistent with the level of charges normally made for other resident inpatients receiving similar care in that facility.

### DEFINITION

A *Nursing Home* is a facility, not excluded below, that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients in accordance with the authority granted by a license issued by the federal government or the State in which it is located. Such nursing care must be performed by or under the direct supervision of a Nurse; the facility must employ at least one full-time Nurse; and a Nurse must be on duty or on call in the facility at all times.

If a facility has multiple licenses or purposes, a separate portion, ward, wing or unit thereof can qualify as a Nursing Home only if that portion, ward, wing or unit is engaged primarily in providing such nursing care in accordance with the authority granted by its license.

**Excluded Places:** The definition of a Nursing Home does NOT include any of the following:

- > A hospital or clinic.
- > A sub-acute care or rehabilitation hospital or unit.
- > A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- > An Assisted Care Facility.
- > Your Home or place of residence in an area used principally for independent residential living (including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities).
- > A substantially similar adult residence establishment or environment.

### PAYMENT LIMITATIONS

Payment of this Benefit is subject to: the Lifetime Maximum; the Elimination Period; and the payment limits determined from the Schedule for this Benefit.



## ASSISTED CARE FACILITY BENEFIT

### THE BENEFIT

We will pay for expenses You incur for care and support services (including room and board, but not prescription drugs) provided by an Assisted Care Facility while You are confined there as a resident inpatient. The expenses must be consistent with the level of charges normally made for other resident inpatients receiving similar care in that facility.

### DEFINITION

An *Assisted Care Facility* is a facility, not excluded below, that satisfies the Conditions below and is engaged primarily in providing continual (24 hours-a-day, every day) assistance and supervision to at least 10 resident inpatients due to their inability to perform Activities of Daily Living or Severe Cognitive Impairment.

**Conditions:** To satisfy this definition, such facility (e.g., assisted care, assisted living, or Alzheimer's dementia care facility) must at all times:

- > Provide such care and services under a license, certificate, or substantially similar permit and oversight from the federal government or the State in which it is located;  
OR
- > Provide such care and services in accordance with all applicable laws; and continuously meet all of the following requirements:
  - It maintains records for all care and services provided to each resident inpatient;
  - It has an awake employee on duty in the facility who is trained and ready to provide its resident inpatients with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment;
  - It has an awake employee who is aware of the whereabouts of the resident inpatients;
  - It provides, at a minimum, assistance with Bathing and Dressing;
  - It provides 3 meals a day and accommodates special dietary needs;
  - It has formal arrangements with a duly licensed physician or Nurse to furnish medical care and services in case of an emergency; and
  - It has the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications.

**Excluded Places:** An Assisted Care Facility is NOT any of the following:

- > A hospital or clinic.
- > A Nursing Home.
- > A sub-acute care or rehabilitation hospital or unit.
- > A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- > Your Home or place of residence in an area used principally for independent residential living (including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities).
- > A substantially similar adult residence establishment or environment.

If a facility has multiple licenses, certifications, purposes, or locations, a separate portion, ward, wing, unit or location thereof can qualify as an Assisted Care Facility only if it is engaged primarily in providing care that satisfies the above definition.

### PAYMENT LIMITATIONS

Payment of this Benefit is subject to: the Lifetime Maximum; the Elimination Period; and the payment limits determined from the Schedule for this Benefit.

## **BED RESERVATION BENEFIT**

### **THE BENEFIT**

We will continue to pay benefits, or give Elimination Period credit, under the Nursing Home Benefit and the Assisted Care Facility Benefit while You:

- > Are temporarily absent during a stay in a Nursing Home or Assisted Care Facility; and
- > Are charged to reserve Your accommodations in that facility.

The temporary absence can be for any reason. This includes, but is not limited to, a hospital stay, or spending holidays or other time with Your family.

### **PAYMENT LIMITATIONS**

This Benefit is subject to the Lifetime Maximum and will apply to no more than the number of days (continuous or not) determined from the Schedule for this Benefit.

## **ALTERNATIVE CARE BENEFIT**

*For expenses not otherwise covered. Prior approval by Us is required.*

### **THE BENEFIT**

We will pay for expenses You incur for care, treatment, services, supplies or other items not specifically covered by another Benefit of this Policy when all of the following conditions are met:

- > They are clearly specified in Your Plan of Care.
- > You, Your personal physician and We mutually agree that they are cost-effective alternatives to Benefits specifically available under this Policy.
- > They are for qualified long term care services as defined in Section 7702B(c) of the Internal Revenue Code.
- > They are incurred while such mutual agreement is in effect.
- > They are incurred while Your insurance is in force under this Policy.

Agreement to use these alternatives will not waive any of the rights You or We have under this Policy. The agreement may be discontinued at any time without affecting Your right to the Benefits otherwise available under this Policy.

Examples include, but are not limited to:

- > In-Home safety devices.
- > Community-based services that provide meals in the Home for disabled individuals (such as Meals on Wheels).
- > Equipment in Your Home that is not covered under the Equipment Benefit.
- > Rental or lease of emergency medical response devices.
- > Other services designed to help You remain at Home.

### **PAYMENT LIMITATIONS**

The agreement will state how payment is affected by the Elimination Period. It will also state any time and payment maximums. Payment of this Benefit is also subject to: the Lifetime Maximum; and all other provisions and conditions of this Policy.

## **WAIVER OF PREMIUM BENEFIT**

### **THE BENEFIT**

We will waive the premium payments for each coverage month that begins during a period for which benefits are paid or payable under either:

- > The Nursing Home Benefit or the Assisted Care Facility Benefit (after satisfying the Elimination Period);
- > The Home Care Benefit in accordance with a Plan of Care developed by a Privileged Care Coordinator (for which no Elimination Period is required); or
- > The Home Care Benefit after satisfying a qualifying period which is equal to the number of days in the Elimination Period stated in the Schedule. In determining when the qualifying period has been satisfied we will count:
  - Days used to satisfy the Elimination Period that occur while You are confined in a Nursing Home or Assisted Care Facility; and
  - Days for which the Home Care Benefit is paid.

This waiver applies to the entire premium for this Policy and all attachments.

### **PAYMENT LIMITATIONS**

This Benefit stops when You cease to receive Covered Care during any period for which benefits are paid under the Nursing Home Benefit, the Assisted Care Facility Benefit, or the Home Care Benefit. When this Benefit stops, We will give credit for any premium paid for periods during which the waiver applied, against future premiums when due. You will then be required: to pay the remaining premiums due in accordance with this Policy's previous premium payment mode; and to continue to make future premium payments as they become due.

## **SURVIVORSHIP BENEFIT**

### **THE BENEFIT**

If a couple have been insured under this Policy, or separate policies issued by Us, for at least 10 years when one of them dies, no further premium payments will be required for this Policy if:

- > The survivor is insured under this Policy; and
- > Both persons continuously had long term care insurance coverage in force with Us, other than under a Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 10 year period; and
- > Both persons were a couple with coverage that included a similar Survivorship Benefit for the entire period of concurrent coverage; and
- > No long term care benefits were paid or payable by Us for either person for the first 10 years of such concurrent Survivorship Benefit coverage; and
- > We receive due written proof of such death.

This waiver applies to the premium for this Policy and all attached riders in force on the date of such death.

## INTERNATIONAL COVERAGE BENEFIT

### THE BENEFIT

We will pay for expenses You incur for care and support services (including room and board, but not prescription drugs) provided by an Out-of-Country Nursing Home while You are confined there as a resident inpatient.

This includes expenses for all levels of care (whether skilled, intermediate or custodial) provided by the Out-of-Country Nursing Home. The expenses must be consistent with the level of charges normally made for other inpatients receiving similar care in the Out-of-Country Nursing Home.

Payment of this Benefit is subject to the following conditions:

- > Payment will be in lieu of all other Benefits and reimbursement otherwise provided by this Policy for expenses incurred during the period for which payment is made under this Benefit.
- > We will not provide Privileged Care Coordination Services in connection with this Benefit.
- > The Waiver of Premium Benefit will not apply to any period for which payment is made under this Benefit.
- > We must receive proof, satisfactory to Us, that You have met all of the requirements stated in the Limitations or Conditions on Eligibility for Benefits section of the Benefit Provisions. At Your own expense You must obtain and furnish Us with complete documentation in English. Such documentation shall include, but is not limited to:
  - A Current Eligibility Certification.
  - A satisfactory Plan of Care prescribing the need for care due to Your being a Chronically Ill Individual.
  - Properly completed claims forms, billing statements, and supporting medical and care documentation.
  - A copy of Your passport, airline ticket or other proof acceptable to Us that You are outside the United States of America, its territories and possessions.
- > We may require that You provide Us with all of the above information at reasonable intervals. We will not require this more frequently than monthly.
- > Payment will only be made to You, in the lawful money of the United States of America. Any foreign exchange rate will be as determined by Us.

### DEFINITION

An *Out-of-Country Nursing Home* is an institution, not excluded below, that:

- > Is located outside the United States, its territories and possessions; and
- > Is a legally operated facility that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients; and
- > Satisfies all of the Conditions on the next page.

**Conditions:** To satisfy this Out-of-Country Nursing Home definition, such facility, or separate portion, ward, wing or unit thereof, must at all times:

- > Provide such nursing care in accordance with the authority granted by a license or similar accreditation acceptable to Us that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which benefits would be payable under the Policy's Nursing Home Benefit;
- > Employ at least one full-time Graduate Nurse;
- > Have a Graduate Nurse on duty or on call in the facility at all times;
- > Have an awake employee on duty in the facility who is:
  - Trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
  - Aware of the whereabouts of the residents;
- > Provide 3 meals a day and accommodate special dietary needs;
- > Have arrangements with a duly licensed physician or Graduate Nurse to furnish medical care and services in case of an emergency;
- > Have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- > Have accommodations for at least ten (10) resident inpatients in that location.

For the purposes of this definition, a **Graduate Nurse** is a person who has:

- > Completed an extensive post-secondary nursing care training program; and
- > A current license to provide skilled nursing care to sick or infirm individuals under the direction of a licensed physician.

**Excluded Places:** The definition of an Out-of-Country Nursing Home does NOT include any of the following:

- > A hospital or clinic.
- > A sub-acute care or rehabilitation hospital or unit.
- > A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- > Your Home or place of residence in an area used principally for independent residential living (including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities).
- > A substantially similar adult residence establishment or environment.

## **PAYMENT LIMITATIONS**

Payment of this Benefit is subject to: the Lifetime Maximum; the Elimination Period; and the payment limits determined from the Schedule for this Benefit. Payment for any period less than a full month will be pro-rated based on a 30-day month and the number of days for which payment is being made.

