Filing at a Glance

Company:	Genworth Life Insurance Company
Product Name:	2020 PCS II_Round 7
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Form/Rate
Date Submitted:	10/19/2020
SERFF Tr Num:	GEFA-132466777
SERFF Status:	Closed-Approved and Filed
State Tr Num:	GEFA-132466777
State Status:	Approved & Filed
Co Tr Num:	2020 PCS II_ROUND 7
Effective Date Requested:	On Approval
Author(s):	Richard Cromwell, Ronald Jackson, Camisha Jones
Reviewer(s):	Colleen Moore (primary), Greg Smith, Elsie Andy
Disposition Date:	04/21/2022
Disposition Status:	Approved and Filed
Effective Date:	

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

General Information

Project Name: 2020 PCS II_Round 7
Project Number: 2020 PCS II_Round 7
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 36.1%

Deemer Date: 05/14/2022
Submitted By: Ronald Jackson

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 08/18/2020
Domicile Status Comments: N/A.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 04/21/2022
State Status Changed: 04/21/2022
Created By: Ronald Jackson
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:
RE:Genworth Life Insurance Company (GLIC)
Company NAIC No: 70025
Policy Forms: 7030L, 7031L, 7032L

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

In this filing, GLIC requests a premium rate increase of 53% for policies with lifetime benefits and 26% for policies with limited benefits on the above-mentioned policy forms. In the submitted actuarial memorandum, we include detailed rate increase justification and we demonstrate that this premium rate increase satisfies Long Term Care regulatory requirements of Virginia and regulation 14VAC5-200-150 B.

GLIC will offer insureds affected by the premium increase several alternative options to change their benefits in order to maintain a premium rate level reasonably similar to what they were paying prior to the rate increase. The benefit and rate combinations are consistent with the rate tables approved by the Virginia Bureau of Insurance. GLIC has also invested in developing new alternatives that mitigate all or part of the proposed premium increase while still providing meaningful protection. One of these new alternatives, included in this filing for policy forms 7030L, is called the Lifetime Stable Premium Option. Details on the available alternative options are presented in section 6 of the Actuarial Memorandum.

Thank you for your assistance in reviewing this filing.

Company and Contact

Filing Contact Information

Ronald N. Jackson, Contract Analyst
Product Compliance
P O Box 27601
Richmond, VA 23261-7601

ronald.jackson@genworth.com
804-289-6725 [Phone]
804-281-6916 [FAX]

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

Filing Company Information

Genworth Life Insurance Company	CoCode: 70025	State of Domicile: Delaware
6610 W Broad Street	Group Code: 4011	Company Type: LifeHealth & Annuity
Richmond, VA 23230	Group Name:	
(804) 281-6600 ext. [Phone]	FEIN Number: 91-6027719	State ID Number:

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

Filing Fees

State Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

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

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Colleen Moore	04/21/2022	04/21/2022

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Colleen Moore	04/04/2022	04/04/2022
Info has been requested from company	Colleen Moore	03/17/2022	03/17/2022
Disapproved	Elsie Andy	03/15/2022	03/15/2022
Info has been requested from company	Colleen Moore	11/04/2021	11/04/2021
Info has been requested from company	Colleen Moore	10/13/2021	10/13/2021
Info has been requested from company	Elsie Andy	09/30/2021	09/30/2021
Info has been requested from company	Colleen Moore	09/14/2021	09/14/2021
Info has been requested from company	Colleen Moore	09/02/2021	09/02/2021
Info has been requested from company	Colleen Moore	07/23/2021	07/23/2021
Info has been requested from company	Colleen Moore	05/25/2021	05/25/2021

Response Letters

Responded By	Created On	Date Submitted
Ronald Jackson	04/14/2022	04/14/2022
Ronald Jackson	03/22/2022	03/22/2022
Ronald Jackson	03/18/2022	03/18/2022
Ronald Jackson	12/01/2021	12/01/2021
Ronald Jackson	10/25/2021	10/25/2021
Ronald Jackson	10/18/2021	10/18/2021
Ronald Jackson	09/28/2021	09/28/2021
Ronald Jackson	09/28/2021	09/28/2021
Ronald Jackson	07/30/2021	07/30/2021
Ronald Jackson	06/07/2021	06/07/2021

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

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Colleen Moore	05/17/2021	05/17/2021
Info has been requested from company	Colleen Moore	03/05/2021	03/05/2021
Info has been requested from company	Colleen Moore	01/27/2021	01/27/2021
Info has been requested from company	Colleen Moore	01/20/2021	01/20/2021
Info has been requested from company	Colleen Moore	11/23/2020	11/24/2020

Response Letters

Responded By	Created On	Date Submitted
Ronald Jackson	06/07/2021	06/07/2021
Ronald Jackson	03/17/2021	03/17/2021
Ronald Jackson	02/19/2021	02/19/2021
Ronald Jackson	02/19/2021	02/19/2021
Ronald Jackson	12/28/2020	12/28/2020

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Lifetime Stable Premium Option Endorsement	Ronald Jackson	03/24/2022	03/24/2022
Form	Important Change	Ronald Jackson	02/16/2022	02/16/2022
Form	Coverage Options	Ronald Jackson	02/16/2022	02/16/2022
Form	Withdrawn	Ronald Jackson	02/16/2022	02/16/2022
Form	Withdrawn	Ronald Jackson	02/16/2022	02/16/2022
Form	Important Information Regarding This Premium Increase	Ronald Jackson	02/16/2022	02/16/2022
Form	Coverage Options to Consider	Ronald Jackson	02/16/2022	02/16/2022
Supporting Document	Variability Statement (LSPO)	Ronald Jackson	02/16/2022	02/16/2022
Supporting Document	Sample Policyholder Notifications	Ronald Jackson	02/16/2022	02/16/2022
Form	Important Change	Ronald Jackson	08/23/2021	08/26/2021
Form	Coverage Options	Ronald Jackson	08/23/2021	08/26/2021
Form	Important Information Regarding This Premium Increase	Ronald Jackson	08/23/2021	08/26/2021
Form	Coverage Options to Consider	Ronald Jackson	08/23/2021	08/26/2021

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

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Variability Statement (LSPO)	Ronald Jackson	08/23/2021	08/26/2021
Supporting Document	Sample Policyholder Notifications	Ronald Jackson	08/23/2021	08/26/2021
Form	Premium Change Notice	Ronald Jackson	12/28/2020	12/28/2020
Form	Important Information Regarding This Premium Increase (non)	Ronald Jackson	12/28/2020	12/28/2020
Supporting Document	Variability Statement (LSPO)	Ronald Jackson	12/28/2020	12/28/2020
Supporting Document	Sample Policyholder Notifications	Ronald Jackson	12/28/2020	12/28/2020
Supporting Document	Sample Policyholder Notifications	Ronald Jackson	11/05/2020	11/05/2020
Supporting Document	Sample Policyholder Notifications (LSPO)	Ronald Jackson	11/05/2020	11/05/2020

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Actuarial Opinion Letter	Reviewer Note	Colleen Moore	03/31/2022	
RRS	Reviewer Note	Colleen Moore	09/10/2021	

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

Disposition

Disposition Date: 04/21/2022
Effective Date:
Status: Approved and Filed

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	36.100%	36.100%	$9,729,250	10,228	$26,941,205	53.000%	26.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	Lifetime Stable Premium Option Endorsement	Approved	Yes
Form (revised)	Important Change	Filed	Yes
Form (revised)	Coverage Options	Filed	Yes
Form (revised)	Important Information Regarding This Premium Increase	Filed	Yes
Form (revised)	Coverage Options to Consider	Filed	Yes
Form (revised)	Withdrawn	Withdrawn	No
Form (revised)	Withdrawn	Withdrawn	No
Form	LSPO Schedule	Approved	Yes
Form	Lifetime Stable Premium Option Endorsement	Withdrawn	No
Form	Lifetime Stable Premium Option Endorsement	Withdrawn	No
Form	Lifetime Stable Premium Option Endorsement	Withdrawn	No
Form	Important Change	Withdrawn	No
Form	Important Change	Withdrawn	No
Form	Coverage Options	Withdrawn	No
Form	Coverage Options	Withdrawn	No
Form	Important Information Regarding This Premium Increase	Withdrawn	No
Form	Important Information Regarding This Premium Increase	Withdrawn	No
Form	Important Information Regarding This Premium Increase	Withdrawn	No
Form	Coverage Options to Consider	Withdrawn	No

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

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Coverage Options to Consider	Withdrawn	No
Form	Coverage Options to Consider	Withdrawn	No
Form	Premium Change Notice	Withdrawn	No
Form	Important Information Regarding This Premium Increase (non)	Withdrawn	No
Rate (revised)	Rate Tables	Approved	Yes
Rate (revised)	LSPO Rate Tables	Approved	Yes
Rate	Rate Tables	Withdrawn	No
Rate	Rate Tables	Withdrawn	No
Rate	Rate Tables	Withdrawn	No
Rate	Rate Tables	Withdrawn	No
Rate	LSPO Rate Tables	Withdrawn	No
Rate	SPO Rate Table	Withdrawn	No
Rate	SPO Rate Table	Withdrawn	No
Supporting Document (revised)	Certification of Compliance/Readability	Received & Acknowledged	Yes
Supporting Document (revised)	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	L&H Readability - Health	Received & Acknowledged	Yes
Supporting Document (revised)	Cover Letter	Received & Acknowledged	Yes
Supporting Document (revised)	Current Rate Tables	Received & Acknowledged	Yes
Supporting Document	Experience Exhibits and Filing Status	Received & Acknowledged	Yes
Supporting Document (revised)	Sample Schedule Page (LSPO)	Received & Acknowledged	Yes
Supporting Document (revised)	Variability Statement (LSPO)	Received & Acknowledged	Yes
Supporting Document (revised)	Sample Policyholder Notifications	Received & Acknowledged	Yes
Supporting Document (revised)	Sample Policyholder Notifications (LSPO)	Received & Acknowledged	Yes
Supporting Document	Response Letter (2/17/21 - Objection 2)	Received & Acknowledged	Yes
Supporting Document	Policy Reserves and Experience Projection Exhibits	Received & Acknowledged	Yes
Supporting Document	Response Letter (2/19/21 - Objection 3)	Received & Acknowledged	Yes
Supporting Document	Current & Prior Assumptions, "If-Knew" and Maximum Increase Exhibits	Received & Acknowledged	Yes
Supporting Document	Experience Exhibits and 65.2/80 Test	Received & Acknowledged	Yes

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

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Response Letter (6/7/21)	Received & Acknowledged	Yes
Supporting Document (revised)	Form Samples	Received & Acknowledged	Yes
Supporting Document	LSPO Endorsement Sample	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance/Readability	Withdrawn	No
Supporting Document	Product Checklist	Withdrawn	No
Supporting Document	Product Checklist	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Cover Letter	Withdrawn	No
Supporting Document	Current Rate Tables	Withdrawn	No
Supporting Document	Current Rate Tables	Withdrawn	No
Supporting Document	Sample Schedule Page (LSPO)	Withdrawn	No
Supporting Document	Variability Statement (LSPO)	Withdrawn	No
Supporting Document	Variability Statement (LSPO)	Withdrawn	No
Supporting Document	Variability Statement (LSPO)	Withdrawn	No
Supporting Document	Variability Statement (LSPO)	Withdrawn	No
Supporting Document	Variability Statement (LSPO)	Withdrawn	No
Supporting Document	Variability Statement (LSPO)	Withdrawn	No
Supporting Document	Variability Statement (LSPO)	Withdrawn	No
Supporting Document	Variability Statement (LSPO)	Withdrawn	No
Supporting Document	Sample Policyholder Notifications		No
Supporting Document	Sample Policyholder Notifications	Withdrawn	No
Supporting Document	Sample Policyholder Notifications	Withdrawn	No
Supporting Document	Sample Policyholder Notifications	Withdrawn	No
Supporting Document	Sample Policyholder Notifications (LSPO)	Withdrawn	No
Supporting Document	Approved Forms Sample	Withdrawn	No

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

Objection Letter

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

Dear Ronald N. Jackson,

Introduction:

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

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

Objection 1

Comments: Please provide updated John Doe versions of the policyholder notifications indicating how the forms are intended to be used.

Conclusion:

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

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

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

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

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

Objection Letter

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

Dear Ronald N. Jackson,

Introduction:

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

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

Objection 1

- Withdrawn, 165224NQ VA 08/31/20 (Form)

- Withdrawn, 165239 VA 08/31/20 (Form)

Comments: We note that these forms have been withdrawn from the filing. Please explain what forms will be used for policyholders not receiving the lifetime stable premium option and provide the SERFF numbers for the filings in which they have been approved.

Objection 2

Comments: Please attach copies of the previously approved riders referenced in Enclosures in Supporting Documentation. Also attach copies of any other documents which will be used to update or amend the policy to reflect any benefit changes an insured may choose. Include a copy of the form, the SERFF tracking number and date of approval.

Objection 3

- Coverage Options to Consider, SPO-COCT VA 02/01/22 (Form)

- Variability Statement (LSPO) (Supporting Document)

Comments: Page 2, 1st paragraph - Define the variable options for the word [Each] in the SOV.

Objection 4

- Coverage Options, 165226SPO VA 02/01/22 (Form)

- Variability Statement (LSPO) (Supporting Document)

Comments: 1) Page 1 - please define the variable term [company_phone] in the SOV. We note that in the other PH notification documents the phone number is shown as [999 999.999].

2) Define the variability in the section under the heading "The median monthly cost of care provided in your area" in the SOV.

3) In Section 3. Review & Adjust your coverage, the format for the Inflation Protection in the form does not match the format for the inflation protection options outlined in the SOV. Please revise for consistency.

Objection 5

- Important Information Regarding This Premium Increase, 165239SPO VA 02/01/22 (Form)

Comments: 1) Page 1, paragraph 2 please define the variable percentages in the SOV.

2) Page 2, last paragraph - Please define the alternatives for the variable language in the SOV.

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

3) Page 3, last sentence in the section Understanding the Lifetime Stable Premium option - please explain how the change referenced in this section would be communicated and explained to a policyholder.

4) Variable sections should include both beginning and ending brackets. Please revise as necessary.

Conclusion:

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

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

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

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

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

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	03/15/2022
Submitted Date	03/15/2022
Respond By Date	04/14/2022

Dear Ronald N. Jackson,

Introduction:

Genworth Life Insurance Company
SERFF Tracking No: GEFA-132466777
Form Nos.: 7030END-LSPO VA 0920 and 7030 Schedule Revised LSPO VA

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

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Lifetime Stable Premium Option Endorsement, 7030END-LSPO VA 0920 (Form)

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

Objection 2

- Lifetime Stable Premium Option Endorsement, 7030END-LSPO VA 0920 (Form)

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

Objection 3

- Lifetime Stable Premium Option Endorsement, 7030END-LSPO VA 0920 (Form)

- Variability Statement (LSPO) (Supporting Document)

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

Objection 4

- Lifetime Stable Premium Option Endorsement, 7030END-LSPO VA 0920 (Form)

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

Objection 5

- Variability Statement (LSPO) (Supporting Document)

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

Objection 6

- LSPO Schedule, 7030 Schedule Revised LSPO VA (Form)

Comments: The Inflation Protection provision is identified in the SOV as being variable; however, the provision in the Schedule is not bracketed. Please bracket the language that is considered variable, as required by 14 VAC 5-101-80 D.

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

Objection 7

- LSPO Schedule, 7030 Schedule Revised LSPO VA (Form)
- Variability Statement (LSPO) (Supporting Document)

Comments: The Rate Classifications for the Policyholder and Insured Spouse are identified as being variable. Please update the SOV to explain how these fields are subject to change.

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

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

Sincerely,
Elsie Andy

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

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/04/2021
Submitted Date	11/04/2021
Respond By Date	12/04/2021

Dear Ronald N. Jackson,

Introduction:

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

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

Objection 1

- LSPO Rate Tables, [7030END-LSPO VA 0920, 62171] (Rate)

Comments: We note that the Lifetime Stable Premium Option rates are for Individual and Joint, but the nonforfeiture rates (Form 62171) for the LSPO option are individual only. Please confirm if there are nonforfeiture rates for the joint policies.

Objection 2

- Rate Tables, [7030L, 7031L, 7032L, 62171, 62172, 62173, 62286] (Rate)

Comments: In the objection response submitted 10/25/21, the company indicated the rates for rider 62171 with the stable premium option (SPO) would not increase while the SPO is in the midst of a rate guarantee. The SPO rates were approved 6/28/19 with a rate guarantee until 2028. Since the base SPO rates policies are not included in this filing, please explain why revised Non-forfeiture rates for the SPO are included in this filing.

Objection 3

- LSPO Rate Tables, [7030END-LSPO VA 0920, 62171] (Rate)

Comments: Is the LSPO option only being offered in conjunction with this rate increase? How will the Company address an insured who may want to select the LSPO outside of this 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.

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

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

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

Sincerely,
Colleen Moore

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

Objection Letter

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

Dear Ronald N. Jackson,

Introduction:

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

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

Objection 1

Comments: The Company indicated in the response to Objection 2, submitted 9/28/21, that the NFO rates for the SPO policies were omitted from the previously approved filing (GEFA-131306457). Therefore, please submit a note to filer in that filing requesting that the filing be reopened so that the company can attach the NFO SPO rate tables.

Objection 2

- LSPO Rate Tables, [7030END-LSPO VA 0920, 62171] (Rate)

- Rate Tables, [7030L, 7031L, 7032L, 62171, 62172, 62173, 62286] (Rate)

Comments: Please confirm if it is the companys intention for the rates for rider 62171 to increase in conjunction with rate filings when attached to a base policy which is currently in the midst of a rate guarantee (SPO) or with a lifetime rate guarantee (LSPO). How is this communicated to policyholders?

Conclusion:

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

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

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

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

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

Sincerely,
Colleen Moore

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

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/30/2021
Submitted Date	09/30/2021
Respond By Date	10/30/2021

Dear Ronald N. Jackson,

Introduction:

Genworth Life Insurance Company
SERFF Tracking No: GEFA-132466777
Form Nos.: 7030 END-LSPO VA 0920, et al.

Please note that these objections are the result of a cursory review of form 7030 END-LSPO VA 0920. Upon resubmission additional concerns may be addressed.

Objection 1

- Lifetime Stable Premium Option Endorsement, 7030END-LSPO VA 0920 (Form)

Comments: Form number 7030 END-LSPO VA 0920 is inconsistent with the form number identified in the Form Schedule. Please note that the number appearing in the Form Schedule must mirror that appearing in the form including spacing. (7030 END-LSPO VA 0920 vs. 7030END-LSPO VA 0920). Please advise which form number is correct. If the form number displayed in the form is correct, please revise the Form Schedule to display the correct form number. If the Form Schedule is correct, please provide us with a revised form.

Objection 2

- Lifetime Stable Premium Option Endorsement, 7030END-LSPO VA 0920 (Form)

Comments: As the endorsement serves to change policy language, please provide us with copies of the affected policies.

Objection 3

Comments: 7030 END-LSPO VA 0920
The endorsement changes policy renewability to non-cancellable and states there can be no increase in premium except where a change to the premium is required by the policy. Please provide us with examples where premium increases might occur.

Objection 4

- Lifetime Stable Premium Option Endorsement, 7030END-LSPO VA 0920 (Form)

Comments: Please provide us with a statement of variability (SOV) that identifies each variable field appearing in the form and describe specifically how that field might vary from the text as presented.

Objection 5

- Sample Schedule Page (LSPO) (Supporting Document)

Comments: Thank you for providing us with the sample schedule of benefits. Please advise the SERFF Tracking Number under which this schedule was approved for use.

Objection 6

- Sample Schedule Page (LSPO) (Supporting Document)

Comments: Since the schedule to which the endorsement refers contains variable fields, please provide us with the SOV that was filed for use with the schedule upon its approval.

Objection 7

- Important Change, 165224SPO VA 08/12/21 (Form)

Comments: Option Item 2 appearing at the top right-hand corner of the letter identifies the term Lifetime as being variable. The

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

SOV provides the explanation that either the lifetime stable premium will be offered, or the stable premium option will be offered. Please advise the form number of the stable premium option endorsement that will be issued. Please include the SERFF Tracking Number under which it was approved.

Objection 8

- Important Change, 165224SPO VA 08/12/21 (Form)

Comments: The Lifetime Stable Premium Option Endorsement is listed as an enclosure in form 165224SPO VA 08/12/12. The SOV states The list of enclosures will include an endorsement for the Optional Limited Benefit (form 158271) or the Contingent Benefit Upon Lapse (form 134613VA), if applicable as well as the appropriate sample Lifetime Stable Premium or Stable Premium option endorsement. We have some questions regarding this process.

Please confirm our understanding that the sample endorsement will be sent out to all insureds.

Please provide us with a John Doe version of the sample endorsement that is included in the policyholder letter packet.

The use of the term sample endorsement implies that there is a sample version and a version that is issued. In this light, will the sample endorsement appear the same as an issued endorsement?

What version of the endorsement is issued to those insureds who opt for either of the stable premium options?

You stated that the stable premium option may be offered instead of the lifetime stable premium option. As such, it appears that the form number of the stable premium option endorsement should also appear in the list of enclosures.

Conclusion:

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

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

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.

Thank you for your courtesy and consideration in this matter.

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

Sincerely,
Elsie Andy

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

Objection Letter

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

Dear Ronald N. Jackson,

Introduction:

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

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

Objection 1

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

Comments: The purpose of the LTC Rate Request Summary is to provide a clear explanation of the justification for the rate increase to the public, in language which would be easily understood by individuals with little to no insurance background. This should be fairly high level and not drill down deep into the details - the technical discussion is included in the actuarial memorandum. The existing narrative appears to include terms and abbreviations which the average long term care policyholder would not understand. Please revise the Rate Request Summary to be in more consumer friendly language.

Conclusion:

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

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

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

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

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

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/02/2021
Submitted Date	09/02/2021
Respond By Date	10/02/2021

Dear Ronald N. Jackson,

Introduction:

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

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

Objection 1

Comments: Using a post submission update, please revise the filing description to indicate the LSPO option is available for form 7030L rather than 7030J.

Objection 2

- Rate Tables, [7030L, 7031L, 7032L, 62171, 62172, 62173, 62286] (Rate)

Comments: Please clarify the following concerning the NFO rates (62171):

1) Please remove Appendix A (current rates) from the document VA PCS II Rate Tables 62171.pdf (the 5th attachment on Line Item # 1).

2) Please confirm if Attachment 2 under Line Item # 1 (VA PCS II Rate Tables 62171_Appendix B.pdf) is the NFO rate table for the SPO. If so, this rate table is also attached at the end of the document VA PCS II Rate Tables 62171.pdf (the 5th attachment under Line Item #1). If they are the same rate table, VA PCS II Rate Tables 62171_Appendix B.pdf should be deleted.

3) Please provide the SERFF filing number for the previously approved version of the form 62171 NFO rates for the SPO. It does not appear to be included in SERFF # GEFA-131306457.

4) Please add 62171 under the affected form numbers for Line Item 2 since the new NFO rates for the LSPO option are included under that line item.

Conclusion:

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

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

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

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

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

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

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/23/2021
Submitted Date	07/23/2021
Respond By Date	08/22/2021

Dear Ronald N. Jackson,

Introduction:

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

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

Objection 1

- Rate Tables, [7030L, 7031L, 7032L, 62171, 62172, 62173, 62286] (Rate)

Comments: Please explain how the rate sheet for 62171, with 1 page, corresponds to the rates for 62171 in the previously approved filing (GEFA-131306457) with 20 pages.

Objection 2

- Cover Letter (Supporting Document)

Comments: For clarity, please update the cover letter to reflect the correct form reference for the new LSPO option (Form 7030L rather than 7030J). In addition, using a post submission update, please also update the reference in the Filing Description on the General Information tab.

Conclusion:

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

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

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

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

Sincerely,
Colleen Moore

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

Objection Letter

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

Dear Ronald N. Jackson,

Introduction:

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

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

Objection 1

- SPO Rate Table, [7030END-LSPO VA 0920] (Rate)

Comments: 1)Please explain in detail, for actuarial review, the pricing methodology used to develop the rates for the Lifetime Stable Premium Option.

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

Conclusion:

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

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

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

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

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/17/2021
Submitted Date	05/17/2021
Respond By Date	06/16/2021

Dear Ronald N. Jackson,

Introduction:

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

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

Objection 1

- Certification of Compliance/Readability (Supporting Document)

Comments: Please update the certification using the required language in 14VAC5-101-110.

Objection 2

- Product Checklist (Supporting Document)

Comments: Please include the Flesch reading score on Page 22.

Objection 3

- Rate Tables, [7030L, 7031L, 7032L, 62171, 62172, 62173, 62286] (Rate)

Comments: Previous filings included rates for forms 62171, 62172 and 62173. Please attached proposed rates for these forms.

Objection 4

- SPO Rate Table, [7030END-LSPO VA 0920] (Rate)

- Cover Letter (Supporting Document)

Comments: 1) Please revise the form number on the SPO Rate Table to reflect the full form number: 7030END-LSPO VA 0920.

2) Please clarify which policyholders would be offered the Stable Premium Option.

- The Actuarial Memorandum says it will be an alternative for form 7030L. Will it be offered to all 7030L policyholders?

- The cover letter says the new option is for policy forms 7030J. Form 7030J is not listed in this filing. Please resolve this discrepancy.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Section 2.1 of the Actuarial Memorandum indicates this is the 2nd in a 2-stage set of rate increases for this block.

1. If the overall 36.1% increase were granted, will this bring the block to premium sufficiency?

2. If the 36.1% increase were granted, baring unforeseen unanticipated losses, would the company plan to file for additional increases?

Conclusion:

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

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

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

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

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

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/05/2021
Submitted Date	03/05/2021
Respond By Date	04/04/2021

Dear Ronald N. Jackson,

Introduction:

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

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

Objection 1

- Response Letter (2/19/21 - Objection 3) (Supporting Document)

Comments: 1.The Companys response to item 3.d. includes only split by limited/lifetime and not by inflation type. The Company was able to provide this information in the prior filing (GEFA-131306457) in Attachment 6.g., so it seems possible to produce this requested information.

2.Attachment 7 in the latest response is still using 60% rather than the greater of 60% and the loss ratio under original assumptions as required by the regulation. Please revise.

3.Regarding Attachment 11, the earned premiums seem to be larger than the actual premiums earned in prior years from, for instance, the actual premiums shown in the sum of Attachment 1, yet the letter indicates that a 0% rate increase produces this result. Please explain how a 0% rate increase produces a 60% lifetime loss ratio. Please explain how previous rate increases have been reflected in this calculation.

Conclusion:

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

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

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

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

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

Sincerely,
Colleen Moore

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

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/27/2021
Submitted Date	01/27/2021
Respond By Date	02/26/2021

Dear Ronald N. Jackson,

Introduction:

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

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

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

2.For all projections requested in the next question, the baseline should comply with the following:
a.Any policies issued as limited-pay which are now in paid-up status should be removed, both from historical experience and future projections.
b.For this pre-stability block, assumptions should be best-estimate.
c.Premiums should be at the Virginia rate level for both historical and projected future.
d.Please use the appropriate maximum valuation interest rate for accumulation and discounting of this block.

3.To assist the Bureau in its review, for each of the six subsets of the business corresponding to the combinations of (limited/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following six projections on a nationwide basis:
a.current assumptions and current rates
b.current assumptions with the proposed rate increase
c.current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception
d.original assumptions and original premiums from inception
e.a projection showing all premiums at the original premium scale from inception (documenting past and future PV of premium for use in the 60/80 Test)

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

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

5.Please update Additional Exhibit III (Status of Filings) with any additional rate increase approvals.

6.The dual loss ratio test of 14VAC5-200-150 B. requires the use of the greater of 60% or the lifetime loss ratio used in the original pricing at the average valuation interest rate. Please revise Exhibit III (60/80 Test) and, if necessary, adjust the rate increase percentage to comply.

7.Please provide full projections and calculations in Excel supporting the Prospective PV and If-Knew/Makeup Blend. In addition, for

the If-Knew/Makeup Blend, please use both the actual weighting for blending based on the percentage of remaining policyholders and the cost-sharing percentages prescribed in the attached report from the NAIC LTC Pricing Subgroup.

Conclusion:

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

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

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

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

Long-term Care Insurance

Approaches to Reviewing Premium Rate Increases

NAIC LTC Pricing Subgroup

October 2018

Executive Summary

Several years ago, the NAIC Long-term Care Pricing Subgroup proposed changes to the NAIC Long-term Care (LTC) Model Regulation (Model 641) aimed at strengthening the pricing of LTC insurance. These proposed changes were adopted by the NAIC in August of 2014. These changes apply to LTC insurance policies issued on or after the date that the state where the policy is issued adopts the changes.

Despite these changes, along with changes made to the pricing methodology of LTC insurance in 2002, carriers find themselves in situations where they must increase premium rates in order to cover future expected claims. Most of these increases are implemented on blocks that are no longer open to new business. Regulators often treat the review and approval of these rate increases differently.

Over the past year, the LTC Pricing Subgroup studied and discussed approaches used by various states to review LTC rate increases. These approaches were discussed on public calls consisting of regulators, industry representatives, and consumer advocates. Through that process, this document was developed to serve as a resource that states can use in their review of LTC rate increases. The goal is to create a more predictable and transparent process for reviewing LTC rate increase filings.

Scope

This document describes two methodologies for computing rate increases for LTC insurance policies. Regulators should consider applicable laws in their state when applying these methods to a particular block of policies.

Background

Prior to 2002, LTC insurance was priced using a fixed lifetime loss ratio methodology. This methodology was meant to ensure that premium rates were not too high. However, as experience evolved, the premiums set using this methodology proved to be inadequate, leading to large rate increases. In addition, this approach allowed for the portion of the premium available for expenses and profit to increase when actual claims were higher than what was expected when the product was initially priced.

In 2002, a new method of pricing LTC insurance was adopted by the NAIC. This new method, known as the rate stabilization methodology, moved away from fixed loss ratios applied to initial premiums and moved to a rating methodology designed to increase the probability

that premiums will remain unchanged for the life of the contract, even under moderately adverse experience.

Even under the revised methodology, policyholders continue to experience large rate increases. In response, the NAIC Long-term Care Pricing Subgroup proposed changes to the NAIC Long-term Care Model Regulation (Model 641) aimed at strengthening the pricing of LTC insurance. These proposed changes were adopted by the NAIC in August of 2014. These changes apply to LTC insurance policies issued after the date that the state where the policy is issued adopts the revised regulation. The new model does not address rate increases consumers are experiencing on existing business.

The LTC Pricing Subgroup turned its focus to the review of these rate increases with the goal of developing a framework to achieve greater transparency and predictability in the review and approval of requests for LTC insurance rate increases.

Approaches

As a starting point, the subgroup surveyed states on various practices surrounding their review of LTC insurance rate increases. One of the first steps in the process was to develop consistency when using certain terms, including the term "recoupment of past losses", when used in our discussions. For purposes of this document, the subgroup developed a consistent understanding of different categories of past losses.

The following charts illustrate the streams of potential losses or deficiencies stemming from two general sources – those stemming from past and future premiums being insufficient, and those stemming from past and future incurred claims being worse than expected.

At the time of a rate increase, sources of potential past premium deficiencies come from premiums that were paid by policyholders who:

- are active
- are in paid-up status (i.e., they are not on claim, but are no longer paying premium under the terms of the policy but may have future claims)
- have lapsed coverage, (i.e., they are not paying premium, are not on claim, and cannot have future claims)
- are disabled (i.e., on claim)

At the time of a rate increase, sources of future premiums come from the following two groups:

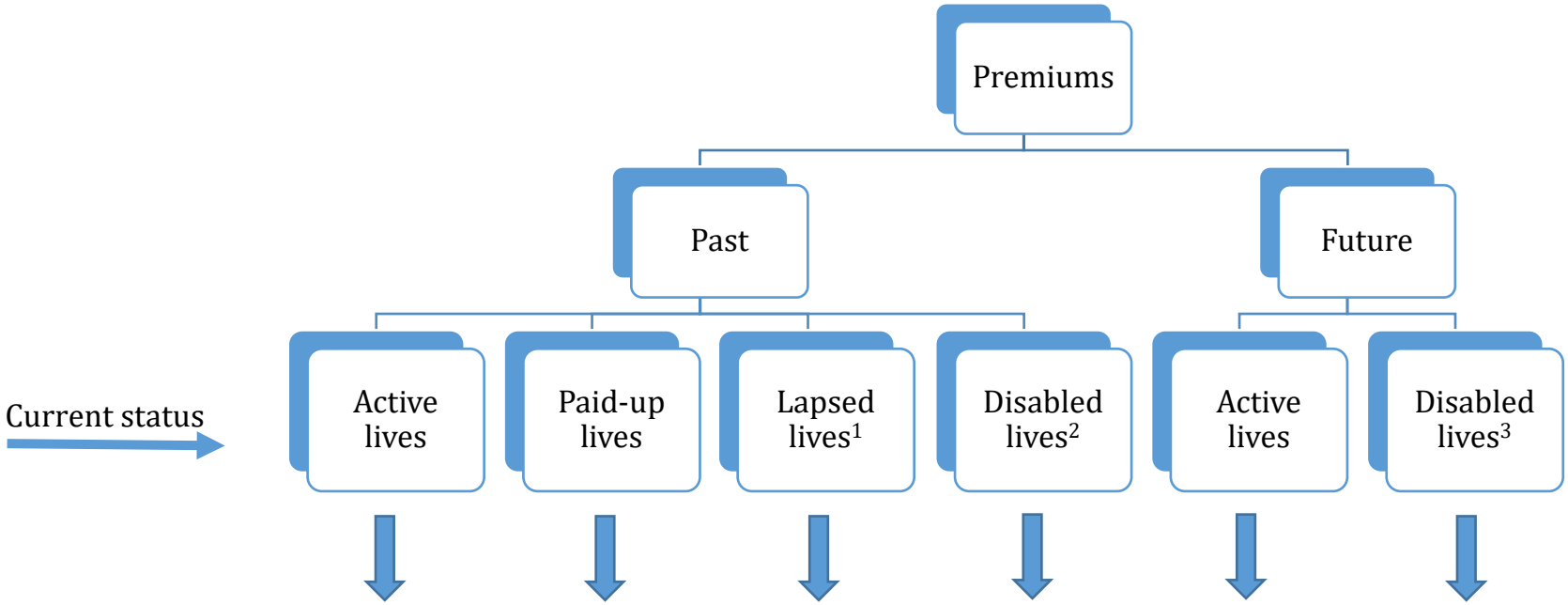
- policyholders who remain active and continue paying premiums
- policyholders who are currently on claim but recover and begin paying premiums again

At the time of a rate increase, sources of future incurred claims are:

- active premium paying policyholders who go on claim in the future

- disabled policyholders who are currently on claim, recover, and go on claim again in the future
- paid-up policyholders – this source of future claims is recognized in lifetime loss ratio calculations but not in projections of future claims for rate increases

Premium Shortfall Categories at the Time of a Rate Increase Request

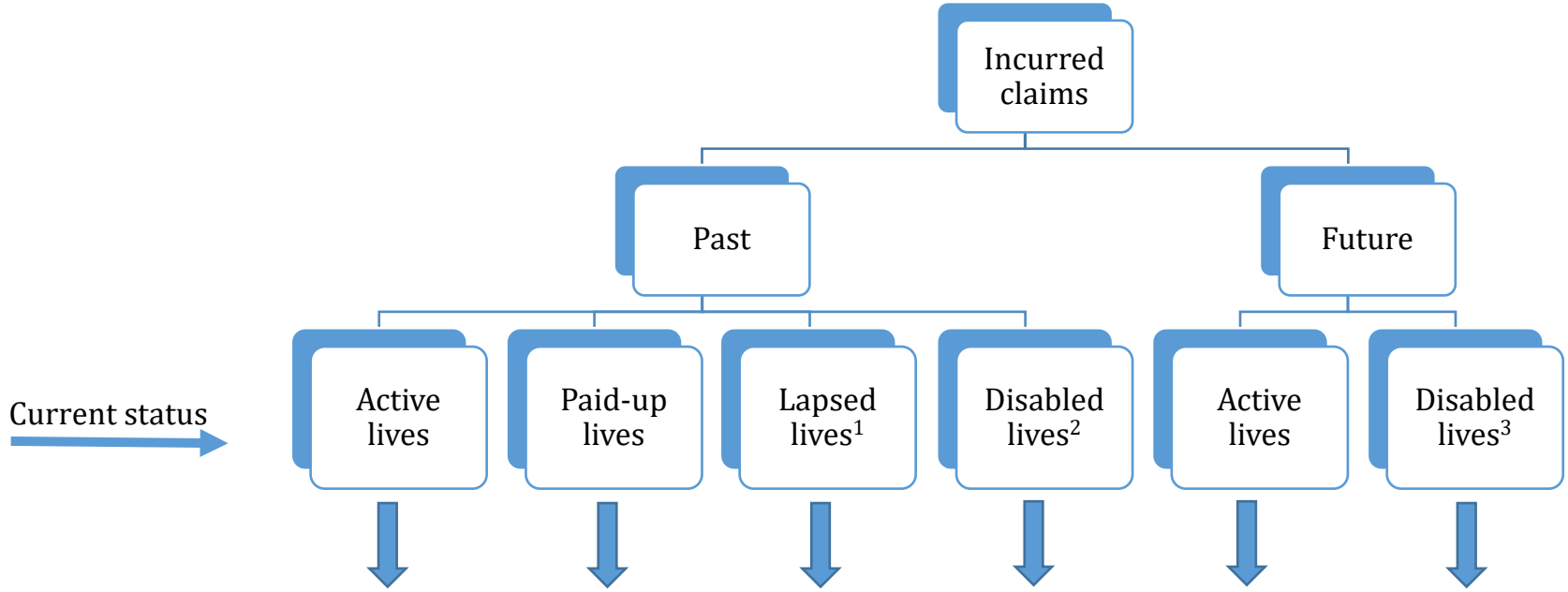


	Active lives	Paid-up lives	Lapsed lives[1]	Disabled lives[2]	Active lives	Disabled lives[3]
Lifetime loss ratio	✓	✓	✓	✓	✓	✓
Prospective present value approach	✗	✗	✗	✗	✓	✗
Blended if-knew/make up approach	✓	✓	✓	✓	✓	✓
2014 NAIC LTC Model Regulation	✓	✓	✓	✓	✓	✓

[1] Includes voluntary lapses and those who died prior to generating a claim
[2] Includes those who died while on claim and those who exhausted their benefits
[3] Current disabled lives who might recover in the future and resume paying premiums

✗ indicates that the category is not reflected in the methodology, and any deficiency needs to be funded from a source other than a rate increase. However, the deficiency could be mitigated by catch-up and transitional adjustments to the prospective PV approach. ✓ indicates a partial recoupment since the method blends if-knew, which does not allow for any recoupment, and make up, which allows for full recoupment.

Categories of Adverse Claims Experience at the Time of a Rate Increase Request



	Active lives	Paid-up lives	Lapsed lives[1]	Disabled lives[2]	Active lives	Disabled lives[3]
Lifetime loss ratio	✓	✓	✓	✓	✓	✓
Prospective present value approach	✗	✗	✗	✗	✓	✗
Blended if-knew/make up approach	✓*	✓*	✓*	✓*	✓	✓
2014 NAIC LTC Model Regulation	✗	✗	✗	✗	✓	✓

[1] Includes voluntary lapses and those who died prior to generating a claim
[2] Includes those who died while on claim and those who exhausted their benefits
[3] Current disabled lives who might recover in the future and resume paying premiums

✗ indicates that the category is not reflected in the methodology, and any deficiency needs to be funded from a source other than a rate increase. However, the deficiency could be mitigated by catch-up and transitional adjustments to the prospective PV approach. ✓* indicates a partial recoupment since the method blends if-knew, which does not allow for any recoupment, and make up, which allows for full recoupment.

As a second step in the process, the pricing subgroup identified several general methodologies that were consistently used across states. These are:

- The lifetime loss ratio approach, which allows for full recoupment of past losses and often results in the largest rate increase
- Unique state approaches, which are designed to limit the recoupment of past losses
- The amended model regulation, which, like the state approaches, limits the recoupment of past losses

The two state approaches discussed in the pricing subgroup are described below.

Prospective PV approach

This approach avoids a recoupment of past losses by considering only future projections. The following formula is used to compute an allowable rate increase for a block of LTC insurance policies:

$$\text{rate increase } \% = \frac{\Delta PV(\text{future incurred claims}) - \left(\frac{.58 + .85C}{1 + C}\right)\Delta PV(\text{future earned premiums})}{.85\, PV_{\text{current}}(\text{future earned premiums})}$$

where:

Δ indicates the change in present value (PV) due to the change in actuarial assumptions between the time of the last rate increase (or the original assumptions if there was no prior rate increase) and the current assumptions

C is the cumulative percent rate increase to date. For example, if the current rate, prior to the proposed rate increase, is 50 percent higher than the rate at initial pricing, then C = .5

The *current* subscript in the denominator indicates that the PV should be computed using current assumptions. The future earned premiums in the formula are based on the current premiums prior to the proposed rate increase. Regulators may wish to consider the addition of margin to the rate increase. For example, the ΔPV(future incurred claims) term in the above formula could be multiplied by 1.1 to represent a 10 percent margin.

The formula is limited to **active, premium-paying policyholders** as of the time of the filing. All present value calculations in the formula should be based on the same set of current active lives.

For pre-rate stabilized policies, one could use .6 in place of .58 and .8 in place of .85:

$$\text{rate increase } \% = \frac{\Delta PV(\text{future incurred claims}) - \left(\frac{.6 + .8C}{1 + C}\right)\Delta PV(\text{future earned premiums})}{.8\, PV_{\text{current}}(\text{future earned premiums})}$$

Justification for the formula

The numerator represents the amount of additional funding needed, on a prospective basis, as a result of the change in actuarial assumptions. This amount reflects the increase in the PV of incurred claims, and is partly offset by the increase in the PV of future net premiums, where net premiums are computed by multiplying gross premiums by the loss ratio.

To compute the loss ratio, if P_0 is the premium at initial pricing and P is the current premium prior to the proposed rate increase, then:

$$P = P_0(1+C)$$

so

$$P_0 = \frac{P}{1+C}$$

The portion of current premium due to prior increases is:

$$P - P_0 = P - \frac{P}{1+C} = \frac{PC}{1+C}$$

Applying a 58 percent loss ratio to the initial premium and an 85 percent loss ratio to the increase portion, the loss ratio is:

$$\frac{.58\dfrac{P}{1+C} + .85\dfrac{PC}{1+C}}{P} = \frac{.58+.85C}{1+C}$$

Since a loss ratio of 85 percent applies to the rate increase, which provides the additional funding needed, then:

$$.85\ \Delta PV_{\text{current}}(\text{future earned premiums}) =$$
$$\Delta PV(\text{future incurred claims}) - \left(\frac{.58+.85C}{1+C}\right)\Delta PV(\text{future earned premiums})$$

The percentage rate increase, computed as ΔPV / PV of future earned premiums, is found by dividing both sides of the above equation by $.85\ PV_{\text{current}}(\text{future earned premiums})$:

$$\text{rate increase }\% = \frac{\Delta PV(\text{future incurred claims}) - \left(\dfrac{.58+.85C}{1+C}\right)\Delta PV(\text{future earned premiums})}{.85\,PV_{\text{current}}(\text{future earned premiums})}$$

Possible Modifications to Prospective PV approach

The prospective PV formula is intended to produce a rate increase that is adequate to fund the projected increase in future claim liabilities. However, a regulator should consider modifications to the formula based on the following:

- Disapproval of a prior actuarially justified rate increase.
- A prior actuarially justified rate increase reduced by the regulator.
- Approval of a prior actuarially justified rate increase after significant delay, offset by any company delay in filing for an actuarially justified rate increase.

Note that the use of any prior "actuarially justified" rate increase requires justification and support, which may vary by company and by state. The use and amount of any prior actuarially justified rate increase must be agreed to by both the regulator and the company.

Examples of the modifications that could be made to the prospective PV formula are described below:

Catch-up Provision (For rate increase requests denied or delayed)

If part of a past rate increase request has been denied, or if there was a material delay in the prior approval, for the new rate to be consistent with the underlying methodology of the Base Formula, a company must be granted an additional rate increase amount, called the catch-up provision. The catch-up provision is designed to reflect in a new rate increase the necessary additional premiums based on the assumptions provided to the department at the time of the previous rate increase request that were not approved with the prior filing(s). It will not take into account any deviation in actual experience from assumed experience during that time period.

$$\text{Catch-up rate increase \%} = \frac{\text{AV(premiums requested}^{\text{P}}) - \text{AV(premiums approved}^{\text{P}})}{\text{PV}_{\text{current}}\text{(future earned premiums)}}$$

$$+ \frac{\text{PV(premiums requested}^{\text{F}}) - \text{PV(premiums approved}^{\text{F}})}{\text{PV}_{\text{current}}\text{(future earned premiums)}}$$

Where:

AV is the Accumulated Value at the time of the new rate increase request using the actuarial assumptions made at the time of the previous rate increase request(s).

PV is the Present Value at the time of the new rate increase request using the actuarial assumptions made at the time of the previous rate increase request(s).

Premiums Requested^P is the total past premiums that would have been collected had the entire rate increase request been granted in a timely manner based on the actuarial assumptions made at the time of the previous rate increase request(s)

Premiums Requested^F is the total future premiums that would have been collected had the entire rate increase request been granted in a timely manner based on the actuarial assumptions made at the time of the previous rate increase request(s)

Premiums Approved^P is the total past premiums that were collected based on the rate increase approved at the time of the previous rate increase request(s)

Premiums Approved^F is the total future premiums that would have been collected based on the rate increase approved at the time of the previous rate increase request(s)

For pre-rate stabilized policies, use .8 in place of .85.

<u>Transition Provision (For Pre-Rate Stability products and other products where the last rate increase requests was voluntarily reduced by the company)</u>

If the prior rate increase request was not subject to the Rate Stability actuarial certification or a past rate increase request has been voluntarily reduced from the amount per such certification, a transition period needs to be established for companies to make a single filing to provide the full amount of premium necessary to meet the actuarial certification (consistent with the Model Bulletin calculation requirements). This transition filing would establish the assumptions to be used as the "prior assumptions" for future Base Formula requests and the maximum "Prior Premium" scale for these policies based on those prior assumptions. For any new filing of a rate increase to the Prior Rate scale to be consistent with the underlying methodology of the Base Formula, a company must be granted increases from the current approved premium scale up to but not above the maximum Prior Premium scale as part of the Transition amount. In this instance, the company will not be allowed to recapture past premiums that would have been collected if the rate increase request had not been voluntarily reduced. To the extent that a company requests a Transitional increase and a state denies or reduces the amount, the amount denied would be allowed in future rate increase requests under the Catch-Up Provision.

$$\text{Transition rate increase } \% = \frac{\text{PV(premiums justified)} - \text{PV(premiums requested)}}{\text{PV}_{\text{current}}\text{(future earned premiums)}}$$

Where:

PV is the Present Value using the actuarial assumptions made at the time of the previous rate increase request(s).

Premiums Justified is the total future premiums that would have been collected had the previous rate increase request been based upon the entire amount calculated in the Base Formula and Catch-up Provisions at the time of the previous rate increase request(s)

Premiums Requested is the total future premiums that would have been collected based on the entire rate increase requested at the time of the previous rate increase request(s)

For pre-rate stabilized policies, use .8 in place of .85.

Calculation of Entire Rate Increase

Total Rate Increase = Base Formula Increase % + Catch-up Increase % + Transition Increase %

Blended If-Knew/Make-up Approach

This approach begins with the computation of if-knew and makeup rate increases, as described in the definitions below. Next, a blended average is computed between the if-knew and make-up increases, where the makeup component is weighted based on the percentage of original policyholders remaining in active, premium-paying status. Finally, a cost-sharing function is applied to determine the portion of the rate increase that is paid by policyholders, while the remainder is a cost borne by the company.

This approach requires the use of all components outlined in this section. It is not appropriate to use only one part of this approach to determine a rate increase.

Key definitions include:

- If-knew increase – increase to the premium rates such that the resulting rates, if in effect from inception of the form, would produce the greater of the initial target lifetime loss ratio or minimum loss ratio applicable to the form

- Make-up increase – increase to the premium rates such that the resulting rates, if in effect in future years, would produce the greater of the initial target lifetime loss ratio or minimum loss ratio applicable to the form

- Blended increase – weighted average of if-knew increase and makeup increase, with the makeup component weighted based on the percentage of the original policyholders remaining in active, premium-paying status

- Cost-sharing increase – blended increase reduced by the cost-sharing formula described below

- Maximum allowable rate increase – an increase that, in addition to any prior rate increase, results in a cumulative rate increase equal to the cost-sharing increase

Cost sharing

This approach requires a state to establish a cost-sharing formula to be applied the rate increase determined under this approach. The table below is an example of a formula where the rate increase is sliced into layers. The policyholder's share of the rate increase decreases with each layer.

Blended increase	Policyholder share of the increase
0-15%	100%
15-50%	90%
50-100%	75%
100-150%	65%
>150%	50%

For example, a blended increase of 70 percent would be sliced into three layers, consisting of 15 percent in the 0-15% layer, 35 percent in the 15-50% layer, and the remaining 20 percent in the 50-100% layer. The policyholder's share of a 70 percent blended increase would be 100% x 15% + 90% x 35% + 75% x 20% = 15% + 31.5% + 15% = 61.5%.

The example below illustrates the application of this method. It assumes that the minimum loss ratio applicable to the policy is 60 percent and that at the time of the rate increase filing, 40 percent of the original policyholders remain and are paying premium.

	Without current increase			Premium at if knew level			Premium at make up level			With allowable rate increase		
Experience	*Earned Premium*		*Incurred*	*Earned*	*Incurred*	*Loss*	*Earned*	*Incurred*	*Loss*	*Earned*	*Incurred*	*Loss*
Period	*Original*	*Actual*	*Claims*	*Premiums*	*Claims*	*Ratio*	*Premiums*	*Claims*	*Ratio*	*Premiums*	*Claims*	*Ratio*
Past	100	110	50	208	50	24%	110	50	45%	110	50	45%
Future	60	78	150	125	150	120%	223	150	67%	137	150	109%
Lifetime	160	188	200	333	200	60%	333	200	60%	247	200	81%
Loss ratio at the original premium level				125%								
Minimum loss ratio applicable to the form				60%		Layer	PH share					
If-knew increase				108%		15%	100%					
Make-up increase				272%		35%	90%					
Remaining policyholders percentage				40%		50%	75%					
Blended increase				174%		50%	65%					
Cost-sharing increase				128%		24%	50%					
Past rate increase				30%		174%						
Maximum allowable rate increase				76%								

There are many possible refinements of the basic approach described above, such as:

- reducing the allowable increase if the original premiums were unreasonably low (i.e. lower than a benchmark premium calculated using assumptions that are deemed appropriate for the period in which the policy was priced and issued)
- basing the if-knew and make-up increases on a measure of profitability rather than on a target or minimum loss ratio standard

- calculating present values using actual and expected investment returns rather than statutory valuation rates
- specifying how margins for adverse experience and waiver of premium benefits should be treated in the loss ratio calculation
- specifying the level of granularity of the rate increase calculation (i.e. whether the rate increase should vary by benefit features, underwriting criteria, etc.)

NAIC Model Regulation

Section 20.1(C)(2) of the Model Regulation describes a 58/85 loss ratio standard, which recognizes the lesser of actual or expected past claims. The allowable rate increase computed according to the Model Regulation's loss ratio standard applicable on the issue date of the policy, serves as a ceiling when using either of the above approaches.

Comparison of Approaches

Below are summaries of the results produced under each method for three actual rate filings received from three different carriers.

For each carrier, the earned premiums and incurred claims were multiplied by a random number to mask the carrier's actual data. Note that all yearly figures are discounted with interest:

Carrier #1

Summary of rate filing	
Type	Pre Rate Stabilized (Individual)
Rate increase history	40% in 2010; 25% in 2015
Cumulative rate prior increase	1.40 x 1.25 - 1 = 75%

	Accumulated and present values at 4.5% interest rate			
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims	Earned premiums	Incurred claims
Past	29,881,320	30,254,745	29,312,302	30,254,745
Future	6,396,557	64,064,583	8,276,125	81,078,884
Lifetime	36,277,877	94,319,328	37,588,427	111,333,629

Summary of calculations	
Estimated % of active policyholders remaining	50%
Lifetime LR	296%
Maximum rate increase under 60/80 lifetime LR standard	1321%
Blended if-knew & makeup components:	
Makeup increase	3268%
"If knew" rate increase	498%
Blended with 50% active policyholders remaining:	1883%
With cost sharing	983%

Blended if-knew & makeup rate increase* (after backing out prior 69.6% cumulative rate increase)	**519%**
Prospective PV allowable rate increase	**238%**
* Rate increase assumes: (1) benchmark premium = original premium; and (2) 50% actives remaining.	

Carrier #2

Summary of rate filing	
Type	Rate stabilized (individual)
Rate increase history	None
Cumulative prior rate increase	0%

	Accumulated and present values at 4% interest rate			
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims	Earned premiums	Incurred claims
Past	2,605,954	41,528	2,605,954	41,528
Future	4,537,414	3,795,819	4,382,489	5,514,785
Lifetime	7,143,367	3,837,347	6,988,442	5,556,313

Summary of calculations	
Estimated % of active policyholders remaining	71%
Lifetime LR	80%
Maximum rate increase under 58/85 lifetime LR standard	40%
Blended if-knew & makeup components:	
Makeup increase	59%
"If knew" rate increase	37%
Blended with 71% active policyholders remaining:	53%
With cost sharing	49%
Blended if-knew & makeup allowable rate increase[1, 2]	**49%**
Prospective PV allowable rate increase[2]	**49%**
[1] Rate increase assumes: (1) benchmark premium = original premium; and (2) 71% actives remaining. [2] The allowable rate increase would be limited to 40% based on the 58/85 lifetime loss ratio standard.	

Carrier #3

Summary of rate filing	
Type	Rate stabilized (individual)
Rate increase history	None
Cumulative prior rate increase	0%

	Accumulated and present values at 4.5% interest rate			
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims*	Earned premiums	Incurred claims*
Past	1,272,279	221,055	1,272,279	221,055

Future	659,852	1,098,641	864,521	2,561,128
Lifetime	1,932,131	1,319,696	2,136,800	2,782,183

* Projected incurred claims include a 10% moderately adverse experience load.

Summary of calculations	
Estimated % of active policyholders remaining	77%
Lifetime LR	130%
Maximum rate increase under 58/85 lifetime LR standard	210%
Blended if-knew & makeup components:	
Makeup increase	308%
"If knew" rate increase	124%
Blended with 77% active policyholders remaining:	266%
With cost sharing	174%
Blended if-knew & makeup allowable rate increase*	**174%**
Prospective PV allowable rate increase	**183%**
* Rate increase assumes: (1) benchmark premium = original premium; and (2) 77% actives remaining.	

Other Considerations

Premium Rate Increase Caps

Some states, either by regulation or administrative practice, place caps on premium rate increases. In particular, New Hampshire adopted a rule that caps rate increases based on the insured's attained age. In general, caps implemented by states have no actuarial basis, but instead are arbitrarily administered.

Although it is understandable that states may favor arbitrary caps in the interest of protecting policyholders from large rate increases, one concern is a potential solvency risk if actuarially justified rate increases are postponed along with the potential for substantial reductions in benefits due to state-specific guaranty fund limits. In addition, the need for future rate increases will be greater based on the degree to which requested rate increases are capped. Many states have worked with companies to successfully address large rate increases through the use of a pre-approved series of incremental increases, allowing rates to reach the appropriate level while fully informing the policyholders of the timing and amount of the full series of increases.

Delays in Filing and Delays in Approval of Rate Increases

Similar to arbitrary rate caps, delays in implementing actuarially justified rate increases due to either a carrier failing to file a needed rate increase, or delays in the regulatory approval of a needed rate increase, can pose a potential solvency risk. Several LTC insurance carriers have commented that delays in the implementation of needed rate increases lead to significantly higher rate increases later. For example, one carrier with a large block of LTC business estimated that each one-year delay of a needed rate increase adds a 5 to 10 percentage point increase to the needed rate increase.

Lifetime Loss Ratio Issue

Some regulators believe it is inappropriate to approve a rate increase that would lead to a lower projected lifetime loss ratio than in the prior rate increase filing. Where the prior filing was consistent with actuarially certified adequate premiums this would generally be an appropriate expectation unless sufficient justification is provided for an exception. Where the prior rate filing was not consistent with actuarially certified adequate premiums (e.g. most pre-rate stability business or filings limited by rate caps) or the company noted in its filing that if experience did not improve that additional rate increase filings are likely, the projected loss ratio from such a prior filing is not an appropriate limit.

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

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/20/2021
Submitted Date	01/20/2021
Respond By Date	02/19/2021

Dear Ronald N. Jackson,

Introduction:

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

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

Objection 1

- Product Checklist (Supporting Document)

Comments: 1) Please state the lifetime loss ratio anticipated in the original filing.

2) What steps have been taken to minimize rate increases on this block of business?

3) For compliance with 14VAC5-130-70 B.1, please state the issue age limits.

4) Please provide a description, along with an exhibit, showing the anticipated policy reserves and additional reserves to be held in each future year for active lives.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: For the following questions, please provide sufficient detail or documentation so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas:

1) Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms introduction.

2) Please provide all projections required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach.

Conclusion:

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

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

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should

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

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

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

Objection Letter

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

Dear Ronald N. Jackson,

Introduction:

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

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

Objection 1

- Experience Exhibits and Filing Status (Supporting Document)

- L&H Actuarial Memorandum (Supporting Document)

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

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Section 1. Scope of this Filing - The Actuarial Memorandum indicates policies were issued between March 1998 and October 2003. Please confirm if any policies were issued on or after 10/1/2003 (post stability).

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please update the actuarial certification on page 21 for compliance with 14VAC5-130-70 B 14 (re: premiums are reasonable in relation to benefits).

Objection 4

- Sample Policyholder Notifications (Supporting Document)

- Sample Policyholder Notifications (LSPO) (Supporting Document)

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

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

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

Comments: The form numbers listed should be consistent in the Rate/Rule Schedule, Actuarial Memorandum and Rate Request Summary. Please update the Actuarial Memorandum and Rate Request Summary to include all forms and riders.

Objection 6

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

Objection 7

- Product Checklist (Supporting Document)

Comments: Please attach a signed copy of the current version of the LTC Rate Review Checklist which can be found at:

https://scc.virginia.gov/getattachment/f261515d-6543-4c5e-aada-cadf5fe5f14f/Long-Term-Care-Rate-Revision-Checklist.pdf.

Objection 8

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

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

Conclusion:

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

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

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

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

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

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/14/2022
Submitted Date	04/14/2022

Dear Colleen Moore,

Introduction:

In response to comments received April 4:

Response 1

Comments:

John Doe versions of the policyholder notifications have been submitted in SERFF as Supporting Documentation. We have also submitted a revised SOV to include a paragraph at the top of page 1 that describes the use of the standard policyholder letter package where policyholders are not eligible for the Lifetime Stable Premium option. A revised SPO COTC VA has been submitted under the Form Schedule tab to reflect a correction on page 1, in the section 2. Overview of the Lifetime Stable Premium option, bullet 4.b., to indicate a 100-day facility EP instead of 90 day.

Related Objection 1

Comments: Please provide updated John Doe versions of the policyholder notifications indicating how the forms are intended to be used.

Changed Items:

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

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Options to Consider	SPO-COCT VA 02/01/22	OTH	Initial			SPO-COTC VA 020122 rev 032422.pdf	Date Submitted: 04/14/2022 By: Ronald Jackson
Previous Version								
1	*Coverage Options to Consider*	*SPO-COCT VA 02/01/22*	*OTH*	*Initial*			*SPO-COTC VA 020122.pdf*	*Date Submitted: 02/16/2022 By:*
Previous Version								
1	*Coverage Options to Consider*	*SPO-COCT VA 08/12/21*	*OTH*	*Initial*			*SPO-COTC VA.pdf, SPO-COTC VA 081221.pdf*	*Date Submitted: 08/26/2021 By:*
Previous Version								
1	*Coverage Options to Consider*	*SPO-COCT VA 06/02/20*	*OTH*	*Initial*			*SPO-COTC VA.pdf*	*Date Submitted: 12/28/2020 By: Ronald Jackson*

No Rate/Rule Schedule items changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV March 2022.pdf SOV.VA_Lifetime SPO Policyholder Notification April 2022.pdf
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV March 2022.pdf* *SOV.VA_Lifetime SPO Policyholder Notification March 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf* *7030 VA Lifetime Stable Premium SOV March 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf* *SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf* *7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf*

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

	SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf
Previous Version	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV_092020.pdf SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf
Previous Version	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV_092020.pdf

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV March 2022.pdf SOV.VA_Lifetime SPO Policyholder Notification April 2022.pdf
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV March 2022.pdf* *SOV.VA_Lifetime SPO Policyholder Notification March 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf* *7030 VA Lifetime Stable Premium SOV March 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf* *SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf* *7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf*

	SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf*

Satisfied - Item:	Sample Policyholder Notifications
Comments:	
Attachment(s):	Lifetime SPO Policyholder Letter Template 041422.pdf John Doe Sample VA PCS II LSPO Policyholder Letter 041422.pdf John Doe Sample VA PCS II Policyholder Not On Claim NQ Letter 041422.pdf John Doe Sample VA PCS II Policyholder On Claim NQ Letter 041422.pdf John Doe Sample VA PCS II Standard Policyholder Letter 041422.pdf
Previous Version	
Satisfied - Item:	*Sample Policyholder Notifications*
Comments:	
Attachment(s):	*Lifetime SPO Policyholder Letter Template 021622.pdf*
Previous Version	
Satisfied - Item:	*Sample Policyholder Notifications*
Comments:	
Attachment(s):	*Standard Policyholder No Quote Letter Template 081221.pdf* *Lifetime SPO Policyholder Letter Template 081221.pdf* *John Doe Sample Lifetime SPO Policyholder Letter 081221.pdf*
Previous Version	
Satisfied - Item:	*Sample Policyholder Notifications*
Comments:	*These documents have been moved to the Form Schedule tab, as applicable.*
Attachment(s):	

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

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

Conclusion:

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

Email: ronald.jackson@genworth.com
Phone #: (804) 289-6725
Fax #: (804) 922-8513

Sincerely,
Ronald Jackson

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

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/22/2022
Submitted Date	03/22/2022

Dear Colleen Moore,

Introduction:

This letter is in response to the comments received in your objection letter, dated March 17, 2022, to Genworth Life Insurance Company's (GLIC's) 2020 PCS II rate increase filing request.

Response 1

Comments:

1) Forms 165224NQ VA and 165239 VA make up the policyholder communication packet for policyholders on waiver. These forms were filed and approved in the PCS I filing, SERFF# GEFA-132466767. This is noted in the 2nd paragraph of the SOV.

Related Objection 1

Applies To:

- *Withdrawn, 165224NQ VA 08/31/20 (Form)*
- *Withdrawn, 165239 VA 08/31/20 (Form)*

Comments: We note that these forms have been withdrawn from the filing. Please explain what forms will be used for policyholders not receiving the lifetime stable premium option and provide the SERFF numbers for the filings in which they have been approved.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV March 2022.pdf SOV.VA_Lifetime SPO Policyholder Notification March 2022.pdf
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf* *7030 VA Lifetime Stable Premium SOV March 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf* *SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf* *7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf*

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

	SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf
Previous Version	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV_092020.pdf

Response 2

Comments:

2) The following forms have been submitted under the Supporting Documentation tab in SERFF:

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

Related Objection 2

Comments: Please attach copies of the previously approved riders referenced in Enclosures in Supporting Documentation. Also attach copies of any other documents which will be used to update or amend the policy to reflect any benefit changes an insured may choose. Include a copy of the form, the SERFF tracking number and date of approval.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form Samples
Comments:	
Attachment(s):	PCS 2_VA 7030L.pdf 134613VA 062916_Contingent Benefit Upon Lapse Endorsement.pdf 158271_101713_OLB Endorsement.pdf 165935 VA 111716 Coverage Amendment Rider.pdf
Previous Version	
Satisfied - Item:	*Approved Forms Sample*
Comments:	
Attachment(s):	*PCS 2_VA 7030L.pdf*

Response 3

Comments:

3) The explanation of this language varying to accommodate the number of options available on the Coverage Options page has been expounded upon in the revised SOV.

Related Objection 3

Applies To:

- *Coverage Options to Consider, SPO-COCT VA 02/01/22 (Form)*
- *Variability Statement (LSPO) (Supporting Document)*

Comments: Page 2, 1st paragraph - Define the variable options for the word [Each] in the SOV.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV March 2022.pdf SOV.VA_Lifetime SPO Policyholder Notification March 2022.pdf
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf* *7030 VA Lifetime Stable Premium SOV March 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf* *SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf* *7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf*

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

	SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf
Previous Version	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV_092020.pdf

Response 4

Comments:

4.1) The [company_phone] represents the customer service telephone number, the same as the [999 999.9999], and will be in the same 10 digit format. This has been defined in the revised SOV.

4.2) This section is explained in the revised SOV.

4.3) The format for the Inflation Protection has been updated in the revised SOV.

Related Objection 4

Applies To:

- Coverage Options, 165226SPO VA 02/01/22 (Form)
- Variability Statement (LSPO) (Supporting Document)

Comments: 1) Page 1 - please define the variable term [company_phone] in the SOV. We note that in the other PH notification documents the phone number is shown as [999 999.999].

2) Define the variability in the section under the heading "The median monthly cost of care provided in your area" in the SOV.

3) In Section 3. Review & Adjust your coverage, the format for the Inflation Protection in the form does not match the format for the inflation protection options outlined in the SOV. Please revise for consistency.

Changed Items:

No Form Schedule items changed.

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

No Rate/Rule Schedule items changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV March 2022.pdf SOV.VA_Lifetime SPO Policyholder Notification March 2022.pdf
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf* *7030 VA Lifetime Stable Premium SOV March 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf* *SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf* *7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf*

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

	SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf
Previous Version	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV_092020.pdf

Response 5

Comments:

5.1) The variable percentages have been defined in the revised SOV.

5.2) There are no alternatives, the language only prints if the policyholder qualifies for a Non-Forfeiture benefit. This is explained in the revised SOV.

5.3) If the policyholder does not elect the Lifetime Stable Premium option in response to this rate action, they may still be able to request a quote in the future along with other available reduced benefit options. This statement is intended to explain that the option is not guaranteed to be available in the future. This would be explained should a policyholder call to request a quote and the option has been modified, is no longer available or has had a change in premium. Any change/repricing would, of course, be subject to prior approval by the Bureau of Insurance. If any additional clarity is needed, please do not hesitate to call Pam Asbury to discuss at (804) 627-1828 or email at Pam.Asbury@genworth.com to schedule a conference call.

5.4) Ending brackets have been added to the revised 165239SPO VA.

Related Objection 5

Applies To:

- Important Information Regarding This Premium Increase, 165239SPO VA 02/01/22 (Form)

Comments: 1) Page 1, paragraph 2 please define the variable percentages in the SOV.

2) Page 2, last paragraph - Please define the alternatives for the variable language in the SOV.

3) Page 3, last sentence in the section Understanding the Lifetime Stable Premium option - please explain how the change referenced in this section would be communicated and explained to a policyholder.

4) Variable sections should include both beginning and ending brackets. Please revise as necessary.

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

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Important Information Regarding This Premium Increase	165239SPO VA 02/01/22	OTH	Initial			165239SPO VA Important Information rev 032122.pdf	Date Submitted: 03/22/2022 By: Ronald Jackson
Previous Version								
1	*Important Information Regarding This Premium Increase*	*165239SPO VA 02/01/22*	*OTH*	*Initial*			*165239SPO VA Important Information 020122.pdf*	*Date Submitted: 02/16/2022 By:*
Previous Version								
1	*Important Information Regarding This Premium Increase*	*165239SPO VA 08/12/21*	*OTH*	*Initial*			*165239SPO VA Important Information 081221.pdf*	*Date Submitted: 08/26/2021 By:*
Previous Version								
1	*Important Information Regarding This Premium Increase*	*165239SPO VA 08/31/20*	*OTH*	*Initial*			*165239SPO VA Important Information Regarding This Premium Increase.pdf*	*Date Submitted: 12/28/2020 By: Ronald Jackson*

No Rate/Rule Schedule items changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV March 2022.pdf SOV.VA_Lifetime SPO Policyholder Notification March 2022.pdf
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf* *7030 VA Lifetime Stable Premium SOV March 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf* *SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf* *7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf*

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

	SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf
Previous Version	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV_092020.pdf

Conclusion:

Sincerely,
Ronald Jackson

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

Response Letter

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

Dear Colleen Moore,

Introduction:

This letter is in response to the comments received in your objection letter, dated March 15, 2022, to Genworth Life Insurance Company's (GLIC's) 2020 PCS II rate increase filing request.

Response 1

Comments:

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

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

Related Objection 1

Applies To:

- Lifetime Stable Premium Option Endorsement, 7030END-LSPO VA 0920 (Form)

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

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

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

Related Objection 2

Applies To:

- Lifetime Stable Premium Option Endorsement, 7030END-LSPO VA 0920 (Form)

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

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Lifetime Stable Premium Option Endorsement	7030END-LSPO VA 0322	POLA	Initial		50.000	7030 VA Lifetime Stable Premium SOV March 2022.pdf	Date Submitted: 03/18/2022 By: Ronald Jackson
Previous Version								
1	*Lifetime Stable Premium Option Endorsement*	*7030END-LSPO VA 0920*	*POLA*	*Initial*		*50.000*	*7030END-LSPO VA 0920.pdf*	*Date Submitted: 10/18/2021 By: Ronald Jackson*
Previous Version								
1	*Lifetime Stable Premium Option Endorsement*	*7030END-LSPO VA 0920*	*POLA*	*Initial*		*50.000*	*7030 END-LSPO VA 0920.pdf*	*Date Submitted: 10/19/2020 By: Ronald Jackson*

No Rate/Rule Schedule items changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf 7030 VA Lifetime Stable Premium SOV March 2022.pdf
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf* *SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf* *7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf*

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

Response 3

Comments:

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

Related Objection 3

Applies To:

- Lifetime Stable Premium Option Endorsement, 7030END-LSPO VA 0920 (Form)
- Variability Statement (LSPO) (Supporting Document)

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

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf 7030 VA Lifetime Stable Premium SOV March 2022.pdf
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf* *SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf* *7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf*

Response 4

Comments:

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

Related Objection 4

Applies To:

- Lifetime Stable Premium Option Endorsement, 7030END-LSPO VA 0920 (Form)

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

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Lifetime Stable Premium Option Endorsement	7030END-LSPO VA 0322	POLA	Initial		50.000	7030 VA Lifetime Stable Premium SOV March 2022.pdf	Date Submitted: 03/18/2022 By: Ronald Jackson
Previous Version								
1	*Lifetime Stable Premium Option Endorsement*	*7030END-LSPO VA 0920*	*POLA*	*Initial*		*50.000*	*7030END-LSPO VA 0920.pdf*	*Date Submitted: 10/18/2021 By: Ronald Jackson*
Previous Version								
1	*Lifetime Stable Premium Option Endorsement*	*7030END-LSPO VA 0920*	*POLA*	*Initial*		*50.000*	*7030 END-LSPO VA 0920.pdf*	*Date Submitted: 10/19/2020 By: Ronald Jackson*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

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

Response 5

Comments:

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

Related Objection 5

Applies To:

- Variability Statement (LSPO) (Supporting Document)

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

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf 7030 VA Lifetime Stable Premium SOV March 2022.pdf
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf* *SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf* *7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf*

Response 6

Comments:

6) The Inflation Protection language in the Schedule is not variable. The new Schedule is sent when the Lifetime Stable Premium option is elected. Both variations (extended Elimination Period and co-insurance) have the same Compound 1% Benefit Increases. The variability explained in the SOV applies to the LSPO endorsement and refers to the original benefit on the policy.

Related Objection 6

Applies To:

- LSPO Schedule, 7030 Schedule Revised LSPO VA (Form)

Comments: The Inflation Protection provision is identified in the SOV as being variable; however, the provision in the Schedule is not bracketed. Please bracket the language that is considered variable, as required by 14 VAC 5-101-80 D.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 7

Comments:

7) These fields are not subject to change. The fields will reflect the specific insured(s) original rate classification information. The options are Preferred and Standard.

Related Objection 7

Applies To:

- LSPO Schedule, 7030 Schedule Revised LSPO VA (Form)
- Variability Statement (LSPO) (Supporting Document)

Comments: The Rate Classifications for the Policyholder and Insured Spouse are identified as being variable. Please update the SOV to explain how these fields are subject to change.

Changed Items:

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

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.

Pam Asbury, Vice President
Genworth Financial

Sincerely,
Ronald Jackson

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

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/01/2021
Submitted Date	12/01/2021

Dear Colleen Moore,

Introduction:

This letter is in response to the comments received in your objection letter, dated November 4, 2021, regarding Genworth Life Insurance Company's (GLIC's) PCS II Virginia rate increase request.

Response 1

Comments:

1) GLIC confirms that LSPO nonforfeiture rates are individual only. There are no LSPO nonforfeiture rates for joint policies.

Related Objection 1

Applies To:

- LSPO Rate Tables, [7030END-LSPO VA 0920, 62171] (Rate)

Comments: We note that the Lifetime Stable Premium Option rates are for Individual and Joint, but the nonforfeiture rates (Form 62171) for the LSPO option are individual only. Please confirm if there are nonforfeiture rates for the joint policies.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

2) GLIC apologizes for the oversight. The SPO rates that were approved in the 2017 filing should not have changed within this filing. Please see the attached VA PCS II SPO Appendix A.pdf for base and NFO rates for the SPO benefit.

Appendix B for non-forfeiture rates for the SPO when sold with the base were provided in error and have been removed from the rate tables. An updated file is provided with this response.

In addition, an updated Appendix B for non-forfeiture rates is also provided with this response. Please see attached VA PCS II NFO Rate Tables 62171 12.01.2021.pdf. The only change in this document is the removal of the previously provided SPO NFO rates.

Related Objection 2

Applies To:

- Rate Tables, [7030L, 7031L, 7032L, 62171, 62172, 62173, 62286] (Rate)

Comments: In the objection response submitted 10/25/21, the company indicated the rates for rider 62171 with the stable premium option (SPO) would not increase while the SPO is in the midst of a rate guarantee. The SPO rates were approved 6/28/19 with a rate guarantee until 2028. Since the base SPO rates policies are not included in this filing, please explain why revised Non-forfeiture rates for the SPO are included in this filing.

Changed Items:

No Form Schedule items changed.

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

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	7030L, 7031L, 7032L, 62171, 62172, 62173, 62286	Revised	Previous State Filing Number: GEFA-131306457 Percent Rate Change Request: 36.1	VA PCS II Rate Tables Appendix B 20201016.pdf, VA PCS II Rate Tables 62172_Appendix B.pdf, VA PCS II Rate Tables 62173_Appendix B.pdf, VA PCS II NFO Rate Tables 62171 12.01.21.pdf,	12/01/2021 By: Ronald Jackson
Previous Version						
1	*Rate Tables*	*7030L, 7031L, 7032L, 62171, 62172, 62173, 62286*	*Revised*	*Previous State Filing Number: GEFA-131306457 Percent Rate Change Request: 36.1*	*VA PCS II Rate Tables Appendix B 20201016.pdf, VA PCS II Rate Tables 62172_Appendix B.pdf, VA PCS II Rate Tables 62173_Appendix B.pdf, VA PCS II Rate Tables 62171.pdf,*	*09/28/2021 By: Ronald Jackson*
Previous Version						
1	*Rate Tables*	*7030L, 7031L, 7032L, 62171, 62172, 62173, 62286*	*Revised*	*Previous State Filing Number: GEFA-131306457 Percent Rate Change Request: 36.1*	*VA PCS II Rate Tables Appendix B 20201016.pdf, VA PCS II Rate Tables 62171_Appendix B.pdf, VA PCS II Rate Tables 62172_Appendix B.pdf, VA PCS II Rate Tables 62173_Appendix B.pdf, VA PCS II Rate Tables 62171.pdf,*	*07/30/2021 By: Ronald Jackson*
Previous Version						
1	*Rate Tables*	*7030L, 7031L, 7032L, 62171, 62172, 62173, 62286*	*Revised*	*Previous State Filing Number: GEFA-131306457 Percent Rate Change*	*VA PCS II Rate Tables Appendix B 20201016.pdf, VA PCS II Rate Tables*	*06/07/2021 By: Ronald Jackson*

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

Rate/Rule Schedule Item Changes

				Request: 36.1	*62171_Appendix B.pdf, VA PCS II Rate Tables 62172_Appendix B.pdf, VA PCS II Rate Tables 62173_Appendix B.pdf,*	
Previous Version						
1	*Rate Tables*	*7030L, 7031L, 7032L, 62171, 62172, 62173, 62286*	*Revised*	*Previous State Filing Number: GEFA-131306457 Percent Rate Change Request: 36.1*	*VA PCS II Rate Tables Appendix B 20201016.pdf,*	*10/19/2020 By: Ronald Jackson*

Supporting Document Schedule Item Changes

Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	VA PCS II Rate Tables Appendix A 20201016.pdf VA PCS II Rate Tables 62171_Appendix A.pdf VA PCS II Rate Tables 62172_Appendix A.pdf VA PCS II Rate Tables 62173_Appendix A.pdf VA PCS II SPO Appendix A.pdf
Previous Version	
Satisfied - Item:	*Current Rate Tables*
Comments:	
Attachment(s):	*VA PCS II Rate Tables Appendix A 20201016.pdf* *VA PCS II Rate Tables 62171_Appendix A.pdf* *VA PCS II Rate Tables 62172_Appendix A.pdf* *VA PCS II Rate Tables 62173_Appendix A.pdf*
Previous Version	
Satisfied - Item:	*Current Rate Tables*
Comments:	
Attachment(s):	*VA PCS II Rate Tables Appendix A 20201016.pdf*

Response 3

Comments:

3) Similar to SPO, LSPO is available to policyholders until Genworth decides to no longer offer it, the offer is not limited to the rate increase. This is described in the policyholder letter as:

We may discontinue or modify the availability of the [Lifetime] Stable Premium option offer at any time in the future without notice. If we modify the [Lifetime] Stable Premium option offer before you request it and before we approve your request, then the available premium, benefits and other aspects of the [Lifetime] Stable Premium option may differ from those shown to you here.

Related Objection 3

Applies To:

- LSPO Rate Tables, [7030END-LSPO VA 0920, 62171] (Rate)

Comments: Is the LSPO option only being offered in conjunction with this rate increase? How will the Company address an insured who may want to select the LSPO outside of this rate increase.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Regards,

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

Sincerely,

Ronald Jackson

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

Response Letter

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

Dear Colleen Moore,

Introduction:

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

Response 1

Comments:

1) The Note to Reviewer associated with the prior filing (GEFA-131306457) has been submitted as requested. Once reopened, we will replace the current rate tables with those including the NFO rates.

Related Objection 1

Comments: The Company indicated in the response to Objection 2, submitted 9/28/21, that the NFO rates for the SPO policies were omitted from the previously approved filing (GEFA-131306457). Therefore, please submit a note to filer in that filing requesting that the filing be reopened so that the company can attach the NFO SPO rate tables.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

2) Policies that are currently on SPO or LSPO are not affected by the proposed rate increase. Rates for riders attached to such policies also are not affected. Therefore, there is no need for additional communication to policyholders.

Related Objection 2

Applies To:

- *Rate Tables, [7030L, 7031L, 7032L, 62171, 62172, 62173, 62286] (Rate)*
- *LSPO Rate Tables, [7030END-LSPO VA 0920, 62171] (Rate)*

Comments: Please confirm if it is the companys intention for the rates for rider 62171 to increase in conjunction with rate filings when attached to a base policy which is currently in the midst of a rate guarantee (SPO) or with a lifetime rate guarantee (LSPO). How is this communicated to policyholders?

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

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

Regards,

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

Sincerely,
Ronald Jackson

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

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/18/2021
Submitted Date	10/18/2021

Dear Colleen Moore,

Introduction:

In response to your objection letter, dated September 30, 2021, to Genworth Life Insurance Company¡¦s (GLIC¡¦s) Virginia PCS II rate increase request:

Response 1

Comments:

1) The form number should be 7030END-LSPO VA 0920 and a revised form has been submitted under the Form Schedule tab.

Related Objection 1

Applies To:

- Lifetime Stable Premium Option Endorsement, 7030END-LSPO VA 0920 (Form)

Comments: Form number 7030 END-LSPO VA 0920 is inconsistent with the form number identified in the Form Schedule. Please note that the number appearing in the Form Schedule must mirror that appearing in the form including spacing. (7030 END-LSPO VA 0920 vs. 7030END-LSPO VA 0920). Please advise which form number is correct. If the form number displayed in the form is correct, please revise the Form Schedule to display the correct form number. If the Form Schedule is correct, please provide us with a revised form.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Lifetime Stable Premium Option Endorsement	7030END-LSPO VA 0920	POLA	Initial		50.000	7030END-LSPO VA 0920.pdf	Date Submitted: 10/18/2021 By: Ronald Jackson
Previous Version								
1	*Lifetime Stable Premium Option Endorsement*	*7030END-LSPO VA 0920*	*POLA*	*Initial*		*50.000*	*7030 END-LSPO VA 0920.pdf*	*Date Submitted: 10/19/2020 By: Ronald Jackson*

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

2) The endorsement applies to policy form 7030L, which has been submitted as Supporting Documentation.

Related Objection 2

Applies To:

- Lifetime Stable Premium Option Endorsement, 7030END-LSPO VA 0920 (Form)

Comments: As the endorsement serves to change policy language, please provide us with copies of the affected policies.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Approved Forms Sample
Comments:	
Attachment(s):	PCS 2_VA 7030L.pdf

Response 3

Comments:

3) The endorsement states;

-Your premium is guaranteed not to change, except:

.Where we change your policy at your request, and

.Where a change to your premium or the amount of premium you pay is required by the terms of the policy.

The endorsement reference is to guaranteeing the premium will not change, this change is not limited to an increase in premium. There are benefits within the policy that could impact the amount owed by a policyholder in the future. Specifically, the Waiver of Premium feature and the Survivorship Benefit could both impact the amount of premium a policyholder pays, where the Waiver eliminates the premium obligation if the policyholder is on claim and the Survivorship benefit results in a paid-up policy if the policy is eligible for the benefit. In both situations, the terms of the policy impact the amount of premium paid. Similarly, a policyholder electing to lapse would trigger a nonforfeiture option, keeping the policy inforce but changing the amount due by the policyholder.

Related Objection 3

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

Comments: 7030 END-LSPO VA 0920
The endorsement changes policy renewability to non-cancellable and states there can be no increase in premium except where a change to the premium is required by the policy. Please provide us with examples where premium increases might occur.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 4

Comments:

4) Please see the file '7030 VA Lifetime Stable Premium SOV Oct 2021.pdf' submitted as Supporting Documentation.