## **EXCLUSIONS AND LIMITATIONS**

### **EXCLUSIONS**

No payment will be made for any expenses incurred for any room and board, care, treatment, services, equipment or other items:

- > Provided by a Family Member, unless:
  - The Family Member is a regular employee of the organization that is providing the services; and
  - Such organization receives payment for the services; and
  - The Family Member receives no compensation other than the normal compensation for employees in her or his job category.
- > For which no charge is normally made in the absence of insurance.
- > Provided outside of the United States of America, its territories and possessions; except as described in the International Coverage Benefit.
- > Provided by or in a Veterans Administration or federal government facility, unless a valid charge is made to You or Your estate.
- > Resulting, directly or indirectly, from:
  - War or act of war, whether declared or not.
  - Attempted suicide or an intentionally self-inflicted injury.
  - Your alcoholism or addiction to drugs or narcotics; but not addiction that results from the administration of those substances in accordance with the advice and written instructions of a duly licensed physician.

**Note:** We will pay benefits for mental illness and Alzheimer's disease, subject to the same exclusions, limitations and provisions otherwise applicable to other Covered Care under this Policy.

### **NON-DUPLICATION**

Benefits will be paid only for expenses for Covered Care that are in excess of the amount paid or payable under Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount) and any other federal, state or other governmental health care program or law (except Medicaid). However, this Non-Duplication provision will not disqualify an expense for Covered Care from being used to satisfy the Elimination Period.

## **CLAIMS PROVISIONS**

*Let Us know once it appears You may be a Chronically Ill Individual, and then follow these procedures.*

### **YOUR ROLE IN THE CLAIMS PROCESS**

Early awareness by Our Claims Department will facilitate a timely claim review. You can help Us greatly in the claims process and at the same time begin early planning of Your Covered Care, by contacting Us as soon as it appears You may be a Chronically Ill Individual.

Let Us know if You choose to use the services of a Privileged Care Coordinator. When You do that We will make arrangements for a coordinator to contact You immediately and begin providing You with Privileged Care Coordination Services. Of course, Your Representative can also contact Us.

### **ASSISTANCE IN COMPLETING CLAIM FORMS**

You may call Us if You need any type of assistance during any phase of the claim process. When You use a Privileged Care Coordinator, We will work with that person to ensure that We understand Your condition, the prescribed Plan of Care, and any care and support services received.

### **TELLING US ABOUT A CLAIM**

**Notice of Claim:** We must be notified when You have a claim. The notice can be given to Us at Our Administrative Office or to Our agent. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: Your name; the Policy Number (as shown in the Schedule); and an address to which the claim forms should be sent.

**Claim Forms:** When We get notice of claim We will send out the necessary forms to be used to file proof of loss within fifteen days after giving such notice.

The forms will tell You how to complete them and where to send them. Read them carefully. Answer all questions and send all required information to the address on the forms. This will assist Us in the evaluation of the claim so that We can determine the benefits for which You are eligible.

If You or Your Representative do not get the necessary claim forms from Us within 15 days, proof of loss can be filed without them by sending Us a letter which describes the occurrence, the character and the extent of the loss for which Your claim is made. That letter must be sent to Us at Our Administrative Office within the time period stated in the next paragraph.

**Proofs of Loss:** When this Policy provides for payment for continuing loss, written proof of the loss must be given to Us within 90 days after the end of each monthly period for which We are liable. For any other loss, written proof must be given to Us within 90 days after such loss. If it was not reasonably possible to give Us written proof in the time required, We shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to Us no later than 1 year from the time specified.

As often as reasonably necessary We may request that You or Your Representative:

- > Provide Us with pertinent records and documents and permit Us to make copies; and
- > Provide Us with a Recorded Statement or submit to an Examination Under Oath in connection with any claim submitted on Your behalf.

A "Recorded Statement" is a telephone or personal interview which is recorded. An "Examination Under Oath" is a formal proceeding during which the person, under oath and in the presence of a court reporter, is questioned by Our representative regarding the presented claim.

## OUR EVALUATION CRITERIA; AND THE CLAIMS PAYMENT PROCESS

**How We Evaluate Claims:** We will obtain information about You by working with You and Your personal physician. We will also consult with any Licensed Health Care Practitioners, agencies and other care providers You used. We will then review that information to determine eligibility for benefits. We reserve the right, as part of the review and at Our expense, to do an assessment or a physical examination of You. Similar reviews may be required, at reasonable intervals, to determine eligibility for continued benefits while a claim is pending. We may use outside services to assist in evaluating Your condition.

On an on-going basis, We must receive updates to Your Plan of Care and Current Eligibility Certifications. We will also need a copy of Your Medicare Explanation(s) of Benefits (or similar form for other plans and programs subject to the Non-Duplication provision) to determine which expenses (if any) are excluded from coverage.

**Physical Examinations:** At Our expense, We have the right to require a medical examination when a claim is made and at reasonable intervals while continued benefits are being claimed.

**Time of Payment of Claim:** After We receive the proper written proof of loss, We will pay any benefits then due immediately; and at the end of each monthly period thereafter, when the loss is expected to result in on-going benefits.

**Payment of Claims:** Benefits will be paid to You. Any benefits unpaid at Your death may be paid to Your estate.

If benefits may be paid to Your estate, We may pay a portion of those benefits, up to \$1,000, directly to someone related to You by blood or marriage who is deemed by Us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

We may pay all or a portion of any benefits for care or services You receive to the provider of the care or services, unless You direct Us to do otherwise in writing by the time proofs of loss are filed. We do not require that a particular provider provide the care or services.

If You become eligible for medical assistance in the Commonwealth of Virginia, the Virginia Department of Medical Assistance Services will be the payor of last resort for benefits payable under the Policy.

**Right to Recover Overpayments:** If We make payments which are in excess of the benefits payable under the Policy, We have the right to recover such excess from:

- > any person to whom, or for whom, or with respect to whom, such payments were made;
- > any organization which should have made such payments; and
- > future benefit payments, if any.

We will have the right to recover any benefits paid in error and any benefits paid as a result of fraudulent claims.



## APPEALING A CLAIM DECISION

We will inform You in writing if a claim, or any part of a claim, is denied.

**Appeal Process:** If You believe that Our decision on a claim is in error You may appeal; and We will reconsider the claim. If You wish to make such an appeal, You must send Us a brief note (no special form needed) that tells Us why You feel We should change Our decision. You may authorize someone else to act for You in this appeal process.

The note should include the names, addresses and phone numbers of any providers You think We should contact to learn more about the health and the care received by the person on whose behalf the claim was made. This would include the physicians, health care professionals and other care providers who treated You; and the facilities from which You received care, treatment, services, equipment or other items.

We will provide You with a written explanation of the reasons for any claim denial and make available all information directly related to that denial within 60 days of the date of any written claims appeal. We will immediately pay any benefits due as a result of Our reconsideration.

**Legal Actions:** You cannot sue on any claim before 60 days after proof of claim has been given to Us as required by this Policy. You cannot sue after 3 years from the time the written proof of loss is required to be given.

## **BASIC CONTRACT PROVISIONS**

### **THE CONTRACT**

**Entire Contract; Changes:** The entire contract between You and Us is as stated in this Policy, Your application and any papers We attach. No change in this Policy will be effective until approved by one of Our officers. That approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions.

### **CONTESTING COVERAGE**

**Incontestability; Time Limit on Certain Defenses:** We issued this Policy based on information We were provided. Any incorrect or omitted material information in Your application may cause this Policy to be rescinded (voided) or a claim to be denied.

**Misstatements in the Application:** If there has been a misrepresentation, We may rescind (void) this Policy or deny an otherwise valid claim:

- > While this Policy has been in force for less than 6 months, if the misrepresentation was material to the acceptance of You for coverage; and
- > While this Policy has been in force for at least 6 months but less than 2 years, if the misrepresentation is both: material to the acceptance of You for coverage; and pertains to the conditions for which benefits are sought.

After this Policy has been in force for 2 years it will not be contestable upon the grounds of misrepresentation alone; and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health.

If We pay any benefits under this Policy, the benefit payments will not be recovered by Us in the event this Policy is rescinded.

**Pre-Existing Conditions:** We will not reduce or deny any claim under this Policy because of a sickness or physical or medical condition that existed before this Policy's Effective Date.

### **OTHER PROVISIONS**

**Misstatement of Age:** If Your age was misstated in the application for this Policy, We will pay the benefits that the premiums paid would have purchased at Your true age. If, based on that true age, this Policy would not have become effective, We will only be liable for the refund of all premiums paid for this Policy.

**Governing Jurisdiction; Conformity with Statutes:** The laws of the state in which You reside on its Effective Date govern this Policy. Any provision of this Policy which is in conflict with the statutes of such state, is hereby changed to conform with the minimum requirements of those statutes.

**Time Periods:** All time periods begin and end at 12:01 a.m. at Your residence.

**Non-Participating; Dividends Not Payable:** This Policy does not participate in Our profits or surplus earnings; has no cash values; and will not pay dividends at any time.

**No Cash Values, Borrowing, or Use as Collateral:** This Policy does not provide for a cash surrender value, or other money that can be: borrowed; or paid, assigned or pledged as collateral for a loan.

**Communications Through Electronic Means and other Technologies:** Other than written communications, We reserve the right to designate the form and means of all communications, notices or proofs required by the Policy. If we agree, You may contact Us about Your Policy using electronic means or other technologies. If You agree, We may contact You regarding the Policy using electronic means or technologies. Except where prohibited by state or federal law, electronic communication is equal to other communication methods. Information exchanged has the same legal effect, validity and enforceability.

## **PREMIUM PROVISIONS**

### **PAYING PREMIUMS**

**Due Dates:** The Premium Payment Mode shown in the Schedule states how often premiums are to be paid. After the First Premium, each premium is due at the end of the period for which the prior premium was paid.

**Currency:** All payment by or to Us will be in the lawful money of the United States of America. Any foreign exchange rate will be as determined by Us.

**Unpaid Premiums:** When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

**Refund of Premiums Paid Beyond Your Death:** If the Policy terminates due to Your death, We will refund the pro rata portion of any premium paid for a period after Your death. The refund will be made within 30 days of Our receipt of written notice of Your death. It will be paid to Your estate.

**Limitations on the Refund of Premiums:** In the event this Policy is cancelled by You or terminated by Us, We shall, within 30 days of the effective date of such cancellation or termination, return to You the unearned portion of any premium paid. The earned premium shall be computed on a pro rata basis.