Related Objection 4

Applies To:

- Lifetime Stable Premium Option Endorsement, 7030END-LSPO VA 0920 (Form)

Comments: Please provide us with a statement of variability (SOV) that identifies each variable field appearing in the form and describe specifically how that field might vary from the text as presented.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Lifetime Stable Premium Option Endorsement	7030END-LSPO VA 0920	POLA	Initial		50.000	7030END-LSPO VA 0920.pdf	Date Submitted: 10/18/2021 By: Ronald Jackson
Previous Version								
1	*Lifetime Stable Premium Option Endorsement*	*7030END-LSPO VA 0920*	*POLA*	*Initial*		*50.000*	*7030 END-LSPO VA 0920.pdf*	*Date Submitted: 10/19/2020 By: Ronald Jackson*

No Rate/Rule Schedule items changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf 7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf*

Response 5

Comments:

5) Please see the sample schedule submitted under the Form Schedule tab. This is the same schedule as the SPO schedule previously approved 6/28/19, SERFF #GEFA-131306457, revised for use with the Lifetime Stable Premium option. The revisions are minimal - adding the word Lifetime and a small change to the form number.

Related Objection 5

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

Applies To:
- Sample Schedule Page (LSPO) (Supporting Document)
Comments: Thank you for providing us with the sample schedule of benefits. Please advise the SERFF Tracking Number under which this schedule was approved for use.

Changed Items:

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Sample Schedule Page (LSPO)
Comments:	Moved to Form Schedule tab.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Sample Schedule Page (LSPO)*
Comments:	
Attachment(s):	*7030 Sample_LSPO_SPO Schedule_062020.pdf*

Response 6
Comments:
6) Please see the file 7030 VA Lifetime Stable Premium SOV Oct 2021 submitted as Supporting Documentation.

Related Objection 6
Applies To:
- Sample Schedule Page (LSPO) (Supporting Document)
Comments: Since the schedule to which the endorsement refers contains variable fields, please provide us with the SOV that was filed for use with the schedule upon its approval.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf 7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf*

Response 7

Comments:

7) GLIC will continue to offer the Stable Premium Option with PCS II (policy form 7030L) only if the Lifetime Stable Premium Option is not approved by the Bureau in this filing. The Stable Premium Option endorsement, form 7030END-SPO 1017, was approved 6/28/19 under SERFF # GEFA-131306457.

Related Objection 7

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

Applies To:

- Important Change, 165224SPO VA 08/12/21 (Form)

Comments: Option Item 2 appearing at the top right-hand corner of the letter identifies the term Lifetime as being variable. The SOV provides the explanation that either the lifetime stable premium will be offered, or the stable premium option will be offered. Please advise the form number of the stable premium option endorsement that will be issued. Please include the SERFF Tracking Number under which it was approved.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 8

Comments:

8) The sample endorsement will be sent with the rate increase notification to all policyholders that have the 7030L policy form and are receiving form 165224SPO VA 081221.
A copy of the sample endorsement that will be sent to the policyholder with the rate increase notification has been submitted as Supporting Documentation.
The sample endorsement that is sent with the rate increase notification is bracketed for variation in policyholder specific information, depicts the two different stable premium options available and does not include company officer signatures. When the policyholder selects one of the options, an endorsement is issued with their specific information and the benefits appropriate for the stable premium option selected.
The final issued endorsement will only reflect the version of the stable premium option selected, along with policyholder specific information.
The endorsement is bracketed in the list of enclosures because only one will be offered. If Lifetime Stable Premium is approved GLIC will offer that and will no longer offer the Stable Premium Option.

Related Objection 8

Applies To:

- Important Change, 165224SPO VA 08/12/21 (Form)

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

Comments: The Lifetime Stable Premium Option Endorsement is listed as an enclosure in form 165224SPO VA 08/12/12. The SOV states The list of enclosures will include an endorsement for the Optional Limited Benefit (form 158271) or the Contingent Benefit Upon Lapse (form 134613VA), if applicable as well as the appropriate sample Lifetime Stable Premium or Stable Premium option endorsement. We have some questions regarding this process.
Please confirm our understanding that the sample endorsement will be sent out to all insureds.
Please provide us with a John Doe version of the sample endorsement that is included in the policyholder letter packet.
The use of the term sample endorsement implies that there is a sample version and a version that is issued. In this light, will the sample endorsement appear the same as an issued endorsement?
What version of the endorsement is issued to those insureds who opt for either of the stable premium options?
You stated that the stable premium option may be offered instead of the lifetime stable premium option. As such, it appears that the form number of the stable premium option endorsement should also appear in the list of enclosures.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	LSPO Endorsement Sample
Comments:	
Attachment(s):	7030END-LSPO VA SAMPLE.pdf

Conclusion:

Respectfully submitted,

Pamela C. Asbury, Vice President
Sincerely,
Ronald Jackson

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

Response Letter

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

Dear Colleen Moore,

Introduction:

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

Response 1

Comments:

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

Related Objection 1

Applies To:

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

Comments: The purpose of the LTC Rate Request Summary is to provide a clear explanation of the justification for the rate increase to the public, in language which would be easily understood by individuals with little to no insurance background. This should be fairly high level and not drill down deep into the details - the technical discussion is included in the actuarial memorandum. The existing narrative appears to include terms and abbreviations which the average long term care policyholder would not understand. Please revise the Rate Request Summary to be in more consumer friendly language.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Long Term Care Insurance Rate Request Summary.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA Long Term Care Insurance Rate Request Summary 20201224.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA Long Term Care Insurance Rate Request Summary 20201016.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: 2020 PCS II_Round 7
Project Name/Number: 2020 PCS II_Round 7/2020 PCS II_Round 7

Response Letter

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

Dear Colleen Moore,

Introduction:

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

Response 1

Comments:

1) Per your request, a Post Submission Update will be provided correcting the reference from form 7030J to form 7030L.

Related Objection 1

Comments: Using a post submission update, please revise the filing description to indicate the LSPO option is available for form 7030L rather than 7030J.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

2.1) The Rate Tables for form 62171 have been updated with the removal of Appendix A as requested. Please see attached VA PCS II Rate Tables 62171.pdf for the requested updates.

2.2) GLIC confirms that the above mentioned rate tables are the same and rate table VA PCS II Rate Tables 62171_Appendix B.pdf has been deleted.

2.3) As the Department pointed out, while the SPO rates were included in SERFF # GEFA-131306457, NFO rates for SPO policies were inadvertently omitted. If the Department would like to reopen that filing, GLIC would gladly add those NFO SPO rate tables. It is noteworthy that currently only one Virginia policyholder is affected by these rates.

2.4) As requested, form 62171 has been added to Line Item #2 on the Rate/Rule Schedule tab in SERFF.

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

Related Objection 2

Applies To:

- Rate Tables, [7030L, 7031L, 7032L, 62171, 62172, 62173, 62286] (Rate)

Comments: Please clarify the following concerning the NFO rates (62171):

1) Please remove Appendix A (current rates) from the document VA PCS II Rate Tables 62171.pdf (the 5th attachment on Line Item # 1).

2) Please confirm if Attachment 2 under Line Item # 1 (VA PCS II Rate Tables 62171_Appendix B.pdf) is the NFO rate table for the SPO. If so, this rate table is also attached at the end of the document VA PCS II Rate Tables 62171.pdf (the 5th attachment under Line Item #1). If they are the same rate table, VA PCS II Rate Tables 62171_Appendix B.pdf should be deleted.

3) Please provide the SERFF filing number for the previously approved version of the form 62171 NFO rates for the SPO. It does not appear to be included in SERFF # GEFA-131306457.

4) Please add 62171 under the affected form numbers for Line Item 2 since the new NFO rates for the LSPO option are included under that line item.

Changed Items:

No Form Schedule items changed.

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

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	LSPO Rate Tables	7030END-LSPO VA 0920, 62171	New		VA PCS II Rate Tables Appendix C 20201016.pdf, VA PCS II LSPO Rate Tables 62171.pdf,	09/28/2021 By: Ronald Jackson
Previous Version						
1	*LSPO Rate Tables*	*7030END-LSPO VA 0920*	*New*		*VA PCS II Rate Tables Appendix C 20201016.pdf, VA PCS II LSPO Rate Tables 62171.pdf,*	*07/30/2021 By: Ronald Jackson*
Previous Version						
1	*SPO Rate Table*	*7030END-LSPO VA 0920*	*New*		*VA PCS II Rate Tables Appendix C 20201016.pdf,*	*06/07/2021 By: Ronald Jackson*
Previous Version						
1	*SPO Rate Table*	*7030END-LSPO VA 0920*	*New*		*VA PCS II Rate Tables Appendix C 20201016.pdf,*	*10/19/2020 By: Ronald Jackson*
2	Rate Tables	7030L, 7031L, 7032L, 62171, 62172, 62173, 62286	Revised	Previous State Filing Number: GEFA-131306457 Percent Rate Change Request: 36.1	VA PCS II Rate Tables Appendix B 20201016.pdf, VA PCS II Rate Tables 62172_Appendix B.pdf, VA PCS II Rate Tables 62173_Appendix B.pdf, VA PCS II Rate Tables 62171.pdf,	09/28/2021 By: Ronald Jackson
Previous Version						
2	*Rate Tables*	*7030L, 7031L, 7032L, 62171, 62172, 62173, 62286*	*Revised*	*Previous State Filing Number: GEFA-131306457 Percent Rate Change Request: 36.1*	*VA PCS II Rate Tables Appendix B 20201016.pdf, VA PCS II Rate Tables 62171_Appendix B.pdf, VA PCS II Rate Tables 62172_Appendix B.pdf,*	*07/30/2021 By: Ronald Jackson*

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

Rate/Rule Schedule Item Changes

					VA PCS II Rate Tables 62173_Appendix B.pdf, VA PCS II Rate Tables 62171.pdf,	
Previous Version						
2	Rate Tables	7030L, 7031L, 7032L, 62171, 62172, 62173, 62286	Revised	Previous State Filing Number: GEFA-131306457 Percent Rate Change Request: 36.1	VA PCS II Rate Tables Appendix B 20201016.pdf, VA PCS II Rate Tables 62171_Appendix B.pdf, VA PCS II Rate Tables 62172_Appendix B.pdf, VA PCS II Rate Tables 62173_Appendix B.pdf,	06/07/2021 By: Ronald Jackson
Previous Version						
2	Rate Tables	7030L, 7031L, 7032L, 62171, 62172, 62173, 62286	Revised	Previous State Filing Number: GEFA-131306457 Percent Rate Change Request: 36.1	VA PCS II Rate Tables Appendix B 20201016.pdf,	10/19/2020 By: Ronald Jackson

No Supporting Documents changed.

Conclusion:

Regards,

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

Sincerely,

Ronald Jackson

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

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/30/2021
Submitted Date	07/30/2021

Dear Colleen Moore,

Introduction:

In response to the comments received in your objection letter, dated July 23, 2021, to Genworth Life Insurance Company's (GLIC's) PCS II Virginia rate increase request:

Response 1

Comments:

1) The 62171 rates submitted with Objection 5 of this filing are SPO NFO rates. They are intended to be an addition to the 62171 rates that were submitted with the prior filing, which are the NFO rates when sold with base policy forms 7030, 7031, and 7032. Please see VA PCS II Rate Tables 62171.pdf for a single file containing all the applicable NFO rate tables for this product. Additionally, please see VA PCS II LSPO Rate Tables 62171.pdf for the NFO rate tables for the LSPO alternative proposed as part of this filing.

Related Objection 1

Applies To:

- Rate Tables, [7030L, 7031L, 7032L, 62171, 62172, 62173, 62286] (Rate)

Comments: Please explain how the rate sheet for 62171, with 1 page, corresponds to the rates for 62171 in the previously approved filing (GEFA-131306457) with 20 pages.

Changed Items:

No Form Schedule items changed.

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

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	7030L, 7031L, 7032L, 62171, 62172, 62173, 62286	Revised	Previous State Filing Number: GEFA-131306457 Percent Rate Change Request: 36.1	VA PCS II Rate Tables Appendix B 20201016.pdf, VA PCS II Rate Tables 62171_Appendix B.pdf, VA PCS II Rate Tables 62172_Appendix B.pdf, VA PCS II Rate Tables 62173_Appendix B.pdf, VA PCS II Rate Tables 62171.pdf,	07/30/2021 By: Ronald Jackson
Previous Version						
1	*Rate Tables*	*7030L, 7031L, 7032L, 62171, 62172, 62173, 62286*	*Revised*	*Previous State Filing Number: GEFA-131306457 Percent Rate Change Request: 36.1*	*VA PCS II Rate Tables Appendix B 20201016.pdf, VA PCS II Rate Tables 62171_Appendix B.pdf, VA PCS II Rate Tables 62172_Appendix B.pdf, VA PCS II Rate Tables 62173_Appendix B.pdf,*	*06/07/2021 By: Ronald Jackson*
Previous Version						
1	*Rate Tables*	*7030L, 7031L, 7032L, 62171, 62172, 62173, 62286*	*Revised*	*Previous State Filing Number: GEFA-131306457 Percent Rate Change Request: 36.1*	*VA PCS II Rate Tables Appendix B 20201016.pdf,*	*10/19/2020 By: Ronald Jackson*
2	LSPO Rate Tables	7030END-LSPO VA 0920	New		VA PCS II Rate Tables Appendix C 20201016.pdf, VA PCS II LSPO Rate Tables 62171.pdf,	07/30/2021 By: Ronald Jackson
Previous Version						
2	*SPO Rate Table*	*7030END-LSPO VA 0920*	*New*		*VA PCS II Rate Tables Appendix C 20201016.pdf,*	*06/07/2021 By: Ronald Jackson*

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

Rate/Rule Schedule Item Changes						
Previous Version						
2	*SPO Rate Table*	*7030END-LSPO VA 0920*	*New*		*VA PCS II Rate Tables Appendix C 20201016.pdf,*	*10/19/2020 By: Ronald Jackson*

No Supporting Documents changed.

Response 2

Comments:

2) Please see attached VA PCS II Cover Letter 20210729.pdf for the requested update.

Related Objection 2

Applies To:

- Cover Letter (Supporting Document)

Comments: For clarity, please update the cover letter to reflect the correct form reference for the new LSPO option (Form 7030L rather than 7030J). In addition, using a post submission update, please also update the reference in the Filing Description on the General Information tab.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	VA PCS II Cover Letter 20210729.pdf
Previous Version	
Satisfied - Item:	*Cover Letter*
Comments:	
Attachment(s):	*VA PCS II Cover Letter 20201016.pdf*

Conclusion:

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

Regards,

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

Sincerely,
Ronald Jackson

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

Response Letter

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

Dear Colleen Moore,

Introduction:

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

Response 1

Comments:

1.1) The Lifetime SPO was priced to achieve the same future loss ratio (FLR) as Genworths MYRAP. The MYRAP for PCS II consists of a future cumulative rate increases of 53%/26% for lifetime and limited BP respectively nationwide. The table in the attached letter compares projected and historical amounts between the SPO designs and Genworths MYRAP. Note that on the basis of modeling and assumptions as of the point of pricing, all options result in a future loss ratio of approximately 216.6%.

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

Related Objection 1

Applies To:

- SPO Rate Table, [7030END-LSPO VA 0920] (Rate)

Comments: 1)Please explain in detail, for actuarial review, the pricing methodology used to develop the rates for the Lifetime Stable Premium Option.

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

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response Letter (6/7/21)
Comments:	
Attachment(s):	VA PCS II Objection 6 Response 20210607.pdf

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

Conclusion:

Regards,

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

Sincerely,
Ronald Jackson

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

Response Letter

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

Dear Colleen Moore,

Introduction:

in response to the comments received in your objection letter, dated May 17, 2021, to Genworth Life Insurance Company's (GLIC's) PCS II Virginia rate increase request:

Response 1

Comments:

1) The certification for compliance with 14VAC5-101-110 has been updated in SERFF.

Related Objection 1

Applies To:

- Certification of Compliance/Readability (Supporting Document)

Comments: Please update the certification using the required language in 14VAC5-101-110.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	VA_Certification of Compliance_14_5_101_110.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance/Readability*
Comments:	
Attachment(s):	*VA_Compliance Certification.pdf*

Response 2

Comments:

2) The Flesh reading score has been added on Page 22 of the attached Long-Term-Care-Rate-Revision-Checklist LR.pdf.

Related Objection 2

Applies To:

- Product Checklist (Supporting Document)

Comments: Please include the Flesch reading score on Page 22.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA PCS II NAIC Filing Checklist 20201016.pdf Long-Term-Care-Rate-Revision-Checklist LR.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	
Attachment(s):	*VA PCS II NAIC Filing Checklist 20201016.pdf* *Long-Term-Care-Rate-Revision-Checklist LR.pdf*
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	
Attachment(s):	*VA Individual LTC Review Requirements Checklist 20201016.pdf* *VA PCS II NAIC Filing Checklist 20201016.pdf*

Response 3

Comments:

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

3) Please see the attached rate tables:

-VA PCS II Rate Tables 62171_Appendix A.pdf
-VA PCS II Rate Tables 62171_Appendix B.pdf
-VA PCS II Rate Tables 62172_Appendix A.pdf
-VA PCS II Rate Tables 62172_Appendix B.pdf
-VA PCS II Rate Tables 62173_Appendix A.pdf
-VA PCS II Rate Tables 62173_Appendix B.pdf.

Related Objection 3

Applies To:

- Rate Tables, [7030L, 7031L, 7032L, 62171, 62172, 62173, 62286] (Rate)

Comments: Previous filings included rates for forms 62171, 62172 and 62173. Please attached proposed rates for these forms.

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	7030L, 7031L, 7032L, 62171, 62172, 62173, 62286	Revised	Previous State Filing Number: GEFA-131306457 Percent Rate Change Request: 36.1	VA PCS II Rate Tables Appendix B 20201016.pdf, VA PCS II Rate Tables 62171_Appendix B.pdf, VA PCS II Rate Tables 62172_Appendix B.pdf, VA PCS II Rate Tables 62173_Appendix B.pdf,	06/07/2021 By: Ronald Jackson
Previous Version						
1	*Rate Tables*	*7030L, 7031L, 7032L, 62171, 62172, 62173, 62286*	*Revised*	*Previous State Filing Number: GEFA-131306457 Percent Rate Change Request: 36.1*	*VA PCS II Rate Tables Appendix B 20201016.pdf,*	*10/19/2020 By: Ronald Jackson*

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	VA PCS II Rate Tables Appendix A 20201016.pdf VA PCS II Rate Tables 62171_Appendix A.pdf VA PCS II Rate Tables 62172_Appendix A.pdf VA PCS II Rate Tables 62173_Appendix A.pdf
Previous Version	
Satisfied - Item:	*Current Rate Tables*
Comments:	
Attachment(s):	*VA PCS II Rate Tables Appendix A 20201016.pdf*

Response 4

Comments:

4.1) Please see the SPO rate table VA PCS II Rate Tables Appendix C 20201016.pdf with the updated form number.

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

-GLIC apologizes for the error and using policy form 7030J in the cover letter. The new SPO option is available for policy form 7030L.

Related Objection 4

Applies To:

- *SPO Rate Table, [7030END-LSPO VA 0920] (Rate)*
- *Cover Letter (Supporting Document)*

Comments: 1) Please revise the form number on the SPO Rate Table to reflect the full form number: 7030END-LSPO VA 0920.

2) Please clarify which policyholders would be offered the Stable Premium Option.

- The Actuarial Memorandum says it will be an alternative for form 7030L. Will it be offered to all 7030L policyholders?

- The cover letter says the new option is for policy forms 7030J. Form 7030J is not listed in this filing. Please resolve this discrepancy.

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

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	SPO Rate Table	7030END-LSPO VA 0920	New		VA PCS II Rate Tables Appendix C 20201016.pdf,	06/07/2021 By: Ronald Jackson
Previous Version						
1	*SPO Rate Table*	*7030END-LSPO VA 0920*	*New*		*VA PCS II Rate Tables Appendix C 20201016.pdf,*	*10/19/2020 By: Ronald Jackson*

No Supporting Documents changed.

Response 5

Comments:

5.1) Full approval will not bring the block to premium sufficiency. MYRAP was designed to achieve a certain rate level with lifetime loss ratio over 100%, hence it does not target premium sufficiency.

5.2) GLICs 2020 MYRAP does not plan for rate increases outside of the 2020 nationwide round. However, the PCS II product has a lifetime loss ratio of over 120% and GLIC reviews the need for additional rate increases annually with not only block sufficiency but legal entity sufficiency in mind. That process is currently underway for 2021.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Section 2.1 of the Actuarial Memorandum indicates this is the 2nd in a 2-stage set of rate increases for this block.

1. If the overall 36.1% increase were granted, will this bring the block to premium sufficiency?

2. If the 36.1% increase were granted, baring unforeseen unanticipated losses, would the company plan to file for additional increases?

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Regards,

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

Sincerely,
Ronald Jackson

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

Response Letter

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

Dear Colleen Moore,

Introduction:

In response to the comments received in your objection letter, dated March 5, 2021, to Genworth Life Insurance Company's (GLIC's) PCS II Virginia rate increase request:

Response 1

Comments:

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

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

2) GLIC is reverting to the estimated original lifetime loss ratios provided in the prior filing for the dual loss ratio test. We plan to keep this consistent going forward. The difference was caused by change in the model used to project this information.

Please see Attachment 3 in VA PCS II Objection 4 Attachments.xlsx for the dual loss ratio test using 65.2%/80%. As can be seen, the request continues to pass this test. Please note that the test is not a limiting factor for this policy form and would not impact our MYRAP driven filings.

3) Attachment 11 in VA PCS II Objection 3 Attachments.xlsx is a view as if previous rate increases were applied since inception for this policy form. Therefore, a 60% lifetime loss ratio is already achieved if the current premiums were charged since inception.

GLIC does not agree that applications of If-Knew methodology are appropriate or consistent with regulation and this method is in direct conflict with GLICs ability to effectively manage its in-force Long Term Care blocks of business. GLIC has continued to support the work being done by the NAIC LTC (EX) Task Force and LTC Pricing Subgroup as well as working collaboratively with states towards effective solutions.

Related Objection 1

Applies To:

- *Response Letter (2/19/21 - Objection 3) (Supporting Document)*

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

Comments: 1.The Companys response to item 3.d. includes only split by limited/lifetime and not by inflation type. The Company was able to provide this information in the prior filing (GEFA-131306457) in Attachment 6.g., so it seems possible to produce this requested information.

2.Attachment 7 in the latest response is still using 60% rather than the greater of 60% and the loss ratio under original assumptions as required by the regulation. Please revise.

3.Regarding Attachment 11, the earned premiums seem to be larger than the actual premiums earned in prior years from, for instance, the actual premiums shown in the sum of Attachment 1, yet the letter indicates that a 0% rate increase produces this result. Please explain how a 0% rate increase produces a 60% lifetime loss ratio. Please explain how previous rate increases have been reflected in this calculation.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Experience Exhibits and 65.2/80 Test
Comments:	
Attachment(s):	VA PCS II 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: 2020 PCS II_Round 7
Project Name/Number: 2020 PCS II_Round 7/2020 PCS II_Round 7

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/19/2021
Submitted Date	02/19/2021

Dear Colleen Moore,

Introduction:

In response to the comments received in your objection letter, dated January 27, 2021, to Genworth Life Insurance Company's (GLIC's) PCS II Virginia rate increase request:

Response 1

Comments:

As our responses exceed the character limitations of this venue and some of the information will not format properly, we ask you to review the attached response letter and the associated exhibits.

Related Objection 1

Applies To:

- *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: 2020 PCS II_Round 7
Project Name/Number: 2020 PCS II_Round 7/2020 PCS II_Round 7

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

2.For all projections requested in the next question, the baseline should comply with the following:
a.Any policies issued as limited-pay which are now in paid-up status should be removed, both from historical experience and future projections.
b.For this pre-stability block, assumptions should be best-estimate.
c.Premiums should be at the Virginia rate level for both historical and projected future.
d.Please use the appropriate maximum valuation interest rate for accumulation and discounting of this block.

3.To assist the Bureau in its review, for each of the six subsets of the business corresponding to the combinations of (limited/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following six projections on a nationwide basis:
a.current assumptions and current rates
b.current assumptions with the proposed rate increase
c.current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception
d.original assumptions and original premiums from inception
e.a projection showing all premiums at the original premium scale from inception (documenting past and future PV of premium for use in the 60/80 Test)

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

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

5.Please update Additional Exhibit III (Status of Filings) with any additional rate increase approvals.

6.The dual loss ratio test of 14VAC5-200-150 B. requires the use of the greater of 60% or the lifetime loss ratio used in the original pricing at the average valuation interest rate. Please revise Exhibit III (60/80 Test) and, if necessary, adjust the rate increase percentage to comply.

7.Please provide full projections and calculations in Excel supporting the Prospective PV and If-Knew/Makeup Blend. In addition, for the If-Knew/Makeup Blend, please use both the actual weighting for blending based on the percentage of remaining policyholders and the cost-sharing percentages prescribed in the attached report from the NAIC LTC Pricing Subgroup.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response Letter (2/19/21 - Objection 3)
Comments:	
Attachment(s):	VA PCS II Objection 3 Response 20210219.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response Letter (2/19/21 - Objection 3)
Comments:	
Attachment(s):	VA PCS II Objection 3 Response 20210219.pdf

Satisfied - Item:	Current & Prior Assumptions, "If-Knew" and Maximum Increase Exhibits
Comments:	
Attachment(s):	VA PCS II Objection 3 Attachments.xlsx

Conclusion:

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

Email: ronald.jackson@genworth.com
Phone #: (804) 289-6725
Fax #: (804) 922-8513

Sincerely,
Ronald Jackson

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

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/19/2021
Submitted Date	02/19/2021

Dear Colleen Moore,

Introduction:

In response to the comments received in your objection letter, dated January 20, 2021, to Genworth Life Insurance Company's (GLIC's) PCS II Virginia rate increase request:

Response 1

Comments:

1.1) The lifetime loss ratio used in the original filing was 60%. GLIC is not attempting to achieve a 60% loss ratio over the life of the block; in fact, the lifetime loss ratio after approval and implementation of this rate action will be substantially higher. This self-limited lifetime loss ratio does not imply that it represents either acceptable measures of profitability or minimum thresholds for future rate increase filings.

1.2) GLIC has taken measures to improve the wellness of policyholders to avert claims and to ensure GLIC pays only legitimate claims. Specifically, GLIC has begun piloting healthy living programs for insureds and has enhanced initial eligibility and ongoing eligibility claim adjudication standards of practice while also investing in and expanding the Special Investigation Unit. GLIC believes these measures will reduce future claim costs on the in-force population.

1.3) The policies were marketed to issue age from 18 to 84 years old.

1.4) Please see Attachment 1 in VA PCS II Objection 2 Attachments 20210219.xlsx for anticipated policy reserves on Nationwide and Virginia specific bases. GLIC does not hold additional reserves for this policy form.

Related Objection 1

Applies To:

- *Product Checklist (Supporting Document)*

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

Comments: 1) Please state the lifetime loss ratio anticipated in the original filing.

2) What steps have been taken to minimize rate increases on this block of business?

3) For compliance with 14VAC5-130-70 B.1, please state the issue age limits.

4) Please provide a description, along with an exhibit, showing the anticipated policy reserves and additional reserves to be held in each future year for active lives.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Reserves and Experience Projection Exhibits
Comments:	
Attachment(s):	VA PCS II Objection 2 Attachments 20210219.xlsx

Response 2

Comments:

2) As our responses exceed the character limitations of this venue and some of the information will not format properly, we ask you to review the attached response letter and the associated exhibits.

Related Objection 2

Applies To:

- 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: 2020 PCS II_Round 7
Project Name/Number: 2020 PCS II_Round 7/2020 PCS II_Round 7

Comments: For the following questions, please provide sufficient detail or documentation so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas:

1) Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms introduction.

2) Please provide all projections required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response Letter (2/17/21 - Objection 2)
Comments:	
Attachment(s):	VA PCS II Objection 2 Response 20210219.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response Letter (2/17/21 - Objection 2)
Comments:	
Attachment(s):	VA PCS II Objection 2 Response 20210219.pdf

Satisfied - Item:	Policy Reserves and Experience Projection Exhibits
Comments:	
Attachment(s):	VA PCS II Objection 2 Attachments 20210219.xlsx

Conclusion:

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

Email: ronald.jackson@genworth.com
Phone #: (804) 289-6725
Fax #: (804) 922-8513

Sincerely,
Ronald Jackson

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

Response Letter

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

Dear Colleen Moore,

Introduction:

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

Response 1

Comments:

1) We continue to believe that the following portions of this Actuarial Memorandum should be treated as confidential and exempt from disclosure under Virginia Public Records Law:
Section 3, 8, 14, Exhibits Ia, Ib, Ic, Exhibits IIa, IIb, IIc, and Exhibit III of the Actuarial Memorandum and all Additional Exhibits.

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

Related Objection 1

Applies To:
- *L&H Actuarial Memorandum (Supporting Document)*
- *Experience Exhibits and Filing Status (Supporting Document)*

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

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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

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

Response 2

Comments:

2) Virginia currently has 3 inforce policies issued after October 1, 2003 that were initially submitted in August 2003 before the rate stability date. One policyholder applied in August 2003 and was originally denied but the application was reopened in early October 2003 for reconsideration and was subsequently approved with an effective date of October 18, 2003. The other 2 policyholders applied in August 2003 and were approved on October 8, 2003 with an effective date of October 15, 2003.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Section 1. Scope of this Filing - The Actuarial Memorandum indicates policies were issued between March 1998 and October 2003. Please confirm if any policies were issued on or after 10/1/2003 (post stability).

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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

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

Response 3

Comments:

3) Please see revised Actuarial Certification in VA PCS II Confidential Memo 20201224.pdf.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please update the actuarial certification on page 21 for compliance with 14VAC5-130-70 B 14 (re: premiums are reasonable in relation to benefits).

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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

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

Response 4

Comments:

4) The policyholder notification documents have been attached under the Form Schedule tab for review and approval. The Statement of Variability document have been attached under the Supporting Documentation tab.

Related Objection 4

Applies To:

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

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

Changed Items:

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

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Important Change	165224SPO VA 08/31/20	OTH	Initial			165224SPO VA Cover Letter.pdf	Date Submitted: 12/28/2020 By: Ronald Jackson
2	Coverage Options	165226SPO VA 08/31/20	OTH	Initial			165226SPO VA Coverage Options.pdf	Date Submitted: 12/28/2020 By: Ronald Jackson
3	Important Information Regarding This Premium Increase	165239SPO VA 08/31/20	OTH	Initial			165239SPO VA Important Information Regarding This Premium Increase.pdf	Date Submitted: 12/28/2020 By: Ronald Jackson
4	Coverage Options to Consider	SPO-COCT VA 06/02/20	OTH	Initial			SPO-COTC VA.pdf	Date Submitted: 12/28/2020 By: Ronald Jackson

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	Sample Policyholder Notifications (LSPO)
Comments:	These documents have been moved to the Form Schedule tab, as applicable.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Sample Policyholder Notifications (LSPO)*
Comments:	
Attachment(s):	*165224SPO VA Cover Letter.pdf* *165226SPO VA Coverage Options.pdf* *165239SPO VA Important Information Regarding This Premium Increase.pdf* *SPO-COTC.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_November 2020.pdf*

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Sample Policyholder Notifications (LSPO)
Comments:	These documents have been moved to the Form Schedule tab, as applicable.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Sample Policyholder Notifications (LSPO)*
Comments:	
Attachment(s):	*165224SPO VA Cover Letter.pdf* *165226SPO VA Coverage Options.pdf* *165239SPO VA Important Information Regarding This Premium Increase.pdf* *SPO-COTC.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_November 2020.pdf*

Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV_092020.pdf SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf*

Response 5

Comments:

5) Please see VA PCS II Confidential Memo 20201224.pdf and VA Long Term Care Insurance Rate Request Summary 20201224.pdf for updated base and rider form numbers.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

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

Comments: The form numbers listed should be consistent in the Rate/Rule Schedule, Actuarial Memorandum and Rate Request Summary. Please update the Actuarial Memorandum and Rate Request Summary to include all forms and riders.

Changed Items:

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

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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

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

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

Response 6

Comments:

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

Related Objection 6

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

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 7

Comments:

7) Please see attached Long-Term-Care-Rate-Revision-Checklist LR.pdf.

Related Objection 7

Applies To:

- Product Checklist (Supporting Document)

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

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA PCS II NAIC Filing Checklist 20201016.pdf Long-Term-Care-Rate-Revision-Checklist LR.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	
Attachment(s):	*VA Individual LTC Review Requirements Checklist 20201016.pdf* *VA PCS II NAIC Filing Checklist 20201016.pdf*

Response 8

Comments:

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

Related Objection 8

Applies To:

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

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

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Long Term Care Insurance Rate Request Summary 20201224.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA Long Term Care Insurance Rate Request Summary 20201016.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: 2020 PCS II_Round 7
Project Name/Number: 2020 PCS II_Round 7/2020 PCS II_Round 7

Amendment Letter

Submitted Date: 03/24/2022

Comments:

The endorsement has been placed on the Forms Schedule tab. The variability statement had inadvertently been uploaded.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Lifetime Stable Premium Option Endorsement	7030END-LSPO VA 0322	POLA	Initial		50.000	7030END-LSPO VA 0322.pdf	Date Submitted: 03/24/2022 By: Ronald Jackson
Previous Version								
1	*Lifetime Stable Premium Option Endorsement*	*7030END-LSPO VA 0322*	*POLA*	*Initial*		*50.000*	*7030 VA Lifetime Stable Premium SOV March 2022.pdf*	*Date Submitted: 03/18/2022 By: Ronald Jackson*
Previous Version								
1	*Lifetime Stable Premium Option Endorsement*	*7030END-LSPO VA 0920*	*POLA*	*Initial*		*50.000*	*7030END-LSPO VA 0920.pdf*	*Date Submitted: 10/18/2021 By: Ronald Jackson*
Previous Version								
1	*Lifetime Stable Premium Option Endorsement*	*7030END-LSPO VA 0920*	*POLA*	*Initial*		*50.000*	*7030 END-LSPO VA 0920.pdf*	*Date Submitted: 10/19/2020 By: Ronald Jackson*

No Rate Schedule Items Changed.

No Supporting Documents Changed.

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

Amendment Letter

Submitted Date: 02/16/2022

Comments:

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

Changed Items:

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

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Important Change	165224SPO VA 02/01/22	OTH	Initial			165224SPO VA Cover Letter 020122.pdf	Date Submitted: 02/16/2022 By:
Previous Version								
1	*Important Change*	*165224SPO VA 08/12/21*	*OTH*	*Initial*			*165224SPO VA Cover Letter 081221.pdf*	*Date Submitted: 08/26/2021 By:*
Previous Version								
1	*Important Change*	*165224SPO VA 08/31/20*	*OTH*	*Initial*			*165224SPO VA Cover Letter.pdf*	*Date Submitted: 12/28/2020 By: Ronald Jackson*
2	Coverage Options	165226SPO VA 02/01/22	OTH	Initial			165226SPO VA Coverage Options 020122.pdf	Date Submitted: 02/16/2022 By:
Previous Version								
2	*Coverage Options*	*165226SPO VA 08/12/21*	*OTH*	*Initial*			*165226SPO VA Coverage Options 081221.pdf*	*Date Submitted: 08/26/2021 By:*
Previous Version								
2	*Coverage Options*	*165226SPO VA 08/31/20*	*OTH*	*Initial*			*165226SPO VA Coverage Options.pdf*	*Date Submitted: 12/28/2020 By: Ronald Jackson*
3	Withdrawn	165224NQ VA 08/31/20	OTH	Other	Withdrawn			Date Submitted: 02/16/2022 By:
Previous Version								
3	*Premium Change Notice*	*165224NQ VA 08/31/20*	*OTH*	*Initial*			*165224NQ VA Cover Letter.pdf*	*Date Submitted: 12/28/2020 By:*
4	Withdrawn	165239 VA 08/31/20	OTH	Other	Withdrawn			Date Submitted: 02/16/2022 By:

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

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
Previous Version								
4	*Important Information Regarding This Premium Increase (non)*	*165239 VA 08/31/20*	*OTH*	*Initial*			*165239 VA Important Information Regarding This Premium Increase.pdf*	*Date Submitted: 12/28/2020 By:*
5	Important Information Regarding This Premium Increase	165239SPO VA 02/01/22	OTH	Initial			165239SPO VA Important Information 020122.pdf	Date Submitted: 02/16/2022 By:
Previous Version								
5	*Important Information Regarding This Premium Increase*	*165239SPO VA 08/12/21*	*OTH*	*Initial*			*165239SPO VA Important Information 081221.pdf*	*Date Submitted: 08/26/2021 By:*
Previous Version								
5	*Important Information Regarding This Premium Increase*	*165239SPO VA 08/31/20*	*OTH*	*Initial*			*165239SPO VA Important Information Regarding This Premium Increase.pdf*	*Date Submitted: 12/28/2020 By: Ronald Jackson*
6	Coverage Options to Consider	SPO-COCT VA 02/01/22	OTH	Initial			SPO-COTC VA 020122.pdf	Date Submitted: 02/16/2022 By:
Previous Version								
6	*Coverage Options to Consider*	*SPO-COCT VA 08/12/21*	*OTH*	*Initial*			*SPO-COTC VA.pdf, SPO-COTC VA 081221.pdf*	*Date Submitted: 08/26/2021 By:*
Previous Version								
6	*Coverage Options to Consider*	*SPO-COCT VA 06/02/20*	*OTH*	*Initial*			*SPO-COTC VA.pdf*	*Date Submitted: 12/28/2020 By: Ronald Jackson*

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

No Rate Schedule Items Changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf SOV.VA_Lifetime SPO Policyholder Notification February 2022.pdf
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf* *7030 VA Lifetime Stable Premium SOV_Oct 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf*

Satisfied - Item:	Sample Policyholder Notifications

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

Comments:	
Attachment(s):	Lifetime SPO Policyholder Letter Template 021622.pdf
Previous Version	
Satisfied - Item:	*Sample Policyholder Notifications*
Comments:	
Attachment(s):	*Standard Policyholder No Quote Letter Template 081221.pdf* *Lifetime SPO Policyholder Letter Template 081221.pdf* *John Doe Sample Lifetime SPO Policyholder Letter 081221.pdf*
Previous Version	
Satisfied - Item:	*Sample Policyholder Notifications*
Comments:	*These documents have been moved to the Form Schedule tab, as applicable.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Sample Policyholder Notifications*
Comments:	
Attachment(s):	*165224NQ VA Cover Letter.pdf* *165239 VA Important Information Regarding This Premium Increase.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf*

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

Amendment Letter

Submitted Date: 08/26/2021
Comments:
The documentation within this filing is being updated pursuant to initial conversations with the Department. Let us know if there are any questions.

Regards,

Ronald N. Jackson, Sr. Contract Analyst
Email: ronald.jackson@genworth.com
Phone #: (804) 289-6725
Changed Items:

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

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Important Change	165224SPO VA 08/12/21	OTH	Initial			165224SPO VA Cover Letter 081221.pdf	Date Submitted: 08/26/2021 By:
Previous Version								
1	*Important Change*	*165224SPO VA 08/31/20*	*OTH*	*Initial*			*165224SPO VA Cover Letter.pdf*	*Date Submitted: 12/28/2020 By: Ronald Jackson*
2	Coverage Options	165226SPO VA 08/12/21	OTH	Initial			165226SPO VA Coverage Options 081221.pdf	Date Submitted: 08/26/2021 By:
Previous Version								
2	*Coverage Options*	*165226SPO VA 08/31/20*	*OTH*	*Initial*			*165226SPO VA Coverage Options.pdf*	*Date Submitted: 12/28/2020 By: Ronald Jackson*
3	Important Information Regarding This Premium Increase	165239SPO VA 08/12/21	OTH	Initial			165239SPO VA Important Information 081221.pdf	Date Submitted: 08/26/2021 By:
Previous Version								
3	*Important Information Regarding This Premium Increase*	*165239SPO VA 08/31/20*	*OTH*	*Initial*			*165239SPO VA Important Information Regarding This Premium Increase.pdf*	*Date Submitted: 12/28/2020 By: Ronald Jackson*
4	Coverage Options to Consider	SPO-COCT VA 08/12/21	OTH	Initial			SPO-COTC VA.pdf, SPO-COTC VA 081221.pdf	Date Submitted: 08/26/2021 By:
Previous Version								
4	*Coverage Options to Consider*	*SPO-COCT VA 06/02/20*	*OTH*	*Initial*			*SPO-COTC VA.pdf*	*Date Submitted: 12/28/2020 By: Ronald Jackson*

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

No Rate Schedule Items Changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV_092020.pdf SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf SOV.VA_Lifetime SPO Policyholder Notification_revised Aug 2021.pdf
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf*

Satisfied - Item:	Sample Policyholder Notifications
Comments:	
Attachment(s):	Standard Policyholder No Quote Letter Template 081221.pdf Lifetime SPO Policyholder Letter Template 081221.pdf John Doe Sample Lifetime SPO Policyholder Letter 081221.pdf
Previous Version	
Satisfied - Item:	*Sample Policyholder Notifications*
Comments:	*These documents have been moved to the Form Schedule tab, as applicable.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Sample Policyholder Notifications*
Comments:	
Attachment(s):	*165224NQ VA Cover Letter.pdf*

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

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

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

Amendment Letter

Submitted Date: 12/28/2020

Comments:

The standard Policyholder Notifications have been moved to the Form Schedule tab.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Premium Change Notice	165224NQ VA 08/31/20	OTH	Initial			165224NQ VA Cover Letter.pdf	Date Submitted: 12/28/2020 By:
2	Important Information Regarding This Premium Increase (non)	165239 VA 08/31/20	OTH	Initial			165239 VA Important Information Regarding This Premium Increase.pdf	Date Submitted: 12/28/2020 By:

No Rate Schedule Items Changed.

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

Supporting Document Schedule Item Changes	
Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV_092020.pdf SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf* *SOV.VA_Lifetime SPO Policyholder Notification_December 2020.pdf*
Previous Version	
Satisfied - Item:	*Variability Statement (LSPO)*
Comments:	
Attachment(s):	*7030 VA Lifetime Stable Premium SOV_092020.pdf*

Satisfied - Item:	Sample Policyholder Notifications
Comments:	These documents have been moved to the Form Schedule tab, as applicable.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Sample Policyholder Notifications*
Comments:	
Attachment(s):	*165224NQ VA Cover Letter.pdf* *165239 VA Important Information Regarding This Premium Increase.pdf* *SOV.VA_Standard Policyholder NotificationPCSII.Choice1_November 2020.pdf*

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

Amendment Letter

Submitted Date: 11/05/2020

Comments:

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

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

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

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

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

Reviewer Note

Created By:

Colleen Moore on 03/31/2022 09:26 AM

Last Edited By:

Colleen Moore

Submitted On:

04/21/2022 10:29 AM

Subject:

Actuarial Opinion Letter

Comments:

Final Actuarial Opinion Letter

JOHN T. CONDO, FSA, MAAA, PHD
ROBERT B. CROMPTON, FSA, MAAA
DAVID E. NEVE, FSA, MAAA, CERA
CANDE OLSEN, FSA, MAAA, CLU

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SHAWN D. PARKS, FSA, MAAA
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NICOLE L. RUSSO, ASA, MAAA
LORNE W. SCHINBEIN, FSA, MAAA

June 9, 2021

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

Subject: **SERFF Tracking #GEFA-132466777**
PCSII Rate Increase (Pre-Stability)

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

Recommendation

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

Other Extra-Regulatory Considerations

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

Compliant Increase under 14VAC5-200	26%/53%
Additional Test	**Max Allowed**
PV Future Loss	full
Prospective PV	43%/88%
If-Knew/Makeup	447%/543%
State Equity	0%/0%

History and Details of Request

These forms were issued in Virginia from March 1998 through October 2003 and include 10,225 policies issued before 10/1/2003 and 3 policies applied for in August 2003 but issued after 10/1/2003. Four previous rate increase has been approved in Virginia as shown below, and the Company believes that the increases shown in column 2021 are now justified for these forms:

Benefit Period	Pols	2008	2012	2013	2018	2021
Limited	7,291	11%	18%	63%	55%	26%
Lifetime	2,937	11%	18%	78%	72%	53%

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

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

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

Methodology

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

Assumptions

Assumptions are consistent with those used for 2019 cash flow testing.

Morbidity – The current morbidity assumptions for incidence, utilization and continuance are based on the Company's own experience through 2018 with 10 years of future morbidity improvement. The original assumptions were based largely on industry and population data from the 1985 NNHS and 1982-84 NLTC Surveys.

The A/E based on the revised assumptions is about 100% for incidence and 96% for terminations. Under original assumptions, the overall A/E is 221%.

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

This block of policies contains 66,471 claims, giving the data full credibility based on the standard above.

Mortality – The assumed mortality is based on Company experience through 2018 and includes 10 years of future mortality improvement. The original mortality was based on the 1983 IAM Table. The current mortality produces an A/E ratio of 101% versus 68% under original assumptions.

Voluntary Lapse –The current lapse assumptions are based on Company experience through 2018, varying by issue age, duration, benefit inflation option, marital status, risk class and benefit period. They fit reasonably well with the actual historical experience (100% A/E overall vs. 45% on original pricing). The average minimum lapse rate under the current assumption is 0.85% versus 3.5% under the original assumption. Note that the current lapse rates increase with advanced attained age due to underreporting of deaths.

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

Projections

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

Benefit		Original	No Increase			With Increase		
Period	Inflation	LR	Future	Fut/ALR	Lifetime	Future	Fut/ALR	Lifetime
Limited	None	53%	257%	144%	91%	221%	125%	90%
Lifetime	None	49%	232%	162%	126%	176%	125%	120%
Limited	Simple	66%	246%	129%	117%	209%	112%	113%
Lifetime	Simple	61%	233%	157%	147%	173%	119%	135%
Limited	Compound	79%	216%	94%	105%	181%	81%	99%
Lifetime	Compound	70%	213%	131%	130%	154%	97%	114%

65.2/80 Test

Row	Description	Total
(1)	Accumulated Past Total Premiums Including Rate Increases (Exhibit III*):	11,404,113,790
(2)	Accumulated Past Premiums on Original Rate Basis (Exhibit III*):	10,541,816,468
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	862,297,323
(4)	PV Future Total Premiums Including Rate Increases (Exhibit III):	4,224,631,019
(5)	PV Future Premiums on Original Rate Basis (Exhibit II):	1,285,903,218
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	2,938,727,801
(7)	Accumulated Past Incurred Claims (Exhibit II or Exhibit III)	8,880,466,107
(8)	PV Future Incurred Claims (Exhibit III)	8,523,254,989
(9)	Total Incurred Claims: (7) + (8)	17,403,721,096
	Original LR	

(10)	MAX(0.6,orig LR) x [(2) + (5)] + MAX(0.8,orig LR) x [(3) + (6)] =	10,752,493,334
(11)	Test: Is (9) >= (10)?	PASS

PV of Future Loss Test

Benefit Period	Inflation	Original	Current	Proposed	Limit
Limited	None	(68.4)	(349.3)	(316.8)	n/a
Lifetime	None	(24.8)	(139.1)	(109.8)	n/a
Limited	Simple	(388.0)	(772.9)	(690.2)	n/a
Lifetime	Simple	(204.3)	(542.8)	(416.5)	n/a
Limited	Compound	(735.5)	(3,063.5)	(952.1)	n/a
Lifetime	Compound	(593.4)	(1,145.1)	(784.9)	n/a
Limited	**Total**	(1,191.9)	(4,185.7)	(1,959.2)	n/a
Lifetime	**Total**	(822.4)	(1,827.0)	(1,311.2)	n/a

For this analysis, I compared the present value of expected future loss under three scenarios: 1) original assumptions; 2) current assumptions and current premiums; and 3) current assumptions and proposed premiums. The results show that the expected loss with the requested increase is at least as great as expected under original assumptions for all cells above, so no restrictions are required.

Prospective PV Approach

The allowable rate increase is 43% for Limited and 88% for Lifetime based on the data provided by the Company, including catch-up rate increase from the prior request.

If-Knew/Makeup Blend Approach

The allowable rate increase is 447% for Limited and 543% for Lifetime based on the data provided by the Company.

State Rate Equity

The statistics related to rate actions in all states are presented in the table below. The current cumulative increase in Virginia is already in excess of the nationwide average and the requested increase would put Virginia's average well above the nationwide average.

Benefit Period	NW Range	NW Avg	VA Curr	VA Prop
Limited	40%-384%	217%	231%	317%
Lifetime	37%-527%	276%	301%	514%

Reliance and Qualifications

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

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

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

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

Sincerely,

Shawn D. Parks, FSA, MAAA

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

Reviewer Note

Created By:

Colleen Moore on 09/10/2021 09:47 AM

Last Edited By:

Colleen Moore

Submitted On:

04/21/2022 10:27 AM

Subject:

RRS

Comments:

Rate Review Summary

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

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

SERFF Tracking Number: GEFA-132466777

Revised Rates

Average Annual Premium Per Member: $5,257 Lifetime / $2,912 Limited

Average Requested Percentage Rate Change Per Member: 36.1%

Range of Requested Rate Changes: 53% Lifetime / 26% Limited

Number of Virginia Policyholders Affected: 10,228

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
7030L	PCS II	March 1998 - September 2003	11% - 4/25/2008 18% - 1/18/2012 78% LF / 63% LT - 7/11/2013 72% LF / 55% LT - 6/28/2019	Yes, We intend to file
7031L	PCS II	June 1998 - February 2001	11% - 4/25/2008 18% - 1/18/2012 78% LF / 63% LT - 7/11/2013 72% LF / 55% LT - 6/28/2019	Yes, We intend to file
7032L	PCS II	June 1998 - October 2003	11% - 4/25/2008 18% - 1/18/2012 78% LF / 63% LT - 7/11/2013 72% LF / 55% LT - 6/28/2019	Yes, We intend to file
62173	Restoration of Benefits Rider	March 1998 - October 2003	11% - 4/25/2008 18% - 1/18/2012 78% LF / 63% LT - 7/11/2013 72% LF / 55% LT - 6/28/2019	Yes, We intend to file
62172	Restoration of Benefits Rider	March 1998 - October 2003	11% - 4/25/2008 18% - 1/18/2012 78% LF / 63% LT - 7/11/2013 72% LF / 55% LT - 6/28/2019	Yes, We intend to file
62171	Nonforfeiture Benefit Rider	March 1998 - October 2003	11% - 4/25/2008 18% - 1/18/2012 78% LF / 63% LT - 7/11/2013 72% LF / 55% LT - 6/28/2019	Yes, We intend to file
62286	Contingent Benefit Upon Lapse	March 1998 - October 2003	11% - 4/25/2008 18% - 1/18/2012 78% LF / 63% LT - 7/11/2013 72% LF / 55% LT - 6/28/2019	Yes, We intend to file

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

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

Key Information Used to Develop the Rates Including the Main Drivers

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

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

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

Part 2 - Long Term Care Insurance Rate Request Summary

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

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

SERFF Tracking Number: GEFA-132466777

Disposition: Approved & Filed

Approval Date: 4/21/2022

Current Average Annual Premium Per Member: $2,634

Rate Changes:

Average Percentage Rate Change Per Member: 36.1%

Minimum Requested Percentage Rate Change Per Member: 26.0%

Maximum Requested Percentage Rate Change Per Member: 53.0%

Number of Virginia Policy Holders Affected: 10,228

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

The Company requested and the Bureau approved a rate increase of 36.1% for this block of individual long-term care insurance policy forms.

The Bureau and its consulting actuary reviewed the documentation and determined that this rate increase complies with the regulatory and actuarial requirements for a rate increase as set forth in 14VAC5-200-150 of the Virginia Administrative Code. The review indicated that the lifetime anticipated loss ratio after the increase will be 115.8%, which exceeds the minimum required loss ratio of 60%.

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

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

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

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

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

Post Submission Update Request Processed On 10/13/2021

Status:	Allowed
Created By:	Ronald Jackson
Processed By:	Colleen Moore
Comments:	

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

Filing Description:

Requested Value:

RE:Genworth Life Insurance Company (GLIC)
Company NAIC No: 70025
Policy Forms: 7030L, 7031L, 7032L

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

In this filing, GLIC requests a premium rate increase of 53% for policies with lifetime benefits and 26% for policies with limited benefits on the above-mentioned policy forms. In the submitted actuarial memorandum, we include detailed rate increase justification and we demonstrate that this premium rate increase satisfies Long Term Care regulatory requirements of Virginia and regulation 14VAC5-200-150 B.

GLIC will offer insureds affected by the premium increase several alternative options to change their benefits in order to maintain a premium rate level reasonably similar to what they were paying prior to the rate increase. The benefit and rate combinations are consistent with the rate tables approved by the Virginia Bureau of Insurance. GLIC has also invested in developing new alternatives that mitigate all or part of the proposed premium increase while still providing meaningful protection. One of these new alternatives, included in this filing for policy forms 7030L, is called the Lifetime Stable Premium Option. Details on the available alternative options are presented in section 6 of the Actuarial Memorandum.

Thank you for your assistance in reviewing this filing.

Prior Value:

RE:Genworth Life Insurance Company (GLIC)
Company NAIC No: 70025
Policy Forms: 7030L, 7031L, 7032L

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

In this filing, GLIC requests a premium rate increase of 53% for policies with lifetime benefits and 26% for policies with limited benefits on the above-mentioned policy forms. In the submitted actuarial memorandum, we include detailed rate increase justification and we demonstrate that this premium rate increase satisfies Long Term Care regulatory requirements of Virginia and regulation 14VAC5-200-150 B.

GLIC will offer insureds affected by the premium increase several alternative options to change their benefits in order to maintain a premium rate level reasonably similar to what they were paying prior to the rate increase. The benefit and rate combinations are consistent with the rate tables approved by the Virginia Bureau of Insurance. GLIC has also invested in developing new alternatives that mitigate all or part of the proposed premium increase while still providing meaningful protection. One of these new alternatives, included in this filing for policy forms 7030J, is called the Lifetime Stable Premium Option. Details on the available alternative options are presented in section 6 of the Actuarial Memorandum.

Thank you for your assistance in reviewing this filing.

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

Form Schedule

Lead Form Number: 7030END-LSPO VA 0920

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 04/21/2022	Lifetime Stable Premium Option Endorsement	7030END-LSPO VA 0322	POLA	Initial		50.000	7030END-LSPO VA 0322.pdf
2	Filed 04/21/2022	Important Change	165224SPO VA 02/01/22	OTH	Initial			165224SPO VA Cover Letter 020122.pdf
3	Filed 04/21/2022	Coverage Options	165226SPO VA 02/01/22	OTH	Initial			165226SPO VA Coverage Options 020122.pdf
4	Filed 04/21/2022	Important Information Regarding This Premium Increase	165239SPO VA 02/01/22	OTH	Initial			165239SPO VA Important Information rev 032122.pdf
5	Filed 04/21/2022	Coverage Options to Consider	SPO-COCT VA 02/01/22	OTH	Initial			SPO-COTC VA 020122 rev 032422.pdf
6	Approved 04/21/2022	LSPO Schedule	7030 Schedule Revised LSPO VA	SCH	Initial			7030 Schedule Revised LSPO VA.pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NAP**	Network Access Plan
NOC	Notice of Coverage	**OTH**	Other
OUT	Outline of Coverage	**PJK**	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	**POLA**	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	**PRD**	Provider Directory

GENWORTH LIFE INSURANCE COMPANY

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

[Insured/Policyholder]: **[Policy] Number:**

LIFETIME STABLE PREMIUM OPTION ENDORSEMENT

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

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

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

Impact to the Premium

- The "Renewability" and "Our Limited Right to Change Premiums" sections of the policy are deleted in their entirety and replaced with the following:

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

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

Lifetime Payment Maximum

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

Compound 1% Benefit Increases

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

- The attached updated policy Schedule reflects this change to the Inflation Protection provision.

Elimination Period [and co-insurance]

- [As shown on the accompanying updated Schedule, the Elimination Period is changed to 180 days for the Long Term Care Facility Benefit, and a 90-day Elimination Period is required for the Home Care Benefit.

- The definition of the term "Elimination Period" in the Glossary section of the policy is deleted in its entirety and replaced with the following:

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

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

  Note, the Elimination Period does not apply to: the Privileged Care Coordination Benefit; the Caregiver Training Benefit; or the Equipment Benefit.

- The paragraphs of the "Home Care Benefit" provision that appear prior to the "Definitions" section of that provision are deleted in their entirety and replaced with the following:

  The following benefits apply when an Insured Person receives care and support services in accordance with a Plan of Care developed by a Licensed Health Care Practitioner:
  - Subject to the Elimination Period and the Daily Payment Maximum limitation in the next paragraph, we will pay the expenses he or she incurs for the following care and services that are consistent with that Plan of Care:
    - Health care services provided by a Nurse, or a licensed physical, occupational, respiratory or speech therapist;
    - Home Health Aide and Personal Care Attendant Services;
    - Homemaker Services;
    - Chore Services;
    - Adult Day Care;
    - Hospice Care; and
    - The first 21 days of Respite Care he or she receives during a Policy Year. (Respite Care is not subject to, nor will it satisfy any Elimination Period.)
  - Unless specified differently by a separate Policy rider or endorsement, payment for the above expenses will not be subject to the Daily Payment Maximum; however, not more than 7 times the Daily Payment Maximum will be paid for all those expenses which an Insured Person incurs during any calendar week (Sunday through Saturday).

- After satisfying the Elimination Period, the policy will be eligible for monthly waiver of any premiums becoming due while an Insured person is receiving Home Care Benefits in accordance with a Plan of Care developed by a Privileged Care Coordinator.

- The first paragraph of the "Bed Reservation Benefit" provision is deleted in its entirety and replaced with the following:

  We will continue to pay benefits under the Long Term Care Facility Benefit, or give Elimination Period credit for either the Long Term Care Facility Benefit or Home Care Benefit, for each day an Insured Person:
  - is temporarily absent during a stay in the Long Term Care Facility; and
  - is charged to reserve his or her accommodations in that facility.

- The first paragraph of the "Waiver of Premium" provision in the "Effective Date and Premium Provisions" section is deleted in its entirety and replaced with the following:

  We will waive premium payments for each coverage month that begins:
  - While an Insured Person is receiving continuing benefits under the Long Term Care Facility Benefit or the Bed Reservation Benefit (after satisfying the Elimination Period); or
  - When Home Care Benefits are being received in accordance with a Plan of Care <u>from a Privileged Care Coordinator</u> (after satisfying the Elimination Period).**]**

OR

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

- The third paragraph of the definition of the term "Elimination Period" in the Glossary section of the policy is deleted in its entirety and replaced with the following:

  Note, the Elimination Period does not apply to: the Privileged Care Coordination Benefit; the Caregiver Training Benefit; or the Equipment Benefit.

- The paragraphs of the "Home Care Benefit" provision that appear prior to the "Definitions" section of that provision are deleted in their entirety and replaced with the following:

  The following benefits apply when an Insured Person receives care and support services in accordance with a Plan of Care developed by a Licensed Health Care Practitioner:
  - Subject to the Daily Payment Maximum limitation in the next paragraph, we will pay <u>90% of the expenses</u> he or she incurs for the following care and services that are consistent with that Plan of Care:
    - Health care services provided by a Nurse, or a licensed physical, occupational, respiratory or speech therapist;
    - Home Health Aide and Personal Care Attendant Services;
    - Homemaker Services;
    - Chore Services;
    - Adult Day Care;
    - Hospice Care; and

- The first 21 days of Respite Care he or she receives during a Policy Year. (Respite Care is not subject to, nor will it satisfy any Elimination Period.)

- Unless specified differently by a separate Policy rider or endorsement, payment for the above expenses will not be subject to the Daily Payment Maximum; however, not more than 7 times the Daily Payment Maximum will be paid for all those expenses which an Insured Person incurs during any calendar week (Sunday through Saturday).
- The policy will be eligible for monthly waiver of any premiums becoming due while an Insured Person is receiving Home Care Benefits in accordance with a Plan of Care from a Privileged Care Coordinator.

No Elimination Period. We will waive the Insured Person's Elimination Period for these care and support services. In addition, if the care and support services are provided in accordance with a Privileged Care Coordinator's Plan of Care, each day the Insured Person incurs expenses for the above care and support services (except Respite Care) will count toward satisfying his or her Elimination Period for other benefits that are subject to an Elimination Period.

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

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

<u>Limited options to change coverage</u>

- If you decide that you do not wish to keep the benefit changes made pursuant to this Endorsement but instead wish to revert to the benefits you had prior to selecting the benefit changes made pursuant to this Endorsement, you must change your decision in writing within 60 days of the effective date of this Endorsement. After the 60-day period, you cannot revert back to the benefits you had prior to selecting the benefit changes made pursuant to this Endorsement.

- Other than your right described above to provide written notice that you do not wish to keep the benefit changes made pursuant to this Endorsement, the only benefit change that you may make going forward from the effective date of this Endorsement is a reduction to an available Daily Payment Maximum or dropping an applicable rider. Changing your Daily Payment Maximum will impact other benefits and maximum coverage amounts under your policy.

<u>Conformity with Internal Revenue Code</u>

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

This policy is a qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191). If at any point it is determined the policy does not comply with the applicable requirements of Section 7702B(b) of the Internal Revenue Code of 1986, as amended, we will inform you of any change to the provisions of your policy required for it to comply with those requirements. You will be given the choice of accepting the change, or retaining the policy without that change. If you accept the change, we will treat the policy as if it had been changed to comply with those requirements.

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

Signed for Genworth Life Insurance Company.

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

Genworth

Genworth Life Insurance Company
[company addr 1]
[company addr2]
[company city, st zip]

Important Change – Decision Required

[mailing name1]
[mailing name2]
[address line 1]
[address line 2]
[address line 3]
[address line 4]
[address line 5]

The premium on your long term care insurance policy is increasing.

You have [4] options:

1. Keep your current coverage the same and pay the premium increase
2. Elect the Lifetime Stable Premium option and avoid additional increases for the life of your policy
3. Review and Adjust your coverage to reduce your premiums
4. [Pay nothing more by electing the Contingent Benefit Upon Lapse]

Dear [Insured_name1][and [insured name2]],

Thank you for choosing Genworth Life Insurance Company for your long term care insurance needs. We value your business and remain committed to providing quality service and being here when you need us the most.

We are writing to let you know that, as a result of higher than expected aggregate policyholder claims costs, **the premium on your current long term care coverage will increase by [999.99%], from [$99,999.99] to [$99,999.99], beginning on your next billing anniversary date, [Mmmm dd, yyyy]**. Please refer to the following pages for more details and other important information about this increase[, as well as plans for future increases]. Please note that this increase is not specific to you or to any change in your health, age, or claims history.

We appreciate that premium increases can be difficult for our policyholders. **To assist you, we are offering several choices, including the new Lifetime Stable Premium option that allows you to adjust your coverage to mitigate [both the current and already planned future increases] and lock in your new premium rate for the life of your policy.** We have also included other alternatives to consider as you evaluate your coverage needs. These options and your personalized information are outlined on the enclosed pages. There may also be additional options available to reduce your premium.

[Also consider that you are currently a class member of a class action settlement. As a class member, you will receive information about any available settlement options. Please read the summary information in the enclosed Important Information Regarding this Premium Notice.]

We encourage you to discuss your options with your financial advisor or a member of our Customer Service Team by calling [999 999.9999] before making a decision. For additional information regarding premium increases, we encourage you to visit [genworth.com/ltcpremiums].

Once again, thank you for being a Genworth Life Insurance Company policyholder.

Sincerely,

[signature name]

[signature title]

Long Term Care Insurance
Premium Increase Notice
[mm/dd/yy]
Genworth Life Insurance Company

Insured:
[Insured_name1]
[Insured_name2]

Policy Number:
[policy_number]

[Agent:]
[servicing agent name]
[servicing agency name]

Customer Service:

[999 999.9999]

[company_hours1]
[company_hours2]

Fax: [company_fax]
[genworth.com/ltcpremiums]

P.S. This premium increase notice is not a bill[- you will be billed separately]. Please take time to read the *Important Information Regarding This Premium* Increase included with this letter.

enclosures: SPO-COTC VA, 165226SPO VA, 165239SPO VA, [7030END-LSPO VA SAMPLE,] [134613VA,] Envelope

Underwritten by Genworth Life Insurance Company, Lynchburg, VA

Genworth

Coverage Options

genworth.com

Register / log-in to view and select coverage choices online

Genworth Life Insurance Company
[company address 1]
[company city state zip]

Customer service:
[**company_phone**]
[company hours2]
[company hours1]
Fax: [**company fax**]

The median monthly cost of care provided in your area:
In Home Care [$99,999.99] (Based on 44 hours/week)
Assisted Living [$99,999.99]
Nursing Home [$99,999.99]
Genworth [20yy] Cost of Care Study

Policyholder[s]: [insured name1]
[insured name2]
Date: [mm/dd/yy]
Policy number: [policy number]
Premium before increase: [$99,999.99] [annually]

Your options:	1. Keep current coverage	2. Elect Lifetime Stable Premium option		3. Review & Adjust your coverage	
.	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 [mm/dd/yy], this [999.999%] rate increase will take effect.	If you would like to change your benefits to **guarantee no additional premium rate increases for the life of your policy**, you may select one of the alternatives below. A detailed description of this option can be found in the enclosed sample endorsement.		[If you are comfortable reducing your benefits, the alternative[s] below [are] designed to provide different levels of cost and coverage as you evaluate your current needs.]	
		Lifetime Stable Premium A	**Lifetime Stable Premium B**	**Alternative C**	**Alternative D**
[Monthly] maximum benefit	[$5,400.00]	[$5,400.00]	[$5,400.00]	[$5,400.00]	**[$4,050.00]**
Benefit period	[4 years]	**[3 years]**	**[3 years]**	**[3 years]**	**[3 Years]**
Remaining lifetime benefit	[$999,999.99]	**[$999,999.99]**	**[$999,999.99]**	**[$999,999.99]**	**[$999,999.99]**
Inflation protection	[Simple 5%]	**Compound 1%**	**Compound 1%**	[Simple 5%]	[Simple 5%]
Elimination period (days before benefits begin)	[100 days Facility/ 0 days Home Care]	**180 days Facility/ 90 days Home Care**	100 days Facility/ 0 days Home Care	[100 days Facility/ 0 days Home Care]	[100 days Facility/ 0 days Home Care]
Coinsurance	None	None	**10%**	None	None
▶ [Annual] premium [mm/dd/yy]	**[$99,999.99]**	☐ **[$99,999.99]**	☐ **[$99,999.99]**	☐ **[$99,999.99]**	☐ **[$99,999.99]**

4. Pay nothing more	If you would like to stop paying premiums on your policy, you can choose the option at right. Please read the detailed description of the option in the enclosed [endorsement and]*Important Information Regarding This Premium Increase*. **IMPORTANT: Selecting this option would greatly reduce the total amount of benefits available to pay for care.**	**[$99.999.99]** Paid up policy benefit ☐ **[Contingent Benefit Upon Lapse]**

You may have other ways to reduce your benefits than those shown above; contact the Customer Service team for additional quotes. More information on your options can be found in the enclosed endorsement[s] and *Important Information Regarding This Premium Increase*. Please read all documents before making a decision. The options shown here are quotes and final values may change.

You do not need to return this form if you are keeping your current coverage. If changing your coverage to one of the options above, please check the blue box to indicate your choice, then sign and return this form by fax or mail in the enclosed envelope [or elect online]by: [**mm/dd/yy**].

****Please see the reverse of this form if you wish to change your coverage****

Coverage Options

 Date: [mm/dd/yy]

Policyholder[s]: [insured name 1]
[insured name 2]
Policy number: [policy number]
Premium before increase: [$999,999.99] [semi-annually]

Genworth recommends that you consult with your trusted advisors before making this selection. By signing, you acknowledge your intent to reduce your benefits available to pay for future care and you represent and agree that (1) we are authorized to process the requested change to your policy, (2) the change will not be effective until reflected in a policy amendment we send to you, (3) the benefits and premiums quoted are subject to confirmation and may change, and (4) you have read and understand the information on this form and the enclosed documents, including the *Important Information Regarding This Premium Increase*.

Policyholder Signature	Date	Other Insured Signature	Date
▶ _____	_____	_____	_____

Genworth Life Insurance Company
Administrative Office:
3100 Albert Lankford Drive
Lynchburg, VA 24501

Important Information Regarding This Premium Increase

from **Genworth Life Insurance Company**

About this premium increase

It is important to note that this premium increase was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the State Corporation Commission's webpage at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in Virginia. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. These higher claims costs are in part due to policyholders living longer and keeping their policies longer than originally anticipated. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. Our decision to increase premiums was not determined based upon the current economic environment. Please note that we requested a [999.999%] rate increase and the Virginia State Corporation Commission determined that a rate increase of [999.999%] was allowable under Virginia's regulation. For additional information regarding premium increases, please go to [genworth.com/ltcpremiums]. [In addition, if you are registered on [genworth.com], you may select one of the coverage options shown in this letter online.]

Halcom class member information

When considering your options with this rate increase, also consider that you are currently a class member of the Halcom class action settlement. As a class member in Halcom, et al. v. Genworth Life Insurance Company, et al., Case No. 3:21-CV-19-REP, class action settlement, you will receive a letter that will give you one or more options to reduce your policy benefits and reduce or eliminate future premium ("Special Election Options"). These Special Election Options may also provide a damages payment to you. You should receive the Special Election Option letter about six months from the date of this letter.

The Special Election Options are separate from any reduced benefit options available to you in connection with this premium rate increase. The Special Election Options will be based on your policy benefits, premium, and other policy details at the time the Special Election Option letter is mailed.

Therefore, changing your policy now, in connection with this rate increase, may affect available Special Election Options by, for example, reducing available damages payments or removing the availability of certain Special Election Options.

Your long-term care coverage provides you with valuable protection, and you should carefully consider any reductions you make to your existing coverage. Please call Customer Service if you would like to discuss your options at [999 999.9999].

Your specific circumstances will determine whether an option available to you now in connection with this premium rate increase, or a Special Election Option offered later, will best meet your needs.

Additional general information regarding the Special Election Options is available at [www.pcslongtermcareinsurancesettlement.com]. Specific information regarding Special Election Options tailored to your policy situation will be available when your Special Election Option letter is mailed.

Consider that the options currently available to you as part of this rate increase[, except for the [Contingent Benefit Upon Lapse] option,] will still be available even after the increase takes effect. Depending on your premium and claims history, your settlement letter may also include Special Election Options with different types of paid-up benefits. Therefore, if you decide to keep your policy as is and pay the increase until you receive your settlement letter and Special Election Options, you will generally still be able to select one of the options in this rate increase letter if you prefer it over the Special Election Options available to you. If you wish to select an available increase option after reviewing your Special Election Options, simply call us at [999 999.9999] to receive any updated benefits and premium and to make your selection.

Policy is Guaranteed Renewable and subject to future premium increases

If you do not elect the Lifetime Stable Premium option, your long term care insurance coverage remains guaranteed renewable, meaning that we cannot cancel or refuse to continue your coverage for any reason. As long as you pay the required premium on time and have not used all your benefits, coverage will continue.

Guaranteed renewable does not mean that premiums are guaranteed to remain the same indefinitely. In accordance with the terms of your policy, we reserve the right to change premiums and it is [likely] that we will file with the Virginia State Corporation Commission for another premium increase again in the future.

[For policies subject to this rate increase, we began providing advance notice of the rate increase to policyholders in [MM/YYYY]. Please be aware that, at that time, we planned to request at least [999%] in additional rate increases on your policy and policies like yours in the state where your policy was issued. The actual increases we seek may differ. For example, they may be higher or more numerous than the plans described above and any more recently updated plans.] To see more current planned rate increase requests you may register or log on to your account at [genworth.com] and go to the section entitled 'I want to'.

Planned rate increases will take effect only as permitted by the Virginia State Corporation Commission and state law.

Benefits

The benefit values presented in the accompanying letter are approximate due to rounding. Covered benefits payable at the time of a claim will be calculated in accordance with your policy. Benefits are payable only when you meet the terms and conditions for receiving benefits under your policy.

Considerations related to adjusting your coverage

Maintain Premium Level. You may be able to keep your premium at or about its current level by electing available options that may help minimize the effect of the premium increase, including the following:

- You may choose to reduce your maximum [daily] benefit, or
- You may choose to adjust your benefit period or elimination period.

Value of coverage reduction options. All of the options available to you may not be of equal value. For example, we price the Lifetime Stable Premium option differently than other options so we can offer a guarantee that premiums will not increase for a period of time. This means, coverage under the Lifetime Stable Premium option may cost more than similar coverage under a different reduced benefits option. **[If you have a Partnership policy, reducing your coverage may result in a loss of Partnership status, a change in your asset protection type and may reduce your overall protection.]**

The option to reduce benefits is available at any time. In the event of a future rate increase, similar options will be available to you. You have the right to a revised rate or premium schedule upon request.

Benefit period. Your benefit period is the period of time that is used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time. If your daily/monthly benefit amount and/or the benefit period are reduced, the maximum benefits payable under your policy will automatically be reduced because the policy maximum is a function of the daily benefit amount and the benefit period.

Benefit amounts. In addition, other benefit amounts may be reduced. Changes to the daily/monthly maximum benefit and/or benefit increase option will change the related original benefit amounts and the amount of any benefit increase option increment. If you elect to drop or reduce your benefit increase option (if applicable), you will keep your increased daily/monthly maximum benefit and your premium will be adjusted accordingly. You may also reduce your daily/monthly maximum benefit and your premium will be further adjusted.

Benefits paid or payable. Any benefits paid or payable are deducted from the reduced policy maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Reducing benefits while you are receiving policy benefits is generally not advisable.

Pay nothing more. If you can't pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid[, please refer to the **Select a Limited Benefit with no further premium requirement** section below for further details].

[**Paid-up feature.** Your policy has a limited number of premium payments required to become paid-up. That means if you pay all required premiums as they become due, this policy will be paid-up and no future premiums will be required including rate increases. Careful consideration should be given before selecting an option that stops further payments. Our customer service representatives would be happy to discuss this option with you.]

Moving from unlimited lifetime benefits to limited benefits

The rate increase percentage for policyholders with an unlimited lifetime benefit is higher because expected aggregate claims are disproportionately greater for these policyholders. You can reduce the premium increase by switching to a limited benefit period.

Understanding the Lifetime Stable Premium option

The Lifetime Stable Premium option is designed to mitigate the impact of current and planned future increases by changing your benefits, while also guaranteeing that you will not have another premium rate increase for the life of your policy.

By electing the Lifetime Stable Premium option, your Policy changes from guaranteed renewable to non-cancellable, meaning that, subject to the terms of the policy, you will have the right to continue the policy as long as you pay the required premium on time, we cannot change any terms of the policy on our own, and your new premium will never change as the result of a future premium rate increase.

Impact to your benefits. Both versions of this option will provide a one percent (1%) compound benefit increase going forward, and you will retain the daily/monthly benefits increased pursuant to your current benefit increase option (if any) prior to acceptance of this change. As part of the calculation of your new resulting premium, your premium will be adjusted in consideration of this retained benefit. There may be other options available to you to mitigate or offset the current premium increase, however only the Lifetime Stable Premium option includes the additional benefit of guaranteeing no further premium rate increases will be implemented on your policy. Please review all of the documents in this package, in particular the *Coverage Options* page and the sample endorsement, for more details regarding how your benefits and premium will change under the Lifetime Stable Premium option.

Please note: By accepting any change in benefits you may have a lower dollar amount of benefits available for future claims. In accordance with your policy, if you have previously been on claim, benefits that have already been paid under your policy will count toward your new lifetime payment maximum. This will be shown on the updated schedule page that you will receive if you elect this option. Similarly, in accordance with your policy, any days which have already satisfied your Elimination Period will continue to satisfy your new Elimination Period under the Lifetime Stable Premium option.

Choosing the Lifetime Stable Premium option. If you choose this option, you may change your decision in writing within 60 days of our written confirmation of your benefit changes under this option. After the 60 day period, you cannot revert back to the benefits you had prior to electing the Lifetime Stable Premium option. The only benefit change that will be available to you going forward is a reduction to an available Daily Payment Maximum or dropping an applicable rider.

We may discontinue or modify the availability of the Lifetime Stable Premium option offer at any time in the future without notice. If we modify the Lifetime Stable Premium option offer before you request it and before we approve your request, then the available premium, benefits and other aspects of the Lifetime Stable Premium option may differ from those shown to you here.

Select a Limited Benefit with no further premium requirement

If you would like to stop paying premiums on your policy you can elect the Contingent Benefit Upon Lapse. Your new coverage maximum will be either 30 times your Nursing Facility Daily benefit or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Please refer to the enclosed endorsement for additional details regarding this benefit.

Please note: This Endorsement could significantly reduce the policy benefits. Please review the Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election.

Waiver of Premium benefit

If you are currently receiving a Waiver of Premium benefit, you will not be required to pay the increased premium until the Waiver of Premium benefit no longer applies, as provided for in your policy. Prior to paying your bill with the increased premium you may want to contact one of our Customer Service Representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

If you are not receiving a Waiver of Premium benefit, you will be required to pay the increased premium, even if you are receiving policy benefits. Prior to paying your bill with the increased premium you may want to call one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

Payments by automatic withdrawal/third-party account/online banking

If you are using automatic withdrawals, a third-party account or online banking to pay your premiums, please be sure to make the proper adjustments and arrangements for paying the new required premium amount.

Time frame to reverse decision

If you opt to reduce your benefits or cancel your coverage, your request to reverse any such decision must be in writing, signed by you, and received by us no more than 60 days after the date of our written confirmation of your reduction/cancellation.

About Genworth Life Insurance Company (Genworth)

Genworth began selling long term care insurance in 1974 and have been the largest provider of long term care policies in the United States. It is important to note that Genworth regularly monitors the business performance of these policies and believes that its reserves are adequate and appropriate at this time. As you review your options, you should know that A.M. Best, a global credit rating agency focused on evaluating the claims paying ability of insurance companies, [currently rates Genworth Life Insurance Company's financial strength as C++, indicating A.M. Best's view that Genworth Life Insurance Company has "marginal ability to meet ongoing insurance obligations."] To obtain information regarding Genworth company financial strength, please visit [genworth.com].

Genworth Life Insurance Company
Administrative Office:
[3100 Albert Lankford Drive]
[Lynchburg, VA 24501]

Coverage Options To Consider

Your long term care insurance policy protects you financially should you require care in the future. However, we understand that evolving financial situations combined with increasing premiums may cause you to re-evaluate your coverage. **On the *Coverage Options* page that follows**, we have also introduced a **new Lifetime Stable Premium option to consider**[and we offer [several] alternative[s] for keeping coverage in place and within budget].

Please be aware you may have other ways to reduce your benefits than those shown; contact our Customer Service team for additional quotes by calling [999 999.9999].

1. Keep your current coverage and pay the premium increase

The *Coverage Options* page shows your current benefits and new premium. If you are comfortable with your current coverage, take no action except to pay the increased premium.

2. Overview of the Lifetime Stable Premium option

With this option, you adjust your benefits and receive a new premium along with a **guarantee you will not have another premium rate increase for the life of your policy**.

Along with the rate guarantee, this option provides:

1. **A [three]-year benefit period** (The benefit period is the period of time used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time.)
2. **Retention of your increased maximum daily/monthly benefit**
3. **1% annual compound benefit inflation going forward**
4. **Your choice of:**
   a. An extended Elimination Period (EP) of 180 days for facility care and 90 days for home care. (The EP is the number of days of covered care that you must pay for before your coverage begins to pay benefits.)
   Or
   b. A combination of 10% coinsurance (you pay 10% of covered expenses) and a 100-day facility EP.

   Both versions of this option continue to offer a home care benefit

The premium for the Lifetime Stable Premium option is shown on the *Coverage Options* page. You may read the sample policy endorsement and important information included in this package for more detail.

Continued on next page

3. Review and Adjust your Long Term Care Coverage

The additional choice[s] shown under "Review & Adjust your coverage" on the following *Coverage Options* page provide[s] [ways] for you to tune-up your coverage and keep the benefits most important to you, scale back on benefits that no longer seem as essential, and help keep your premiums within your budget. [Each] option presented has a pre-defined set of benefits that, while less than what you currently have, is designed to offer meaningful coverage that aligns your long term care insurance with your financial needs.

[If you would like a more affordable premium but want your benefits to continue to grow for when you may be ready to claim, you may want to consider Alternative C on the *Coverage Options* page.

Alternative C reduces your [monthly] maximum and lifetime maximum while maintaining your current 5% compound inflation protection. These increases can double your new [monthly] maximum and new lifetime maximum in about 15 years (claims may affect how quickly the lifetime maximum increases).

Our Customer Service Team can help you understand how your benefits may increase over time with this option.]

As you think about your options, it may be helpful to consider the cost of long term care services. You can find median[1] cost of care information for your area on the *Coverage Options* page. Additional information you can use to estimate future cost of care is available on [genworth.com/costofcare].

[When thinking about how long covered care may last, the publicly available industry study performed by PwC, indicates the average duration of a long term care event is about three years and approximately 75%-80% of long term care events will cost less than $250,000[2].]

In addition, while a long term care event can begin at any time, Genworth data has shown that many long term care claims begin between ages [80 and 89]. This information is based on many policies and types of long term care policies and is current as of [12/31/19].

Important: The enclosed cost of care, long term care event, and claims-related figures (and similar information on [genworth.com]) are medians, averages and approximations. Similarly, future cost of care information available on [genworth.com] is based on estimates and hypothetical assumptions. Keep in mind, your actual experience may be different. Consider various scenarios and your own circumstances when determining what coverage options are best for you.

[1] The median is the middle value (50% of the costs are above the median, and 50% of the costs are below the median).

[[2] *The formal cost of long-term care services: How can society meet a growing need?* The referenced study, initially made available in October 2016, is based on data for the time period 2000-2015 and reports figures in 2016 dollars.]

4. Pay nothing more

If you do not want to pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid[less any claims paid]. Please refer to the ***Coverage Options*** page, [and]***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.

SCHEDULE - Revised

GENWORTH LIFE INSURANCE COMPANY

This Schedule page will replace any prior Schedule page as of the effective date of the Lifetime Stable Premium Endorsement

Policy Number: [UDG1234567]
Name and Address of Policyholder:
[John Alan Doe
4321 Main Street
Anytown, FL 32798]

Policy Effective Date: [March 1, 2001]
Insured Spouse: [None for this contract]

POLICY COVERAGES

Privileged Care Coordination Services..... Included
Home Care Benefit ..... Included
Caregiver Training Benefit ..... Included
Equipment Benefit ..... Included
Supplementary Benefit ..... Included
Long Term Care Facility Benefit..... Included
Bed Reservation Benefit ..... Included
Survivorship Benefit..... Included
Waiver of Premium Benefit ..... Included

COVERAGE LIMITS

Elimination Period (For the Long Term Care Facility Benefit)..... [100 Days][180 Days]

[Elimination Period (For the Home Care Benefit)……...90 Days]
Daily Payment Maximum .....[$219.00]
Lifetime Payment Maximum .....[$239,805.00]
[Coinsurance applied to Long Term Care Facility & Home Care Benefit expenses up to the Daily Payment Maximum……90%]

INFLATION PROTECTION

COMPOUND 1% BENEFIT INCREASES – The Daily Payment Maximum and Lifetime Payment Maximum amounts will each increase on every anniversary of the effective date of the policy. Annual increases will apply to benefits payable for expenses incurred on or after the date of the increase. Beginning on the first anniversary of the policy effective date that occurs after the effective date of the Endorsement changing this Inflation Protection provision to Compound 1% Benefit Increases, the Daily Payment Maximum and Lifetime Payment Maximum amounts will increase by 1% of the amounts in effect at that time as shown above; and each increase thereafter will be equal to 1% of the Daily Payment Maximum and Lifetime Payment Maximum in effect at the time of each such increase.

[NONFORFEITURE BENEFIT Effective with the Policy - See Attached Rider]

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

SCHEDULE - Revised (Continued)

GENWORTH LIFE INSURANCE COMPANY

Policy Number: [UDG1234567]

Name of Policyholder: [John Alan Doe]

PREMIUM INFORMATION

RATE CLASSIFICATION: Policyholder - .....[Standard]
Insured Spouse- ..... [Standard]

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

FIRST PREMIUM	PREMIUM PAYMENT MODE	MODAL PREMIUM
[$aaa.aa]	[Quarterly]	[$bbb.bb]

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

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	61.000%
Effective Date of Last Rate Revision:	06/28/2019
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	GEFA-131306457

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	36.100%	36.100%	$9,729,250	10,228	$26,941,205	53.000%	26.000%

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

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	7030L, 7031L, 7032L, 62171, 62172, 62173, 62286	Revised	Previous State Filing Number: GEFA-131306457 Percent Rate Change Request: 36.1	VA PCS II Rate Tables Appendix B 20201016.pdf, VA PCS II Rate Tables 62172_Appendix B.pdf, VA PCS II Rate Tables 62173_Appendix B.pdf, VA PCS II NFO Rate Tables 62171 12.01.21.pdf,
2		LSPO Rate Tables	7030END-LSPO VA 0920, 62171	New		VA PCS II Rate Tables Appendix C 20201016.pdf, VA PCS II LSPO Rate Tables 62171.pdf,

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7031L
Annual Premium per $10 Daily Benefit

Individual

730 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	83.40	75.06	116.75	104.23	166.79	145.93
25-29	91.73	79.22	120.91	112.57	179.29	158.45
30-34	100.07	83.40	137.59	116.75	195.97	166.79
35-39	108.41	91.73	145.93	129.25	208.48	179.29
40-45	116.75	100.07	158.45	137.59	225.16	195.97
46	116.75	104.23	162.60	141.76	229.32	195.97
47	116.75	104.23	166.79	145.93	233.50	200.14
48	116.75	104.23	170.94	145.93	237.66	208.48
49	120.91	108.41	170.94	145.93	237.66	208.48
50	120.91	108.41	175.13	154.26	241.84	212.64
51	120.91	108.41	179.29	158.45	241.84	212.64
52	125.09	112.57	179.29	162.60	250.19	216.82
53	133.43	112.57	195.97	170.94	258.51	225.16
54	137.59	116.75	204.31	179.29	271.01	233.50
55	145.93	129.25	220.98	191.81	279.35	246.00
56	150.10	129.25	229.32	200.14	287.70	250.19
57	162.60	137.59	250.19	216.82	308.55	266.86
58	175.13	145.93	262.68	233.50	329.39	287.70
59	191.81	162.60	283.54	246.00	350.25	300.22
60	204.31	179.29	304.38	266.86	371.10	325.23
61	220.98	195.97	325.23	283.54	400.29	354.41
62	246.00	216.82	350.25	300.22	425.30	371.10
63	258.51	229.32	375.27	325.23	450.32	400.29
64	275.20	241.84	404.45	350.25	475.34	416.97
65	291.88	258.51	433.64	371.10	508.70	441.98
66	316.89	283.54	467.01	404.45	533.71	467.01
67	346.07	300.22	500.36	433.64	579.57	508.70
68	383.61	333.57	546.21	475.34	629.61	550.39
69	421.13	371.10	600.43	525.38	687.99	600.43
70	475.34	416.97	654.62	575.42	750.54	650.46
71	525.38	467.01	717.18	625.45	821.41	721.34
72	592.09	521.20	796.40	696.33	904.81	783.90
73	654.62	579.57	879.78	771.37	988.19	863.11
74	725.52	637.95	975.68	850.59	1,079.93	950.66
75	804.74	700.50	1,079.93	942.33	1,180.00	1,038.24
76	888.12	775.56	1,184.16	1,038.24	1,292.57	1,134.13
77	988.19	858.93	1,296.75	1,134.13	1,396.82	1,230.04
78	1,088.27	950.66	1,405.16	1,230.04	1,505.23	1,325.94
79	1,192.50	1,042.40	1,517.73	1,330.11	1,613.63	1,413.51
80	1,309.25	1,150.81	1,634.48	1,434.35	1,730.38	1,513.58
81	1,434.35	1,267.56	1,763.74	1,546.93	1,855.46	1,621.97
82	1,576.11	1,396.82	1,913.84	1,676.18	1,997.24	1,742.90
83	1,734.55	1,534.42	2,080.63	1,826.29	2,155.68	1,876.33
84	1,918.02	1,697.02	2,280.78	2,001.41	2,339.15	2,043.12
85	2,088.97	1,851.31	2,489.26	2,176.54	2,551.79	2,222.40
86	2,280.78	2,018.09	2,710.23	2,372.50	2,781.14	2,422.54
87	2,489.26	2,201.56	2,956.26	2,585.14	3,031.31	2,639.36
88	2,710.23	2,397.53	3,223.09	2,818.65	3,302.33	2,877.02
89	2,956.26	2,614.35	3,514.97	3,073.00	3,598.36	3,135.55
90	3,223.09	2,852.01	3,827.70	3,352.37	3,923.60	3,419.07
91	3,514.97	3,110.52	4,173.78	3,652.58	4,278.00	3,723.45
92	3,827.70	3,385.72	4,549.04	3,981.98	4,661.62	4,061.18
93	4,173.78	3,690.10	4,957.65	4,340.56	5,078.58	4,428.12
94	4,549.04	4,023.67	5,403.81	4,728.33	5,537.25	4,824.23

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7031L
Annual Premium per $10 Daily Benefit

Individual

1095 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	104.23	91.73	150.10	133.43	216.82	191.81
25-29	112.57	100.07	162.60	145.93	229.32	208.48
30-34	116.75	108.41	175.13	158.45	250.19	220.98
35-39	125.09	112.57	191.81	166.79	271.01	241.84
40-45	137.59	120.91	204.31	183.47	287.70	262.68
46	154.26	129.25	208.48	187.63	291.88	266.86
47	158.45	129.25	216.82	191.81	304.38	266.86
48	158.45	129.25	216.82	191.81	304.38	271.01
49	158.45	129.25	220.98	195.97	308.55	275.20
50	162.60	133.43	220.98	195.97	308.55	275.20
51	166.79	137.59	225.16	200.14	312.72	279.35
52	170.94	137.59	233.50	212.64	321.05	287.70
53	175.13	141.76	246.00	216.82	329.39	296.04
54	179.29	145.93	262.68	233.50	341.91	300.22
55	191.81	158.45	279.35	246.00	358.60	312.72
56	200.14	166.79	291.88	262.68	371.10	329.39
57	220.98	179.29	312.72	279.35	391.95	350.25
58	233.50	191.81	337.73	300.22	416.97	362.75
59	254.34	208.48	362.75	316.89	446.14	387.77
60	275.20	225.16	387.77	337.73	475.34	416.97
61	291.88	246.00	416.97	362.75	512.86	446.14
62	316.89	262.68	450.32	391.95	537.88	475.34
63	341.91	283.54	475.34	421.13	575.42	504.52
64	362.75	300.22	512.86	450.32	604.59	529.54
65	387.77	321.05	542.05	479.51	642.12	567.08
66	416.97	341.91	587.92	517.04	679.64	596.26
67	454.48	375.27	633.79	558.73	729.68	637.95
68	500.36	412.79	696.33	612.93	796.40	700.50
69	558.73	462.82	763.04	671.30	871.45	767.21
70	621.27	517.04	838.09	742.20	954.84	842.25
71	696.33	575.42	933.99	821.41	1,050.74	929.83
72	783.90	650.46	1,034.06	908.96	1,159.15	1,025.72
73	871.45	721.34	1,138.31	1,000.69	1,271.73	1,125.78
74	971.52	800.58	1,250.88	1,104.94	1,392.64	1,234.20
75	1,084.09	892.28	1,380.14	1,213.35	1,530.26	1,346.79
76	1,200.84	984.02	1,513.58	1,334.26	1,663.67	1,471.88
77	1,330.11	1,096.62	1,663.67	1,463.54	1,817.95	1,605.29
78	1,463.54	1,205.03	1,809.61	1,596.97	1,963.87	1,734.55
79	1,596.97	1,317.59	1,959.72	1,734.55	2,109.83	1,863.80
80	1,742.90	1,442.69	2,122.33	1,880.49	2,268.28	2,001.41
81	1,913.84	1,580.29	2,305.79	2,043.12	2,443.38	2,155.68
82	2,097.31	1,738.71	2,505.94	2,218.24	2,635.19	2,326.65
83	2,314.13	1,913.84	2,731.10	2,422.54	2,856.18	2,522.61
84	2,564.31	2,122.33	2,993.77	2,656.04	3,106.37	2,743.60
85	2,793.63	2,309.97	3,260.63	2,897.89	3,389.88	2,989.61
86	3,039.65	2,518.44	3,552.51	3,160.56	3,694.27	3,260.63
87	3,314.83	2,747.77	3,873.56	3,444.10	4,027.83	3,556.67
88	3,610.88	2,989.61	4,223.81	3,752.65	4,390.60	3,873.56
89	3,936.11	3,264.79	4,603.25	4,090.39	4,786.70	4,223.81
90	4,290.53	3,556.67	5,020.21	4,461.47	5,216.17	4,603.25
91	4,674.13	3,877.74	5,470.53	4,865.92	5,687.34	5,016.02
92	5,095.26	4,227.97	5,962.53	5,299.56	6,200.21	5,470.53
93	5,549.75	4,607.42	6,500.40	5,779.07	6,758.92	5,958.36
94	6,054.26	5,024.36	7,084.16	6,296.11	7,367.70	6,496.25

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7031L
Annual Premium per $10 Daily Benefit

Individual

1460 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	116.75	104.23	175.13	158.45	246.00	220.98
25-29	120.91	112.57	187.63	166.79	262.68	241.84
30-34	137.59	116.75	200.14	183.47	283.54	262.68
35-39	145.93	129.25	220.98	195.97	308.55	279.35
40-45	158.45	137.59	233.50	216.82	333.57	300.22
46	158.45	137.59	237.66	216.82	337.73	304.38
47	162.60	141.76	241.84	220.98	346.07	312.72
48	166.79	145.93	246.00	225.16	350.25	316.89
49	166.79	145.93	250.19	225.16	350.25	316.89
50	170.94	145.93	254.34	229.32	350.25	321.05
51	170.94	145.93	258.51	233.50	362.75	325.23
52	179.29	158.45	271.01	246.00	366.92	329.39
53	187.63	162.60	283.54	250.19	375.27	337.73
54	195.97	170.94	291.88	266.86	391.95	354.41
55	204.31	183.47	312.72	279.35	404.45	358.60
56	216.82	191.81	333.57	300.22	425.30	375.27
57	229.32	208.48	358.60	316.89	450.32	400.29
58	250.19	220.98	379.42	337.73	475.34	416.97
59	271.01	237.66	408.63	362.75	508.70	446.14
60	283.54	250.19	446.14	391.95	542.05	479.51
61	308.55	275.20	475.34	421.13	579.57	512.86
62	337.73	300.22	512.86	454.48	621.27	546.21
63	358.60	312.72	550.39	483.68	658.80	575.42
64	379.42	337.73	583.76	521.20	692.17	612.93
65	404.45	354.41	621.27	554.55	729.68	642.12
66	437.80	383.61	662.96	592.09	775.56	679.64
67	475.34	421.13	717.18	637.95	833.91	733.86
68	529.54	467.01	792.24	704.67	913.15	800.58
69	587.92	521.20	871.45	775.56	996.53	879.78
70	654.62	579.57	971.52	858.93	1,096.62	967.34
71	738.02	654.62	1,071.59	950.66	1,205.03	1,071.59
72	825.58	729.68	1,192.50	1,050.74	1,325.94	1,184.16
73	921.49	821.41	1,313.44	1,159.15	1,463.54	1,296.75
74	1,025.72	913.15	1,438.52	1,271.73	1,601.13	1,421.85
75	1,146.65	1,021.56	1,580.29	1,396.82	1,755.39	1,555.27
76	1,275.90	1,134.13	1,738.71	1,534.42	1,922.18	1,697.02
77	1,409.32	1,250.88	1,905.50	1,688.68	2,097.31	1,851.31
78	1,551.10	1,375.97	2,076.47	1,842.96	2,268.28	2,001.41
79	1,697.02	1,505.23	2,251.59	2,001.41	2,443.38	2,159.87
80	1,847.12	1,638.64	2,447.56	2,172.37	2,635.19	2,330.81
81	2,018.09	1,788.76	2,664.38	2,368.35	2,835.33	2,514.27
82	2,218.24	1,968.06	2,897.89	2,580.98	3,064.67	2,718.58
83	2,443.38	2,168.20	3,168.90	2,822.83	3,327.35	2,952.08
84	2,714.42	2,405.86	3,469.12	3,093.84	3,623.38	3,214.75
85	2,960.42	2,622.69	3,781.83	3,373.20	3,948.61	3,506.63
86	3,227.28	2,860.34	4,123.74	3,677.60	4,303.03	3,819.36
87	3,519.15	3,118.87	4,490.67	4,006.99	4,690.82	4,165.43
88	3,831.86	3,402.40	4,895.11	4,369.74	5,116.10	4,540.70
89	4,177.93	3,706.77	5,337.10	4,761.69	5,574.76	4,945.15
90	4,553.20	4,040.34	5,816.60	5,191.15	6,075.12	5,391.30
91	4,965.99	4,403.10	6,341.98	5,653.97	6,621.34	5,879.13
92	5,412.15	4,799.23	6,909.03	6,162.67	7,221.74	6,404.52
93	5,899.99	5,228.69	7,530.30	6,717.22	7,872.22	6,984.08
94	6,429.53	5,699.85	8,209.95	7,317.65	8,581.05	7,609.53

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7031L
Annual Premium per $10 Daily Benefit

Individual

2190 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	137.59	129.25	204.31	183.47	287.70	266.86
25-29	150.10	137.59	220.98	195.97	312.72	283.54
30-34	162.60	145.93	241.84	216.82	337.73	304.38
35-39	175.13	162.60	262.68	233.50	366.92	329.39
40-45	191.81	170.94	283.54	250.19	391.95	354.41
46	195.97	175.13	287.70	254.34	400.29	362.75
47	200.14	179.29	291.88	262.68	408.63	366.92
48	200.14	179.29	300.22	266.86	412.79	375.27
49	204.31	183.47	304.38	271.01	416.97	375.27
50	204.31	183.47	308.55	275.20	421.13	379.42
51	208.48	187.63	316.89	283.54	429.47	387.77
52	216.82	191.81	325.23	291.88	441.98	400.29
53	220.98	195.97	341.91	304.38	454.48	408.63
54	233.50	212.64	362.75	325.23	475.34	425.30
55	250.19	225.16	387.77	350.25	492.02	441.98
56	262.68	237.66	408.63	366.92	517.04	462.82
57	283.54	250.19	433.64	391.95	546.21	492.02
58	304.38	271.01	471.16	421.13	579.57	521.20
59	325.23	291.88	504.52	454.48	617.11	550.39
60	350.25	308.55	537.88	487.83	658.80	592.09
61	375.27	333.57	579.57	521.20	704.67	629.61
62	404.45	358.60	621.27	558.73	750.54	675.49
63	429.47	383.61	654.62	592.09	800.58	717.18
64	462.82	412.79	692.17	621.27	850.59	763.04
65	496.18	441.98	729.68	654.62	900.62	804.74
66	533.71	479.51	775.56	696.33	959.00	858.93
67	579.57	517.04	838.09	754.70	1,029.90	921.49
68	650.46	579.57	933.99	838.09	1,121.63	1,009.03
69	717.18	642.12	1,042.40	933.99	1,225.85	1,092.43
70	796.40	717.18	1,167.48	1,046.57	1,338.45	1,196.69
71	896.46	800.58	1,309.25	1,171.66	1,463.54	1,309.25
72	1,009.03	900.62	1,455.20	1,305.10	1,613.63	1,438.52
73	1,121.63	996.53	1,601.13	1,430.19	1,763.74	1,576.11
74	1,250.88	1,113.29	1,763.74	1,571.95	1,938.86	1,730.38
75	1,388.48	1,234.20	1,934.70	1,734.55	2,122.33	1,897.17
76	1,534.42	1,363.47	2,122.33	1,897.17	2,314.13	2,072.28
77	1,697.02	1,513.58	2,318.31	2,076.47	2,522.61	2,259.94
78	1,851.31	1,651.17	2,526.77	2,259.94	2,718.58	2,443.38
79	2,009.75	1,797.09	2,731.10	2,451.72	2,927.06	2,626.85
80	2,176.54	1,943.05	2,956.26	2,656.04	3,143.88	2,822.83
81	2,368.35	2,122.33	3,202.25	2,881.20	3,373.20	3,035.47
82	2,589.33	2,322.47	3,481.62	3,139.72	3,644.24	3,277.31
83	2,843.67	2,551.79	3,802.69	3,423.24	3,940.27	3,544.17
84	3,152.22	2,822.83	4,169.59	3,756.82	4,286.34	3,861.06
85	3,435.76	3,077.17	4,544.87	4,094.55	4,669.95	4,207.13
86	3,744.32	3,356.53	4,953.49	4,465.65	5,086.92	4,586.56
87	4,082.05	3,660.92	5,399.63	4,865.92	5,545.59	4,999.35
88	4,448.97	3,986.15	5,887.48	5,303.74	6,045.92	5,445.51
89	4,849.24	4,344.72	6,417.02	5,783.25	6,587.97	5,937.51
90	5,287.06	4,736.67	6,996.60	6,300.28	7,180.07	6,471.22
91	5,758.23	5,161.98	7,626.21	6,867.34	7,830.51	7,054.98
92	6,279.42	5,628.96	8,310.02	7,484.44	8,531.02	7,692.93
93	6,842.32	6,137.65	9,060.56	8,159.91	9,302.39	8,385.07
94	7,463.58	6,688.05	9,873.62	8,897.93	10,136.31	9,143.95

Appendix B

Genworth Life Insurance Company
53% Increase to Current-Year Premiums

Form: 7031L
Annual Premium per $10 Daily Benefit

Individual

Unlimited

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	239.29	214.74	362.00	319.05	490.84	441.74
25-29	257.68	239.29	386.52	343.58	533.79	478.55
30-34	282.24	251.55	417.22	368.13	576.75	521.50
35-39	300.63	276.09	454.03	398.79	619.70	558.33
40-45	325.19	294.51	490.84	435.61	668.76	601.27
46	337.46	306.77	503.11	441.74	681.03	613.53
47	343.58	312.90	509.25	441.74	699.42	625.82
48	343.58	319.05	515.37	454.03	705.59	638.09
49	349.71	319.05	527.64	460.16	711.71	644.22
50	355.85	319.05	533.79	466.30	717.85	644.22
51	362.00	331.32	546.06	484.69	730.12	656.48
52	380.40	343.58	570.58	496.97	754.66	681.03
53	386.52	355.85	595.14	527.64	785.32	705.59
54	411.08	368.13	631.95	564.45	809.87	730.12
55	429.47	392.66	668.76	601.27	852.82	766.93
56	460.16	417.22	717.85	644.22	901.90	809.87
57	496.97	441.74	760.79	693.29	950.99	852.82
58	515.37	466.30	822.15	748.54	1,006.22	914.19
59	570.58	509.25	877.38	797.60	1,073.69	963.27
60	601.27	533.79	932.58	852.82	1,135.06	1,024.61
61	650.34	576.75	1,006.22	926.46	1,208.67	1,092.11
62	699.42	625.82	1,073.69	975.53	1,288.43	1,165.72
63	748.54	674.90	1,122.78	1,030.75	1,380.46	1,251.62
64	797.60	717.85	1,178.01	1,073.69	1,466.38	1,337.51
65	865.09	773.06	1,233.23	1,122.78	1,564.53	1,429.57
66	932.58	840.57	1,306.85	1,184.14	1,681.12	1,527.72
67	1,018.48	920.33	1,423.44	1,282.29	1,809.96	1,644.31
68	1,128.93	1,018.48	1,576.80	1,435.69	1,957.21	1,779.28
69	1,251.62	1,128.93	1,779.28	1,607.48	2,135.12	1,932.65
70	1,398.88	1,257.77	2,012.41	1,822.23	2,325.34	2,086.05
71	1,552.28	1,398.88	2,257.84	2,043.10	2,533.94	2,270.09
72	1,736.34	1,564.53	2,521.65	2,276.26	2,791.62	2,497.13
73	1,938.80	1,742.46	2,785.50	2,515.52	3,043.19	2,730.25
74	2,153.54	1,926.51	3,067.71	2,773.20	3,337.68	3,000.24
75	2,398.93	2,135.12	3,368.34	3,030.90	3,650.58	3,294.73
76	2,644.36	2,368.29	3,687.39	3,319.26	3,988.04	3,613.77
77	2,908.18	2,601.41	4,024.85	3,626.02	4,331.61	3,932.82
78	3,159.74	2,834.57	4,368.43	3,938.95	4,662.94	4,239.58
79	3,417.42	3,073.85	4,718.14	4,264.11	5,012.65	4,552.48
80	3,687.39	3,325.39	5,092.41	4,613.85	5,362.36	4,871.54
81	4,000.29	3,607.63	5,503.49	5,000.38	5,761.18	5,233.52
82	4,356.17	3,932.82	5,982.06	5,436.00	6,202.91	5,632.33
83	4,773.36	4,319.34	6,528.11	5,932.97	6,706.02	6,092.48
84	5,276.47	4,761.08	7,166.18	6,509.69	7,282.74	6,620.13
85	5,755.02	5,190.57	7,810.41	7,092.56	7,939.25	7,221.40
86	6,276.55	5,656.85	8,515.96	7,730.65	8,657.09	7,865.62
87	6,841.00	6,166.10	9,282.89	8,430.07	9,436.29	8,577.33
88	7,454.53	6,724.43	10,123.44	9,190.86	10,282.98	9,350.40
89	8,129.44	7,325.69	11,031.51	10,013.02	11,215.56	10,190.95
90	8,859.57	7,988.33	12,019.31	10,914.93	12,227.91	11,105.12
91	9,663.28	8,706.17	13,099.13	11,896.59	13,320.00	12,105.21
92	10,528.40	9,491.49	14,283.27	12,964.15	14,522.56	13,191.16
93	11,473.26	10,350.48	15,565.58	14,136.04	15,829.41	14,381.43
94	12,510.12	11,276.91	16,964.46	15,406.07	17,258.95	15,676.01

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Individual

730 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	100.07	91.73	137.59	129.25	200.14	179.29
25-29	108.41	95.90	145.93	137.59	212.64	195.97
30-34	120.91	104.23	162.60	145.93	233.50	208.48
35-39	129.25	112.57	175.13	158.45	250.19	225.16
40-45	137.59	125.09	191.81	170.94	271.01	241.84
46	137.59	129.25	195.97	175.13	275.20	246.00
47	141.76	129.25	200.14	179.29	279.35	250.19
48	141.76	129.25	204.31	183.47	283.54	258.51
49	145.93	133.43	204.31	183.47	283.54	258.51
50	145.93	133.43	208.48	191.81	291.88	262.68
51	145.93	133.43	212.64	195.97	291.88	262.68
52	150.10	137.59	216.82	200.14	300.22	271.01
53	158.45	141.76	233.50	212.64	308.55	279.35
54	162.60	145.93	246.00	225.16	325.23	291.88
55	175.13	158.45	262.68	237.66	333.57	304.38
56	179.29	162.60	275.20	250.19	346.07	312.72
57	195.97	170.94	300.22	271.01	371.10	333.57
58	208.48	183.47	316.89	291.88	396.11	358.60
59	229.32	204.31	337.73	304.38	416.97	375.27
60	246.00	225.16	366.92	329.39	446.14	404.45
61	266.86	241.84	387.77	350.25	479.51	437.80
62	296.04	266.86	416.97	375.27	508.70	462.82
63	312.72	287.70	450.32	404.45	542.05	496.18
64	333.57	304.38	487.83	437.80	571.23	521.20
65	354.41	325.23	521.20	467.01	612.93	554.55
66	383.61	354.41	562.89	508.70	646.29	587.92
67	416.97	379.42	604.59	546.21	700.50	637.95
68	462.82	421.13	662.96	596.26	763.04	692.17
69	512.86	467.01	729.68	658.80	833.91	754.70
70	575.42	525.38	792.24	721.34	908.96	817.24
71	637.95	587.92	871.45	788.05	996.53	904.81
72	717.18	654.62	963.18	875.61	1,096.62	988.19
73	796.40	729.68	1,067.41	971.52	1,200.84	1,088.27
74	883.95	804.74	1,188.34	1,075.75	1,317.59	1,200.84
75	984.02	888.12	1,317.59	1,192.50	1,438.52	1,313.44
76	1,088.27	984.02	1,451.02	1,317.59	1,580.29	1,442.69
77	1,213.35	1,096.62	1,592.79	1,446.86	1,713.70	1,567.77
78	1,334.26	1,209.18	1,726.21	1,567.77	1,847.12	1,688.68
79	1,463.54	1,330.11	1,863.80	1,692.86	1,980.56	1,801.27
80	1,605.29	1,467.70	2,005.58	1,826.29	2,122.33	1,926.36
81	1,759.58	1,613.63	2,164.02	1,968.06	2,276.62	2,063.96
82	1,934.70	1,780.42	2,347.48	2,134.84	2,451.72	2,218.24
83	2,130.66	1,955.55	2,551.79	2,326.65	2,643.52	2,389.19
84	2,351.66	2,159.87	2,797.80	2,547.63	2,868.68	2,601.82
85	2,564.31	2,355.82	3,052.15	2,772.79	3,131.38	2,831.17
86	2,797.80	2,568.47	3,327.35	3,022.97	3,410.74	3,085.50
87	3,052.15	2,801.98	3,627.57	3,293.99	3,719.29	3,360.70
88	3,327.35	3,056.33	3,956.95	3,590.03	4,052.84	3,665.08
89	3,627.57	3,331.50	4,311.37	3,915.26	4,415.62	3,994.49
90	3,956.95	3,631.72	4,694.97	4,269.67	4,811.73	4,353.06
91	4,311.37	3,961.14	5,120.27	4,653.28	5,249.53	4,745.01
92	4,694.97	4,315.55	5,583.10	5,074.40	5,720.69	5,174.48
93	5,120.27	4,703.32	6,083.46	5,528.91	6,233.56	5,641.47
94	5,583.10	5,124.43	6,629.68	6,025.08	6,792.28	6,145.99

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Individual

1095 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	125.09	112.57	179.29	166.79	258.51	237.66
25-29	133.43	125.09	195.97	179.29	275.20	258.51
30-34	141.76	133.43	208.48	195.97	300.22	275.20
35-39	150.10	141.76	229.32	208.48	325.23	300.22
40-45	166.79	150.10	246.00	229.32	346.07	325.23
46	183.47	158.45	250.19	233.50	350.25	329.39
47	191.81	162.60	258.51	237.66	362.75	333.57
48	191.81	162.60	258.51	237.66	366.92	337.73
49	191.81	162.60	262.68	241.84	371.10	341.91
50	195.97	166.79	266.86	246.00	371.10	341.91
51	200.14	170.94	271.01	250.19	375.27	346.07
52	204.31	170.94	279.35	262.68	383.61	358.60
53	208.48	175.13	296.04	271.01	396.11	366.92
54	216.82	183.47	312.72	291.88	408.63	375.27
55	229.32	195.97	333.57	304.38	429.47	387.77
56	241.84	208.48	350.25	325.23	446.14	408.63
57	262.68	225.16	375.27	346.07	471.16	433.64
58	279.35	237.66	404.45	371.10	500.36	450.32
59	304.38	258.51	433.64	396.11	533.71	483.68
60	329.39	279.35	462.82	421.13	571.23	517.04
61	350.25	304.38	500.36	450.32	612.93	554.55
62	379.42	325.23	537.88	487.83	646.29	587.92
63	408.63	354.41	571.23	525.38	692.17	629.61
64	437.80	375.27	617.11	562.89	729.68	662.96
65	467.01	400.29	654.62	600.43	775.56	708.84
66	504.52	429.47	708.84	650.46	821.41	750.54
67	550.39	471.16	767.21	704.67	883.95	804.74
68	608.77	521.20	842.25	771.37	963.18	879.78
69	679.64	579.57	925.65	846.43	1,054.91	967.34
70	754.70	650.46	1,017.37	933.99	1,159.15	1,059.07
71	846.43	725.52	1,129.97	1,034.06	1,275.90	1,167.48
72	950.66	817.24	1,250.88	1,142.47	1,405.16	1,288.41
73	1,059.07	908.96	1,384.31	1,263.40	1,542.76	1,417.66
74	1,184.16	1,013.22	1,526.07	1,396.82	1,697.02	1,559.43
75	1,321.77	1,129.97	1,684.52	1,538.60	1,867.99	1,709.54
76	1,467.70	1,250.88	1,851.31	1,692.86	2,034.77	1,867.99
77	1,630.30	1,396.82	2,038.93	1,863.80	2,230.74	2,043.12
78	1,797.09	1,534.42	2,218.24	2,034.77	2,410.03	2,209.90
79	1,959.72	1,680.34	2,405.86	2,209.90	2,589.33	2,376.69
80	2,139.00	1,838.79	2,606.01	2,393.36	2,785.29	2,551.79
81	2,347.48	2,013.91	2,826.99	2,601.82	2,997.96	2,747.77
82	2,572.64	2,214.06	3,073.00	2,826.99	3,235.62	2,964.59
83	2,839.51	2,439.22	3,352.37	3,085.50	3,506.63	3,214.75
84	3,143.88	2,701.89	3,673.42	3,385.72	3,811.02	3,494.13
85	3,427.41	2,943.74	4,002.83	3,690.10	4,157.09	3,806.85
86	3,731.79	3,210.59	4,361.40	4,023.67	4,532.37	4,152.92
87	4,065.36	3,498.29	4,753.35	4,386.41	4,940.98	4,528.19
88	4,432.29	3,811.02	5,182.81	4,782.54	5,387.13	4,936.82
89	4,828.41	4,157.09	5,649.81	5,212.02	5,870.79	5,378.80
90	5,262.05	4,532.37	6,158.51	5,683.17	6,400.35	5,862.45
91	5,733.20	4,940.98	6,713.07	6,196.02	6,979.92	6,392.02
92	6,250.24	5,387.13	7,317.65	6,750.59	7,609.53	6,967.41
93	6,808.96	5,870.79	7,976.47	7,359.36	8,293.33	7,592.85
94	7,426.06	6,400.35	8,693.62	8,022.32	9,039.69	8,276.66

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Individual

1460 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	137.59	129.25	208.48	195.97	296.04	275.20
25-29	145.93	137.59	225.16	208.48	316.89	300.22
30-34	162.60	145.93	241.84	229.32	341.91	325.23
35-39	175.13	158.45	262.68	246.00	371.10	346.07
40-45	191.81	170.94	279.35	266.86	400.29	375.27
46	191.81	170.94	283.54	271.01	404.45	379.42
47	195.97	175.13	291.88	275.20	412.79	387.77
48	200.14	179.29	296.04	279.35	416.97	396.11
49	200.14	179.29	300.22	279.35	416.97	396.11
50	204.31	183.47	304.38	283.54	421.13	400.29
51	204.31	183.47	308.55	291.88	433.64	404.45
52	212.64	195.97	325.23	304.38	437.80	408.63
53	225.16	204.31	337.73	312.72	450.32	421.13
54	233.50	212.64	350.25	329.39	471.16	437.80
55	246.00	229.32	375.27	346.07	483.68	446.14
56	258.51	237.66	400.29	371.10	508.70	467.01
57	275.20	258.51	429.47	396.11	537.88	496.18
58	300.22	275.20	454.48	421.13	567.08	517.04
59	325.23	296.04	487.83	450.32	608.77	554.55
60	341.91	312.72	533.71	487.83	650.46	596.26
61	371.10	341.91	571.23	521.20	692.17	637.95
62	404.45	371.10	612.93	567.08	746.36	679.64
63	429.47	391.95	658.80	604.59	792.24	717.18
64	458.67	421.13	700.50	650.46	833.91	763.04
65	487.83	446.14	750.54	692.17	879.78	804.74
66	529.54	483.68	800.58	742.20	938.16	854.77
67	575.42	529.54	867.27	804.74	1,009.03	921.49
68	642.12	587.92	959.00	883.95	1,104.94	1,004.88
69	713.00	654.62	1,054.91	975.68	1,209.18	1,109.12
70	792.24	729.68	1,175.82	1,079.93	1,330.11	1,217.53
71	892.28	821.41	1,300.91	1,196.69	1,459.36	1,346.79
72	1,000.69	917.31	1,446.86	1,321.77	1,609.47	1,488.55
73	1,121.63	1,034.06	1,596.97	1,459.36	1,776.26	1,634.48
74	1,250.88	1,154.98	1,751.24	1,605.29	1,951.37	1,797.09
75	1,400.98	1,292.57	1,930.52	1,772.08	2,143.18	1,972.22
76	1,563.61	1,438.52	2,126.50	1,951.37	2,351.66	2,155.68
77	1,730.38	1,592.79	2,339.15	2,151.53	2,572.64	2,360.01
78	1,905.50	1,751.24	2,547.63	2,347.48	2,781.14	2,551.79
79	2,080.63	1,918.02	2,764.45	2,547.63	2,997.96	2,751.93
80	2,268.28	2,084.81	3,002.11	2,768.61	3,231.43	2,968.76
81	2,476.73	2,280.78	3,268.97	3,018.80	3,477.45	3,202.25
82	2,722.76	2,505.94	3,556.67	3,289.81	3,760.99	3,464.94
83	2,997.96	2,760.27	3,886.08	3,594.20	4,082.05	3,760.99
84	3,331.50	3,064.67	4,257.17	3,940.27	4,444.79	4,094.55
85	3,631.72	3,339.84	4,640.78	4,294.68	4,845.08	4,465.65
86	3,961.14	3,644.24	5,057.73	4,682.48	5,278.72	4,865.92
87	4,315.55	3,973.64	5,512.22	5,103.60	5,754.04	5,307.90
88	4,703.32	4,332.22	6,008.41	5,566.42	6,275.27	5,783.25
89	5,124.43	4,724.17	6,550.44	6,066.77	6,842.32	6,300.28
90	5,587.28	5,145.30	7,138.37	6,613.00	7,455.24	6,867.34
91	6,091.80	5,608.12	7,780.47	7,205.08	8,126.55	7,488.61
92	6,642.18	6,112.64	8,476.80	7,851.38	8,860.41	8,159.91
93	7,238.42	6,663.03	9,239.84	8,556.03	9,656.80	8,897.93
94	7,888.89	7,259.28	10,073.78	9,323.23	10,528.26	9,694.33

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Individual

2190 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	166.79	158.45	246.00	229.32	346.07	329.39
25-29	179.29	170.94	266.86	246.00	375.27	350.25
30-34	195.97	183.47	291.88	266.86	404.45	379.42
35-39	208.48	200.14	312.72	291.88	437.80	408.63
40-45	229.32	212.64	337.73	312.72	471.16	441.98
46	233.50	216.82	346.07	316.89	479.51	450.32
47	237.66	225.16	350.25	325.23	487.83	454.48
48	241.84	225.16	358.60	333.57	496.18	467.01
49	246.00	229.32	366.92	337.73	500.36	467.01
50	246.00	229.32	371.10	341.91	504.52	471.16
51	250.19	233.50	379.42	350.25	512.86	479.51
52	258.51	237.66	387.77	362.75	529.54	496.18
53	266.86	246.00	408.63	379.42	546.21	508.70
54	279.35	262.68	433.64	404.45	567.08	529.54
55	300.22	279.35	462.82	433.64	587.92	550.39
56	316.89	296.04	487.83	454.48	617.11	575.42
57	337.73	312.72	521.20	487.83	654.62	608.77
58	362.75	337.73	562.89	521.20	692.17	646.29
59	387.77	362.75	604.59	567.08	738.02	683.83
60	416.97	383.61	646.29	604.59	788.05	733.86
61	450.32	412.79	692.17	646.29	842.25	779.71
62	483.68	446.14	742.20	692.17	896.46	838.09
63	517.04	479.51	783.90	738.02	959.00	892.28
64	558.73	517.04	833.91	775.56	1,021.56	950.66
65	596.26	554.55	879.78	821.41	1,084.09	1,009.03
66	646.29	600.43	938.16	875.61	1,159.15	1,079.93
67	704.67	650.46	1,017.37	950.66	1,246.72	1,159.15
68	788.05	729.68	1,134.13	1,054.91	1,359.29	1,267.56
69	871.45	808.89	1,263.40	1,175.82	1,484.38	1,375.97
70	967.34	900.62	1,413.51	1,317.59	1,621.97	1,505.23
71	1,084.09	1,009.03	1,584.45	1,471.88	1,776.26	1,646.98
72	1,221.70	1,134.13	1,763.74	1,642.83	1,955.55	1,809.61
73	1,363.47	1,259.22	1,947.20	1,805.43	2,143.18	1,988.90
74	1,521.92	1,409.32	2,147.34	1,988.90	2,360.01	2,189.04
75	1,692.86	1,563.61	2,364.16	2,197.38	2,589.33	2,405.86
76	1,880.49	1,734.55	2,597.67	2,410.03	2,831.17	2,635.19
77	2,080.63	1,926.36	2,843.67	2,643.52	3,093.84	2,881.20
78	2,272.44	2,101.49	3,098.03	2,881.20	3,335.69	3,114.71
79	2,468.40	2,289.12	3,352.37	3,123.05	3,590.03	3,348.19
80	2,668.54	2,476.73	3,627.57	3,385.72	3,856.89	3,594.20
81	2,906.22	2,701.89	3,927.77	3,669.26	4,140.42	3,865.23
82	3,177.24	2,956.26	4,273.84	3,998.65	4,469.81	4,173.78
83	3,489.95	3,248.12	4,665.79	4,361.40	4,836.74	4,515.69
84	3,865.23	3,594.20	5,116.10	4,786.70	5,257.87	4,915.95
85	4,215.47	3,919.43	5,574.76	5,216.17	5,729.03	5,357.94
86	4,594.91	4,273.84	6,079.27	5,687.34	6,241.90	5,841.62
87	5,007.69	4,661.62	6,625.50	6,200.21	6,804.79	6,366.99
88	5,458.01	5,078.58	7,221.74	6,758.92	7,417.73	6,938.23
89	5,950.04	5,533.06	7,872.22	7,367.70	8,084.85	7,563.65
90	6,487.90	6,033.42	8,585.21	8,026.48	8,810.37	8,243.30
91	7,067.48	6,575.46	9,356.58	8,747.84	9,606.77	8,985.50
92	7,705.43	7,171.73	10,198.86	9,535.89	10,469.88	9,798.57
93	8,397.59	7,818.01	11,116.16	10,394.82	11,412.20	10,682.52
94	9,156.45	8,518.49	12,116.87	11,332.98	12,437.94	11,645.70

Appendix B

Genworth Life Insurance Company
53% Increase to Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Individual

Unlimited

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	288.37	269.95	435.61	392.66	589.00	552.19
25-29	306.77	294.51	466.30	429.47	638.09	595.14
30-34	337.46	312.90	503.11	460.16	687.17	644.22
35-39	362.00	343.58	546.06	496.97	742.37	693.29
40-45	392.66	368.13	589.00	539.92	803.74	748.54
46	404.95	380.40	601.27	546.06	816.01	760.79
47	411.08	386.52	607.39	552.19	834.43	779.18
48	411.08	392.66	619.70	564.45	846.69	791.48
49	417.22	398.79	631.95	570.58	852.82	797.60
50	429.47	398.79	638.09	582.87	858.96	803.74
51	435.61	411.08	656.48	601.27	877.38	816.01
52	454.03	429.47	681.03	619.70	901.90	846.69
53	466.30	441.74	711.71	656.48	938.72	877.38
54	490.84	460.16	754.66	699.42	969.41	908.04
55	515.37	484.69	803.74	748.54	1,018.48	950.99
56	552.19	515.37	858.96	803.74	1,079.83	1,006.22
57	595.14	552.19	914.19	858.96	1,141.20	1,061.42
58	619.70	582.87	981.66	932.58	1,208.67	1,135.06
59	681.03	631.95	1,049.17	993.93	1,282.29	1,196.40
60	717.85	662.64	1,116.64	1,061.42	1,355.93	1,270.04
61	779.18	717.85	1,202.53	1,147.33	1,447.96	1,355.93
62	834.43	779.18	1,282.29	1,214.82	1,546.11	1,447.96
63	901.90	840.57	1,349.80	1,282.29	1,656.56	1,558.41
64	963.27	895.77	1,417.27	1,343.66	1,767.01	1,668.83
65	1,043.03	969.41	1,490.91	1,405.01	1,889.70	1,791.54
66	1,128.93	1,055.30	1,582.94	1,484.77	2,030.83	1,920.38
67	1,233.23	1,159.59	1,724.07	1,613.61	2,190.36	2,067.64
68	1,368.20	1,282.29	1,914.26	1,803.81	2,374.41	2,239.45
69	1,515.47	1,423.44	2,153.54	2,024.69	2,589.16	2,429.62
70	1,693.39	1,582.94	2,435.76	2,288.51	2,816.15	2,625.97
71	1,883.57	1,760.86	2,736.39	2,570.75	3,073.85	2,859.10
72	2,104.47	1,969.46	3,055.44	2,865.23	3,380.63	3,141.33
73	2,355.99	2,196.50	3,386.76	3,172.03	3,699.66	3,441.98
74	2,619.83	2,435.76	3,736.47	3,503.32	4,061.66	3,791.69
75	2,926.60	2,705.73	4,110.74	3,840.77	4,454.32	4,178.22
76	3,239.50	3,006.37	4,515.67	4,221.16	4,877.67	4,589.30
77	3,570.82	3,313.14	4,939.01	4,619.99	5,313.28	5,012.65
78	3,877.59	3,607.63	5,362.36	5,018.78	5,724.36	5,399.17
79	4,190.50	3,914.40	5,791.83	5,429.86	6,147.71	5,797.97
80	4,527.96	4,233.45	6,251.99	5,877.72	6,583.31	6,209.05
81	4,908.36	4,595.43	6,755.10	6,368.58	7,068.00	6,663.07
82	5,343.97	5,012.65	7,337.99	6,926.89	7,614.06	7,178.45
83	5,859.33	5,503.49	8,012.89	7,558.84	8,227.62	7,761.32
84	6,472.86	6,067.95	8,792.07	8,288.96	8,939.32	8,436.22
85	7,061.87	6,614.01	9,583.55	9,037.50	9,743.06	9,197.00
86	7,699.95	7,209.13	10,448.63	9,847.37	10,620.43	10,019.16
87	8,393.27	7,853.35	11,393.48	10,737.00	11,577.54	10,927.20
88	9,147.92	8,565.06	12,418.09	11,706.41	12,620.57	11,908.86
89	9,976.21	9,331.99	13,534.76	12,755.55	13,761.77	12,982.57
90	10,871.98	10,178.69	14,749.57	13,902.88	15,001.11	14,148.29
91	11,853.64	11,092.85	16,074.81	15,154.51	16,344.79	15,418.33
92	12,921.20	12,092.94	17,522.77	16,516.58	17,817.28	16,804.95
93	14,080.80	13,185.02	19,099.60	18,007.49	19,424.76	18,320.39
94	15,350.83	14,369.16	20,817.50	19,627.24	21,173.35	19,970.81

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Joint

1095 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	91.73	79.22	129.25	120.91	187.63	170.94
25-29	95.90	91.73	137.59	129.25	200.14	187.63
30-34	100.07	95.90	150.10	137.59	216.82	200.14
35-39	108.41	100.07	166.79	150.10	233.50	216.82
40-45	120.91	108.41	175.13	162.60	250.19	233.50
46	129.25	112.57	179.29	166.79	250.19	237.66
47	133.43	116.75	187.63	170.94	262.68	241.84
48	133.43	116.75	187.63	170.94	262.68	241.84
49	137.59	116.75	187.63	175.13	266.86	246.00
50	137.59	120.91	191.81	175.13	266.86	246.00
51	137.59	125.09	195.97	179.29	271.01	250.19
52	141.76	125.09	200.14	187.63	275.20	258.51
53	150.10	125.09	212.64	195.97	283.54	262.68
54	154.26	133.43	225.16	208.48	296.04	271.01
55	166.79	141.76	241.84	220.98	308.55	279.35
56	170.94	150.10	250.19	233.50	321.05	296.04
57	187.63	162.60	271.01	250.19	337.73	312.72
58	200.14	170.94	291.88	266.86	358.60	325.23
59	220.98	187.63	312.72	283.54	383.61	350.25
60	237.66	200.14	333.57	304.38	412.79	371.10
61	250.19	220.98	358.60	325.23	441.98	400.29
62	275.20	233.50	387.77	350.25	467.01	425.30
63	296.04	254.34	412.79	379.42	500.36	454.48
64	316.89	271.01	446.14	404.45	525.38	475.34
65	337.73	287.70	471.16	433.64	558.73	508.70
66	362.75	308.55	508.70	467.01	592.09	542.05
67	396.11	337.73	550.39	508.70	637.95	579.57
68	437.80	375.27	604.59	554.55	692.17	633.79
69	487.83	416.97	667.14	608.77	758.87	696.33
70	542.05	467.01	733.86	671.30	833.91	763.04
71	608.77	521.20	813.08	746.36	917.31	842.25
72	683.83	587.92	900.62	821.41	1,013.22	925.65
73	763.04	654.62	996.53	908.96	1,109.12	1,021.56
74	850.59	729.68	1,100.77	1,004.88	1,221.70	1,121.63
75	950.66	813.08	1,213.35	1,109.12	1,346.79	1,230.04
76	1,054.91	900.62	1,334.26	1,217.53	1,463.54	1,346.79
77	1,175.82	1,004.88	1,467.70	1,342.61	1,605.29	1,471.88
78	1,292.57	1,104.94	1,596.97	1,463.54	1,734.55	1,592.79
79	1,409.32	1,209.18	1,730.38	1,592.79	1,863.80	1,709.54
80	1,538.60	1,325.94	1,876.33	1,722.04	2,005.58	1,838.79
81	1,688.68	1,451.02	2,034.77	1,872.15	2,159.87	1,976.40
82	1,851.31	1,592.79	2,214.06	2,034.77	2,330.81	2,134.84
83	2,043.12	1,755.39	2,414.20	2,222.40	2,526.77	2,314.13
84	2,264.09	1,947.20	2,643.52	2,439.22	2,743.60	2,514.27
85	2,468.40	2,118.16	2,881.20	2,656.04	2,993.77	2,739.43
86	2,685.22	2,309.97	3,139.72	2,897.89	3,264.79	2,989.61
87	2,927.06	2,518.44	3,423.24	3,156.40	3,556.67	3,260.63
88	3,189.75	2,743.60	3,731.79	3,444.10	3,877.74	3,552.51
89	3,477.45	2,993.77	4,069.52	3,752.65	4,227.97	3,873.56
90	3,790.17	3,264.79	4,432.29	4,090.39	4,607.42	4,219.63
91	4,127.90	3,556.67	4,832.57	4,461.47	5,024.36	4,603.25
92	4,499.01	3,877.74	5,270.39	4,861.76	5,478.87	5,016.02
93	4,903.45	4,227.97	5,741.54	5,299.56	5,970.86	5,466.35
94	5,345.44	4,607.42	6,258.58	5,774.91	6,508.74	5,958.36

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Joint

1460 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	100.07	91.73	133.43	129.25	195.97	175.13
25-29	108.41	95.90	141.76	133.43	208.48	191.81
30-34	120.91	104.23	158.45	141.76	229.32	204.31
35-39	129.25	112.57	170.94	154.26	246.00	220.98
40-45	133.43	125.09	187.63	166.79	266.86	237.66
46	133.43	129.25	191.81	170.94	271.01	241.84
47	137.59	129.25	195.97	175.13	275.20	246.00
48	137.59	129.25	200.14	179.29	279.35	254.34
49	141.76	129.25	200.14	179.29	279.35	254.34
50	141.76	129.25	204.31	187.63	287.70	258.51
51	141.76	129.25	208.48	191.81	287.70	258.51
52	145.93	133.43	212.64	195.97	296.04	266.86
53	154.26	137.59	229.32	208.48	304.38	275.20
54	158.45	141.76	241.84	220.98	321.05	287.70
55	170.94	154.26	258.51	233.50	329.39	300.22
56	175.13	158.45	271.01	246.00	341.91	308.55
57	191.81	166.79	296.04	266.86	366.92	329.39
58	204.31	179.29	312.72	287.70	387.77	354.41
59	225.16	200.14	333.57	300.22	408.63	371.10
60	241.84	220.98	362.75	325.23	437.80	396.11
61	262.68	237.66	383.61	346.07	471.16	429.47
62	291.88	262.68	408.63	371.10	500.36	454.48
63	308.55	283.54	441.98	396.11	533.71	487.83
64	329.39	300.22	479.51	429.47	562.89	512.86
65	350.25	321.05	512.86	458.67	604.59	546.21
66	379.42	350.25	554.55	500.36	637.95	579.57
67	408.63	375.27	596.26	537.88	687.99	629.61
68	454.48	412.79	650.46	587.92	750.54	679.64
69	504.52	458.67	717.18	646.29	821.41	742.20
70	567.08	517.04	779.71	708.84	896.46	804.74
71	629.61	579.57	858.93	775.56	979.86	892.28
72	704.67	642.12	946.50	863.11	1,079.93	971.52
73	783.90	717.18	1,050.74	954.84	1,180.00	1,071.59
74	871.45	792.24	1,167.48	1,059.07	1,296.75	1,180.00
75	967.34	875.61	1,296.75	1,171.66	1,413.51	1,292.57
76	1,071.59	967.34	1,426.01	1,296.75	1,555.27	1,417.66
77	1,192.50	1,079.93	1,567.77	1,421.85	1,684.52	1,542.76
78	1,313.44	1,188.34	1,697.02	1,542.76	1,817.95	1,663.67
79	1,438.52	1,309.25	1,834.62	1,667.84	1,947.20	1,772.08
80	1,580.29	1,442.69	1,972.22	1,797.09	2,088.97	1,897.17
81	1,730.38	1,588.63	2,130.66	1,934.70	2,239.07	2,030.59
82	1,905.50	1,751.24	2,309.97	2,101.49	2,414.20	2,180.69
83	2,097.31	1,922.18	2,510.10	2,289.12	2,601.82	2,351.66
84	2,314.13	2,126.50	2,751.93	2,505.94	2,822.83	2,560.13
85	2,522.61	2,318.31	3,002.11	2,726.92	3,081.34	2,785.29
86	2,751.93	2,526.77	3,273.13	2,972.93	3,356.53	3,035.47
87	3,002.11	2,756.11	3,569.19	3,239.78	3,660.92	3,306.49
88	3,273.13	3,006.30	3,894.42	3,531.65	3,986.15	3,606.70
89	3,569.19	3,277.31	4,240.49	3,852.73	4,344.72	3,931.93
90	3,894.42	3,573.35	4,619.92	4,202.96	4,736.67	4,282.19
91	4,240.49	3,898.58	5,036.89	4,578.22	5,166.14	4,669.95
92	4,619.92	4,244.65	5,495.55	4,995.19	5,628.96	5,091.08
93	5,036.89	4,628.26	5,987.55	5,441.34	6,133.49	5,549.75
94	5,495.55	5,041.05	6,525.43	5,929.17	6,683.87	6,045.92

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Joint

2190 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	116.75	104.23	166.79	154.26	241.84	220.98
25-29	125.09	116.75	183.47	166.79	254.34	241.84
30-34	133.43	125.09	191.81	183.47	279.35	254.34
35-39	137.59	133.43	212.64	191.81	300.22	279.35
40-45	154.26	137.59	229.32	212.64	321.05	300.22
46	158.45	145.93	233.50	216.82	325.23	304.38
47	162.60	150.10	241.84	220.98	337.73	308.55
48	166.79	150.10	241.84	220.98	341.91	312.72
49	166.79	150.10	241.84	225.16	346.07	316.89
50	170.94	154.26	246.00	229.32	346.07	316.89
51	170.94	154.26	250.19	233.50	350.25	321.05
52	175.13	158.45	258.51	241.84	354.41	333.57
53	191.81	162.60	275.20	250.19	366.92	341.91
54	200.14	170.94	291.88	271.01	379.42	350.25
55	200.14	183.47	308.55	283.54	400.29	358.60
56	212.64	191.81	325.23	300.22	412.79	379.42
57	229.32	208.48	350.25	321.05	437.80	404.45
58	258.51	220.98	375.27	346.07	462.82	416.97
59	271.01	241.84	404.45	366.92	496.18	450.32
60	283.54	258.51	429.47	391.95	529.54	479.51
61	308.55	283.54	462.82	416.97	567.08	512.86
62	350.25	300.22	500.36	454.48	600.43	546.21
63	358.60	329.39	529.54	487.83	642.12	583.76
64	379.42	350.25	571.23	521.20	675.49	617.11
65	404.45	371.10	608.77	558.73	721.34	658.80
66	437.80	400.29	658.80	604.59	763.04	696.33
67	475.34	437.80	713.00	654.62	821.41	746.36
68	529.54	483.68	779.71	717.18	892.28	817.24
69	592.09	537.88	858.93	783.90	979.86	896.46
70	658.80	604.59	942.33	867.27	1,075.75	984.02
71	742.20	671.30	1,046.57	959.00	1,184.16	1,084.09
72	829.75	758.87	1,159.15	1,059.07	1,305.10	1,196.69
73	929.83	842.25	1,284.23	1,171.66	1,430.19	1,317.59
74	1,038.24	942.33	1,417.66	1,296.75	1,576.11	1,446.86
75	1,159.15	1,046.57	1,563.61	1,426.01	1,734.55	1,584.45
76	1,296.75	1,159.15	1,717.88	1,571.95	1,888.83	1,734.55
77	1,434.35	1,296.75	1,893.00	1,730.38	2,068.13	1,897.17
78	1,580.29	1,426.01	2,059.79	1,888.83	2,234.91	2,051.46
79	1,722.04	1,559.43	2,230.74	2,051.46	2,401.70	2,205.72
80	1,876.33	1,705.36	2,418.36	2,222.40	2,585.14	2,368.35
81	2,051.46	1,867.99	2,622.69	2,414.20	2,781.14	2,551.79
82	2,255.75	2,055.61	2,852.01	2,622.69	3,002.11	2,751.93
83	2,485.07	2,264.09	3,110.52	2,864.52	3,252.29	2,981.27
84	2,760.27	2,505.94	3,410.74	3,143.88	3,535.82	3,243.96
85	3,010.46	2,731.10	3,715.11	3,423.24	3,856.89	3,531.65
86	3,281.47	2,981.27	4,048.68	3,735.98	4,207.13	3,852.73
87	3,577.53	3,248.12	4,411.44	4,069.52	4,586.56	4,202.96
88	3,898.58	3,535.82	4,811.73	4,436.46	4,999.35	4,582.41
89	4,244.65	3,856.89	5,241.18	4,836.74	5,449.68	4,991.01
90	4,628.26	4,207.13	5,716.53	5,274.55	5,937.51	5,441.34
91	5,045.23	4,586.56	6,229.39	5,749.88	6,475.39	5,933.35
92	5,503.88	4,999.35	6,792.28	6,262.74	7,063.32	6,467.05
93	5,995.89	5,449.68	7,401.05	6,829.82	7,697.09	7,046.64
94	6,537.94	5,937.51	8,068.17	7,442.74	8,389.24	7,680.41

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Joint

2920 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	120.91	112.57	183.47	170.94	258.51	241.84
25-29	129.25	120.91	195.97	183.47	275.20	262.68
30-34	141.76	129.25	212.64	200.14	300.22	283.54
35-39	154.26	137.59	229.32	212.64	325.23	300.22
40-45	166.79	150.10	241.84	233.50	350.25	325.23
46	166.79	150.10	246.00	237.66	354.41	329.39
47	170.94	154.26	254.34	241.84	358.60	337.73
48	175.13	154.26	258.51	241.84	362.75	346.07
49	175.13	154.26	262.68	241.84	362.75	346.07
50	179.29	158.45	266.86	246.00	366.92	350.25
51	179.29	158.45	271.01	254.34	379.42	354.41
52	183.47	170.94	283.54	266.86	383.61	354.41
53	195.97	179.29	296.04	271.01	391.95	366.92
54	204.31	183.47	304.38	287.70	412.79	383.61
55	212.64	200.14	325.23	300.22	421.13	387.77
56	225.16	208.48	350.25	325.23	441.98	408.63
57	241.84	225.16	375.27	346.07	467.01	433.64
58	262.68	241.84	396.11	366.92	496.18	450.32
59	283.54	258.51	425.30	391.95	529.54	483.68
60	300.22	271.01	467.01	425.30	567.08	521.20
61	325.23	300.22	496.18	454.48	604.59	554.55
62	354.41	325.23	533.71	496.18	650.46	592.09
63	375.27	341.91	575.42	525.38	692.17	625.45
64	400.29	366.92	608.77	567.08	725.52	667.14
65	425.30	387.77	654.62	604.59	767.21	700.50
66	462.82	421.13	696.33	646.29	817.24	746.36
67	500.36	462.82	754.70	700.50	879.78	804.74
68	558.73	512.86	838.09	771.37	963.18	875.61
69	621.27	571.23	921.49	850.59	1,054.91	967.34
70	692.17	637.95	1,025.72	942.33	1,159.15	1,063.25
71	779.71	717.18	1,134.13	1,042.40	1,271.73	1,175.82
72	871.45	800.58	1,263.40	1,150.81	1,405.16	1,296.75
73	979.86	900.62	1,392.64	1,271.73	1,546.93	1,426.01
74	1,092.43	1,009.03	1,526.07	1,400.98	1,701.20	1,567.77
75	1,221.70	1,125.78	1,684.52	1,546.93	1,867.99	1,717.88
76	1,363.47	1,255.06	1,855.46	1,701.20	2,051.46	1,880.49
77	1,509.39	1,388.48	2,038.93	1,876.33	2,243.25	2,059.79
78	1,663.67	1,526.07	2,222.40	2,047.27	2,426.70	2,226.57
79	1,813.77	1,672.01	2,410.03	2,222.40	2,614.35	2,401.70
80	1,976.40	1,817.95	2,618.51	2,414.20	2,818.65	2,589.33
81	2,159.87	1,988.90	2,852.01	2,631.02	3,031.31	2,793.63
82	2,372.50	2,184.88	3,102.18	2,868.68	3,281.47	3,022.97
83	2,614.35	2,405.86	3,389.88	3,135.55	3,560.85	3,281.47
84	2,906.22	2,672.72	3,710.95	3,435.76	3,877.74	3,569.19
85	3,168.90	2,910.39	4,048.68	3,744.32	4,223.81	3,894.42
86	3,452.44	3,177.24	4,411.44	4,082.05	4,603.25	4,244.65
87	3,765.14	3,464.94	4,807.57	4,448.97	5,016.02	4,628.26
88	4,102.89	3,777.67	5,241.18	4,853.42	5,470.53	5,041.05
89	4,469.81	4,119.56	5,712.35	5,291.22	5,966.70	5,495.55
90	4,870.10	4,486.49	6,225.23	5,766.57	6,500.40	5,987.55
91	5,312.08	4,890.94	6,783.94	6,283.61	7,088.33	6,529.60
92	5,791.58	5,328.77	7,392.71	6,846.50	7,726.28	7,117.51
93	6,312.78	5,808.26	8,055.67	7,459.43	8,422.61	7,759.63
94	6,879.85	6,329.46	8,785.35	8,130.73	9,181.47	8,451.78

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Joint

4380 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	145.93	137.59	212.64	200.14	300.22	283.54
25-29	154.26	145.93	229.32	212.64	325.23	304.38
30-34	170.94	158.45	250.19	229.32	350.25	329.39
35-39	179.29	170.94	271.01	250.19	379.42	354.41
40-45	200.14	183.47	291.88	271.01	408.63	383.61
46	200.14	187.63	300.22	275.20	412.79	387.77
47	204.31	195.97	304.38	279.35	421.13	391.95
48	208.48	195.97	308.55	287.70	429.47	404.45
49	212.64	200.14	316.89	291.88	433.64	404.45
50	212.64	200.14	321.05	296.04	437.80	408.63
51	216.82	200.14	329.39	304.38	441.98	412.79
52	225.16	204.31	333.57	312.72	458.67	429.47
53	229.32	212.64	354.41	329.39	471.16	437.80
54	241.84	225.16	375.27	350.25	492.02	458.67
55	258.51	241.84	400.29	375.27	508.70	475.34
56	275.20	254.34	421.13	391.95	533.71	496.18
57	291.88	271.01	450.32	421.13	567.08	525.38
58	312.72	291.88	487.83	450.32	596.26	558.73
59	333.57	312.72	521.20	492.02	637.95	592.09
60	358.60	329.39	558.73	521.20	679.64	633.79
61	387.77	358.60	596.26	558.73	729.68	675.49
62	416.97	383.61	642.12	596.26	775.56	725.52
63	446.14	412.79	675.49	637.95	829.75	771.37
64	483.68	446.14	721.34	671.30	883.95	821.41
65	517.04	479.51	758.87	708.84	938.16	871.45
66	558.73	517.04	808.89	754.70	1,000.69	933.99
67	608.77	562.89	879.78	821.41	1,075.75	1,000.69
68	679.64	629.61	979.86	913.15	1,175.82	1,096.62
69	754.70	700.50	1,092.43	1,017.37	1,284.23	1,188.34
70	833.91	779.71	1,221.70	1,138.31	1,400.98	1,300.91
71	938.16	871.45	1,367.63	1,271.73	1,534.42	1,421.85
72	1,054.91	979.86	1,521.92	1,417.66	1,688.68	1,563.61
73	1,180.00	1,088.27	1,680.34	1,559.43	1,851.31	1,717.88
74	1,313.44	1,217.53	1,855.46	1,717.88	2,038.93	1,893.00
75	1,463.54	1,350.95	2,043.12	1,897.17	2,239.07	2,080.63
76	1,626.14	1,496.89	2,243.25	2,080.63	2,447.56	2,276.62
77	1,797.09	1,663.67	2,455.90	2,284.95	2,672.72	2,489.26
78	1,963.87	1,813.77	2,676.88	2,489.26	2,881.20	2,689.39
79	2,130.66	1,976.40	2,897.89	2,697.74	3,102.18	2,893.70
80	2,305.79	2,139.00	3,135.55	2,927.06	3,331.50	3,106.37
81	2,510.10	2,334.98	3,394.06	3,168.90	3,577.53	3,339.84
82	2,743.60	2,555.97	3,694.27	3,456.60	3,861.06	3,606.70
83	3,014.63	2,806.15	4,032.01	3,769.33	4,177.93	3,902.76
84	3,339.84	3,106.37	4,419.78	4,136.24	4,544.87	4,248.83
85	3,644.24	3,385.72	4,815.88	4,507.35	4,949.32	4,628.26
86	3,969.48	3,694.27	5,253.71	4,911.80	5,391.30	5,045.23
87	4,328.05	4,027.83	5,724.87	5,357.94	5,879.13	5,499.71
88	4,715.83	4,386.41	6,237.73	5,841.62	6,408.69	5,995.89
89	5,141.12	4,782.54	6,800.62	6,366.99	6,984.08	6,533.77
90	5,603.96	5,212.02	7,417.73	6,934.04	7,613.69	7,121.70
91	6,104.30	5,683.17	8,084.85	7,559.50	8,301.67	7,763.81
92	6,658.85	6,196.02	8,810.37	8,239.14	9,048.03	8,464.30
93	7,255.11	6,754.76	9,602.61	8,981.32	9,861.11	9,231.50
94	7,909.75	7,359.36	10,469.88	9,790.24	10,745.08	10,061.25

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7032L
Annual Premium per $10 Daily Benefit

Individual

730 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18-24	50.03	37.52	83.40	62.53	108.41	79.22
25-29	58.38	41.69	95.90	70.88	120.91	87.56
30-34	66.72	50.03	112.57	83.40	141.76	100.07
35-39	79.22	54.19	125.09	95.90	158.45	116.75
40-45	87.56	62.53	145.93	112.57	183.47	133.43
46	87.56	66.72	154.26	120.91	187.63	145.93
47	91.73	66.72	158.45	120.91	200.14	150.10
48	91.73	66.72	158.45	120.91	200.14	150.10
49	91.73	66.72	158.45	120.91	204.31	154.26
50	95.90	70.88	162.60	125.09	208.48	170.94
51	95.90	70.88	175.13	129.25	212.64	175.13
52	108.41	83.40	179.29	133.43	229.32	179.29
53	112.57	87.56	183.47	141.76	233.50	183.47
54	112.57	87.56	187.63	145.93	241.84	183.47
55	120.91	95.90	204.31	154.26	262.68	204.31
56	133.43	100.07	220.98	162.60	291.88	212.64
57	145.93	116.75	237.66	183.47	304.38	237.66
58	162.60	125.09	254.34	200.14	329.39	254.34
59	179.29	133.43	283.54	220.98	358.60	275.20
60	204.31	150.10	321.05	241.84	400.29	304.38
61	216.82	170.94	341.91	262.68	429.47	337.73
62	241.84	187.63	387.77	300.22	487.83	375.27
63	275.20	204.31	425.30	312.72	537.88	396.11
64	312.72	229.32	483.68	358.60	608.77	450.32
65	337.73	250.19	517.04	383.61	658.80	483.68
66	375.27	275.20	571.23	416.97	717.18	521.20
67	412.79	300.22	608.77	441.98	767.21	550.39
68	450.32	333.57	667.14	492.02	833.91	608.77
69	492.02	362.75	717.18	521.20	900.62	654.62
70	533.71	396.11	767.21	575.42	954.84	713.00
71	583.76	433.64	838.09	612.93	1,029.90	758.87
72	633.79	471.16	904.81	667.14	1,096.62	808.89
73	692.17	517.04	963.18	725.52	1,159.15	871.45
74	758.87	571.23	1,050.74	788.05	1,242.54	929.83
75	838.09	612.93	1,154.98	850.59	1,334.26	988.19
76	925.65	683.83	1,259.22	929.83	1,446.86	1,063.25
77	1,025.72	763.04	1,384.31	1,029.90	1,551.10	1,159.15
78	1,125.78	842.25	1,505.23	1,121.63	1,672.01	1,246.72
79	1,234.20	917.31	1,634.48	1,213.35	1,784.59	1,350.95
80	1,350.95	1,000.69	1,755.39	1,305.10	1,909.68	1,446.86
81	1,476.04	1,096.62	1,901.34	1,413.51	2,059.79	1,563.61
82	1,605.29	1,196.69	2,034.77	1,517.73	2,209.90	1,684.52
83	1,755.39	1,305.10	2,205.72	1,638.64	2,380.85	1,809.61
84	1,909.68	1,426.01	2,368.35	1,772.08	2,564.31	1,943.05
85	2,005.58	1,496.89	2,489.26	1,859.65	2,693.55	2,043.12
86	2,105.65	1,571.95	2,614.35	1,951.37	2,826.99	2,143.18
87	2,209.90	1,651.17	2,743.60	2,047.27	2,968.76	2,251.59
88	2,322.47	1,734.55	2,881.20	2,151.53	3,114.71	2,364.16
89	2,439.22	1,822.11	3,022.97	2,259.94	3,273.13	2,480.91
90	2,560.13	1,913.84	3,177.24	2,372.50	3,435.76	2,606.01
91	2,689.39	2,009.75	3,335.69	2,489.26	3,606.70	2,735.26
92	2,822.83	2,109.83	3,502.47	2,614.35	3,786.01	2,872.86
93	2,964.59	2,214.06	3,677.60	2,747.77	3,977.81	3,014.63
94	3,110.52	2,322.47	3,861.06	2,885.36	4,173.78	3,168.90

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7032L
Annual Premium per $10 Daily Benefit

Individual

1095 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18-24	54.19	41.69	95.90	70.88	120.91	87.56
25-29	62.53	50.03	112.57	83.40	141.76	100.07
30-34	70.88	54.19	129.25	95.90	158.45	116.75
35-39	83.40	62.53	150.10	112.57	183.47	133.43
40-45	95.90	70.88	175.13	125.09	212.64	154.26
46	108.41	79.22	179.29	129.25	229.32	170.94
47	108.41	79.22	183.47	141.76	233.50	175.13
48	112.57	79.22	187.63	141.76	241.84	175.13
49	112.57	83.40	187.63	145.93	241.84	179.29
50	116.75	83.40	200.14	145.93	246.00	179.29
51	120.91	91.73	204.31	150.10	254.34	200.14
52	120.91	91.73	208.48	154.26	266.86	204.31
53	133.43	95.90	216.82	158.45	279.35	212.64
54	141.76	95.90	229.32	170.94	283.54	212.64
55	145.93	108.41	241.84	179.29	308.55	229.32
56	158.45	116.75	262.68	200.14	333.57	246.00
57	175.13	129.25	275.20	208.48	358.60	271.01
58	187.63	141.76	308.55	229.32	391.95	291.88
59	212.64	154.26	333.57	250.19	429.47	312.72
60	233.50	179.29	362.75	279.35	462.82	354.41
61	254.34	204.31	404.45	321.05	508.70	387.77
62	279.35	216.82	441.98	337.73	554.55	425.30
63	321.05	250.19	504.52	396.11	633.79	492.02
64	354.41	271.01	550.39	421.13	696.33	533.71
65	387.77	308.55	600.43	475.34	750.54	596.26
66	421.13	329.39	633.79	492.02	792.24	617.11
67	462.82	358.60	692.17	533.71	871.45	671.30
68	517.04	404.45	758.87	600.43	946.50	754.70
69	575.42	446.14	838.09	646.29	1,038.24	808.89
70	629.61	487.83	917.31	704.67	1,138.31	875.61
71	687.99	525.38	988.19	758.87	1,209.18	933.99
72	763.04	596.26	1,088.27	842.25	1,317.59	1,017.37
73	850.59	667.14	1,196.69	933.99	1,438.52	1,121.63
74	933.99	725.52	1,296.75	1,017.37	1,530.26	1,196.69
75	1,034.06	796.40	1,430.19	1,100.77	1,655.33	1,280.07
76	1,146.65	879.78	1,559.43	1,200.84	1,788.76	1,371.81
77	1,292.57	1,004.88	1,747.05	1,355.13	1,968.06	1,530.26
78	1,442.69	1,117.44	1,913.84	1,484.38	2,134.84	1,651.17
79	1,551.10	1,213.35	2,051.46	1,605.29	2,259.94	1,763.74
80	1,684.52	1,305.10	2,184.88	1,697.02	2,410.03	1,872.15
81	1,809.61	1,409.32	2,334.98	1,817.95	2,564.31	1,997.24
82	1,947.20	1,513.58	2,485.07	1,938.86	2,739.43	2,126.50
83	2,076.47	1,613.63	2,631.02	2,051.46	2,889.55	2,247.41
84	2,197.38	1,701.20	2,768.61	2,151.53	3,027.12	2,360.01
85	2,305.79	1,788.76	2,906.22	2,259.94	3,177.24	2,476.73
86	2,422.54	1,876.33	3,052.15	2,372.50	3,339.84	2,601.82
87	2,543.45	1,972.22	3,202.25	2,493.41	3,506.63	2,731.10
88	2,668.54	2,068.13	3,364.87	2,614.35	3,681.76	2,868.68
89	2,801.98	2,172.37	3,531.65	2,747.77	3,865.23	3,010.46
90	2,943.74	2,280.78	3,706.77	2,885.36	4,057.02	3,164.74
91	3,089.68	2,397.53	3,894.42	3,027.12	4,261.33	3,323.16
92	3,243.96	2,514.27	4,086.21	3,181.41	4,474.00	3,485.79
93	3,406.56	2,639.36	4,290.53	3,339.84	4,699.16	3,660.92
94	3,577.53	2,772.79	4,507.35	3,506.63	4,932.64	3,844.39

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7032L
Annual Premium per $10 Daily Benefit

Individual

1460 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18-24	62.53	50.03	112.57	83.40	141.76	100.07
25-29	70.88	54.19	129.25	95.90	158.45	116.75
30-34	83.40	62.53	150.10	112.57	183.47	133.43
35-39	95.90	70.88	175.13	125.09	212.64	154.26
40-45	112.57	83.40	200.14	145.93	246.00	179.29
46	116.75	87.56	204.31	150.10	254.34	187.63
47	120.91	87.56	208.48	150.10	266.86	191.81
48	120.91	87.56	208.48	154.26	266.86	191.81
49	120.91	91.73	212.64	162.60	271.01	200.14
50	129.25	91.73	220.98	162.60	275.20	200.14
51	133.43	100.07	229.32	175.13	300.22	216.82
52	141.76	100.07	233.50	175.13	308.55	220.98
53	145.93	108.41	241.84	179.29	308.55	229.32
54	154.26	112.57	250.19	183.47	321.05	237.66
55	162.60	120.91	271.01	200.14	354.41	254.34
56	179.29	133.43	296.04	216.82	371.10	279.35
57	191.81	145.93	308.55	237.66	396.11	300.22
58	212.64	158.45	341.91	250.19	429.47	321.05
59	233.50	170.94	371.10	271.01	475.34	341.91
60	262.68	200.14	404.45	312.72	512.86	391.95
61	283.54	229.32	454.48	358.60	571.23	450.32
62	321.05	241.84	504.52	383.61	617.11	496.18
63	354.41	279.35	550.39	433.64	696.33	550.39
64	391.95	300.22	608.77	471.16	775.56	596.26
65	433.64	350.25	667.14	525.38	838.09	667.14
66	462.82	362.75	704.67	554.55	888.12	696.33
67	517.04	400.29	767.21	596.26	967.34	746.36
68	571.23	450.32	842.25	662.96	1,050.74	833.91
69	633.79	492.02	929.83	721.34	1,159.15	900.62
70	700.50	542.05	1,021.56	788.05	1,267.56	979.86
71	767.21	596.26	1,100.77	850.59	1,359.29	1,050.74
72	850.59	658.80	1,205.03	933.99	1,459.36	1,129.97
73	942.33	733.86	1,317.59	1,034.06	1,576.11	1,238.38
74	1,034.06	813.08	1,442.69	1,129.97	1,701.20	1,334.26
75	1,154.98	896.46	1,596.97	1,234.20	1,847.12	1,426.01
76	1,288.41	992.36	1,747.05	1,350.95	2,013.91	1,546.93
77	1,438.52	1,117.44	1,938.86	1,509.39	2,184.88	1,697.02
78	1,592.79	1,234.20	2,118.16	1,638.64	2,355.82	1,826.29
79	1,726.21	1,359.29	2,284.95	1,788.76	2,501.76	1,955.55
80	1,884.67	1,480.22	2,455.90	1,922.18	2,672.72	2,084.81
81	2,059.79	1,605.29	2,664.38	2,068.13	2,868.68	2,218.24
82	2,239.07	1,751.24	2,843.67	2,218.24	3,064.67	2,376.69
83	2,451.72	1,905.50	3,085.50	2,405.86	3,293.99	2,543.45
84	2,656.04	2,063.96	3,298.15	2,560.13	3,514.97	2,718.58
85	2,789.48	2,168.20	3,464.94	2,685.22	3,690.10	2,856.18
86	2,927.06	2,276.62	3,635.91	2,822.83	3,877.74	2,997.96
87	3,073.00	2,389.19	3,819.36	2,960.42	4,069.52	3,148.06
88	3,227.28	2,510.10	4,011.15	3,110.52	4,273.84	3,302.33
89	3,389.88	2,635.19	4,211.30	3,264.79	4,486.49	3,469.12
90	3,556.67	2,768.61	4,419.78	3,427.41	4,711.66	3,644.24
91	3,735.98	2,906.22	4,640.78	3,598.36	4,949.32	3,823.52
92	3,923.60	3,052.15	4,874.26	3,781.83	5,195.33	4,015.33
93	4,119.56	3,202.25	5,116.10	3,969.48	5,453.85	4,215.47
94	4,323.88	3,364.87	5,374.62	4,169.59	5,729.03	4,428.12

Appendix B

Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 7032L
Annual Premium per $10 Daily Benefit

Individual

2190 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18-24	79.22	58.38	141.76	108.41	179.29	129.25
25-29	87.56	66.72	158.45	120.91	208.48	150.10
30-34	100.07	79.22	183.47	141.76	237.66	175.13
35-39	116.75	87.56	212.64	158.45	271.01	200.14
40-45	133.43	100.07	246.00	183.47	308.55	229.32
46	145.93	112.57	254.34	191.81	325.23	241.84
47	145.93	112.57	262.68	191.81	329.39	241.84
48	150.10	112.57	266.86	200.14	333.57	246.00
49	150.10	116.75	266.86	204.31	337.73	250.19
50	158.45	116.75	275.20	204.31	341.91	254.34
51	162.60	120.91	283.54	216.82	362.75	271.01
52	175.13	125.09	296.04	220.98	375.27	279.35
53	179.29	129.25	304.38	229.32	387.77	291.88
54	187.63	141.76	321.05	237.66	404.45	304.38
55	208.48	154.26	341.91	262.68	446.14	333.57
56	220.98	170.94	375.27	283.54	479.51	366.92
57	241.84	183.47	400.29	308.55	512.86	391.95
58	266.86	204.31	441.98	329.39	554.55	425.30
59	296.04	216.82	479.51	358.60	608.77	454.48
60	329.39	250.19	521.20	412.79	662.96	517.04
61	358.60	291.88	583.76	475.34	733.86	592.09
62	400.29	308.55	654.62	496.18	804.74	658.80
63	446.14	358.60	717.18	575.42	904.81	725.52
64	496.18	387.77	792.24	617.11	1,004.88	783.90
65	550.39	446.14	867.27	696.33	1,088.27	879.78
66	596.26	471.16	917.31	733.86	1,159.15	925.65
67	658.80	517.04	1,004.88	792.24	1,263.40	992.36
68	721.34	583.76	1,096.62	883.95	1,367.63	1,100.77
69	808.89	633.79	1,213.35	959.00	1,513.58	1,188.34
70	896.46	700.50	1,334.26	1,050.74	1,655.33	1,300.91
71	975.68	767.21	1,442.69	1,129.97	1,772.08	1,392.64
72	1,079.93	846.43	1,571.95	1,242.54	1,905.50	1,505.23
73	1,196.69	946.50	1,722.04	1,371.81	2,059.79	1,642.83
74	1,317.59	1,050.74	1,880.49	1,501.05	2,218.24	1,772.08
75	1,459.36	1,150.81	2,080.63	1,634.48	2,410.03	1,897.17
76	1,630.30	1,275.90	2,284.95	1,788.76	2,622.69	2,055.61
77	1,817.95	1,442.69	2,530.95	2,001.41	2,847.84	2,255.75
78	2,018.09	1,584.45	2,760.27	2,176.54	3,073.00	2,426.70
79	2,189.04	1,747.05	2,981.27	2,376.69	3,256.46	2,593.48
80	2,393.36	1,905.50	3,206.44	2,551.79	3,469.12	2,756.11
81	2,610.17	2,068.13	3,477.45	2,747.77	3,706.77	2,927.06
82	2,839.51	2,255.75	3,715.11	2,943.74	3,952.80	3,123.05
83	3,110.52	2,455.90	4,027.83	3,185.58	4,236.31	3,344.03
84	3,364.87	2,656.04	4,303.03	3,394.06	4,515.69	3,560.85
85	3,535.82	2,789.48	4,519.85	3,565.01	4,745.01	3,735.98
86	3,710.95	2,927.06	4,745.01	3,744.32	4,978.51	3,923.60
87	3,898.58	3,073.00	4,982.67	3,931.93	5,228.69	4,119.56
88	4,090.39	3,227.28	5,232.84	4,127.90	5,491.37	4,328.05
89	4,294.68	3,389.88	5,495.55	4,332.22	5,766.57	4,544.87
90	4,511.51	3,556.67	5,770.72	4,549.04	6,054.26	4,770.03
91	4,736.67	3,735.98	6,058.45	4,778.36	6,358.65	5,007.69
92	4,974.33	3,923.60	6,358.65	5,016.02	6,675.53	5,257.87
93	5,220.34	4,119.56	6,679.71	5,266.21	7,009.10	5,520.56
94	5,483.03	4,323.88	7,013.29	5,528.91	7,359.36	5,799.92

Appendix B

Genworth Life Insurance Company
53% Increase to Current-Year Premiums

Form: 7032L
Annual Premium per $10 Daily Benefit

Individual

Unlimited

	No BIO		5% Simple BIO		5% Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18-24	128.84	98.16	239.29	184.06	306.77	227.01
25-29	147.23	116.59	276.09	214.74	355.85	263.82
30-34	171.79	128.84	319.05	239.29	404.95	306.77
35-39	196.34	147.23	368.13	276.09	472.42	349.71
40-45	227.01	171.79	429.47	319.05	539.92	398.79
46	251.55	190.18	447.89	343.58	570.58	429.47
47	251.55	190.18	454.03	343.58	576.75	429.47
48	257.68	190.18	472.42	349.71	589.00	441.74
49	257.68	196.34	472.42	355.85	595.14	447.89
50	269.95	196.34	478.55	355.85	607.39	454.03
51	276.09	208.60	496.97	374.27	625.82	478.55
52	300.63	220.87	521.50	392.66	656.48	496.97
53	306.77	227.01	533.79	404.95	681.03	515.37
54	325.19	251.55	564.45	417.22	717.85	539.92
55	362.00	269.95	613.53	472.42	791.48	595.14
56	386.52	300.63	668.76	515.37	852.82	668.76
57	417.22	325.19	717.85	552.19	926.46	711.71
58	472.42	362.00	791.48	595.14	1,006.22	773.06
59	521.50	392.66	858.96	656.48	1,098.25	834.43
60	576.75	447.89	938.72	742.37	1,196.40	938.72
61	631.95	515.37	1,055.30	858.96	1,325.24	1,073.69
62	711.71	546.06	1,171.87	901.90	1,441.83	1,196.40
63	791.48	638.09	1,294.56	1,049.17	1,638.17	1,325.24
64	883.51	693.29	1,435.69	1,128.93	1,816.09	1,429.57
65	975.53	797.60	1,564.53	1,276.17	1,969.46	1,607.48
66	1,061.42	840.57	1,662.70	1,337.51	2,104.47	1,687.25
67	1,165.72	926.46	1,822.23	1,454.10	2,282.39	1,816.09
68	1,282.29	1,055.30	1,987.88	1,619.75	2,484.84	2,018.57
69	1,441.83	1,141.20	2,208.75	1,748.59	2,748.68	2,178.08
70	1,595.22	1,263.90	2,417.35	1,920.38	2,994.07	2,386.68
71	1,742.46	1,380.46	2,619.83	2,073.78	3,208.84	2,552.33
72	1,914.26	1,521.59	2,852.98	2,276.26	3,460.37	2,760.95
73	2,129.00	1,705.64	3,122.91	2,509.38	3,742.61	3,018.63
74	2,343.73	1,883.57	3,417.42	2,748.68	4,030.98	3,245.63
75	2,595.28	2,061.52	3,773.29	2,994.07	4,368.43	3,478.79
76	2,902.04	2,300.78	4,147.55	3,282.45	4,754.96	3,767.17
77	3,239.50	2,589.16	4,589.30	3,675.11	5,166.05	4,135.27
78	3,589.21	2,852.98	5,012.65	3,994.16	5,570.96	4,448.20
79	3,902.14	3,141.33	5,411.44	4,350.00	5,902.28	4,754.96
80	4,264.11	3,423.57	5,822.52	4,681.33	6,264.26	5,037.20
81	4,656.80	3,724.22	6,307.21	5,037.20	6,681.48	5,343.97
82	5,055.59	4,049.37	6,748.97	5,399.17	7,110.95	5,693.68
83	5,534.15	4,417.51	7,313.43	5,840.91	7,620.20	6,092.48
84	6,000.45	4,773.36	7,816.54	6,221.32	8,123.31	6,479.00
85	6,301.08	5,012.65	8,203.06	6,534.23	8,528.25	6,798.05
86	6,614.01	5,264.19	8,614.14	6,859.40	8,951.60	7,141.64
87	6,945.30	5,528.01	9,043.63	7,203.01	9,399.46	7,497.47
88	7,295.02	5,804.13	9,497.66	7,558.84	9,871.90	7,871.74
89	7,657.01	6,092.48	9,976.21	7,939.25	10,362.74	8,264.43
90	8,037.41	6,399.26	10,473.16	8,338.04	10,884.25	8,681.62
91	8,442.36	6,718.29	10,994.69	8,755.26	11,424.17	9,111.10
92	8,865.71	7,055.75	11,546.88	9,190.86	12,000.89	9,571.27
93	9,307.45	7,405.46	12,123.60	9,651.03	12,596.02	10,049.85
94	9,773.73	7,779.71	12,731.02	10,129.58	13,227.97	10,546.79