### **WHAT HAPPENS WHEN PREMIUMS ARE NOT PAID**

**Grace Period and Unintentional Lapse Protection:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium, during which grace period this Policy shall continue in force before it lapses.

You have the right to designate someone else to receive notice of lapse or termination of this Policy for nonpayment of premium. Your Policy will not lapse or be terminated for nonpayment of premium unless We, at least 30 days before the effective date of the lapse or termination, have given notice to You and to those persons designated by You for the purposes of receiving notice of lapse or termination. Notice will be given by first class United States mail, postage prepaid; and notice may not be given until 30 days after a premium is due and unpaid. Notice shall be deemed to have been given as of five (5) days after the date of mailing.

Your application shows whom You have designated to receive these notices. At any time You can direct Us, in writing, to change Your designation and send the notices to someone else.

**Reinstatement:** This Policy will terminate if a renewal premium is not paid on time.

Later acceptance of all past due premiums by Us (or by an agent duly authorized by Us to accept such payment) without requiring an application for reinstatement will reinstate this Policy as of the date of premium acceptance.

If We or Our duly authorized agent require an application for reinstatement, and give You a conditional receipt for the premium, this Policy will be reinstated upon either: Our approval of the application; or, lacking such approval, the 45th day after the date of the conditional receipt, unless We give You prior written notice of Our disapproval of the application.

The reinstated policy will cover only expenses incurred as a result of covered losses that begin after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the policy as reinstated.

**Continuation for Lapse due to Alzheimer’s Disease and Other Forms of Cognitive or Functional Impairment:** We will provide a retroactive continuation of coverage if:

- > This Policy terminates due to non-payment of premiums (lapse); and
- > Within 7 months after termination We are given proof that You met the Eligibility for the Payment of Benefits requirements of this Policy.

We must receive proof of Your impairment or incapacity and all past-due premiums within that 7-month period. Any benefits for which You qualified during the continuation period will be paid to the same extent they would have been paid if this Policy and its riders had remained in force from the date of termination.

**Right to Reduce Coverage and Lower Premiums:** You have the right to reduce Your future premiums at any time by requesting that We delete an optional Benefit for which an additional premium is charged, or by decreasing Your Monthly Maximum or Lifetime Maximum amounts under the Policy. We may limit any reduction in coverage to plans or options available for this Policy form and those for which benefits would be available after consideration of claims paid or payable. The premium for the reduced coverage will be based on You’re the age used to determine the premiums for the coverage in force. The reduced coverage will become effective as of the date the next premium is due following the date We receive Your written request, or a later premium due date specified in Your written request. If You request a decrease in coverage, You will not be required to provide proof of insurability.

**CONTINGENT NONFORFEITURE BENEFITS**

**WHEN BENEFITS APPLY**

We will notify You prior to any change in premium rates for this Policy. Anytime the cumulative amount of all such premium increases equals or exceeds the applicable Triggers Indicating a Substantial Premium Increase shown below, We will offer, without requiring additional underwriting:

- > To reduce Your Policy benefits so that the required premium payments are not increased; and
- > To convert Your coverage, without requiring additional underwriting, to a paid-up status with a Shortened Benefit Period Plan as described below; and
- > To convert Your Policy to a Reduced Benefits Plan as described below if:
  - The Premium Payment Period shown in the Schedule is a fixed or limited period (and not "Lifetime"); and
  - Premiums have been paid for at least 40% of the number of months in the Premium Payment Period.

**TRIGGERS INDICATING A SUBSTANTIAL PREMIUM INCREASE**

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

***Additional Triggers when the Premium Payment Period is a fixed or limited period (not Lifetime)***

Under 65	50%	65-80	30%	Over 80	10%
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## **THE SHORTENED BENEFIT PERIOD PLAN**

### *(For all Premium Payment Periods)*

When coverage is converted to the Shortened Benefit Period Plan the Policy will continue automatically with a reduced Lifetime Maximum. It will have the same Benefits, Elimination Period and other payment limits that were in effect at the time of lapse or election to convert. These limits will not change thereafter. The amount of Your reduced Lifetime Maximum will be the greater of:

- > The maximum benefit amount applicable, at the time of default or lapse, under the Nursing Home Benefit for one month (30 days); or
- > 100% of the sum of all premiums actually paid and attributed to You for Your insurance under this Policy and any attached forms, including premiums paid prior to any change in benefits.

This Lifetime Maximum will not be reduced by any benefits paid or payable for expenses incurred prior to the date of lapse. The total amount payable under this Benefit and the Policy (while it was in force) is limited to the maximum amount that would have been paid if the Policy had remained in premium paying status.

## **THE REDUCED BENEFITS PLAN**

### *(For when the Premium Payment Period is a fixed or limited period (and not Lifetime)*

When coverage is converted to the Reduced Benefits Plan the Policy will continue automatically with reduced benefit payment maximums. It will have the same Benefits and Elimination Period that were in effect at the time of lapse or election to convert. The remaining Lifetime Maximum, Daily Maximum or Monthly Maximum and payment limits for each benefit will be reduced to an amount equal to:

- > Ninety percent (90%) of the respective amounts in effect immediately prior to the lapse;  
MULTIPLIED BY
- > The ratio of the number of completed months of paid premiums divided by the number of months in the Premium Payment Period.

The amount of any Benefit Increases will be reduced in the same manner. There will be no reduction in Your Lifetime Maximum if it is "Unlimited".

## **ELECTION OF AN OPTION**

An applicable option may be elected at any time during the 120-day period following the due date of the premium increase.

We will notify the Policyholder that a default or lapse at any time during the 120-day period following the due date of the premium increase will be deemed to be the election of the option to convert coverage to the plan which provides the greatest paid-up Lifetime Maximum.

If this Policy has a Nonforfeiture Benefit Rider, that Benefit may be elected whenever this Policy lapses after having been in force for at least 3 years (even if there have been no premium increases).

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**Please keep this Policy in a safe place with Your other important documents.**

# 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(s): [John Doe]

Policy Number: [ABC1234567]

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

**This sample Flexible Benefit Option Endorsement shows the changes to your policy if this endorsement is selected. We have bracketed ([ ]) language that will vary based on your specific policy information and the option you select.**

## FLEXIBLE BENEFIT OPTION ENDORSEMENT

On the Endorsement effective date, this Endorsement is attached to and is made a part of the Policy. It is subject to all parts of Your Policy not in conflict with this Endorsement. This Endorsement will control in the event of a conflict between this Endorsement and any other part or provision of Your Policy, including, for example, any rider, endorsement, or amendment that is a part of the Policy. This Endorsement also controls in the event of a conflict between this Endorsement and Your application for the Policy.

### OVERVIEW

This is a summary of how the Endorsement changes Your policy. For complete details, please read the entire Endorsement along with Your Policy.

This Endorsement changes the Policy so that benefit payments under the Policy will be made on an “indemnity” basis, rather than on a “reimbursement” basis. This means We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the “Indemnity Payment”), for each calendar month You meet the “Required Conditions for an Indemnity Payment” described in this Endorsement. Once You qualify for an Indemnity Payment, You may use it for any purpose, including, for example, to pay family members or other informal caregivers.

**Types of Benefits:** This Endorsement further changes the Policy so that benefit payments available under the Policy are limited to Indemnity Payments under the following benefits:

- **Flexible Care Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment but do not meet the additional required conditions for a Nursing Home Benefit or an Assisted Care Facility Benefit. You do not have to incur any expenses for Covered Care to qualify for the Flexible Care Benefit. If You qualify for the full Flexible Care Benefit, Your Indemnity Payment will be 50% of the Monthly Maximum.
- **Assisted Care Facility Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in an Assisted Care Facility, and meet the additional required conditions for the Assisted Care Facility Benefit. If You qualify for the full Assisted Care Facility Benefit, then Your Indemnity Payment will be 75% of the Monthly Maximum.
- **Nursing Home Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in a Nursing Home, and meet the additional required conditions for the Nursing Home Benefit. If You qualify for the full Nursing Home Benefit, then Your Indemnity Payment will be 100% of the Monthly Maximum.

**We will only pay one benefit in a calendar month.** If You have qualifying days for more than one benefit in a calendar month, We will pay only the benefit with the most qualifying days in that month. For example, if You have 10 qualifying days for the Nursing Home Benefit, 11 qualifying days for the Assisted Care Facility Benefit, and 10 qualifying days for the Flexible Care Benefit in a calendar month, then We will only pay the Assisted Care Facility Benefit for that month.

**Payments are adjusted when You are eligible for benefits for only part of a month.** If You meet the Requirements for an Indemnity Payment for less than 15 days in a calendar month, then any Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will be 50% of the full benefit. For example, if You qualify for the payment of the Flexible Care Benefit in a calendar month, but You meet the Requirements for an Indemnity Payment for less than 15 days in that month, then Your Indemnity Payment will be reduced from 50% to 25% of the Monthly Maximum.

## **CHANGES TO YOUR POLICY**

This Endorsement changes Your Policy in the following ways:

- **Lifetime Maximum**

The Lifetime Maximum that applies on the Endorsement effective date is changed to the amount shown on the accompanying updated Schedule.

### **\*The Benefit Increases section applies to the election of the inflation protection option\***

- **[Benefit Increases**

As shown on the accompanying updated Schedule, the Benefit Increases provision is [changed to 1% Compound. There will be no benefit increases on the Endorsement effective date. Beginning on the first Policy Anniversary Date that occurs after the effective date of this Endorsement, the Monthly Maximum and Lifetime Maximum amounts will increase in accordance with the 1% Compound Benefit Increases provision of the Policy][changed to None. This means Policy benefits will not increase].]

- **Required Conditions for an Indemnity Payment**

We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the "Indemnity Payment"), for each calendar month You meet the conditions for an Indemnity Payment. These conditions are as follows:

- You satisfy the Policy's Eligibility for The Payment of Benefits provision,
- We have received a Plan of Care that meets the Policy's requirements, that fairly, accurately and appropriately addresses the Qualified Long Term Care Services needed for that month, and that is not for care in a hospital or clinic, a sub-acute care or rehabilitation hospital or unit, or a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness, and
- You have satisfied the Elimination Period for the Indemnity Payment benefit for which We are making an Indemnity Payment.

- **Indemnity Payments**

When You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), the amount of the payment depends on whether You qualify for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit. If You qualify for more than one benefit in a calendar month, then We will pay only the benefit with the most days of qualification in that month.