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Individual
2 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	8.01	7.34	11.01	10.33	16.01	14.34
19	8.01	7.34	11.01	10.33	16.01	14.34
20	8.01	7.34	11.01	10.33	16.01	14.34
21	8.01	7.34	11.01	10.33	16.01	14.34
22	8.01	7.34	11.01	10.33	16.01	14.34
23	8.01	7.34	11.01	10.33	16.01	14.34
24	8.01	7.34	11.01	10.33	16.01	14.34
25	8.67	7.68	11.68	11.01	17.01	15.68
26	8.67	7.68	11.68	11.01	17.01	15.68
27	8.67	7.68	11.68	11.01	17.01	15.68
28	8.67	7.68	11.68	11.01	17.01	15.68
29	8.67	7.68	11.68	11.01	17.01	15.68
30	9.67	8.34	13.01	11.68	18.67	16.68
31	9.67	8.34	13.01	11.68	18.67	16.68
32	9.67	8.34	13.01	11.68	18.67	16.68
33	9.67	8.34	13.01	11.68	18.67	16.68
34	9.67	8.34	13.01	11.68	18.67	16.68
35	10.33	9.00	14.00	12.67	20.02	18.01
36	10.33	9.00	14.00	12.67	20.02	18.01
37	10.33	9.00	14.00	12.67	20.02	18.01
38	10.33	9.00	14.00	12.67	20.02	18.01
39	10.33	9.00	14.00	12.67	20.02	18.01
40	11.01	10.00	15.35	13.67	21.68	19.35
41	11.01	10.00	15.35	13.67	21.68	19.35
42	11.01	10.00	15.35	13.67	21.68	19.35
43	11.01	10.00	15.35	13.67	21.68	19.35
44	11.01	10.00	15.35	13.67	21.68	19.35
45	11.01	10.00	15.35	13.67	21.68	19.35
46	11.01	10.33	15.68	14.00	22.01	19.69
47	11.35	10.33	16.01	14.34	22.34	20.02
48	11.35	10.33	16.35	14.69	22.67	20.68
49	11.68	10.68	16.35	14.69	22.67	20.68
50	11.68	10.68	16.68	15.35	23.36	21.01
51	11.68	10.68	17.01	15.68	23.36	21.01
52	12.01	11.01	17.34	16.01	24.02	21.68
53	12.67	11.35	18.67	17.01	24.69	22.34
54	13.01	11.68	19.69	18.01	26.01	23.36
55	14.00	12.67	21.01	19.02	26.68	24.35
56	14.34	13.01	22.01	20.02	27.69	25.02
57	15.68	13.67	24.02	21.68	29.69	26.68
58	16.68	14.69	25.35	23.36	31.70	28.69
59	18.34	16.35	27.01	24.35	33.36	30.02
60	19.69	18.01	29.35	26.35	35.70	32.36
61	21.35	19.35	31.01	28.03	38.36	35.02
62	23.69	21.35	33.36	30.02	40.70	37.03
63	25.02	23.03	36.03	32.36	43.36	39.68
64	26.68	24.35	39.02	35.02	45.70	41.70
65	28.36	26.01	41.70	37.36	49.04	44.37
66	30.68	28.36	45.04	40.70	51.70	47.03
67	33.36	30.35	48.38	43.69	56.03	51.03
68	37.03	33.69	53.04	47.69	61.05	55.37
69	41.03	37.36	58.38	52.71	66.71	60.37
70	46.03	42.03	63.37	57.71	72.71	65.39
71	51.03	47.03	69.72	63.04	79.72	72.38
72	57.38	52.38	77.05	70.05	87.73	79.06
73	63.71	58.38	85.39	77.73	96.07	87.06
74	70.72	64.37	95.07	86.07	105.40	96.07
75	78.73	71.05	105.40	95.40	115.09	105.07
76	87.06	78.73	116.09	105.40	126.42	115.42
77	97.06	87.73	127.41	115.75	137.10	125.42
78	106.75	96.73	138.10	125.42	147.76	135.09
79	117.08	106.40	149.11	135.42	158.45	144.09
80	128.43	117.41	160.44	146.10	169.79	154.11
81	140.77	129.09	173.11	157.45	182.14	165.11
82	154.78	142.43	187.80	170.79	196.14	177.45
83	170.46	156.44	204.15	186.14	211.49	191.14
84	188.13	172.78	223.83	203.82	229.50	208.15
85	205.14	188.46	244.16	221.82	250.51	226.49
86	223.83	205.48	266.19	241.84	272.85	246.84
87	244.16	224.17	290.20	263.52	297.54	268.85
88	266.19	244.50	316.56	287.21	324.24	293.20
89	290.20	266.53	344.92	313.22	353.24	319.55
90	316.56	290.53	375.60	341.58	384.94	348.24
91	344.92	316.89	409.62	372.26	419.95	379.60
92	375.60	345.25	446.65	405.95	457.65	413.96
93	409.62	376.26	486.67	442.32	498.68	451.32
94	446.65	409.95	530.38	482.00	543.38	491.69
95	446.65	409.95	530.38	482.00	543.38	491.69
96	446.65	409.95	530.38	482.00	543.38	491.69
97	446.65	409.95	530.38	482.00	543.38	491.69
98	446.65	409.95	530.38	482.00	543.38	491.69
99	446.65	409.95	530.38	482.00	543.38	491.69
100	446.65	409.95	530.38	482.00	543.38	491.69

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Individual
3 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	6.25	5.62	8.96	8.34	12.93	11.87
19	6.25	5.62	8.96	8.34	12.93	11.87
20	6.25	5.62	8.96	8.34	12.93	11.87
21	6.25	5.62	8.96	8.34	12.93	11.87
22	6.25	5.62	8.96	8.34	12.93	11.87
23	6.25	5.62	8.96	8.34	12.93	11.87
24	6.25	5.62	8.96	8.34	12.93	11.87
25	6.68	6.25	9.80	8.96	13.77	12.93
26	6.68	6.25	9.80	8.96	13.77	12.93
27	6.68	6.25	9.80	8.96	13.77	12.93
28	6.68	6.25	9.80	8.96	13.77	12.93
29	6.68	6.25	9.80	8.96	13.77	12.93
30	7.09	6.68	10.43	9.80	15.02	13.77
31	7.09	6.68	10.43	9.80	15.02	13.77
32	7.09	6.68	10.43	9.80	15.02	13.77
33	7.09	6.68	10.43	9.80	15.02	13.77
34	7.09	6.68	10.43	9.80	15.02	13.77
35	7.50	7.09	11.46	10.43	16.27	15.02
36	7.50	7.09	11.46	10.43	16.27	15.02
37	7.50	7.09	11.46	10.43	16.27	15.02
38	7.50	7.09	11.46	10.43	16.27	15.02
39	7.50	7.09	11.46	10.43	16.27	15.02
40	8.34	7.50	12.30	11.46	17.30	16.27
41	8.34	7.50	12.30	11.46	17.30	16.27
42	8.34	7.50	12.30	11.46	17.30	16.27
43	8.34	7.50	12.30	11.46	17.30	16.27
44	8.34	7.50	12.30	11.46	17.30	16.27
45	8.34	7.50	12.30	11.46	17.30	16.27
46	9.18	7.93	12.50	11.68	17.52	16.46
47	9.59	8.12	12.93	11.87	18.14	16.68
48	9.59	8.12	12.93	11.87	18.34	16.89
49	9.59	8.12	13.14	12.09	18.55	17.09
50	9.80	8.34	13.34	12.30	18.55	17.09
51	10.00	8.55	13.55	12.50	18.77	17.30
52	10.21	8.55	13.96	13.14	19.18	17.93
53	10.43	8.75	14.80	13.55	19.80	18.34
54	10.84	9.18	15.64	14.59	20.43	18.77
55	11.46	9.80	16.68	15.21	21.48	19.39
56	12.09	10.43	17.52	16.27	22.30	20.43
57	13.14	11.25	18.77	17.30	23.55	21.68
58	13.96	11.87	20.21	18.55	25.02	22.52
59	15.21	12.93	21.68	19.80	26.68	24.18
60	16.46	13.96	23.14	21.05	28.55	25.86
61	17.52	15.21	25.02	22.52	30.64	27.73
62	18.96	16.27	26.89	24.39	32.32	29.39
63	20.43	17.71	28.55	26.27	34.61	31.48
64	21.89	18.77	30.86	28.14	36.48	33.14
65	23.36	20.02	32.73	30.02	38.79	35.45
66	25.23	21.48	35.45	32.52	41.07	37.52
67	27.52	23.55	38.36	35.23	44.20	40.23
68	30.45	26.05	42.11	38.57	48.16	43.98
69	33.98	28.98	46.29	42.32	52.75	48.38
70	37.73	32.52	50.88	46.70	57.97	52.95
71	42.32	36.27	56.50	51.70	63.80	58.38
72	47.54	40.86	62.54	57.13	70.25	64.43
73	52.95	45.45	69.21	63.16	77.14	70.87
74	59.21	50.66	76.30	69.84	84.86	77.96
75	66.09	56.50	84.23	76.93	93.39	85.48
76	73.39	62.54	92.57	84.64	101.73	93.39
77	81.52	69.84	101.95	93.20	111.54	102.16
78	89.86	76.71	110.91	101.73	120.50	110.50
79	97.98	84.02	120.29	110.50	129.46	118.84
80	106.95	91.95	130.30	119.66	139.27	127.59
81	117.38	100.70	141.36	130.09	149.89	137.39
82	128.62	110.70	153.64	141.36	161.79	148.23
83	141.98	121.96	167.63	154.27	175.34	160.73
84	157.20	135.09	183.68	169.29	190.55	174.72
85	171.38	147.18	200.14	184.50	207.86	190.34
86	186.59	160.54	218.07	201.18	226.63	207.64
87	203.27	174.91	237.66	219.32	247.05	226.41
88	221.61	190.55	259.14	239.13	269.36	246.84
89	241.41	207.86	282.48	260.61	293.54	268.95
90	263.11	226.63	307.93	284.16	320.02	293.13
91	286.66	247.05	335.66	309.80	349.00	319.61
92	312.52	269.36	365.88	337.54	380.48	348.38
93	340.45	293.54	398.82	367.96	414.66	379.64
94	371.30	320.02	434.68	401.11	451.98	413.84
95	371.30	320.02	434.68	401.11	451.98	413.84
96	371.30	320.02	434.68	401.11	451.98	413.84
97	371.30	320.02	434.68	401.11	451.98	413.84
98	371.30	320.02	434.68	401.11	451.98	413.84
99	371.30	320.02	434.68	401.11	451.98	413.84
100	371.30	320.02	434.68	401.11	451.98	413.84

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Individual
4 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	5.51	5.18	8.34	7.83	11.84	11.01
19	5.51	5.18	8.34	7.83	11.84	11.01
20	5.51	5.18	8.34	7.83	11.84	11.01
21	5.51	5.18	8.34	7.83	11.84	11.01
22	5.51	5.18	8.34	7.83	11.84	11.01
23	5.51	5.18	8.34	7.83	11.84	11.01
24	5.51	5.18	8.34	7.83	11.84	11.01
25	5.84	5.51	9.00	8.34	12.67	12.01
26	5.84	5.51	9.00	8.34	12.67	12.01
27	5.84	5.51	9.00	8.34	12.67	12.01
28	5.84	5.51	9.00	8.34	12.67	12.01
29	5.84	5.51	9.00	8.34	12.67	12.01
30	6.50	5.84	9.67	9.18	13.67	13.01
31	6.50	5.84	9.67	9.18	13.67	13.01
32	6.50	5.84	9.67	9.18	13.67	13.01
33	6.50	5.84	9.67	9.18	13.67	13.01
34	6.50	5.84	9.67	9.18	13.67	13.01
35	7.01	6.35	10.51	9.84	14.84	13.85
36	7.01	6.35	10.51	9.84	14.84	13.85
37	7.01	6.35	10.51	9.84	14.84	13.85
38	7.01	6.35	10.51	9.84	14.84	13.85
39	7.01	6.35	10.51	9.84	14.84	13.85
40	7.68	6.84	11.17	10.68	16.01	15.02
41	7.68	6.84	11.17	10.68	16.01	15.02
42	7.68	6.84	11.17	10.68	16.01	15.02
43	7.68	6.84	11.17	10.68	16.01	15.02
44	7.68	6.84	11.17	10.68	16.01	15.02
45	7.68	6.84	11.17	10.68	16.01	15.02
46	7.68	6.84	11.35	10.84	16.17	15.17
47	7.83	7.01	11.68	11.01	16.50	15.51
48	8.01	7.17	11.84	11.17	16.68	15.84
49	8.01	7.17	12.01	11.17	16.68	15.84
50	8.16	7.34	12.17	11.35	16.85	16.01
51	8.16	7.34	12.34	11.68	17.34	16.17
52	8.52	7.83	13.01	12.17	17.52	16.35
53	9.00	8.16	13.51	12.50	18.01	16.85
54	9.34	8.52	14.00	13.18	18.85	17.52
55	9.84	9.18	15.02	13.85	19.35	17.85
56	10.33	9.51	16.01	14.84	20.35	18.67
57	11.01	10.33	17.19	15.84	21.52	19.84
58	12.01	11.01	18.18	16.85	22.67	20.68
59	13.01	11.84	19.51	18.01	24.35	22.19
60	13.67	12.50	21.35	19.51	26.01	23.85
61	14.84	13.67	22.85	20.84	27.69	25.53
62	16.17	14.84	24.51	22.67	29.86	27.19
63	17.19	15.68	26.35	24.18	31.70	28.69
64	18.34	16.85	28.03	26.01	33.36	30.53
65	19.51	17.85	30.02	27.69	35.19	32.19
66	21.19	19.35	32.03	29.69	37.52	34.20
67	23.03	21.19	34.69	32.19	40.37	36.85
68	25.68	23.51	38.36	35.35	44.20	40.19
69	28.51	26.19	42.20	39.02	48.38	44.37
70	31.70	29.18	47.03	43.20	53.20	48.71
71	35.70	32.85	52.03	47.87	58.38	53.86
72	40.04	36.70	57.87	52.87	64.37	59.55
73	44.86	41.36	63.88	58.38	71.05	65.39
74	50.04	46.21	70.05	64.21	78.06	71.89
75	56.03	51.70	77.22	70.87	85.74	78.88
76	62.54	57.54	85.05	78.06	94.08	86.22
77	69.21	63.71	93.57	86.07	102.90	94.41
78	76.23	70.05	101.91	93.90	111.24	102.06
79	83.22	76.71	110.58	101.91	119.91	110.07
80	90.74	83.39	120.09	110.74	129.25	118.74
81	99.08	91.22	130.75	120.75	139.09	128.10
82	108.92	100.23	142.28	131.59	150.44	138.60
83	119.91	110.40	155.44	143.76	163.29	150.44
84	133.25	122.59	170.28	157.61	177.80	163.78
85	145.26	133.59	185.63	171.79	193.80	178.62
86	158.45	145.77	202.31	187.29	211.16	194.64
87	172.63	158.95	220.49	204.15	230.16	212.31
88	188.13	173.29	240.34	222.66	251.02	231.33
89	204.99	188.97	262.01	242.68	273.69	252.02
90	223.48	205.81	285.53	264.51	298.20	274.69
91	243.68	224.32	311.21	288.20	325.06	299.55
92	265.69	244.50	339.08	314.06	354.41	326.40
93	289.53	266.53	369.59	342.24	386.26	355.91
94	315.55	290.37	402.94	372.93	421.13	387.77
95	315.55	290.37	402.94	372.93	421.13	387.77
96	315.55	290.37	402.94	372.93	421.13	387.77
97	315.55	290.37	402.94	372.93	421.13	387.77
98	315.55	290.37	402.94	372.93	421.13	387.77
99	315.55	290.37	402.94	372.93	421.13	387.77
100	315.55	290.37	402.94	372.93	421.13	387.77

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Individual
6 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	6.68	6.35	9.84	9.18	13.85	13.18
19	6.68	6.35	9.84	9.18	13.85	13.18
20	6.68	6.35	9.84	9.18	13.85	13.18
21	6.68	6.35	9.84	9.18	13.85	13.18
22	6.68	6.35	9.84	9.18	13.85	13.18
23	6.68	6.35	9.84	9.18	13.85	13.18
24	6.68	6.35	9.84	9.18	13.85	13.18
25	7.17	6.84	10.68	9.84	15.02	14.00
26	7.17	6.84	10.68	9.84	15.02	14.00
27	7.17	6.84	10.68	9.84	15.02	14.00
28	7.17	6.84	10.68	9.84	15.02	14.00
29	7.17	6.84	10.68	9.84	15.02	14.00
30	7.83	7.34	11.68	10.68	16.17	15.17
31	7.83	7.34	11.68	10.68	16.17	15.17
32	7.83	7.34	11.68	10.68	16.17	15.17
33	7.83	7.34	11.68	10.68	16.17	15.17
34	7.83	7.34	11.68	10.68	16.17	15.17
35	8.34	8.01	12.50	11.68	17.52	16.35
36	8.34	8.01	12.50	11.68	17.52	16.35
37	8.34	8.01	12.50	11.68	17.52	16.35
38	8.34	8.01	12.50	11.68	17.52	16.35
39	8.34	8.01	12.50	11.68	17.52	16.35
40	9.18	8.52	13.51	12.50	18.85	17.67
41	9.18	8.52	13.51	12.50	18.85	17.67
42	9.18	8.52	13.51	12.50	18.85	17.67
43	9.18	8.52	13.51	12.50	18.85	17.67
44	9.18	8.52	13.51	12.50	18.85	17.67
45	9.18	8.52	13.51	12.50	18.85	17.67
46	9.34	8.67	13.85	12.67	19.18	18.01
47	9.51	9.00	14.00	13.01	19.51	18.18
48	9.67	9.00	14.34	13.34	19.84	18.67
49	9.84	9.18	14.69	13.51	20.02	18.67
50	9.84	9.18	14.84	13.67	20.17	18.85
51	10.00	9.34	15.17	14.00	20.51	19.18
52	10.33	9.51	15.51	14.51	21.19	19.84
53	10.68	9.84	16.35	15.17	21.85	20.35
54	11.17	10.51	17.34	16.17	22.67	21.19
55	12.01	11.17	18.51	17.34	23.51	22.01
56	12.67	11.84	19.51	18.18	24.69	23.03
57	13.51	12.50	20.84	19.51	26.19	24.35
58	14.51	13.51	22.52	20.84	27.69	25.86
59	15.51	14.51	24.18	22.67	29.53	27.36
60	16.68	15.35	25.86	24.18	31.52	29.35
61	18.01	16.50	27.69	25.86	33.69	31.19
62	19.35	17.85	29.69	27.69	35.86	33.53
63	20.68	19.18	31.37	29.53	38.36	35.70
64	22.34	20.68	33.36	31.01	40.86	38.02
65	23.85	22.19	35.19	32.85	43.36	40.37
66	25.86	24.02	37.52	35.02	46.36	43.20
67	28.18	26.01	40.70	38.02	49.86	46.36
68	31.52	29.18	45.37	42.20	54.37	50.70
69	34.86	32.36	50.54	47.03	59.37	55.04
70	38.69	36.03	56.54	52.71	64.88	60.21
71	43.36	40.37	63.37	58.88	71.05	65.87
72	48.86	45.37	70.54	65.72	78.22	72.38
73	54.55	50.37	77.89	72.22	85.74	79.57
74	60.88	56.36	85.89	79.57	94.41	87.55
75	67.71	62.54	94.56	87.90	103.57	96.24
76	75.21	69.39	103.90	96.40	113.25	105.40
77	83.22	77.05	113.74	105.74	123.76	115.25
78	90.89	84.06	123.92	115.25	133.43	124.58
79	98.74	91.56	134.09	124.91	143.60	133.94
80	106.75	99.08	145.11	135.42	154.27	143.76
81	116.24	108.08	157.12	146.77	165.61	154.60
82	127.08	118.25	170.95	159.95	178.80	166.94
83	139.60	129.93	186.63	174.46	193.46	180.63
84	154.60	143.76	204.64	191.47	210.32	196.65
85	168.62	156.79	222.99	208.64	229.17	214.32
86	183.80	170.95	243.17	227.49	249.67	233.66
87	200.30	186.47	265.02	248.01	272.19	254.67
88	218.33	203.15	288.87	270.35	296.70	277.52
89	237.99	221.31	314.88	294.71	323.40	302.54
90	259.51	241.33	343.42	321.05	352.42	329.72
91	282.70	263.01	374.27	349.92	384.27	359.41
92	308.22	286.88	407.96	381.44	418.80	391.95
93	335.90	312.71	444.64	415.79	456.49	427.30
94	366.27	340.74	484.68	453.31	497.53	465.83
95	366.27	340.74	484.68	453.31	497.53	465.83
96	366.27	340.74	484.68	453.31	497.53	465.83
97	366.27	340.74	484.68	453.31	497.53	465.83
98	366.27	340.74	484.68	453.31	497.53	465.83
99	366.27	340.74	484.68	453.31	497.53	465.83
100	366.27	340.74	484.68	453.31	497.53	465.83

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Joint
3 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	8.26	7.13	11.64	10.88	16.89	15.39
19	8.26	7.13	11.64	10.88	16.89	15.39
20	8.26	7.13	11.64	10.88	16.89	15.39
21	8.26	7.13	11.64	10.88	16.89	15.39
22	8.26	7.13	11.64	10.88	16.89	15.39
23	8.26	7.13	11.64	10.88	16.89	15.39
24	8.26	7.13	11.64	10.88	16.89	15.39
25	8.63	8.26	12.38	11.64	18.01	16.89
26	8.63	8.26	12.38	11.64	18.01	16.89
27	8.63	8.26	12.38	11.64	18.01	16.89
28	8.63	8.26	12.38	11.64	18.01	16.89
29	8.63	8.26	12.38	11.64	18.01	16.89
30	9.00	8.63	13.51	12.38	19.51	18.01
31	9.00	8.63	13.51	12.38	19.51	18.01
32	9.00	8.63	13.51	12.38	19.51	18.01
33	9.00	8.63	13.51	12.38	19.51	18.01
34	9.00	8.63	13.51	12.38	19.51	18.01
35	9.77	9.00	15.02	13.51	21.01	19.51
36	9.77	9.00	15.02	13.51	21.01	19.51
37	9.77	9.00	15.02	13.51	21.01	19.51
38	9.77	9.00	15.02	13.51	21.01	19.51
39	9.77	9.00	15.02	13.51	21.01	19.51
40	10.88	9.77	15.76	14.63	22.52	21.01
41	10.88	9.77	15.76	14.63	22.52	21.01
42	10.88	9.77	15.76	14.63	22.52	21.01
43	10.88	9.77	15.76	14.63	22.52	21.01
44	10.88	9.77	15.76	14.63	22.52	21.01
45	10.88	9.77	15.76	14.63	22.52	21.01
46	11.64	10.14	16.13	15.02	22.52	21.39
47	12.01	10.51	16.89	15.39	23.65	21.76
48	12.01	10.51	16.89	15.39	23.65	21.76
49	12.38	10.51	16.89	15.76	24.02	22.15
50	12.38	10.88	17.26	15.76	24.02	22.15
51	12.38	11.25	17.64	16.13	24.39	22.52
52	12.75	11.25	18.01	16.89	24.76	23.26
53	13.51	11.25	19.14	17.64	25.53	23.65
54	13.89	12.01	20.27	18.77	26.64	24.39
55	15.02	12.75	21.76	19.88	27.77	25.14
56	15.39	13.51	22.52	21.01	28.90	26.64
57	16.89	14.63	24.39	22.52	30.39	28.14
58	18.01	15.39	26.27	24.02	32.26	29.28
59	19.88	16.89	28.14	25.53	34.53	31.52
60	21.39	18.01	30.02	27.40	37.15	33.40
61	22.52	19.88	32.26	29.28	39.78	36.03
62	24.76	21.01	34.90	31.52	42.03	38.28
63	26.64	22.89	37.15	34.16	45.04	40.90
64	28.51	24.39	40.15	36.40	47.28	42.77
65	30.39	25.90	42.40	39.02	50.29	45.78
66	32.65	27.77	45.78	42.03	53.28	48.79
67	35.64	30.39	49.53	45.78	57.42	52.16
68	39.41	33.77	54.41	49.92	62.30	57.05
69	43.90	37.52	60.04	54.78	68.30	62.67
70	48.79	42.03	66.05	60.43	75.05	68.67
71	54.78	46.91	73.18	67.16	82.55	75.80
72	61.54	52.91	81.05	73.92	91.19	83.31
73	68.67	58.92	89.68	81.81	99.82	91.95
74	76.56	65.68	99.08	90.44	109.95	100.95
75	85.56	73.18	109.19	99.82	121.20	110.70
76	94.94	81.05	120.09	109.58	131.71	121.20
77	105.83	90.44	132.10	120.83	144.48	132.47
78	116.34	99.45	143.72	131.71	156.10	143.35
79	126.85	108.82	155.73	143.35	167.74	153.86
80	138.47	119.33	168.88	154.99	180.50	165.50
81	151.98	130.60	183.13	168.49	194.38	177.88
82	166.61	143.35	199.26	183.13	209.77	192.14
83	183.87	157.98	217.27	200.01	227.41	208.27
84	203.78	175.24	237.91	219.54	246.92	226.29
85	222.15	190.63	259.30	239.05	269.44	246.55
86	241.66	207.90	282.58	260.80	293.83	269.06
87	263.44	226.67	308.09	284.08	320.10	293.46
88	287.07	246.92	335.86	309.96	349.00	319.73
89	312.97	269.44	366.27	337.73	380.52	348.63
90	341.11	293.83	398.90	368.14	414.66	379.76
91	371.52	320.10	434.93	401.54	452.20	414.29
92	404.92	349.00	474.33	437.55	493.09	451.44
93	441.32	380.52	516.74	476.96	537.39	491.98
94	481.08	414.66	563.26	519.73	585.78	536.25
95	481.08	414.66	563.26	519.73	585.78	536.25
96	481.08	414.66	563.26	519.73	585.78	536.25
97	481.08	414.66	563.26	519.73	585.78	536.25
98	481.08	414.66	563.26	519.73	585.78	536.25
99	481.08	414.66	563.26	519.73	585.78	536.25
100	481.08	414.66	563.26	519.73	585.78	536.25

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Joint
4 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	8.01	7.34	10.68	10.33	15.68	14.00
19	8.01	7.34	10.68	10.33	15.68	14.00
20	8.01	7.34	10.68	10.33	15.68	14.00
21	8.01	7.34	10.68	10.33	15.68	14.00
22	8.01	7.34	10.68	10.33	15.68	14.00
23	8.01	7.34	10.68	10.33	15.68	14.00
24	8.01	7.34	10.68	10.33	15.68	14.00
25	8.67	7.68	11.35	10.68	16.68	15.35
26	8.67	7.68	11.35	10.68	16.68	15.35
27	8.67	7.68	11.35	10.68	16.68	15.35
28	8.67	7.68	11.35	10.68	16.68	15.35
29	8.67	7.68	11.35	10.68	16.68	15.35
30	9.67	8.34	12.67	11.35	18.34	16.35
31	9.67	8.34	12.67	11.35	18.34	16.35
32	9.67	8.34	12.67	11.35	18.34	16.35
33	9.67	8.34	12.67	11.35	18.34	16.35
34	9.67	8.34	12.67	11.35	18.34	16.35
35	10.33	9.00	13.67	12.34	19.69	17.67
36	10.33	9.00	13.67	12.34	19.69	17.67
37	10.33	9.00	13.67	12.34	19.69	17.67
38	10.33	9.00	13.67	12.34	19.69	17.67
39	10.33	9.00	13.67	12.34	19.69	17.67
40	10.68	10.00	15.02	13.34	21.35	19.02
41	10.68	10.00	15.02	13.34	21.35	19.02
42	10.68	10.00	15.02	13.34	21.35	19.02
43	10.68	10.00	15.02	13.34	21.35	19.02
44	10.68	10.00	15.02	13.34	21.35	19.02
45	10.68	10.00	15.02	13.34	21.35	19.02
46	10.68	10.33	15.35	13.67	21.68	19.35
47	11.01	10.33	15.68	14.00	22.01	19.69
48	11.01	10.33	16.01	14.34	22.34	20.35
49	11.35	10.33	16.01	14.34	22.34	20.35
50	11.35	10.33	16.35	15.02	23.03	20.68
51	11.35	10.33	16.68	15.35	23.03	20.68
52	11.68	10.68	17.01	15.68	23.69	21.35
53	12.34	11.01	18.34	16.68	24.35	22.01
54	12.67	11.35	19.35	17.67	25.68	23.03
55	13.67	12.34	20.68	18.67	26.35	24.02
56	14.00	12.67	21.68	19.69	27.36	24.69
57	15.35	13.34	23.69	21.35	29.35	26.35
58	16.35	14.34	25.02	23.03	31.01	28.36
59	18.01	16.01	26.68	24.02	32.69	29.69
60	19.35	17.67	29.02	26.01	35.02	31.70
61	21.01	19.02	30.68	27.69	37.69	34.35
62	23.36	21.01	32.69	29.69	40.04	36.36
63	24.69	22.67	35.35	31.70	42.69	39.02
64	26.35	24.02	38.36	34.35	45.04	41.03
65	28.03	25.68	41.03	36.70	48.38	43.69
66	30.35	28.03	44.37	40.04	51.03	46.36
67	32.69	30.02	47.69	43.02	55.04	50.37
68	36.36	33.03	52.03	47.03	60.04	54.37
69	40.37	36.70	57.38	51.70	65.72	59.37
70	45.37	41.36	62.38	56.72	71.71	64.37
71	50.37	46.36	68.71	62.05	78.39	71.38
72	56.36	51.36	75.72	69.06	86.40	77.73
73	62.71	57.38	84.06	76.38	94.41	85.74
74	69.72	63.37	93.39	84.72	103.74	94.41
75	77.40	70.05	103.74	93.72	113.08	103.41
76	85.74	77.40	114.07	103.74	124.43	113.41
77	95.40	86.40	125.42	113.74	134.76	123.43
78	105.07	95.07	135.75	123.43	145.44	133.10
79	115.09	104.74	146.77	133.43	155.77	141.77
80	126.42	115.42	157.78	143.76	167.12	151.77
81	138.43	127.08	170.46	154.78	179.13	162.45
82	152.43	140.11	184.79	168.11	193.13	174.46
83	167.78	153.78	200.81	183.13	208.15	188.13
84	185.12	170.13	220.16	200.48	225.83	204.81
85	201.80	185.46	240.16	218.15	246.51	222.82
86	220.16	202.14	261.86	237.84	268.52	242.84
87	240.16	220.49	285.53	259.18	292.87	264.51
88	261.86	240.51	311.56	282.54	318.89	288.54
89	285.53	262.19	339.24	308.22	347.58	314.55
90	311.56	285.86	369.59	336.23	378.94	342.58
91	339.24	311.89	402.94	366.27	413.29	373.59
92	369.59	339.57	439.64	399.62	450.32	407.28
93	402.94	370.27	479.01	435.30	490.67	443.98
94	439.64	403.27	522.04	474.33	534.71	483.68
95	439.64	403.27	522.04	474.33	534.71	483.68
96	439.64	403.27	522.04	474.33	534.71	483.68
97	439.64	403.27	522.04	474.33	534.71	483.68
98	439.64	403.27	522.04	474.33	534.71	483.68
99	439.64	403.27	522.04	474.33	534.71	483.68
100	439.64	403.27	522.04	474.33	534.71	483.68

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Joint
6 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	8.16	7.30	11.68	10.80	16.93	15.47
19	8.16	7.30	11.68	10.80	16.93	15.47
20	8.16	7.30	11.68	10.80	16.93	15.47
21	8.16	7.30	11.68	10.80	16.93	15.47
22	8.16	7.30	11.68	10.80	16.93	15.47
23	8.16	7.30	11.68	10.80	16.93	15.47
24	8.16	7.30	11.68	10.80	16.93	15.47
25	8.75	8.16	12.85	11.68	17.81	16.93
26	8.75	8.16	12.85	11.68	17.81	16.93
27	8.75	8.16	12.85	11.68	17.81	16.93
28	8.75	8.16	12.85	11.68	17.81	16.93
29	8.75	8.16	12.85	11.68	17.81	16.93
30	9.34	8.75	13.42	12.85	19.55	17.81
31	9.34	8.75	13.42	12.85	19.55	17.81
32	9.34	8.75	13.42	12.85	19.55	17.81
33	9.34	8.75	13.42	12.85	19.55	17.81
34	9.34	8.75	13.42	12.85	19.55	17.81
35	9.63	9.34	14.88	13.42	21.01	19.55
36	9.63	9.34	14.88	13.42	21.01	19.55
37	9.63	9.34	14.88	13.42	21.01	19.55
38	9.63	9.34	14.88	13.42	21.01	19.55
39	9.63	9.34	14.88	13.42	21.01	19.55
40	10.80	9.63	16.05	14.88	22.48	21.01
41	10.80	9.63	16.05	14.88	22.48	21.01
42	10.80	9.63	16.05	14.88	22.48	21.01
43	10.80	9.63	16.05	14.88	22.48	21.01
44	10.80	9.63	16.05	14.88	22.48	21.01
45	10.80	9.63	16.05	14.88	22.48	21.01
46	11.09	10.21	16.35	15.17	22.77	21.31
47	11.39	10.51	16.93	15.47	23.65	21.60
48	11.68	10.51	16.93	15.47	23.92	21.89
49	11.68	10.51	16.93	15.76	24.22	22.19
50	11.97	10.80	17.23	16.05	24.22	22.19
51	11.97	10.80	17.52	16.35	24.51	22.48
52	12.26	11.09	18.10	16.93	24.80	23.36
53	13.42	11.39	19.26	17.52	25.68	23.92
54	14.00	11.97	20.43	18.96	26.56	24.51
55	14.00	12.85	21.60	19.84	28.03	25.10
56	14.88	13.42	22.77	21.01	28.90	26.56
57	16.05	14.59	24.51	22.48	30.64	28.32
58	18.10	15.47	26.27	24.22	32.40	29.18
59	18.96	16.93	28.32	25.68	34.72	31.52
60	19.84	18.10	30.06	27.44	37.07	33.57
61	21.60	19.84	32.40	29.18	39.68	35.90
62	24.51	21.01	35.02	31.81	42.03	38.24
63	25.10	23.06	37.07	34.16	44.96	40.86
64	26.56	24.51	39.98	36.48	47.28	43.20
65	28.32	25.97	42.61	39.12	50.49	46.11
66	30.64	28.03	46.11	42.32	53.41	48.75
67	33.28	30.64	49.92	45.82	57.50	52.24
68	37.07	33.87	54.59	50.21	62.46	57.20
69	41.44	37.65	60.13	54.88	68.59	62.75
70	46.11	42.32	65.97	60.72	75.31	68.88
71	51.95	46.99	73.26	67.12	82.89	75.89
72	58.08	53.12	81.15	74.14	91.36	83.76
73	65.09	58.96	89.90	82.01	100.11	92.24
74	72.67	65.97	99.23	90.78	110.32	101.28
75	81.15	73.26	109.45	99.82	121.42	110.91
76	90.78	81.15	120.25	110.03	132.22	121.42
77	100.40	90.78	132.51	121.13	144.78	132.80
78	110.62	99.82	144.19	132.22	156.44	143.60
79	120.54	109.15	156.14	143.60	168.11	154.40
80	131.34	119.37	169.29	155.58	180.96	165.79
81	143.60	130.75	183.58	168.99	194.68	178.62
82	157.90	143.90	199.64	183.58	210.14	192.64
83	173.95	158.49	217.74	200.51	227.66	208.70
84	193.21	175.42	238.75	220.06	247.50	227.08
85	210.73	191.18	260.06	239.63	269.98	247.21
86	229.71	208.70	283.40	261.53	294.49	269.69
87	250.43	227.37	308.81	284.86	321.05	294.20
88	272.89	247.50	336.81	310.55	349.96	320.76
89	297.13	269.98	366.89	338.57	381.48	349.37
90	323.98	294.49	400.15	369.21	415.62	380.89
91	353.16	321.05	436.07	402.49	453.27	415.32
92	385.27	349.96	475.46	438.39	494.44	452.69
93	419.72	381.48	518.07	478.09	538.79	493.27
94	457.65	415.62	564.77	521.00	587.25	537.62
95	457.65	415.62	564.77	521.00	587.25	537.62
96	457.65	415.62	564.77	521.00	587.25	537.62
97	457.65	415.62	564.77	521.00	587.25	537.62
98	457.65	415.62	564.77	521.00	587.25	537.62
99	457.65	415.62	564.77	521.00	587.25	537.62
100	457.65	415.62	564.77	521.00	587.25	537.62

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Joint
8 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	7.25	6.76	11.01	10.25	15.51	14.51
19	7.25	6.76	11.01	10.25	15.51	14.51
20	7.25	6.76	11.01	10.25	15.51	14.51
21	7.25	6.76	11.01	10.25	15.51	14.51
22	7.25	6.76	11.01	10.25	15.51	14.51
23	7.25	6.76	11.01	10.25	15.51	14.51
24	7.25	6.76	11.01	10.25	15.51	14.51
25	7.75	7.25	11.76	11.01	16.50	15.76
26	7.75	7.25	11.76	11.01	16.50	15.76
27	7.75	7.25	11.76	11.01	16.50	15.76
28	7.75	7.25	11.76	11.01	16.50	15.76
29	7.75	7.25	11.76	11.01	16.50	15.76
30	8.52	7.75	12.75	12.01	18.01	17.01
31	8.52	7.75	12.75	12.01	18.01	17.01
32	8.52	7.75	12.75	12.01	18.01	17.01
33	8.52	7.75	12.75	12.01	18.01	17.01
34	8.52	7.75	12.75	12.01	18.01	17.01
35	9.26	8.26	13.77	12.75	19.51	18.01
36	9.26	8.26	13.77	12.75	19.51	18.01
37	9.26	8.26	13.77	12.75	19.51	18.01
38	9.26	8.26	13.77	12.75	19.51	18.01
39	9.26	8.26	13.77	12.75	19.51	18.01
40	10.00	9.00	14.51	14.00	21.01	19.51
41	10.00	9.00	14.51	14.00	21.01	19.51
42	10.00	9.00	14.51	14.00	21.01	19.51
43	10.00	9.00	14.51	14.00	21.01	19.51
44	10.00	9.00	14.51	14.00	21.01	19.51
45	10.00	9.00	14.51	14.00	21.01	19.51
46	10.00	9.00	14.76	14.26	21.27	19.76
47	10.25	9.26	15.25	14.51	21.52	20.27
48	10.51	9.26	15.51	14.51	21.76	20.76
49	10.51	9.26	15.76	14.51	21.76	20.76
50	10.76	9.51	16.01	14.76	22.01	21.01
51	10.76	9.51	16.27	15.25	22.77	21.27
52	11.01	10.25	17.01	16.01	23.03	21.27
53	11.76	10.76	17.75	16.27	23.51	22.01
54	12.26	11.01	18.26	17.26	24.76	23.03
55	12.75	12.01	19.51	18.01	25.27	23.26
56	13.51	12.50	21.01	19.51	26.52	24.51
57	14.51	13.51	22.52	20.76	28.03	26.01
58	15.76	14.51	23.77	22.01	29.76	27.01
59	17.01	15.51	25.53	23.51	31.78	29.02
60	18.01	16.27	28.03	25.53	34.02	31.27
61	19.51	18.01	29.76	27.26	36.27	33.28
62	21.27	19.51	32.03	29.76	39.02	35.53
63	22.52	20.51	34.53	31.52	41.52	37.52
64	24.02	22.01	36.52	34.02	43.53	40.04
65	25.53	23.26	39.27	36.27	46.03	42.03
66	27.77	25.27	41.77	38.79	49.04	44.78
67	30.02	27.77	45.29	42.03	52.79	48.28
68	33.53	30.78	50.29	46.29	57.79	52.54
69	37.28	34.28	55.29	51.03	63.30	58.04
70	41.52	38.28	61.54	56.54	69.55	63.80
71	46.77	43.02	68.04	62.54	76.30	70.54
72	52.28	48.02	75.80	69.06	84.31	77.81
73	58.79	54.04	83.55	76.30	92.81	85.56
74	65.54	60.54	91.56	84.06	102.06	94.08
75	73.30	67.55	101.07	92.81	112.08	103.08
76	81.81	75.31	111.32	102.06	123.08	112.82
77	90.56	83.31	122.34	112.57	134.60	123.59
78	99.82	91.56	133.35	122.84	145.60	133.59
79	108.82	100.33	144.60	133.35	156.86	144.09
80	118.59	109.08	157.12	144.85	169.11	155.36
81	129.58	119.33	171.12	157.86	181.88	167.63
82	142.35	131.09	186.14	172.12	196.88	181.38
83	156.86	144.35	203.39	188.13	213.66	196.88
84	174.36	160.36	222.66	206.14	232.66	214.15
85	190.12	174.62	242.91	224.65	253.42	233.66
86	207.15	190.63	264.69	244.93	276.19	254.67
87	225.90	207.90	288.46	266.94	300.96	277.70
88	246.18	226.67	314.47	291.21	328.24	302.46
89	268.19	247.17	342.73	317.48	358.00	329.72
90	292.21	269.18	373.51	345.99	390.03	359.25
91	318.73	293.46	407.04	377.01	425.30	391.77
92	347.50	319.73	443.57	410.79	463.58	427.04
93	378.76	348.49	483.35	447.57	505.36	465.58
94	412.79	379.76	527.11	487.84	550.88	507.12
95	412.79	379.76	527.11	487.84	550.88	507.12
96	412.79	379.76	527.11	487.84	550.88	507.12
97	412.79	379.76	527.11	487.84	550.88	507.12
98	412.79	379.76	527.11	487.84	550.88	507.12
99	412.79	379.76	527.11	487.84	550.88	507.12
100	412.79	379.76	527.11	487.84	550.88	507.12

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Joint
12 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	7.30	6.87	10.62	10.00	15.02	14.18
19	7.30	6.87	10.62	10.00	15.02	14.18
20	7.30	6.87	10.62	10.00	15.02	14.18
21	7.30	6.87	10.62	10.00	15.02	14.18
22	7.30	6.87	10.62	10.00	15.02	14.18
23	7.30	6.87	10.62	10.00	15.02	14.18
24	7.30	6.87	10.62	10.00	15.02	14.18
25	7.71	7.30	11.46	10.62	16.27	15.21
26	7.71	7.30	11.46	10.62	16.27	15.21
27	7.71	7.30	11.46	10.62	16.27	15.21
28	7.71	7.30	11.46	10.62	16.27	15.21
29	7.71	7.30	11.46	10.62	16.27	15.21
30	8.55	7.93	12.50	11.46	17.52	16.46
31	8.55	7.93	12.50	11.46	17.52	16.46
32	8.55	7.93	12.50	11.46	17.52	16.46
33	8.55	7.93	12.50	11.46	17.52	16.46
34	8.55	7.93	12.50	11.46	17.52	16.46
35	8.96	8.55	13.55	12.50	18.96	17.71
36	8.96	8.55	13.55	12.50	18.96	17.71
37	8.96	8.55	13.55	12.50	18.96	17.71
38	8.96	8.55	13.55	12.50	18.96	17.71
39	8.96	8.55	13.55	12.50	18.96	17.71
40	10.00	9.18	14.59	13.55	20.43	19.18
41	10.00	9.18	14.59	13.55	20.43	19.18
42	10.00	9.18	14.59	13.55	20.43	19.18
43	10.00	9.18	14.59	13.55	20.43	19.18
44	10.00	9.18	14.59	13.55	20.43	19.18
45	10.00	9.18	14.59	13.55	20.43	19.18
46	10.00	9.37	15.02	13.77	20.64	19.39
47	10.21	9.80	15.21	13.96	21.05	19.59
48	10.43	9.80	15.43	14.39	21.48	20.21
49	10.62	10.00	15.84	14.59	21.68	20.21
50	10.62	10.00	16.05	14.80	21.89	20.43
51	10.84	10.00	16.46	15.21	22.11	20.64
52	11.25	10.21	16.68	15.64	22.93	21.48
53	11.46	10.62	17.71	16.46	23.55	21.89
54	12.09	11.25	18.77	17.52	24.61	22.93
55	12.93	12.09	20.02	18.77	25.43	23.77
56	13.77	12.71	21.05	19.59	26.68	24.80
57	14.59	13.55	22.52	21.05	28.36	26.27
58	15.64	14.59	24.39	22.52	29.82	27.93
59	16.68	15.64	26.05	24.61	31.89	29.61
60	17.93	16.46	27.93	26.05	33.98	31.70
61	19.39	17.93	29.82	27.93	36.48	33.77
62	20.84	19.18	32.11	29.82	38.79	36.27
63	22.30	20.64	33.77	31.89	41.48	38.57
64	24.18	22.30	36.07	33.57	44.20	41.07
65	25.86	23.98	37.95	35.45	46.91	43.57
66	27.93	25.86	40.45	37.73	50.04	46.70
67	30.45	28.14	43.98	41.07	53.79	50.04
68	33.98	31.48	49.00	45.66	58.79	54.82
69	37.73	35.02	54.63	50.88	64.21	59.41
70	41.70	38.98	61.09	56.91	70.05	65.05
71	46.91	43.57	68.37	63.59	76.71	71.09
72	52.75	49.00	76.09	70.87	84.43	78.18
73	59.00	54.41	84.02	77.96	92.57	85.89
74	65.68	60.88	92.77	85.89	101.95	94.64
75	73.18	67.55	102.16	94.86	111.95	104.04
76	81.30	74.84	112.16	104.04	122.37	113.82
77	89.86	83.18	122.79	114.25	133.64	124.46
78	98.20	90.70	133.84	124.46	144.05	134.46
79	106.54	98.82	144.89	134.89	155.11	144.68
80	115.29	106.95	156.79	146.36	166.57	155.32
81	125.50	116.75	169.70	158.45	178.88	167.00
82	137.18	127.80	184.71	172.82	193.05	180.34
83	150.73	140.30	201.61	188.46	208.89	195.14
84	167.00	155.32	220.98	206.80	227.25	212.45
85	182.21	169.29	240.79	225.38	247.46	231.41
86	198.46	184.71	262.68	245.59	269.57	252.27
87	216.41	201.39	286.25	267.89	293.97	274.98
88	235.79	219.32	311.89	292.07	320.43	299.79
89	257.05	239.13	340.04	318.36	349.20	326.70
90	280.20	260.61	370.89	346.70	380.68	356.09
91	305.21	284.16	404.25	377.98	415.09	388.20
92	332.95	309.80	440.52	411.97	452.39	423.22
93	362.75	337.73	480.13	449.07	493.05	461.57
94	395.48	367.96	523.50	489.52	537.25	503.05
95	395.48	367.96	523.50	489.52	537.25	503.05
96	395.48	367.96	523.50	489.52	537.25	503.05
97	395.48	367.96	523.50	489.52	537.25	503.05
98	395.48	367.96	523.50	489.52	537.25	503.05
99	395.48	367.96	523.50	489.52	537.25	503.05
100	395.48	367.96	523.50	489.52	537.25	503.05

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62173
Annual Premium per $10 Daily Benefit

Individual
2 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	4.00	3.01	6.68	5.00	8.67	6.35
19	4.00	3.01	6.68	5.00	8.67	6.35
20	4.00	3.01	6.68	5.00	8.67	6.35
21	4.00	3.01	6.68	5.00	8.67	6.35
22	4.00	3.01	6.68	5.00	8.67	6.35
23	4.00	3.01	6.68	5.00	8.67	6.35
24	4.00	3.01	6.68	5.00	8.67	6.35
25	4.67	3.34	7.68	5.66	9.67	7.01
26	4.67	3.34	7.68	5.66	9.67	7.01
27	4.67	3.34	7.68	5.66	9.67	7.01
28	4.67	3.34	7.68	5.66	9.67	7.01
29	4.67	3.34	7.68	5.66	9.67	7.01
30	5.33	4.00	9.00	6.68	11.35	8.01
31	5.33	4.00	9.00	6.68	11.35	8.01
32	5.33	4.00	9.00	6.68	11.35	8.01
33	5.33	4.00	9.00	6.68	11.35	8.01
34	5.33	4.00	9.00	6.68	11.35	8.01
35	6.35	4.34	10.00	7.68	12.67	9.34
36	6.35	4.34	10.00	7.68	12.67	9.34
37	6.35	4.34	10.00	7.68	12.67	9.34
38	6.35	4.34	10.00	7.68	12.67	9.34
39	6.35	4.34	10.00	7.68	12.67	9.34
40	7.01	5.00	11.68	9.00	14.69	10.68
41	7.01	5.00	11.68	9.00	14.69	10.68
42	7.01	5.00	11.68	9.00	14.69	10.68
43	7.01	5.00	11.68	9.00	14.69	10.68
44	7.01	5.00	11.68	9.00	14.69	10.68
45	7.01	5.00	11.68	9.00	14.69	10.68
46	7.01	5.33	12.34	9.67	15.02	11.68
47	7.34	5.33	12.67	9.67	16.01	12.01
48	7.34	5.33	12.67	9.67	16.01	12.01
49	7.34	5.33	12.67	9.67	16.35	12.34
50	7.68	5.66	13.01	10.00	16.68	13.67
51	7.68	5.66	14.00	10.33	17.01	14.00
52	8.67	6.68	14.34	10.68	18.34	14.34
53	9.00	7.01	14.69	11.35	18.67	14.69
54	9.00	7.01	15.02	11.68	19.35	14.69
55	9.67	7.68	16.35	12.34	21.01	16.35
56	10.68	8.01	17.67	13.01	23.36	17.01
57	11.68	9.34	19.02	14.69	24.35	19.02
58	13.01	10.00	20.35	16.01	26.35	20.35
59	14.34	10.68	22.67	17.67	28.69	22.01
60	16.35	12.01	25.68	19.35	32.03	24.35
61	17.34	13.67	27.36	21.01	34.35	27.01
62	19.35	15.02	31.01	24.02	39.02	30.02
63	22.01	16.35	34.02	25.02	43.02	31.70
64	25.02	18.34	38.69	28.69	48.71	36.03
65	27.01	20.02	41.36	30.68	52.71	38.69
66	30.02	22.01	45.70	33.36	57.38	41.70
67	33.03	24.02	48.71	35.35	61.38	44.04
68	36.03	26.68	53.38	39.35	66.71	48.71
69	39.35	29.02	57.38	41.70	72.05	52.38
70	42.69	31.70	61.38	46.03	76.38	57.05
71	46.70	34.69	67.05	49.04	82.40	60.72
72	50.70	37.69	72.38	53.38	87.73	64.70
73	55.37	41.36	77.05	58.04	92.73	69.72
74	60.72	45.70	84.06	63.04	99.41	74.39
75	67.05	49.04	92.40	68.04	106.75	79.06
76	74.06	54.70	100.74	74.39	115.75	85.05
77	82.07	61.05	110.74	82.40	124.09	92.73
78	90.07	67.38	120.42	89.72	133.76	99.74
79	98.74	73.39	130.75	97.06	142.76	108.08
80	108.08	80.05	140.44	104.41	152.78	115.75
81	118.08	87.73	152.10	113.08	164.77	125.09
82	128.43	95.74	162.78	121.42	176.79	134.76
83	140.44	104.41	176.45	131.09	190.48	144.78
84	152.78	114.07	189.46	141.77	205.14	155.44
85	160.44	119.76	199.15	148.78	215.49	163.45
86	168.45	125.75	209.15	156.10	226.16	171.45
87	176.79	132.10	219.50	163.78	237.50	180.13
88	185.79	138.76	230.49	172.12	249.18	189.13
89	195.14	145.77	241.84	180.79	261.86	198.46
90	204.81	153.12	254.18	189.79	274.87	208.48
91	215.14	160.77	266.86	199.15	288.54	218.81
92	225.83	168.78	280.20	209.15	302.87	229.83
93	237.17	177.12	294.20	219.83	318.22	241.18
94	248.85	185.79	308.89	230.83	333.90	253.52
95	248.85	185.79	308.89	230.83	333.90	253.52
96	248.85	185.79	308.89	230.83	333.90	253.52
97	248.85	185.79	308.89	230.83	333.90	253.52
98	248.85	185.79	308.89	230.83	333.90	253.52
99	248.85	185.79	308.89	230.83	333.90	253.52
100	248.85	185.79	308.89	230.83	333.90	253.52

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62173
Annual Premium per $10 Daily Benefit

Individual
3 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	2.71	2.09	4.80	3.53	6.05	4.37
19	2.71	2.09	4.80	3.53	6.05	4.37
20	2.71	2.09	4.80	3.53	6.05	4.37
21	2.71	2.09	4.80	3.53	6.05	4.37
22	2.71	2.09	4.80	3.53	6.05	4.37
23	2.71	2.09	4.80	3.53	6.05	4.37
24	2.71	2.09	4.80	3.53	6.05	4.37
25	3.12	2.50	5.62	4.16	7.09	5.00
26	3.12	2.50	5.62	4.16	7.09	5.00
27	3.12	2.50	5.62	4.16	7.09	5.00
28	3.12	2.50	5.62	4.16	7.09	5.00
29	3.12	2.50	5.62	4.16	7.09	5.00
30	3.53	2.71	6.46	4.80	7.93	5.84
31	3.53	2.71	6.46	4.80	7.93	5.84
32	3.53	2.71	6.46	4.80	7.93	5.84
33	3.53	2.71	6.46	4.80	7.93	5.84
34	3.53	2.71	6.46	4.80	7.93	5.84
35	4.16	3.12	7.50	5.62	9.18	6.68
36	4.16	3.12	7.50	5.62	9.18	6.68
37	4.16	3.12	7.50	5.62	9.18	6.68
38	4.16	3.12	7.50	5.62	9.18	6.68
39	4.16	3.12	7.50	5.62	9.18	6.68
40	4.80	3.53	8.75	6.25	10.62	7.71
41	4.80	3.53	8.75	6.25	10.62	7.71
42	4.80	3.53	8.75	6.25	10.62	7.71
43	4.80	3.53	8.75	6.25	10.62	7.71
44	4.80	3.53	8.75	6.25	10.62	7.71
45	4.80	3.53	8.75	6.25	10.62	7.71
46	5.43	3.96	8.96	6.46	11.46	8.55
47	5.43	3.96	9.18	7.09	11.68	8.75
48	5.62	3.96	9.37	7.09	12.09	8.75
49	5.62	4.16	9.37	7.30	12.09	8.96
50	5.84	4.16	10.00	7.30	12.30	8.96
51	6.05	4.59	10.21	7.50	12.71	10.00
52	6.05	4.59	10.43	7.71	13.34	10.21
53	6.68	4.80	10.84	7.93	13.96	10.62
54	7.09	4.80	11.46	8.55	14.18	10.62
55	7.30	5.43	12.09	8.96	15.43	11.46
56	7.93	5.84	13.14	10.00	16.68	12.30
57	8.75	6.46	13.77	10.43	17.93	13.55
58	9.37	7.09	15.43	11.46	19.59	14.59
59	10.62	7.71	16.68	12.50	21.48	15.64
60	11.68	8.96	18.14	13.96	23.14	17.71
61	12.71	10.21	20.21	16.05	25.43	19.39
62	13.96	10.84	22.11	16.89	27.73	21.27
63	16.05	12.50	25.23	19.80	31.70	24.61
64	17.71	13.55	27.52	21.05	34.82	26.68
65	19.39	15.43	30.02	23.77	37.52	29.82
66	21.05	16.46	31.70	24.61	39.61	30.86
67	23.14	17.93	34.61	26.68	43.57	33.57
68	25.86	20.21	37.95	30.02	47.32	37.73
69	28.77	22.30	41.91	32.32	51.91	40.45
70	31.48	24.39	45.86	35.23	56.91	43.79
71	34.39	26.27	49.41	37.95	60.46	46.70
72	38.16	29.82	54.41	42.11	65.87	50.88
73	42.54	33.36	59.84	46.70	71.93	56.09
74	46.70	36.27	64.84	50.88	76.52	59.84
75	51.70	39.82	71.50	55.04	82.77	64.00
76	57.34	43.98	77.96	60.04	89.45	68.59
77	64.62	50.25	87.36	67.75	98.41	76.52
78	72.14	55.88	95.70	74.21	106.75	82.55
79	77.55	60.66	102.57	80.27	113.00	88.18
80	84.23	65.25	109.25	84.86	120.50	93.61
81	90.48	70.46	116.75	90.89	128.21	99.86
82	97.36	75.68	124.25	96.95	136.96	106.32
83	103.82	80.68	131.55	102.57	144.48	112.38
84	109.88	85.05	138.43	107.57	151.36	118.00
85	115.29	89.45	145.30	113.00	158.86	123.84
86	121.13	93.82	152.61	118.63	167.00	130.09
87	127.18	98.61	160.11	124.68	175.34	136.55
88	133.43	103.41	168.25	130.71	184.09	143.43
89	140.11	108.63	176.59	137.39	193.27	150.52
90	147.18	114.04	185.34	144.27	202.86	158.23
91	154.48	119.88	194.71	151.36	213.07	166.16
92	162.20	125.71	204.30	159.07	223.70	174.29
93	170.32	131.96	214.52	167.00	234.97	183.05
94	178.88	138.64	225.38	175.34	246.62	192.21
95	178.88	138.64	225.38	175.34	246.62	192.21
96	178.88	138.64	225.38	175.34	246.62	192.21
97	178.88	138.64	225.38	175.34	246.62	192.21
98	178.88	138.64	225.38	175.34	246.62	192.21
99	178.88	138.64	225.38	175.34	246.62	192.21
100	178.88	138.64	225.38	175.34	246.62	192.21

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62173
Annual Premium per $10 Daily Benefit

Individual
4 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	2.50	1.99	4.51	3.34	5.66	4.00
19	2.50	1.99	4.51	3.34	5.66	4.00
20	2.50	1.99	4.51	3.34	5.66	4.00
21	2.50	1.99	4.51	3.34	5.66	4.00
22	2.50	1.99	4.51	3.34	5.66	4.00
23	2.50	1.99	4.51	3.34	5.66	4.00
24	2.50	1.99	4.51	3.34	5.66	4.00
25	2.83	2.17	5.18	3.83	6.35	4.67
26	2.83	2.17	5.18	3.83	6.35	4.67
27	2.83	2.17	5.18	3.83	6.35	4.67
28	2.83	2.17	5.18	3.83	6.35	4.67
29	2.83	2.17	5.18	3.83	6.35	4.67
30	3.34	2.50	6.00	4.51	7.34	5.33
31	3.34	2.50	6.00	4.51	7.34	5.33
32	3.34	2.50	6.00	4.51	7.34	5.33
33	3.34	2.50	6.00	4.51	7.34	5.33
34	3.34	2.50	6.00	4.51	7.34	5.33
35	3.83	2.83	7.01	5.00	8.52	6.17
36	3.83	2.83	7.01	5.00	8.52	6.17
37	3.83	2.83	7.01	5.00	8.52	6.17
38	3.83	2.83	7.01	5.00	8.52	6.17
39	3.83	2.83	7.01	5.00	8.52	6.17
40	4.51	3.34	8.01	5.84	9.84	7.17
41	4.51	3.34	8.01	5.84	9.84	7.17
42	4.51	3.34	8.01	5.84	9.84	7.17
43	4.51	3.34	8.01	5.84	9.84	7.17
44	4.51	3.34	8.01	5.84	9.84	7.17
45	4.51	3.34	8.01	5.84	9.84	7.17
46	4.67	3.50	8.16	6.00	10.18	7.50
47	4.84	3.50	8.34	6.00	10.68	7.68
48	4.84	3.50	8.34	6.17	10.68	7.68
49	4.84	3.67	8.52	6.50	10.84	8.01
50	5.18	3.67	8.85	6.50	11.01	8.01
51	5.33	4.00	9.18	7.01	12.01	8.67
52	5.66	4.00	9.34	7.01	12.34	8.85
53	5.84	4.34	9.67	7.17	12.34	9.18
54	6.17	4.51	10.00	7.34	12.85	9.51
55	6.50	4.84	10.84	8.01	14.18	10.18
56	7.17	5.33	11.84	8.67	14.84	11.17
57	7.68	5.84	12.34	9.51	15.84	12.01
58	8.52	6.35	13.67	10.00	17.19	12.85
59	9.34	6.84	14.84	10.84	19.02	13.67
60	10.51	8.01	16.17	12.50	20.51	15.68
61	11.35	9.18	18.18	14.34	22.85	18.01
62	12.85	9.67	20.17	15.35	24.69	19.84
63	14.18	11.17	22.01	17.34	27.85	22.01
64	15.68	12.01	24.35	18.85	31.01	23.85
65	17.34	14.00	26.68	21.01	33.53	26.68
66	18.51	14.51	28.18	22.19	35.53	27.85
67	20.68	16.01	30.68	23.85	38.69	29.86
68	22.85	18.01	33.69	26.52	42.03	33.36
69	25.35	19.69	37.19	28.85	46.36	36.03
70	28.03	21.68	40.86	31.52	50.70	39.20
71	30.68	23.85	44.04	34.02	54.37	42.03
72	34.02	26.35	48.20	37.36	58.38	45.19
73	37.69	29.35	52.71	41.36	63.04	49.53
74	41.36	32.52	57.71	45.19	68.04	53.38
75	46.21	35.86	63.88	49.37	73.88	57.05
76	51.54	39.68	69.88	54.04	80.56	61.87
77	57.54	44.70	77.55	60.37	87.40	67.89
78	63.71	49.37	84.72	65.54	94.23	73.04
79	69.06	54.37	91.40	71.56	100.07	78.22
80	75.39	59.21	98.24	76.89	106.91	83.39
81	82.40	64.21	106.58	82.73	114.74	88.72
82	89.56	70.05	113.74	88.72	122.59	95.07
83	98.06	76.23	123.43	96.24	131.77	101.73
84	106.24	82.55	131.93	102.40	140.60	108.74
85	111.57	86.73	138.60	107.42	147.61	114.25
86	117.08	91.07	145.44	112.92	155.11	119.91
87	122.92	95.56	152.78	118.41	162.78	125.93
88	129.09	100.40	160.44	124.43	170.95	132.10
89	135.60	105.40	168.45	130.60	179.46	138.76
90	142.28	110.74	176.79	137.10	188.46	145.77
91	149.44	116.24	185.63	143.94	197.98	152.94
92	156.94	122.08	194.97	151.28	207.82	160.61
93	164.77	128.10	204.64	158.78	218.15	168.62
94	172.96	134.60	214.99	166.79	229.17	177.12
95	172.96	134.60	214.99	166.79	229.17	177.12
96	172.96	134.60	214.99	166.79	229.17	177.12
97	172.96	134.60	214.99	166.79	229.17	177.12
98	172.96	134.60	214.99	166.79	229.17	177.12
99	172.96	134.60	214.99	166.79	229.17	177.12
100	172.96	134.60	214.99	166.79	229.17	177.12

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62173
Annual Premium per $10 Daily Benefit

Individual
6 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	3.16	2.34	5.66	4.34	7.17	5.18
19	3.16	2.34	5.66	4.34	7.17	5.18
20	3.16	2.34	5.66	4.34	7.17	5.18
21	3.16	2.34	5.66	4.34	7.17	5.18
22	3.16	2.34	5.66	4.34	7.17	5.18
23	3.16	2.34	5.66	4.34	7.17	5.18
24	3.16	2.34	5.66	4.34	7.17	5.18
25	3.50	2.68	6.35	4.84	8.34	6.00
26	3.50	2.68	6.35	4.84	8.34	6.00
27	3.50	2.68	6.35	4.84	8.34	6.00
28	3.50	2.68	6.35	4.84	8.34	6.00
29	3.50	2.68	6.35	4.84	8.34	6.00
30	4.00	3.16	7.34	5.66	9.51	7.01
31	4.00	3.16	7.34	5.66	9.51	7.01
32	4.00	3.16	7.34	5.66	9.51	7.01
33	4.00	3.16	7.34	5.66	9.51	7.01
34	4.00	3.16	7.34	5.66	9.51	7.01
35	4.67	3.50	8.52	6.35	10.84	8.01
36	4.67	3.50	8.52	6.35	10.84	8.01
37	4.67	3.50	8.52	6.35	10.84	8.01
38	4.67	3.50	8.52	6.35	10.84	8.01
39	4.67	3.50	8.52	6.35	10.84	8.01
40	5.33	4.00	9.84	7.34	12.34	9.18
41	5.33	4.00	9.84	7.34	12.34	9.18
42	5.33	4.00	9.84	7.34	12.34	9.18
43	5.33	4.00	9.84	7.34	12.34	9.18
44	5.33	4.00	9.84	7.34	12.34	9.18
45	5.33	4.00	9.84	7.34	12.34	9.18
46	5.84	4.51	10.18	7.68	13.01	9.67
47	5.84	4.51	10.51	7.68	13.18	9.67
48	6.00	4.51	10.68	8.01	13.34	9.84
49	6.00	4.67	10.68	8.16	13.51	10.00
50	6.35	4.67	11.01	8.16	13.67	10.18
51	6.50	4.84	11.35	8.67	14.51	10.84
52	7.01	5.00	11.84	8.85	15.02	11.17
53	7.17	5.18	12.17	9.18	15.51	11.68
54	7.50	5.66	12.85	9.51	16.17	12.17
55	8.34	6.17	13.67	10.51	17.85	13.34
56	8.85	6.84	15.02	11.35	19.18	14.69
57	9.67	7.34	16.01	12.34	20.51	15.68
58	10.68	8.16	17.67	13.18	22.19	17.01
59	11.84	8.67	19.18	14.34	24.35	18.18
60	13.18	10.00	20.84	16.50	26.52	20.68
61	14.34	11.68	23.36	19.02	29.35	23.69
62	16.01	12.34	26.19	19.84	32.19	26.35
63	17.85	14.34	28.69	23.03	36.19	29.02
64	19.84	15.51	31.70	24.69	40.19	31.37
65	22.01	17.85	34.69	27.85	43.53	35.19
66	23.85	18.85	36.70	29.35	46.36	37.03
67	26.35	20.68	40.19	31.70	50.54	39.68
68	28.85	23.36	43.86	35.35	54.70	44.04
69	32.36	25.35	48.53	38.36	60.54	47.54
70	35.86	28.03	53.38	42.03	66.21	52.03
71	39.02	30.68	57.71	45.19	70.87	55.70
72	43.20	33.87	62.89	49.70	76.23	60.21
73	47.87	37.87	68.88	54.88	82.40	65.72
74	52.71	42.03	75.21	60.04	88.72	70.87
75	58.38	46.03	83.22	65.39	96.40	75.89
76	65.21	51.03	91.40	71.56	104.92	82.22
77	72.71	57.71	101.24	80.05	113.92	90.23
78	80.72	63.37	110.40	87.06	122.92	97.06
79	87.55	69.88	119.25	95.07	130.27	103.74
80	95.74	76.23	128.25	102.06	138.76	110.25
81	104.41	82.73	139.09	109.91	148.27	117.08
82	113.59	90.23	148.60	117.75	158.11	124.91
83	124.43	98.24	161.12	127.41	169.46	133.76
84	134.60	106.24	172.12	135.75	180.63	142.43
85	141.44	111.57	180.79	142.61	189.79	149.44
86	148.45	117.08	189.79	149.78	199.15	156.94
87	155.95	122.92	199.30	157.28	209.15	164.77
88	163.62	129.09	209.32	165.11	219.65	173.11
89	171.79	135.60	219.83	173.29	230.67	181.79
90	180.46	142.28	230.83	181.96	242.17	190.81
91	189.46	149.44	242.33	191.14	254.34	200.30
92	198.97	156.94	254.34	200.63	267.01	210.32
93	208.81	164.77	267.19	210.65	280.37	220.83
94	219.32	172.96	280.53	221.16	294.38	232.00
95	219.32	172.96	280.53	221.16	294.38	232.00
96	219.32	172.96	280.53	221.16	294.38	232.00
97	219.32	172.96	280.53	221.16	294.38	232.00
98	219.32	172.96	280.53	221.16	294.38	232.00
99	219.32	172.96	280.53	221.16	294.38	232.00
100	219.32	172.96	280.53	221.16	294.38	232.00

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7030
Annual Premium per $10 Daily Benefit

Individual
2 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	29.19	29.19	41.69	37.54	58.38	54.22
19	29.19	29.19	41.69	37.54	58.38	54.22
20	29.19	29.19	41.69	37.54	58.38	54.22
21	29.19	29.19	41.69	37.54	58.38	54.22
22	29.19	29.19	41.69	37.54	58.38	54.22
23	29.19	29.19	41.69	37.54	58.38	54.22
24	29.19	29.19	41.69	37.54	58.38	54.22
25	33.35	29.19	45.88	41.69	62.56	58.38
26	33.35	29.19	45.88	41.69	62.56	58.38
27	33.35	29.19	45.88	41.69	62.56	58.38
28	33.35	29.19	45.88	41.69	62.56	58.38
29	33.35	29.19	45.88	41.69	62.56	58.38
30	37.54	33.35	50.03	45.88	70.90	62.56
31	37.54	33.35	50.03	45.88	70.90	62.56
32	37.54	33.35	50.03	45.88	70.90	62.56
33	37.54	33.35	50.03	45.88	70.90	62.56
34	37.54	33.35	50.03	45.88	70.90	62.56
35	37.54	33.35	54.22	45.88	75.07	66.72
36	37.54	33.35	54.22	45.88	75.07	66.72
37	37.54	33.35	54.22	45.88	75.07	66.72
38	37.54	33.35	54.22	45.88	75.07	66.72
39	37.54	33.35	54.22	45.88	75.07	66.72
40	41.69	37.54	58.38	50.03	83.41	70.90
41	41.69	37.54	58.38	50.03	83.41	70.90
42	41.69	37.54	58.38	50.03	83.41	70.90
43	41.69	37.54	58.38	50.03	83.41	70.90
44	41.69	37.54	58.38	50.03	83.41	70.90
45	41.69	37.54	58.38	50.03	83.41	70.90
46	41.69	37.54	58.38	54.22	83.41	75.07
47	41.69	37.54	58.38	54.22	83.41	75.07
48	41.69	37.54	62.56	54.22	83.41	79.23
49	45.88	41.69	62.56	54.22	83.41	79.23
50	45.88	41.69	62.56	58.38	87.57	79.23
51	45.88	41.69	62.56	58.38	87.57	79.23
52	45.88	41.69	66.72	58.38	91.75	83.41
53	45.88	41.69	70.90	62.56	91.75	83.41
54	50.03	45.88	75.07	66.72	95.91	87.57
55	54.22	45.88	79.23	70.90	100.09	91.75
56	54.22	50.03	83.41	75.07	104.25	95.91
57	58.38	50.03	91.75	83.41	112.57	100.09
58	62.56	54.22	95.91	87.57	120.91	108.40
59	70.90	62.56	100.09	91.75	125.07	112.57
60	75.07	66.72	108.40	100.09	133.41	120.91
61	79.23	70.90	116.73	104.25	145.93	133.41
62	87.57	79.23	125.07	112.57	154.26	137.59
63	95.91	87.57	133.41	120.91	162.60	150.09
64	100.09	91.75	145.93	133.41	170.94	158.45
65	108.40	95.91	158.45	141.75	183.47	166.79
66	112.57	104.25	162.60	145.93	187.63	170.94
67	116.73	104.25	170.94	154.26	195.97	179.29
68	125.07	112.57	179.29	162.60	204.31	187.63
69	133.41	120.91	191.81	170.94	216.82	195.97
70	145.93	133.41	200.14	179.29	229.35	204.31
71	154.26	141.75	208.48	187.63	237.69	216.82
72	166.79	150.09	220.98	200.14	250.19	229.35
73	175.13	162.60	233.50	212.64	262.70	237.69
74	187.63	170.94	250.19	225.16	275.20	250.19
75	195.97	179.29	262.70	237.69	287.72	262.70
76	208.48	187.63	275.20	250.19	300.23	275.20
77	216.82	195.97	287.72	258.51	308.57	283.54
78	225.16	204.31	291.88	266.86	312.73	287.72
79	233.50	212.64	300.23	271.04	316.88	287.72
80	241.84	220.98	300.23	275.20	316.88	287.72
81	262.70	241.84	325.22	296.05	341.89	308.57
82	291.88	266.86	350.23	321.05	366.91	333.55
83	321.05	291.88	383.59	350.23	396.11	358.57
84	354.41	325.22	421.13	383.59	429.47	391.95
85	383.59	354.41	458.67	416.97	471.18	425.30
86	421.13	383.59	500.36	454.51	512.88	462.84
87	458.67	421.13	546.21	496.20	558.71	504.54
88	500.36	458.67	592.07	537.86	608.76	550.38
89	546.21	500.36	646.29	587.92	662.96	600.42
90	592.07	546.21	704.68	642.12	721.36	654.62
91	646.29	596.26	767.20	696.34	788.05	713.02
92	704.68	646.29	838.09	763.02	858.95	775.54
93	767.20	704.68	913.16	829.75	934.00	846.43
94	838.09	767.20	996.53	904.81	1017.37	921.50
95	838.09	767.20	996.53	904.81	1017.37	921.50
96	838.09	767.20	996.53	904.81	1017.37	921.50
97	838.09	767.20	996.53	904.81	1017.37	921.50
98	838.09	767.20	996.53	904.81	1017.37	921.50
99	838.09	767.20	996.53	904.81	1017.37	921.50
100	838.09	767.20	996.53	904.81	1017.37	921.50

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7030
Annual Premium per $10 Daily Benefit

Individual
3 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	37.54	33.35	54.22	50.03	79.23	70.90
19	37.54	33.35	54.22	50.03	79.23	70.90
20	37.54	33.35	54.22	50.03	79.23	70.90
21	37.54	33.35	54.22	50.03	79.23	70.90
22	37.54	33.35	54.22	50.03	79.23	70.90
23	37.54	33.35	54.22	50.03	79.23	70.90
24	37.54	33.35	54.22	50.03	79.23	70.90
25	41.69	37.54	58.38	54.22	83.41	79.23
26	41.69	37.54	58.38	54.22	83.41	79.23
27	41.69	37.54	58.38	54.22	83.41	79.23
28	41.69	37.54	58.38	54.22	83.41	79.23
29	41.69	37.54	58.38	54.22	83.41	79.23
30	41.69	41.69	62.56	58.38	91.75	83.41
31	41.69	41.69	62.56	58.38	91.75	83.41
32	41.69	41.69	62.56	58.38	91.75	83.41
33	41.69	41.69	62.56	58.38	91.75	83.41
34	41.69	41.69	62.56	58.38	91.75	83.41
35	45.88	41.69	70.90	62.56	95.91	91.75
36	45.88	41.69	70.90	62.56	95.91	91.75
37	45.88	41.69	70.90	62.56	95.91	91.75
38	45.88	41.69	70.90	62.56	95.91	91.75
39	45.88	41.69	70.90	62.56	95.91	91.75
40	50.03	45.88	75.07	70.90	104.25	95.91
41	50.03	45.88	75.07	70.90	104.25	95.91
42	50.03	45.88	75.07	70.90	104.25	95.91
43	50.03	45.88	75.07	70.90	104.25	95.91
44	50.03	45.88	75.07	70.90	104.25	95.91
45	50.03	45.88	75.07	70.90	104.25	95.91
46	54.22	45.88	75.07	70.90	104.25	100.09
47	58.38	50.03	79.23	70.90	108.40	100.09
48	58.38	50.03	79.23	70.90	108.40	100.09
49	58.38	50.03	79.23	70.90	112.57	104.25
50	58.38	50.03	79.23	75.07	112.57	104.25
51	58.38	50.03	83.41	75.07	112.57	104.25
52	62.56	50.03	83.41	79.23	116.73	108.40
53	62.56	54.22	87.57	83.41	120.91	108.40
54	66.72	54.22	95.91	87.57	120.91	112.57
55	70.90	58.38	100.09	91.75	129.25	116.73
56	70.90	62.56	104.25	95.91	133.41	120.91
57	79.23	66.72	112.57	104.25	141.75	129.25
58	83.41	70.90	120.91	112.57	150.09	133.41
59	91.75	79.23	129.25	120.91	158.45	145.93
60	100.09	83.41	137.59	125.07	170.94	154.26
61	104.25	91.75	150.09	133.41	183.47	166.79
62	112.57	95.91	162.60	145.93	195.97	175.13
63	120.91	108.40	170.94	158.45	208.48	187.63
64	133.41	112.57	183.47	170.94	220.98	200.14
65	141.75	120.91	195.97	179.29	233.50	212.64
66	145.93	125.07	204.31	187.63	237.69	216.82
67	154.26	133.41	216.82	195.97	246.02	225.16
68	162.60	141.75	229.35	208.48	258.51	237.69
69	175.13	150.09	241.84	220.98	275.20	250.19
70	187.63	162.60	254.36	233.50	291.88	266.86
71	204.31	175.13	271.04	250.19	304.39	279.38
72	216.82	187.63	287.72	262.70	325.22	296.05
73	233.50	200.14	304.39	279.38	337.73	312.73
74	250.19	212.64	321.05	291.88	354.41	329.39
75	262.70	225.16	337.73	308.57	375.25	341.89
76	279.38	237.69	350.23	321.05	387.77	354.41
77	291.88	250.19	366.91	333.55	400.29	366.91
78	304.39	262.70	375.25	346.07	408.63	375.25
79	312.73	266.86	383.59	354.41	412.79	379.42
80	321.05	275.20	391.95	358.57	416.97	383.59
81	350.23	300.23	425.30	391.95	450.32	412.79
82	387.77	333.55	462.84	425.30	483.68	446.14
83	425.30	366.91	504.54	462.84	525.36	483.68
84	471.18	404.45	550.38	508.70	571.23	525.36
85	512.88	441.98	600.42	554.55	625.45	571.23
86	558.71	483.68	654.62	604.59	679.64	621.27
87	608.76	525.36	713.02	658.80	742.18	679.64
88	662.96	571.23	775.54	717.18	808.89	742.18
89	725.52	625.45	846.43	783.87	879.78	808.89
90	788.05	679.64	925.66	850.61	959.00	879.78
91	858.95	742.18	1009.03	929.84	1046.57	959.00
92	938.18	808.89	1096.62	1013.22	1,142.48	1,046.57
93	1021.56	879.78	1196.66	1104.94	1242.54	1138.32
94	1113.29	959.00	1305.10	1205.00	1,355.13	1,242.54
95	1113.29	959.00	1305.10	1205.00	1355.13	1242.54
96	1113.29	959.00	1305.10	1205.00	1,355.13	1,242.54
97	1113.29	959.00	1305.10	1205.00	1355.13	1242.54
98	1113.29	959.00	1305.10	1205.00	1,355.13	1,242.54
99	1113.29	959.00	1305.10	1205.00	1355.13	1242.54
100	1113.29	959.00	1305.10	1205.00	1,355.13	1,242.54

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7030
Annual Premium per $10 Daily Benefit

Individual
4 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	41.69	37.54	62.56	58.38	87.57	83.41
19	41.69	37.54	62.56	58.38	87.57	83.41
20	41.69	37.54	62.56	58.38	87.57	83.41
21	41.69	37.54	62.56	58.38	87.57	83.41
22	41.69	37.54	62.56	58.38	87.57	83.41
23	41.69	37.54	62.56	58.38	87.57	83.41
24	41.69	37.54	62.56	58.38	87.57	83.41
25	45.88	41.69	66.72	62.56	95.91	91.75
26	45.88	41.69	66.72	62.56	95.91	91.75
27	45.88	41.69	66.72	62.56	95.91	91.75
28	45.88	41.69	66.72	62.56	95.91	91.75
29	45.88	41.69	66.72	62.56	95.91	91.75
30	50.03	45.88	70.90	70.90	104.25	95.91
31	50.03	45.88	70.90	70.90	104.25	95.91
32	50.03	45.88	70.90	70.90	104.25	95.91
33	50.03	45.88	70.90	70.90	104.25	95.91
34	50.03	45.88	70.90	70.90	104.25	95.91
35	54.22	45.88	79.23	75.07	112.57	104.25
36	54.22	45.88	79.23	75.07	112.57	104.25
37	54.22	45.88	79.23	75.07	112.57	104.25
38	54.22	45.88	79.23	75.07	112.57	104.25
39	54.22	45.88	79.23	75.07	112.57	104.25
40	58.38	50.03	83.41	79.23	120.91	112.57
41	58.38	50.03	83.41	79.23	120.91	112.57
42	58.38	50.03	83.41	79.23	120.91	112.57
43	58.38	50.03	83.41	79.23	120.91	112.57
44	58.38	50.03	83.41	79.23	120.91	112.57
45	58.38	50.03	83.41	79.23	120.91	112.57
46	58.38	50.03	83.41	83.41	120.91	112.57
47	58.38	54.22	87.57	83.41	125.07	116.73
48	58.38	54.22	87.57	83.41	125.07	120.91
49	58.38	54.22	91.75	83.41	125.07	120.91
50	62.56	54.22	91.75	83.41	125.07	120.91
51	62.56	54.22	91.75	87.57	129.25	120.91
52	62.56	58.38	95.91	91.75	133.41	120.91
53	66.72	62.56	100.09	95.91	133.41	125.07
54	70.90	62.56	104.25	100.09	141.75	133.41
55	75.07	70.90	112.57	104.25	145.93	133.41
56	79.23	70.90	120.91	112.57	154.26	141.75
57	83.41	79.23	129.25	120.91	162.60	150.09
58	91.75	83.41	137.59	125.07	170.94	154.26
59	95.91	87.57	145.93	133.41	183.47	166.79
60	104.25	95.91	158.45	145.93	195.97	179.29
61	112.57	104.25	170.94	158.45	208.48	191.81
62	120.91	112.57	183.47	170.94	225.16	204.31
63	129.25	116.73	195.97	183.47	237.69	216.82
64	137.59	125.07	208.48	195.97	250.19	229.35
65	145.93	133.41	225.16	208.48	262.70	241.84
66	154.26	141.75	233.50	216.82	271.04	246.02
67	162.60	150.09	241.84	225.16	283.54	258.51
68	175.13	158.45	258.51	237.69	300.23	271.04
69	183.47	170.94	275.20	254.36	312.73	287.72
70	200.14	183.47	296.05	271.04	333.55	304.39
71	212.64	195.97	312.73	287.72	350.23	325.22
72	229.35	212.64	333.55	304.39	371.10	341.89
73	246.02	229.35	350.23	321.05	391.95	358.57
74	262.70	241.84	366.91	337.73	408.63	379.42
75	279.38	258.51	387.77	354.41	429.47	396.11
76	296.05	275.20	404.45	371.10	446.14	408.63
77	312.73	287.72	421.13	387.77	462.84	425.30
78	325.22	296.05	433.64	400.29	471.18	433.64
79	333.55	308.57	441.98	408.63	479.52	441.98
80	341.89	312.73	450.32	416.97	483.68	446.14
81	371.10	341.89	492.02	454.51	521.21	479.52
82	408.63	375.25	533.70	492.02	562.89	521.21
83	450.32	412.79	583.73	537.86	612.93	562.89
84	500.36	458.67	637.95	592.07	667.14	612.93
85	546.21	500.36	696.34	646.29	725.52	671.30
86	596.26	546.21	758.86	700.50	792.21	729.70
87	646.29	596.26	825.58	767.20	863.11	796.40
88	704.68	650.46	900.65	833.91	942.33	867.28
89	767.20	708.84	984.02	908.99	1025.72	946.49
90	838.09	771.37	1071.59	992.36	1,117.47	1,029.90
91	913.16	842.27	1167.48	1079.93	1217.53	1121.63
92	996.53	917.33	1271.73	1175.82	1,330.11	1,225.85
93	1084.12	1000.69	1384.31	1284.23	1446.85	1334.29
94	1184.16	1088.27	1509.39	1396.81	1,580.27	1,455.20
95	1184.16	1088.27	1509.39	1396.81	1580.27	1455.20
96	1184.16	1088.27	1509.39	1396.81	1,580.27	1,455.20
97	1184.16	1088.27	1509.39	1396.81	1580.27	1455.20
98	1184.16	1088.27	1509.39	1396.81	1,580.27	1,455.20
99	1184.16	1088.27	1509.39	1396.81	1580.27	1455.20
100	1184.16	1088.27	1509.39	1396.81	1,580.27	1,455.20

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7030
Annual Premium per $10 Daily Benefit

Individual
6 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	50.03	45.88	75.07	70.90	104.25	100.09
19	50.03	45.88	75.07	70.90	104.25	100.09
20	50.03	45.88	75.07	70.90	104.25	100.09
21	50.03	45.88	75.07	70.90	104.25	100.09
22	50.03	45.88	75.07	70.90	104.25	100.09
23	50.03	45.88	75.07	70.90	104.25	100.09
24	50.03	45.88	75.07	70.90	104.25	100.09
25	54.22	50.03	79.23	75.07	112.57	104.25
26	54.22	50.03	79.23	75.07	112.57	104.25
27	54.22	50.03	79.23	75.07	112.57	104.25
28	54.22	50.03	79.23	75.07	112.57	104.25
29	54.22	50.03	79.23	75.07	112.57	104.25
30	58.38	54.22	87.57	79.23	120.91	112.57
31	58.38	54.22	87.57	79.23	120.91	112.57
32	58.38	54.22	87.57	79.23	120.91	112.57
33	58.38	54.22	87.57	79.23	120.91	112.57
34	58.38	54.22	87.57	79.23	120.91	112.57
35	62.56	58.38	95.91	87.57	133.41	120.91
36	62.56	58.38	95.91	87.57	133.41	120.91
37	62.56	58.38	95.91	87.57	133.41	120.91
38	62.56	58.38	95.91	87.57	133.41	120.91
39	62.56	58.38	95.91	87.57	133.41	120.91
40	70.90	62.56	100.09	95.91	141.75	133.41
41	70.90	62.56	100.09	95.91	141.75	133.41
42	70.90	62.56	100.09	95.91	141.75	133.41
43	70.90	62.56	100.09	95.91	141.75	133.41
44	70.90	62.56	100.09	95.91	141.75	133.41
45	70.90	62.56	100.09	95.91	141.75	133.41
46	70.90	66.72	104.25	95.91	145.93	133.41
47	70.90	66.72	104.25	95.91	145.93	137.59
48	70.90	66.72	108.40	100.09	150.09	141.75
49	75.07	70.90	108.40	100.09	150.09	141.75
50	75.07	70.90	112.57	104.25	150.09	141.75
51	75.07	70.90	112.57	104.25	154.26	145.93
52	79.23	70.90	116.73	108.40	158.45	150.09
53	79.23	75.07	120.91	112.57	162.60	154.26
54	83.41	79.23	129.25	120.91	170.94	158.45
55	91.75	83.41	137.59	129.25	175.13	166.79
56	95.91	87.57	145.93	137.59	183.47	170.94
57	100.09	95.91	158.45	145.93	195.97	183.47
58	108.40	100.09	170.94	158.45	208.48	195.97
59	116.73	108.40	183.47	170.94	220.98	204.31
60	125.07	116.73	195.97	183.47	237.69	220.98
61	133.41	125.07	208.48	195.97	254.36	233.50
62	145.93	133.41	220.98	208.48	271.04	250.19
63	154.26	145.93	233.50	220.98	287.72	266.86
64	166.79	154.26	250.19	233.50	308.57	283.54
65	179.29	166.79	262.70	246.02	325.22	304.39
66	187.63	175.13	271.04	254.36	337.73	312.73
67	195.97	183.47	283.54	266.86	350.23	325.22
68	212.64	195.97	304.39	283.54	366.91	341.89
69	225.16	208.48	329.39	304.39	387.77	358.57
70	241.84	225.16	354.41	329.39	404.45	375.25
71	258.51	241.84	379.42	354.41	425.30	396.11
72	279.38	262.70	404.45	379.42	450.32	416.97
73	300.23	275.20	429.47	396.11	471.18	437.80
74	321.05	296.05	450.32	416.97	496.20	458.67
75	337.73	312.73	471.18	437.80	517.04	479.52
76	358.57	329.39	492.02	458.67	537.86	500.36
77	375.25	346.07	512.88	475.34	558.71	517.04
78	387.77	358.57	525.36	487.86	567.05	529.52
79	396.11	366.91	537.86	500.36	575.39	533.70
80	400.29	371.10	546.21	508.70	579.57	537.86
81	437.80	404.45	587.92	550.38	621.27	579.57
82	475.34	441.98	642.12	600.42	671.30	625.45
83	525.36	487.86	700.50	654.62	725.52	675.49
84	579.57	537.86	767.20	717.18	788.05	737.99
85	633.79	587.92	838.09	783.87	858.95	804.74
86	688.00	642.12	913.16	854.77	938.18	875.62
87	750.52	700.50	992.36	929.84	1021.56	954.83
88	817.24	763.02	1084.12	1013.22	1,113.29	1,042.40
89	892.31	829.75	1179.98	1104.94	1213.34	1134.15
90	971.50	904.81	1288.41	1205.00	1,321.77	1,238.38
91	1059.07	988.18	1405.14	1313.44	1442.69	1346.79
92	1154.97	1075.78	1530.26	1430.16	1,571.93	1,471.88
93	1259.22	1171.65	1667.84	1559.45	1713.71	1601.11
94	1371.79	1275.90	1817.93	1701.20	1,863.80	1,747.08
95	1371.79	1275.90	1817.93	1701.20	1863.80	1747.08
96	1371.79	1275.90	1817.93	1701.20	1,863.80	1,747.08
97	1371.79	1275.90	1817.93	1701.20	1863.80	1747.08
98	1371.79	1275.90	1817.93	1701.20	1,863.80	1,747.08
99	1371.79	1275.90	1817.93	1701.20	1863.80	1747.08
100	1371.79	1275.90	1817.93	1701.20	1,863.80	1,747.08

Appendix B
Genworth Life Insurance Company
53% Increase to Current-Year Premiums

Form: 62171 when sold with 7030
Annual Premium per $10 Daily Benefit

Individual
Lifetime Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	85.92	79.76	128.87	116.59	177.89	165.64
19	85.92	79.76	128.87	116.59	177.89	165.64
20	85.92	79.76	128.87	116.59	177.89	165.64
21	85.92	79.76	128.87	116.59	177.89	165.64
22	85.92	79.76	128.87	116.59	177.89	165.64
23	85.92	79.76	128.87	116.59	177.89	165.64
24	85.92	79.76	128.87	116.59	177.89	165.64
25	92.06	85.92	141.13	128.87	190.18	177.89
26	92.06	85.92	141.13	128.87	190.18	177.89
27	92.06	85.92	141.13	128.87	190.18	177.89
28	92.06	85.92	141.13	128.87	190.18	177.89
29	92.06	85.92	141.13	128.87	190.18	177.89
30	104.32	92.06	153.40	141.13	208.58	196.31
31	104.32	92.06	153.40	141.13	208.58	196.31
32	104.32	92.06	153.40	141.13	208.58	196.31
33	104.32	92.06	153.40	141.13	208.58	196.31
34	104.32	92.06	153.40	141.13	208.58	196.31
35	110.45	104.32	165.64	147.26	220.87	208.58
36	110.45	104.32	165.64	147.26	220.87	208.58
37	110.45	104.32	165.64	147.26	220.87	208.58
38	110.45	104.32	165.64	147.26	220.87	208.58
39	110.45	104.32	165.64	147.26	220.87	208.58
40	116.59	110.45	177.89	159.50	239.26	227.01
41	116.59	110.45	177.89	159.50	239.26	227.01
42	116.59	110.45	177.89	159.50	239.26	227.01
43	116.59	110.45	177.89	159.50	239.26	227.01
44	116.59	110.45	177.89	159.50	239.26	227.01
45	116.59	110.45	177.89	159.50	239.26	227.01
46	122.74	116.59	177.89	165.64	245.40	227.01
47	122.74	116.59	184.06	165.64	251.55	233.13
48	122.74	116.59	184.06	171.76	251.55	239.26
49	122.74	122.74	190.18	171.76	257.68	239.26
50	128.87	122.74	190.18	177.89	257.68	239.26
51	128.87	122.74	196.31	177.89	263.82	245.40
52	135.01	128.87	202.45	184.06	269.95	251.55
53	141.13	135.01	214.74	196.31	282.21	263.82
54	147.26	141.13	227.01	208.58	288.37	269.95
55	153.40	147.26	239.26	227.01	306.77	288.37
56	165.64	153.40	257.68	239.26	325.19	300.63
57	177.89	165.64	276.09	257.68	343.58	319.05
58	184.06	177.89	294.51	282.21	362.00	343.58
59	202.45	190.18	312.90	300.63	386.55	362.00
60	214.74	196.31	337.46	319.05	404.95	380.40
61	233.13	214.74	362.00	343.58	435.64	404.95
62	251.55	233.13	386.55	362.00	466.27	435.64
63	269.95	251.55	404.95	386.55	496.94	466.27
64	288.37	269.95	423.37	404.95	527.64	503.08
65	312.90	288.37	447.89	423.37	564.45	539.91
66	325.19	306.77	460.19	429.50	589.00	558.33
67	343.58	325.19	484.69	454.06	613.53	576.72
68	368.13	343.58	515.37	484.69	638.09	607.39
69	392.69	368.13	558.33	527.64	674.90	631.95
70	423.37	398.83	607.39	570.58	705.59	656.51
71	454.06	423.37	656.51	619.70	736.27	687.18
72	484.69	454.06	705.59	656.51	779.18	724.01
73	515.37	484.69	742.40	699.45	816.01	754.69
74	552.19	509.21	785.32	736.27	852.82	797.59
75	582.87	539.91	822.15	766.96	889.63	834.40
76	613.53	570.58	858.96	803.72	926.46	871.21
77	644.22	595.14	889.63	834.40	957.14	901.90
78	656.51	613.53	914.16	852.82	975.53	920.33
79	668.76	625.82	926.46	871.21	981.66	926.46
80	681.03	638.09	938.72	883.51	987.83	932.58
81	736.27	687.18	1012.36	957.14	1061.45	1000.08
82	803.72	754.69	1098.22	1036.90	1141.17	1079.83
83	877.35	828.27	1202.53	1135.03	1233.23	1165.72
84	969.41	908.04	1319.14	1245.48	1,343.66	1,263.90
85	1061.45	993.95	1435.68	1355.96	1460.22	1380.49
86	1153.45	1079.83	1564.53	1478.62	1,595.22	1,503.16
87	1257.77	1177.98	1711.78	1613.61	1736.31	1638.17
88	1374.35	1282.29	1865.18	1754.73	1,895.85	1,785.40
89	1497.04	1398.85	2030.80	1914.26	2061.49	1944.94
90	1632.04	1527.72	2214.92	2086.05	2,251.73	2,122.86
91	1779.28	1662.73	2411.20	2276.26	2454.18	2313.04
92	1938.80	1816.09	2625.94	2478.71	2,675.02	2,521.68
93	2110.57	1975.63	2865.26	2699.58	2914.34	2748.68
94	2300.81	2153.54	3122.94	2944.99	3,178.16	2,994.07
95	2300.81	2153.54	3122.94	2944.99	3178.16	2994.07
96	2300.81	2153.54	3122.94	2944.99	3,178.16	2,994.07
97	2300.81	2153.54	3122.94	2944.99	3178.16	2994.07
98	2300.81	2153.54	3122.94	2944.99	3,178.16	2,994.07
99	2300.81	2153.54	3122.94	2944.99	3178.16	2994.07
100	2300.81	2153.54	3122.94	2944.99	3,178.16	2,994.07

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7030
Annual Premium per $10 Daily Benefit

Joint
3 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	29.19	25.02	37.54	37.54	58.38	50.03
19	29.19	25.02	37.54	37.54	58.38	50.03
20	29.19	25.02	37.54	37.54	58.38	50.03
21	29.19	25.02	37.54	37.54	58.38	50.03
22	29.19	25.02	37.54	37.54	58.38	50.03
23	29.19	25.02	37.54	37.54	58.38	50.03
24	29.19	25.02	37.54	37.54	58.38	50.03
25	29.19	29.19	41.69	37.54	58.38	58.38
26	29.19	29.19	41.69	37.54	58.38	58.38
27	29.19	29.19	41.69	37.54	58.38	58.38
28	29.19	29.19	41.69	37.54	58.38	58.38
29	29.19	29.19	41.69	37.54	58.38	58.38
30	29.19	29.19	45.88	41.69	66.72	58.38
31	29.19	29.19	45.88	41.69	66.72	58.38
32	29.19	29.19	45.88	41.69	66.72	58.38
33	29.19	29.19	45.88	41.69	66.72	58.38
34	29.19	29.19	45.88	41.69	66.72	58.38
35	33.35	29.19	50.03	45.88	70.90	66.72
36	33.35	29.19	50.03	45.88	70.90	66.72
37	33.35	29.19	50.03	45.88	70.90	66.72
38	33.35	29.19	50.03	45.88	70.90	66.72
39	33.35	29.19	50.03	45.88	70.90	66.72
40	37.54	33.35	54.22	50.03	75.07	70.90
41	37.54	33.35	54.22	50.03	75.07	70.90
42	37.54	33.35	54.22	50.03	75.07	70.90
43	37.54	33.35	54.22	50.03	75.07	70.90
44	37.54	33.35	54.22	50.03	75.07	70.90
45	37.54	33.35	54.22	50.03	75.07	70.90
46	37.54	33.35	54.22	50.03	75.07	70.90
47	41.69	33.35	58.38	50.03	79.23	70.90
48	41.69	33.35	58.38	50.03	79.23	70.90
49	41.69	33.35	58.38	54.22	79.23	75.07
50	41.69	37.54	58.38	54.22	79.23	75.07
51	41.69	37.54	58.38	54.22	83.41	75.07
52	41.69	37.54	58.38	58.38	83.41	79.23
53	45.88	37.54	62.56	58.38	83.41	79.23
54	45.88	41.69	66.72	62.56	87.57	83.41
55	50.03	41.69	70.90	66.72	91.75	83.41
56	50.03	45.88	75.07	70.90	95.91	87.57
57	58.38	50.03	83.41	75.07	100.09	95.91
58	58.38	50.03	87.57	79.23	108.40	95.91
59	66.72	58.38	95.91	83.41	116.73	104.25
60	70.90	58.38	100.09	91.75	125.07	112.57
61	75.07	66.72	108.40	95.91	133.41	120.91
62	83.41	70.90	116.73	104.25	141.75	129.25
63	87.57	75.07	125.07	112.57	150.09	137.59
64	95.91	83.41	133.41	120.91	158.45	141.75
65	100.09	87.57	141.75	129.25	166.79	154.26
66	104.25	87.57	145.93	133.41	170.94	158.45
67	112.57	95.91	154.26	141.75	179.29	162.60
68	116.73	100.09	162.60	150.09	187.63	170.94
69	125.07	108.40	175.13	158.45	195.97	179.29
70	137.59	116.73	183.47	166.79	208.48	191.81
71	145.93	125.07	195.97	179.29	220.98	200.14
72	158.45	133.41	208.48	187.63	233.50	212.64
73	166.79	145.93	220.98	200.14	246.02	225.16
74	179.29	154.26	229.35	212.64	258.51	233.50
75	191.81	162.60	241.84	220.98	271.04	246.02
76	200.14	170.94	254.36	229.35	279.38	254.36
77	212.64	179.29	262.70	241.84	287.72	266.86
78	220.98	187.63	271.04	250.19	296.05	271.04
79	225.16	191.81	275.20	254.36	300.23	275.20
80	229.35	200.14	283.54	258.51	300.23	275.20
81	254.36	216.82	304.39	279.38	325.22	296.05
82	279.38	237.69	333.55	304.39	350.23	321.05
83	308.57	262.70	362.75	333.55	379.42	346.07
84	337.73	291.88	396.11	366.91	412.79	375.25
85	371.10	316.88	433.64	400.29	450.32	412.79
86	404.45	346.07	471.18	433.64	487.86	450.32
87	437.80	379.42	512.88	475.34	533.70	487.86
88	479.52	412.79	558.71	517.04	583.73	533.70
89	521.21	450.32	608.76	562.89	633.79	579.57
90	567.05	487.86	662.96	612.93	692.17	633.79
91	621.27	533.70	725.52	671.30	754.68	692.17
92	675.49	583.73	792.21	729.70	821.41	750.52
93	733.84	633.79	863.11	796.40	896.46	821.41
94	800.55	692.17	938.18	867.28	975.68	892.31
95	800.55	692.17	938.18	867.28	975.68	892.31
96	800.55	692.17	938.18	867.28	975.68	892.31
97	800.55	692.17	938.18	867.28	975.68	892.31
98	800.55	692.17	938.18	867.28	975.68	892.31
99	800.55	692.17	938.18	867.28	975.68	892.31
100	800.55	692.17	938.18	867.28	975.68	892.31

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7030
Annual Premium per $10 Daily Benefit

Joint
4 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	29.19	29.19	41.69	37.54	58.38	54.22
19	29.19	29.19	41.69	37.54	58.38	54.22
20	29.19	29.19	41.69	37.54	58.38	54.22
21	29.19	29.19	41.69	37.54	58.38	54.22
22	29.19	29.19	41.69	37.54	58.38	54.22
23	29.19	29.19	41.69	37.54	58.38	54.22
24	29.19	29.19	41.69	37.54	58.38	54.22
25	33.35	29.19	41.69	41.69	62.56	58.38
26	33.35	29.19	41.69	41.69	62.56	58.38
27	33.35	29.19	41.69	41.69	62.56	58.38
28	33.35	29.19	41.69	41.69	62.56	58.38
29	33.35	29.19	41.69	41.69	62.56	58.38
30	37.54	33.35	45.88	41.69	70.90	62.56
31	37.54	33.35	45.88	41.69	70.90	62.56
32	37.54	33.35	45.88	41.69	70.90	62.56
33	37.54	33.35	45.88	41.69	70.90	62.56
34	37.54	33.35	45.88	41.69	70.90	62.56
35	37.54	33.35	50.03	45.88	75.07	66.72
36	37.54	33.35	50.03	45.88	75.07	66.72
37	37.54	33.35	50.03	45.88	75.07	66.72
38	37.54	33.35	50.03	45.88	75.07	66.72
39	37.54	33.35	50.03	45.88	75.07	66.72
40	41.69	37.54	58.38	50.03	79.23	70.90
41	41.69	37.54	58.38	50.03	79.23	70.90
42	41.69	37.54	58.38	50.03	79.23	70.90
43	41.69	37.54	58.38	50.03	79.23	70.90
44	41.69	37.54	58.38	50.03	79.23	70.90
45	41.69	37.54	58.38	50.03	79.23	70.90
46	41.69	37.54	58.38	50.03	83.41	70.90
47	41.69	37.54	58.38	54.22	83.41	75.07
48	41.69	37.54	58.38	54.22	83.41	75.07
49	41.69	37.54	58.38	54.22	83.41	75.07
50	41.69	37.54	62.56	58.38	87.57	79.23
51	41.69	37.54	62.56	58.38	87.57	79.23
52	45.88	41.69	62.56	58.38	87.57	79.23
53	45.88	41.69	70.90	62.56	91.75	83.41
54	45.88	41.69	70.90	66.72	95.91	87.57
55	50.03	45.88	79.23	70.90	100.09	91.75
56	54.22	45.88	83.41	75.07	104.25	91.75
57	58.38	50.03	87.57	79.23	108.40	100.09
58	62.56	54.22	95.91	87.57	116.73	108.40
59	66.72	58.38	100.09	91.75	120.91	112.57
60	70.90	66.72	108.40	95.91	133.41	120.91
61	79.23	70.90	116.73	104.25	141.75	129.25
62	87.57	79.23	120.91	112.57	150.09	137.59
63	91.75	83.41	133.41	120.91	158.45	145.93
64	100.09	91.75	145.93	129.25	170.94	154.26
65	104.25	95.91	154.26	137.59	183.47	162.60
66	108.40	100.09	162.60	145.93	183.47	166.79
67	112.57	104.25	166.79	150.09	191.81	175.13
68	120.91	112.57	175.13	158.45	204.31	183.47
69	129.25	120.91	187.63	166.79	212.64	191.81
70	141.75	129.25	195.97	179.29	225.16	200.14
71	150.09	137.59	204.31	187.63	233.50	212.64
72	162.60	145.93	216.82	200.14	250.19	225.16
73	170.94	158.45	229.35	208.48	258.51	237.69
74	183.47	166.79	246.02	220.98	271.04	246.02
75	191.81	175.13	258.51	233.50	283.54	258.51
76	204.31	183.47	271.04	246.02	296.05	271.04
77	212.64	195.97	283.54	254.36	304.39	279.38
78	225.16	200.14	287.72	262.70	308.57	283.54
79	229.35	208.48	291.88	266.86	312.73	283.54
80	237.69	216.82	296.05	271.04	312.73	283.54
81	258.51	237.69	321.05	291.88	337.73	304.39
82	287.72	262.70	346.07	316.88	362.75	325.22
83	312.73	287.72	375.25	341.89	391.95	354.41
84	346.07	321.05	412.79	375.25	425.30	383.59
85	379.42	346.07	450.32	408.63	462.84	416.97
86	412.79	379.42	492.02	446.14	504.54	454.51
87	450.32	412.79	533.70	487.86	550.38	496.20
88	492.02	450.32	583.73	529.52	596.26	542.04
89	533.70	492.02	637.95	579.57	650.46	587.92
90	583.73	537.86	692.17	629.61	708.84	642.12
91	637.95	583.73	754.68	688.00	775.54	700.50
92	692.17	637.95	825.58	750.52	846.43	763.02
93	754.68	696.34	896.46	817.24	921.50	833.91
94	825.58	754.68	979.84	888.12	1,000.69	908.99
95	825.58	754.68	979.84	888.12	1000.69	908.99
96	825.58	754.68	979.84	888.12	1,000.69	908.99
97	825.58	754.68	979.84	888.12	1000.69	908.99
98	825.58	754.68	979.84	888.12	1,000.69	908.99
99	825.58	754.68	979.84	888.12	1000.69	908.99
100	825.58	754.68	979.84	888.12	1,000.69	908.99

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7030
Annual Premium per $10 Daily Benefit

Joint
6 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	33.35	33.35	50.03	45.88	70.90	66.72
19	33.35	33.35	50.03	45.88	70.90	66.72
20	33.35	33.35	50.03	45.88	70.90	66.72
21	33.35	33.35	50.03	45.88	70.90	66.72
22	33.35	33.35	50.03	45.88	70.90	66.72
23	33.35	33.35	50.03	45.88	70.90	66.72
24	33.35	33.35	50.03	45.88	70.90	66.72
25	37.54	33.35	54.22	50.03	75.07	70.90
26	37.54	33.35	54.22	50.03	75.07	70.90
27	37.54	33.35	54.22	50.03	75.07	70.90
28	37.54	33.35	54.22	50.03	75.07	70.90
29	37.54	33.35	54.22	50.03	75.07	70.90
30	41.69	37.54	58.38	54.22	83.41	75.07
31	41.69	37.54	58.38	54.22	83.41	75.07
32	41.69	37.54	58.38	54.22	83.41	75.07
33	41.69	37.54	58.38	54.22	83.41	75.07
34	41.69	37.54	58.38	54.22	83.41	75.07
35	41.69	41.69	62.56	58.38	91.75	83.41
36	41.69	41.69	62.56	58.38	91.75	83.41
37	41.69	41.69	62.56	58.38	91.75	83.41
38	41.69	41.69	62.56	58.38	91.75	83.41
39	41.69	41.69	62.56	58.38	91.75	83.41
40	45.88	41.69	70.90	62.56	95.91	91.75
41	45.88	41.69	70.90	62.56	95.91	91.75
42	45.88	41.69	70.90	62.56	95.91	91.75
43	45.88	41.69	70.90	62.56	95.91	91.75
44	45.88	41.69	70.90	62.56	95.91	91.75
45	45.88	41.69	70.90	62.56	95.91	91.75
46	45.88	45.88	70.90	66.72	95.91	91.75
47	50.03	45.88	70.90	66.72	100.09	91.75
48	50.03	45.88	70.90	66.72	104.25	95.91
49	50.03	45.88	70.90	66.72	104.25	95.91
50	50.03	45.88	75.07	70.90	104.25	95.91
51	50.03	45.88	75.07	70.90	104.25	95.91
52	54.22	45.88	79.23	70.90	108.40	100.09
53	58.38	50.03	83.41	75.07	108.40	104.25
54	58.38	50.03	87.57	83.41	112.57	104.25
55	58.38	54.22	91.75	83.41	120.91	108.40
56	62.56	58.38	95.91	91.75	125.07	112.57
57	70.90	62.56	104.25	95.91	133.41	120.91
58	79.23	66.72	112.57	104.25	137.59	125.07
59	83.41	70.90	120.91	108.40	150.09	133.41
60	83.41	79.23	129.25	116.73	158.45	145.93
61	91.75	83.41	137.59	125.07	170.94	154.26
62	104.25	91.75	150.09	137.59	179.29	162.60
63	108.40	100.09	158.45	145.93	191.81	175.13
64	112.57	104.25	170.94	158.45	204.31	183.47
65	120.91	112.57	183.47	166.79	216.82	195.97
66	125.07	116.73	191.81	175.13	220.98	200.14
67	133.41	120.91	200.14	183.47	229.35	208.48
68	141.75	129.25	208.48	191.81	241.84	220.98
69	154.26	141.75	225.16	204.31	254.36	233.50
70	166.79	150.09	237.69	216.82	271.04	246.02
71	179.29	162.60	250.19	229.35	283.54	258.51
72	191.81	175.13	266.86	241.84	300.23	275.20
73	204.31	183.47	283.54	258.51	312.73	291.88
74	216.82	195.97	296.05	271.04	329.39	304.39
75	233.50	208.48	312.73	283.54	346.07	316.88
76	246.02	220.98	325.22	300.23	358.57	329.39
77	258.51	233.50	341.89	312.73	371.10	341.89
78	266.86	241.84	350.23	321.05	379.42	350.23
79	275.20	250.19	358.57	329.39	383.59	354.41
80	283.54	254.36	362.75	333.55	387.77	354.41
81	308.57	279.38	391.95	362.75	416.97	383.59
82	337.73	308.57	429.47	391.95	450.32	412.79
83	371.10	337.73	467.01	429.47	487.86	446.14
84	412.79	375.25	512.88	471.18	529.52	487.86
85	450.32	408.63	558.71	512.88	579.57	529.52
86	492.02	446.14	608.76	558.71	629.61	579.57
87	537.86	487.86	662.96	608.76	688.00	629.61
88	583.73	529.52	721.36	667.14	750.52	688.00
89	637.95	579.57	788.05	725.52	817.24	750.52
90	696.34	629.61	858.95	792.21	892.31	817.24
91	758.86	688.00	934.00	863.11	971.50	888.12
92	825.58	750.52	1017.37	938.18	1,059.07	971.50
93	900.65	817.24	1109.13	1025.72	1154.97	1059.07
94	979.84	892.31	1209.18	1117.47	1,259.22	1,150.78
95	979.84	892.31	1209.18	1117.47	1259.22	1150.78
96	979.84	892.31	1209.18	1117.47	1,259.22	1,150.78
97	979.84	892.31	1209.18	1117.47	1259.22	1150.78
98	979.84	892.31	1209.18	1117.47	1,259.22	1,150.78
99	979.84	892.31	1209.18	1117.47	1259.22	1150.78
100	979.84	892.31	1209.18	1117.47	1,259.22	1,150.78

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7030
Annual Premium per $10 Daily Benefit

Joint
8 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	37.54	33.35	54.22	50.03	79.23	70.90
19	37.54	33.35	54.22	50.03	79.23	70.90
20	37.54	33.35	54.22	50.03	79.23	70.90
21	37.54	33.35	54.22	50.03	79.23	70.90
22	37.54	33.35	54.22	50.03	79.23	70.90
23	37.54	33.35	54.22	50.03	79.23	70.90
24	37.54	33.35	54.22	50.03	79.23	70.90
25	37.54	37.54	58.38	54.22	83.41	79.23
26	37.54	37.54	58.38	54.22	83.41	79.23
27	37.54	37.54	58.38	54.22	83.41	79.23
28	37.54	37.54	58.38	54.22	83.41	79.23
29	37.54	37.54	58.38	54.22	83.41	79.23
30	41.69	37.54	62.56	58.38	91.75	83.41
31	41.69	37.54	62.56	58.38	91.75	83.41
32	41.69	37.54	62.56	58.38	91.75	83.41
33	41.69	37.54	62.56	58.38	91.75	83.41
34	41.69	37.54	62.56	58.38	91.75	83.41
35	45.88	41.69	70.90	62.56	95.91	91.75
36	45.88	41.69	70.90	62.56	95.91	91.75
37	45.88	41.69	70.90	62.56	95.91	91.75
38	45.88	41.69	70.90	62.56	95.91	91.75
39	45.88	41.69	70.90	62.56	95.91	91.75
40	50.03	45.88	70.90	70.90	104.25	95.91
41	50.03	45.88	70.90	70.90	104.25	95.91
42	50.03	45.88	70.90	70.90	104.25	95.91
43	50.03	45.88	70.90	70.90	104.25	95.91
44	50.03	45.88	70.90	70.90	104.25	95.91
45	50.03	45.88	70.90	70.90	104.25	95.91
46	50.03	45.88	75.07	70.90	108.40	100.09
47	50.03	45.88	75.07	70.90	108.40	100.09
48	54.22	45.88	79.23	70.90	108.40	104.25
49	54.22	45.88	79.23	70.90	108.40	104.25
50	54.22	45.88	79.23	75.07	108.40	104.25
51	54.22	45.88	83.41	75.07	112.57	108.40
52	54.22	50.03	83.41	79.23	116.73	108.40
53	58.38	54.22	87.57	83.41	116.73	108.40
54	62.56	54.22	91.75	87.57	125.07	116.73
55	62.56	58.38	95.91	91.75	125.07	116.73
56	66.72	62.56	104.25	95.91	133.41	120.91
57	70.90	66.72	112.57	104.25	141.75	129.25
58	79.23	70.90	120.91	108.40	150.09	133.41
59	83.41	79.23	129.25	116.73	158.45	145.93
60	91.75	83.41	141.75	129.25	170.94	158.45
61	95.91	91.75	150.09	137.59	183.47	166.79
62	108.40	95.91	158.45	150.09	195.97	179.29
63	112.57	104.25	170.94	158.45	208.48	187.63
64	120.91	108.40	183.47	170.94	216.82	200.14
65	129.25	116.73	195.97	183.47	229.35	208.48
66	133.41	120.91	200.14	187.63	237.69	216.82
67	141.75	129.25	212.64	195.97	246.02	225.16
68	150.09	137.59	225.16	208.48	258.51	237.69
69	162.60	150.09	237.69	220.98	275.20	250.19
70	175.13	158.45	258.51	237.69	291.88	266.86
71	187.63	170.94	271.04	250.19	304.39	283.54
72	200.14	183.47	291.88	262.70	325.22	300.23
73	216.82	200.14	304.39	279.38	341.89	312.73
74	229.35	212.64	321.05	296.05	358.57	329.39
75	246.02	225.16	337.73	308.57	375.25	341.89
76	258.51	237.69	354.41	325.22	387.77	358.57
77	271.04	250.19	366.91	337.73	404.45	371.10
78	283.54	258.51	379.42	346.07	412.79	379.42
79	291.88	266.86	383.59	354.41	416.97	383.59
80	296.05	271.04	391.95	362.75	421.13	387.77
81	325.22	300.23	429.47	396.11	454.51	421.13
82	354.41	329.39	467.01	429.47	492.02	454.51
83	391.95	362.75	508.70	471.18	533.70	492.02
84	437.80	400.29	558.71	517.04	583.73	533.70
85	475.34	437.80	608.76	562.89	633.79	583.73
86	517.04	475.34	662.96	612.93	692.17	637.95
87	562.89	521.21	721.36	667.14	750.52	696.34
88	617.11	567.05	788.05	729.70	821.41	754.68
89	671.30	617.11	858.95	792.21	896.46	825.58
90	729.70	671.30	934.00	863.11	975.68	896.46
91	796.40	733.84	1017.37	942.33	1063.25	979.84
92	867.28	800.55	1109.13	1025.72	1,159.15	1,067.43
93	946.49	871.45	1209.18	1117.47	1263.40	1163.31
94	1034.06	950.66	1317.61	1221.70	1,375.95	1,267.56
95	1034.06	950.66	1317.61	1221.70	1375.95	1267.56
96	1034.06	950.66	1317.61	1221.70	1,375.95	1,267.56
97	1034.06	950.66	1317.61	1221.70	1375.95	1267.56
98	1034.06	950.66	1317.61	1221.70	1,375.95	1,267.56
99	1034.06	950.66	1317.61	1221.70	1375.95	1267.56
100	1034.06	950.66	1317.61	1221.70	1,375.95	1,267.56

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7030
Annual Premium per $10 Daily Benefit

Joint
12 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	45.88	41.69	62.56	58.38	91.75	83.41
19	45.88	41.69	62.56	58.38	91.75	83.41
20	45.88	41.69	62.56	58.38	91.75	83.41
21	45.88	41.69	62.56	58.38	91.75	83.41
22	45.88	41.69	62.56	58.38	91.75	83.41
23	45.88	41.69	62.56	58.38	91.75	83.41
24	45.88	41.69	62.56	58.38	91.75	83.41
25	45.88	45.88	70.90	62.56	95.91	91.75
26	45.88	45.88	70.90	62.56	95.91	91.75
27	45.88	45.88	70.90	62.56	95.91	91.75
28	45.88	45.88	70.90	62.56	95.91	91.75
29	45.88	45.88	70.90	62.56	95.91	91.75
30	50.03	45.88	75.07	70.90	104.25	100.09
31	50.03	45.88	75.07	70.90	104.25	100.09
32	50.03	45.88	75.07	70.90	104.25	100.09
33	50.03	45.88	75.07	70.90	104.25	100.09
34	50.03	45.88	75.07	70.90	104.25	100.09
35	54.22	50.03	83.41	75.07	112.57	108.40
36	54.22	50.03	83.41	75.07	112.57	108.40
37	54.22	50.03	83.41	75.07	112.57	108.40
38	54.22	50.03	83.41	75.07	112.57	108.40
39	54.22	50.03	83.41	75.07	112.57	108.40
40	58.38	54.22	87.57	83.41	120.91	116.73
41	58.38	54.22	87.57	83.41	120.91	116.73
42	58.38	54.22	87.57	83.41	120.91	116.73
43	58.38	54.22	87.57	83.41	120.91	116.73
44	58.38	54.22	87.57	83.41	120.91	116.73
45	58.38	54.22	87.57	83.41	120.91	116.73
46	58.38	58.38	91.75	83.41	125.07	116.73
47	62.56	58.38	91.75	83.41	125.07	116.73
48	62.56	58.38	91.75	87.57	129.25	120.91
49	62.56	58.38	95.91	87.57	129.25	120.91
50	62.56	58.38	95.91	87.57	133.41	120.91
51	66.72	58.38	100.09	91.75	133.41	125.07
52	66.72	62.56	100.09	95.91	137.59	129.25
53	70.90	62.56	108.40	100.09	141.75	133.41
54	70.90	66.72	112.57	104.25	145.93	137.59
55	79.23	70.90	120.91	112.57	154.26	141.75
56	83.41	75.07	125.07	116.73	158.45	150.09
57	87.57	83.41	133.41	125.07	170.94	158.45
58	95.91	87.57	145.93	133.41	179.29	166.79
59	100.09	95.91	158.45	145.93	191.81	179.29
60	108.40	100.09	166.79	158.45	204.31	191.81
61	116.73	108.40	179.29	166.79	220.98	204.31
62	125.07	116.73	191.81	179.29	233.50	216.82
63	133.41	125.07	204.31	191.81	250.19	233.50
64	145.93	133.41	216.82	200.14	266.86	246.02
65	154.26	145.93	229.35	212.64	283.54	262.70
66	162.60	150.09	233.50	216.82	291.88	271.04
67	170.94	158.45	246.02	229.35	300.23	279.38
68	183.47	170.94	262.70	246.02	316.88	296.05
69	195.97	183.47	283.54	262.70	333.55	308.57
70	208.48	195.97	304.39	283.54	350.23	325.22
71	225.16	208.48	329.39	304.39	366.91	341.89
72	241.84	225.16	350.23	325.22	387.77	358.57
73	258.51	237.69	371.10	341.89	408.63	379.42
74	275.20	254.36	387.77	362.75	429.47	396.11
75	291.88	271.04	408.63	379.42	446.14	416.97
76	308.57	283.54	425.30	396.11	467.01	433.64
77	325.22	300.23	441.98	412.79	479.52	446.14
78	333.55	308.57	454.51	421.13	487.86	458.67
79	341.89	316.88	462.84	433.64	496.20	462.84
80	346.07	321.05	471.18	437.80	500.36	467.01
81	375.25	350.23	508.70	475.34	537.86	500.36
82	412.79	383.59	554.55	517.04	579.57	542.04
83	450.32	421.13	604.59	567.05	625.45	583.73
84	500.36	467.01	662.96	621.27	683.83	637.95
85	546.21	508.70	721.36	675.49	742.18	696.34
86	596.26	554.55	788.05	737.99	808.89	758.86
87	650.46	604.59	858.95	804.74	883.97	825.58
88	708.84	658.80	934.00	875.62	963.16	900.65
89	771.37	717.18	1021.56	954.83	1046.57	979.84
90	842.27	783.87	1113.29	1038.24	1,142.48	1,067.43
91	917.33	850.61	1213.34	1134.15	1246.72	1163.31
92	1000.69	929.84	1321.77	1234.20	1,359.26	1,271.73
93	1088.27	1013.22	1438.50	1346.79	1480.22	1384.31
94	1188.32	1104.94	1571.93	1467.70	1,613.63	1,509.39
95	1188.32	1104.94	1571.93	1467.70	1613.63	1509.39
96	1188.32	1104.94	1571.93	1467.70	1,613.63	1,509.39
97	1188.32	1104.94	1571.93	1467.70	1613.63	1509.39
98	1188.32	1104.94	1571.93	1467.70	1,613.63	1,509.39
99	1188.32	1104.94	1571.93	1467.70	1613.63	1509.39
100	1188.32	1104.94	1571.93	1467.70	1,613.63	1,509.39

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7031
Annual Premium per $10 Daily Benefit

Individual
2 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	25.02	20.85	33.35	33.35	54.22	50.03
19	25.02	20.85	33.35	33.35	54.22	50.03
20	25.02	20.85	33.35	33.35	54.22	50.03
21	25.02	20.85	33.35	33.35	54.22	50.03
22	25.02	20.85	33.35	33.35	54.22	50.03
23	25.02	20.85	33.35	33.35	54.22	50.03
24	25.02	20.85	33.35	33.35	54.22	50.03
25	29.19	25.02	37.54	33.35	58.38	50.03
26	29.19	25.02	37.54	33.35	58.38	50.03
27	29.19	25.02	37.54	33.35	58.38	50.03
28	29.19	25.02	37.54	33.35	58.38	50.03
29	29.19	25.02	37.54	33.35	58.38	50.03
30	29.19	25.02	45.88	33.35	62.56	54.22
31	29.19	25.02	45.88	33.35	62.56	54.22
32	29.19	25.02	45.88	33.35	62.56	54.22
33	29.19	25.02	45.88	33.35	62.56	54.22
34	29.19	25.02	45.88	33.35	62.56	54.22
35	33.35	29.19	50.03	37.54	66.72	58.38
36	33.35	29.19	50.03	37.54	66.72	58.38
37	33.35	29.19	50.03	37.54	66.72	58.38
38	33.35	29.19	50.03	37.54	66.72	58.38
39	33.35	29.19	50.03	37.54	66.72	58.38
40	33.35	29.19	50.03	45.88	70.90	62.56
41	33.35	29.19	50.03	45.88	70.90	62.56
42	33.35	29.19	50.03	45.88	70.90	62.56
43	33.35	29.19	50.03	45.88	70.90	62.56
44	33.35	29.19	50.03	45.88	70.90	62.56
45	33.35	29.19	50.03	45.88	70.90	62.56
46	33.35	33.35	54.22	45.88	75.07	62.56
47	33.35	33.35	54.22	50.03	75.07	62.56
48	33.35	33.35	54.22	50.03	75.07	66.72
49	37.54	33.35	54.22	50.03	75.07	66.72
50	37.54	33.35	58.38	50.03	75.07	66.72
51	37.54	33.35	58.38	50.03	75.07	66.72
52	37.54	33.35	58.38	54.22	79.23	70.90
53	45.88	33.35	62.56	54.22	83.41	70.90
54	45.88	33.35	66.72	58.38	87.57	75.07
55	50.03	37.54	70.90	62.56	87.57	79.23
56	50.03	37.54	75.07	62.56	91.75	79.23
57	54.22	45.88	79.23	70.90	95.91	83.41
58	58.38	50.03	83.41	75.07	104.25	91.75
59	62.56	54.22	87.57	79.23	108.40	95.91
60	66.72	58.38	95.91	83.41	116.73	100.09
61	70.90	62.56	100.09	87.57	125.07	112.57
62	79.23	70.90	108.40	95.91	137.59	116.73
63	83.41	75.07	116.73	100.09	141.75	125.07
64	87.57	75.07	125.07	108.40	150.09	133.41
65	91.75	83.41	137.59	116.73	162.60	141.75
66	95.91	87.57	141.75	120.91	162.60	141.75
67	100.09	87.57	150.09	125.07	170.94	150.09
68	108.40	95.91	154.26	137.59	179.29	158.45
69	112.57	100.09	162.60	145.93	187.63	162.60
70	125.07	108.40	170.94	154.26	195.97	170.94
71	133.41	116.73	179.29	158.45	204.31	183.47
72	145.93	125.07	191.81	166.79	220.98	187.63
73	154.26	137.59	200.14	179.29	229.35	200.14
74	162.60	141.75	212.64	187.63	237.69	208.48
75	170.94	150.09	229.35	195.97	250.19	220.98
76	175.13	154.26	237.69	204.31	258.51	229.35
77	187.63	162.60	246.02	212.64	262.70	233.50
78	191.81	170.94	250.19	220.98	266.86	237.69
79	200.14	175.13	254.36	225.16	271.04	237.69
80	204.31	179.29	258.51	229.35	271.04	237.69
81	229.35	200.14	275.20	246.02	291.88	254.36
82	250.19	220.98	300.23	262.70	316.88	275.20
83	271.04	241.84	329.39	287.72	341.89	296.05
84	300.23	266.86	358.57	316.88	366.91	325.22
85	329.39	291.88	396.11	341.89	404.45	350.23
86	358.57	321.05	429.47	371.10	437.80	379.42
87	396.11	346.07	462.84	408.63	475.34	416.97
88	429.47	375.25	508.70	441.98	521.21	454.51
89	462.84	412.79	550.38	487.86	562.89	496.20
90	508.70	450.32	604.59	529.52	617.11	537.86
91	550.38	492.02	658.80	575.39	675.49	587.92
92	604.59	533.70	717.18	625.45	733.84	637.95
93	658.80	583.73	779.71	683.83	800.55	696.34
94	717.18	633.79	850.61	746.34	871.45	763.02
95	717.18	633.79	850.61	746.34	871.45	763.02
96	717.18	633.79	850.61	746.34	871.45	763.02
97	717.18	633.79	850.61	746.34	871.45	763.02
98	717.18	633.79	850.61	746.34	871.45	763.02
99	717.18	633.79	850.61	746.34	871.45	763.02
100	717.18	633.79	850.61	746.34	871.45	763.02

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7031
Annual Premium per $10 Daily Benefit

Individual
3 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	33.35	29.19	50.03	45.88	70.90	62.56
19	33.35	29.19	50.03	45.88	70.90	62.56
20	33.35	29.19	50.03	45.88	70.90	62.56
21	33.35	29.19	50.03	45.88	70.90	62.56
22	33.35	29.19	50.03	45.88	70.90	62.56
23	33.35	29.19	50.03	45.88	70.90	62.56
24	33.35	29.19	50.03	45.88	70.90	62.56
25	33.35	29.19	54.22	50.03	75.07	66.72
26	33.35	29.19	54.22	50.03	75.07	66.72
27	33.35	29.19	54.22	50.03	75.07	66.72
28	33.35	29.19	54.22	50.03	75.07	66.72
29	33.35	29.19	54.22	50.03	75.07	66.72
30	33.35	33.35	58.38	50.03	79.23	70.90
31	33.35	33.35	58.38	50.03	79.23	70.90
32	33.35	33.35	58.38	50.03	79.23	70.90
33	33.35	33.35	58.38	50.03	79.23	70.90
34	33.35	33.35	58.38	50.03	79.23	70.90
35	37.54	33.35	62.56	54.22	87.57	75.07
36	37.54	33.35	62.56	54.22	87.57	75.07
37	37.54	33.35	62.56	54.22	87.57	75.07
38	37.54	33.35	62.56	54.22	87.57	75.07
39	37.54	33.35	62.56	54.22	87.57	75.07
40	45.88	37.54	66.72	58.38	91.75	83.41
41	45.88	37.54	66.72	58.38	91.75	83.41
42	45.88	37.54	66.72	58.38	91.75	83.41
43	45.88	37.54	66.72	58.38	91.75	83.41
44	45.88	37.54	66.72	58.38	91.75	83.41
45	45.88	37.54	66.72	58.38	91.75	83.41
46	50.03	37.54	66.72	62.56	91.75	83.41
47	50.03	37.54	70.90	62.56	95.91	83.41
48	50.03	37.54	70.90	62.56	95.91	87.57
49	50.03	37.54	70.90	62.56	95.91	87.57
50	54.22	45.88	70.90	62.56	95.91	87.57
51	54.22	45.88	70.90	62.56	100.09	87.57
52	54.22	45.88	75.07	66.72	100.09	91.75
53	58.38	45.88	79.23	70.90	104.25	91.75
54	58.38	50.03	83.41	75.07	108.40	95.91
55	62.56	50.03	87.57	79.23	112.57	100.09
56	62.56	54.22	91.75	83.41	116.73	104.25
57	70.90	58.38	100.09	87.57	120.91	108.40
58	75.07	62.56	104.25	95.91	133.41	112.57
59	79.23	66.72	112.57	100.09	141.75	120.91
60	87.57	70.90	120.91	104.25	150.09	133.41
61	91.75	79.23	133.41	112.57	162.60	141.75
62	100.09	83.41	141.75	120.91	170.94	150.09
63	108.40	87.57	150.09	133.41	179.29	158.45
64	112.57	95.91	162.60	141.75	191.81	166.79
65	120.91	100.09	170.94	154.26	200.14	179.29
66	125.07	104.25	179.29	158.45	204.31	179.29
67	137.59	108.40	187.63	166.79	212.64	187.63
68	141.75	116.73	195.97	175.13	229.35	195.97
69	154.26	125.07	208.48	183.47	237.69	208.48
70	162.60	137.59	220.98	195.97	250.19	225.16
71	175.13	145.93	237.69	204.31	262.70	237.69
72	187.63	158.45	250.19	220.98	279.38	250.19
73	200.14	166.79	262.70	233.50	291.88	258.51
74	212.64	175.13	275.20	246.02	308.57	271.04
75	229.35	187.63	287.72	254.36	321.05	283.54
76	241.84	195.97	300.23	266.86	333.55	291.88
77	250.19	204.31	316.88	275.20	341.89	300.23
78	262.70	212.64	325.22	283.54	350.23	312.73
79	266.86	225.16	329.39	291.88	354.41	316.88
80	275.20	229.35	333.55	296.05	358.57	316.88
81	300.23	250.19	362.75	325.22	383.59	341.89
82	329.39	275.20	396.11	350.23	416.97	366.91
83	362.75	300.23	429.47	379.42	450.32	400.29
84	404.45	333.55	471.18	421.13	492.02	433.64
85	441.98	362.75	512.88	454.51	533.70	471.18
86	475.34	400.29	558.71	500.36	583.73	512.88
87	521.21	433.64	608.76	542.04	633.79	558.71
88	571.23	471.18	667.14	592.07	692.17	608.76
89	621.27	512.88	725.52	642.12	754.68	667.14
90	675.49	558.71	792.21	704.68	821.41	725.52
91	733.84	612.93	863.11	767.20	896.46	788.05
92	800.55	667.14	942.33	838.09	975.68	863.11
93	875.62	725.52	1025.72	908.99	1063.25	938.18
94	954.83	792.21	1117.47	992.36	1,159.15	1,025.72
95	954.83	792.21	1117.47	992.36	1159.15	1025.72
96	954.83	792.21	1117.47	992.36	1,159.15	1,025.72
97	954.83	792.21	1117.47	992.36	1159.15	1025.72
98	954.83	792.21	1117.47	992.36	1,159.15	1,025.72
99	954.83	792.21	1117.47	992.36	1159.15	1025.72
100	954.83	792.21	1117.47	992.36	1,159.15	1,025.72

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7031
Annual Premium per $10 Daily Benefit

Individual
4 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	33.35	33.35	58.38	50.03	79.23	70.90
19	33.35	33.35	58.38	50.03	79.23	70.90
20	33.35	33.35	58.38	50.03	79.23	70.90
21	33.35	33.35	58.38	50.03	79.23	70.90
22	33.35	33.35	58.38	50.03	79.23	70.90
23	33.35	33.35	58.38	50.03	79.23	70.90
24	33.35	33.35	58.38	50.03	79.23	70.90
25	37.54	33.35	62.56	54.22	83.41	75.07
26	37.54	33.35	62.56	54.22	83.41	75.07
27	37.54	33.35	62.56	54.22	83.41	75.07
28	37.54	33.35	62.56	54.22	83.41	75.07
29	37.54	33.35	62.56	54.22	83.41	75.07
30	45.88	33.35	62.56	58.38	87.57	83.41
31	45.88	33.35	62.56	58.38	87.57	83.41
32	45.88	33.35	62.56	58.38	87.57	83.41
33	45.88	33.35	62.56	58.38	87.57	83.41
34	45.88	33.35	62.56	58.38	87.57	83.41
35	50.03	37.54	70.90	62.56	95.91	87.57
36	50.03	37.54	70.90	62.56	95.91	87.57
37	50.03	37.54	70.90	62.56	95.91	87.57
38	50.03	37.54	70.90	62.56	95.91	87.57
39	50.03	37.54	70.90	62.56	95.91	87.57
40	50.03	45.88	75.07	70.90	104.25	95.91
41	50.03	45.88	75.07	70.90	104.25	95.91
42	50.03	45.88	75.07	70.90	104.25	95.91
43	50.03	45.88	75.07	70.90	104.25	95.91
44	50.03	45.88	75.07	70.90	104.25	95.91
45	50.03	45.88	75.07	70.90	104.25	95.91
46	50.03	45.88	75.07	70.90	104.25	95.91
47	54.22	45.88	75.07	70.90	108.40	100.09
48	54.22	50.03	79.23	70.90	108.40	100.09
49	54.22	50.03	79.23	70.90	108.40	100.09
50	54.22	50.03	79.23	75.07	108.40	100.09
51	54.22	50.03	83.41	75.07	112.57	100.09
52	58.38	50.03	87.57	79.23	112.57	104.25
53	62.56	54.22	87.57	79.23	116.73	104.25
54	62.56	54.22	91.75	83.41	120.91	112.57
55	66.72	58.38	100.09	87.57	125.07	112.57
56	70.90	62.56	104.25	95.91	137.59	116.73
57	75.07	66.72	112.57	100.09	141.75	125.07
58	79.23	70.90	116.73	104.25	150.09	133.41
59	87.57	75.07	125.07	112.57	162.60	141.75
60	87.57	79.23	141.75	120.91	170.94	154.26
61	95.91	87.57	150.09	133.41	183.47	162.60
62	104.25	95.91	162.60	145.93	195.97	170.94
63	112.57	100.09	175.13	154.26	204.31	179.29
64	116.73	104.25	183.47	166.79	220.98	191.81
65	125.07	112.57	195.97	175.13	233.50	200.14
66	133.41	116.73	200.14	179.29	237.69	204.31
67	141.75	120.91	208.48	187.63	246.02	212.64
68	150.09	133.41	225.16	200.14	258.51	229.35
69	162.60	145.93	237.69	208.48	271.04	241.84
70	170.94	154.26	254.36	229.35	287.72	254.36
71	183.47	166.79	271.04	241.84	300.23	271.04
72	200.14	175.13	287.72	254.36	321.05	283.54
73	212.64	187.63	300.23	266.86	337.73	296.05
74	229.35	200.14	316.88	279.38	354.41	316.88
75	241.84	212.64	333.55	291.88	366.91	329.39
76	254.36	229.35	346.07	308.57	383.59	337.73
77	266.86	237.69	358.57	321.05	400.29	350.23
78	275.20	246.02	371.10	329.39	404.45	358.57
79	283.54	254.36	375.25	337.73	412.79	362.75
80	287.72	258.51	383.59	341.89	416.97	366.91
81	321.05	279.38	421.13	371.10	446.14	396.11
82	350.23	312.73	454.51	408.63	483.68	429.47
83	383.59	341.89	500.36	446.14	525.36	462.84
84	429.47	379.42	546.21	487.86	571.23	508.70
85	467.01	412.79	596.26	529.52	621.27	550.38
86	508.70	450.32	646.29	579.57	679.64	600.42
87	554.55	492.02	708.84	629.61	737.99	658.80
88	604.59	533.70	771.37	688.00	804.74	713.02
89	658.80	583.73	842.27	750.52	879.78	779.71
90	717.18	633.79	913.16	817.24	959.00	850.61
91	783.87	692.17	996.53	888.12	1042.40	929.84
92	854.77	758.86	1088.27	971.50	1,138.32	1,009.03
93	929.84	821.41	1188.32	1059.07	1238.38	1100.79
94	1013.22	896.46	1292.60	1150.78	1,350.97	1,200.84
95	1013.22	896.46	1292.60	1150.78	1350.97	1200.84
96	1013.22	896.46	1292.60	1150.78	1,350.97	1,200.84
97	1013.22	896.46	1292.60	1150.78	1350.97	1200.84
98	1013.22	896.46	1292.60	1150.78	1,350.97	1,200.84
99	1013.22	896.46	1292.60	1150.78	1350.97	1200.84
100	1013.22	896.46	1292.60	1150.78	1,350.97	1,200.84

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7031
Annual Premium per $10 Daily Benefit

Individual
6 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	45.88	37.54	66.72	58.38	91.75	83.41
19	45.88	37.54	66.72	58.38	91.75	83.41
20	45.88	37.54	66.72	58.38	91.75	83.41
21	45.88	37.54	66.72	58.38	91.75	83.41
22	45.88	37.54	66.72	58.38	91.75	83.41
23	45.88	37.54	66.72	58.38	91.75	83.41
24	45.88	37.54	66.72	58.38	91.75	83.41
25	50.03	45.88	70.90	62.56	100.09	87.57
26	50.03	45.88	70.90	62.56	100.09	87.57
27	50.03	45.88	70.90	62.56	100.09	87.57
28	50.03	45.88	70.90	62.56	100.09	87.57
29	50.03	45.88	70.90	62.56	100.09	87.57
30	54.22	50.03	75.07	70.90	104.25	95.91
31	54.22	50.03	75.07	70.90	104.25	95.91
32	54.22	50.03	75.07	70.90	104.25	95.91
33	54.22	50.03	75.07	70.90	104.25	95.91
34	54.22	50.03	75.07	70.90	104.25	95.91
35	58.38	54.22	83.41	75.07	112.57	104.25
36	58.38	54.22	83.41	75.07	112.57	104.25
37	58.38	54.22	83.41	75.07	112.57	104.25
38	58.38	54.22	83.41	75.07	112.57	104.25
39	58.38	54.22	83.41	75.07	112.57	104.25
40	62.56	54.22	87.57	79.23	120.91	112.57
41	62.56	54.22	87.57	79.23	120.91	112.57
42	62.56	54.22	87.57	79.23	120.91	112.57
43	62.56	54.22	87.57	79.23	120.91	112.57
44	62.56	54.22	87.57	79.23	120.91	112.57
45	62.56	54.22	87.57	79.23	120.91	112.57
46	62.56	58.38	91.75	79.23	125.07	112.57
47	62.56	58.38	91.75	83.41	125.07	112.57
48	62.56	58.38	95.91	83.41	133.41	116.73
49	66.72	58.38	95.91	87.57	133.41	116.73
50	66.72	58.38	95.91	87.57	133.41	116.73
51	66.72	62.56	100.09	87.57	137.59	120.91
52	70.90	62.56	100.09	91.75	141.75	125.07
53	70.90	62.56	108.40	95.91	145.93	125.07
54	75.07	66.72	112.57	100.09	150.09	137.59
55	79.23	70.90	120.91	108.40	154.26	141.75
56	83.41	75.07	125.07	112.57	162.60	145.93
57	87.57	79.23	137.59	120.91	170.94	154.26
58	95.91	87.57	150.09	133.41	183.47	166.79
59	100.09	91.75	158.45	145.93	191.81	175.13
60	108.40	95.91	170.94	154.26	204.31	187.63
61	116.73	104.25	183.47	166.79	225.16	195.97
62	125.07	112.57	195.97	175.13	237.69	212.64
63	137.59	120.91	204.31	187.63	254.36	229.35
64	145.93	133.41	220.98	195.97	266.86	241.84
65	158.45	141.75	233.50	204.31	283.54	254.36
66	162.60	145.93	237.69	208.48	291.88	262.70
67	170.94	154.26	246.02	225.16	300.23	271.04
68	183.47	166.79	262.70	237.69	321.05	283.54
69	195.97	175.13	283.54	254.36	333.55	296.05
70	208.48	187.63	308.57	275.20	350.23	316.88
71	229.35	200.14	329.39	291.88	366.91	329.39
72	246.02	220.98	350.23	316.88	387.77	346.07
73	258.51	233.50	366.91	329.39	408.63	362.75
74	275.20	246.02	387.77	346.07	429.47	379.42
75	291.88	258.51	408.63	362.75	446.14	400.29
76	308.57	271.04	425.30	375.25	458.67	412.79
77	321.05	283.54	437.80	396.11	475.34	429.47
78	329.39	291.88	450.32	404.45	487.86	437.80
79	337.73	300.23	458.67	412.79	492.02	441.98
80	341.89	308.57	462.84	421.13	496.20	446.14
81	371.10	333.55	504.54	454.51	529.52	475.34
82	408.63	366.91	546.21	496.20	575.39	517.04
83	446.14	404.45	600.42	537.86	621.27	558.71
84	496.20	446.14	658.80	592.07	675.49	608.76
85	542.04	487.86	717.18	642.12	733.84	662.96
86	592.07	529.52	779.71	704.68	800.55	721.36
87	642.12	579.57	850.61	767.20	875.62	788.05
88	700.50	625.45	929.84	838.09	954.83	858.95
89	763.02	683.83	1013.22	908.99	1038.24	938.18
90	833.91	746.34	1104.94	992.36	1,129.97	1,021.56
91	904.81	813.08	1200.84	1079.93	1234.20	1113.29
92	988.18	888.12	1309.27	1175.82	1,342.63	1,213.34
93	1075.78	967.34	1426.01	1288.41	1467.70	1321.77
94	1175.82	1054.91	1555.27	1400.98	1,596.95	1,438.50
95	1175.82	1054.91	1555.27	1400.98	1596.95	1438.50
96	1175.82	1054.91	1555.27	1400.98	1,596.95	1,438.50
97	1175.82	1054.91	1555.27	1400.98	1596.95	1438.50
98	1175.82	1054.91	1555.27	1400.98	1,596.95	1,438.50
99	1175.82	1054.91	1555.27	1400.98	1596.95	1438.50
100	1175.82	1054.91	1555.27	1400.98	1,596.95	1,438.50

Appendix B
Genworth Life Insurance Company
53% Increase to Current-Year Premiums

Form: 62171 when sold with 7031
Annual Premium per $10 Daily Benefit

Individual
Lifetime Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	79.76	73.64	116.59	104.32	153.40	141.13
19	79.76	73.64	116.59	104.32	153.40	141.13
20	79.76	73.64	116.59	104.32	153.40	141.13
21	79.76	73.64	116.59	104.32	153.40	141.13
22	79.76	73.64	116.59	104.32	153.40	141.13
23	79.76	73.64	116.59	104.32	153.40	141.13
24	79.76	73.64	116.59	104.32	153.40	141.13
25	85.92	79.76	122.74	110.45	165.64	147.26
26	85.92	79.76	122.74	110.45	165.64	147.26
27	85.92	79.76	122.74	110.45	165.64	147.26
28	85.92	79.76	122.74	110.45	165.64	147.26
29	85.92	79.76	122.74	110.45	165.64	147.26
30	92.06	79.76	128.87	116.59	177.89	165.64
31	92.06	79.76	128.87	116.59	177.89	165.64
32	92.06	79.76	128.87	116.59	177.89	165.64
33	92.06	79.76	128.87	116.59	177.89	165.64
34	92.06	79.76	128.87	116.59	177.89	165.64
35	98.18	92.06	141.13	128.87	196.31	171.76
36	98.18	92.06	141.13	128.87	196.31	171.76
37	98.18	92.06	141.13	128.87	196.31	171.76
38	98.18	92.06	141.13	128.87	196.31	171.76
39	98.18	92.06	141.13	128.87	196.31	171.76
40	104.32	92.06	153.40	135.01	214.74	184.06
41	104.32	92.06	153.40	135.01	214.74	184.06
42	104.32	92.06	153.40	135.01	214.74	184.06
43	104.32	92.06	153.40	135.01	214.74	184.06
44	104.32	92.06	153.40	135.01	214.74	184.06
45	104.32	92.06	153.40	135.01	214.74	184.06
46	110.45	98.18	159.50	141.13	214.74	196.31
47	110.45	98.18	159.50	141.13	220.87	202.45
48	110.45	104.32	159.50	141.13	227.01	202.45
49	110.45	104.32	165.64	147.26	227.01	208.58
50	110.45	104.32	165.64	147.26	227.01	208.58
51	116.59	104.32	171.76	153.40	233.13	208.58
52	122.74	110.45	177.89	153.40	239.26	214.74
53	122.74	110.45	184.06	165.64	245.40	227.01
54	128.87	116.59	202.45	177.89	257.68	233.13
55	135.01	122.74	214.74	184.06	269.95	245.40
56	147.26	128.87	227.01	208.58	282.21	257.68
57	153.40	141.13	239.26	220.87	300.63	269.95
58	159.50	147.26	257.68	239.26	312.90	288.37
59	177.89	159.50	276.09	251.55	343.58	300.63
60	184.06	165.64	294.51	269.95	362.00	325.19
61	208.58	177.89	312.90	288.37	380.40	343.58
62	220.87	202.45	343.58	306.77	404.95	368.13
63	239.26	214.74	355.88	325.19	435.64	392.69
64	251.55	227.01	374.27	343.58	466.27	417.22
65	269.95	245.40	386.55	355.88	496.94	454.06
66	282.21	257.68	398.83	362.00	509.21	466.27
67	294.51	269.95	417.22	380.40	533.77	484.69
68	325.19	288.37	441.77	404.95	552.19	503.08
69	343.58	306.77	484.69	435.64	582.87	527.64
70	368.13	331.32	527.64	478.52	613.53	546.03
71	392.69	355.88	564.45	515.37	638.09	570.58
72	417.22	380.40	613.53	546.03	674.90	607.39
73	454.06	398.83	644.22	582.87	699.45	631.95
74	478.52	423.37	674.90	613.53	736.27	662.64
75	503.08	454.06	711.71	638.09	766.96	687.18
76	527.64	472.40	736.27	662.64	797.59	724.01
77	546.03	490.82	760.82	681.03	816.01	742.40
78	564.45	509.21	779.18	699.45	828.27	754.69
79	570.58	515.37	791.45	717.85	846.67	766.96
80	582.87	521.50	803.72	730.13	846.67	766.96
81	631.95	564.45	871.21	785.32	908.04	822.15
82	687.18	619.70	938.72	858.96	981.66	889.63
83	754.69	681.03	1030.78	932.58	1055.32	957.14
84	828.27	748.54	1128.91	1024.64	1,147.33	1,043.03
85	908.04	816.01	1233.23	1116.64	1251.65	1141.17
86	987.83	889.63	1337.54	1214.82	1,368.22	1,239.35
87	1073.72	975.53	1460.22	1325.27	1490.91	1355.96
88	1171.86	1055.32	1595.22	1447.96	1,619.78	1,472.49
89	1282.29	1153.45	1742.44	1576.80	1766.98	1601.36
90	1398.85	1257.77	1895.85	1717.91	1,926.55	1,754.73
91	1521.59	1374.35	2061.49	1877.43	2098.30	1908.12
92	1656.59	1497.04	2245.57	2043.07	2,288.54	2,079.91
93	1809.93	1632.04	2454.18	2227.18	2490.99	2270.12
94	1969.49	1779.28	2675.02	2429.62	2,718.00	2,466.44
95	1969.49	1779.28	2675.02	2429.62	2718.00	2466.44
96	1969.49	1779.28	2675.02	2429.62	2,718.00	2,466.44
97	1969.49	1779.28	2675.02	2429.62	2718.00	2466.44
98	1969.49	1779.28	2675.02	2429.62	2,718.00	2,466.44
99	1969.49	1779.28	2675.02	2429.62	2718.00	2466.44
100	1969.49	1779.28	2675.02	2429.62	2,718.00	2,466.44

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7032
Annual Premium per $10 Daily Benefit

Individual
2 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	16.68	12.52	25.02	20.85	33.35	25.02
19	16.68	12.52	25.02	20.85	33.35	25.02
20	16.68	12.52	25.02	20.85	33.35	25.02
21	16.68	12.52	25.02	20.85	33.35	25.02
22	16.68	12.52	25.02	20.85	33.35	25.02
23	16.68	12.52	25.02	20.85	33.35	25.02
24	16.68	12.52	25.02	20.85	33.35	25.02
25	16.68	12.52	29.19	20.85	37.54	25.02
26	16.68	12.52	29.19	20.85	37.54	25.02
27	16.68	12.52	29.19	20.85	37.54	25.02
28	16.68	12.52	29.19	20.85	37.54	25.02
29	16.68	12.52	29.19	20.85	37.54	25.02
30	20.85	16.68	33.35	25.02	41.69	29.19
31	20.85	16.68	33.35	25.02	41.69	29.19
32	20.85	16.68	33.35	25.02	41.69	29.19
33	20.85	16.68	33.35	25.02	41.69	29.19
34	20.85	16.68	33.35	25.02	41.69	29.19
35	25.02	16.68	37.54	29.19	45.88	33.35
36	25.02	16.68	37.54	29.19	45.88	33.35
37	25.02	16.68	37.54	29.19	45.88	33.35
38	25.02	16.68	37.54	29.19	45.88	33.35
39	25.02	16.68	37.54	29.19	45.88	33.35
40	25.02	20.85	45.88	33.35	54.22	41.69
41	25.02	20.85	45.88	33.35	54.22	41.69
42	25.02	20.85	45.88	33.35	54.22	41.69
43	25.02	20.85	45.88	33.35	54.22	41.69
44	25.02	20.85	45.88	33.35	54.22	41.69
45	25.02	20.85	45.88	33.35	54.22	41.69
46	25.02	20.85	45.88	37.54	58.38	45.88
47	29.19	20.85	45.88	37.54	58.38	45.88
48	29.19	20.85	45.88	37.54	58.38	45.88
49	29.19	20.85	45.88	37.54	62.56	45.88
50	29.19	20.85	50.03	37.54	62.56	50.03
51	29.19	20.85	54.22	37.54	62.56	54.22
52	33.35	25.02	54.22	41.69	70.90	54.22
53	33.35	25.02	54.22	41.69	70.90	54.22
54	33.35	25.02	58.38	45.88	70.90	54.22
55	37.54	29.19	62.56	45.88	79.23	62.56
56	41.69	29.19	66.72	50.03	87.57	62.56
57	45.88	33.35	70.90	54.22	91.75	70.90
58	50.03	37.54	75.07	58.38	100.09	75.07
59	54.22	41.69	83.41	66.72	108.40	83.41
60	62.56	45.88	95.91	70.90	120.91	91.75
61	66.72	50.03	104.25	79.23	129.25	100.09
62	70.90	58.38	116.73	91.75	145.93	112.57
63	83.41	62.56	129.25	95.91	162.60	120.91
64	95.91	70.90	145.93	108.40	183.47	133.41
65	100.09	75.07	154.26	116.73	195.97	145.93
66	108.40	79.23	166.79	120.91	208.48	150.09
67	116.73	83.41	170.94	125.07	216.82	154.26
68	120.91	91.75	179.29	133.41	225.16	162.60
69	129.25	95.91	187.63	137.59	233.50	170.94
70	133.41	100.09	191.81	145.93	237.69	179.29
71	141.75	104.25	200.14	145.93	246.02	183.47
72	145.93	108.40	208.48	154.26	250.19	187.63
73	154.26	112.57	212.64	158.45	254.36	191.81
74	158.45	120.91	220.98	166.79	262.70	195.97
75	166.79	120.91	229.35	170.94	266.86	195.97
76	175.13	129.25	237.69	175.13	275.20	200.14
77	183.47	137.59	250.19	183.47	279.38	208.48
78	191.81	141.75	254.36	191.81	283.54	212.64
79	195.97	145.93	262.70	195.97	283.54	216.82
80	204.31	150.09	262.70	195.97	287.72	216.82
81	220.98	162.60	283.54	212.64	308.57	233.50
82	241.84	179.29	304.39	229.35	333.55	254.36
83	262.70	195.97	329.39	246.02	358.57	271.04
84	287.72	212.64	354.41	266.86	383.59	291.88
85	300.23	225.16	375.25	279.38	404.45	308.57
86	316.88	237.69	391.95	291.88	425.30	321.05
87	333.55	246.02	412.79	308.57	446.14	337.73
88	350.23	258.51	433.64	321.05	467.01	354.41
89	366.91	275.20	454.51	337.73	492.02	371.10
90	383.59	287.72	475.34	354.41	517.04	391.95
91	404.45	300.23	500.36	375.25	542.04	408.63
92	425.30	316.88	525.36	391.95	567.05	429.47
93	446.14	333.55	550.38	412.79	596.26	450.32
94	467.01	350.23	579.57	433.64	625.45	475.34
95	467.01	350.23	579.57	433.64	625.45	475.34
96	467.01	350.23	579.57	433.64	625.45	475.34
97	467.01	350.23	579.57	433.64	625.45	475.34
98	467.01	350.23	579.57	433.64	625.45	475.34
99	467.01	350.23	579.57	433.64	625.45	475.34
100	467.01	350.23	579.57	433.64	625.45	475.34

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7032
Annual Premium per $10 Daily Benefit

Individual
3 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	16.68	12.52	29.19	20.85	37.54	25.02
19	16.68	12.52	29.19	20.85	37.54	25.02
20	16.68	12.52	29.19	20.85	37.54	25.02
21	16.68	12.52	29.19	20.85	37.54	25.02
22	16.68	12.52	29.19	20.85	37.54	25.02
23	16.68	12.52	29.19	20.85	37.54	25.02
24	16.68	12.52	29.19	20.85	37.54	25.02
25	20.85	16.68	33.35	25.02	41.69	29.19
26	20.85	16.68	33.35	25.02	41.69	29.19
27	20.85	16.68	33.35	25.02	41.69	29.19
28	20.85	16.68	33.35	25.02	41.69	29.19
29	20.85	16.68	33.35	25.02	41.69	29.19
30	20.85	16.68	37.54	29.19	45.88	33.35
31	20.85	16.68	37.54	29.19	45.88	33.35
32	20.85	16.68	37.54	29.19	45.88	33.35
33	20.85	16.68	37.54	29.19	45.88	33.35
34	20.85	16.68	37.54	29.19	45.88	33.35
35	25.02	20.85	45.88	33.35	54.22	41.69
36	25.02	20.85	45.88	33.35	54.22	41.69
37	25.02	20.85	45.88	33.35	54.22	41.69
38	25.02	20.85	45.88	33.35	54.22	41.69
39	25.02	20.85	45.88	33.35	54.22	41.69
40	29.19	20.85	54.22	37.54	62.56	45.88
41	29.19	20.85	54.22	37.54	62.56	45.88
42	29.19	20.85	54.22	37.54	62.56	45.88
43	29.19	20.85	54.22	37.54	62.56	45.88
44	29.19	20.85	54.22	37.54	62.56	45.88
45	29.19	20.85	54.22	37.54	62.56	45.88
46	33.35	25.02	54.22	37.54	70.90	50.03
47	33.35	25.02	54.22	41.69	70.90	54.22
48	33.35	25.02	58.38	41.69	70.90	54.22
49	33.35	25.02	58.38	45.88	70.90	54.22
50	33.35	25.02	58.38	45.88	75.07	54.22
51	37.54	29.19	62.56	45.88	75.07	58.38
52	37.54	29.19	62.56	45.88	79.23	62.56
53	41.69	29.19	66.72	45.88	83.41	62.56
54	41.69	29.19	70.90	50.03	83.41	62.56
55	45.88	33.35	70.90	54.22	91.75	70.90
56	45.88	33.35	79.23	58.38	100.09	75.07
57	54.22	37.54	83.41	62.56	108.40	83.41
58	58.38	41.69	91.75	70.90	116.73	87.57
59	62.56	45.88	100.09	75.07	129.25	95.91
60	70.90	54.22	108.40	83.41	137.59	108.40
61	75.07	62.56	120.91	95.91	154.26	116.73
62	83.41	66.72	133.41	100.09	166.79	129.25
63	95.91	75.07	150.09	120.91	191.81	145.93
64	108.40	83.41	166.79	125.07	208.48	158.45
65	116.73	91.75	179.29	141.75	225.16	179.29
66	120.91	95.91	183.47	141.75	229.35	179.29
67	129.25	100.09	191.81	150.09	246.02	187.63
68	137.59	108.40	204.31	162.60	254.36	204.31
69	150.09	116.73	216.82	166.79	271.04	208.48
70	158.45	120.91	229.35	175.13	283.54	220.98
71	166.79	125.07	237.69	183.47	291.88	225.16
72	175.13	137.59	250.19	191.81	304.39	233.50
73	187.63	145.93	262.70	204.31	316.88	246.02
74	195.97	154.26	271.04	212.64	321.05	250.19
75	208.48	158.45	287.72	220.98	329.39	254.36
76	216.82	166.79	296.05	229.35	341.89	262.70
77	233.50	179.29	312.73	246.02	354.41	275.20
78	246.02	191.81	325.22	254.36	362.75	279.38
79	250.19	195.97	329.39	258.51	362.75	283.54
80	254.36	195.97	329.39	258.51	362.75	283.54
81	271.04	212.64	350.23	271.04	383.59	300.23
82	291.88	225.16	371.10	291.88	412.79	321.05
83	312.73	241.84	396.11	308.57	433.64	337.73
84	329.39	254.36	416.97	321.05	454.51	354.41
85	346.07	266.86	437.80	337.73	475.34	371.10
86	362.75	283.54	458.67	354.41	500.36	391.95
87	383.59	296.05	479.52	375.25	525.36	408.63
88	400.29	308.57	504.54	391.95	550.38	429.47
89	421.13	325.22	529.52	412.79	579.57	450.32
90	441.98	341.89	554.55	433.64	608.76	475.34
91	462.84	358.57	583.73	454.51	637.95	500.36
92	487.86	375.25	612.93	475.34	671.30	521.21
93	512.88	396.11	642.12	500.36	704.68	550.38
94	537.86	416.97	675.49	525.36	737.99	575.39
95	537.86	416.97	675.49	525.36	737.99	575.39
96	537.86	416.97	675.49	525.36	737.99	575.39
97	537.86	416.97	675.49	525.36	737.99	575.39
98	537.86	416.97	675.49	525.36	737.99	575.39
99	537.86	416.97	675.49	525.36	737.99	575.39
100	537.86	416.97	675.49	525.36	737.99	575.39

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7032
Annual Premium per $10 Daily Benefit

Individual
4 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	20.85	16.68	33.35	25.02	41.69	29.19
19	20.85	16.68	33.35	25.02	41.69	29.19
20	20.85	16.68	33.35	25.02	41.69	29.19
21	20.85	16.68	33.35	25.02	41.69	29.19
22	20.85	16.68	33.35	25.02	41.69	29.19
23	20.85	16.68	33.35	25.02	41.69	29.19
24	20.85	16.68	33.35	25.02	41.69	29.19
25	20.85	16.68	37.54	29.19	45.88	33.35
26	20.85	16.68	37.54	29.19	45.88	33.35
27	20.85	16.68	37.54	29.19	45.88	33.35
28	20.85	16.68	37.54	29.19	45.88	33.35
29	20.85	16.68	37.54	29.19	45.88	33.35
30	25.02	20.85	45.88	33.35	54.22	41.69
31	25.02	20.85	45.88	33.35	54.22	41.69
32	25.02	20.85	45.88	33.35	54.22	41.69
33	25.02	20.85	45.88	33.35	54.22	41.69
34	25.02	20.85	45.88	33.35	54.22	41.69
35	29.19	20.85	54.22	37.54	62.56	45.88
36	29.19	20.85	54.22	37.54	62.56	45.88
37	29.19	20.85	54.22	37.54	62.56	45.88
38	29.19	20.85	54.22	37.54	62.56	45.88
39	29.19	20.85	54.22	37.54	62.56	45.88
40	33.35	25.02	58.38	45.88	75.07	54.22
41	33.35	25.02	58.38	45.88	75.07	54.22
42	33.35	25.02	58.38	45.88	75.07	54.22
43	33.35	25.02	58.38	45.88	75.07	54.22
44	33.35	25.02	58.38	45.88	75.07	54.22
45	33.35	25.02	58.38	45.88	75.07	54.22
46	33.35	25.02	62.56	45.88	75.07	58.38
47	37.54	25.02	62.56	45.88	79.23	58.38
48	37.54	25.02	62.56	45.88	79.23	58.38
49	37.54	29.19	62.56	50.03	83.41	58.38
50	37.54	29.19	66.72	50.03	83.41	58.38
51	41.69	29.19	70.90	54.22	91.75	66.72
52	41.69	29.19	70.90	54.22	91.75	66.72
53	45.88	33.35	70.90	54.22	91.75	70.90
54	45.88	33.35	75.07	54.22	95.91	70.90
55	50.03	37.54	83.41	58.38	108.40	75.07
56	54.22	41.69	87.57	66.72	112.57	83.41
57	58.38	45.88	91.75	70.90	120.91	91.75
58	62.56	45.88	104.25	75.07	129.25	95.91
59	70.90	50.03	112.57	83.41	141.75	104.25
60	79.23	58.38	120.91	95.91	154.26	116.73
61	83.41	70.90	137.59	108.40	170.94	133.41
62	95.91	70.90	150.09	116.73	183.47	150.09
63	108.40	83.41	166.79	129.25	208.48	166.79
64	116.73	91.75	183.47	141.75	233.50	179.29
65	129.25	104.25	200.14	158.45	250.19	200.14
66	133.41	104.25	204.31	162.60	258.51	200.14
67	145.93	112.57	216.82	166.79	271.04	208.48
68	154.26	120.91	229.35	179.29	283.54	225.16
69	166.79	129.25	241.84	187.63	300.23	233.50
70	175.13	137.59	254.36	195.97	316.88	246.02
71	183.47	141.75	262.70	204.31	325.22	250.19
72	195.97	150.09	275.20	216.82	337.73	258.51
73	208.48	162.60	291.88	229.35	346.07	271.04
74	216.82	170.94	304.39	237.69	358.57	279.38
75	229.35	179.29	321.05	246.02	371.10	283.54
76	246.02	187.63	333.55	258.51	383.59	291.88
77	258.51	200.14	350.23	271.04	391.95	304.39
78	271.04	208.48	358.57	279.38	400.29	308.57
79	275.20	216.82	366.91	287.72	400.29	312.73
80	283.54	220.98	366.91	287.72	400.29	312.73
81	308.57	241.84	400.29	308.57	429.47	333.55
82	337.73	262.70	425.30	333.55	458.67	358.57
83	366.91	287.72	462.84	362.75	496.20	383.59
84	400.29	308.57	496.20	383.59	525.36	408.63
85	416.97	325.22	521.21	404.45	554.55	429.47
86	437.80	341.89	546.21	425.30	583.73	450.32
87	462.84	358.57	571.23	446.14	608.76	471.18
88	483.68	375.25	600.42	467.01	642.12	496.20
89	508.70	396.11	633.79	487.86	671.30	521.21
90	533.70	416.97	662.96	512.88	708.84	546.21
91	558.71	437.80	696.34	537.86	742.18	575.39
92	587.92	458.67	729.70	567.05	779.71	600.42
93	617.11	479.52	767.20	596.26	817.24	633.79
94	650.46	504.54	804.74	625.45	858.95	662.96
95	650.46	504.54	804.74	625.45	858.95	662.96
96	650.46	504.54	804.74	625.45	858.95	662.96
97	650.46	504.54	804.74	625.45	858.95	662.96
98	650.46	504.54	804.74	625.45	858.95	662.96
99	650.46	504.54	804.74	625.45	858.95	662.96
100	650.46	504.54	804.74	625.45	858.95	662.96