- **Qualifying for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit.**

- **Flexible Care Benefit:** We will determine if You qualify for a Flexible Care Benefit by the number of qualifying days in a calendar month. A qualifying day for the Flexible Care Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),



- ◇ You have previously satisfied the Elimination Period for the Flexible Care Benefit, and
- ◇ You are not confined in a Nursing Home or an Assisted Care Facility. However, this condition will not apply if, before becoming confined to the Nursing Home or Assisted Care Facility, You previously qualified for a Flexible Care Benefit and You have not yet met the Elimination Period for the Nursing Home Benefit or Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Flexible Care Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in that calendar month:

- ◇ exceeds the number of qualifying days for the Assisted Care Facility Benefit, and
- ◇ exceeds the number of qualifying days for the Nursing Home Benefit.

- **Assisted Care Facility Benefit:** We will determine if You qualify for an Assisted Care Facility Benefit by the number of qualifying days in a calendar month. A qualifying day for the Assisted Care Facility Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You are confined as a resident inpatient in an Assisted Care Facility,
- ◇ Your confinement is consistent with Your Plan of Care, and
- ◇ You have previously satisfied the Elimination Period for the Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Assisted Care Facility Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◇ exceeds the number of qualifying days for the Nursing Home Benefit, and
- ◇ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.

- **Nursing Home Benefit:** We will determine if You qualify for a Nursing Home Benefit by the number of qualifying days in a calendar month. A qualifying day for the Nursing Home Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You are confined as a resident inpatient in a Nursing Home,
- ◇ Your confinement is consistent with Your Plan of Care, and
- ◇ You have previously satisfied the Elimination Period for the Nursing Home Benefit.

You will qualify for an Indemnity Payment under the Nursing Home Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◇ exceeds or is the same as the number of qualifying days for the Assisted Care Facility Benefit, and
- ◇ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.

- **Indemnity Payment amounts.**
  - Benefit payments available under the Policy are limited to the Indemnity Payment benefits described in this Endorsement. Indemnity Payments are subject to the Lifetime Maximum.
  - All Indemnity Payments are subject to the Monthly Maximum on the accompanying Schedule.
  - You can qualify for no more than one Indemnity Payment benefit (Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit) in a calendar month. In no event will the total Indemnity Payment in a month exceed the Monthly Maximum.
  - If the total number of qualifying days for the Flexible Care Benefit, Assisted Care Facility Benefit, and Nursing Home Benefit is at least 15 days in a calendar month, then the Indemnity Payment for the Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will equal an amount as follows:
    - ◇ **Flexible Care Benefit** – 50% of the Monthly Maximum
    - ◇ **Assisted Care Facility Benefit** – 75% of the Monthly Maximum
    - ◇ **Nursing Home Benefit** – 100% of the Monthly Maximum
  - If the total number of qualifying days for the Flexible Care Benefit, Assisted Care Facility Benefit, and Nursing Home Benefit is less than 15 days in a calendar month, then We will make a reduced Indemnity Payment. The reduced Indemnity Payment for the Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which you qualify will equal an amount as follows:
    - ◇ **Flexible Care Benefit** – 25% of the Monthly Maximum
    - ◇ **Assisted Care Facility Benefit** – 37.5% of the Monthly Maximum
    - ◇ **Nursing Home Benefit** – 50% of the Monthly Maximum
- **Temporary Absences from a Nursing Home or an Assisted Care Facility.** Confinement in a Nursing Home or an Assisted Care Facility will include temporary absences that meet the requirements of the Bed Reservation Benefit. The total number of temporary absences for both the Nursing Home Benefit and Assisted Care Facility Benefit cannot exceed the maximum allowable days under the Bed Reservation Benefit. Your Policy will pay no separate benefit under the Bed Reservation Benefit.
- Waiver of Premium  
We will waive the premium payments for each coverage month that begins during a period for which benefits are paid or payable under:
  - The Nursing Home Benefit, after satisfying the Elimination Period for the Nursing Home Benefit;
  - The Assisted Care Facility Benefit, after satisfying the Elimination Period for the Assisted Care Facility Benefit; or
  - The Flexible Care Benefit, after satisfying the Elimination Period for the Flexible Care Benefit.
- Elimination Period  
The Elimination Period is changed to be the number of days You have to meet the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), other than the condition that You satisfy the Elimination Period, before a particular Indemnity Payment benefit can be paid.

As shown on the accompanying updated Schedule, the Elimination Period is 90 days for the Flexible Care Benefit. The Elimination Period is 180 days for the Nursing Home Benefit and the Assisted Care Facility Benefit.

Any days that count towards Your Elimination Period will count towards the Elimination Period for each of the three Indemnity Payment benefits. Any days that counted towards Your Elimination Period prior to the effective date of this Endorsement will continue to count towards Your Elimination Period.

Once the Elimination Period is satisfied for a particular Benefit, You will never have to satisfy a new Elimination Period for that Benefit unless, subsequent to satisfying that Elimination Period, You add additional days to that Elimination Period which have not previously been satisfied.

- Proofs of Loss Not Required

Written proofs of loss, such as invoices or copies of checks, will not be required to receive an Indemnity Payment under this Endorsement.

- The “Proofs of Loss” provision on Page 23 of Your Policy is deleted in its entirety and replaced with the following:

**Opening a Claim:** When this Policy provides for payment of one or more Indemnity Payments, a claim must be opened with Us within 90 days after the end of the monthly period for which an Indemnity Payment would be due. If it was not reasonably possible to open a claim in the time required, We shall not reduce or deny a claim for being late if it is opened as soon as reasonably possible. Unless You are not legally capable, the required claim must always be opened with Us no later than 1 year from the time specified. To open a claim, You must contact us by phone or in writing and provide Us with Your name, Your policy number, current address, and state that You are opening a claim for benefits under Your Policy. We will work with You to complete all requirements necessary for Us to make a claim decision.

- If You are receiving Indemnity Payments based on the Assisted Care Facility Benefit or Nursing Home Benefit, We may confirm, at any time, Your confinement in the facility as a resident inpatient, and that the facility satisfies the Policy requirements.
- We may continue to request, as often as reasonably necessary, that You or Your Representative provide Us with pertinent records and documents and permit Us to make copies, and provide Us with a Recorded Statement or submit to an Examination Under Oath in connection with any claim submitted on Your behalf.

- Benefits are Not Conditioned on Expenses Being Incurred

With this Endorsement, Indemnity Payments are conditioned on meeting the requirements of a Flexible Care Benefit, Assisted Care Facility Benefits, or Nursing Home Benefit and not on the actual expenses You incur for Covered Care.

- In the “Benefit Provisions,” under the subheading, “Conditions,” the first sentence is changed to replace “expenses incurred” with “benefits payable.”
- In the “Premium Provisions,” under the subheading, “Reinstatement,” the first sentence of the fourth paragraph is changed to replace “expenses incurred” with “benefits payable.”
- In the “Contingent Nonforfeiture Benefit,” under the subheading, “The Shortened Benefit Period Plan,” the first sentence of the last paragraph is changed to replace “expenses incurred” with “benefits payable.”

- Plan of Care

The Plan of Care provisions of the Policy remain unchanged, except that Our right to request periodic updates to the Plan of Care not more frequently than once every 30 days is subject to the Opening a Claim provision in this Endorsement.

- Time of Payment of Claim

After We receive confirmation that You qualify for an Indemnity Payment and confirmation of the amount owed, We will pay the Indemnity Payment then due immediately; We will also pay an Indemnity Payment at the end of each calendar month thereafter for which You qualify for an Indemnity Payment.

- Policy Exclusions

The following Policy exclusions are deleted from the Policy:

- The exclusion for services “Provided by a Family Member,” and
- The exclusion for services “For which no charge is normally made in the absence of insurance.”

All other Policy exclusions will continue to apply, except that Benefits will not be conditioned upon the actual expenses You incur.

- Indemnity Payments are not Reduced by other Coverage

Indemnity Payments will be paid without regard to other insurance coverage You have with Us. Indemnity Payments will also be paid without regard to any federal, state or other governmental health care program or law.

- Policy Benefits that are Removed from the Policy

The Flexible Care Benefit replaces the following benefits, which are deleted from and are no longer available with Your Policy.

- Home Care Benefit
- Respite Care Benefit
- Caregiver Training Benefit
- Equipment Benefit
- Alternative Care Benefit
- International Coverage Benefit

- [Policy Riders and Rider Benefits that are Removed from the Policy

The following Rider, and all benefits under the Rider, is deleted from and is no longer available with Your Policy:

- Restoration of Benefits Rider

As of the effective date of this Endorsement, You will no longer pay the additional premium associated with the deleted Rider.]

### **IMPACT TO YOUR PREMIUM**

Once this Endorsement becomes effective, while We may begin the regulatory process of seeking a premium increase at any time, We will not increase Your Policy premium until at least the Policy Anniversary Date that occurs on or after January 1, 2025. Premium increases are subject to the “We have a limited right to change premiums” provision on Page 1 of Your Policy.

### **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 decide to revert to the benefits You had prior to selecting this Endorsement, You must send, and We must receive, Your signed and written request to change Your decision within 60 days of Our written confirmation of the benefit changes made pursuant to this Endorsement. Otherwise, the only benefit changes You may make under the Policy are to drop an applicable rider, or make such other changes that We may make available for You to reduce Your coverage.

**DISCLOSURE OF POSSIBLE TAX CONSEQUENCES**

The benefit provided by this Endorsement is a periodic indemnity payment without regard to any actual expenses that You incur. Your receipt of benefits under this Endorsement may result in taxable income. You should consult with Your tax advisor and other professional advisors to understand potential tax consequences.

In all other respects, the provisions of the Policy remain the same.

SAMPLE

# 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(s):** [John Doe]

**Policy Number:** [ABC1234567]

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

**This sample Flexible Benefit Option Endorsement shows the changes to your policy if this endorsement is selected. We have bracketed ( [ ] ) language that will vary based on your specific policy information and the option you select.**

## FLEXIBLE BENEFIT OPTION ENDORSEMENT

On the Endorsement effective date, this Endorsement is attached to and is made a part of the Policy. It is subject to all parts of Your Policy not in conflict with this Endorsement. This Endorsement will control in the event of a conflict between this Endorsement and any other part or provision of Your Policy, including, for example, any rider, endorsement, or amendment that is a part of the Policy. This Endorsement also controls in the event of a conflict between this Endorsement and Your application for the Policy.

### OVERVIEW

This is a summary of how the Endorsement changes Your policy. For complete details, please read the entire Endorsement along with Your Policy.

This Endorsement changes the Policy so that benefit payments under the Policy will be made on an “indemnity” basis, rather than on a “reimbursement” basis. This means We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the “Indemnity Payment”), for each calendar month You meet the “Required Conditions for an Indemnity Payment” described in this Endorsement. Once You qualify for an Indemnity Payment, You may use it for any purpose, including, for example, to pay family members or other informal caregivers.