Appendix B
Genworth Life Insurance Company
26% Increase to Current-Year Premiums

Form: 62171 when sold with 7032
Annual Premium per $10 Daily Benefit

Individual
6 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	25.02	16.68	41.69	33.35	54.22	37.54
19	25.02	16.68	41.69	33.35	54.22	37.54
20	25.02	16.68	41.69	33.35	54.22	37.54
21	25.02	16.68	41.69	33.35	54.22	37.54
22	25.02	16.68	41.69	33.35	54.22	37.54
23	25.02	16.68	41.69	33.35	54.22	37.54
24	25.02	16.68	41.69	33.35	54.22	37.54
25	25.02	20.85	45.88	37.54	62.56	45.88
26	25.02	20.85	45.88	37.54	62.56	45.88
27	25.02	20.85	45.88	37.54	62.56	45.88
28	25.02	20.85	45.88	37.54	62.56	45.88
29	25.02	20.85	45.88	37.54	62.56	45.88
30	29.19	25.02	54.22	41.69	70.90	54.22
31	29.19	25.02	54.22	41.69	70.90	54.22
32	29.19	25.02	54.22	41.69	70.90	54.22
33	29.19	25.02	54.22	41.69	70.90	54.22
34	29.19	25.02	54.22	41.69	70.90	54.22
35	33.35	25.02	62.56	45.88	83.41	58.38
36	33.35	25.02	62.56	45.88	83.41	58.38
37	33.35	25.02	62.56	45.88	83.41	58.38
38	33.35	25.02	62.56	45.88	83.41	58.38
39	33.35	25.02	62.56	45.88	83.41	58.38
40	41.69	29.19	75.07	54.22	91.75	70.90
41	41.69	29.19	75.07	54.22	91.75	70.90
42	41.69	29.19	75.07	54.22	91.75	70.90
43	41.69	29.19	75.07	54.22	91.75	70.90
44	41.69	29.19	75.07	54.22	91.75	70.90
45	41.69	29.19	75.07	54.22	91.75	70.90
46	45.88	33.35	75.07	58.38	95.91	70.90
47	45.88	33.35	79.23	58.38	100.09	70.90
48	45.88	33.35	79.23	58.38	100.09	75.07
49	45.88	33.35	79.23	62.56	100.09	75.07
50	45.88	33.35	83.41	62.56	104.25	75.07
51	50.03	37.54	83.41	66.72	108.40	83.41
52	54.22	37.54	87.57	66.72	112.57	83.41
53	54.22	37.54	91.75	70.90	116.73	87.57
54	58.38	41.69	95.91	70.90	120.91	91.75
55	62.56	45.88	104.25	79.23	133.41	100.09
56	66.72	50.03	112.57	83.41	145.93	108.40
57	70.90	54.22	120.91	91.75	154.26	116.73
58	79.23	62.56	133.41	100.09	166.79	129.25
59	87.57	66.72	145.93	108.40	183.47	137.59
60	100.09	75.07	158.45	125.07	200.14	154.26
61	108.40	87.57	175.13	141.75	220.98	179.29
62	120.91	91.75	195.97	150.09	241.84	195.97
63	133.41	108.40	216.82	170.94	271.04	216.82
64	150.09	116.73	237.69	183.47	300.23	233.50
65	166.79	133.41	258.51	208.48	325.22	262.70
66	170.94	137.59	266.86	212.64	337.73	266.86
67	183.47	145.93	279.38	220.98	354.41	279.38
68	195.97	158.45	296.05	237.69	371.10	296.05
69	208.48	166.79	316.88	250.19	391.95	308.57
70	225.16	175.13	333.55	262.70	412.79	325.22
71	233.50	183.47	346.07	271.04	425.30	333.55
72	250.19	195.97	362.75	287.72	437.80	346.07
73	262.70	208.48	379.42	300.23	454.51	362.75
74	275.20	220.98	396.11	316.88	467.01	371.10
75	291.88	229.35	416.97	325.22	483.68	379.42
76	308.57	241.84	433.64	341.89	500.36	391.95
77	325.22	258.51	454.51	358.57	512.88	404.45
78	341.89	271.04	471.18	371.10	521.21	412.79
79	350.23	279.38	475.34	379.42	521.21	416.97
80	358.57	287.72	479.52	383.59	521.21	416.97
81	391.95	308.57	521.21	412.79	554.55	437.80
82	425.30	337.73	558.71	441.98	592.07	467.01
83	467.01	366.91	604.59	479.52	633.79	500.36
84	504.54	400.29	646.29	508.70	675.49	533.70
85	529.52	416.97	679.64	533.70	713.02	558.71
86	558.71	437.80	713.02	562.89	746.34	587.92
87	583.73	462.84	746.34	587.92	783.87	617.11
88	612.93	483.68	783.87	621.27	825.58	650.46
89	646.29	508.70	825.58	650.46	863.11	683.83
90	675.49	533.70	867.28	683.83	908.99	717.18
91	708.84	558.71	908.99	717.18	954.83	750.52
92	746.34	587.92	954.83	750.52	1,000.69	788.05
93	783.87	617.11	1000.69	788.05	1050.74	829.75
94	821.41	650.46	1050.74	829.75	1,104.94	871.45
95	821.41	650.46	1050.74	829.75	1104.94	871.45
96	821.41	650.46	1050.74	829.75	1,104.94	871.45
97	821.41	650.46	1050.74	829.75	1104.94	871.45
98	821.41	650.46	1050.74	829.75	1,104.94	871.45
99	821.41	650.46	1050.74	829.75	1104.94	871.45
100	821.41	650.46	1050.74	829.75	1,104.94	871.45

Appendix B
Genworth Life Insurance Company
53% Increase to Current-Year Premiums

Form: 62171 when sold with 7032
Annual Premium per $10 Daily Benefit

Individual
Lifetime Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18	36.81	30.69	73.64	55.23	92.06	67.50
19	36.81	30.69	73.64	55.23	92.06	67.50
20	36.81	30.69	73.64	55.23	92.06	67.50
21	36.81	30.69	73.64	55.23	92.06	67.50
22	36.81	30.69	73.64	55.23	92.06	67.50
23	36.81	30.69	73.64	55.23	92.06	67.50
24	36.81	30.69	73.64	55.23	92.06	67.50
25	42.95	36.81	85.92	67.50	104.32	79.76
26	42.95	36.81	85.92	67.50	104.32	79.76
27	42.95	36.81	85.92	67.50	104.32	79.76
28	42.95	36.81	85.92	67.50	104.32	79.76
29	42.95	36.81	85.92	67.50	104.32	79.76
30	49.08	36.81	98.18	73.64	122.74	92.06
31	49.08	36.81	98.18	73.64	122.74	92.06
32	49.08	36.81	98.18	73.64	122.74	92.06
33	49.08	36.81	98.18	73.64	122.74	92.06
34	49.08	36.81	98.18	73.64	122.74	92.06
35	61.37	42.95	110.45	85.92	141.13	104.32
36	61.37	42.95	110.45	85.92	141.13	104.32
37	61.37	42.95	110.45	85.92	141.13	104.32
38	61.37	42.95	110.45	85.92	141.13	104.32
39	61.37	42.95	110.45	85.92	141.13	104.32
40	67.50	49.08	128.87	98.18	159.50	122.74
41	67.50	49.08	128.87	98.18	159.50	122.74
42	67.50	49.08	128.87	98.18	159.50	122.74
43	67.50	49.08	128.87	98.18	159.50	122.74
44	67.50	49.08	128.87	98.18	159.50	122.74
45	67.50	49.08	128.87	98.18	159.50	122.74
46	73.64	55.23	135.01	104.32	171.76	128.87
47	73.64	55.23	135.01	104.32	171.76	128.87
48	79.76	55.23	141.13	104.32	177.89	135.01
49	79.76	61.37	141.13	104.32	177.89	135.01
50	79.76	61.37	141.13	104.32	184.06	135.01
51	85.92	61.37	147.26	110.45	190.18	141.13
52	92.06	67.50	159.50	116.59	196.31	147.26
53	92.06	67.50	159.50	122.74	202.45	153.40
54	98.18	73.64	171.76	122.74	214.74	159.50
55	110.45	79.76	184.06	141.13	239.26	177.89
56	116.59	92.06	202.45	153.40	257.68	202.45
57	122.74	98.18	214.74	165.64	276.09	214.74
58	141.13	110.45	239.26	177.89	300.63	233.13
59	159.50	116.59	257.68	196.31	331.32	251.55
60	171.76	135.01	282.21	220.87	362.00	282.21
61	190.18	153.40	319.05	257.68	398.83	325.19
62	214.74	165.64	349.71	269.95	435.64	362.00
63	239.26	190.18	386.55	312.90	490.82	398.83
64	263.82	208.58	429.50	337.46	546.03	429.50
65	294.51	239.26	472.40	380.40	589.00	484.69
66	306.77	245.40	484.69	386.55	607.39	490.82
67	325.19	257.68	509.21	404.95	638.09	509.21
68	343.58	282.21	533.77	435.64	668.76	546.03
69	374.27	294.51	576.72	454.06	711.71	564.45
70	398.83	319.05	607.39	478.52	748.54	595.14
71	417.22	331.32	625.82	496.94	773.03	613.53
72	441.77	349.71	656.51	521.50	797.59	638.09
73	466.27	374.27	687.18	552.19	822.15	662.64
74	490.82	392.69	717.85	576.72	846.67	681.03
75	521.50	411.08	754.69	601.27	871.21	693.32
76	552.19	435.64	785.32	625.82	901.90	717.85
77	582.87	466.27	828.27	662.64	932.58	742.40
78	607.39	484.69	852.82	681.03	944.85	754.69
79	625.82	503.08	865.09	693.32	944.85	760.82
80	638.09	515.37	871.21	699.45	944.85	760.82
81	699.45	558.33	944.85	754.69	1000.08	803.72
82	760.82	607.39	1012.36	809.84	1067.59	852.82
83	828.27	662.64	1098.22	877.35	1141.17	914.16
84	901.90	717.85	1171.86	932.58	1,220.96	969.41
85	944.85	754.69	1233.23	981.66	1282.29	1018.51
86	993.95	791.45	1294.59	1030.78	1,343.66	1,073.72
87	1043.03	828.27	1355.96	1079.83	1411.12	1122.78
88	1092.08	871.21	1423.40	1135.03	1,478.62	1,177.98
89	1147.33	914.16	1497.04	1190.28	1552.28	1239.35
90	1208.67	957.14	1570.67	1251.65	1,632.04	1,300.71
91	1263.90	1006.22	1650.46	1312.98	1711.78	1368.22
92	1331.41	1061.45	1730.17	1380.49	1,797.67	1,435.68
93	1398.85	1110.49	1816.09	1447.96	1889.72	1509.30
94	1466.35	1165.72	1908.12	1521.59	1,981.75	1,582.95
95	1466.35	1165.72	1908.12	1521.59	1981.75	1582.95
96	1466.35	1165.72	1908.12	1521.59	1,981.75	1,582.95
97	1466.35	1165.72	1908.12	1521.59	1981.75	1582.95
98	1466.35	1165.72	1908.12	1521.59	1,981.75	1,582.95
99	1466.35	1165.72	1908.12	1521.59	1981.75	1582.95
100	1466.35	1165.72	1908.12	1521.59	1,981.75	1,582.95

Appendix C
Genworth Life Insurance Company
Current-Year Premiums

Stable Premium Option
Lifetime Guarantee

Form: 7030END-LSPO VA 0920
Annual Premium per $10 Daily Benefit

Issue Age	Individual	Joint
18-24	69.15	64.02
25-29	76.83	71.71
30-34	81.95	76.83
35-39	87.07	81.95
40-44	92.20	84.51
45	92.20	84.51
46	97.32	89.63
47	99.88	92.20
48	99.88	92.20
49	99.88	92.20
50	102.44	94.76
51	105.00	94.76
52	105.00	97.32
53	107.56	99.88
54	112.68	105.00
55	120.37	112.68
56	128.05	117.81
57	138.29	128.05
58	145.98	135.73
59	158.78	148.54
60	171.59	158.78
61	186.95	174.15
62	199.76	184.39
63	217.68	202.32
64	230.49	215.12
65	245.85	227.93
66	263.78	245.85
67	289.39	268.90
68	320.12	297.07
69	355.98	330.37
70	399.51	371.34
71	445.61	412.32
72	501.95	466.10
73	558.29	517.32
74	622.32	578.78
75	694.03	642.81
76	768.29	711.95
77	857.93	796.46
78	942.44	875.85
79	1,032.07	957.81
80	1,129.39	1,047.44
81	1,236.95	1,147.32
82	1,359.88	1,262.56
83	1,498.17	1,390.61
84	1,659.51	1,539.15
85	1,808.05	1,677.44
86	1,971.95	1,831.10
87	2,148.66	1,995.00
88	2,340.74	2,171.71
89	2,553.30	2,368.91
90	2,783.78	2,584.03
91	3,034.76	2,817.08
92	3,308.79	3,070.61
93	3,605.86	3,347.20
94	3,931.10	3,646.83

Appendix A
Genworth Life Insurance Company

Form: 62171
Annual Premium per $10 Daily Benefit

Individual SPO Lifetime
1095 x Daily Maximum

	1% Compound BIO	
Age	100 EP	180 EP
18-24	20.49	20.49
25-29	23.05	23.05
30-34	25.61	25.61
35-39	25.61	25.61
40-44	28.17	28.17
45	28.17	28.17
46	28.17	28.17
47	30.73	30.73
48	30.73	30.73
49	30.73	30.73
50	30.73	30.73
51	30.73	30.73
52	30.73	30.73
53	33.29	33.29
54	33.29	33.29
55	35.85	35.85
56	38.41	38.41
57	40.98	40.98
58	43.54	43.54
59	48.66	48.66
60	51.22	51.22
61	56.34	56.34
62	58.90	58.90
63	66.59	66.59
64	69.15	69.15
65	74.27	74.27
66	76.83	76.83
67	81.95	81.95
68	87.07	87.07
69	92.20	92.20
70	99.88	99.88
71	107.56	107.56
72	115.24	115.24
73	122.93	122.93
74	130.61	130.61
75	138.29	138.29
76	145.98	145.98
77	153.66	153.66
78	161.34	161.34
79	163.90	163.90
80	169.02	169.02
81	184.39	184.39
82	204.88	204.88
83	225.37	225.37
84	248.42	248.42
85	271.46	271.46
86	297.07	297.07
87	322.68	322.68
88	350.85	350.85
89	384.15	384.15
90	417.44	417.44
91	455.85	455.85
92	496.83	496.83
93	540.37	540.37
94	589.03	589.03

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

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	VA_Certification of Compliance_14_5_101_110.pdf
Item Status:	Received & Acknowledged
Status Date:	04/19/2022

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA PCS II NAIC Filing Checklist 20201016.pdf Long-Term-Care-Rate-Revision-Checklist LR.pdf
Item Status:	Received & Acknowledged
Status Date:	04/19/2022

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA PCS II Memo Exhibits 20201016.xlsx VA PCS II Confidential Memo 20201224.pdf
Item Status:	Received & Acknowledged
Status Date:	04/19/2022

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Long Term Care Insurance Rate Request Summary.pdf
Item Status:	Received & Acknowledged
Status Date:	04/19/2022

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	Flesch Score_7030END-L.pdf
Item Status:	Received & Acknowledged
Status Date:	04/21/2022

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	VA PCS II Cover Letter 20210729.pdf

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

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

Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	VA PCS II Rate Tables Appendix A 20201016.pdf VA PCS II Rate Tables 62171_Appendix A.pdf VA PCS II Rate Tables 62172_Appendix A.pdf VA PCS II Rate Tables 62173_Appendix A.pdf VA PCS II SPO Appendix A.pdf
Item Status:	Received & Acknowledged
Status Date:	04/04/2022

Satisfied - Item:	Experience Exhibits and Filing Status
Comments:	
Attachment(s):	VA PCS II Additional Exhibits 20201016.pdf VA PCS II Additional Exhibits 20201016.xlsx
Item Status:	Received & Acknowledged
Status Date:	04/04/2022

Satisfied - Item:	Sample Schedule Page (LSPO)
Comments:	Moved to Form Schedule tab.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	04/21/2022

Satisfied - Item:	Variability Statement (LSPO)
Comments:	
Attachment(s):	7030 VA Lifetime Stable Premium SOV March 2022.pdf SOV.VA_Lifetime SPO Policyholder Notification April 2022.pdf
Item Status:	Received & Acknowledged
Status Date:	04/21/2022

Satisfied - Item:	Sample Policyholder Notifications
Comments:	

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

Attachment(s):	Lifetime SPO Policyholder Letter Template 041422.pdf John Doe Sample VA PCS II LSPO Policyholder Letter 041422.pdf John Doe Sample VA PCS II Policyholder Not On Claim NQ Letter 041422.pdf John Doe Sample VA PCS II Policyholder On Claim NQ Letter 041422.pdf John Doe Sample VA PCS II Standard Policyholder Letter 041422.pdf
Item Status:	Received & Acknowledged
Status Date:	04/21/2022

Satisfied - Item:	Sample Policyholder Notifications (LSPO)
Comments:	These documents have been moved to the Form Schedule tab, as applicable.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	04/21/2022

Satisfied - Item:	Response Letter (2/17/21 - Objection 2)
Comments:	
Attachment(s):	VA PCS II Objection 2 Response 20210219.pdf
Item Status:	Received & Acknowledged
Status Date:	04/04/2022

Satisfied - Item:	Policy Reserves and Experience Projection Exhibits
Comments:	
Attachment(s):	VA PCS II Objection 2 Attachments 20210219.xlsx
Item Status:	Received & Acknowledged
Status Date:	04/04/2022

Satisfied - Item:	Response Letter (2/19/21 - Objection 3)
Comments:	
Attachment(s):	VA PCS II Objection 3 Response 20210219.pdf
Item Status:	Received & Acknowledged
Status Date:	04/04/2022

Satisfied - Item:	Current & Prior Assumptions, "If-Knew" and Maximum Increase Exhibits
Comments:	
Attachment(s):	VA PCS II Objection 3 Attachments.xlsx
Item Status:	Received & Acknowledged
Status Date:	04/04/2022

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

Satisfied - Item:	Experience Exhibits and 65.2/80 Test
Comments:	
Attachment(s):	VA PCS II Objection 4 Attachments.xlsx
Item Status:	Received & Acknowledged
Status Date:	04/04/2022

Satisfied - Item:	Response Letter (6/7/21)
Comments:	
Attachment(s):	VA PCS II Objection 6 Response 20210607.pdf
Item Status:	Received & Acknowledged
Status Date:	04/04/2022

Satisfied - Item:	Form Samples
Comments:	
Attachment(s):	PCS 2_VA 7030L.pdf 134613VA 062916_Contingent Benefit Upon Lapse Endorsement.pdf 158271_101713_OLB Endorsement.pdf 165935 VA 111716 Coverage Amendment Rider.pdf
Item Status:	Received & Acknowledged
Status Date:	04/04/2022

Satisfied - Item:	LSPO Endorsement Sample
Comments:	
Attachment(s):	7030END-LSPO VA SAMPLE.pdf
Item Status:	Received & Acknowledged
Status Date:	04/21/2022

Attachment VA PCS II Memo Exhibits 20201016.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA PCS II Additional Exhibits 20201016.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA PCS II Objection 2 Attachments 20210219.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA PCS II Objection 3 Attachments.xlsx is not a PDF document and cannot be reproduced here.

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

Virginia Administrative Code
Title 14. Insurance
Agency 5. State Corporation Commission, Bureau Of Insurance
Chapter 101. Rules Governing Life and Health Forms Filings

14VAC5-101-110. Certificate of compliance.

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

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

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

Signature of Officer

Scott G. Goodman
Printed Name

Vice President and Appointed Actuary
Title

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

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

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

PCS II NAIC Filing Checklist
October 2020

CONFIDENTIAL

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

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

Please refer to the Rate Appendices submitted in this filing.

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

Please refer to Exhibit III "Status of Filings" in the file: "VA PCS II Additional Exhibits 20201016.xlsx", as well as the Header and Section 2 of the Actuarial Memorandum.

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

Please refer to Exhibit III "Status of Filings" in the file: "VA PCS II Additional Exhibits 20201016.xlsx".

2. Rate increase history that reflects the filed increase.

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

Please refer to Section 7.5 of the Actuarial Memorandum as well as Exhibit III "Status of Filings" in the file: "VA PCS II Additional Exhibits 20201016.xlsx".

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

A 18% rate increase for policies with lifetime benefits and a 18% rate increase for policies with limited benefits was accepted in Virginia on 1/18/2012.
(SERFF # GEFA-126874901 & GEFA-126875010).

A 78% rate increase for policies with lifetime benefits and a 63% rate increase for policies with limited benefits was accepted in Virginia on 7/11/2013.
(SERFF # GEFA-128660174).

A 72% rate increase for policies with lifetime benefits and a 55% rate increase for policies with limited benefits was accepted in Virginia on 6/28/2019.
(SERFF # GEFA-131306457).

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

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

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

i. The projection should be by year.

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

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

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

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

Please refer to Exhibits I-II of the Actuarial Memorandum. Splits by benefit period (lifetime/limited) can be noted in Exhibits Ib-IIb and Exhibits Ic-IIc respectively. Exposed lives by policies inforce, split by lifetime and limited benefit, are 43,179 and 94,348 respectively, bringing the total inforce lives count to 137,527. GLIC believes that neither paid-up policies nor premium paying policies should be separated for the planned rate increase analysis. There was a total of 29,514 paid up policies and 108,013 premium paying policies.

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

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

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

Please refer to Section 3 of the Actuarial Memorandum.

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

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

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

Change in LLR from Change in Key assumptions	
In Percentage Points	
Lapse	28
Mortality	1
Morbidity	19

The system conversion has an effect of increasing the lifetime loss ratio by 7.8 percentage points. It is impossible to attribute this impact to individual assumptions.

In the update from 2016 CFT assumptions to 2017 CFT assumptions, the incidence and utilization assumption updates were the most impactful, increasing the lifetime loss ratio by 5.7 and 2.2 percentage points respectively. The combined impact of lapse and mortality assumptions was 0.7 percentage points unfavorable.

In the update from 2017 CFT assumptions to 2018 CFT assumptions, the situs mix and utilization assumption updates were the most significant unfavorable factors, increasing the lifetime loss ratio by 0.9 and 0.2 percentage points respectively.

In the update from 2018 CFT assumptions to 2019 CFT assumptions, slight worsening in mortality and lapse was largely offset by favorable utilization assumption.

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 inforce.

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

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

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

Please refer to Section 9 of the Actuarial Memorandum.

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

Please refer to Section 9 of the Actuarial Memorandum.

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

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

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

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

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

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

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

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

1. Including waived premiums as a benefit is a common industry practice and is a reasonable way to develop models. GLIC confirmed with multiple leading third-party actuarial firms with significant long-term care experience that many long-term care companies follow the practice of including waived premiums as a benefit. Including waived premiums is consistent with how GLIC does all projections on a gross premium basis, including our cash flow testing and loss recognition testing.

2. Waiver of Premium is a benefit, like any other payment associated with the benefits on a policy. Since the cost of wavier of premium is tied to incidence and claim length, GLIC believes waived premium should not be treated any differently than other morbidity items. Because Waiver of Premium is a benefit, GLIC creates a separate reserve for waived premiums at the time of claim for each policy. In doing so, the premiums are still earned because GLIC is providing coverage while the policyholder is on claim. Thus, treating the waived premium as an additional claim item is consistent with an earned and incurred definition of premium and claims, respectively.

3. When calculating historical premium, GLIC models a policyholder as paying premiums until they leave the experience pool. To model historical waived premium as an absence of premium, additional model complexity would be required. GLIC believes that this additional model complexity would not be matched in additional value to our current modeling methodology. Removing waiver of premium from the cash flows is not expected to have significant impact in the lifetime loss ratio presented in Exhibits I and II of the Actuarial Memorandum, and therefore GLIC believes that there is no additional value added.

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

GLIC does not isolate underwriting specifically in order to quantify the effect of changes when conducting its analysis. Underwriting is considered an underlying assumption included in establishing our lapse, mortality, morbidity and benefit utilization rate assumptions. For PCS II, we do not utilize experience from other products when setting most of the assumptions. For assumptions where experience is blended (CTs/BURs) there is not sufficient evidence that underwriting at issue impacts the assumptions.

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

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

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

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

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

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

ii. Provide justification for any change in assumptions.

Please refer to Section 8 of the Actuarial Memorandum.

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

Please refer to Section 8 of the Actuarial Memorandum.

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

Please refer to Section 8 of the Actuarial Memorandum.

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 PCS II Additional Exhibits 20201016.xlsx".

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

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

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

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

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

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

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

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

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

i. Comparison with asset adequacy testing reserve assumptions

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

Please refer to Section 8 of the Actuarial Memorandum.

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

Please refer to Section 10 of the Actuarial Memorandum.

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

Not Applicable.

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

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

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

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

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

Please refer to Section 15 of the Actuarial Memorandum.

.

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

The excel spreadsheets for each respective exhibit have been provided in in the in the file: "VA PCS II Additional Exhibits 20201016.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?

Please refer to the Policyholder Notification Letter.

E. How are partnership policies addressed?

Please refer to the Policyholder Notification Letter.

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

Please refer to Section 15 of the Actuarial Memorandum.

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

PCS II NAIC Filing Checklist
October 2020

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Note regarding this document:

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

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

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

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

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

REVIEW REQUIREMENTS	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	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. B. Administrative information, such as officer names, titles and signatures, contact information, or company logo may be presented as variable bracketed text. 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. 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. E. Requests for revisions to a Statement of Variability contained in a previously approved filing shall be accomplished by notification in the original filing.	Acknowledged

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
Filing a Rate Revision	14 VAC 5-130-70 A	(i) New rate sheet;	Appendix A and Appendix B
		(ii) All information required by SERFF.	Acknowledged
	14 VAC 5-130-70 B	Actuarial Memorandum	See Act Memo
	14VAC5-130-70 B 1	A description of the type of policy, including benefits, renewability, issue age limits, and if applicable, whether the policy includes grandfathered, non-grandfathered plans, or both.	Act Memo Section 4, 5
	14VAC5-130-70 B 2	The scope and reason for the premium or rate revision.	Act Memo, Section 2
	14VAC5-130-70 B 3	A comparison of the revised premiums with the current premium scale, including all percentage rate changes and any rating factor changes.	Act Memo, Appendix A, B
	14VAC5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.	Act Memo, Section 1
	14VAC5-130-70 B 5	The estimated average annual premium per policy and per member, before and after the proposed rate revision. If different changes by rating classification are requested, the filing also must include: (i) Range of changes; and (ii) Average overall change, including a detailed explanation of how the change was determined.	Act Memo, Section 13, 14, 15
	14VAC5-130-70 B 6	*The following is applicable to all coverage with the exception of coverage issued in the small group market:* (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	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.	60%
	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	REFERENCE	COMMENTS	FILER'S NOTES
		members in the year immediately prior to the filing of the rate revision.	
	14VAC5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.	Act Memo, Section 17
Policyholder Letter Review	14VAC5-200-75 A	Other than policies for which no applicable premium rate or rate schedule increases can be made, insurers shall provide all of the information listed in this subsection to the applicant at the time of application or enrollment, unless the method of application does not allow for delivery at that time. In such a case, an insurer shall provide all the information listed in this section to the applicant no later than at the time of delivery of the policy or certificate.	Policyholder Notification Letter
	14VAC5-200-75 A 1	A statement that the policy may be subject to rate increases in the future;	Policyholder Notification Letter
	14VAC5-200-75 A 2	An explanation of potential future premium rate revisions, and the policyholder's or certificateholder's option in the event of a premium rate revision;	Policyholder Notification Letter
	14VAC5-200-75 A 3	The premium rate or rate schedules applicable to the applicant that will be in effect until a request is made for an increase;	Policyholder Notification Letter
	14VAC5-200-75 A 4	A general explanation for applying premium rate or rate schedule adjustments that shall include: a. A description of when premium rate or rate schedule adjustments will be effective (e.g., next anniversary date, next billing date, etc.); and b. The right to a revised premium rate or rate schedule as provided in subdivision 2 of this subsection if the premium rate or rate schedule is changed;	Policyholder Notification Letter

REVIEW REQUIREMENTS	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	REFERENCE	COMMENTS	FILER'S NOTES
		for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.	
Pre-Rate Stability	14VAC5-200-150 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth before October 1, 2003.	Acknowledged
Reasonableness of Benefits	14VAC5-200-150 B	Benefits under individual long-term care insurance policies shall be deemed reasonable in relation to premiums provided the expected loss ratio is the greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus: (i) 80% applied to any premium rate increase for individual policy forms or, (ii) 75% applied to any premium rate increase on group policy forms.	Exhibit III
		In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:	
	14VAC5-200-150 B 1	Statistical credibility of incurred claims experience and earned premiums.	Act Memo, Section 9
	14VAC5-200-150 B 2	The period for which rates are computed to provide coverage.	Lifetime
	14VAC5-200-150 B 3	Experienced and projected trends;	Act Memo, Section 8
	14VAC5-200-150 B 4	Concentration of experience within early policy duration;	Exhibit I
	14VAC5-200-150 B 5	Expected claim fluctuation;	Act Memo, Section 8
	14VAC5-200-150 B 6	Experience refunds, adjustments or dividends.	Exhibit I
	14VAC5-200-150 B 7	Renewability features;	Act Memo, Section 4
	14VAC5-200-150 B 8	All appropriate expense factors;	Act Memo, Section 8
	14VAC5-200-150 B 9	Interest;	Act Memo, Section 8
	14VAC5-200-150 B 10	Experimental nature of the coverage;	N/A
	14VAC5-200-150 B 11	Policy reserves;	Act Memo, Section 10

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
	14VAC5-200-150 B 12	Mix of business by risk classification; and	Act Memo, Section 14
	14VAC5-200-150 B 13	Product features such a long elimination periods, high deductibles and high maximum limits.	Act Memo, Section 14
		Demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for Individual and Certain Group Accident and Sickness Insurance Policy Forms, Chapter 130 (14 VAC 5-130) of this title. All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia.	Exhibit I
	14VAC5-200-150 C	Any insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The entire series mat be approved at one time as part of the current rate increase filing.	Acknowledged
	14VAC5-200-150 D	As a condition of approval of a rate increase for a block of business for which the contingent benefit upon lapse is not otherwise required, a contingent benefit upon lapse provision will be required in accordance with 14VAC5-200-185 D. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases will trigger the offering of a contingent benefit upon lapse, the insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	Acknowledged
	14VAC5-200-150 E	All submissions shall include information required by 14VAC5-200-75.	Acknowledged
Long-Term Care Insurance Funded by Life Insurance	14VAC5-200-150 F	A life insurance policy that funds long-term care benefits entirely by accelerating the death benefit is considered to provide reasonable benefits in relation to	N/A

REVIEW REQUIREMENTS	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

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	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	REFERENCE	COMMENTS	FILER'S NOTES
		exceptional increase, prior to the notice to the policyholders and shall include:	Acknowledged
	14VAC5-200-153 B 1	Information required by 14VAC5-200-75;	Acknowledged
	14VAC5-200-153 B 2	Certification by a qualified actuary that:	Act Memo, Section 17
		a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated; and	Act Memo, Section 17
		b. The premium rate filing is in compliance with the provisions of this section;	Act Memo, Section 17
	14VAC5-200-153 B 3	An actuarial memorandum justifying the rate schedule change request that includes:	
		a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale;	Exhibit I, II
		(1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately;	Exhibit I, II
		(2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;	Exhibit I, II
		(3) The projections shall demonstrate compliance with subsection C of this section; and	Exhibit I, II
		(4) For exceptional increases,	
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	Acknowledged

REVIEW REQUIREMENTS	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	REFERENCE	COMMENTS	FILER'S NOTES
		entire series may be approved at one time as part of the current rate increase filing. The insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	Acknowledged
		The insurer may request a premium rate schedule increase less than what is required under this section and the commission may approve such premium rate schedule increase, without submission of the certification in subdivision 2 a of this subsection, if the actuarial memorandum discloses the premium rate schedule increase necessary to make such certification required, the premium rate schedule increase filing satisfies all other requirements of this section, and is, in the opinion of the commission, in the best interest of policyholders.	Acknowledged
	14VAC5-200-153 C	All premium rate schedule increases shall be determined in accordance with the following requirements:	Acknowledged
Exceptional Increases	14VAC5-200-153 C 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	Acknowledged
	14VAC5-200-153 C 2	Premium rate schedule increases shall be calculated such that the sum of the accumulated value of incurred claims, without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:	Acknowledged
		a. The accumulated value of the initial earned premium times 58%;	Exhibit III
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	Exhibit III
		c. The present value of future projected initial earned premiums times 58%; and	Exhibit III

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	Exhibit III
	14VAC5-200-153 C 3	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	Acknowledged
	14VAC5-200-153 C 4	All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	Acknowledged
	14VAC5-200-153 D	For each rate increase that is implemented, the insurer shall file for approval by the commission updated projections, as defined in subdivision B 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection K of this section, the projections required by subdivision B 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.	Acknowledged
	14VAC5-200-153 E	If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision B 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection D of	Acknowledged

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	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	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	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	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

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 50.

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

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: _____

Name (please print): Shumaila Merchant, F.S.A., M.A.A.A Title: Director & Actuary

Company Name: Genworth Life Insurance Company

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Actuarial Memorandum
October 2020

CONFIDENTIAL

Policy Forms 7030L, 7031L, 7032L, 62173, 62172, 62171, 62286

1. Scope of this Filing

This filing applies to the referenced policy forms issued in Virginia between March 1998 and October 2003. These forms are also referred to by Genworth Life Insurance Company ("GLIC") as PCS II and are no longer being sold.

For all the policies issued in Virginia to which the current filing applies, the following table shows the number of exposed lives by policies issued and policies inforce as of December 31, 2019.

	Lifetime Benefit	Limited Benefit	Total Lives
Issued Lives	4,374	12,754	17,128
Inforce Lives	2,937	7,291	10,228

2. Purpose of this Filing

This actuarial memorandum has been prepared to request and support the approval of a premium rate increase in your state.

We demonstrate that the proposed premium rate increase satisfies the minimum requirements of Virginia. This actuarial memorandum may not be suitable for other purposes.

2.1 Multi-Year Rate Action Plan (MYRAP) Overview

GLIC's 2019 Cash Flow Testing (CFT) includes an assumption for future rate increases for PCS II based upon a cumulative premium rate increase of 163% over the period of three to six years for policyholders with lifetime benefits (72% in 2017 and 53% in 2020) and 95% over the period of three to six years for policyholders with limited benefits (55% in 2017 and 26% in 2020). This assumption regarding future PCS II premium rate increases is part of GLIC's Multi-Year Rate Action Plan.

Starting in 2017, GLIC submitted an initial nationwide filing (first round of MYRAP) requesting a premium rate increase of 72% for policies with lifetime benefits and 55% for policies with limited benefits, with plans for submitting a future filing in 2020 (second round of MYRAP).

In the current filing GLIC's goal is to submit the second round of MYRAP, requesting a premium rate increase of 53% for policies with lifetime benefits and 26% for policies with limited benefits, adjusted by any balance from prior filings.

2.2 Proposed Premium Rate Increase

In this filing, GLIC proposes a premium rate increase of 53% for policies with lifetime benefits and 26% for policies with limited benefits, applicable to the base rates and associated riders of all inforce policies referenced in Section 1 of this actuarial memorandum.

3. Justification of the Premium Rate Increase

From the time these policy forms were originally priced, GLIC has monitored and analyzed the impact of its experience on the projections and lifetime loss ratios. As new experience has emerged, GLIC has observed that it continued to unfold unfavorably and assumptions and methodologies have been adjusted to that effect. These updates have resulted in increases in the Disabled Life Reserves (DLR) and the continued need for premium rate increases.

A key driver for these increases has been lower than expected active life terminations. As voluntary lapse and active life mortality remained lower than anticipated, policyholders stayed in force longer to ages at which claims were more likely to occur.

In addition to policyholders persisting to longer policy durations and lower mortality rates, claim costs, driven by the combination of claim incidence, claim continuance and benefit utilization rates, have emerged higher than originally expected. Updated claim severity assumptions have led to the significant strengthening of GLIC's DLR in 2014, 2016 and 2018.

The table below summarizes the assumption updates made since 2014 that have had the biggest impact in the premium rate increases:

Year	Update in Assumptions Due To
2014	Lower Claim Termination Rates (CTR) in later durations Higher Benefit Utilization Rate (BUR) in later durations
2015	Lower Voluntary Lapse Lower Active Life Mortality
2016	Lower CTR BUR methodology change
2017	Incidence differential for Lifetime and Non-Lifetime benefit periods
2018	BUR methodology change Lower CTR
2019	Unfavorable BUR experience/annual update

4. Marketing Method and Underwriting Description

Policies were primarily sold by captive agents that were provided leads from mass mailing responses.

The underwriting process included an assessment of functional and cognitive abilities at issue ages considered by GLIC to be appropriate. Various underwriting tools were used in accordance with our underwriting requirements, including an application, medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

5. Description of Benefits

These comprehensive long term care insurance policy forms:

- Are federally tax qualified, individually underwritten policies.
- Reimburse expenses incurred by the insured(s) subject to the amount of coverage purchased. Home health care expenses may be subject to the prevailing expense limit.
- Allow for premium payments to be waived during facility stays, after the elimination period has been satisfied. For form 7030, this benefit could apply to home care benefits as well if certain requirements have been met.
- May include a survivorship benefit which waives future premium payments upon the death of one spouse if both spouses are insured, have the survivorship benefit, and have met certain requirements.
- Optional nonforfeiture benefit and restoration of benefit riders may have been offered.
- Form 7030 can cover either one individual or two married people. The joint policy, covering two married people, operates like two individual policies except that the two insureds draw from one shared benefit period under the policy.
- These forms have benefit eligibility requirements which involve ADL (Activities of Daily Living) deficiencies or cognitive impairment.

Applicants selected the following at issue:

- Daily Payment Maximum (DPM);
- Benefit Period; and
- Elimination Period.

In addition, the policyholder selected the Benefit Increase Option (BIO) to determine how the DPM should be increased:

- No Increase – the DPM stays level.
- Simple Increase – the DPM increases each year by 5% of the original DPM, starting in the second policy year and continuing for the life of the policy unless terminated earlier by the insured.

- Compound Increase – the DPM increases each year by 5% of the prior year DPM, starting in the second policy year and continuing for the life of the policy unless terminated earlier by the insured.

6. Alternatives to the Proposed Rate Increase

GLIC will offer insureds impacted by rate filings several options for mitigating the impact of the rate increase. These options will be provided in the policyholder notification letter. In addition, policyholders will have the ability to call a dedicated team of customer service representatives that can assist with providing customized quotes for any number of other benefit adjustments.

Reduced Benefit Options. As with prior rate increases, insureds can change a number of benefit features or coverage limits in order to maintain reasonably equivalent pre- and post-rate increase premium levels, and the optimal balance of coverage and cost based on their specific needs. The available benefit and rate combinations are consistent with the combinations presented in the rate tables approved by the Virginia Bureau of Insurance as part of the original filing. To balance coverage and cost considerations, GLIC will offer policyholders, subject to rate increases on their long term care policies, customized options to adjust their benefits, which may include any of the following options (where available):

1. Reduction in Daily Payment Maximum;
2. Reduction in Benefit Period;
3. Reduction or elimination of the BIO;
4. Increases in Elimination Period; and
5. Elimination of policy riders.

If a policyholder elects to reduce or eliminate the BIO, they would retain any prior increases to their daily or monthly payment maximums.

Lifetime Stable Premium Option (LSPO).

GLIC has developed the LSPO as a new alternative for policy forms 7030L, to mitigate the proposed premium increase while still providing meaningful protection, as well as a lifetime premium rate guarantee. This option features the following:

1. A lifetime premium rate guarantee,
2. A three-year benefit period (six-year benefit period for Shared policies),
3. Retention of prior benefit increases in the Daily Payment Maximum,
4. 1% compound benefit increase going forward, and
5. A choice of (1) a longer elimination period (180 day for facility / 90 day for home care) or (2) 10% coinsurance combined with elimination periods comparable to those of most current policyholders (100 day for facility / 0 day for home care).

The combination of the benefits presented with this option is supported by a 2016 PwC study of industry data which found that the average duration for an LTC event is about three years, and that approximately 75% of all LTC events cost less than $250,000[1]. Under this new option, policyholders will have a three-year benefit period (six years for Shared policies), and the estimated median benefit pool, if all policyholders elected this option, would be approximately $265,000 with continued growth at 1% compound.

Other options. GLIC will continue to offer the applicable nonforfeiture option to each policyholder. Policyholders that are eligible for the Contingent Nonforfeiture Option will be presented with that as an option in their notification letter. Policyholders that have a nonforfeiture (NFO) rider with their policy, may elect that option. For those policyholders that do not have either the Contingent Nonforfeiture or NFO rider available, GLIC will continue to offer its Optional Limited Benefit, which provides a paid-up benefit equal to the total of premium paid, less any claims paid.

7. Premiums

7.1 Renewability

These policies are guaranteed renewable for life, subject to policy terms and conditions.

7.2 Area Factors

Geographic area factors are not used in rating these policies.

7.3 Premium Classes

Premium rates are unisex, level (with the exception of approved rate increases) and payable for life. Premiums vary by issue age, daily payment maximum, benefit period, elimination period, BIO, and any applicable riders selected.

[1] *The formal cost of long-term care services: How can society meet a growing need?* The referenced study, initially made available in October 2016 and then formally published on their website in 2018, is based on data for the time period 2000-2015 and reports figures in 2016 dollars.

7.4 Modalization Rules

The following table shows the modal factors that are applied to the annual premium for policies, and the percentage of insureds selecting each premium mode.

Premium Mode	Modal Factor	State Distribution		Nationwide Distribution	
		Lifetime	Limited	Lifetime	Limited
Annual	1	47.6%	41.1%	47.4%	41.6%
Semi-Annual	0.51	9.6%	9.2%	9.1%	10.0%
Quarterly	0.26	15.1%	17.3%	13.7%	16.1%
Monthly	0.09	27.7%	32.4%	29.8%	32.3%

7.5 History of Previous Rate Revisions

A 11% rate increase was accepted in Virginia on 4/25/2008.
A 18% rate increase was accepted in Virginia on 1/18/2012.
A 78% rate increase for policies with lifetime benefits and a 63% rate increase for policies with limited benefits was accepted in Virginia on 7/11/2013.
A 72% rate increase for policies with lifetime benefits and a 55% rate increase for policies with limited benefits was accepted in Virginia on 6/28/2019.

A cumulative rate increase of 301% for policies with lifetime benefits and of 231% for policies with limited benefits has been approved in your state.

7.6 Rate Schedule

Current rate tables reflecting any prior approved rate increase have been included in Appendix A. Corresponding rate tables reflecting any prior approved and the proposed rate increase have been included in Appendix B, attached separately. Please note that actual rates implemented may vary slightly from those set forth in Appendices A and B due to implementation rounding algorithms.

Rate tables for the LSPO presented in Section 6 are included in Appendix C.

7.7 Proposed Effective Date

This rate increase will apply to policies on their billing anniversary date, following a minimum 75-day policyholder notification period.

8. Actuarial Assumptions

This filing's assumptions, with the exception of claim situs mix, are based on actual Genworth nationwide experience with adjustments as considered appropriate for future projections, based on expected differences in experience due to either policy characteristics, policyholder characteristics or underwriting criteria. The claim situs mix assumption is based on GLIC nationwide data. Best Estimate assumptions, described below, for voluntary lapse, mortality and morbidity do not include any provision for contingency or risk margin. Beginning with 2016 CFT, GLIC converted from a total lives model to a first principles healthy lives model in which the experience is split between healthy lives and disabled lives.

The actuarial assumptions used to support actuarially justified rate increase filings in Virginia are consistent with those used for GLIC's 2019 CFT, prior to additional Provisions for Adverse Deviation. While base voluntary lapse, mortality and morbidity assumptions are consistent, some modeling features, such as estimates of policyholder behavior (nonforfeiture elections and benefit reductions), are not identical.

The best estimate assumptions were developed by Genworth's Long Term Care Experience Studies team in collaboration with other Genworth actuaries. Genworth's Assumption Review Committee approved these assumptions. Genworth reviews experience and all assumptions every year in connection with CFT and may obtain third-party reviews when, for example, management considers changes to be material.

Note: GLIC nationwide data includes all the states' data except New York. Genworth nationwide data refers to GLIC nationwide data plus New York data.

A. Voluntary Lapse Rates

Original Filing: The termination rates vary by durations 1 to 4, with an ultimate lapse rate of 3.5%.

Prior - 2012 Filing: Varied by duration as developed from actual experience through 2011.

Current Filing: The assumption for expected voluntary termination rates is derived from actual Genworth nationwide Long Term Care voluntary termination experience through fourth quarter of 2018, with a 6-month lag, excluding the experience of recent partial policy years.

The voluntary lapse assumption is developed in three segments: 1) durations 1-10, 2) durations 11+ with attained ages up to 79, and 3) durations 11+ with attained ages 80+. The second segment has ultimate rates of approximately 0.5% to 1.0%. The third segment has increasing lapse rates by attained age consistent with Genworth experience.

For durations 1-10, PCS II lapse rates are based solely on the PCS II experience. For durations 11+, PCS II lapse rates are based on total Genworth nationwide experience, with a product adjustment factor. Lapse rates vary by product, issue age, duration, BIO, marital status, underwriting class and benefit

period. The assumptions setting process involves credibility weighting actual historical experience for the product with a long-term baseline assumption. This methodology reduces volatility in the assumption from year-to-year, especially in policy durations with limited experience. In 2019, the credibility weighting procedure was changed to put somewhat higher weight on emerging experience. The PCS II Actual/Expected ratio of 99.7% 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 following table is a sample of the current lapse rate assumptions for cells with a lifetime benefit period, married status and compound BIO.

Sample Voluntary Lapse Rate Assumption						
UW Discount	**No**	**No**	**No**	**Yes**	**Yes**	**Yes**
Issue Age	**45**	**55**	**62**	**45**	**55**	**62**
Duration						
1	9.59%	5.42%	5.59%	8.39%	4.73%	4.88%
2	5.11%	2.73%	2.82%	4.46%	2.38%	2.45%
3	3.74%	1.74%	1.92%	3.26%	1.51%	1.67%
4	2.67%	1.24%	1.19%	2.32%	1.08%	1.04%
5	2.10%	0.94%	0.91%	1.83%	0.81%	0.79%
6	1.79%	0.75%	0.74%	1.56%	0.66%	0.65%
7	1.51%	0.75%	0.70%	1.31%	0.65%	0.61%
8	1.44%	0.87%	0.84%	1.26%	0.75%	0.73%
9	1.36%	0.84%	0.97%	1.18%	0.73%	0.85%
10	1.29%	0.73%	0.82%	1.12%	0.64%	0.72%
11	0.72%	0.46%	0.62%	0.62%	0.39%	0.53%
12	0.68%	0.43%	0.58%	0.58%	0.37%	0.50%
13	0.65%	0.41%	0.56%	0.55%	0.35%	0.48%
14	0.62%	0.39%	0.53%	0.53%	0.33%	0.46%
15	0.64%	0.42%	0.55%	0.56%	0.37%	0.48%
16	0.68%	0.47%	0.60%	0.60%	0.42%	0.54%
17	0.69%	0.49%	0.63%	0.62%	0.45%	0.57%
18	0.69%	0.52%	0.66%	0.63%	0.48%	0.61%
19	0.69%	0.55%	0.70%	0.64%	0.52%	0.66%
20	0.69%	0.58%	0.74%	0.65%	0.56%	0.71%
21	0.68%	0.61%	0.81%	0.65%	0.59%	0.78%
22	0.68%	0.64%	0.90%	0.66%	0.63%	0.88%
23	0.67%	0.70%	0.99%	0.66%	0.69%	0.99%
24	0.66%	0.75%	1.10%	0.66%	0.75%	1.10%
25	0.65%	0.78%	1.17%	0.65%	0.78%	1.17%

B. Mortality:

Original Filing: 1983 Individual Annuitant Mortality Table.

Prior - 2012 Filing: 1983 IAM Table, with selection grading from 29% in year 1 to 95% in years 18 and later, as indicated by actual experience through 2011.

Current Filing: The current best estimate assumptions for expected mortality rates for healthy lives are derived from actual Genworth nationwide Long Term Care mortality experience through fourth quarter of 2018, with a 1-year reporting lag. Healthy lives mortality assumptions vary by product, issue age, policy duration, gender, marital status, underwriting class, BIO and benefit period. The assumptions setting process involves credibility weighting actual historical experience for the product with a long-term baseline assumption. This methodology reduces volatility in the assumption from year-to-year, especially in policy durations with limited experience. In 2019, the credibility weighting procedure was changed to put somewhat higher weight on emerging experience. The PCS II Actual/Expected ratio of 100.8% shows a very good fit of the assumption to the inception-to-date historical experience. Experience is still emerging at the later durations and later ages, which may cause the assumption to change over time.

A mortality improvement assumption for healthy lives is applied to the first 10 projection years at a compound rate of 1% per year. Remaining projection years use the accumulated improvement of 10 years. This assumption is based on Genworth experience data and is supported by statistical testing.

The following table is a sample of the current mortality rate assumptions before improvements, for cells with a limited benefit period, married status, standard risk class, no BIO and issue age 65.

Gender	M	F
Duration		
1	0.41%	0.22%
2	0.67%	0.36%
3	0.83%	0.45%
4	0.97%	0.52%
5	1.09%	0.60%
6	1.22%	0.67%
7	1.35%	0.76%
8	1.50%	0.85%
9	1.66%	0.94%
10	1.83%	1.06%
11	2.03%	1.18%
12	2.23%	1.31%
13	2.43%	1.44%
14	2.66%	1.59%
15	2.92%	1.75%
16	3.20%	1.91%
17	3.51%	2.11%
18	3.99%	2.40%
19	4.46%	2.70%
20	4.99%	3.06%
21	5.39%	3.40%
22	5.73%	3.80%
23	5.95%	4.22%
24	6.00%	4.54%
25	6.05%	4.81%
26	6.12%	5.24%
27	6.50%	5.74%
28	6.79%	6.18%
29	6.79%	6.33%
30	6.79%	6.46%

C. Morbidity:

The morbidity assumption is composed of three main parts - incidence, benefit utilization and claim termination rates (sometimes described as claim continuance). The latter two assumptions constitute claim severity. Claim incidence rates measure the likelihood of a policyholder going on claim. Benefit utilization rates measure the proportion of contractually available benefits that a policyholder uses while on claim, once eligibility requirements have been met (for example, for a given day a policyholder might submit a claim for the reimbursement of expenses which are only 50% of the DPM). Claim termination rates refer to the length of time until a claimant leaves their claim status, once benefit eligibility requirements have been met, and are applied from the loss date of the claim. Because the benefit utilization and claim termination assumptions vary by original care situs, the morbidity assumption also includes a claim situs mix assumption to split newly incurred claims between Nursing Home (NH), Assisted Living Facility (ALF) and Home Care (HC) settings.

Prior to 2016, these assumptions were combined into total claim costs for use in the total life modeling approach. With the total life approach, an explicit assumption was needed to reflect policy terminations related to benefit exhaustions. Beginning in 2016, all projections were performed from first principles (i.e., incidence, benefit utilization and claim termination rates are individually reflected in the projection model) and benefit exhaustions were implicitly recognized.

Original Filing: Used experience of the nursing home business sold and statistics from 1985 National Nursing Home Survey published by the National Center for Health Statistics to develop nursing home benefits. Similarly, home care and community care benefits used company experience and results from 1982-1984 National Long Term Care Surveys for the first two years. For periods after two years, additional data from 1985 National Nursing Home Survey was incorporated.

Prior - 2012 Filing: Expected Claim Costs were the product of attained age frequency rates and continuance curves (1 minus claim termination rates), adjusted by utilization rates and underwriting selection factors based on actual experience through 2011.

Current Filing: The three main components of morbidity - incidence, benefit utilization and claim termination rates - and claim situs mix are described below.

1. Incidence Rates

The current best estimate assumption for expected incidence rates is derived from actual Genworth nationwide Long Term Care claim incidence experience through fourth quarter of 2018, with a 1-year reporting lag. Incidence rates vary by issue age, policy duration, gender, marital status, underwriting class and benefit period.

The incidence assumptions setting process involves credibility weighting actual historical experience for the product with a long-term baseline assumption. This methodology reduces volatility in the assumption from year-to-year, especially in policy durations with limited experience. In the 2019 development of the

incidence assumption, a Generalized Linear Model (GLM) was used to better fit the assumption across all of the explanatory variables when evaluating actual historical experience. In 2019, the baseline curves were not changed, but the credibility weighting procedure was changed to put somewhat higher weight on emerging experience (as evaluated by the GLM). The 2019 incidence assumption development was peer reviewed by a national actuarial consulting firm. The PCS II Actual/Expected ratio of 100.4% shows a very good fit of the assumption to the inception-to-date historical experience. Experience is still emerging at the later durations and later ages, which may cause the assumption to change over time.

A morbidity improvement assumption for healthy lives is applied to the first 10 projection years at a compound rate of 1.6% per year. Remaining projection years use the accumulated improvement of 10 years. This assumption is based on Genworth experience data and supported by statistical testing.

The following table is a sample of claim incidence rate assumptions for a married insured, issue ages 55 and 65, for lifetime benefit plans:

Claim Incidence Rates								
Gender	**M**	**M**	**M**	**M**	**F**	**F**	**F**	**F**
UW Discount	**No**	**No**	**Yes**	**Yes**	**No**	**No**	**Yes**	**Yes**
Issue Age	**55**	**65**	**55**	**65**	**55**	**65**	**55**	**65**
Duration								
1	0.07%	0.18%	0.05%	0.14%	0.14%	0.31%	0.07%	0.17%
2	0.10%	0.27%	0.07%	0.20%	0.20%	0.45%	0.09%	0.25%
3	0.12%	0.36%	0.08%	0.27%	0.24%	0.59%	0.11%	0.32%
4	0.14%	0.46%	0.10%	0.33%	0.28%	0.73%	0.13%	0.40%
5	0.16%	0.57%	0.11%	0.41%	0.32%	0.89%	0.15%	0.49%
6	0.19%	0.69%	0.13%	0.50%	0.36%	1.07%	0.17%	0.60%
7	0.22%	0.85%	0.14%	0.61%	0.41%	1.28%	0.19%	0.72%
8	0.25%	1.03%	0.16%	0.74%	0.46%	1.53%	0.21%	0.87%
9	0.29%	1.25%	0.18%	0.90%	0.52%	1.82%	0.24%	1.05%
10	0.33%	1.53%	0.21%	1.09%	0.59%	2.17%	0.27%	1.26%
11	0.38%	1.85%	0.24%	1.33%	0.68%	2.58%	0.31%	1.52%
12	0.44%	2.25%	0.28%	1.61%	0.77%	3.07%	0.35%	1.82%
13	0.52%	2.73%	0.32%	1.95%	0.89%	3.63%	0.41%	2.19%
14	0.61%	3.30%	0.38%	2.37%	1.03%	4.29%	0.48%	2.62%
15	0.72%	3.88%	0.44%	2.78%	1.19%	5.01%	0.55%	3.09%
16	0.83%	4.43%	0.51%	3.23%	1.35%	5.67%	0.64%	3.58%
17	0.97%	4.99%	0.60%	3.76%	1.57%	6.37%	0.76%	4.24%
18	1.14%	5.62%	0.72%	4.37%	1.81%	7.15%	0.91%	5.02%
19	1.34%	6.30%	0.83%	5.06%	2.09%	8.02%	1.07%	5.86%
20	1.53%	7.01%	0.96%	5.76%	2.38%	8.98%	1.26%	6.78%
21	1.72%	7.75%	1.09%	6.46%	2.68%	10.04%	1.45%	7.69%
22	2.06%	8.68%	1.32%	7.39%	3.17%	11.09%	1.77%	8.86%
23	2.41%	9.66%	1.61%	8.35%	3.70%	12.23%	2.12%	10.11%
24	2.76%	10.67%	1.91%	9.46%	4.26%	13.48%	2.48%	11.53%
25	3.17%	11.97%	2.23%	10.75%	4.87%	14.85%	2.86%	13.13%
26	3.59%	13.35%	2.55%	12.13%	5.50%	16.39%	3.25%	14.77%
27	4.33%	14.67%	3.24%	13.42%	6.39%	17.99%	4.08%	16.41%
28	5.10%	16.03%	3.94%	14.75%	7.34%	19.77%	4.95%	18.24%
29	5.91%	17.43%	4.67%	16.27%	8.35%	21.88%	5.87%	20.43%
30	6.75%	18.55%	5.44%	17.35%	9.45%	23.97%	6.87%	22.59%

2. Benefit Utilization Rates (BUR)

The BUR is based on a rolling 12 months of paid claim data. The 2019 CFT assumption is consistent with our Disabled Life Reserving assumption used in 3Q2019, except it collapses the variables of diagnosis and daily maximum benefit amount due to modeling constraints.

The current best estimate assumption for expected benefit utilization rates is derived from actual Genworth nationwide Long Term Care paid claim experience. The assumption used in GLIC's 2019 CFT is based on claim payment data from 4/1/2018 through 3/31/2019. The utilization rates are segmented by product type (indemnity or reimbursement), product, care situs, BIO, benefit period, age at disability and claim duration.

The BUR assumption development uses a GLM method, which effectively captures interactions among the explanatory variables. The method also has a final true-up step, which ensures a 100% actual-to-expected fit by care situs, claim duration (1, 2, 3+) and benefit period (lifetime vs limited) for each product type. The GLM was subject to peer review by a national actuarial consulting firm in 2018.

A utilization trend assumption is used for reimbursement products. Long term trending is accomplished by inflating each of the assumed starting BURs by the applicable inflation assumption (ranging from 1.0% to 2.3%) and deflating it by the contractual BIO for the next 20 years into the future. Remaining projection years use the accumulated trending after 20 years. The trend assumption generally increases the future projected claim costs for No BIO policies and decreases the future projected claim costs for Simple and Compound BIO policies relative to recent actual experience.

The following table is a sample of base benefit utilization rate assumptions (i.e. before the application of the utilization trend assumption) for a reimbursement policy, limited benefit period (4+ years), and with compound BIO.

Benefit Utilization Factors						
Age at Disability	**81**	**81**	**81**	**86**	**86**	**86**
Care Situs	**ALF**	**HC**	**NH**	**ALF**	**HC**	**NH**
Claim Duration in Years						
1	62.65%	37.75%	69.10%	62.77%	39.20%	70.36%
2	67.09%	49.51%	74.94%	66.58%	50.90%	75.55%
3	69.96%	55.76%	75.33%	68.98%	56.97%	75.48%
4	68.76%	59.24%	72.39%	67.60%	60.34%	72.31%
5	65.33%	58.85%	67.54%	64.24%	59.97%	67.48%
6	61.32%	55.87%	62.52%	60.52%	57.15%	62.70%
7+	58.12%	51.84%	58.72%	57.78%	53.40%	59.31%

3. Claim Termination Rates (CTR)

The current best estimate assumption for expected claim termination rates is derived from actual Genworth nationwide Long Term Care experience for the period from inception through fourth quarter 2018 with a 6-month lag. For each product type, the claim termination rates are segmented by care situs, claim duration, age at disability, gender and benefit period.

High terminations in early claim durations are generally followed by a flattening of the curve as acute disabilities terminate due to death or recovery. The remaining lives are permanent, long-term disabilities where recovery is unlikely. Claim terminations at these longer durations are driven by disabled life mortality rates.

The 2018 CTR assumption was reviewed with the additional year of data, found to produce a good fit and was left unchanged. The Actual/Expected ratio of 99.7% for the combined reimbursement business has a very good fit to the inception-to-date historical experience. Experience is still emerging at the later claim durations and is changing at the earliest durations, which may cause the assumptions to change over time.

The following table is a sample of claim termination rate assumptions for ALF, female, limited benefit period, disability age 82, for the first 240 claim durations:

Monthly Claim Termination Rates							
Duration	**Rate**	**Duration**	**Rate**	**Duration**	**Rate**	**Duration**	**Rate**
1	0.91%	**37-48**	1.76%	**86**	2.33%	**103**	2.53%
2	0.66%	**49-60**	2.25%	**87**	2.34%	**104**	2.54%
3	0.57%	**61-67**	2.34%	**88**	2.35%	**105**	2.55%
4	1.19%	**68-72**	2.33%	**89**	2.36%	**106**	2.57%
5	1.63%	**73**	2.24%	**90**	2.37%	**107**	2.58%
6	1.51%	**74**	2.25%	**91**	2.38%	**108**	2.59%
7	1.45%	**75**	2.26%	**92**	2.40%	**109-120**	2.71%
8	1.42%	**76**	2.27%	**93**	2.41%	**121-132**	2.79%
9	1.36%	**77**	2.28%	**94**	2.42%	**133-144**	2.96%
10	1.34%	**78**	2.29%	**95**	2.43%	**145-156**	3.10%
11	1.32%	**79**	2.30%	**96**	2.44%	**157-168**	3.23%
12	1.22%	**80**	2.31%	**97**	2.45%	**169-180**	3.33%
13	1.48%	**81**	2.32%	**98**	2.47%	**181-192**	3.41%
14-24	1.47%	**82**	2.33%	**99**	2.48%	**193-204**	3.63%
25-30	1.62%	**83**	2.34%	**100**	2.49%	**205-216**	3.77%
31	1.61%	**84**	2.35%	**101**	2.50%	**217-228**	3.82%
32-36	1.62%	**85**	2.32%	**102**	2.52%	**229-240**	4.00%

4. Claim Situs Mix

A claim situs mix assumption is used to split the incidence rates among the care situses: NH, ALF and HC.

The current best estimate assumption for expected claim situs mix is derived from actual GLIC nationwide Long Term Care experience, using data from 2008 through 2018, with a 6-month lag. The study shows a significant difference between New York and nationwide experience, so the New York experience is excluded.

The situs assumption varies by product, age at disability and marital status. At the lower attained ages, first situs claims are more likely to be for home health care. At the higher attained ages, first situs claims are more evenly distributed between home care and facility.

The situs mix assumption development for 2019 had no significant changes.

The PCS II Actual/Expected ratio is 100.0% for HC, 100.0% for NH and 100.0% for ALF. This is a very good fit of the assumption to the experience used to set the assumption.

The following table is the claim situs mix assumption for GLIC for selected ages:

Final GLIC Situs Mix Assumptions for Selected Attained Ages				
Block	**Age at Disability**	**HC**	**ALF**	**NH**
PCS II Married	60	93.7%	3.0%	3.3%
	65	88.9%	5.9%	5.2%
	70	84.1%	9.1%	6.8%
	75	79.3%	12.6%	8.1%
	80	74.5%	16.4%	9.1%
	85	69.7%	20.3%	10.0%
	90	65.0%	24.3%	10.8%
PCS II Singles	60	84.1%	9.7%	6.2%
	65	80.9%	12.5%	6.6%
	70	75.5%	17.0%	7.6%
	75	70.1%	21.4%	8.5%
	80	64.6%	25.7%	9.6%
	85	59.2%	29.7%	11.1%
	90	53.7%	33.7%	12.5%

D. Expenses:

Expenses do not affect the Lifetime Loss Ratio projections or the proposed rate increases shown in this memorandum. Expenses have not been explicitly projected.

E. Interest:

A 4% interest rate assumption is used to calculate historical, future and lifetime loss ratios. Note that the Loss Ratio regulation does not specify a discount rate.

9. Development of the Proposed Rate Increase

In developing the proposed premium rate increase, the following has been considered:

a) In order to ensure maximum credibility, exhibits are based on GLIC nationwide (Virginia Forms Only) experience through December 31, 2019, for all the forms similar to the ones affected by this filing. Projected earned premiums and incurred claims are based on the assumptions described in Section 8 of this actuarial memorandum;
b) Although this block was priced under the Loss Ratio regulation, GLIC is not attempting to achieve a 60% loss ratio over the life of the block; in fact, the lifetime loss ratio after approval and implementation of this rate action will be substantially higher. This self-limited lifetime loss ratio does not imply that it represents either acceptable measures of profitability or minimum thresholds for future rate increase filings;
c) The nationwide premium has been restated at Virginia level, only reflecting your state's approved rate increases, in order to avoid subsidization among states;
d) The proposed rate increase has been assumed to be implemented on August 1, 2021 in the projections;
e) Lifetime projections of earned premiums and incurred claims reflecting all the prior approved rate increases in Virginia are set forth in Exhibits Ia, Ib and Ic. Lifetime projections of earned premiums and incurred claims reflecting all the prior approved rate increases in Virginia and the proposed rate increase are set forth in Exhibits IIa, IIb and IIc;
f) Compliance of the 60%/80% premium test defined in the regulation 14 VAC § 5-200-150 has been verified, as demonstrated in Exhibit III; and
g) Historical and projected earned premiums and incurred claims include provisions for waiver of premium.

10. Active Life Reserves and Claim Liability Reserves

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2019, have been discounted to the date of incurral of each respective claim and included in historical incurred claims. Incurred but not reported reserve balances as of December 31, 2019, have been allocated to a calendar year of incurral and included in historic incurred claims. Discounting occurs at 4%.

11. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

12. Future Rate Increases

GLIC intends to file any balance of the amounts requested but not approved on any rate increase filings made in Virginia. The rate increase amounts to request in future filings pursuant to the Multi-Year Rate Action Plan are subject to change based on experience updates.

13. State Average Annual Premium Based on Exposed Lives

	Lifetime Benefit	Limited Benefit
Before Proposed Rate Increase	$3,436	$2,311
After Proposed Rate Increase	$5,257	$2,912

14. State and GLIC Nationwide Distribution of Business as of December 31, 2019 (Based on Exposed Lives)

By issue age:

Issue Age	State		Nationwide	
	Lifetime	Limited	Lifetime	Limited
<55	41.1%	19.6%	30.0%	13.8%
55-59	30.8%	30.7%	31.5%	26.8%
60-64	19.5%	27.2%	24.0%	30.1%
65-69	6.9%	15.8%	11.3%	19.3%
70-74	1.6%	5.1%	2.8%	8.0%
75-79	0.1%	1.6%	0.4%	1.8%
80+	0.0%	0.0%	0.0%	0.1%

By elimination period in days:

Elimination Period	State		Nationwide	
	Lifetime	Limited	Lifetime	Limited
0	0.0%	0.0%	1.6%	0.9%
20	0.3%	0.5%	0.8%	0.8%
30	0.0%	0.0%	1.4%	0.9%
50	18.6%	14.2%	15.3%	9.6%
90	0.0%	0.0%	11.7%	9.2%
100	81.0%	83.8%	69.3%	78.0%
180	0.0%	1.5%	0.0%	0.6%

By benefit period in years:

Benefit Period	State		Nationwide	
	Lifetime	Limited	Lifetime	Limited
1	0.0%	0.0%	0.0%	0.1%
2	0.0%	6.5%	0.0%	10.6%
3	0.0%	18.5%	0.0%	22.9%
4	0.0%	31.6%	0.0%	35.1%
6	0.0%	19.1%	0.0%	17.6%
8	0.0%	23.2%	0.0%	12.6%
12	0.0%	1.2%	0.0%	1.3%
Lifetime	100.0%	0.0%	100.0%	0.0%

By inflation option:

Benefit Increase	State		Nationwide	
	Lifetime	Limited	Lifetime	Limited
None	6.2%	13.5%	11.1%	19.8%
Simple	27.5%	32.0%	29.9%	32.3%
Compound	66.3%	54.6%	58.9%	47.9%

15. State and GLIC Nationwide Exposed Lives and Annualized Premium

	State		Nationwide	
	Lifetime	Limited	Lifetime	Limited
Number of Exposed Lives*	2,937	7,291	43,179	94,348
Inforce Annualized Premium	$10,090,877	$16,850,328	$137,851,546	$199,921,485
Average Issue Age	56	60	58	61
Average Attained Age	75	79	77	81

*Paid-up Policies are included in the number of Exposed Lives.

16. Confidentiality

We continue to believe that Sections 3, 8, 14, Exhibit I, Exhibit II, and Exhibit III of the Actuarial Memorandum and all Additional Exhibits should be treated as confidential and exempt from disclosure. Although the Bureau is not subject to the public inspection requirements of the Virginia Freedom of Information Act, other laws related to public information that apply to the Bureau including Va. Code Ann. § 38.2-1382(A)(5); Va. Code Ann. § 38.2-1381 provide that an insurer's confidential information is

confidential by law and privileged. We stated this position more fully in other SERFF filings under GEFA-129136848 and GEFA-129602325.

Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the American Academy of Actuaries' qualification standards for rendering this opinion and am familiar with the requirements for filing for increases in long-term care insurance premiums.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8, 18, 23, 25 and 41.

I have relied on historical cash flows and projections completed by GLIC's Inforce Actuarial Infrastructure team. All future projections included in this memorandum, while based on GLIC's best estimates, are uncertain and may not emerge as expected.

I have relied on the IFA Analytics team for the pricing, methodology and design of the alternative pricing products.

I have relied on statutory valuations as of December 31, 2019, for Claim Reserves (i.e., Disabled Life Reserves, Pending Claims reserves, Incurred But Not Reported reserves, and Dead But Not Reported reserves) provided by GLIC's Long Term Care Valuation team.

I have also relied on assumptions developed by GLIC's Long Term Care Experience Studies team in collaboration with other GLIC actuaries, which assumptions were approved by Genworth's Assumption Review Committee. The assumptions present the actuary's best judgement and are consistent with the issuer's business plan at the time of the filing.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of Virginia. In my opinion, the rates are not excessive or unfairly discriminatory and are reasonable in relation to the benefits provided.

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

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-132466777

Revised Rates

Average Annual Premium Per Member: $5,257 Lifetime / $2,912 Limited

Average Requested Percentage Rate Change Per Member: 36.1%

Range of Requested Rate Changes: 53% Lifetime / 26% Limited

Number of Virginia Policyholders Affected: 10,228

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
7030L	PCS II	March 1998 - September 2003	11% - 4/25/2008 18% - 1/18/2012 78% LF / 63% LT - 7/11/2013 72% LF / 55% LT - 6/28/2019	Yes, We intend to file
7031L	PCS II	June 1998 - February 2001	11% - 4/25/2008 18% - 1/18/2012 78% LF / 63% LT - 7/11/2013 72% LF / 55% LT - 6/28/2019	Yes, We intend to file
7032L	PCS II	June 1998 - October 2003	11% - 4/25/2008 18% - 1/18/2012 78% LF / 63% LT - 7/11/2013 72% LF / 55% LT - 6/28/2019	Yes, We intend to file
62173	Restoration of Benefits Rider	March 1998 - October 2003	11% - 4/25/2008 18% - 1/18/2012 78% LF / 63% LT - 7/11/2013 72% LF / 55% LT - 6/28/2019	Yes, We intend to file
62172	Restoration of Benefits Rider	March 1998 - October 2003	11% - 4/25/2008 18% - 1/18/2012 78% LF / 63% LT - 7/11/2013 72% LF / 55% LT - 6/28/2019	Yes, We intend to file
62171	Nonforfeiture Benefit Rider	March 1998 - October 2003	11% - 4/25/2008 18% - 1/18/2012 78% LF / 63% LT - 7/11/2013 72% LF / 55% LT - 6/28/2019	Yes, We intend to file
62286	Contingent Benefit Upon Lapse	March 1998 - October 2003	11% - 4/25/2008 18% - 1/18/2012 78% LF / 63% LT - 7/11/2013 72% LF / 55% LT - 6/28/2019	Yes, We intend to file

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

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

Key Information Used to Develop the Rates Including the Main Drivers

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

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

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

FLESCH SCORE CERTIFICATION
GENWORTH LIFE INSURANCE COMPANY

We certify that to the best of our knowledge and belief, the Flesch score of the below-referenced form, when scored with the policy, meets any readability requirements in effect in your state:

Form Number	Description	Flesch Score
7030END-LSPO 0520	Lifetime Stable Premium Option Endorsement (PCS II)	50

For Genworth Life Insurance Company,

By: _____
Vice President, Product Compliance

6620 W Broad St
Richmond, VA 23230

August 18, 2021

Virginia Bureau of Insurance

RE: Genworth Life Insurance Company (GLIC)
Company NAIC No: 70025
SERFF Tracking No: GEFA-132466777
Policy Forms: 7030L, 7031L, 7032L

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

In this filing, GLIC requests a premium rate increase of 53% for policies with lifetime benefits and 26% for policies with limited benefits on the above-mentioned policy forms. In the submitted actuarial memorandum, we include detailed rate increase justification and we demonstrate that this premium rate increase satisfies Long Term Care regulatory requirements of Virginia and regulation 14VAC5-200-150 B.

GLIC will offer insureds affected by the premium increase several alternative options to change their benefits in order to maintain a premium rate level reasonably similar to what they were paying prior to the rate increase. The benefit and rate combinations are consistent with the rate tables approved by the Virginia Bureau of Insurance. GLIC has also invested in developing new alternatives that mitigate all or part of the proposed premium increase while still providing meaningful protection. One of these new alternatives, included in this filing for policy forms 7030L, is called the Lifetime Stable Premium Option. Details on the available alternative options are presented in section 6 of the Actuarial Memorandum.

The following electronic items are included in this submission:

- This Cover Letter;
- Confidential Actuarial Memorandum;
- Sample Policyholder Notification Letter;
- Additional Exhibits;
- NAIC Checklist;
- Individual LTC Review Requirements Checklist;
- Long Term Care Insurance Rate Request Summary;
- Alternative Options Supplemental Documents; and
- Current and Proposed Rate Schedules.

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Any applicable fees will be submitted as an EFT payment via SERFF.

The contact person for this filing is:

Matthew Haladay, FSA, MAAA
Assistant Vice President & Actuary
Genworth Life Insurance Company
6620 W Broad Street
Richmond, VA 23230
Phone: (804) 484-3826
Matthew.Haladay@genworth.com

Thank you for your assistance in reviewing this filing.