**Types of Benefits:** This Endorsement further changes the Policy so that benefit payments available under the Policy are limited to Indemnity Payments under the following benefits:

- **Flexible Care Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment but do not meet the additional required conditions for a Nursing Home Benefit or an Assisted Care Facility Benefit. You do not have to incur any expenses for Covered Care to qualify for the Flexible Care Benefit. If You qualify for the full Flexible Care Benefit, Your Indemnity Payment will be 50% of the Monthly Maximum.
- **Assisted Care Facility Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in an Assisted Care Facility, and meet the additional required conditions for the Assisted Care Facility Benefit. If You qualify for the full Assisted Care Facility Benefit, then Your Indemnity Payment will be 75% of the Monthly Maximum.
- **Nursing Home Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in a Nursing Home, and meet the additional required conditions for the Nursing Home Benefit. If You qualify for the full Nursing Home Benefit, then Your Indemnity Payment will be 100% of the Monthly Maximum.

**We will only pay one benefit in a calendar month.** If You have qualifying days for more than one benefit in a calendar month, We will pay only the benefit with the most qualifying days in that month. For example, if You have 10 qualifying days for the Nursing Home Benefit, 11 qualifying days for the Assisted Care Facility Benefit, and 10 qualifying days for the Flexible Care Benefit in a calendar month, then We will only pay the Assisted Care Facility Benefit for that month.

**Payments are adjusted when You are eligible for benefits for only part of a month.** If You meet the Requirements for an Indemnity Payment for less than 15 days in a calendar month, then any Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will be 50% of the full benefit. For example, if You qualify for the payment of the Flexible Care Benefit in a calendar month, but You meet the Requirements for an Indemnity Payment for less than 15 days in that month, then Your Indemnity Payment will be reduced from 50% to 25% of the Monthly Maximum.

## **CHANGES TO YOUR POLICY**

This Endorsement changes Your Policy in the following ways:

- **Lifetime Maximum**

The Lifetime Maximum that applies on the Endorsement effective date is changed to the amount shown on the accompanying updated Schedule. The Lifetime Maximum is reduced as benefits are paid on or after the effective date of the Endorsement. [It is increased when any Benefit Increases apply.] The Lifetime Maximum is exhausted when there is no remaining amount available.

### **\*The Benefit Increases section applies to the election of the inflation protection option\***

- **[Benefit Increases**

As shown on the accompanying updated Schedule, the Benefit Increases provision is [changed to 1% Compound Inflation Protection. There will be no benefit increases on the Endorsement effective date. Beginning on the first Policy Anniversary Date that occurs after the effective date of this Endorsement, the Monthly Maximum and *remaining* Lifetime Maximum amounts will increase in accordance with the 1% Compound Inflation Protection Benefit Increases provision of the Policy][changed to None. This means Policy benefits will not increase].]

- **Required Conditions for an Indemnity Payment**

We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the "Indemnity Payment"), for each calendar month You meet the conditions for an Indemnity Payment. These conditions are as follows:

- You satisfy the Policy's Eligibility for The Payment of Benefits provision,
- We have received a Plan of Care that meets the Policy's requirements, that fairly, accurately and appropriately addresses the Qualified Long Term Care Services needed for that month, and that is not for care in a hospital or clinic, a sub-acute care or rehabilitation hospital or unit, or a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness, and
- You have satisfied the Elimination Period for the Indemnity Payment benefit for which We are making an Indemnity Payment.

- **Indemnity Payments**

When You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), the amount of the payment depends on whether You qualify for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit. If You qualify for more than one benefit in a calendar month, then We will pay only the benefit with the most days of qualification in that month.

- **Qualifying for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit.**
  - **Flexible Care Benefit:** We will determine if You qualify for a Flexible Care Benefit by the number of qualifying days in a calendar month. A qualifying day for the Flexible Care Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You have previously satisfied the Elimination Period for the Flexible Care Benefit, and
- ◇ You are not confined in a Nursing Home or an Assisted Care Facility. However, this condition will not apply if, before becoming confined to the Nursing Home or Assisted Care Facility, You previously qualified for a Flexible Care Benefit and You have not yet met the Elimination Period for the Nursing Home Benefit or Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Flexible Care Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in that calendar month:

- ◇ exceeds the number of qualifying days for the Assisted Care Facility Benefit, and
- ◇ exceeds the number of qualifying days for the Nursing Home Benefit.

- **Assisted Care Facility Benefit:** We will determine if You qualify for an Assisted Care Facility Benefit by the number of qualifying days in a calendar month. A qualifying day for the Assisted Care Facility Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You are confined as a resident inpatient in an Assisted Care Facility,
- ◇ Your confinement is consistent with Your Plan of Care, and
- ◇ You have previously satisfied the Elimination Period for the Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Assisted Care Facility Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◇ exceeds the number of qualifying days for the Nursing Home Benefit, and
- ◇ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.

- **Nursing Home Benefit:** We will determine if You qualify for a Nursing Home Benefit by the number of qualifying days in a calendar month. A qualifying day for the Nursing Home Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You are confined as a resident inpatient in a Nursing Home,
- ◇ Your confinement is consistent with Your Plan of Care, and
- ◇ You have previously satisfied the Elimination Period for the Nursing Home Benefit.

You will qualify for an Indemnity Payment under the Nursing Home Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◇ exceeds or is the same as the number of qualifying days for the Assisted Care Facility Benefit, and
- ◇ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.



- **Indemnity Payment amounts.**
  - Benefit payments available under the Policy are limited to the Indemnity Payment benefits described in this Endorsement. Indemnity Payments are subject to the Lifetime Maximum.
  - All Indemnity Payments are subject to the Monthly Maximum on the accompanying Schedule.
  - You can qualify for no more than one Indemnity Payment benefit (Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit) in a calendar month. In no event will the total Indemnity Payment in a month exceed the Monthly Maximum.
  - If the total number of qualifying days for the Flexible Care Benefit, Assisted Care Facility Benefit, and Nursing Home Benefit is at least 15 days in a calendar month, then the Indemnity Payment for the Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will equal an amount as follows:
    - ◇ **Flexible Care Benefit** – 50% of the Monthly Maximum
    - ◇ **Assisted Care Facility Benefit** – 75% of the Monthly Maximum
    - ◇ **Nursing Home Benefit** – 100% of the Monthly Maximum
  - If the total number of qualifying days for the Flexible Care Benefit, Assisted Care Facility Benefit, and Nursing Home Benefit is less than 15 days in a calendar month, then We will make a reduced Indemnity Payment. The reduced Indemnity Payment for the Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which you qualify will equal an amount as follows:
    - ◇ **Flexible Care Benefit** – 25% of the Monthly Maximum
    - ◇ **Assisted Care Facility Benefit** – 37.5% of the Monthly Maximum
    - ◇ **Nursing Home Benefit** – 50% of the Monthly Maximum
- **Temporary Absences from a Nursing Home or an Assisted Care Facility.** Confinement in a Nursing Home or an Assisted Care Facility will include temporary absences that meet the requirements of the Bed Reservation Benefit. The total number of temporary absences for both the Nursing Home Benefit and Assisted Care Facility Benefit cannot exceed the maximum allowable days under the Bed Reservation Benefit. Your Policy will pay no separate benefit under the Bed Reservation Benefit.
- Waiver of Premium  
The Flexible Care Benefit replaces the Home Care Benefit as a benefit to which the Waiver of Premium Benefit applies. The same Waiver of Premium Benefit requirements that applied to the Home Care Benefit apply to the Flexible Care Benefit.
- Elimination Period  
The Elimination Period is changed to be the number of days You have to meet the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), other than the condition that You satisfy the Elimination Period, before a particular Indemnity Payment benefit can be paid.  
As shown on the accompanying updated Schedule, the Elimination Period is 90 days for the Flexible Care Benefit. The Elimination Period is 180 days for the Nursing Home Benefit and the Assisted Care Facility Benefit.  
Any days that count towards Your Elimination Period will count towards the Elimination Period for each of the three Indemnity Payment benefits. Any days that counted towards Your Elimination Period prior to the effective date of this Endorsement will continue to count towards Your Elimination Period.

Once the Elimination Period is satisfied for a particular Benefit, You will never have to satisfy a new Elimination Period for that Benefit unless, subsequent to satisfying that Elimination Period, You add additional days to that Elimination Period which have not previously been satisfied.

- Proofs of Loss Not Required

Written proofs of loss, such as invoices or copies of checks, will not be required to receive an Indemnity Payment under this Endorsement.

- The “Proofs of Loss” provision on Page 21 of Your Policy is deleted in its entirety and replaced with the following:

**Opening a Claim:** When this Policy provides for payment of one or more Indemnity Payments, a claim must be opened with Us within 90 days after the end of the monthly period for which an Indemnity Payment would be due. If it was not reasonably possible to open a claim in the time required, We shall not reduce or deny a claim for being late if it is opened as soon as reasonably possible. Unless You are not legally capable, the required claim must always be opened with Us no later than 1 year from the time specified. To open a claim, You must contact us by phone or in writing and provide Us with Your name, Your policy number, current address, and state that You are opening a claim for benefits under Your Policy. We will work with You to complete all requirements necessary for Us to make a claim decision.

- If You are receiving Indemnity Payments based on the Assisted Care Facility Benefit or Nursing Home Benefit, We may confirm, at any time, Your confinement in the facility as a resident inpatient, and that the facility satisfies the Policy requirements.

- Benefits are Not Conditioned on Expenses Being Incurred

With this Endorsement, Indemnity Payments are conditioned on meeting the requirements of a Flexible Care Benefit, Assisted Care Facility Benefits, or Nursing Home Benefit and not on the actual expenses You incur for Covered Care.

- In the “Benefit Provisions,” under the subheading, “Conditions,” the first sentence is changed to replace “expenses incurred” with “benefits payable.”
- In the “Premium Provisions,” under the subheading, “Reinstatement,” the first sentence of the fourth paragraph is changed to replace “expenses incurred” with “benefits payable.”
- In the “Contingent Nonforfeiture Benefit,” under the subheading, “The Shortened Benefit Period Plan,” the last sentence is changed to replace “expenses incurred” with “benefits payable.”

- Plan of Care

The Plan of Care provisions of the Policy remain unchanged, except that Our right to request periodic updates to the Plan of Care not more frequently than once every 30 days is subject to the Opening a Claim provision in this Endorsement.

- Time of Payment of Claim

After We receive confirmation that You qualify for an Indemnity Payment and confirmation of the amount owed, We will pay the Indemnity Payment then due immediately; We will also pay an Indemnity Payment at the end of each calendar month thereafter for which You qualify for an Indemnity Payment.