Respectfully,

Jamala Arland, FSA, MAAA
Vice President & Actuary, LTC Inforce Management
Genworth Life Insurance Company

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Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7031L
Annual Premium per $10 Daily Benefit

Individual

730 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	66.19	59.57	92.66	82.72	132.37	115.82
25-29	72.80	62.87	95.96	89.34	142.29	125.75
30-34	79.42	66.19	109.20	92.66	155.53	132.37
35-39	86.04	72.80	115.82	102.58	165.46	142.29
40-45	92.66	79.42	125.75	109.20	178.70	155.53
46	92.66	82.72	129.05	112.51	182.00	155.53
47	92.66	82.72	132.37	115.82	185.32	158.84
48	92.66	82.72	135.67	115.82	188.62	165.46
49	95.96	86.04	135.67	115.82	188.62	165.46
50	95.96	86.04	138.99	122.43	191.94	168.76
51	95.96	86.04	142.29	125.75	191.94	168.76
52	99.28	89.34	142.29	129.05	198.56	172.08
53	105.90	89.34	155.53	135.67	205.17	178.70
54	109.20	92.66	162.15	142.29	215.09	185.32
55	115.82	102.58	175.38	152.23	221.71	195.24
56	119.13	102.58	182.00	158.84	228.33	198.56
57	129.05	109.20	198.56	172.08	244.88	211.79
58	138.99	115.82	208.48	185.32	261.42	228.33
59	152.23	129.05	225.03	195.24	277.98	238.27
60	162.15	142.29	241.57	211.79	294.52	258.12
61	175.38	155.53	258.12	225.03	317.69	281.28
62	195.24	172.08	277.98	238.27	337.54	294.52
63	205.17	182.00	297.83	258.12	357.40	317.69
64	218.41	191.94	320.99	277.98	377.25	330.93
65	231.65	205.17	344.16	294.52	403.73	350.78
66	251.50	225.03	370.64	320.99	423.58	370.64
67	274.66	238.27	397.11	344.16	459.98	403.73
68	304.45	264.74	433.50	377.25	499.69	436.82
69	334.23	294.52	476.53	416.97	546.02	476.53
70	377.25	330.93	519.54	456.68	595.67	516.24
71	416.97	370.64	569.19	496.39	651.91	572.49
72	469.91	413.65	632.06	552.64	718.10	622.14
73	519.54	459.98	698.24	612.20	784.28	685.01
74	575.81	506.31	774.35	675.07	857.09	754.49
75	638.68	555.95	857.09	747.88	936.51	824.00
76	704.86	615.52	939.81	824.00	1,025.85	900.10
77	784.28	681.69	1,029.17	900.10	1,108.59	976.22
78	863.71	754.49	1,115.21	976.22	1,194.63	1,052.33
79	946.43	827.30	1,204.55	1,055.64	1,280.66	1,121.83
80	1,039.09	913.34	1,297.21	1,138.37	1,373.32	1,201.25
81	1,138.37	1,006.00	1,399.79	1,227.72	1,472.59	1,287.28
82	1,250.88	1,108.59	1,518.92	1,330.30	1,585.11	1,383.25
83	1,376.63	1,217.79	1,651.29	1,449.44	1,710.86	1,489.15
84	1,522.24	1,346.84	1,810.14	1,588.42	1,856.47	1,621.52
85	1,657.91	1,469.29	1,975.60	1,727.41	2,025.23	1,763.81
86	1,810.14	1,601.66	2,150.98	1,882.94	2,207.25	1,922.65
87	1,975.60	1,747.27	2,346.24	2,051.70	2,405.80	2,094.73
88	2,150.98	1,902.80	2,558.01	2,237.02	2,620.90	2,283.35
89	2,346.24	2,074.88	2,789.66	2,438.89	2,855.84	2,488.53
90	2,558.01	2,263.50	3,037.86	2,660.61	3,113.97	2,713.55
91	2,789.66	2,468.67	3,312.52	2,898.87	3,395.24	2,955.12
92	3,037.86	2,687.08	3,610.35	3,160.30	3,699.70	3,223.16
93	3,312.52	2,928.65	3,934.64	3,444.89	4,030.62	3,514.38
94	3,610.35	3,193.39	4,288.74	3,752.64	4,394.64	3,828.75

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7031L
Annual Premium per $10 Daily Benefit

Individual

1095 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	82.72	72.80	119.13	105.90	172.08	152.23
25-29	89.34	79.42	129.05	115.82	182.00	165.46
30-34	92.66	86.04	138.99	125.75	198.56	175.38
35-39	99.28	89.34	152.23	132.37	215.09	191.94
40-45	109.20	95.96	162.15	145.61	228.33	208.48
46	122.43	102.58	165.46	148.91	231.65	211.79
47	125.75	102.58	172.08	152.23	241.57	211.79
48	125.75	102.58	172.08	152.23	241.57	215.09
49	125.75	102.58	175.38	155.53	244.88	218.41
50	129.05	105.90	175.38	155.53	244.88	218.41
51	132.37	109.20	178.70	158.84	248.19	221.71
52	135.67	109.20	185.32	168.76	254.80	228.33
53	138.99	112.51	195.24	172.08	261.42	234.95
54	142.29	115.82	208.48	185.32	271.36	238.27
55	152.23	125.75	221.71	195.24	284.60	248.19
56	158.84	132.37	231.65	208.48	294.52	261.42
57	175.38	142.29	248.19	221.71	311.07	277.98
58	185.32	152.23	268.04	238.27	330.93	287.90
59	201.86	165.46	287.90	251.50	354.08	307.75
60	218.41	178.70	307.75	268.04	377.25	330.93
61	231.65	195.24	330.93	287.90	407.03	354.08
62	251.50	208.48	357.40	311.07	426.89	377.25
63	271.36	225.03	377.25	334.23	456.68	400.41
64	287.90	238.27	407.03	357.40	479.83	420.27
65	307.75	254.80	430.20	380.56	509.62	450.06
66	330.93	271.36	466.60	410.35	539.40	473.22
67	360.70	297.83	503.01	443.44	579.11	506.31
68	397.11	327.61	552.64	486.45	632.06	555.95
69	443.44	367.32	605.59	532.78	691.63	608.90
70	493.07	410.35	665.15	589.05	757.81	668.45
71	552.64	456.68	741.26	651.91	833.92	737.96
72	622.14	516.24	820.68	721.40	919.96	814.06
73	691.63	572.49	903.42	794.20	1,009.31	893.48
74	771.05	635.38	992.76	876.94	1,105.27	979.52
75	860.39	708.16	1,095.35	962.98	1,214.49	1,068.88
76	953.05	780.97	1,201.25	1,058.94	1,320.37	1,168.16
77	1,055.64	870.33	1,320.37	1,161.54	1,442.82	1,274.04
78	1,161.54	956.37	1,436.20	1,267.44	1,558.63	1,376.63
79	1,267.44	1,045.71	1,555.33	1,376.63	1,674.47	1,479.21
80	1,383.25	1,144.99	1,684.39	1,492.45	1,800.22	1,588.42
81	1,518.92	1,254.20	1,829.99	1,621.52	1,939.19	1,710.86
82	1,664.53	1,379.93	1,988.84	1,760.51	2,091.42	1,846.55
83	1,836.61	1,518.92	2,167.54	1,922.65	2,266.81	2,002.07
84	2,035.17	1,684.39	2,376.01	2,107.97	2,465.37	2,177.46
85	2,217.17	1,833.31	2,587.80	2,299.91	2,690.38	2,372.71
86	2,412.42	1,998.76	2,819.45	2,508.38	2,931.96	2,587.80
87	2,630.82	2,180.77	3,074.25	2,733.41	3,196.69	2,822.75
88	2,865.78	2,372.71	3,352.23	2,978.29	3,484.60	3,074.25
89	3,123.90	2,591.10	3,653.37	3,246.34	3,798.97	3,352.23
90	3,405.18	2,822.75	3,984.29	3,540.85	4,139.82	3,653.37
91	3,709.63	3,077.57	4,341.69	3,861.84	4,513.76	3,980.97
92	4,043.86	3,355.53	4,732.17	4,206.00	4,920.80	4,341.69
93	4,404.56	3,656.68	5,159.05	4,586.56	5,364.22	4,728.86
94	4,804.97	3,987.59	5,622.35	4,996.91	5,847.38	5,155.75

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7031L
Annual Premium per $10 Daily Benefit

Individual

1460 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	92.66	82.72	138.99	125.75	195.24	175.38
25-29	95.96	89.34	148.91	132.37	208.48	191.94
30-34	109.20	92.66	158.84	145.61	225.03	208.48
35-39	115.82	102.58	175.38	155.53	244.88	221.71
40-45	125.75	109.20	185.32	172.08	264.74	238.27
46	125.75	109.20	188.62	172.08	268.04	241.57
47	129.05	112.51	191.94	175.38	274.66	248.19
48	132.37	115.82	195.24	178.70	277.98	251.50
49	132.37	115.82	198.56	178.70	277.98	251.50
50	135.67	115.82	201.86	182.00	277.98	254.80
51	135.67	115.82	205.17	185.32	287.90	258.12
52	142.29	125.75	215.09	195.24	291.21	261.42
53	148.91	129.05	225.03	198.56	297.83	268.04
54	155.53	135.67	231.65	211.79	311.07	281.28
55	162.15	145.61	248.19	221.71	320.99	284.60
56	172.08	152.23	264.74	238.27	337.54	297.83
57	182.00	165.46	284.60	251.50	357.40	317.69
58	198.56	175.38	301.13	268.04	377.25	330.93
59	215.09	188.62	324.31	287.90	403.73	354.08
60	225.03	198.56	354.08	311.07	430.20	380.56
61	244.88	218.41	377.25	334.23	459.98	407.03
62	268.04	238.27	407.03	360.70	493.07	433.50
63	284.60	248.19	436.82	383.87	522.86	456.68
64	301.13	268.04	463.30	413.65	549.34	486.45
65	320.99	281.28	493.07	440.12	579.11	509.62
66	347.46	304.45	526.16	469.91	615.52	539.40
67	377.25	334.23	569.19	506.31	661.83	582.43
68	420.27	370.64	628.76	559.26	724.72	635.38
69	466.60	413.65	691.63	615.52	790.90	698.24
70	519.54	459.98	771.05	681.69	870.33	767.73
71	585.73	519.54	850.47	754.49	956.37	850.47
72	655.22	579.11	946.43	833.92	1,052.33	939.81
73	731.34	651.91	1,042.41	919.96	1,161.54	1,029.17
74	814.06	724.72	1,141.68	1,009.31	1,270.74	1,128.45
75	910.04	810.76	1,254.20	1,108.59	1,393.17	1,234.34
76	1,012.62	900.10	1,379.93	1,217.79	1,525.54	1,346.84
77	1,118.51	992.76	1,512.30	1,340.22	1,664.53	1,469.29
78	1,231.03	1,092.04	1,647.99	1,462.67	1,800.22	1,588.42
79	1,346.84	1,194.63	1,786.98	1,588.42	1,939.19	1,714.18
80	1,465.97	1,300.51	1,942.51	1,724.10	2,091.42	1,849.85
81	1,601.66	1,419.65	2,114.59	1,879.64	2,250.26	1,995.45
82	1,760.51	1,561.95	2,299.91	2,048.40	2,432.28	2,157.60
83	1,939.19	1,720.79	2,515.00	2,240.34	2,640.75	2,342.92
84	2,154.30	1,909.41	2,753.27	2,455.43	2,875.70	2,551.39
85	2,349.54	2,081.50	3,001.45	2,677.14	3,133.82	2,783.04
86	2,561.33	2,270.11	3,272.81	2,918.73	3,415.10	3,031.24
87	2,792.98	2,475.29	3,564.02	3,180.15	3,722.87	3,305.90
88	3,041.16	2,700.32	3,885.01	3,468.05	4,060.40	3,603.73
89	3,315.82	2,941.88	4,235.79	3,779.12	4,424.41	3,924.72
90	3,613.65	3,206.62	4,616.35	4,119.96	4,821.52	4,278.81
91	3,941.26	3,494.52	5,033.32	4,487.28	5,255.03	4,665.98
92	4,295.36	3,808.91	5,483.36	4,891.01	5,731.54	5,082.95
93	4,682.53	4,149.75	5,976.43	5,331.13	6,247.79	5,542.92
94	5,102.80	4,523.69	6,515.83	5,807.66	6,810.36	6,039.31

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7031L
Annual Premium per $10 Daily Benefit

Individual

2190 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	109.20	102.58	162.15	145.61	228.33	211.79
25-29	119.13	109.20	175.38	155.53	248.19	225.03
30-34	129.05	115.82	191.94	172.08	268.04	241.57
35-39	138.99	129.05	208.48	185.32	291.21	261.42
40-45	152.23	135.67	225.03	198.56	311.07	281.28
46	155.53	138.99	228.33	201.86	317.69	287.90
47	158.84	142.29	231.65	208.48	324.31	291.21
48	158.84	142.29	238.27	211.79	327.61	297.83
49	162.15	145.61	241.57	215.09	330.93	297.83
50	162.15	145.61	244.88	218.41	334.23	301.13
51	165.46	148.91	251.50	225.03	340.85	307.75
52	172.08	152.23	258.12	231.65	350.78	317.69
53	175.38	155.53	271.36	241.57	360.70	324.31
54	185.32	168.76	287.90	258.12	377.25	337.54
55	198.56	178.70	307.75	277.98	390.49	350.78
56	208.48	188.62	324.31	291.21	410.35	367.32
57	225.03	198.56	344.16	311.07	433.50	390.49
58	241.57	215.09	373.94	334.23	459.98	413.65
59	258.12	231.65	400.41	360.70	489.77	436.82
60	277.98	244.88	426.89	387.17	522.86	469.91
61	297.83	264.74	459.98	413.65	559.26	499.69
62	320.99	284.60	493.07	443.44	595.67	536.10
63	340.85	304.45	519.54	469.91	635.38	569.19
64	367.32	327.61	549.34	493.07	675.07	605.59
65	393.79	350.78	579.11	519.54	714.78	638.68
66	423.58	380.56	615.52	552.64	761.11	681.69
67	459.98	410.35	665.15	598.97	817.38	731.34
68	516.24	459.98	741.26	665.15	890.18	800.82
69	569.19	509.62	827.30	741.26	972.90	867.01
70	632.06	569.19	926.57	830.61	1,062.26	949.75
71	711.48	635.38	1,039.09	929.89	1,161.54	1,039.09
72	800.82	714.78	1,154.92	1,035.79	1,280.66	1,141.68
73	890.18	790.90	1,270.74	1,135.07	1,399.79	1,250.88
74	992.76	883.56	1,399.79	1,247.58	1,538.78	1,373.32
75	1,101.97	979.52	1,535.48	1,376.63	1,684.39	1,505.69
76	1,217.79	1,082.12	1,684.39	1,505.69	1,836.61	1,644.67
77	1,346.84	1,201.25	1,839.93	1,647.99	2,002.07	1,793.60
78	1,469.29	1,310.45	2,005.37	1,793.60	2,157.60	1,939.19
79	1,595.04	1,426.26	2,167.54	1,945.81	2,323.06	2,084.80
80	1,727.41	1,542.10	2,346.24	2,107.97	2,495.14	2,240.34
81	1,879.64	1,684.39	2,541.47	2,286.67	2,677.14	2,409.10
82	2,055.02	1,843.23	2,763.19	2,491.84	2,892.25	2,601.04
83	2,256.88	2,025.23	3,018.01	2,716.86	3,127.20	2,812.83
84	2,501.76	2,240.34	3,309.20	2,981.60	3,401.86	3,064.33
85	2,726.79	2,442.20	3,607.04	3,249.64	3,706.31	3,338.99
86	2,971.68	2,663.91	3,931.34	3,544.17	4,037.24	3,640.13
87	3,239.72	2,905.49	4,285.42	3,861.84	4,401.26	3,967.74
88	3,530.93	3,163.61	4,672.60	4,209.32	4,798.35	4,321.83
89	3,848.60	3,448.19	5,092.87	4,589.88	5,228.55	4,712.31
90	4,196.08	3,759.26	5,552.86	5,000.22	5,698.47	5,135.89
91	4,570.02	4,096.81	6,052.55	5,450.27	6,214.69	5,599.19
92	4,983.67	4,467.43	6,595.25	5,940.03	6,770.65	6,105.50
93	5,430.41	4,871.15	7,190.92	6,476.12	7,382.85	6,654.82
94	5,923.48	5,307.98	7,836.21	7,061.85	8,044.69	7,257.10

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7031L
Annual Premium per $10 Daily Benefit

Individual

Unlimited

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	156.40	140.35	236.60	208.53	320.81	288.72
25-29	168.42	156.40	252.63	224.56	348.88	312.78
30-34	184.47	164.41	272.69	240.61	376.96	340.85
35-39	196.49	180.45	296.75	260.65	405.03	364.92
40-45	212.54	192.49	320.81	284.71	437.10	392.99
46	220.56	200.50	328.83	288.72	445.12	401.00
47	224.56	204.51	332.84	288.72	457.14	409.03
48	224.56	208.53	336.84	296.75	461.17	417.05
49	228.57	208.53	344.86	300.76	465.17	421.06
50	232.58	208.53	348.88	304.77	469.18	421.06
51	236.60	216.55	356.90	316.79	477.20	429.07
52	248.63	224.56	372.93	324.82	493.24	445.12
53	252.63	232.58	388.98	344.86	513.28	461.17
54	268.68	240.61	413.04	368.92	529.33	477.20
55	280.70	256.64	437.10	392.99	557.40	501.26
56	300.76	272.69	469.18	421.06	589.48	529.33
57	324.82	288.72	497.25	453.13	621.56	557.40
58	336.84	304.77	537.35	489.24	657.66	597.51
59	372.93	332.84	573.45	521.31	701.76	629.59
60	392.99	348.88	609.53	557.40	741.87	669.68
61	425.06	376.96	657.66	605.53	789.98	713.80
62	457.14	409.03	701.76	637.60	842.11	761.91
63	489.24	441.11	733.84	673.69	902.26	818.05
64	521.31	469.18	769.94	701.76	958.42	874.19
65	565.42	505.27	806.03	733.84	1,022.57	934.36
66	609.53	549.39	854.15	773.95	1,098.77	998.51
67	665.67	601.52	930.35	838.10	1,182.98	1,074.71
68	737.86	665.67	1,030.59	938.36	1,279.22	1,162.93
69	818.05	737.86	1,162.93	1,050.64	1,395.50	1,263.17
70	914.30	822.07	1,315.30	1,191.00	1,519.83	1,363.43
71	1,014.56	914.30	1,475.71	1,335.36	1,656.17	1,483.72
72	1,134.86	1,022.57	1,648.14	1,487.75	1,824.59	1,632.11
73	1,267.19	1,138.86	1,820.59	1,644.13	1,989.01	1,784.48
74	1,407.54	1,259.16	2,005.04	1,812.55	2,181.49	1,960.94
75	1,567.93	1,395.50	2,201.53	1,980.98	2,386.00	2,153.42
76	1,728.34	1,547.90	2,410.06	2,169.45	2,606.56	2,361.94
77	1,900.77	1,700.27	2,630.62	2,369.95	2,831.12	2,570.47
78	2,065.19	1,852.66	2,855.18	2,574.48	3,047.67	2,770.97
79	2,233.61	2,009.05	3,083.75	2,787.00	3,276.24	2,975.48
80	2,410.06	2,173.46	3,328.37	3,015.59	3,504.81	3,184.01
81	2,614.57	2,357.93	3,597.05	3,268.22	3,765.48	3,420.60
82	2,847.17	2,570.47	3,909.84	3,552.94	4,054.19	3,681.26
83	3,119.84	2,823.10	4,266.74	3,877.76	4,383.02	3,982.01
84	3,448.67	3,111.82	4,683.78	4,254.70	4,759.96	4,326.88
85	3,761.45	3,392.53	5,104.84	4,635.66	5,189.05	4,719.87
86	4,102.32	3,697.29	5,565.99	5,052.71	5,658.23	5,140.93
87	4,471.24	4,030.13	6,067.25	5,509.85	6,167.51	5,606.10
88	4,872.24	4,395.05	6,616.63	6,007.10	6,720.90	6,111.37
89	5,313.36	4,788.03	7,210.14	6,544.46	7,330.43	6,660.75
90	5,790.57	5,221.13	7,855.76	7,133.94	7,992.10	7,258.25
91	6,315.87	5,690.31	8,561.52	7,775.55	8,705.88	7,911.90
92	6,881.31	6,203.59	9,335.47	8,473.30	9,491.87	8,621.67
93	7,498.86	6,765.02	10,173.58	9,239.24	10,346.02	9,399.63
94	8,176.55	7,370.53	11,087.88	10,069.33	11,280.36	10,245.76

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Individual

730 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	79.42	72.80	109.20	102.58	158.84	142.29
25-29	86.04	76.11	115.82	109.20	168.76	155.53
30-34	95.96	82.72	129.05	115.82	185.32	165.46
35-39	102.58	89.34	138.99	125.75	198.56	178.70
40-45	109.20	99.28	152.23	135.67	215.09	191.94
46	109.20	102.58	155.53	138.99	218.41	195.24
47	112.51	102.58	158.84	142.29	221.71	198.56
48	112.51	102.58	162.15	145.61	225.03	205.17
49	115.82	105.90	162.15	145.61	225.03	205.17
50	115.82	105.90	165.46	152.23	231.65	208.48
51	115.82	105.90	168.76	155.53	231.65	208.48
52	119.13	109.20	172.08	158.84	238.27	215.09
53	125.75	112.51	185.32	168.76	244.88	221.71
54	129.05	115.82	195.24	178.70	258.12	231.65
55	138.99	125.75	208.48	188.62	264.74	241.57
56	142.29	129.05	218.41	198.56	274.66	248.19
57	155.53	135.67	238.27	215.09	294.52	264.74
58	165.46	145.61	251.50	231.65	314.37	284.60
59	182.00	162.15	268.04	241.57	330.93	297.83
60	195.24	178.70	291.21	261.42	354.08	320.99
61	211.79	191.94	307.75	277.98	380.56	347.46
62	234.95	211.79	330.93	297.83	403.73	367.32
63	248.19	228.33	357.40	320.99	430.20	393.79
64	264.74	241.57	387.17	347.46	453.36	413.65
65	281.28	258.12	413.65	370.64	486.45	440.12
66	304.45	281.28	446.74	403.73	512.93	466.60
67	330.93	301.13	479.83	433.50	555.95	506.31
68	367.32	334.23	526.16	473.22	605.59	549.34
69	407.03	370.64	579.11	522.86	661.83	598.97
70	456.68	416.97	628.76	572.49	721.40	648.60
71	506.31	466.60	691.63	625.44	790.90	718.10
72	569.19	519.54	764.43	694.93	870.33	784.28
73	632.06	579.11	847.15	771.05	953.05	863.71
74	701.55	638.68	943.13	853.77	1,045.71	953.05
75	780.97	704.86	1,045.71	946.43	1,141.68	1,042.41
76	863.71	780.97	1,151.60	1,045.71	1,254.20	1,144.99
77	962.98	870.33	1,264.12	1,148.30	1,360.08	1,244.26
78	1,058.94	959.67	1,370.01	1,244.26	1,465.97	1,340.22
79	1,161.54	1,055.64	1,479.21	1,343.54	1,571.87	1,429.58
80	1,274.04	1,164.84	1,591.73	1,449.44	1,684.39	1,528.86
81	1,396.49	1,280.66	1,717.48	1,561.95	1,806.84	1,638.06
82	1,535.48	1,413.03	1,863.08	1,694.32	1,945.81	1,760.51
83	1,691.00	1,552.02	2,025.23	1,846.55	2,098.03	1,896.18
84	1,866.40	1,714.18	2,220.48	2,021.93	2,276.73	2,064.94
85	2,035.17	1,869.70	2,422.34	2,200.63	2,485.22	2,246.96
86	2,220.48	2,038.47	2,640.75	2,399.18	2,706.94	2,448.81
87	2,422.34	2,223.79	2,879.02	2,614.28	2,951.82	2,667.22
88	2,640.75	2,425.66	3,140.44	2,849.23	3,216.54	2,908.79
89	2,879.02	2,644.05	3,421.72	3,107.35	3,504.46	3,170.23
90	3,140.44	2,882.32	3,726.17	3,388.63	3,818.83	3,454.81
91	3,421.72	3,143.76	4,063.71	3,693.08	4,166.29	3,765.88
92	3,726.17	3,425.04	4,431.03	4,027.30	4,540.23	4,106.73
93	4,063.71	3,732.79	4,828.14	4,388.02	4,947.27	4,477.36
94	4,431.03	4,067.01	5,261.65	4,781.81	5,390.70	4,877.77

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Individual

1095 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	99.28	89.34	142.29	132.37	205.17	188.62
25-29	105.90	99.28	155.53	142.29	218.41	205.17
30-34	112.51	105.90	165.46	155.53	238.27	218.41
35-39	119.13	112.51	182.00	165.46	258.12	238.27
40-45	132.37	119.13	195.24	182.00	274.66	258.12
46	145.61	125.75	198.56	185.32	277.98	261.42
47	152.23	129.05	205.17	188.62	287.90	264.74
48	152.23	129.05	205.17	188.62	291.21	268.04
49	152.23	129.05	208.48	191.94	294.52	271.36
50	155.53	132.37	211.79	195.24	294.52	271.36
51	158.84	135.67	215.09	198.56	297.83	274.66
52	162.15	135.67	221.71	208.48	304.45	284.60
53	165.46	138.99	234.95	215.09	314.37	291.21
54	172.08	145.61	248.19	231.65	324.31	297.83
55	182.00	155.53	264.74	241.57	340.85	307.75
56	191.94	165.46	277.98	258.12	354.08	324.31
57	208.48	178.70	297.83	274.66	373.94	344.16
58	221.71	188.62	320.99	294.52	397.11	357.40
59	241.57	205.17	344.16	314.37	423.58	383.87
60	261.42	221.71	367.32	334.23	453.36	410.35
61	277.98	241.57	397.11	357.40	486.45	440.12
62	301.13	258.12	426.89	387.17	512.93	466.60
63	324.31	281.28	453.36	416.97	549.34	499.69
64	347.46	297.83	489.77	446.74	579.11	526.16
65	370.64	317.69	519.54	476.53	615.52	562.57
66	400.41	340.85	562.57	516.24	651.91	595.67
67	436.82	373.94	608.90	559.26	701.55	638.68
68	483.15	413.65	668.45	612.20	764.43	698.24
69	539.40	459.98	734.64	671.77	837.23	767.73
70	598.97	516.24	807.44	741.26	919.96	840.53
71	671.77	575.81	896.80	820.68	1,012.62	926.57
72	754.49	648.60	992.76	906.72	1,115.21	1,022.55
73	840.53	721.40	1,098.66	1,002.70	1,224.41	1,125.13
74	939.81	804.14	1,211.17	1,108.59	1,346.84	1,237.64
75	1,049.02	896.80	1,336.92	1,221.11	1,482.53	1,356.78
76	1,164.84	992.76	1,469.29	1,343.54	1,614.90	1,482.53
77	1,293.89	1,108.59	1,618.20	1,479.21	1,770.43	1,621.52
78	1,426.26	1,217.79	1,760.51	1,614.90	1,912.72	1,753.89
79	1,555.33	1,333.60	1,909.41	1,753.89	2,055.02	1,886.26
80	1,697.62	1,459.36	2,068.26	1,899.49	2,210.55	2,025.23
81	1,863.08	1,598.34	2,243.64	2,064.94	2,379.33	2,180.77
82	2,041.78	1,757.19	2,438.89	2,243.64	2,567.95	2,352.85
83	2,253.58	1,935.89	2,660.61	2,448.81	2,783.04	2,551.39
84	2,495.14	2,144.36	2,915.41	2,687.08	3,024.62	2,773.12
85	2,720.17	2,336.30	3,176.85	2,928.65	3,299.28	3,021.31
86	2,961.74	2,548.09	3,461.43	3,193.39	3,597.12	3,295.97
87	3,226.48	2,776.42	3,772.50	3,481.28	3,921.41	3,593.80
88	3,517.69	3,024.62	4,113.34	3,795.67	4,275.50	3,918.11
89	3,832.07	3,299.28	4,483.98	4,136.52	4,659.36	4,268.89
90	4,176.23	3,597.12	4,887.71	4,510.45	5,079.64	4,652.74
91	4,550.16	3,921.41	5,327.83	4,917.48	5,539.62	5,073.03
92	4,960.51	4,275.50	5,807.66	5,357.61	6,039.31	5,529.69
93	5,403.94	4,659.36	6,330.53	5,840.76	6,582.01	6,026.07
94	5,893.70	5,079.64	6,899.70	6,366.92	7,174.36	6,568.78

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Individual

1460 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	109.20	102.58	165.46	155.53	234.95	218.41
25-29	115.82	109.20	178.70	165.46	251.50	238.27
30-34	129.05	115.82	191.94	182.00	271.36	258.12
35-39	138.99	125.75	208.48	195.24	294.52	274.66
40-45	152.23	135.67	221.71	211.79	317.69	297.83
46	152.23	135.67	225.03	215.09	320.99	301.13
47	155.53	138.99	231.65	218.41	327.61	307.75
48	158.84	142.29	234.95	221.71	330.93	314.37
49	158.84	142.29	238.27	221.71	330.93	314.37
50	162.15	145.61	241.57	225.03	334.23	317.69
51	162.15	145.61	244.88	231.65	344.16	320.99
52	168.76	155.53	258.12	241.57	347.46	324.31
53	178.70	162.15	268.04	248.19	357.40	334.23
54	185.32	168.76	277.98	261.42	373.94	347.46
55	195.24	182.00	297.83	274.66	383.87	354.08
56	205.17	188.62	317.69	294.52	403.73	370.64
57	218.41	205.17	340.85	314.37	426.89	393.79
58	238.27	218.41	360.70	334.23	450.06	410.35
59	258.12	234.95	387.17	357.40	483.15	440.12
60	271.36	248.19	423.58	387.17	516.24	473.22
61	294.52	271.36	453.36	413.65	549.34	506.31
62	320.99	294.52	486.45	450.06	592.35	539.40
63	340.85	311.07	522.86	479.83	628.76	569.19
64	364.02	334.23	555.95	516.24	661.83	605.59
65	387.17	354.08	595.67	549.34	698.24	638.68
66	420.27	383.87	635.38	589.05	744.57	678.39
67	456.68	420.27	688.31	638.68	800.82	731.34
68	509.62	466.60	761.11	701.55	876.94	797.52
69	565.87	519.54	837.23	774.35	959.67	880.25
70	628.76	579.11	933.19	857.09	1,055.64	966.29
71	708.16	651.91	1,032.47	949.75	1,158.22	1,068.88
72	794.20	728.02	1,148.30	1,049.02	1,277.36	1,181.39
73	890.18	820.68	1,267.44	1,158.22	1,409.73	1,297.21
74	992.76	916.65	1,389.87	1,274.04	1,548.71	1,426.26
75	1,111.89	1,025.85	1,532.16	1,406.41	1,700.94	1,565.25
76	1,240.96	1,141.68	1,687.70	1,548.71	1,866.40	1,710.86
77	1,373.32	1,264.12	1,856.47	1,707.56	2,041.78	1,873.02
78	1,512.30	1,389.87	2,021.93	1,863.08	2,207.25	2,025.23
79	1,651.29	1,522.24	2,194.01	2,021.93	2,379.33	2,184.07
80	1,800.22	1,654.61	2,382.63	2,197.31	2,564.63	2,356.16
81	1,965.66	1,810.14	2,594.42	2,395.87	2,759.88	2,541.47
82	2,160.92	1,988.84	2,822.75	2,610.96	2,984.91	2,749.95
83	2,379.33	2,190.69	3,084.19	2,852.54	3,239.72	2,984.91
84	2,644.05	2,432.28	3,378.71	3,127.20	3,527.61	3,249.64
85	2,882.32	2,650.67	3,683.16	3,408.48	3,845.30	3,544.17
86	3,143.76	2,892.25	4,014.07	3,716.25	4,189.46	3,861.84
87	3,425.04	3,153.68	4,374.78	4,050.48	4,566.70	4,212.62
88	3,732.79	3,438.27	4,768.58	4,417.79	4,980.37	4,589.88
89	4,067.01	3,749.34	5,198.76	4,814.90	5,430.41	5,000.22
90	4,434.35	4,083.57	5,665.37	5,248.41	5,916.86	5,450.27
91	4,834.76	4,450.89	6,174.98	5,718.32	6,449.64	5,943.34
92	5,271.57	4,851.30	6,727.62	6,231.25	7,032.07	6,476.12
93	5,744.78	5,288.12	7,333.21	6,790.50	7,664.13	7,061.85
94	6,261.02	5,761.33	7,995.06	7,399.39	8,355.76	7,693.91

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Individual

2190 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	132.37	125.75	195.24	182.00	274.66	261.42
25-29	142.29	135.67	211.79	195.24	297.83	277.98
30-34	155.53	145.61	231.65	211.79	320.99	301.13
35-39	165.46	158.84	248.19	231.65	347.46	324.31
40-45	182.00	168.76	268.04	248.19	373.94	350.78
46	185.32	172.08	274.66	251.50	380.56	357.40
47	188.62	178.70	277.98	258.12	387.17	360.70
48	191.94	178.70	284.60	264.74	393.79	370.64
49	195.24	182.00	291.21	268.04	397.11	370.64
50	195.24	182.00	294.52	271.36	400.41	373.94
51	198.56	185.32	301.13	277.98	407.03	380.56
52	205.17	188.62	307.75	287.90	420.27	393.79
53	211.79	195.24	324.31	301.13	433.50	403.73
54	221.71	208.48	344.16	320.99	450.06	420.27
55	238.27	221.71	367.32	344.16	466.60	436.82
56	251.50	234.95	387.17	360.70	489.77	456.68
57	268.04	248.19	413.65	387.17	519.54	483.15
58	287.90	268.04	446.74	413.65	549.34	512.93
59	307.75	287.90	479.83	450.06	585.73	542.72
60	330.93	304.45	512.93	479.83	625.44	582.43
61	357.40	327.61	549.34	512.93	668.45	618.82
62	383.87	354.08	589.05	549.34	711.48	665.15
63	410.35	380.56	622.14	585.73	761.11	708.16
64	443.44	410.35	661.83	615.52	810.76	754.49
65	473.22	440.12	698.24	651.91	860.39	800.82
66	512.93	476.53	744.57	694.93	919.96	857.09
67	559.26	516.24	807.44	754.49	989.46	919.96
68	625.44	579.11	900.10	837.23	1,078.80	1,006.00
69	691.63	641.98	1,002.70	933.19	1,178.08	1,092.04
70	767.73	714.78	1,121.83	1,045.71	1,287.28	1,194.63
71	860.39	800.82	1,257.50	1,168.16	1,409.73	1,307.13
72	969.60	900.10	1,399.79	1,303.83	1,552.02	1,436.20
73	1,082.12	999.38	1,545.40	1,432.88	1,700.94	1,578.49
74	1,207.87	1,118.51	1,704.24	1,578.49	1,873.02	1,737.33
75	1,343.54	1,240.96	1,876.32	1,743.95	2,055.02	1,909.41
76	1,492.45	1,376.63	2,061.64	1,912.72	2,246.96	2,091.42
77	1,651.29	1,528.86	2,256.88	2,098.03	2,455.43	2,286.67
78	1,803.52	1,667.85	2,458.75	2,286.67	2,647.37	2,471.99
79	1,959.05	1,816.76	2,660.61	2,478.61	2,849.23	2,657.29
80	2,117.89	1,965.66	2,879.02	2,687.08	3,061.02	2,852.54
81	2,306.52	2,144.36	3,117.28	2,912.11	3,286.05	3,067.64
82	2,521.62	2,346.24	3,391.94	3,173.53	3,547.47	3,312.52
83	2,769.80	2,577.87	3,703.01	3,461.43	3,838.68	3,583.88
84	3,067.64	2,852.54	4,060.40	3,798.97	4,172.91	3,901.55
85	3,345.61	3,110.66	4,424.41	4,139.82	4,546.85	4,252.33
86	3,646.75	3,391.94	4,824.82	4,513.76	4,953.89	4,636.21
87	3,974.36	3,699.70	5,258.33	4,920.80	5,400.63	5,053.17
88	4,331.75	4,030.62	5,731.54	5,364.22	5,887.09	5,506.53
89	4,722.25	4,391.32	6,247.79	5,847.38	6,416.55	6,002.90
90	5,149.13	4,788.43	6,813.66	6,370.22	6,992.36	6,542.30
91	5,609.11	5,218.62	7,425.86	6,942.73	7,624.42	7,131.35
92	6,115.42	5,691.85	8,094.33	7,568.17	8,309.43	7,776.64
93	6,664.75	6,204.77	8,822.35	8,249.86	9,057.30	8,478.19
94	7,267.02	6,760.71	9,616.56	8,994.43	9,871.38	9,242.62

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Individual

Unlimited

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	188.48	176.44	284.71	256.64	384.97	360.91
25-29	200.50	192.49	304.77	280.70	417.05	388.98
30-34	220.56	204.51	328.83	300.76	449.13	421.06
35-39	236.60	224.56	356.90	324.82	485.21	453.13
40-45	256.64	240.61	384.97	352.89	525.32	489.24
46	264.67	248.63	392.99	356.90	533.34	497.25
47	268.68	252.63	396.99	360.91	545.38	509.27
48	268.68	256.64	405.03	368.92	553.39	517.31
49	272.69	260.65	413.04	372.93	557.40	521.31
50	280.70	260.65	417.05	380.96	561.41	525.32
51	284.71	268.68	429.07	392.99	573.45	533.34
52	296.75	280.70	445.12	405.03	589.48	553.39
53	304.77	288.72	465.17	429.07	613.54	573.45
54	320.81	300.76	493.24	457.14	633.60	593.49
55	336.84	316.79	525.32	489.24	665.67	621.56
56	360.91	336.84	561.41	525.32	705.77	657.66
57	388.98	360.91	597.51	561.41	745.88	693.74
58	405.03	380.96	641.61	609.53	789.98	741.87
59	445.12	413.04	685.73	649.63	838.10	781.96
60	469.18	433.10	729.83	693.74	886.23	830.09
61	509.27	469.18	785.97	749.89	946.38	886.23
62	545.38	509.27	838.10	794.00	1,010.53	946.38
63	589.48	549.39	882.22	838.10	1,082.72	1,018.57
64	629.59	585.47	926.32	878.21	1,154.91	1,090.74
65	681.72	633.60	974.45	918.31	1,235.10	1,170.94
66	737.86	689.74	1,034.60	970.44	1,327.34	1,255.15
67	806.03	757.90	1,126.84	1,054.65	1,431.61	1,351.40
68	894.25	838.10	1,251.15	1,178.96	1,551.90	1,463.69
69	990.50	930.35	1,407.54	1,323.33	1,692.26	1,587.99
70	1,106.79	1,034.60	1,592.00	1,495.76	1,840.62	1,716.32
71	1,231.09	1,150.89	1,788.49	1,680.23	2,009.05	1,868.69
72	1,375.47	1,287.23	1,997.02	1,872.70	2,209.56	2,053.16
73	1,539.86	1,435.62	2,213.57	2,073.22	2,418.08	2,249.66
74	1,712.31	1,592.00	2,442.14	2,289.75	2,654.68	2,478.23
75	1,912.81	1,768.45	2,686.76	2,510.31	2,911.32	2,730.86
76	2,117.32	1,964.95	2,951.42	2,758.93	3,188.02	2,999.54
77	2,333.87	2,165.45	3,228.11	3,019.60	3,472.73	3,276.24
78	2,534.37	2,357.93	3,504.81	3,280.25	3,741.41	3,528.87
79	2,738.89	2,558.43	3,785.51	3,548.93	4,018.11	3,789.52
80	2,959.45	2,766.96	4,086.27	3,841.65	4,302.82	4,058.20
81	3,208.08	3,003.55	4,415.10	4,162.47	4,619.61	4,354.95
82	3,492.79	3,276.24	4,796.07	4,527.38	4,976.51	4,691.80
83	3,829.63	3,597.05	5,237.18	4,940.42	5,377.53	5,072.76
84	4,230.63	3,965.98	5,746.45	5,417.62	5,842.69	5,513.87
85	4,615.60	4,322.88	6,263.76	5,906.86	6,368.01	6,011.11
86	5,032.65	4,711.85	6,829.17	6,436.19	6,941.46	6,548.47
87	5,485.80	5,132.91	7,446.72	7,017.65	7,567.02	7,141.96
88	5,979.03	5,598.08	8,116.40	7,651.25	8,248.74	7,783.57
89	6,520.40	6,099.34	8,846.25	8,336.96	8,994.62	8,485.34
90	7,105.87	6,652.74	9,640.24	9,086.85	9,804.65	9,247.25
91	7,747.48	7,250.23	10,506.41	9,904.91	10,682.87	10,077.34
92	8,445.23	7,903.88	11,452.79	10,795.15	11,645.28	10,983.63
93	9,203.14	8,617.66	12,483.40	11,769.60	12,695.92	11,974.11
94	10,033.22	9,391.61	13,606.21	12,828.26	13,838.79	13,052.82

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Joint

1095 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	72.80	62.87	102.58	95.96	148.91	135.67
25-29	76.11	72.80	109.20	102.58	158.84	148.91
30-34	79.42	76.11	119.13	109.20	172.08	158.84
35-39	86.04	79.42	132.37	119.13	185.32	172.08
40-45	95.96	86.04	138.99	129.05	198.56	185.32
46	102.58	89.34	142.29	132.37	198.56	188.62
47	105.90	92.66	148.91	135.67	208.48	191.94
48	105.90	92.66	148.91	135.67	208.48	191.94
49	109.20	92.66	148.91	138.99	211.79	195.24
50	109.20	95.96	152.23	138.99	211.79	195.24
51	109.20	99.28	155.53	142.29	215.09	198.56
52	112.51	99.28	158.84	148.91	218.41	205.17
53	119.13	99.28	168.76	155.53	225.03	208.48
54	122.43	105.90	178.70	165.46	234.95	215.09
55	132.37	112.51	191.94	175.38	244.88	221.71
56	135.67	119.13	198.56	185.32	254.80	234.95
57	148.91	129.05	215.09	198.56	268.04	248.19
58	158.84	135.67	231.65	211.79	284.60	258.12
59	175.38	148.91	248.19	225.03	304.45	277.98
60	188.62	158.84	264.74	241.57	327.61	294.52
61	198.56	175.38	284.60	258.12	350.78	317.69
62	218.41	185.32	307.75	277.98	370.64	337.54
63	234.95	201.86	327.61	301.13	397.11	360.70
64	251.50	215.09	354.08	320.99	416.97	377.25
65	268.04	228.33	373.94	344.16	443.44	403.73
66	287.90	244.88	403.73	370.64	469.91	430.20
67	314.37	268.04	436.82	403.73	506.31	459.98
68	347.46	297.83	479.83	440.12	549.34	503.01
69	387.17	330.93	529.48	483.15	602.28	552.64
70	430.20	370.64	582.43	532.78	661.83	605.59
71	483.15	413.65	645.30	592.35	728.02	668.45
72	542.72	466.60	714.78	651.91	804.14	734.64
73	605.59	519.54	790.90	721.40	880.25	810.76
74	675.07	579.11	873.63	797.52	969.60	890.18
75	754.49	645.30	962.98	880.25	1,068.88	976.22
76	837.23	714.78	1,058.94	966.29	1,161.54	1,068.88
77	933.19	797.52	1,164.84	1,065.56	1,274.04	1,168.16
78	1,025.85	876.94	1,267.44	1,161.54	1,376.63	1,264.12
79	1,118.51	959.67	1,373.32	1,264.12	1,479.21	1,356.78
80	1,221.11	1,052.33	1,489.15	1,366.70	1,591.73	1,459.36
81	1,340.22	1,151.60	1,614.90	1,485.83	1,714.18	1,568.57
82	1,469.29	1,264.12	1,757.19	1,614.90	1,849.85	1,694.32
83	1,621.52	1,393.17	1,916.03	1,763.81	2,005.37	1,836.61
84	1,796.90	1,545.40	2,098.03	1,935.89	2,177.46	1,995.45
85	1,959.05	1,681.08	2,286.67	2,107.97	2,376.01	2,174.15
86	2,131.13	1,833.31	2,491.84	2,299.91	2,591.10	2,372.71
87	2,323.06	1,998.76	2,716.86	2,505.08	2,822.75	2,587.80
88	2,531.55	2,177.46	2,961.74	2,733.41	3,077.57	2,819.45
89	2,759.88	2,376.01	3,229.78	2,978.29	3,355.53	3,074.25
90	3,008.07	2,591.10	3,517.69	3,246.34	3,656.68	3,348.91
91	3,276.11	2,822.75	3,835.37	3,540.85	3,987.59	3,653.37
92	3,570.64	3,077.57	4,182.85	3,858.54	4,348.31	3,980.97
93	3,891.63	3,355.53	4,556.78	4,206.00	4,738.78	4,338.37
94	4,242.41	3,656.68	4,967.13	4,583.26	5,165.67	4,728.86

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Joint

1460 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	79.42	72.80	105.90	102.58	155.53	138.99
25-29	86.04	76.11	112.51	105.90	165.46	152.23
30-34	95.96	82.72	125.75	112.51	182.00	162.15
35-39	102.58	89.34	135.67	122.43	195.24	175.38
40-45	105.90	99.28	148.91	132.37	211.79	188.62
46	105.90	102.58	152.23	135.67	215.09	191.94
47	109.20	102.58	155.53	138.99	218.41	195.24
48	109.20	102.58	158.84	142.29	221.71	201.86
49	112.51	102.58	158.84	142.29	221.71	201.86
50	112.51	102.58	162.15	148.91	228.33	205.17
51	112.51	102.58	165.46	152.23	228.33	205.17
52	115.82	105.90	168.76	155.53	234.95	211.79
53	122.43	109.20	182.00	165.46	241.57	218.41
54	125.75	112.51	191.94	175.38	254.80	228.33
55	135.67	122.43	205.17	185.32	261.42	238.27
56	138.99	125.75	215.09	195.24	271.36	244.88
57	152.23	132.37	234.95	211.79	291.21	261.42
58	162.15	142.29	248.19	228.33	307.75	281.28
59	178.70	158.84	264.74	238.27	324.31	294.52
60	191.94	175.38	287.90	258.12	347.46	314.37
61	208.48	188.62	304.45	274.66	373.94	340.85
62	231.65	208.48	324.31	294.52	397.11	360.70
63	244.88	225.03	350.78	314.37	423.58	387.17
64	261.42	238.27	380.56	340.85	446.74	407.03
65	277.98	254.80	407.03	364.02	479.83	433.50
66	301.13	277.98	440.12	397.11	506.31	459.98
67	324.31	297.83	473.22	426.89	546.02	499.69
68	360.70	327.61	516.24	466.60	595.67	539.40
69	400.41	364.02	569.19	512.93	651.91	589.05
70	450.06	410.35	618.82	562.57	711.48	638.68
71	499.69	459.98	681.69	615.52	777.67	708.16
72	559.26	509.62	751.19	685.01	857.09	771.05
73	622.14	569.19	833.92	757.81	936.51	850.47
74	691.63	628.76	926.57	840.53	1,029.17	936.51
75	767.73	694.93	1,029.17	929.89	1,121.83	1,025.85
76	850.47	767.73	1,131.75	1,029.17	1,234.34	1,125.13
77	946.43	857.09	1,244.26	1,128.45	1,336.92	1,224.41
78	1,042.41	943.13	1,346.84	1,224.41	1,442.82	1,320.37
79	1,141.68	1,039.09	1,456.05	1,323.68	1,545.40	1,406.41
80	1,254.20	1,144.99	1,565.25	1,426.26	1,657.91	1,505.69
81	1,373.32	1,260.82	1,691.00	1,535.48	1,777.04	1,611.58
82	1,512.30	1,389.87	1,833.31	1,667.85	1,916.03	1,730.71
83	1,664.53	1,525.54	1,992.14	1,816.76	2,064.94	1,866.40
84	1,836.61	1,687.70	2,184.07	1,988.84	2,240.34	2,031.85
85	2,002.07	1,839.93	2,382.63	2,164.22	2,445.51	2,210.55
86	2,184.07	2,005.37	2,597.72	2,359.47	2,663.91	2,409.10
87	2,382.63	2,187.39	2,832.69	2,571.25	2,905.49	2,624.20
88	2,597.72	2,385.95	3,090.81	2,802.90	3,163.61	2,862.46
89	2,832.69	2,601.04	3,365.47	3,057.72	3,448.19	3,120.58
90	3,090.81	2,835.99	3,666.60	3,335.68	3,759.26	3,398.56
91	3,365.47	3,094.11	3,997.53	3,633.51	4,100.11	3,706.31
92	3,666.60	3,368.77	4,361.55	3,964.44	4,467.43	4,040.54
93	3,997.53	3,673.22	4,752.02	4,318.52	4,867.85	4,404.56
94	4,361.55	4,000.83	5,178.91	4,705.69	5,304.66	4,798.35

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Joint

2190 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	92.66	82.72	132.37	122.43	191.94	175.38
25-29	99.28	92.66	145.61	132.37	201.86	191.94
30-34	105.90	99.28	152.23	145.61	221.71	201.86
35-39	109.20	105.90	168.76	152.23	238.27	221.71
40-45	122.43	109.20	182.00	168.76	254.80	238.27
46	125.75	115.82	185.32	172.08	258.12	241.57
47	129.05	119.13	191.94	175.38	268.04	244.88
48	132.37	119.13	191.94	175.38	271.36	248.19
49	132.37	119.13	191.94	178.70	274.66	251.50
50	135.67	122.43	195.24	182.00	274.66	251.50
51	135.67	122.43	198.56	185.32	277.98	254.80
52	138.99	125.75	205.17	191.94	281.28	264.74
53	152.23	129.05	218.41	198.56	291.21	271.36
54	158.84	135.67	231.65	215.09	301.13	277.98
55	158.84	145.61	244.88	225.03	317.69	284.60
56	168.76	152.23	258.12	238.27	327.61	301.13
57	182.00	165.46	277.98	254.80	347.46	320.99
58	205.17	175.38	297.83	274.66	367.32	330.93
59	215.09	191.94	320.99	291.21	393.79	357.40
60	225.03	205.17	340.85	311.07	420.27	380.56
61	244.88	225.03	367.32	330.93	450.06	407.03
62	277.98	238.27	397.11	360.70	476.53	433.50
63	284.60	261.42	420.27	387.17	509.62	463.30
64	301.13	277.98	453.36	413.65	536.10	489.77
65	320.99	294.52	483.15	443.44	572.49	522.86
66	347.46	317.69	522.86	479.83	605.59	552.64
67	377.25	347.46	565.87	519.54	651.91	592.35
68	420.27	383.87	618.82	569.19	708.16	648.60
69	469.91	426.89	681.69	622.14	777.67	711.48
70	522.86	479.83	747.88	688.31	853.77	780.97
71	589.05	532.78	830.61	761.11	939.81	860.39
72	658.53	602.28	919.96	840.53	1,035.79	949.75
73	737.96	668.45	1,019.23	929.89	1,135.07	1,045.71
74	824.00	747.88	1,125.13	1,029.17	1,250.88	1,148.30
75	919.96	830.61	1,240.96	1,131.75	1,376.63	1,257.50
76	1,029.17	919.96	1,363.40	1,247.58	1,499.07	1,376.63
77	1,138.37	1,029.17	1,502.38	1,373.32	1,641.37	1,505.69
78	1,254.20	1,131.75	1,634.75	1,499.07	1,773.74	1,628.14
79	1,366.70	1,237.64	1,770.43	1,628.14	1,906.11	1,750.57
80	1,489.15	1,353.46	1,919.33	1,763.81	2,051.70	1,879.64
81	1,628.14	1,482.53	2,081.50	1,916.03	2,207.25	2,025.23
82	1,790.28	1,631.44	2,263.50	2,081.50	2,382.63	2,184.07
83	1,972.28	1,796.90	2,468.67	2,273.43	2,581.18	2,366.09
84	2,190.69	1,988.84	2,706.94	2,495.14	2,806.21	2,574.57
85	2,389.25	2,167.54	2,948.50	2,716.86	3,061.02	2,802.90
86	2,604.34	2,366.09	3,213.24	2,965.06	3,338.99	3,057.72
87	2,839.31	2,577.87	3,501.14	3,229.78	3,640.13	3,335.68
88	3,094.11	2,806.21	3,818.83	3,521.00	3,967.74	3,636.83
89	3,368.77	3,061.02	4,159.67	3,838.68	4,325.14	3,961.12
90	3,673.22	3,338.99	4,536.93	4,186.15	4,712.31	4,318.52
91	4,004.15	3,640.13	4,943.96	4,563.40	5,139.20	4,709.01
92	4,368.16	3,967.74	5,390.70	4,970.43	5,605.81	5,132.58
93	4,758.64	4,325.14	5,873.85	5,420.49	6,108.80	5,592.57
94	5,188.84	4,712.31	6,403.31	5,906.94	6,658.13	6,095.56

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Joint

2920 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	95.96	89.34	145.61	135.67	205.17	191.94
25-29	102.58	95.96	155.53	145.61	218.41	208.48
30-34	112.51	102.58	168.76	158.84	238.27	225.03
35-39	122.43	109.20	182.00	168.76	258.12	238.27
40-45	132.37	119.13	191.94	185.32	277.98	258.12
46	132.37	119.13	195.24	188.62	281.28	261.42
47	135.67	122.43	201.86	191.94	284.60	268.04
48	138.99	122.43	205.17	191.94	287.90	274.66
49	138.99	122.43	208.48	191.94	287.90	274.66
50	142.29	125.75	211.79	195.24	291.21	277.98
51	142.29	125.75	215.09	201.86	301.13	281.28
52	145.61	135.67	225.03	211.79	304.45	281.28
53	155.53	142.29	234.95	215.09	311.07	291.21
54	162.15	145.61	241.57	228.33	327.61	304.45
55	168.76	158.84	258.12	238.27	334.23	307.75
56	178.70	165.46	277.98	258.12	350.78	324.31
57	191.94	178.70	297.83	274.66	370.64	344.16
58	208.48	191.94	314.37	291.21	393.79	357.40
59	225.03	205.17	337.54	311.07	420.27	383.87
60	238.27	215.09	370.64	337.54	450.06	413.65
61	258.12	238.27	393.79	360.70	479.83	440.12
62	281.28	258.12	423.58	393.79	516.24	469.91
63	297.83	271.36	456.68	416.97	549.34	496.39
64	317.69	291.21	483.15	450.06	575.81	529.48
65	337.54	307.75	519.54	479.83	608.90	555.95
66	367.32	334.23	552.64	512.93	648.60	592.35
67	397.11	367.32	598.97	555.95	698.24	638.68
68	443.44	407.03	665.15	612.20	764.43	694.93
69	493.07	453.36	731.34	675.07	837.23	767.73
70	549.34	506.31	814.06	747.88	919.96	843.85
71	618.82	569.19	900.10	827.30	1,009.31	933.19
72	691.63	635.38	1,002.70	913.34	1,115.21	1,029.17
73	777.67	714.78	1,105.27	1,009.31	1,227.72	1,131.75
74	867.01	800.82	1,211.17	1,111.89	1,350.16	1,244.26
75	969.60	893.48	1,336.92	1,227.72	1,482.53	1,363.40
76	1,082.12	996.08	1,472.59	1,350.16	1,628.14	1,492.45
77	1,197.93	1,101.97	1,618.20	1,489.15	1,780.36	1,634.75
78	1,320.37	1,211.17	1,763.81	1,624.82	1,925.95	1,767.12
79	1,439.50	1,326.99	1,912.72	1,763.81	2,074.88	1,906.11
80	1,568.57	1,442.82	2,078.18	1,916.03	2,237.02	2,055.02
81	1,714.18	1,578.49	2,263.50	2,088.11	2,405.80	2,217.17
82	1,882.94	1,734.03	2,462.05	2,276.73	2,604.34	2,399.18
83	2,074.88	1,909.41	2,690.38	2,488.53	2,826.07	2,604.34
84	2,306.52	2,121.21	2,945.20	2,726.79	3,077.57	2,832.69
85	2,515.00	2,309.83	3,213.24	2,971.68	3,352.23	3,090.81
86	2,740.03	2,521.62	3,501.14	3,239.72	3,653.37	3,368.77
87	2,988.21	2,749.95	3,815.53	3,530.93	3,980.97	3,673.22
88	3,256.26	2,998.15	4,159.67	3,851.92	4,341.69	4,000.83
89	3,547.47	3,269.49	4,533.61	4,199.38	4,735.48	4,361.55
90	3,865.16	3,560.71	4,940.66	4,576.64	5,159.05	4,752.02
91	4,215.94	3,881.70	5,384.08	4,986.99	5,625.66	5,182.22
92	4,596.49	4,229.18	5,867.23	5,433.73	6,131.97	5,648.82
93	5,010.14	4,609.73	6,393.39	5,920.18	6,684.61	6,158.44
94	5,460.20	5,023.38	6,972.50	6,452.96	7,286.88	6,707.76

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7030L
Annual Premium per $10 Daily Benefit

Joint

4380 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	50 EP	100 EP	50 EP	100 EP	50 EP	100 EP
18-24	115.82	109.20	168.76	158.84	238.27	225.03
25-29	122.43	115.82	182.00	168.76	258.12	241.57
30-34	135.67	125.75	198.56	182.00	277.98	261.42
35-39	142.29	135.67	215.09	198.56	301.13	281.28
40-45	158.84	145.61	231.65	215.09	324.31	304.45
46	158.84	148.91	238.27	218.41	327.61	307.75
47	162.15	155.53	241.57	221.71	334.23	311.07
48	165.46	155.53	244.88	228.33	340.85	320.99
49	168.76	158.84	251.50	231.65	344.16	320.99
50	168.76	158.84	254.80	234.95	347.46	324.31
51	172.08	158.84	261.42	241.57	350.78	327.61
52	178.70	162.15	264.74	248.19	364.02	340.85
53	182.00	168.76	281.28	261.42	373.94	347.46
54	191.94	178.70	297.83	277.98	390.49	364.02
55	205.17	191.94	317.69	297.83	403.73	377.25
56	218.41	201.86	334.23	311.07	423.58	393.79
57	231.65	215.09	357.40	334.23	450.06	416.97
58	248.19	231.65	387.17	357.40	473.22	443.44
59	264.74	248.19	413.65	390.49	506.31	469.91
60	284.60	261.42	443.44	413.65	539.40	503.01
61	307.75	284.60	473.22	443.44	579.11	536.10
62	330.93	304.45	509.62	473.22	615.52	575.81
63	354.08	327.61	536.10	506.31	658.53	612.20
64	383.87	354.08	572.49	532.78	701.55	651.91
65	410.35	380.56	602.28	562.57	744.57	691.63
66	443.44	410.35	641.98	598.97	794.20	741.26
67	483.15	446.74	698.24	651.91	853.77	794.20
68	539.40	499.69	777.67	724.72	933.19	870.33
69	598.97	555.95	867.01	807.44	1,019.23	943.13
70	661.83	618.82	969.60	903.42	1,111.89	1,032.47
71	744.57	691.63	1,085.42	1,009.31	1,217.79	1,128.45
72	837.23	777.67	1,207.87	1,125.13	1,340.22	1,240.96
73	936.51	863.71	1,333.60	1,237.64	1,469.29	1,363.40
74	1,042.41	966.29	1,472.59	1,363.40	1,618.20	1,502.38
75	1,161.54	1,072.18	1,621.52	1,505.69	1,777.04	1,651.29
76	1,290.59	1,188.01	1,780.36	1,651.29	1,942.51	1,806.84
77	1,426.26	1,320.37	1,949.13	1,813.45	2,121.21	1,975.60
78	1,558.63	1,439.50	2,124.51	1,975.60	2,286.67	2,134.44
79	1,691.00	1,568.57	2,299.91	2,141.06	2,462.05	2,296.59
80	1,829.99	1,697.62	2,488.53	2,323.06	2,644.05	2,465.37
81	1,992.14	1,853.16	2,693.70	2,515.00	2,839.31	2,650.67
82	2,177.46	2,028.55	2,931.96	2,743.33	3,064.33	2,862.46
83	2,392.56	2,227.10	3,200.01	2,991.53	3,315.82	3,097.43
84	2,650.67	2,465.37	3,507.76	3,282.73	3,607.04	3,372.09
85	2,892.25	2,687.08	3,822.13	3,577.26	3,928.03	3,673.22
86	3,150.38	2,931.96	4,169.61	3,898.25	4,278.81	4,004.15
87	3,434.96	3,196.69	4,543.55	4,252.33	4,665.98	4,364.85
88	3,742.72	3,481.28	4,950.58	4,636.21	5,086.26	4,758.64
89	4,080.25	3,795.67	5,397.32	5,053.17	5,542.92	5,185.53
90	4,447.59	4,136.52	5,887.09	5,503.21	6,042.61	5,652.14
91	4,844.68	4,510.45	6,416.55	5,999.60	6,588.63	6,161.75
92	5,284.80	4,917.48	6,992.36	6,539.00	7,180.98	6,717.70
93	5,758.02	5,360.92	7,621.12	7,128.03	7,826.28	7,326.59
94	6,277.58	5,840.76	8,309.43	7,770.03	8,527.84	7,985.12

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7032L
Annual Premium per $10 Daily Benefit

Individual

730 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18-24	39.71	29.78	66.19	49.63	86.04	62.87
25-29	46.33	33.09	76.11	56.25	95.96	69.49
30-34	52.95	39.71	89.34	66.19	112.51	79.42
35-39	62.87	43.01	99.28	76.11	125.75	92.66
40-45	69.49	49.63	115.82	89.34	145.61	105.90
46	69.49	52.95	122.43	95.96	148.91	115.82
47	72.80	52.95	125.75	95.96	158.84	119.13
48	72.80	52.95	125.75	95.96	158.84	119.13
49	72.80	52.95	125.75	95.96	162.15	122.43
50	76.11	56.25	129.05	99.28	165.46	135.67
51	76.11	56.25	138.99	102.58	168.76	138.99
52	86.04	66.19	142.29	105.90	182.00	142.29
53	89.34	69.49	145.61	112.51	185.32	145.61
54	89.34	69.49	148.91	115.82	191.94	145.61
55	95.96	76.11	162.15	122.43	208.48	162.15
56	105.90	79.42	175.38	129.05	231.65	168.76
57	115.82	92.66	188.62	145.61	241.57	188.62
58	129.05	99.28	201.86	158.84	261.42	201.86
59	142.29	105.90	225.03	175.38	284.60	218.41
60	162.15	119.13	254.80	191.94	317.69	241.57
61	172.08	135.67	271.36	208.48	340.85	268.04
62	191.94	148.91	307.75	238.27	387.17	297.83
63	218.41	162.15	337.54	248.19	426.89	314.37
64	248.19	182.00	383.87	284.60	483.15	357.40
65	268.04	198.56	410.35	304.45	522.86	383.87
66	297.83	218.41	453.36	330.93	569.19	413.65
67	327.61	238.27	483.15	350.78	608.90	436.82
68	357.40	264.74	529.48	390.49	661.83	483.15
69	390.49	287.90	569.19	413.65	714.78	519.54
70	423.58	314.37	608.90	456.68	757.81	565.87
71	463.30	344.16	665.15	486.45	817.38	602.28
72	503.01	373.94	718.10	529.48	870.33	641.98
73	549.34	410.35	764.43	575.81	919.96	691.63
74	602.28	453.36	833.92	625.44	986.14	737.96
75	665.15	486.45	916.65	675.07	1,058.94	784.28
76	734.64	542.72	999.38	737.96	1,148.30	843.85
77	814.06	605.59	1,098.66	817.38	1,231.03	919.96
78	893.48	668.45	1,194.63	890.18	1,326.99	989.46
79	979.52	728.02	1,297.21	962.98	1,416.34	1,072.18
80	1,072.18	794.20	1,393.17	1,035.79	1,515.62	1,148.30
81	1,171.46	870.33	1,509.00	1,121.83	1,634.75	1,240.96
82	1,274.04	949.75	1,614.90	1,204.55	1,753.89	1,336.92
83	1,393.17	1,035.79	1,750.57	1,300.51	1,889.56	1,436.20
84	1,515.62	1,131.75	1,879.64	1,406.41	2,035.17	1,542.10
85	1,591.73	1,188.01	1,975.60	1,475.91	2,137.74	1,621.52
86	1,671.15	1,247.58	2,074.88	1,548.71	2,243.64	1,700.94
87	1,753.89	1,310.45	2,177.46	1,624.82	2,356.16	1,786.98
88	1,843.23	1,376.63	2,286.67	1,707.56	2,471.99	1,876.32
89	1,935.89	1,446.12	2,399.18	1,793.60	2,597.72	1,968.98
90	2,031.85	1,518.92	2,521.62	1,882.94	2,726.79	2,068.26
91	2,134.44	1,595.04	2,647.37	1,975.60	2,862.46	2,170.84
92	2,240.34	1,674.47	2,779.74	2,074.88	3,004.77	2,280.05
93	2,352.85	1,757.19	2,918.73	2,180.77	3,156.99	2,392.56
94	2,468.67	1,843.23	3,064.33	2,289.97	3,312.52	2,515.00

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7032L
Annual Premium per $10 Daily Benefit

Individual

1095 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18-24	43.01	33.09	76.11	56.25	95.96	69.49
25-29	49.63	39.71	89.34	66.19	112.51	79.42
30-34	56.25	43.01	102.58	76.11	125.75	92.66
35-39	66.19	49.63	119.13	89.34	145.61	105.90
40-45	76.11	56.25	138.99	99.28	168.76	122.43
46	86.04	62.87	142.29	102.58	182.00	135.67
47	86.04	62.87	145.61	112.51	185.32	138.99
48	89.34	62.87	148.91	112.51	191.94	138.99
49	89.34	66.19	148.91	115.82	191.94	142.29
50	92.66	66.19	158.84	115.82	195.24	142.29
51	95.96	72.80	162.15	119.13	201.86	158.84
52	95.96	72.80	165.46	122.43	211.79	162.15
53	105.90	76.11	172.08	125.75	221.71	168.76
54	112.51	76.11	182.00	135.67	225.03	168.76
55	115.82	86.04	191.94	142.29	244.88	182.00
56	125.75	92.66	208.48	158.84	264.74	195.24
57	138.99	102.58	218.41	165.46	284.60	215.09
58	148.91	112.51	244.88	182.00	311.07	231.65
59	168.76	122.43	264.74	198.56	340.85	248.19
60	185.32	142.29	287.90	221.71	367.32	281.28
61	201.86	162.15	320.99	254.80	403.73	307.75
62	221.71	172.08	350.78	268.04	440.12	337.54
63	254.80	198.56	400.41	314.37	503.01	390.49
64	281.28	215.09	436.82	334.23	552.64	423.58
65	307.75	244.88	476.53	377.25	595.67	473.22
66	334.23	261.42	503.01	390.49	628.76	489.77
67	367.32	284.60	549.34	423.58	691.63	532.78
68	410.35	320.99	602.28	476.53	751.19	598.97
69	456.68	354.08	665.15	512.93	824.00	641.98
70	499.69	387.17	728.02	559.26	903.42	694.93
71	546.02	416.97	784.28	602.28	959.67	741.26
72	605.59	473.22	863.71	668.45	1,045.71	807.44
73	675.07	529.48	949.75	741.26	1,141.68	890.18
74	741.26	575.81	1,029.17	807.44	1,214.49	949.75
75	820.68	632.06	1,135.07	873.63	1,313.75	1,015.93
76	910.04	698.24	1,237.64	953.05	1,419.65	1,088.74
77	1,025.85	797.52	1,386.55	1,075.50	1,561.95	1,214.49
78	1,144.99	886.86	1,518.92	1,178.08	1,694.32	1,310.45
79	1,231.03	962.98	1,628.14	1,274.04	1,793.60	1,399.79
80	1,336.92	1,035.79	1,734.03	1,346.84	1,912.72	1,485.83
81	1,436.20	1,118.51	1,853.16	1,442.82	2,035.17	1,585.11
82	1,545.40	1,201.25	1,972.28	1,538.78	2,174.15	1,687.70
83	1,647.99	1,280.66	2,088.11	1,628.14	2,293.29	1,783.66
84	1,743.95	1,350.16	2,197.31	1,707.56	2,402.48	1,873.02
85	1,829.99	1,419.65	2,306.52	1,793.60	2,521.62	1,965.66
86	1,922.65	1,489.15	2,422.34	1,882.94	2,650.67	2,064.94
87	2,018.61	1,565.25	2,541.47	1,978.90	2,783.04	2,167.54
88	2,117.89	1,641.37	2,670.53	2,074.88	2,922.03	2,276.73
89	2,223.79	1,724.10	2,802.90	2,180.77	3,067.64	2,389.25
90	2,336.30	1,810.14	2,941.88	2,289.97	3,219.86	2,511.70
91	2,452.13	1,902.80	3,090.81	2,402.48	3,382.01	2,637.43
92	2,574.57	1,995.45	3,243.02	2,524.93	3,550.79	2,766.50
93	2,703.62	2,094.73	3,405.18	2,650.67	3,729.49	2,905.49
94	2,839.31	2,200.63	3,577.26	2,783.04	3,914.79	3,051.10

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7032L
Annual Premium per $10 Daily Benefit

Individual

1460 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18-24	49.63	39.71	89.34	66.19	112.51	79.42
25-29	56.25	43.01	102.58	76.11	125.75	92.66
30-34	66.19	49.63	119.13	89.34	145.61	105.90
35-39	76.11	56.25	138.99	99.28	168.76	122.43
40-45	89.34	66.19	158.84	115.82	195.24	142.29
46	92.66	69.49	162.15	119.13	201.86	148.91
47	95.96	69.49	165.46	119.13	211.79	152.23
48	95.96	69.49	165.46	122.43	211.79	152.23
49	95.96	72.80	168.76	129.05	215.09	158.84
50	102.58	72.80	175.38	129.05	218.41	158.84
51	105.90	79.42	182.00	138.99	238.27	172.08
52	112.51	79.42	185.32	138.99	244.88	175.38
53	115.82	86.04	191.94	142.29	244.88	182.00
54	122.43	89.34	198.56	145.61	254.80	188.62
55	129.05	95.96	215.09	158.84	281.28	201.86
56	142.29	105.90	234.95	172.08	294.52	221.71
57	152.23	115.82	244.88	188.62	314.37	238.27
58	168.76	125.75	271.36	198.56	340.85	254.80
59	185.32	135.67	294.52	215.09	377.25	271.36
60	208.48	158.84	320.99	248.19	407.03	311.07
61	225.03	182.00	360.70	284.60	453.36	357.40
62	254.80	191.94	400.41	304.45	489.77	393.79
63	281.28	221.71	436.82	344.16	552.64	436.82
64	311.07	238.27	483.15	373.94	615.52	473.22
65	344.16	277.98	529.48	416.97	665.15	529.48
66	367.32	287.90	559.26	440.12	704.86	552.64
67	410.35	317.69	608.90	473.22	767.73	592.35
68	453.36	357.40	668.45	526.16	833.92	661.83
69	503.01	390.49	737.96	572.49	919.96	714.78
70	555.95	430.20	810.76	625.44	1,006.00	777.67
71	608.90	473.22	873.63	675.07	1,078.80	833.92
72	675.07	522.86	956.37	741.26	1,158.22	896.80
73	747.88	582.43	1,045.71	820.68	1,250.88	982.84
74	820.68	645.30	1,144.99	896.80	1,350.16	1,058.94
75	916.65	711.48	1,267.44	979.52	1,465.97	1,131.75
76	1,022.55	787.59	1,386.55	1,072.18	1,598.34	1,227.72
77	1,141.68	886.86	1,538.78	1,197.93	1,734.03	1,346.84
78	1,264.12	979.52	1,681.08	1,300.51	1,869.70	1,449.44
79	1,370.01	1,078.80	1,813.45	1,419.65	1,985.52	1,552.02
80	1,495.77	1,174.78	1,949.13	1,525.54	2,121.21	1,654.61
81	1,634.75	1,274.04	2,114.59	1,641.37	2,276.73	1,760.51
82	1,777.04	1,389.87	2,256.88	1,760.51	2,432.28	1,886.26
83	1,945.81	1,512.30	2,448.81	1,909.41	2,614.28	2,018.61
84	2,107.97	1,638.06	2,617.58	2,031.85	2,789.66	2,157.60
85	2,213.87	1,720.79	2,749.95	2,131.13	2,928.65	2,266.81
86	2,323.06	1,806.84	2,885.64	2,240.34	3,077.57	2,379.33
87	2,438.89	1,896.18	3,031.24	2,349.54	3,229.78	2,498.46
88	2,561.33	1,992.14	3,183.45	2,468.67	3,391.94	2,620.90
89	2,690.38	2,091.42	3,342.30	2,591.10	3,560.71	2,753.27
90	2,822.75	2,197.31	3,507.76	2,720.17	3,739.41	2,892.25
91	2,965.06	2,306.52	3,683.16	2,855.84	3,928.03	3,034.54
92	3,113.97	2,422.34	3,868.46	3,001.45	4,123.28	3,186.77
93	3,269.49	2,541.47	4,060.40	3,150.38	4,328.45	3,345.61
94	3,431.65	2,670.53	4,265.57	3,309.20	4,546.85	3,514.38

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7032L
Annual Premium per $10 Daily Benefit

Individual

2190 x Daily Maximum

	No BIO		5% Simple BIO		5% Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18-24	62.87	46.33	112.51	86.04	142.29	102.58
25-29	69.49	52.95	125.75	95.96	165.46	119.13
30-34	79.42	62.87	145.61	112.51	188.62	138.99
35-39	92.66	69.49	168.76	125.75	215.09	158.84
40-45	105.90	79.42	195.24	145.61	244.88	182.00
46	115.82	89.34	201.86	152.23	258.12	191.94
47	115.82	89.34	208.48	152.23	261.42	191.94
48	119.13	89.34	211.79	158.84	264.74	195.24
49	119.13	92.66	211.79	162.15	268.04	198.56
50	125.75	92.66	218.41	162.15	271.36	201.86
51	129.05	95.96	225.03	172.08	287.90	215.09
52	138.99	99.28	234.95	175.38	297.83	221.71
53	142.29	102.58	241.57	182.00	307.75	231.65
54	148.91	112.51	254.80	188.62	320.99	241.57
55	165.46	122.43	271.36	208.48	354.08	264.74
56	175.38	135.67	297.83	225.03	380.56	291.21
57	191.94	145.61	317.69	244.88	407.03	311.07
58	211.79	162.15	350.78	261.42	440.12	337.54
59	234.95	172.08	380.56	284.60	483.15	360.70
60	261.42	198.56	413.65	327.61	526.16	410.35
61	284.60	231.65	463.30	377.25	582.43	469.91
62	317.69	244.88	519.54	393.79	638.68	522.86
63	354.08	284.60	569.19	456.68	718.10	575.81
64	393.79	307.75	628.76	489.77	797.52	622.14
65	436.82	354.08	688.31	552.64	863.71	698.24
66	473.22	373.94	728.02	582.43	919.96	734.64
67	522.86	410.35	797.52	628.76	1,002.70	787.59
68	572.49	463.30	870.33	701.55	1,085.42	873.63
69	641.98	503.01	962.98	761.11	1,201.25	943.13
70	711.48	555.95	1,058.94	833.92	1,313.75	1,032.47
71	774.35	608.90	1,144.99	896.80	1,406.41	1,105.27
72	857.09	671.77	1,247.58	986.14	1,512.30	1,194.63
73	949.75	751.19	1,366.70	1,088.74	1,634.75	1,303.83
74	1,045.71	833.92	1,492.45	1,191.31	1,760.51	1,406.41
75	1,158.22	913.34	1,651.29	1,297.21	1,912.72	1,505.69
76	1,293.89	1,012.62	1,813.45	1,419.65	2,081.50	1,631.44
77	1,442.82	1,144.99	2,008.69	1,588.42	2,260.19	1,790.28
78	1,601.66	1,257.50	2,190.69	1,727.41	2,438.89	1,925.95
79	1,737.33	1,386.55	2,366.09	1,886.26	2,584.49	2,058.32
80	1,899.49	1,512.30	2,544.79	2,025.23	2,753.27	2,187.39
81	2,071.56	1,641.37	2,759.88	2,180.77	2,941.88	2,323.06
82	2,253.58	1,790.28	2,948.50	2,336.30	3,137.14	2,478.61
83	2,468.67	1,949.13	3,196.69	2,528.24	3,362.15	2,653.99
84	2,670.53	2,107.97	3,415.10	2,693.70	3,583.88	2,826.07
85	2,806.21	2,213.87	3,587.18	2,829.37	3,765.88	2,965.06
86	2,945.20	2,323.06	3,765.88	2,971.68	3,951.20	3,113.97
87	3,094.11	2,438.89	3,954.50	3,120.58	4,149.75	3,269.49
88	3,246.34	2,561.33	4,153.05	3,276.11	4,358.23	3,434.96
89	3,408.48	2,690.38	4,361.55	3,438.27	4,576.64	3,607.04
90	3,580.56	2,822.75	4,579.94	3,610.35	4,804.97	3,785.74
91	3,759.26	2,965.06	4,808.29	3,792.35	5,046.55	3,974.36
92	3,947.88	3,113.97	5,046.55	3,980.97	5,298.04	4,172.91
93	4,143.13	3,269.49	5,301.36	4,179.53	5,562.78	4,381.40
94	4,351.61	3,431.65	5,566.10	4,388.02	5,840.76	4,603.11

Appendix A

Genworth Life Insurance Company
Current-Year Premiums

Form: 7032L
Annual Premium per $10 Daily Benefit

Individual

Unlimited

	No BIO		5% Simple BIO		5% Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18-24	84.21	64.16	156.40	120.30	200.50	148.37
25-29	96.23	76.20	180.45	140.35	232.58	172.43
30-34	112.28	84.21	208.53	156.40	264.67	200.50
35-39	128.33	96.23	240.61	180.45	308.77	228.57
40-45	148.37	112.28	280.70	208.53	352.89	260.65
46	164.41	124.30	292.74	224.56	372.93	280.70
47	164.41	124.30	296.75	224.56	376.96	280.70
48	168.42	124.30	308.77	228.57	384.97	288.72
49	168.42	128.33	308.77	232.58	388.98	292.74
50	176.44	128.33	312.78	232.58	396.99	296.75
51	180.45	136.34	324.82	244.62	409.03	312.78
52	196.49	144.36	340.85	256.64	429.07	324.82
53	200.50	148.37	348.88	264.67	445.12	336.84
54	212.54	164.41	368.92	272.69	469.18	352.89
55	236.60	176.44	401.00	308.77	517.31	388.98
56	252.63	196.49	437.10	336.84	557.40	437.10
57	272.69	212.54	469.18	360.91	605.53	465.17
58	308.77	236.60	517.31	388.98	657.66	505.27
59	340.85	256.64	561.41	429.07	717.81	545.38
60	376.96	292.74	613.54	485.21	781.96	613.54
61	413.04	336.84	689.74	561.41	866.17	701.76
62	465.17	356.90	765.93	589.48	942.37	781.96
63	517.31	417.05	846.12	685.73	1,070.70	866.17
64	577.46	453.13	938.36	737.86	1,186.99	934.36
65	637.60	521.31	1,022.57	834.10	1,287.23	1,050.64
66	693.74	549.39	1,086.73	874.19	1,375.47	1,102.78
67	761.91	605.53	1,191.00	950.39	1,491.76	1,186.99
68	838.10	689.74	1,299.27	1,058.66	1,624.08	1,319.33
69	942.37	745.88	1,443.63	1,142.87	1,796.52	1,423.58
70	1,042.63	826.08	1,579.97	1,255.15	1,956.91	1,559.92
71	1,138.86	902.26	1,712.31	1,355.41	2,097.28	1,668.19
72	1,251.15	994.50	1,864.69	1,487.75	2,261.68	1,804.54
73	1,391.50	1,114.80	2,041.12	1,640.12	2,446.15	1,972.96
74	1,531.85	1,231.09	2,233.61	1,796.52	2,634.63	2,121.33
75	1,696.26	1,347.40	2,466.20	1,956.91	2,855.18	2,273.72
76	1,896.76	1,503.78	2,710.82	2,145.39	3,107.82	2,462.20
77	2,117.32	1,692.26	2,999.54	2,402.03	3,376.50	2,702.79
78	2,345.89	1,864.69	3,276.24	2,610.56	3,641.15	2,907.32
79	2,550.42	2,053.16	3,536.89	2,843.14	3,857.70	3,107.82
80	2,787.00	2,237.63	3,805.57	3,059.69	4,094.29	3,292.29
81	3,043.66	2,434.13	4,122.36	3,292.29	4,366.98	3,492.79
82	3,304.31	2,646.65	4,411.09	3,528.87	4,647.68	3,721.36
83	3,617.09	2,887.26	4,780.02	3,817.59	4,980.52	3,982.01
84	3,921.86	3,119.84	5,108.85	4,066.22	5,309.35	4,234.64
85	4,118.35	3,276.24	5,361.48	4,270.74	5,574.02	4,443.17
86	4,322.88	3,440.65	5,630.16	4,483.27	5,850.72	4,667.74
87	4,539.41	3,613.08	5,910.87	4,707.85	6,143.44	4,900.31
88	4,767.99	3,793.55	6,207.62	4,940.42	6,452.22	5,144.93
89	5,004.58	3,982.01	6,520.40	5,189.05	6,773.03	5,401.59
90	5,253.21	4,182.52	6,845.20	5,449.70	7,113.89	5,674.26
91	5,517.88	4,391.04	7,186.07	5,722.39	7,466.78	5,954.97
92	5,794.58	4,611.60	7,546.98	6,007.10	7,843.72	6,255.73
93	6,083.30	4,840.17	7,923.92	6,307.86	8,232.69	6,568.53
94	6,388.06	5,084.78	8,320.93	6,620.64	8,645.73	6,893.33

Appendix A
Genworth Life Insurance Company
Current-Year Premiums

Form: 62171
Annual Premium per $10 Daily Benefit

	Individual 1095 x Daily Maximum	
	1% Compound BIO	
Age	20 EP	100 EP
18-24	19.14	19.14
25-29	21.53	21.53
30-39	23.93	23.93
40-46	26.32	26.32
47-52	28.71	28.71
53-54	31.11	31.11
55	33.50	33.50
56	35.89	35.89
57	38.28	38.28
58	40.68	40.68
59	45.46	45.46
60	47.85	47.85
61	52.64	52.64
62	55.03	55.03
63	62.21	62.21
64	64.60	64.60
65	69.39	69.39
66	71.78	71.78
67	76.57	76.57
68	81.35	81.35
69	86.14	86.14
70	93.32	93.32
71	100.50	100.50
72	107.67	107.67
73	114.85	114.85
74	122.03	122.03
75	129.21	129.21
76	136.39	136.39
77	143.56	143.56
78	150.74	150.74
79	153.14	153.14
80	157.92	157.92
81	172.28	172.28
82	191.42	191.42
83	210.56	210.56
84	232.10	232.10
85	253.63	253.63
86	277.56	277.56
87	301.49	301.49
88	327.81	327.81
89	358.91	358.91
90	390.02	390.02
91	425.91	425.91
92	464.19	464.19
93	504.87	504.87
94	550.33	550.33

Appendix A
Genworth Life Insurance Company
Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Individual
2 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	6.36	5.83	8.74	8.20	12.71	11.38
19	6.36	5.83	8.74	8.20	12.71	11.38
20	6.36	5.83	8.74	8.20	12.71	11.38
21	6.36	5.83	8.74	8.20	12.71	11.38
22	6.36	5.83	8.74	8.20	12.71	11.38
23	6.36	5.83	8.74	8.20	12.71	11.38
24	6.36	5.83	8.74	8.20	12.71	11.38
25	6.88	6.09	9.27	8.74	13.50	12.45
26	6.88	6.09	9.27	8.74	13.50	12.45
27	6.88	6.09	9.27	8.74	13.50	12.45
28	6.88	6.09	9.27	8.74	13.50	12.45
29	6.88	6.09	9.27	8.74	13.50	12.45
30	7.67	6.62	10.32	9.27	14.82	13.24
31	7.67	6.62	10.32	9.27	14.82	13.24
32	7.67	6.62	10.32	9.27	14.82	13.24
33	7.67	6.62	10.32	9.27	14.82	13.24
34	7.67	6.62	10.32	9.27	14.82	13.24
35	8.20	7.15	11.11	10.06	15.89	14.29
36	8.20	7.15	11.11	10.06	15.89	14.29
37	8.20	7.15	11.11	10.06	15.89	14.29
38	8.20	7.15	11.11	10.06	15.89	14.29
39	8.20	7.15	11.11	10.06	15.89	14.29
40	8.74	7.94	12.18	10.85	17.21	15.36
41	8.74	7.94	12.18	10.85	17.21	15.36
42	8.74	7.94	12.18	10.85	17.21	15.36
43	8.74	7.94	12.18	10.85	17.21	15.36
44	8.74	7.94	12.18	10.85	17.21	15.36
45	8.74	7.94	12.18	10.85	17.21	15.36
46	8.74	8.20	12.45	11.11	17.47	15.62
47	9.01	8.20	12.71	11.38	17.73	15.89
48	9.01	8.20	12.97	11.66	18.00	16.41
49	9.27	8.48	12.97	11.66	18.00	16.41
50	9.27	8.48	13.24	12.18	18.54	16.68
51	9.27	8.48	13.50	12.45	18.54	16.68
52	9.53	8.74	13.76	12.71	19.07	17.21
53	10.06	9.01	14.82	13.50	19.59	17.73
54	10.32	9.27	15.62	14.29	20.65	18.54
55	11.11	10.06	16.68	15.10	21.17	19.33
56	11.38	10.32	17.47	15.89	21.98	19.86
57	12.45	10.85	19.07	17.21	23.56	21.17
58	13.24	11.66	20.12	18.54	25.16	22.77
59	14.55	12.97	21.44	19.33	26.47	23.82
60	15.62	14.29	23.30	20.91	28.33	25.68
61	16.94	15.36	24.61	22.24	30.44	27.79
62	18.80	16.94	26.47	23.82	32.30	29.39
63	19.86	18.27	28.60	25.68	34.41	31.50
64	21.17	19.33	30.97	27.79	36.27	33.09
65	22.51	20.65	33.09	29.65	38.92	35.22
66	24.35	22.51	35.74	32.30	41.03	37.32
67	26.47	24.09	38.39	34.67	44.47	40.50
68	29.39	26.74	42.10	37.85	48.45	43.94
69	32.57	29.65	46.33	41.83	52.95	47.91
70	36.53	33.36	50.30	45.80	57.71	51.89
71	40.50	37.32	55.34	50.03	63.27	57.44
72	45.54	41.57	61.15	55.60	69.63	62.74
73	50.56	46.33	67.77	61.69	76.24	69.10
74	56.13	51.09	75.45	68.31	83.65	76.24
75	62.48	56.39	83.65	75.72	91.34	83.39
76	69.10	62.48	92.13	83.65	100.33	91.61
77	77.04	69.63	101.12	91.87	108.81	99.54
78	84.72	76.77	109.60	99.54	117.27	107.21
79	92.92	84.44	118.34	107.48	125.75	114.36
80	101.93	93.19	127.33	115.96	134.76	122.31
81	111.72	102.46	137.39	124.96	144.55	131.04
82	122.84	113.04	149.05	135.55	155.67	140.83
83	135.28	124.16	162.02	147.73	167.85	151.70
84	149.31	137.13	177.65	161.76	182.14	165.20
85	162.81	149.58	193.78	176.05	198.82	179.75
86	177.65	163.08	211.27	191.94	216.55	195.90
87	193.78	177.91	230.31	209.14	236.14	213.37
88	211.27	194.04	251.24	227.94	257.33	232.70
89	230.31	211.53	273.75	248.59	280.35	253.61
90	251.24	230.58	298.10	271.10	305.51	276.38
91	273.75	251.50	325.10	295.45	333.30	301.27
92	298.10	274.01	354.49	322.18	363.21	328.54
93	325.10	298.62	386.24	351.04	395.78	358.19
94	354.49	325.36	420.93	382.54	431.26	390.23
95	354.49	325.36	420.93	382.54	431.26	390.23
96	354.49	325.36	420.93	382.54	431.26	390.23
97	354.49	325.36	420.93	382.54	431.26	390.23
98	354.49	325.36	420.93	382.54	431.26	390.23
99	354.49	325.36	420.93	382.54	431.26	390.23
100	354.49	325.36	420.93	382.54	431.26	390.23

Appendix A
Genworth Life Insurance Company
Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Individual
3 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	4.96	4.46	7.11	6.62	10.26	9.42
19	4.96	4.46	7.11	6.62	10.26	9.42
20	4.96	4.46	7.11	6.62	10.26	9.42
21	4.96	4.46	7.11	6.62	10.26	9.42
22	4.96	4.46	7.11	6.62	10.26	9.42
23	4.96	4.46	7.11	6.62	10.26	9.42
24	4.96	4.46	7.11	6.62	10.26	9.42
25	5.30	4.96	7.78	7.11	10.93	10.26
26	5.30	4.96	7.78	7.11	10.93	10.26
27	5.30	4.96	7.78	7.11	10.93	10.26
28	5.30	4.96	7.78	7.11	10.93	10.26
29	5.30	4.96	7.78	7.11	10.93	10.26
30	5.63	5.30	8.28	7.78	11.92	10.93
31	5.63	5.30	8.28	7.78	11.92	10.93
32	5.63	5.30	8.28	7.78	11.92	10.93
33	5.63	5.30	8.28	7.78	11.92	10.93
34	5.63	5.30	8.28	7.78	11.92	10.93
35	5.95	5.63	9.10	8.28	12.91	11.92
36	5.95	5.63	9.10	8.28	12.91	11.92
37	5.95	5.63	9.10	8.28	12.91	11.92
38	5.95	5.63	9.10	8.28	12.91	11.92
39	5.95	5.63	9.10	8.28	12.91	11.92
40	6.62	5.95	9.77	9.10	13.73	12.91
41	6.62	5.95	9.77	9.10	13.73	12.91
42	6.62	5.95	9.77	9.10	13.73	12.91
43	6.62	5.95	9.77	9.10	13.73	12.91
44	6.62	5.95	9.77	9.10	13.73	12.91
45	6.62	5.95	9.77	9.10	13.73	12.91
46	7.29	6.29	9.92	9.27	13.90	13.07
47	7.61	6.45	10.26	9.42	14.40	13.24
48	7.61	6.45	10.26	9.42	14.55	13.41
49	7.61	6.45	10.43	9.59	14.73	13.56
50	7.78	6.62	10.59	9.77	14.73	13.56
51	7.94	6.79	10.76	9.92	14.90	13.73
52	8.11	6.79	11.08	10.43	15.22	14.23
53	8.28	6.94	11.75	10.76	15.72	14.55
54	8.60	7.29	12.42	11.58	16.21	14.90
55	9.10	7.78	13.24	12.07	17.05	15.39
56	9.59	8.28	13.90	12.91	17.70	16.21
57	10.43	8.93	14.90	13.73	18.69	17.21
58	11.08	9.42	16.04	14.73	19.86	17.87
59	12.07	10.26	17.21	15.72	21.17	19.19
60	13.07	11.08	18.37	16.71	22.66	20.52
61	13.90	12.07	19.86	17.87	24.32	22.01
62	15.05	12.91	21.34	19.36	25.65	23.33
63	16.21	14.06	22.66	20.85	27.47	24.99
64	17.38	14.90	24.49	22.34	28.95	26.30
65	18.54	15.89	25.98	23.82	30.78	28.13
66	20.03	17.05	28.13	25.81	32.60	29.78
67	21.84	18.69	30.44	27.96	35.08	31.93
68	24.16	20.68	33.42	30.61	38.22	34.91
69	26.97	23.00	36.74	33.59	41.87	38.39
70	29.95	25.81	40.38	37.06	46.00	42.02
71	33.59	28.78	44.84	41.03	50.64	46.33
72	37.73	32.43	49.63	45.34	55.75	51.13
73	42.02	36.07	54.93	50.13	61.23	56.25
74	47.00	40.21	60.56	55.43	67.35	61.88
75	52.45	44.84	66.85	61.05	74.12	67.84
76	58.25	49.63	73.47	67.18	80.74	74.12
77	64.70	55.43	80.91	73.97	88.52	81.08
78	71.32	60.88	88.02	80.74	95.64	87.70
79	77.76	66.68	95.46	87.70	102.75	94.32
80	84.88	72.97	103.42	94.97	110.53	101.26
81	93.16	79.92	112.19	103.25	118.96	109.04
82	102.08	87.85	121.94	112.19	128.40	117.65
83	112.69	96.80	133.04	122.43	139.16	127.57
84	124.76	107.21	145.78	134.35	151.23	138.66
85	136.01	116.81	158.84	146.43	164.97	151.06
86	148.09	127.41	173.07	159.67	179.86	164.80
87	161.32	138.82	188.62	174.07	196.08	179.69
88	175.88	151.23	205.67	189.78	213.78	195.90
89	191.60	164.97	224.19	206.83	232.97	213.45
90	208.82	179.86	244.39	225.53	253.98	232.64
91	227.51	196.08	266.40	245.88	276.99	253.66
92	248.03	213.78	290.38	267.89	301.97	276.49
93	270.20	232.97	316.53	292.04	329.10	301.30
94	294.69	253.98	344.98	318.34	358.72	328.45
95	294.69	253.98	344.98	318.34	358.72	328.45
96	294.69	253.98	344.98	318.34	358.72	328.45
97	294.69	253.98	344.98	318.34	358.72	328.45
98	294.69	253.98	344.98	318.34	358.72	328.45
99	294.69	253.98	344.98	318.34	358.72	328.45
100	294.69	253.98	344.98	318.34	358.72	328.45