- Policy Exclusions

The following Policy exclusions are deleted from the Policy:

- The exclusion for services “Provided by a Family Member,” and
- The exclusion for services “For which no charge is normally made in the absence of insurance.”

All other Policy exclusions will continue to apply, except that Benefits will not be conditioned upon the actual expenses You incur.

- Indemnity Payments are not Reduced by other Coverage

Indemnity Payments will be paid without regard to other insurance coverage You have with Us. Indemnity Payments will also be paid without regard to any federal, state or other governmental health care program or law.

- Policy Benefits that are Removed from the Policy

The Flexible Care Benefit replaces the following benefits, which are deleted from and are no longer available with Your Policy.

- Home Care Benefit
- Respite Care Benefit
- Caregiver Training Benefit
- Equipment Benefit
- Alternative Care Benefit

- [Policy Riders and Rider Benefits that are Removed from the Policy]

The following Rider(s), and all benefits under the Rider(s), are deleted from and are no longer available with Your Policy:

- [Waiver of Home Care Elimination Period Rider]
- [Restoration of Benefits Rider]
- [Monthly Benefits Rider]

As of the effective date of this Endorsement, You will no longer pay the additional premium associated with any deleted Rider(s).]

### **IMPACT TO YOUR PREMIUM**

Once this Endorsement becomes effective, while We may begin the regulatory process of seeking a premium increase at any time, We will not increase Your Policy premium until at least the Policy Anniversary Date that occurs on or after January 1, 2025. Premium increases are subject to the “We have a limited right to change premiums” provision on Page 1 of Your Policy.

### **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 decide to revert to the benefits You had prior to selecting this Endorsement, You must send, and We must receive, Your signed and written request to change Your decision within 60 days of Our written confirmation of the benefit changes made pursuant to this Endorsement. Otherwise, the only benefit changes You may make under the Policy are to drop an applicable rider, or make such other changes that We may make available for You to reduce Your coverage.

**DISCLOSURE OF POSSIBLE TAX CONSEQUENCES**

The benefit provided by this Endorsement is a periodic indemnity payment without regard to any actual expenses that You incur. Your receipt of benefits under this Endorsement may result in taxable income. You should consult with Your tax advisor and other professional advisors to understand potential tax consequences.

In all other respects, the provisions of the Policy remain the same.

SAMPLE

# 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(s): [John Doe]

Policy Number: [ABC1234567]

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

**This sample Flexible Benefit Option Endorsement shows the changes to your policy if this endorsement is selected. We have bracketed ( [ ] ) language that will vary based on your specific policy information and the option you select.**

## FLEXIBLE BENEFIT OPTION ENDORSEMENT

On the Endorsement effective date, this Endorsement is attached to and is made a part of the Policy. It is subject to all parts of Your Policy not in conflict with this Endorsement. This Endorsement will control in the event of a conflict between this Endorsement and any other part or provision of Your Policy, including, for example, any rider, endorsement, or amendment that is a part of the Policy. This Endorsement also controls in the event of a conflict between this Endorsement and Your application for the Policy.

### OVERVIEW

This is a summary of how the Endorsement changes Your policy. For complete details, please read the entire Endorsement along with Your Policy.

This Endorsement changes the Policy so that benefit payments under the Policy will be made on an “indemnity” basis, rather than on a “reimbursement” basis. This means We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the “Indemnity Payment”), for each calendar month You meet the “Required Conditions for an Indemnity Payment” described in this Endorsement. Once You qualify for an Indemnity Payment, You may use it for any purpose, including, for example, to pay family members or other informal caregivers.

**Types of Benefits:** This Endorsement further changes the Policy so that benefit payments available under the Policy are limited to Indemnity Payments under the following benefits:

- **Flexible Care Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment but do not meet the additional required conditions for a Nursing Home Benefit or an Assisted Care Facility Benefit. You do not have to incur any expenses for Covered Care to qualify for the Flexible Care Benefit. If You qualify for the full Flexible Care Benefit, Your Indemnity Payment will be 50% of the Monthly Maximum.
- **Assisted Care Facility Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in an Assisted Care Facility, and meet the additional required conditions for the Assisted Care Facility Benefit. If You qualify for the full Assisted Care Facility Benefit, then Your Indemnity Payment will be 75% of the Monthly Maximum.
- **Nursing Home Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in a Nursing Home, and meet the additional required conditions for the Nursing Home Benefit. If You qualify for the full Nursing Home Benefit, then Your Indemnity Payment will be 100% of the Monthly Maximum.

**We will only pay one benefit in a calendar month.** If You have qualifying days for more than one benefit in a calendar month, We will pay only the benefit with the most qualifying days in that month. For example, if You have 10 qualifying days for the Nursing Home Benefit, 11 qualifying days for the Assisted Care Facility Benefit, and 10 qualifying days for the Flexible Care Benefit in a calendar month, then We will only pay the Assisted Care Facility Benefit for that month.

**Payments are adjusted when You are eligible for benefits for only part of a month.** If You meet the Requirements for an Indemnity Payment for less than 15 days in a calendar month, then any Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will be 50% of the full benefit. For example, if You qualify for the payment of the Flexible Care Benefit in a calendar month, but You meet the Requirements for an Indemnity Payment for less than 15 days in that month, then Your Indemnity Payment will be reduced from 50% to 25% of the Monthly Maximum.

## **CHANGES TO YOUR POLICY**

This Endorsement changes Your Policy in the following ways:

- **Lifetime Maximum**  
The Lifetime Maximum that applies on the Endorsement effective date is changed to the amount shown on the accompanying updated Schedule.

### **\*The Benefit Increases section applies to the election of the inflation protection option\***

- |  |
|--|
| <ul style="list-style-type: none"><li>• <b><u>[Benefit Increases</u></b><br/>As shown on the accompanying updated Schedule, the Benefit Increases provision is [changed to 1% Full Compound Inflation Protection. There will be no benefit increases on the Endorsement effective date. Beginning on the first Policy Anniversary Date that occurs after the effective date of this Endorsement, the Monthly Maximum and Lifetime Maximum amounts will increase in accordance with the 1% Full Compound Inflation Protection Benefit Increases provision of the Policy][changed to None. This means Policy benefits will not increase].]</li></ul> |
|--|

- **Required Conditions for an Indemnity Payment**  
We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the "Indemnity Payment"), for each calendar month You meet the conditions for an Indemnity Payment. These conditions are as follows:
  - You satisfy the Policy's Eligibility for The Payment of Benefits provision,
  - We have received a Plan of Care that meets the Policy's requirements, that fairly, accurately and appropriately addresses the Qualified Long Term Care Services needed for that month, and that is not for care in a hospital or clinic, a sub-acute care or rehabilitation hospital or unit, or a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness, and
  - You have satisfied the Elimination Period for the Indemnity Payment benefit for which We are making an Indemnity Payment.
- **Indemnity Payments**  
When You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), the amount of the payment depends on whether You qualify for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit. If You qualify for more than one benefit in a calendar month, then We will pay only the benefit with the most days of qualification in that month.
  - **Qualifying for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit.**
    - **Flexible Care Benefit:** We will determine if You qualify for a Flexible Care Benefit by the number of qualifying days in a calendar month. A qualifying day for the Flexible Care Benefit is each day:
      - ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),

- ◊ You have previously satisfied the Elimination Period for the Flexible Care Benefit, and
- ◊ You are not confined in a Nursing Home or an Assisted Care Facility. However, this condition will not apply if, before becoming confined to the Nursing Home or Assisted Care Facility, You previously qualified for a Flexible Care Benefit and You have not yet met the Elimination Period for the Nursing Home Benefit or Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Flexible Care Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in that calendar month:

- ◊ exceeds the number of qualifying days for the Assisted Care Facility Benefit, and
- ◊ exceeds the number of qualifying days for the Nursing Home Benefit.

- **Assisted Care Facility Benefit:** We will determine if You qualify for an Assisted Care Facility Benefit by the number of qualifying days in a calendar month. A qualifying day for the Assisted Care Facility Benefit is each day:

- ◊ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◊ You are confined as a resident inpatient in an Assisted Care Facility,
- ◊ Your confinement is consistent with Your Plan of Care, and
- ◊ You have previously satisfied the Elimination Period for the Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Assisted Care Facility Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◊ exceeds the number of qualifying days for the Nursing Home Benefit, and
- ◊ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.

- **Nursing Home Benefit:** We will determine if You qualify for a Nursing Home Benefit by the number of qualifying days in a calendar month. A qualifying day for the Nursing Home Benefit is each day:

- ◊ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◊ You are confined as a resident inpatient in a Nursing Home,
- ◊ Your confinement is consistent with Your Plan of Care, and
- ◊ You have previously satisfied the Elimination Period for the Nursing Home Benefit.

You will qualify for an Indemnity Payment under the Nursing Home Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◊ exceeds or is the same as the number of qualifying days for the Assisted Care Facility Benefit, and
- ◊ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.

- **Indemnity Payment amounts.**

- Benefit payments available under the Policy are limited to the Indemnity Payment benefits described in this Endorsement. Indemnity Payments are subject to the Lifetime Maximum.

- All Indemnity Payments are subject to the Monthly Maximum on the accompanying Schedule.
  - You can qualify for no more than one Indemnity Payment benefit (Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit) in a calendar month. In no event will the total Indemnity Payment in a month exceed the Monthly Maximum.
  - If the total number of qualifying days for the Flexible Care Benefit, Assisted Care Facility Benefit, and Nursing Home Benefit is at least 15 days in a calendar month, then the Indemnity Payment for the Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will equal an amount as follows:
    - ◊ **Flexible Care Benefit** – 50% of the Monthly Maximum
    - ◊ **Assisted Care Facility Benefit** – 75% of the Monthly Maximum
    - ◊ **Nursing Home Benefit** – 100% of the Monthly Maximum
  - If the total number of qualifying days for the Flexible Care Benefit, Assisted Care Facility Benefit, and Nursing Home Benefit is less than 15 days in a calendar month, then We will make a reduced Indemnity Payment. The reduced Indemnity Payment for the Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which you qualify will equal an amount as follows:
    - ◊ **Flexible Care Benefit** – 25% of the Monthly Maximum
    - ◊ **Assisted Care Facility Benefit** – 37.5% of the Monthly Maximum
    - ◊ **Nursing Home Benefit** – 50% of the Monthly Maximum
  - **Temporary Absences from a Nursing Home or an Assisted Care Facility.** Confinement in a Nursing Home or an Assisted Care Facility will include temporary absences that meet the requirements of the Bed Reservation Benefit. The total number of temporary absences for both the Nursing Home Benefit and Assisted Care Facility Benefit cannot exceed the maximum allowable days under the Bed Reservation Benefit. Your Policy will pay no separate benefit under the Bed Reservation Benefit.
- Waiver of Premium  
We will waive the premium payments for each coverage month that begins during a period for which benefits are paid or payable under:
  - The Nursing Home Benefit, after satisfying the Elimination Period for the Nursing Home Benefit;
  - The Assisted Care Facility Benefit, after satisfying the Elimination Period for the Assisted Care Facility Benefit; or
  - The Flexible Care Benefit, after satisfying the Elimination Period for the Flexible Care Benefit.
- Elimination Period  
The Elimination Period is changed to be the number of days You have to meet the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), other than the condition that You satisfy the Elimination Period, before a particular Indemnity Payment benefit can be paid.  
As shown on the accompanying updated Schedule, the Elimination Period is 90 days for the Flexible Care Benefit. The Elimination Period is 180 days for the Nursing Home Benefit and the Assisted Care Facility Benefit.  
Any days that count towards Your Elimination Period will count towards the Elimination Period for each of the three Indemnity Payment benefits. Any days that counted towards Your Elimination Period prior to the effective date of this Endorsement will continue to count towards Your Elimination Period.



Once the Elimination Period is satisfied for a particular Benefit, You will never have to satisfy a new Elimination Period for that Benefit unless, subsequent to satisfying that Elimination Period, You add additional days to that Elimination Period which have not previously been satisfied.

- Proofs of Loss Not Required

Written proofs of loss, such as invoices or copies of checks, will not be required to receive an Indemnity Payment under this Endorsement.

- The “Proofs of Loss” provision on Page 23 of Your Policy is deleted in its entirety and replaced with the following:

**Opening a Claim:** When this Policy provides for payment of one or more Indemnity Payments, a claim must be opened with Us within 90 days after the end of the monthly period for which an Indemnity Payment would be due. If it was not reasonably possible to open a claim in the time required, We shall not reduce or deny a claim for being late if it is opened as soon as reasonably possible. Unless You are not legally capable, the required claim must always be opened with Us no later than 1 year from the time specified. To open a claim, You must contact us by phone or in writing and provide Us with Your name, Your policy number, current address, and state that You are opening a claim for benefits under Your Policy. We will work with You to complete all requirements necessary for Us to make a claim decision.

- If You are receiving Indemnity Payments based on the Assisted Care Facility Benefit or Nursing Home Benefit, We may confirm, at any time, Your confinement in the facility as a resident inpatient, and that the facility satisfies the Policy requirements.

- Benefits are Not Conditioned on Expenses Being Incurred

With this Endorsement, Indemnity Payments are conditioned on meeting the requirements of a Flexible Care Benefit, Assisted Care Facility Benefits, or Nursing Home Benefit and not on the actual expenses You incur for Covered Care.

- In the “Benefit Provisions,” under the subheading, “Conditions,” the first sentence is changed to replace “expenses incurred” with “benefits payable.”
- In the “Premium Provisions,” under the subheading, “Reinstatement,” the first sentence of the fourth paragraph is changed to replace “expenses incurred” with “benefits payable.”
- In the “Contingent Nonforfeiture Benefit,” under the subheading, “The Shortened Benefit Period Plan,” the last sentence is changed to replace “expenses incurred” with “benefits payable.”

- Plan of Care

The Plan of Care provisions of the Policy remain unchanged, except that Our right to request periodic updates to the Plan of Care not more frequently than once every 30 days is subject to the Opening a Claim provision in this Endorsement.

- Time of Payment of Claim

After We receive confirmation that You qualify for an Indemnity Payment and confirmation of the amount owed, We will pay the Indemnity Payment then due immediately; We will also pay an Indemnity Payment at the end of each calendar month thereafter for which You qualify for an Indemnity Payment.

- Policy Exclusions

The following Policy exclusions are deleted from the Policy:

- The exclusion for services “Provided by a Family Member,” and
- The exclusion for services “For which no charge is normally made in the absence of insurance.”

All other Policy exclusions will continue to apply, except that Benefits will not be conditioned upon the actual expenses You incur.

- Indemnity Payments are not Reduced by other Coverage  
Indemnity Payments will be paid without regard to other insurance coverage You have with Us. Indemnity Payments will also be paid without regard to any federal, state or other governmental health care program or law.
  
- Policy Benefits that are Removed from the Policy  
The Flexible Care Benefit replaces the following benefits, which are deleted from and are no longer available with Your Policy.
  - Home Care Benefit
  - Respite Care Benefit
  - Caregiver Training Benefit
  - Equipment Benefit
  - Alternative Care Benefit
  - International Coverage Benefit
  
- [Policy Riders and Rider Benefits that are Removed from the Policy  
The following Rider, and all benefits under the Rider, is deleted from and is no longer available with Your Policy:
  - Restoration of Benefits RiderAs of the effective date of this Endorsement, You will no longer pay the additional premium associated with the deleted Rider.]

### **IMPACT TO YOUR PREMIUM**

Once this Endorsement becomes effective, while We may begin the regulatory process of seeking a premium increase at any time, We will not increase Your Policy premium until at least the Policy Anniversary Date that occurs on or after January 1, 2025. Premium increases are subject to the “We have a limited right to change premiums” provision on Page 1 of Your Policy.

### **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 decide to revert to the benefits You had prior to selecting this Endorsement, You must send, and We must receive, Your signed and written request to change Your decision within 60 days of Our written confirmation of the benefit changes made pursuant to this Endorsement. Otherwise, the only benefit changes You may make under the Policy are to drop an applicable rider, or make such other changes that We may make available for You to reduce Your coverage.

### **DISCLOSURE OF POSSIBLE TAX CONSEQUENCES**

The benefit provided by this Endorsement is a periodic indemnity payment without regard to any actual expenses that You incur. Your receipt of benefits under this Endorsement may result in taxable income. You should consult with Your tax advisor and other professional advisors to understand potential tax consequences.

In all other respects, the provisions of the Policy 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(s):** [John Doe]

**Policy Number:** [ABC1234567]

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

**This sample Flexible Benefit Option Endorsement shows the changes to your policy if this endorsement is selected. We have bracketed ( [ ] ) language that will vary based on your specific policy information and the option you select.**

## FLEXIBLE BENEFIT OPTION ENDORSEMENT

On the Endorsement effective date, this Endorsement is attached to and is made a part of the Policy. It is subject to all parts of Your Policy not in conflict with this Endorsement. This Endorsement will control in the event of a conflict between this Endorsement and any other part or provision of Your Policy, including, for example, any rider, endorsement, or amendment that is a part of the Policy. This Endorsement also controls in the event of a conflict between this Endorsement and Your application for the Policy.

### OVERVIEW

This is a summary of how the Endorsement changes Your policy. For complete details, please read the entire Endorsement along with Your Policy.

This Endorsement changes the Policy so that benefit payments under the Policy will be made on an “indemnity” basis, rather than on a “reimbursement” basis. This means We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the “Indemnity Payment”), for each calendar month You meet the “Required Conditions for an Indemnity Payment” described in this Endorsement. Once You qualify for an Indemnity Payment, You may use it for any purpose, including, for example, to pay family members or other informal caregivers.

**Types of Benefits:** This Endorsement further changes the Policy so that benefit payments available under the Policy are limited to Indemnity Payments under the following benefits:

- **Flexible Care Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment but do not meet the additional required conditions for a Nursing Home Benefit or an Assisted Care Facility Benefit. You do not have to incur any expenses for Covered Care to qualify for the Flexible Care Benefit. If You qualify for the full Flexible Care Benefit, Your Indemnity Payment will be 50% of the Monthly Maximum.
- **Assisted Care Facility Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in an Assisted Care Facility, and meet the additional required conditions for the Assisted Care Facility Benefit. If You qualify for the full Assisted Care Facility Benefit, then Your Indemnity Payment will be 75% of the Monthly Maximum.
- **Nursing Home Benefit** – Pays an Indemnity Payment for each calendar month You meet the Required Conditions for an Indemnity Payment, are confined in a Nursing Home, and meet the additional required conditions for the Nursing Home Benefit. If You qualify for the full Nursing Home Benefit, then Your Indemnity Payment will be 100% of the Monthly Maximum.

**We will only pay one benefit in a calendar month.** If You have qualifying days for more than one benefit in a calendar month, We will pay only the benefit with the most qualifying days in that month. For example, if You have 10 qualifying days for the Nursing Home Benefit, 11 qualifying days for the Assisted Care Facility Benefit, and 10 qualifying days for the Flexible Care Benefit in a calendar month, then We will only pay the Assisted Care Facility Benefit for that month.

**Payments are adjusted when You are eligible for benefits for only part of a month.** If You meet the Requirements for an Indemnity Payment for less than 15 days in a calendar month, then any Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will be 50% of the full benefit. For example, if You qualify for the payment of the Flexible Care Benefit in a calendar month, but You meet the Requirements for an Indemnity Payment for less than 15 days in that month, then Your Indemnity Payment will be reduced from 50% to 25% of the Monthly Maximum.

## **CHANGES TO YOUR POLICY**

This Endorsement changes Your Policy in the following ways:

- **Lifetime Maximum**

The Lifetime Maximum that applies on the Endorsement effective date is changed to the amount shown on the accompanying updated Schedule. The Lifetime Maximum is reduced as benefits are paid on or after the effective date of the Endorsement. [It is increased when any Benefit Increases apply.] The Lifetime Maximum is exhausted when there is no remaining amount available.

### **\*The Benefit Increases section applies to the election of the inflation protection option\***

- **[Benefit Increases**

As shown on the accompanying updated Schedule, the Benefit Increases provision is [changed to 1% Compound. There will be no benefit increases on the Endorsement effective date. Beginning on the first Policy Anniversary Date that occurs after the effective date of this Endorsement, the Monthly Maximum and *remaining* Lifetime Maximum amounts will increase in accordance with the 1% Compound Benefit Increases provision of the Policy][changed to None. This means Policy benefits will not increase].]

- **Required Conditions for an Indemnity Payment**

We will make a fixed dollar amount payment, regardless of the actual expenses You incur for Your care (the "Indemnity Payment"), for each calendar month You meet the conditions for an Indemnity Payment. These conditions are as follows:

- You satisfy the Policy's Eligibility for The Payment of Benefits provision,
- We have received a Plan of Care that meets the Policy's requirements, that fairly, accurately and appropriately addresses the Qualified Long Term Care Services needed for that month, and that is not for care in a hospital or clinic, a sub-acute care or rehabilitation hospital or unit, or a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness, and
- You have satisfied the Elimination Period for the Indemnity Payment benefit for which We are making an Indemnity Payment.

- **Indemnity Payments**

When You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), the amount of the payment depends on whether You qualify for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit. If You qualify for more than one benefit in a calendar month, then We will pay only the benefit with the most days of qualification in that month.

- **Qualifying for a Flexible Care Benefit, an Assisted Care Facility Benefit, or a Nursing Home Benefit.**
  - **Flexible Care Benefit:** We will determine if You qualify for a Flexible Care Benefit by the number of qualifying days in a calendar month. A qualifying day for the Flexible Care Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You have previously satisfied the Elimination Period for the Flexible Care Benefit, and
- ◇ You are not confined in a Nursing Home or an Assisted Care Facility. However, this condition will not apply if, before becoming confined to the Nursing Home or Assisted Care Facility, You previously qualified for a Flexible Care Benefit and You have not yet met the Elimination Period for the Nursing Home Benefit or Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Flexible Care Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in that calendar month:

- ◇ exceeds the number of qualifying days for the Assisted Care Facility Benefit, and
- ◇ exceeds the number of qualifying days for the Nursing Home Benefit.

- **Assisted Care Facility Benefit:** We will determine if You qualify for an Assisted Care Facility Benefit by the number of qualifying days in a calendar month. A qualifying day for the Assisted Care Facility Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You are confined as a resident inpatient in an Assisted Care Facility,
- ◇ Your confinement is consistent with Your Plan of Care, and
- ◇ You have previously satisfied the Elimination Period for the Assisted Care Facility Benefit.

You will qualify for an Indemnity Payment under the Assisted Care Facility Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◇ exceeds the number of qualifying days for the Nursing Home Benefit, and
- ◇ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.

- **Nursing Home Benefit:** We will determine if You qualify for a Nursing Home Benefit by the number of qualifying days in a calendar month. A qualifying day for the Nursing Home Benefit is each day:

- ◇ You satisfy the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment),
- ◇ You are confined as a resident inpatient in a Nursing Home,
- ◇ Your confinement is consistent with Your Plan of Care, and
- ◇ You have previously satisfied the Elimination Period for the Nursing Home Benefit.

You will qualify for an Indemnity Payment under the Nursing Home Benefit if You have at least one qualifying day for this benefit in a calendar month, and the number of qualifying days for this benefit in a calendar month:

- ◇ exceeds or is the same as the number of qualifying days for the Assisted Care Facility Benefit, and
- ◇ exceeds or is the same as the number of qualifying days for the Flexible Care Benefit.

- **Indemnity Payment amounts.**
  - Benefit payments available under the Policy are limited to the Indemnity Payment benefits described in this Endorsement. Indemnity Payments are subject to the Lifetime Maximum.
  - All Indemnity Payments are subject to the Monthly Maximum on the accompanying Schedule.
  - You can qualify for no more than one Indemnity Payment benefit (Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit) in a calendar month. In no event will the total Indemnity Payment in a month exceed the Monthly Maximum.
  - If the total number of qualifying days for the Flexible Care Benefit, Assisted Care Facility Benefit, and Nursing Home Benefit is at least 15 days in a calendar month, then the Indemnity Payment for the Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which You qualify will equal an amount as follows:
    - ◇ **Flexible Care Benefit** – 50% of the Monthly Maximum
    - ◇ **Assisted Care Facility Benefit** – 75% of the Monthly Maximum
    - ◇ **Nursing Home Benefit** – 100% of the Monthly Maximum
  - If the total number of qualifying days for the Flexible Care Benefit, Assisted Care Facility Benefit, and Nursing Home Benefit is less than 15 days in a calendar month, then We will make a reduced Indemnity Payment. The reduced Indemnity Payment for the Flexible Care Benefit, Assisted Care Facility Benefit, or Nursing Home Benefit for which you qualify will equal an amount as follows:
    - ◇ **Flexible Care Benefit** – 25% of the Monthly Maximum
    - ◇ **Assisted Care Facility Benefit** – 37.5% of the Monthly Maximum
    - ◇ **Nursing Home Benefit** – 50% of the Monthly Maximum
- **Temporary Absences from a Nursing Home or an Assisted Care Facility.** Confinement in a Nursing Home or an Assisted Care Facility will include temporary absences that meet the requirements of the Bed Reservation Benefit. The total number of temporary absences for both the Nursing Home Benefit and Assisted Care Facility Benefit cannot exceed the maximum allowable days under the Bed Reservation Benefit. Your Policy will pay no separate benefit under the Bed Reservation Benefit.
- Waiver of Premium  
The Flexible Care Benefit replaces the Home Care Benefit as a benefit to which the Waiver of Premium Benefit applies. The same Waiver of Premium Benefit requirements that applied to the Home Care Benefit apply to the Flexible Care Benefit.
- Elimination Period  
The Elimination Period is changed to be the number of days You have to meet the conditions for an Indemnity Payment (See Required Conditions for an Indemnity Payment), other than the condition that You satisfy the Elimination Period, before a particular Indemnity Payment benefit can be paid.  
As shown on the accompanying updated Schedule, the Elimination Period is 90 days for the Flexible Care Benefit. The Elimination Period is 180 days for the Nursing Home Benefit and the Assisted Care Facility Benefit.  
Any days that count towards Your Elimination Period will count towards the Elimination Period for each of the three Indemnity Payment benefits. Any days that counted towards Your Elimination Period prior to the effective date of this Endorsement will continue to count towards Your Elimination Period.

Once the Elimination Period is satisfied for a particular Benefit, You will never have to satisfy a new Elimination Period for that Benefit unless, subsequent to satisfying that Elimination Period, You add additional days to that Elimination Period which have not previously been satisfied.

- Proofs of Loss Not Required

Written proofs of loss, such as invoices or copies of checks, will not be required to receive an Indemnity Payment under this Endorsement.

- The “Proofs of Loss” provision on Page 21 of Your Policy is deleted in its entirety and replaced with the following:

**Opening a Claim:** When this Policy provides for payment of one or more Indemnity Payments, a claim must be opened with Us within 90 days after the end of the monthly period for which an Indemnity Payment would be due. If it was not reasonably possible to open a claim in the time required, We shall not reduce or deny a claim for being late if it is opened as soon as reasonably possible. Unless You are not legally capable, the required claim must always be opened with Us no later than 1 year from the time specified. To open a claim, You must contact us by phone or in writing and provide Us with Your name, Your policy number, current address, and state that You are opening a claim for benefits under Your Policy. We will work with You to complete all requirements necessary for Us to make a claim decision.

- If You are receiving Indemnity Payments based on the Assisted Care Facility Benefit or Nursing Home Benefit, We may confirm, at any time, Your confinement in the facility as a resident inpatient, and that the facility satisfies the Policy requirements.
- We may continue to request, as often as reasonably necessary, that You or Your Representative provide Us with pertinent records and documents and permit Us to make copies, and provide Us with a Recorded Statement or submit to an Examination Under Oath in connection with any claim submitted on Your behalf.

- Benefits are Not Conditioned on Expenses Being Incurred

With this Endorsement, Indemnity Payments are conditioned on meeting the requirements of a Flexible Care Benefit, Assisted Care Facility Benefits, or Nursing Home Benefit and not on the actual expenses You incur for Covered Care.

- In the “Benefit Provisions,” under the subheading, “Conditions,” the first sentence is changed to replace “expenses incurred” with “benefits payable.”
- In the “Premium Provisions,” under the subheading, “Reinstatement,” the first sentence of the fourth paragraph is changed to replace “expenses incurred” with “benefits payable.”
- In the “Contingent Nonforfeiture Benefit,” under the subheading, “The Shortened Benefit Period Plan,” the first sentence of the last paragraph is changed to replace “expenses incurred” with “benefits payable.”

- Plan of Care

The Plan of Care provisions of the Policy remain unchanged, except that Our right to request periodic updates to the Plan of Care not more frequently than once every 30 days is subject to the Opening a Claim provision in this Endorsement.

- Time of Payment of Claim

After We receive confirmation that You qualify for an Indemnity Payment and confirmation of the amount owed, We will pay the Indemnity Payment then due immediately; We will also pay an Indemnity Payment at the end of each calendar month thereafter for which You qualify for an Indemnity Payment.

- Policy Exclusions

The following Policy exclusions are deleted from the Policy:

- The exclusion for services “Provided by a Family Member,” and

- The exclusion for services “For which no charge is normally made in the absence of insurance.”

All other Policy exclusions will continue to apply, except that Benefits will not be conditioned upon the actual expenses You incur.

- Indemnity Payments are not Reduced by other Coverage  
Indemnity Payments will be paid without regard to other insurance coverage You have with Us. Indemnity Payments will also be paid without regard to any federal, state or other governmental health care program or law.
- Policy Benefits that are Removed from the Policy  
The Flexible Care Benefit replaces the following benefits, which are deleted from and are no longer available with Your Policy.
  - Home Care Benefit
  - Respite Care Benefit
  - Caregiver Training Benefit
  - Equipment Benefit
  - Alternative Care Benefit
- Policy Riders and Rider Benefits that are Removed from the Policy  
The following Rider(s), and all benefits under the Rider(s), are deleted from and are no longer available with Your Policy:
  - [Waiver of Home Care Elimination Period Rider]
  - [Restoration of Benefits Rider]
  - [Monthly Benefits Rider]

As of the effective date of this Endorsement, You will no longer pay the additional premium associated with any deleted Rider(s).]

### **IMPACT TO YOUR PREMIUM**

Once this Endorsement becomes effective, while We may begin the regulatory process of seeking a premium increase at any time, We will not increase Your Policy premium until at least the Policy Anniversary Date that occurs on or after January 1, 2025. Premium increases are subject to the “We have a limited right to change premiums” provision on Page 1 of Your Policy.

### **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 decide to revert to the benefits You had prior to selecting this Endorsement, You must send, and We must receive, Your signed and written request to change Your decision within 60 days of Our written confirmation of the benefit changes made pursuant to this Endorsement. Otherwise, the only benefit changes You may make under the Policy are to drop an applicable rider, or make such other changes that We may make available for You to reduce Your coverage.

### **DISCLOSURE OF POSSIBLE TAX CONSEQUENCES**

The benefit provided by this Endorsement is a periodic indemnity payment without regard to any actual expenses that You incur. Your receipt of benefits under this Endorsement may result in taxable income. You should consult with Your tax advisor and other professional advisors to understand potential tax consequences.

In all other respects, the provisions of the Policy remain the same.