Appendix A
Genworth Life Insurance Company
Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Individual
4 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	4.37	4.11	6.62	6.22	9.39	8.74
19	4.37	4.11	6.62	6.22	9.39	8.74
20	4.37	4.11	6.62	6.22	9.39	8.74
21	4.37	4.11	6.62	6.22	9.39	8.74
22	4.37	4.11	6.62	6.22	9.39	8.74
23	4.37	4.11	6.62	6.22	9.39	8.74
24	4.37	4.11	6.62	6.22	9.39	8.74
25	4.63	4.37	7.15	6.62	10.06	9.53
26	4.63	4.37	7.15	6.62	10.06	9.53
27	4.63	4.37	7.15	6.62	10.06	9.53
28	4.63	4.37	7.15	6.62	10.06	9.53
29	4.63	4.37	7.15	6.62	10.06	9.53
30	5.16	4.63	7.67	7.29	10.85	10.32
31	5.16	4.63	7.67	7.29	10.85	10.32
32	5.16	4.63	7.67	7.29	10.85	10.32
33	5.16	4.63	7.67	7.29	10.85	10.32
34	5.16	4.63	7.67	7.29	10.85	10.32
35	5.56	5.04	8.34	7.81	11.78	10.99
36	5.56	5.04	8.34	7.81	11.78	10.99
37	5.56	5.04	8.34	7.81	11.78	10.99
38	5.56	5.04	8.34	7.81	11.78	10.99
39	5.56	5.04	8.34	7.81	11.78	10.99
40	6.09	5.43	8.87	8.48	12.71	11.92
41	6.09	5.43	8.87	8.48	12.71	11.92
42	6.09	5.43	8.87	8.48	12.71	11.92
43	6.09	5.43	8.87	8.48	12.71	11.92
44	6.09	5.43	8.87	8.48	12.71	11.92
45	6.09	5.43	8.87	8.48	12.71	11.92
46	6.09	5.43	9.01	8.60	12.83	12.04
47	6.22	5.56	9.27	8.74	13.10	12.31
48	6.36	5.69	9.39	8.87	13.24	12.57
49	6.36	5.69	9.53	8.87	13.24	12.57
50	6.48	5.83	9.66	9.01	13.38	12.71
51	6.48	5.83	9.80	9.27	13.76	12.83
52	6.76	6.22	10.32	9.66	13.90	12.97
53	7.15	6.48	10.73	9.92	14.29	13.38
54	7.41	6.76	11.11	10.46	14.96	13.90
55	7.81	7.29	11.92	10.99	15.36	14.17
56	8.20	7.55	12.71	11.78	16.15	14.82
57	8.74	8.20	13.64	12.57	17.08	15.75
58	9.53	8.74	14.43	13.38	18.00	16.41
59	10.32	9.39	15.48	14.29	19.33	17.61
60	10.85	9.92	16.94	15.48	20.65	18.93
61	11.78	10.85	18.14	16.54	21.98	20.26
62	12.83	11.78	19.45	18.00	23.70	21.58
63	13.64	12.45	20.91	19.19	25.16	22.77
64	14.55	13.38	22.24	20.65	26.47	24.23
65	15.48	14.17	23.82	21.98	27.93	25.54
66	16.82	15.36	25.42	23.56	29.78	27.14
67	18.27	16.82	27.53	25.54	32.04	29.25
68	20.38	18.66	30.44	28.06	35.08	31.90
69	22.63	20.79	33.50	30.97	38.39	35.22
70	25.16	23.16	37.32	34.29	42.22	38.66
71	28.33	26.07	41.29	37.99	46.33	42.75
72	31.78	29.12	45.93	41.96	51.09	47.26
73	35.60	32.83	50.70	46.33	56.39	51.89
74	39.71	36.67	55.60	50.96	61.95	57.06
75	44.47	41.03	61.29	56.25	68.05	62.60
76	49.63	45.66	67.50	61.95	74.66	68.43
77	54.93	50.56	74.26	68.31	81.67	74.93
78	60.50	55.60	80.88	74.52	88.29	81.00
79	66.05	60.88	87.76	80.88	95.17	87.36
80	72.01	66.19	95.31	87.89	102.58	94.24
81	78.63	72.40	103.77	95.84	110.39	101.66
82	86.44	79.55	112.92	104.44	119.40	110.00
83	95.17	87.62	123.36	114.10	129.60	119.40
84	105.76	97.29	135.14	125.09	141.11	129.98
85	115.29	106.02	147.33	136.34	153.81	141.76
86	125.75	115.69	160.56	148.65	167.59	154.47
87	137.00	126.15	175.00	162.02	182.67	168.50
88	149.31	137.53	190.74	176.72	199.22	183.60
89	162.69	149.98	207.95	192.60	217.22	200.01
90	177.37	163.34	226.61	209.93	236.67	218.01
91	193.39	178.03	246.99	228.73	257.98	237.74
92	210.86	194.04	269.11	249.26	281.28	259.05
93	229.79	211.53	293.32	271.62	306.56	282.47
94	250.43	230.45	319.80	295.97	334.23	307.75
95	250.43	230.45	319.80	295.97	334.23	307.75
96	250.43	230.45	319.80	295.97	334.23	307.75
97	250.43	230.45	319.80	295.97	334.23	307.75
98	250.43	230.45	319.80	295.97	334.23	307.75
99	250.43	230.45	319.80	295.97	334.23	307.75
100	250.43	230.45	319.80	295.97	334.23	307.75

Appendix A
Genworth Life Insurance Company
Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Individual
6 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	5.30	5.04	7.81	7.29	10.99	10.46
19	5.30	5.04	7.81	7.29	10.99	10.46
20	5.30	5.04	7.81	7.29	10.99	10.46
21	5.30	5.04	7.81	7.29	10.99	10.46
22	5.30	5.04	7.81	7.29	10.99	10.46
23	5.30	5.04	7.81	7.29	10.99	10.46
24	5.30	5.04	7.81	7.29	10.99	10.46
25	5.69	5.43	8.48	7.81	11.92	11.11
26	5.69	5.43	8.48	7.81	11.92	11.11
27	5.69	5.43	8.48	7.81	11.92	11.11
28	5.69	5.43	8.48	7.81	11.92	11.11
29	5.69	5.43	8.48	7.81	11.92	11.11
30	6.22	5.83	9.27	8.48	12.83	12.04
31	6.22	5.83	9.27	8.48	12.83	12.04
32	6.22	5.83	9.27	8.48	12.83	12.04
33	6.22	5.83	9.27	8.48	12.83	12.04
34	6.22	5.83	9.27	8.48	12.83	12.04
35	6.62	6.36	9.92	9.27	13.90	12.97
36	6.62	6.36	9.92	9.27	13.90	12.97
37	6.62	6.36	9.92	9.27	13.90	12.97
38	6.62	6.36	9.92	9.27	13.90	12.97
39	6.62	6.36	9.92	9.27	13.90	12.97
40	7.29	6.76	10.73	9.92	14.96	14.03
41	7.29	6.76	10.73	9.92	14.96	14.03
42	7.29	6.76	10.73	9.92	14.96	14.03
43	7.29	6.76	10.73	9.92	14.96	14.03
44	7.29	6.76	10.73	9.92	14.96	14.03
45	7.29	6.76	10.73	9.92	14.96	14.03
46	7.41	6.88	10.99	10.06	15.22	14.29
47	7.55	7.15	11.11	10.32	15.48	14.43
48	7.67	7.15	11.38	10.59	15.75	14.82
49	7.81	7.29	11.66	10.73	15.89	14.82
50	7.81	7.29	11.78	10.85	16.01	14.96
51	7.94	7.41	12.04	11.11	16.28	15.22
52	8.20	7.55	12.31	11.52	16.82	15.75
53	8.48	7.81	12.97	12.04	17.34	16.15
54	8.87	8.34	13.76	12.83	18.00	16.82
55	9.53	8.87	14.69	13.76	18.66	17.47
56	10.06	9.39	15.48	14.43	19.59	18.27
57	10.73	9.92	16.54	15.48	20.79	19.33
58	11.52	10.73	17.87	16.54	21.98	20.52
59	12.31	11.52	19.19	18.00	23.44	21.72
60	13.24	12.18	20.52	19.19	25.02	23.30
61	14.29	13.10	21.98	20.52	26.74	24.75
62	15.36	14.17	23.56	21.98	28.46	26.61
63	16.41	15.22	24.89	23.44	30.44	28.33
64	17.73	16.41	26.47	24.61	32.43	30.18
65	18.93	17.61	27.93	26.07	34.41	32.04
66	20.52	19.07	29.78	27.79	36.80	34.29
67	22.37	20.65	32.30	30.18	39.57	36.80
68	25.02	23.16	36.01	33.50	43.15	40.24
69	27.67	25.68	40.11	37.32	47.12	43.68
70	30.71	28.60	44.87	41.83	51.49	47.79
71	34.41	32.04	50.30	46.73	56.39	52.28
72	38.78	36.01	55.99	52.16	62.08	57.44
73	43.29	39.97	61.81	57.32	68.05	63.15
74	48.31	44.73	68.17	63.15	74.93	69.49
75	53.74	49.63	75.05	69.77	82.20	76.38
76	59.69	55.07	82.46	76.51	89.88	83.65
77	66.05	61.15	90.27	83.92	98.22	91.47
78	72.14	66.71	98.35	91.47	105.90	98.87
79	78.37	72.66	106.42	99.14	113.97	106.30
80	84.72	78.63	115.17	107.48	122.43	114.10
81	92.26	85.78	124.70	116.48	131.44	122.70
82	100.86	93.85	135.67	126.95	141.90	132.49
83	110.79	103.12	148.12	138.46	153.54	143.36
84	122.70	114.10	162.41	151.96	166.92	156.07
85	133.83	124.43	176.98	165.59	181.88	170.10
86	145.87	135.67	192.99	180.54	198.15	185.44
87	158.97	147.99	210.34	196.83	216.02	202.12
88	173.27	161.23	229.26	214.57	235.48	220.26
89	188.88	175.65	249.91	233.90	256.66	240.11
90	205.96	191.53	272.55	254.80	279.70	261.69
91	224.36	208.74	297.04	277.71	304.98	285.25
92	244.62	227.68	323.78	302.73	332.38	311.07
93	266.58	248.19	352.89	330.00	362.30	339.12
94	290.69	270.43	384.66	359.77	394.86	369.71
95	290.69	270.43	384.66	359.77	394.86	369.71
96	290.69	270.43	384.66	359.77	394.86	369.71
97	290.69	270.43	384.66	359.77	394.86	369.71
98	290.69	270.43	384.66	359.77	394.86	369.71
99	290.69	270.43	384.66	359.77	394.86	369.71
100	290.69	270.43	384.66	359.77	394.86	369.71

Appendix A
Genworth Life Insurance Company
Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Joint
3 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	6.56	5.66	9.24	8.63	13.41	12.21
19	6.56	5.66	9.24	8.63	13.41	12.21
20	6.56	5.66	9.24	8.63	13.41	12.21
21	6.56	5.66	9.24	8.63	13.41	12.21
22	6.56	5.66	9.24	8.63	13.41	12.21
23	6.56	5.66	9.24	8.63	13.41	12.21
24	6.56	5.66	9.24	8.63	13.41	12.21
25	6.85	6.56	9.83	9.24	14.29	13.41
26	6.85	6.56	9.83	9.24	14.29	13.41
27	6.85	6.56	9.83	9.24	14.29	13.41
28	6.85	6.56	9.83	9.24	14.29	13.41
29	6.85	6.56	9.83	9.24	14.29	13.41
30	7.15	6.85	10.73	9.83	15.48	14.29
31	7.15	6.85	10.73	9.83	15.48	14.29
32	7.15	6.85	10.73	9.83	15.48	14.29
33	7.15	6.85	10.73	9.83	15.48	14.29
34	7.15	6.85	10.73	9.83	15.48	14.29
35	7.75	7.15	11.92	10.73	16.68	15.48
36	7.75	7.15	11.92	10.73	16.68	15.48
37	7.75	7.15	11.92	10.73	16.68	15.48
38	7.75	7.15	11.92	10.73	16.68	15.48
39	7.75	7.15	11.92	10.73	16.68	15.48
40	8.63	7.75	12.51	11.61	17.87	16.68
41	8.63	7.75	12.51	11.61	17.87	16.68
42	8.63	7.75	12.51	11.61	17.87	16.68
43	8.63	7.75	12.51	11.61	17.87	16.68
44	8.63	7.75	12.51	11.61	17.87	16.68
45	8.63	7.75	12.51	11.61	17.87	16.68
46	9.24	8.04	12.80	11.92	17.87	16.97
47	9.53	8.34	13.41	12.21	18.77	17.27
48	9.53	8.34	13.41	12.21	18.77	17.27
49	9.83	8.34	13.41	12.51	19.07	17.58
50	9.83	8.63	13.70	12.51	19.07	17.58
51	9.83	8.93	14.00	12.80	19.36	17.87
52	10.12	8.93	14.29	13.41	19.65	18.46
53	10.73	8.93	15.19	14.00	20.26	18.77
54	11.02	9.53	16.09	14.90	21.14	19.36
55	11.92	10.12	17.27	15.78	22.04	19.95
56	12.21	10.73	17.87	16.68	22.94	21.14
57	13.41	11.61	19.36	17.87	24.12	22.34
58	14.29	12.21	20.85	19.07	25.61	23.23
59	15.78	13.41	22.34	20.26	27.40	25.02
60	16.97	14.29	23.82	21.75	29.48	26.51
61	17.87	15.78	25.61	23.23	31.57	28.60
62	19.65	16.68	27.70	25.02	33.36	30.38
63	21.14	18.17	29.48	27.11	35.74	32.46
64	22.63	19.36	31.87	28.89	37.53	33.95
65	24.12	20.55	33.65	30.97	39.91	36.33
66	25.92	22.04	36.33	33.36	42.28	38.72
67	28.29	24.12	39.31	36.33	45.57	41.40
68	31.28	26.80	43.18	39.62	49.45	45.28
69	34.84	29.78	47.65	43.48	54.20	49.74
70	38.72	33.36	52.42	47.96	59.57	54.50
71	43.48	37.23	58.08	53.30	65.52	60.16
72	48.84	41.99	64.33	58.67	72.37	66.12
73	54.50	46.76	71.18	64.93	79.22	72.97
74	60.76	52.13	78.63	71.78	87.27	80.12
75	67.91	58.08	86.66	79.22	96.19	87.85
76	75.35	64.33	95.31	86.97	104.53	96.19
77	83.99	71.78	104.84	95.90	114.67	105.14
78	92.33	78.93	114.06	104.53	123.89	113.77
79	100.67	86.37	123.60	113.77	133.13	122.11
80	109.90	94.71	134.03	123.01	143.25	131.35
81	120.62	103.65	145.34	133.72	154.27	141.17
82	132.23	113.77	158.15	145.34	166.49	152.49
83	145.93	125.38	172.44	158.74	180.48	165.29
84	161.73	139.08	188.82	174.24	195.97	179.60
85	176.31	151.30	205.79	189.72	213.84	195.67
86	191.80	165.00	224.27	206.99	233.20	213.54
87	209.08	179.89	244.51	225.46	254.05	232.90
88	227.83	195.97	266.55	246.00	276.99	253.75
89	248.39	213.84	290.69	268.04	302.00	276.69
90	270.72	233.20	316.59	292.18	329.10	301.40
91	294.86	254.05	345.19	318.68	358.89	328.80
92	321.36	276.99	376.45	347.26	391.34	358.28
93	350.25	302.00	410.11	378.54	426.50	390.46
94	381.81	329.10	447.04	412.49	464.91	425.60
95	381.81	329.10	447.04	412.49	464.91	425.60
96	381.81	329.10	447.04	412.49	464.91	425.60
97	381.81	329.10	447.04	412.49	464.91	425.60
98	381.81	329.10	447.04	412.49	464.91	425.60
99	381.81	329.10	447.04	412.49	464.91	425.60
100	381.81	329.10	447.04	412.49	464.91	425.60

Appendix A
Genworth Life Insurance Company
Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Joint
4 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	6.36	5.83	8.48	8.20	12.45	11.11
19	6.36	5.83	8.48	8.20	12.45	11.11
20	6.36	5.83	8.48	8.20	12.45	11.11
21	6.36	5.83	8.48	8.20	12.45	11.11
22	6.36	5.83	8.48	8.20	12.45	11.11
23	6.36	5.83	8.48	8.20	12.45	11.11
24	6.36	5.83	8.48	8.20	12.45	11.11
25	6.88	6.09	9.01	8.48	13.24	12.18
26	6.88	6.09	9.01	8.48	13.24	12.18
27	6.88	6.09	9.01	8.48	13.24	12.18
28	6.88	6.09	9.01	8.48	13.24	12.18
29	6.88	6.09	9.01	8.48	13.24	12.18
30	7.67	6.62	10.06	9.01	14.55	12.97
31	7.67	6.62	10.06	9.01	14.55	12.97
32	7.67	6.62	10.06	9.01	14.55	12.97
33	7.67	6.62	10.06	9.01	14.55	12.97
34	7.67	6.62	10.06	9.01	14.55	12.97
35	8.20	7.15	10.85	9.80	15.62	14.03
36	8.20	7.15	10.85	9.80	15.62	14.03
37	8.20	7.15	10.85	9.80	15.62	14.03
38	8.20	7.15	10.85	9.80	15.62	14.03
39	8.20	7.15	10.85	9.80	15.62	14.03
40	8.48	7.94	11.92	10.59	16.94	15.10
41	8.48	7.94	11.92	10.59	16.94	15.10
42	8.48	7.94	11.92	10.59	16.94	15.10
43	8.48	7.94	11.92	10.59	16.94	15.10
44	8.48	7.94	11.92	10.59	16.94	15.10
45	8.48	7.94	11.92	10.59	16.94	15.10
46	8.48	8.20	12.18	10.85	17.21	15.36
47	8.74	8.20	12.45	11.11	17.47	15.62
48	8.74	8.20	12.71	11.38	17.73	16.15
49	9.01	8.20	12.71	11.38	17.73	16.15
50	9.01	8.20	12.97	11.92	18.27	16.41
51	9.01	8.20	13.24	12.18	18.27	16.41
52	9.27	8.48	13.50	12.45	18.80	16.94
53	9.80	8.74	14.55	13.24	19.33	17.47
54	10.06	9.01	15.36	14.03	20.38	18.27
55	10.85	9.80	16.41	14.82	20.91	19.07
56	11.11	10.06	17.21	15.62	21.72	19.59
57	12.18	10.59	18.80	16.94	23.30	20.91
58	12.97	11.38	19.86	18.27	24.61	22.51
59	14.29	12.71	21.17	19.07	25.95	23.56
60	15.36	14.03	23.03	20.65	27.79	25.16
61	16.68	15.10	24.35	21.98	29.92	27.26
62	18.54	16.68	25.95	23.56	31.78	28.86
63	19.59	18.00	28.06	25.16	33.88	30.97
64	20.91	19.07	30.44	27.26	35.74	32.57
65	22.24	20.38	32.57	29.12	38.39	34.67
66	24.09	22.24	35.22	31.78	40.50	36.80
67	25.95	23.82	37.85	34.15	43.68	39.97
68	28.86	26.21	41.29	37.32	47.65	43.15
69	32.04	29.12	45.54	41.03	52.16	47.12
70	36.01	32.83	49.51	45.01	56.92	51.09
71	39.97	36.80	54.53	49.24	62.22	56.65
72	44.73	40.77	60.09	54.81	68.57	61.69
73	49.77	45.54	66.71	60.62	74.93	68.05
74	55.34	50.30	74.12	67.24	82.34	74.93
75	61.43	55.60	82.34	74.38	89.75	82.07
76	68.05	61.43	90.54	82.34	98.75	90.01
77	75.72	68.57	99.54	90.27	106.95	97.96
78	83.39	75.45	107.74	97.96	115.43	105.63
79	91.34	83.13	116.48	105.90	123.63	112.51
80	100.33	91.61	125.22	114.10	132.63	120.45
81	109.86	100.86	135.28	122.84	142.17	128.93
82	120.98	111.20	146.66	133.42	153.28	138.46
83	133.16	122.05	159.37	145.34	165.20	149.31
84	146.92	135.02	174.73	159.11	179.23	162.55
85	160.16	147.19	190.60	173.14	195.64	176.84
86	174.73	160.43	207.82	188.76	213.11	192.73
87	190.60	175.00	226.61	205.70	232.44	209.93
88	207.82	190.88	247.27	224.24	253.08	229.00
89	226.61	208.09	269.24	244.62	275.85	249.64
90	247.27	226.87	293.32	266.85	300.75	271.89
91	269.24	247.54	319.80	290.69	328.01	296.50
92	293.32	269.50	348.92	317.16	357.40	323.24
93	319.80	293.86	380.17	345.48	389.42	352.36
94	348.92	320.06	414.32	376.45	424.37	383.87
95	348.92	320.06	414.32	376.45	424.37	383.87
96	348.92	320.06	414.32	376.45	424.37	383.87
97	348.92	320.06	414.32	376.45	424.37	383.87
98	348.92	320.06	414.32	376.45	424.37	383.87
99	348.92	320.06	414.32	376.45	424.37	383.87
100	348.92	320.06	414.32	376.45	424.37	383.87

Appendix A
Genworth Life Insurance Company
Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Joint
6 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	6.48	5.80	9.27	8.57	13.44	12.28
19	6.48	5.80	9.27	8.57	13.44	12.28
20	6.48	5.80	9.27	8.57	13.44	12.28
21	6.48	5.80	9.27	8.57	13.44	12.28
22	6.48	5.80	9.27	8.57	13.44	12.28
23	6.48	5.80	9.27	8.57	13.44	12.28
24	6.48	5.80	9.27	8.57	13.44	12.28
25	6.94	6.48	10.20	9.27	14.14	13.44
26	6.94	6.48	10.20	9.27	14.14	13.44
27	6.94	6.48	10.20	9.27	14.14	13.44
28	6.94	6.48	10.20	9.27	14.14	13.44
29	6.94	6.48	10.20	9.27	14.14	13.44
30	7.41	6.94	10.65	10.20	15.52	14.14
31	7.41	6.94	10.65	10.20	15.52	14.14
32	7.41	6.94	10.65	10.20	15.52	14.14
33	7.41	6.94	10.65	10.20	15.52	14.14
34	7.41	6.94	10.65	10.20	15.52	14.14
35	7.64	7.41	11.81	10.65	16.68	15.52
36	7.64	7.41	11.81	10.65	16.68	15.52
37	7.64	7.41	11.81	10.65	16.68	15.52
38	7.64	7.41	11.81	10.65	16.68	15.52
39	7.64	7.41	11.81	10.65	16.68	15.52
40	8.57	7.64	12.74	11.81	17.84	16.68
41	8.57	7.64	12.74	11.81	17.84	16.68
42	8.57	7.64	12.74	11.81	17.84	16.68
43	8.57	7.64	12.74	11.81	17.84	16.68
44	8.57	7.64	12.74	11.81	17.84	16.68
45	8.57	7.64	12.74	11.81	17.84	16.68
46	8.80	8.11	12.97	12.04	18.07	16.91
47	9.04	8.34	13.44	12.28	18.77	17.14
48	9.27	8.34	13.44	12.28	18.99	17.38
49	9.27	8.34	13.44	12.51	19.22	17.61
50	9.50	8.57	13.67	12.74	19.22	17.61
51	9.50	8.57	13.90	12.97	19.45	17.84
52	9.73	8.80	14.37	13.44	19.69	18.54
53	10.65	9.04	15.28	13.90	20.38	18.99
54	11.11	9.50	16.21	15.05	21.08	19.45
55	11.11	10.20	17.14	15.75	22.24	19.92
56	11.81	10.65	18.07	16.68	22.94	21.08
57	12.74	11.58	19.45	17.84	24.32	22.48
58	14.37	12.28	20.85	19.22	25.71	23.16
59	15.05	13.44	22.48	20.38	27.56	25.02
60	15.75	14.37	23.85	21.78	29.42	26.64
61	17.14	15.75	25.71	23.16	31.50	28.49
62	19.45	16.68	27.79	25.25	33.36	30.35
63	19.92	18.31	29.42	27.11	35.68	32.43
64	21.08	19.45	31.73	28.95	37.53	34.29
65	22.48	20.62	33.82	31.05	40.07	36.60
66	24.32	22.24	36.60	33.59	42.39	38.69
67	26.41	24.32	39.62	36.36	45.63	41.46
68	29.42	26.88	43.32	39.85	49.57	45.40
69	32.89	29.88	47.72	43.56	54.44	49.80
70	36.60	33.59	52.36	48.19	59.77	54.67
71	41.23	37.29	58.14	53.27	65.78	60.23
72	46.10	42.16	64.40	58.84	72.51	66.48
73	51.66	46.79	71.35	65.08	79.45	73.21
74	57.68	52.36	78.76	72.04	87.56	80.38
75	64.40	58.14	86.86	79.22	96.36	88.02
76	72.04	64.40	95.43	87.33	104.94	96.36
77	79.69	72.04	105.17	96.13	114.90	105.40
78	87.79	79.22	114.44	104.94	124.16	113.97
79	95.67	86.63	123.92	113.97	133.42	122.54
80	104.24	94.74	134.35	123.47	143.62	131.58
81	113.97	103.77	145.70	134.12	154.50	141.76
82	125.32	114.20	158.44	145.70	166.78	152.89
83	138.06	125.78	172.81	159.14	180.68	165.63
84	153.34	139.22	189.49	174.65	196.43	180.22
85	167.25	151.73	206.40	190.19	214.27	196.20
86	182.31	165.63	224.92	207.56	233.72	214.04
87	198.76	180.45	245.09	226.08	254.80	233.49
88	216.58	196.43	267.31	246.47	277.74	254.57
89	235.82	214.27	291.18	268.71	302.76	277.28
90	257.13	233.72	317.58	293.03	329.86	302.30
91	280.29	254.80	346.08	319.44	359.74	329.62
92	305.77	277.74	377.35	347.93	392.41	359.27
93	333.11	302.76	411.17	379.44	427.61	391.48
94	363.21	329.86	448.23	413.49	466.07	426.68
95	363.21	329.86	448.23	413.49	466.07	426.68
96	363.21	329.86	448.23	413.49	466.07	426.68
97	363.21	329.86	448.23	413.49	466.07	426.68
98	363.21	329.86	448.23	413.49	466.07	426.68
99	363.21	329.86	448.23	413.49	466.07	426.68
100	363.21	329.86	448.23	413.49	466.07	426.68

Appendix A
Genworth Life Insurance Company
Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Joint
8 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	5.75	5.36	8.74	8.14	12.31	11.52
19	5.75	5.36	8.74	8.14	12.31	11.52
20	5.75	5.36	8.74	8.14	12.31	11.52
21	5.75	5.36	8.74	8.14	12.31	11.52
22	5.75	5.36	8.74	8.14	12.31	11.52
23	5.75	5.36	8.74	8.14	12.31	11.52
24	5.75	5.36	8.74	8.14	12.31	11.52
25	6.15	5.75	9.33	8.74	13.10	12.51
26	6.15	5.75	9.33	8.74	13.10	12.51
27	6.15	5.75	9.33	8.74	13.10	12.51
28	6.15	5.75	9.33	8.74	13.10	12.51
29	6.15	5.75	9.33	8.74	13.10	12.51
30	6.76	6.15	10.12	9.53	14.29	13.50
31	6.76	6.15	10.12	9.53	14.29	13.50
32	6.76	6.15	10.12	9.53	14.29	13.50
33	6.76	6.15	10.12	9.53	14.29	13.50
34	6.76	6.15	10.12	9.53	14.29	13.50
35	7.35	6.56	10.93	10.12	15.48	14.29
36	7.35	6.56	10.93	10.12	15.48	14.29
37	7.35	6.56	10.93	10.12	15.48	14.29
38	7.35	6.56	10.93	10.12	15.48	14.29
39	7.35	6.56	10.93	10.12	15.48	14.29
40	7.94	7.15	11.52	11.11	16.68	15.48
41	7.94	7.15	11.52	11.11	16.68	15.48
42	7.94	7.15	11.52	11.11	16.68	15.48
43	7.94	7.15	11.52	11.11	16.68	15.48
44	7.94	7.15	11.52	11.11	16.68	15.48
45	7.94	7.15	11.52	11.11	16.68	15.48
46	7.94	7.15	11.72	11.32	16.88	15.69
47	8.14	7.35	12.11	11.52	17.08	16.09
48	8.34	7.35	12.31	11.52	17.27	16.48
49	8.34	7.35	12.51	11.52	17.27	16.48
50	8.54	7.55	12.71	11.72	17.47	16.68
51	8.54	7.55	12.91	12.11	18.07	16.88
52	8.74	8.14	13.50	12.71	18.27	16.88
53	9.33	8.54	14.09	12.91	18.66	17.47
54	9.73	8.74	14.49	13.70	19.65	18.27
55	10.12	9.53	15.48	14.29	20.06	18.46
56	10.73	9.92	16.68	15.48	21.05	19.45
57	11.52	10.73	17.87	16.48	22.24	20.65
58	12.51	11.52	18.86	17.47	23.62	21.44
59	13.50	12.31	20.26	18.66	25.22	23.03
60	14.29	12.91	22.24	20.26	27.00	24.82
61	15.48	14.29	23.62	21.64	28.78	26.41
62	16.88	15.48	25.42	23.62	30.97	28.19
63	17.87	16.28	27.40	25.02	32.95	29.78
64	19.07	17.47	28.99	27.00	34.55	31.78
65	20.26	18.46	31.17	28.78	36.53	33.36
66	22.04	20.06	33.15	30.78	38.92	35.54
67	23.82	22.04	35.94	33.36	41.90	38.32
68	26.61	24.43	39.91	36.74	45.86	41.70
69	29.59	27.20	43.88	40.50	50.24	46.07
70	32.95	30.38	48.84	44.87	55.20	50.64
71	37.12	34.15	54.00	49.63	60.56	55.99
72	41.49	38.11	60.16	54.81	66.91	61.75
73	46.66	42.89	66.31	60.56	73.66	67.91
74	52.02	48.05	72.66	66.71	81.00	74.66
75	58.17	53.61	80.21	73.66	88.95	81.81
76	64.93	59.77	88.35	81.00	97.68	89.54
77	71.87	66.12	97.09	89.34	106.83	98.08
78	79.22	72.66	105.83	97.50	115.55	106.02
79	86.37	79.62	114.76	105.83	124.50	114.36
80	94.12	86.57	124.70	114.96	134.21	123.30
81	102.84	94.71	135.81	125.29	144.35	133.04
82	112.98	104.04	147.73	136.60	156.26	143.95
83	124.50	114.56	161.42	149.31	169.57	156.26
84	138.38	127.27	176.72	163.60	184.65	169.96
85	150.89	138.59	192.79	178.30	201.13	185.44
86	164.41	151.30	210.07	194.39	219.20	202.12
87	179.29	165.00	228.94	211.85	238.86	220.39
88	195.38	179.89	249.58	231.12	260.51	240.05
89	212.85	196.17	272.01	251.97	284.13	261.69
90	231.91	213.64	296.44	274.60	309.55	285.12
91	252.96	232.90	323.05	299.21	337.54	310.93
92	275.79	253.75	352.04	326.03	367.92	338.92
93	300.61	276.58	383.61	355.21	401.08	369.50
94	327.61	301.40	418.35	387.17	437.21	402.47
95	327.61	301.40	418.35	387.17	437.21	402.47
96	327.61	301.40	418.35	387.17	437.21	402.47
97	327.61	301.40	418.35	387.17	437.21	402.47
98	327.61	301.40	418.35	387.17	437.21	402.47
99	327.61	301.40	418.35	387.17	437.21	402.47
100	327.61	301.40	418.35	387.17	437.21	402.47

Appendix A
Genworth Life Insurance Company
Current-Year Premiums

Form: 62172
Annual Premium per $10 Daily Benefit

Joint
12 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	5.80	5.46	8.43	7.94	11.92	11.25
19	5.80	5.46	8.43	7.94	11.92	11.25
20	5.80	5.46	8.43	7.94	11.92	11.25
21	5.80	5.46	8.43	7.94	11.92	11.25
22	5.80	5.46	8.43	7.94	11.92	11.25
23	5.80	5.46	8.43	7.94	11.92	11.25
24	5.80	5.46	8.43	7.94	11.92	11.25
25	6.12	5.80	9.10	8.43	12.91	12.07
26	6.12	5.80	9.10	8.43	12.91	12.07
27	6.12	5.80	9.10	8.43	12.91	12.07
28	6.12	5.80	9.10	8.43	12.91	12.07
29	6.12	5.80	9.10	8.43	12.91	12.07
30	6.79	6.29	9.92	9.10	13.90	13.07
31	6.79	6.29	9.92	9.10	13.90	13.07
32	6.79	6.29	9.92	9.10	13.90	13.07
33	6.79	6.29	9.92	9.10	13.90	13.07
34	6.79	6.29	9.92	9.10	13.90	13.07
35	7.11	6.79	10.76	9.92	15.05	14.06
36	7.11	6.79	10.76	9.92	15.05	14.06
37	7.11	6.79	10.76	9.92	15.05	14.06
38	7.11	6.79	10.76	9.92	15.05	14.06
39	7.11	6.79	10.76	9.92	15.05	14.06
40	7.94	7.29	11.58	10.76	16.21	15.22
41	7.94	7.29	11.58	10.76	16.21	15.22
42	7.94	7.29	11.58	10.76	16.21	15.22
43	7.94	7.29	11.58	10.76	16.21	15.22
44	7.94	7.29	11.58	10.76	16.21	15.22
45	7.94	7.29	11.58	10.76	16.21	15.22
46	7.94	7.44	11.92	10.93	16.38	15.39
47	8.11	7.78	12.07	11.08	16.71	15.55
48	8.28	7.78	12.25	11.42	17.05	16.04
49	8.43	7.94	12.57	11.58	17.21	16.04
50	8.43	7.94	12.74	11.75	17.38	16.21
51	8.60	7.94	13.07	12.07	17.55	16.38
52	8.93	8.11	13.24	12.42	18.20	17.05
53	9.10	8.43	14.06	13.07	18.69	17.38
54	9.59	8.93	14.90	13.90	19.53	18.20
55	10.26	9.59	15.89	14.90	20.18	18.86
56	10.93	10.09	16.71	15.55	21.17	19.69
57	11.58	10.76	17.87	16.71	22.51	20.85
58	12.42	11.58	19.36	17.87	23.67	22.17
59	13.24	12.42	20.68	19.53	25.31	23.50
60	14.23	13.07	22.17	20.68	26.97	25.16
61	15.39	14.23	23.67	22.17	28.95	26.80
62	16.54	15.22	25.48	23.67	30.78	28.78
63	17.70	16.38	26.80	25.31	32.92	30.61
64	19.19	17.70	28.63	26.64	35.08	32.60
65	20.52	19.03	30.12	28.13	37.23	34.58
66	22.17	20.52	32.10	29.95	39.71	37.06
67	24.16	22.34	34.91	32.60	42.69	39.71
68	26.97	24.99	38.89	36.24	46.66	43.51
69	29.95	27.79	43.35	40.38	50.96	47.15
70	33.09	30.94	48.48	45.17	55.60	51.63
71	37.23	34.58	54.27	50.47	60.88	56.42
72	41.87	38.89	60.39	56.25	67.01	62.05
73	46.83	43.18	66.68	61.88	73.47	68.17
74	52.13	48.31	73.63	68.17	80.91	75.11
75	58.08	53.61	81.08	75.28	88.85	82.57
76	64.53	59.40	89.02	82.57	97.12	90.33
77	71.32	66.01	97.45	90.68	106.07	98.78
78	77.93	71.98	106.22	98.78	114.33	106.72
79	84.55	78.43	114.99	107.06	123.10	114.82
80	91.50	84.88	124.43	116.16	132.20	123.27
81	99.60	92.66	134.68	125.75	141.96	132.54
82	108.87	101.43	146.60	137.16	153.22	143.13
83	119.63	111.35	160.01	149.58	165.79	154.88
84	132.54	123.27	175.38	164.13	180.36	168.61
85	144.62	134.35	191.10	178.87	196.40	183.66
86	157.51	146.60	208.48	194.91	213.95	200.21
87	171.76	159.84	227.18	212.61	233.31	218.24
88	187.13	174.07	247.54	231.80	254.31	237.93
89	204.01	189.78	269.87	252.67	277.14	259.28
90	222.38	206.83	294.36	275.16	302.13	282.61
91	242.23	225.53	320.83	299.99	329.44	308.09
92	264.24	245.88	349.62	326.96	359.04	335.89
93	287.90	268.04	381.05	356.41	391.31	366.33
94	313.88	292.04	415.48	388.51	426.39	399.25
95	313.88	292.04	415.48	388.51	426.39	399.25
96	313.88	292.04	415.48	388.51	426.39	399.25
97	313.88	292.04	415.48	388.51	426.39	399.25
98	313.88	292.04	415.48	388.51	426.39	399.25
99	313.88	292.04	415.48	388.51	426.39	399.25
100	313.88	292.04	415.48	388.51	426.39	399.25

Appendix A
Genworth Life Insurance Company
Current-Year Premiums

Form: 62173
Annual Premium per $10 Daily Benefit

Individual
2 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	3.18	2.39	5.30	3.97	6.88	5.04
19	3.18	2.39	5.30	3.97	6.88	5.04
20	3.18	2.39	5.30	3.97	6.88	5.04
21	3.18	2.39	5.30	3.97	6.88	5.04
22	3.18	2.39	5.30	3.97	6.88	5.04
23	3.18	2.39	5.30	3.97	6.88	5.04
24	3.18	2.39	5.30	3.97	6.88	5.04
25	3.70	2.65	6.09	4.50	7.67	5.56
26	3.70	2.65	6.09	4.50	7.67	5.56
27	3.70	2.65	6.09	4.50	7.67	5.56
28	3.70	2.65	6.09	4.50	7.67	5.56
29	3.70	2.65	6.09	4.50	7.67	5.56
30	4.23	3.18	7.15	5.30	9.01	6.36
31	4.23	3.18	7.15	5.30	9.01	6.36
32	4.23	3.18	7.15	5.30	9.01	6.36
33	4.23	3.18	7.15	5.30	9.01	6.36
34	4.23	3.18	7.15	5.30	9.01	6.36
35	5.04	3.44	7.94	6.09	10.06	7.41
36	5.04	3.44	7.94	6.09	10.06	7.41
37	5.04	3.44	7.94	6.09	10.06	7.41
38	5.04	3.44	7.94	6.09	10.06	7.41
39	5.04	3.44	7.94	6.09	10.06	7.41
40	5.56	3.97	9.27	7.15	11.66	8.48
41	5.56	3.97	9.27	7.15	11.66	8.48
42	5.56	3.97	9.27	7.15	11.66	8.48
43	5.56	3.97	9.27	7.15	11.66	8.48
44	5.56	3.97	9.27	7.15	11.66	8.48
45	5.56	3.97	9.27	7.15	11.66	8.48
46	5.56	4.23	9.80	7.67	11.92	9.27
47	5.83	4.23	10.06	7.67	12.71	9.53
48	5.83	4.23	10.06	7.67	12.71	9.53
49	5.83	4.23	10.06	7.67	12.97	9.80
50	6.09	4.50	10.32	7.94	13.24	10.85
51	6.09	4.50	11.11	8.20	13.50	11.11
52	6.88	5.30	11.38	8.48	14.55	11.38
53	7.15	5.56	11.66	9.01	14.82	11.66
54	7.15	5.56	11.92	9.27	15.36	11.66
55	7.67	6.09	12.97	9.80	16.68	12.97
56	8.48	6.36	14.03	10.32	18.54	13.50
57	9.27	7.41	15.10	11.66	19.33	15.10
58	10.32	7.94	16.15	12.71	20.91	16.15
59	11.38	8.48	18.00	14.03	22.77	17.47
60	12.97	9.53	20.38	15.36	25.42	19.33
61	13.76	10.85	21.72	16.68	27.26	21.44
62	15.36	11.92	24.61	19.07	30.97	23.82
63	17.47	12.97	27.00	19.86	34.15	25.16
64	19.86	14.55	30.71	22.77	38.66	28.60
65	21.44	15.89	32.83	24.35	41.83	30.71
66	23.82	17.47	36.27	26.47	45.54	33.09
67	26.21	19.07	38.66	28.06	48.72	34.95
68	28.60	21.17	42.36	31.23	52.95	38.66
69	31.23	23.03	45.54	33.09	57.18	41.57
70	33.88	25.16	48.72	36.53	60.62	45.28
71	37.06	27.53	53.21	38.92	65.39	48.19
72	40.24	29.92	57.44	42.36	69.63	51.35
73	43.94	32.83	61.15	46.07	73.59	55.34
74	48.19	36.27	66.71	50.03	78.90	59.04
75	53.21	38.92	73.33	54.00	84.72	62.74
76	58.78	43.42	79.95	59.04	91.87	67.50
77	65.13	48.45	87.89	65.39	98.49	73.59
78	71.49	53.48	95.57	71.21	106.16	79.16
79	78.37	58.25	103.77	77.04	113.31	85.78
80	85.78	63.53	111.46	82.86	121.26	91.87
81	93.71	69.63	120.71	89.75	130.77	99.28
82	101.93	75.98	129.19	96.36	140.31	106.95
83	111.46	82.86	140.04	104.04	151.17	114.90
84	121.26	90.54	150.37	112.51	162.81	123.36
85	127.33	95.05	158.05	118.08	171.03	129.72
86	133.69	99.80	165.99	123.89	179.49	136.07
87	140.31	104.84	174.20	129.98	188.50	142.96
88	147.45	110.13	182.93	136.60	197.76	150.10
89	154.88	115.69	191.94	143.48	207.82	157.51
90	162.55	121.52	201.73	150.63	218.15	165.46
91	170.75	127.60	211.79	158.05	229.00	173.66
92	179.23	133.95	222.38	165.99	240.37	182.40
93	188.23	140.57	233.49	174.47	252.56	191.41
94	197.50	147.45	245.15	183.19	265.00	201.21
95	197.50	147.45	245.15	183.19	265.00	201.21
96	197.50	147.45	245.15	183.19	265.00	201.21
97	197.50	147.45	245.15	183.19	265.00	201.21
98	197.50	147.45	245.15	183.19	265.00	201.21
99	197.50	147.45	245.15	183.19	265.00	201.21
100	197.50	147.45	245.15	183.19	265.00	201.21

Appendix A
Genworth Life Insurance Company
Current-Year Premiums

Form: 62173
Annual Premium per $10 Daily Benefit

Individual
3 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	2.15	1.66	3.81	2.81	4.81	3.47
19	2.15	1.66	3.81	2.81	4.81	3.47
20	2.15	1.66	3.81	2.81	4.81	3.47
21	2.15	1.66	3.81	2.81	4.81	3.47
22	2.15	1.66	3.81	2.81	4.81	3.47
23	2.15	1.66	3.81	2.81	4.81	3.47
24	2.15	1.66	3.81	2.81	4.81	3.47
25	2.48	1.98	4.46	3.30	5.63	3.97
26	2.48	1.98	4.46	3.30	5.63	3.97
27	2.48	1.98	4.46	3.30	5.63	3.97
28	2.48	1.98	4.46	3.30	5.63	3.97
29	2.48	1.98	4.46	3.30	5.63	3.97
30	2.81	2.15	5.13	3.81	6.29	4.63
31	2.81	2.15	5.13	3.81	6.29	4.63
32	2.81	2.15	5.13	3.81	6.29	4.63
33	2.81	2.15	5.13	3.81	6.29	4.63
34	2.81	2.15	5.13	3.81	6.29	4.63
35	3.30	2.48	5.95	4.46	7.29	5.30
36	3.30	2.48	5.95	4.46	7.29	5.30
37	3.30	2.48	5.95	4.46	7.29	5.30
38	3.30	2.48	5.95	4.46	7.29	5.30
39	3.30	2.48	5.95	4.46	7.29	5.30
40	3.81	2.81	6.94	4.96	8.43	6.12
41	3.81	2.81	6.94	4.96	8.43	6.12
42	3.81	2.81	6.94	4.96	8.43	6.12
43	3.81	2.81	6.94	4.96	8.43	6.12
44	3.81	2.81	6.94	4.96	8.43	6.12
45	3.81	2.81	6.94	4.96	8.43	6.12
46	4.31	3.15	7.11	5.13	9.10	6.79
47	4.31	3.15	7.29	5.63	9.27	6.94
48	4.46	3.15	7.44	5.63	9.59	6.94
49	4.46	3.30	7.44	5.80	9.59	7.11
50	4.63	3.30	7.94	5.80	9.77	7.11
51	4.81	3.64	8.11	5.95	10.09	7.94
52	4.81	3.64	8.28	6.12	10.59	8.11
53	5.30	3.81	8.60	6.29	11.08	8.43
54	5.63	3.81	9.10	6.79	11.25	8.43
55	5.80	4.31	9.59	7.11	12.25	9.10
56	6.29	4.63	10.43	7.94	13.24	9.77
57	6.94	5.13	10.93	8.28	14.23	10.76
58	7.44	5.63	12.25	9.10	15.55	11.58
59	8.43	6.12	13.24	9.92	17.05	12.42
60	9.27	7.11	14.40	11.08	18.37	14.06
61	10.09	8.11	16.04	12.74	20.18	15.39
62	11.08	8.60	17.55	13.41	22.01	16.88
63	12.74	9.92	20.03	15.72	25.16	19.53
64	14.06	10.76	21.84	16.71	27.64	21.17
65	15.39	12.25	23.82	18.86	29.78	23.67
66	16.71	13.07	25.16	19.53	31.43	24.49
67	18.37	14.23	27.47	21.17	34.58	26.64
68	20.52	16.04	30.12	23.82	37.56	29.95
69	22.83	17.70	33.26	25.65	41.20	32.10
70	24.99	19.36	36.39	27.96	45.17	34.75
71	27.30	20.85	39.22	30.12	47.99	37.06
72	30.29	23.67	43.18	33.42	52.28	40.38
73	33.76	26.47	47.49	37.06	57.09	44.52
74	37.06	28.78	51.46	40.38	60.73	47.49
75	41.03	31.60	56.75	43.68	65.69	50.79
76	45.51	34.91	61.88	47.65	70.99	54.44
77	51.29	39.88	69.33	53.77	78.10	60.73
78	57.26	44.35	75.95	58.90	84.72	65.52
79	61.55	48.14	81.41	63.71	89.68	69.98
80	66.85	51.79	86.71	67.35	95.64	74.29
81	71.81	55.92	92.66	72.14	101.76	79.25
82	77.27	60.06	98.61	76.94	108.70	84.38
83	82.40	64.03	104.41	81.41	114.67	89.19
84	87.20	67.50	109.86	85.37	120.13	93.65
85	91.50	70.99	115.32	89.68	126.08	98.29
86	96.13	74.46	121.12	94.15	132.54	103.25
87	100.94	78.26	127.07	98.95	139.16	108.38
88	105.90	82.07	133.53	103.74	146.10	113.83
89	111.20	86.21	140.15	109.04	153.39	119.46
90	116.81	90.50	147.10	114.50	161.00	125.58
91	122.61	95.14	154.54	120.13	169.11	131.87
92	128.73	99.77	162.15	126.25	177.54	138.32
93	135.18	104.73	170.25	132.54	186.48	145.28
94	141.96	110.03	178.87	139.16	195.73	152.55
95	141.96	110.03	178.87	139.16	195.73	152.55
96	141.96	110.03	178.87	139.16	195.73	152.55
97	141.96	110.03	178.87	139.16	195.73	152.55
98	141.96	110.03	178.87	139.16	195.73	152.55
99	141.96	110.03	178.87	139.16	195.73	152.55
100	141.96	110.03	178.87	139.16	195.73	152.55

Appendix A
Genworth Life Insurance Company
Current-Year Premiums

Form: 62173
Annual Premium per $10 Daily Benefit

Individual 4 Year Benefit Period						
	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	1.98	1.58	3.58	2.65	4.50	3.18
19	1.98	1.58	3.58	2.65	4.50	3.18
20	1.98	1.58	3.58	2.65	4.50	3.18
21	1.98	1.58	3.58	2.65	4.50	3.18
22	1.98	1.58	3.58	2.65	4.50	3.18
23	1.98	1.58	3.58	2.65	4.50	3.18
24	1.98	1.58	3.58	2.65	4.50	3.18
25	2.25	1.72	4.11	3.04	5.04	3.70
26	2.25	1.72	4.11	3.04	5.04	3.70
27	2.25	1.72	4.11	3.04	5.04	3.70
28	2.25	1.72	4.11	3.04	5.04	3.70
29	2.25	1.72	4.11	3.04	5.04	3.70
30	2.65	1.98	4.76	3.58	5.83	4.23
31	2.65	1.98	4.76	3.58	5.83	4.23
32	2.65	1.98	4.76	3.58	5.83	4.23
33	2.65	1.98	4.76	3.58	5.83	4.23
34	2.65	1.98	4.76	3.58	5.83	4.23
35	3.04	2.25	5.56	3.97	6.76	4.90
36	3.04	2.25	5.56	3.97	6.76	4.90
37	3.04	2.25	5.56	3.97	6.76	4.90
38	3.04	2.25	5.56	3.97	6.76	4.90
39	3.04	2.25	5.56	3.97	6.76	4.90
40	3.58	2.65	6.36	4.63	7.81	5.69
41	3.58	2.65	6.36	4.63	7.81	5.69
42	3.58	2.65	6.36	4.63	7.81	5.69
43	3.58	2.65	6.36	4.63	7.81	5.69
44	3.58	2.65	6.36	4.63	7.81	5.69
45	3.58	2.65	6.36	4.63	7.81	5.69
46	3.70	2.77	6.48	4.76	8.08	5.95
47	3.84	2.77	6.62	4.76	8.48	6.09
48	3.84	2.77	6.62	4.90	8.48	6.09
49	3.84	2.91	6.76	5.16	8.60	6.36
50	4.11	2.91	7.02	5.16	8.74	6.36
51	4.23	3.18	7.29	5.56	9.53	6.88
52	4.50	3.18	7.41	5.56	9.80	7.02
53	4.63	3.44	7.67	5.69	9.80	7.29
54	4.90	3.58	7.94	5.83	10.20	7.55
55	5.16	3.84	8.60	6.36	11.25	8.08
56	5.69	4.23	9.39	6.88	11.78	8.87
57	6.09	4.63	9.80	7.55	12.57	9.53
58	6.76	5.04	10.85	7.94	13.64	10.20
59	7.41	5.43	11.78	8.60	15.10	10.85
60	8.34	6.36	12.83	9.92	16.28	12.45
61	9.01	7.29	14.43	11.38	18.14	14.29
62	10.20	7.67	16.01	12.18	19.59	15.75
63	11.25	8.87	17.47	13.76	22.10	17.47
64	12.45	9.53	19.33	14.96	24.61	18.93
65	13.76	11.11	21.17	16.68	26.61	21.17
66	14.69	11.52	22.37	17.61	28.19	22.10
67	16.41	12.71	24.35	18.93	30.71	23.70
68	18.14	14.29	26.74	21.05	33.36	26.47
69	20.12	15.62	29.51	22.89	36.80	28.60
70	22.24	17.21	32.43	25.02	40.24	31.11
71	24.35	18.93	34.95	27.00	43.15	33.36
72	27.00	20.91	38.25	29.65	46.33	35.87
73	29.92	23.30	41.83	32.83	50.03	39.31
74	32.83	25.81	45.80	35.87	54.00	42.36
75	36.67	28.46	50.70	39.18	58.64	45.28
76	40.90	31.50	55.46	42.89	63.94	49.10
77	45.66	35.48	61.55	47.91	69.36	53.88
78	50.56	39.18	67.24	52.02	74.79	57.97
79	54.81	43.15	72.54	56.79	79.42	62.08
80	59.83	47.00	77.97	61.02	84.85	66.19
81	65.39	50.96	84.58	65.66	91.06	70.42
82	71.08	55.60	90.27	70.42	97.29	75.45
83	77.83	60.50	97.96	76.38	104.58	80.74
84	84.32	65.52	104.70	81.27	111.58	86.30
85	88.55	68.84	110.00	85.25	117.15	90.68
86	92.92	72.28	115.43	89.62	123.10	95.17
87	97.56	75.84	121.26	93.98	129.19	99.94
88	102.46	79.69	127.33	98.75	135.67	104.84
89	107.62	83.65	133.69	103.65	142.43	110.13
90	112.92	87.89	140.31	108.81	149.58	115.69
91	118.61	92.26	147.33	114.24	157.12	121.38
92	124.56	96.89	154.74	120.06	164.94	127.47
93	130.77	101.66	162.41	126.02	173.14	133.83
94	137.27	106.83	170.62	132.37	181.88	140.57
95	137.27	106.83	170.62	132.37	181.88	140.57
96	137.27	106.83	170.62	132.37	181.88	140.57
97	137.27	106.83	170.62	132.37	181.88	140.57
98	137.27	106.83	170.62	132.37	181.88	140.57
99	137.27	106.83	170.62	132.37	181.88	140.57
100	137.27	106.83	170.62	132.37	181.88	140.57

Appendix A
Genworth Life Insurance Company
Current-Year Premiums

Form: 62173
Annual Premium per $10 Daily Benefit

Individual
6 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	2.51	1.86	4.50	3.44	5.69	4.11
19	2.51	1.86	4.50	3.44	5.69	4.11
20	2.51	1.86	4.50	3.44	5.69	4.11
21	2.51	1.86	4.50	3.44	5.69	4.11
22	2.51	1.86	4.50	3.44	5.69	4.11
23	2.51	1.86	4.50	3.44	5.69	4.11
24	2.51	1.86	4.50	3.44	5.69	4.11
25	2.77	2.12	5.04	3.84	6.62	4.76
26	2.77	2.12	5.04	3.84	6.62	4.76
27	2.77	2.12	5.04	3.84	6.62	4.76
28	2.77	2.12	5.04	3.84	6.62	4.76
29	2.77	2.12	5.04	3.84	6.62	4.76
30	3.18	2.51	5.83	4.50	7.55	5.56
31	3.18	2.51	5.83	4.50	7.55	5.56
32	3.18	2.51	5.83	4.50	7.55	5.56
33	3.18	2.51	5.83	4.50	7.55	5.56
34	3.18	2.51	5.83	4.50	7.55	5.56
35	3.70	2.77	6.76	5.04	8.60	6.36
36	3.70	2.77	6.76	5.04	8.60	6.36
37	3.70	2.77	6.76	5.04	8.60	6.36
38	3.70	2.77	6.76	5.04	8.60	6.36
39	3.70	2.77	6.76	5.04	8.60	6.36
40	4.23	3.18	7.81	5.83	9.80	7.29
41	4.23	3.18	7.81	5.83	9.80	7.29
42	4.23	3.18	7.81	5.83	9.80	7.29
43	4.23	3.18	7.81	5.83	9.80	7.29
44	4.23	3.18	7.81	5.83	9.80	7.29
45	4.23	3.18	7.81	5.83	9.80	7.29
46	4.63	3.58	8.08	6.09	10.32	7.67
47	4.63	3.58	8.34	6.09	10.46	7.67
48	4.76	3.58	8.48	6.36	10.59	7.81
49	4.76	3.70	8.48	6.48	10.73	7.94
50	5.04	3.70	8.74	6.48	10.85	8.08
51	5.16	3.84	9.01	6.88	11.52	8.60
52	5.56	3.97	9.39	7.02	11.92	8.87
53	5.69	4.11	9.66	7.29	12.31	9.27
54	5.95	4.50	10.20	7.55	12.83	9.66
55	6.62	4.90	10.85	8.34	14.17	10.59
56	7.02	5.43	11.92	9.01	15.22	11.66
57	7.67	5.83	12.71	9.80	16.28	12.45
58	8.48	6.48	14.03	10.46	17.61	13.50
59	9.39	6.88	15.22	11.38	19.33	14.43
60	10.46	7.94	16.54	13.10	21.05	16.41
61	11.38	9.27	18.54	15.10	23.30	18.80
62	12.71	9.80	20.79	15.75	25.54	20.91
63	14.17	11.38	22.77	18.27	28.72	23.03
64	15.75	12.31	25.16	19.59	31.90	24.89
65	17.47	14.17	27.53	22.10	34.55	27.93
66	18.93	14.96	29.12	23.30	36.80	29.39
67	20.91	16.41	31.90	25.16	40.11	31.50
68	22.89	18.54	34.81	28.06	43.42	34.95
69	25.68	20.12	38.52	30.44	48.05	37.73
70	28.46	22.24	42.36	33.36	52.55	41.29
71	30.97	24.35	45.80	35.87	56.25	44.21
72	34.29	26.88	49.91	39.45	60.50	47.79
73	37.99	30.05	54.67	43.56	65.39	52.16
74	41.83	33.36	59.69	47.65	70.42	56.25
75	46.33	36.53	66.05	51.89	76.51	60.23
76	51.75	40.50	72.54	56.79	83.27	65.26
77	57.71	45.80	80.35	63.53	90.41	71.61
78	64.06	50.30	87.62	69.10	97.56	77.04
79	69.49	55.46	94.64	75.45	103.39	82.34
80	75.98	60.50	101.79	81.00	110.13	87.50
81	82.86	65.66	110.39	87.23	117.68	92.92
82	90.15	71.61	117.94	93.45	125.49	99.14
83	98.75	77.97	127.88	101.12	134.49	106.16
84	106.83	84.32	136.60	107.74	143.36	113.04
85	112.25	88.55	143.48	113.18	150.63	118.61
86	117.82	92.92	150.63	118.87	158.05	124.56
87	123.77	97.56	158.18	124.82	165.99	130.77
88	129.86	102.46	166.13	131.04	174.33	137.39
89	136.34	107.62	174.47	137.53	183.07	144.27
90	143.22	112.92	183.19	144.41	192.20	151.44
91	150.37	118.61	192.32	151.70	201.86	158.97
92	157.91	124.56	201.86	159.23	211.92	166.92
93	165.73	130.77	212.06	167.18	222.52	175.26
94	174.07	137.27	222.64	175.52	233.63	184.12
95	174.07	137.27	222.64	175.52	233.63	184.12
96	174.07	137.27	222.64	175.52	233.63	184.12
97	174.07	137.27	222.64	175.52	233.63	184.12
98	174.07	137.27	222.64	175.52	233.63	184.12
99	174.07	137.27	222.64	175.52	233.63	184.12
100	174.07	137.27	222.64	175.52	233.63	184.12

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62173
Annual Premium per $10 Daily Benefit

Individual
2 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	4.00	3.01	6.68	5.00	8.67	6.35
19	4.00	3.01	6.68	5.00	8.67	6.35
20	4.00	3.01	6.68	5.00	8.67	6.35
21	4.00	3.01	6.68	5.00	8.67	6.35
22	4.00	3.01	6.68	5.00	8.67	6.35
23	4.00	3.01	6.68	5.00	8.67	6.35
24	4.00	3.01	6.68	5.00	8.67	6.35
25	4.67	3.34	7.68	5.66	9.67	7.01
26	4.67	3.34	7.68	5.66	9.67	7.01
27	4.67	3.34	7.68	5.66	9.67	7.01
28	4.67	3.34	7.68	5.66	9.67	7.01
29	4.67	3.34	7.68	5.66	9.67	7.01
30	5.33	4.00	9.00	6.68	11.35	8.01
31	5.33	4.00	9.00	6.68	11.35	8.01
32	5.33	4.00	9.00	6.68	11.35	8.01
33	5.33	4.00	9.00	6.68	11.35	8.01
34	5.33	4.00	9.00	6.68	11.35	8.01
35	6.35	4.34	10.00	7.68	12.67	9.34
36	6.35	4.34	10.00	7.68	12.67	9.34
37	6.35	4.34	10.00	7.68	12.67	9.34
38	6.35	4.34	10.00	7.68	12.67	9.34
39	6.35	4.34	10.00	7.68	12.67	9.34
40	7.01	5.00	11.68	9.00	14.69	10.68
41	7.01	5.00	11.68	9.00	14.69	10.68
42	7.01	5.00	11.68	9.00	14.69	10.68
43	7.01	5.00	11.68	9.00	14.69	10.68
44	7.01	5.00	11.68	9.00	14.69	10.68
45	7.01	5.00	11.68	9.00	14.69	10.68
46	7.01	5.33	12.34	9.67	15.02	11.68
47	7.34	5.33	12.67	9.67	16.01	12.01
48	7.34	5.33	12.67	9.67	16.01	12.01
49	7.34	5.33	12.67	9.67	16.35	12.34
50	7.68	5.66	13.01	10.00	16.68	13.67
51	7.68	5.66	14.00	10.33	17.01	14.00
52	8.67	6.68	14.34	10.68	18.34	14.34
53	9.00	7.01	14.69	11.35	18.67	14.69
54	9.00	7.01	15.02	11.68	19.35	14.69
55	9.67	7.68	16.35	12.34	21.01	16.35
56	10.68	8.01	17.67	13.01	23.36	17.01
57	11.68	9.34	19.02	14.69	24.35	19.02
58	13.01	10.00	20.35	16.01	26.35	20.35
59	14.34	10.68	22.67	17.67	28.69	22.01
60	16.35	12.01	25.68	19.35	32.03	24.35
61	17.34	13.67	27.36	21.01	34.35	27.01
62	19.35	15.02	31.01	24.02	39.02	30.02
63	22.01	16.35	34.02	25.02	43.02	31.70
64	25.02	18.34	38.69	28.69	48.71	36.03
65	27.01	20.02	41.36	30.68	52.71	38.69
66	30.02	22.01	45.70	33.36	57.38	41.70
67	33.03	24.02	48.71	35.35	61.38	44.04
68	36.03	26.68	53.38	39.35	66.71	48.71
69	39.35	29.02	57.38	41.70	72.05	52.38
70	42.69	31.70	61.38	46.03	76.38	57.05
71	46.70	34.69	67.05	49.04	82.40	60.72
72	50.70	37.69	72.38	53.38	87.73	64.70
73	55.37	41.36	77.05	58.04	92.73	69.72
74	60.72	45.70	84.06	63.04	99.41	74.39
75	67.05	49.04	92.40	68.04	106.75	79.06
76	74.06	54.70	100.74	74.39	115.75	85.05
77	82.07	61.05	110.74	82.40	124.09	92.73
78	90.07	67.38	120.42	89.72	133.76	99.74
79	98.74	73.39	130.75	97.06	142.76	108.08
80	108.08	80.05	140.44	104.41	152.78	115.75
81	118.08	87.73	152.10	113.08	164.77	125.09
82	128.43	95.74	162.78	121.42	176.79	134.76
83	140.44	104.41	176.45	131.09	190.48	144.78
84	152.78	114.07	189.46	141.77	205.14	155.44
85	160.44	119.76	199.15	148.78	215.49	163.45
86	168.45	125.75	209.15	156.10	226.16	171.45
87	176.79	132.10	219.50	163.78	237.50	180.13
88	185.79	138.76	230.49	172.12	249.18	189.13
89	195.14	145.77	241.84	180.79	261.86	198.46
90	204.81	153.12	254.18	189.79	274.87	208.48
91	215.14	160.77	266.86	199.15	288.54	218.81
92	225.83	168.78	280.20	209.15	302.87	229.83
93	237.17	177.12	294.20	219.83	318.22	241.18
94	248.85	185.79	308.89	230.83	333.90	253.52
95	248.85	185.79	308.89	230.83	333.90	253.52
96	248.85	185.79	308.89	230.83	333.90	253.52
97	248.85	185.79	308.89	230.83	333.90	253.52
98	248.85	185.79	308.89	230.83	333.90	253.52
99	248.85	185.79	308.89	230.83	333.90	253.52
100	248.85	185.79	308.89	230.83	333.90	253.52

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62173
Annual Premium per $10 Daily Benefit

Individual
3 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	2.71	2.09	4.80	3.53	6.05	4.37
19	2.71	2.09	4.80	3.53	6.05	4.37
20	2.71	2.09	4.80	3.53	6.05	4.37
21	2.71	2.09	4.80	3.53	6.05	4.37
22	2.71	2.09	4.80	3.53	6.05	4.37
23	2.71	2.09	4.80	3.53	6.05	4.37
24	2.71	2.09	4.80	3.53	6.05	4.37
25	3.12	2.50	5.62	4.16	7.09	5.00
26	3.12	2.50	5.62	4.16	7.09	5.00
27	3.12	2.50	5.62	4.16	7.09	5.00
28	3.12	2.50	5.62	4.16	7.09	5.00
29	3.12	2.50	5.62	4.16	7.09	5.00
30	3.53	2.71	6.46	4.80	7.93	5.84
31	3.53	2.71	6.46	4.80	7.93	5.84
32	3.53	2.71	6.46	4.80	7.93	5.84
33	3.53	2.71	6.46	4.80	7.93	5.84
34	3.53	2.71	6.46	4.80	7.93	5.84
35	4.16	3.12	7.50	5.62	9.18	6.68
36	4.16	3.12	7.50	5.62	9.18	6.68
37	4.16	3.12	7.50	5.62	9.18	6.68
38	4.16	3.12	7.50	5.62	9.18	6.68
39	4.16	3.12	7.50	5.62	9.18	6.68
40	4.80	3.53	8.75	6.25	10.62	7.71
41	4.80	3.53	8.75	6.25	10.62	7.71
42	4.80	3.53	8.75	6.25	10.62	7.71
43	4.80	3.53	8.75	6.25	10.62	7.71
44	4.80	3.53	8.75	6.25	10.62	7.71
45	4.80	3.53	8.75	6.25	10.62	7.71
46	5.43	3.96	8.96	6.46	11.46	8.55
47	5.43	3.96	9.18	7.09	11.68	8.75
48	5.62	3.96	9.37	7.09	12.09	8.75
49	5.62	4.16	9.37	7.30	12.09	8.96
50	5.84	4.16	10.00	7.30	12.30	8.96
51	6.05	4.59	10.21	7.50	12.71	10.00
52	6.05	4.59	10.43	7.71	13.34	10.21
53	6.68	4.80	10.84	7.93	13.96	10.62
54	7.09	4.80	11.46	8.55	14.18	10.62
55	7.30	5.43	12.09	8.96	15.43	11.46
56	7.93	5.84	13.14	10.00	16.68	12.30
57	8.75	6.46	13.77	10.43	17.93	13.55
58	9.37	7.09	15.43	11.46	19.59	14.59
59	10.62	7.71	16.68	12.50	21.48	15.64
60	11.68	8.96	18.14	13.96	23.14	17.71
61	12.71	10.21	20.21	16.05	25.43	19.39
62	13.96	10.84	22.11	16.89	27.73	21.27
63	16.05	12.50	25.23	19.80	31.70	24.61
64	17.71	13.55	27.52	21.05	34.82	26.68
65	19.39	15.43	30.02	23.77	37.52	29.82
66	21.05	16.46	31.70	24.61	39.61	30.86
67	23.14	17.93	34.61	26.68	43.57	33.57
68	25.86	20.21	37.95	30.02	47.32	37.73
69	28.77	22.30	41.91	32.32	51.91	40.45
70	31.48	24.39	45.86	35.23	56.91	43.79
71	34.39	26.27	49.41	37.95	60.46	46.70
72	38.16	29.82	54.41	42.11	65.87	50.88
73	42.54	33.36	59.84	46.70	71.93	56.09
74	46.70	36.27	64.84	50.88	76.52	59.84
75	51.70	39.82	71.50	55.04	82.77	64.00
76	57.34	43.98	77.96	60.04	89.45	68.59
77	64.62	50.25	87.36	67.75	98.41	76.52
78	72.14	55.88	95.70	74.21	106.75	82.55
79	77.55	60.66	102.57	80.27	113.00	88.18
80	84.23	65.25	109.25	84.86	120.50	93.61
81	90.48	70.46	116.75	90.89	128.21	99.86
82	97.36	75.68	124.25	96.95	136.96	106.32
83	103.82	80.68	131.55	102.57	144.48	112.38
84	109.88	85.05	138.43	107.57	151.36	118.00
85	115.29	89.45	145.30	113.00	158.86	123.84
86	121.13	93.82	152.61	118.63	167.00	130.09
87	127.18	98.61	160.11	124.68	175.34	136.55
88	133.43	103.41	168.25	130.71	184.09	143.43
89	140.11	108.63	176.59	137.39	193.27	150.52
90	147.18	114.04	185.34	144.27	202.86	158.23
91	154.48	119.88	194.71	151.36	213.07	166.16
92	162.20	125.71	204.30	159.07	223.70	174.29
93	170.32	131.96	214.52	167.00	234.97	183.05
94	178.88	138.64	225.38	175.34	246.62	192.21
95	178.88	138.64	225.38	175.34	246.62	192.21
96	178.88	138.64	225.38	175.34	246.62	192.21
97	178.88	138.64	225.38	175.34	246.62	192.21
98	178.88	138.64	225.38	175.34	246.62	192.21
99	178.88	138.64	225.38	175.34	246.62	192.21
100	178.88	138.64	225.38	175.34	246.62	192.21

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62173
Annual Premium per $10 Daily Benefit

Individual
4 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	2.50	1.99	4.51	3.34	5.66	4.00
19	2.50	1.99	4.51	3.34	5.66	4.00
20	2.50	1.99	4.51	3.34	5.66	4.00
21	2.50	1.99	4.51	3.34	5.66	4.00
22	2.50	1.99	4.51	3.34	5.66	4.00
23	2.50	1.99	4.51	3.34	5.66	4.00
24	2.50	1.99	4.51	3.34	5.66	4.00
25	2.83	2.17	5.18	3.83	6.35	4.67
26	2.83	2.17	5.18	3.83	6.35	4.67
27	2.83	2.17	5.18	3.83	6.35	4.67
28	2.83	2.17	5.18	3.83	6.35	4.67
29	2.83	2.17	5.18	3.83	6.35	4.67
30	3.34	2.50	6.00	4.51	7.34	5.33
31	3.34	2.50	6.00	4.51	7.34	5.33
32	3.34	2.50	6.00	4.51	7.34	5.33
33	3.34	2.50	6.00	4.51	7.34	5.33
34	3.34	2.50	6.00	4.51	7.34	5.33
35	3.83	2.83	7.01	5.00	8.52	6.17
36	3.83	2.83	7.01	5.00	8.52	6.17
37	3.83	2.83	7.01	5.00	8.52	6.17
38	3.83	2.83	7.01	5.00	8.52	6.17
39	3.83	2.83	7.01	5.00	8.52	6.17
40	4.51	3.34	8.01	5.84	9.84	7.17
41	4.51	3.34	8.01	5.84	9.84	7.17
42	4.51	3.34	8.01	5.84	9.84	7.17
43	4.51	3.34	8.01	5.84	9.84	7.17
44	4.51	3.34	8.01	5.84	9.84	7.17
45	4.51	3.34	8.01	5.84	9.84	7.17
46	4.67	3.50	8.16	6.00	10.18	7.50
47	4.84	3.50	8.34	6.00	10.68	7.68
48	4.84	3.50	8.34	6.17	10.68	7.68
49	4.84	3.67	8.52	6.50	10.84	8.01
50	5.18	3.67	8.85	6.50	11.01	8.01
51	5.33	4.00	9.18	7.01	12.01	8.67
52	5.66	4.00	9.34	7.01	12.34	8.85
53	5.84	4.34	9.67	7.17	12.34	9.18
54	6.17	4.51	10.00	7.34	12.85	9.51
55	6.50	4.84	10.84	8.01	14.18	10.18
56	7.17	5.33	11.84	8.67	14.84	11.17
57	7.68	5.84	12.34	9.51	15.84	12.01
58	8.52	6.35	13.67	10.00	17.19	12.85
59	9.34	6.84	14.84	10.84	19.02	13.67
60	10.51	8.01	16.17	12.50	20.51	15.68
61	11.35	9.18	18.18	14.34	22.85	18.01
62	12.85	9.67	20.17	15.35	24.69	19.84
63	14.18	11.17	22.01	17.34	27.85	22.01
64	15.68	12.01	24.35	18.85	31.01	23.85
65	17.34	14.00	26.68	21.01	33.53	26.68
66	18.51	14.51	28.18	22.19	35.53	27.85
67	20.68	16.01	30.68	23.85	38.69	29.86
68	22.85	18.01	33.69	26.52	42.03	33.36
69	25.35	19.69	37.19	28.85	46.36	36.03
70	28.03	21.68	40.86	31.52	50.70	39.20
71	30.68	23.85	44.04	34.02	54.37	42.03
72	34.02	26.35	48.20	37.36	58.38	45.19
73	37.69	29.35	52.71	41.36	63.04	49.53
74	41.36	32.52	57.71	45.19	68.04	53.38
75	46.21	35.86	63.88	49.37	73.88	57.05
76	51.54	39.68	69.88	54.04	80.56	61.87
77	57.54	44.70	77.55	60.37	87.40	67.89
78	63.71	49.37	84.72	65.54	94.23	73.04
79	69.06	54.37	91.40	71.56	100.07	78.22
80	75.39	59.21	98.24	76.89	106.91	83.39
81	82.40	64.21	106.58	82.73	114.74	88.72
82	89.56	70.05	113.74	88.72	122.59	95.07
83	98.06	76.23	123.43	96.24	131.77	101.73
84	106.24	82.55	131.93	102.40	140.60	108.74
85	111.57	86.73	138.60	107.42	147.61	114.25
86	117.08	91.07	145.44	112.92	155.11	119.91
87	122.92	95.56	152.78	118.41	162.78	125.93
88	129.09	100.40	160.44	124.43	170.95	132.10
89	135.60	105.40	168.45	130.60	179.46	138.76
90	142.28	110.74	176.79	137.10	188.46	145.77
91	149.44	116.24	185.63	143.94	197.98	152.94
92	156.94	122.08	194.97	151.28	207.82	160.61
93	164.77	128.10	204.64	158.78	218.15	168.62
94	172.96	134.60	214.99	166.79	229.17	177.12
95	172.96	134.60	214.99	166.79	229.17	177.12
96	172.96	134.60	214.99	166.79	229.17	177.12
97	172.96	134.60	214.99	166.79	229.17	177.12
98	172.96	134.60	214.99	166.79	229.17	177.12
99	172.96	134.60	214.99	166.79	229.17	177.12
100	172.96	134.60	214.99	166.79	229.17	177.12

Appendix B
Genworth Life Insurance Company
26.0% Increase to Current-Year Premiums

Form: 62173
Annual Premium per $10 Daily Benefit

Individual
6 Year Benefit Period

	No BIO		Simple BIO		Compound BIO	
Age	20 EP	100 EP	20 EP	100 EP	20 EP	100 EP
18	3.16	2.34	5.66	4.34	7.17	5.18
19	3.16	2.34	5.66	4.34	7.17	5.18
20	3.16	2.34	5.66	4.34	7.17	5.18
21	3.16	2.34	5.66	4.34	7.17	5.18
22	3.16	2.34	5.66	4.34	7.17	5.18
23	3.16	2.34	5.66	4.34	7.17	5.18
24	3.16	2.34	5.66	4.34	7.17	5.18
25	3.50	2.68	6.35	4.84	8.34	6.00
26	3.50	2.68	6.35	4.84	8.34	6.00
27	3.50	2.68	6.35	4.84	8.34	6.00
28	3.50	2.68	6.35	4.84	8.34	6.00
29	3.50	2.68	6.35	4.84	8.34	6.00
30	4.00	3.16	7.34	5.66	9.51	7.01
31	4.00	3.16	7.34	5.66	9.51	7.01
32	4.00	3.16	7.34	5.66	9.51	7.01
33	4.00	3.16	7.34	5.66	9.51	7.01
34	4.00	3.16	7.34	5.66	9.51	7.01
35	4.67	3.50	8.52	6.35	10.84	8.01
36	4.67	3.50	8.52	6.35	10.84	8.01
37	4.67	3.50	8.52	6.35	10.84	8.01
38	4.67	3.50	8.52	6.35	10.84	8.01
39	4.67	3.50	8.52	6.35	10.84	8.01
40	5.33	4.00	9.84	7.34	12.34	9.18
41	5.33	4.00	9.84	7.34	12.34	9.18
42	5.33	4.00	9.84	7.34	12.34	9.18
43	5.33	4.00	9.84	7.34	12.34	9.18
44	5.33	4.00	9.84	7.34	12.34	9.18
45	5.33	4.00	9.84	7.34	12.34	9.18
46	5.84	4.51	10.18	7.68	13.01	9.67
47	5.84	4.51	10.51	7.68	13.18	9.67
48	6.00	4.51	10.68	8.01	13.34	9.84
49	6.00	4.67	10.68	8.16	13.51	10.00
50	6.35	4.67	11.01	8.16	13.67	10.18
51	6.50	4.84	11.35	8.67	14.51	10.84
52	7.01	5.00	11.84	8.85	15.02	11.17
53	7.17	5.18	12.17	9.18	15.51	11.68
54	7.50	5.66	12.85	9.51	16.17	12.17
55	8.34	6.17	13.67	10.51	17.85	13.34
56	8.85	6.84	15.02	11.35	19.18	14.69
57	9.67	7.34	16.01	12.34	20.51	15.68
58	10.68	8.16	17.67	13.18	22.19	17.01
59	11.84	8.67	19.18	14.34	24.35	18.18
60	13.18	10.00	20.84	16.50	26.52	20.68
61	14.34	11.68	23.36	19.02	29.35	23.69
62	16.01	12.34	26.19	19.84	32.19	26.35
63	17.85	14.34	28.69	23.03	36.19	29.02
64	19.84	15.51	31.70	24.69	40.19	31.37
65	22.01	17.85	34.69	27.85	43.53	35.19
66	23.85	18.85	36.70	29.35	46.36	37.03
67	26.35	20.68	40.19	31.70	50.54	39.68
68	28.85	23.36	43.86	35.35	54.70	44.04
69	32.36	25.35	48.53	38.36	60.54	47.54
70	35.86	28.03	53.38	42.03	66.21	52.03
71	39.02	30.68	57.71	45.19	70.87	55.70
72	43.20	33.87	62.89	49.70	76.23	60.21
73	47.87	37.87	68.88	54.88	82.40	65.72
74	52.71	42.03	75.21	60.04	88.72	70.87
75	58.38	46.03	83.22	65.39	96.40	75.89
76	65.21	51.03	91.40	71.56	104.92	82.22
77	72.71	57.71	101.24	80.05	113.92	90.23
78	80.72	63.37	110.40	87.06	122.92	97.06
79	87.55	69.88	119.25	95.07	130.27	103.74
80	95.74	76.23	128.25	102.06	138.76	110.25
81	104.41	82.73	139.09	109.91	148.27	117.08
82	113.59	90.23	148.60	117.75	158.11	124.91
83	124.43	98.24	161.12	127.41	169.46	133.76
84	134.60	106.24	172.12	135.75	180.63	142.43
85	141.44	111.57	180.79	142.61	189.79	149.44
86	148.45	117.08	189.79	149.78	199.15	156.94
87	155.95	122.92	199.30	157.28	209.15	164.77
88	163.62	129.09	209.32	165.11	219.65	173.11
89	171.79	135.60	219.83	173.29	230.67	181.79
90	180.46	142.28	230.83	181.96	242.17	190.81
91	189.46	149.44	242.33	191.14	254.34	200.30
92	198.97	156.94	254.34	200.63	267.01	210.32
93	208.81	164.77	267.19	210.65	280.37	220.83
94	219.32	172.96	280.53	221.16	294.38	232.00
95	219.32	172.96	280.53	221.16	294.38	232.00
96	219.32	172.96	280.53	221.16	294.38	232.00
97	219.32	172.96	280.53	221.16	294.38	232.00
98	219.32	172.96	280.53	221.16	294.38	232.00
99	219.32	172.96	280.53	221.16	294.38	232.00
100	219.32	172.96	280.53	221.16	294.38	232.00

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Appendix A
Genworth Life Insurance Company
Current-Year Premiums

Stable Premium Option

Form: 7030 et al
Annual Premium per $10 Daily Benefit

Age	Individual	Joint
18-24	64.60	59.82
25-29	71.78	67.00
30-34	76.57	71.78
35-39	81.35	76.57
40-44	86.14	78.96
45	86.14	78.96
46	90.92	83.75
47	93.32	86.14
48	93.32	86.14
49	93.32	86.14
50	95.71	88.53
51	98.10	88.53
52	98.10	90.92
53	100.50	93.32
54	105.28	98.10
55	112.46	105.28
56	119.64	110.07
57	129.21	119.64
58	136.39	126.82
59	148.35	138.78
60	160.31	148.35
61	174.67	162.71
62	186.63	172.28
63	203.38	189.03
64	215.35	200.99
65	229.70	212.95
66	246.45	229.70
67	270.38	251.24
68	299.09	277.56
69	332.59	308.66
70	373.27	346.95
71	416.34	385.23
72	468.98	435.48
73	521.62	483.33
74	581.44	540.76
75	648.43	600.58
76	717.82	665.18
77	801.57	744.14
78	880.53	818.32
79	964.27	894.88
80	1055.20	978.63
81	1155.69	1071.95
82	1270.54	1179.62
83	1399.75	1299.26
84	1550.50	1438.04
85	1689.27	1567.24
86	1842.41	1710.81
87	2007.51	1863.94
88	2186.96	2029.04
89	2385.56	2213.28
90	2600.91	2414.27
91	2835.40	2632.01
92	3091.42	2868.90
93	3368.98	3127.31
94	3672.86	3407.26

Form: 62171 for SPO
Annual Premium per $10 Daily Benefit

Age	Individual
18-24	19.14
25-29	21.53
30-34	23.93
35-39	23.93
40-44	26.32
45	26.32
46	26.32
47	28.71
48	28.71
49	28.71
50	28.71
51	28.71
52	28.71
53	31.11
54	31.11
55	33.50
56	35.89
57	38.28
58	40.68
59	45.46
60	47.85
61	52.64
62	55.03
63	62.21
64	64.60
65	69.39
66	71.78
67	76.57
68	81.35
69	86.14
70	93.32
71	100.50
72	107.67
73	114.85
74	122.03
75	129.21
76	136.39
77	143.56
78	150.74
79	153.14
80	157.92
81	172.28
82	191.42
83	210.56
84	232.10
85	253.63
86	277.56
87	301.49
88	327.81
89	358.91
90	390.02
91	425.91
92	464.19
93	504.87
94	550.33

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

Additional Exhibits
October 2020

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Additional Exhibit Ia: PCS II Policy Forms - Virginia Experience
All Benefit Periods - with Virginia Approved Rate Increase*

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4% Discount Factor	Lives
1998	529,814	707	0.1%	2.3239	1,131
1999	3,512,524	416,851	11.9%	2.2345	3,371
2000	7,596,652	263,272	3.5%	2.1486	6,157
2001	12,544,243	2,065,995	16.5%	2.0659	10,042
2002	20,337,917	1,266,298	6.2%	1.9865	15,457
2003	25,620,754	3,574,049	13.9%	1.9101	15,395
2004	25,014,897	6,077,134	24.3%	1.8366	15,090
2005	24,512,768	4,866,084	19.9%	1.7660	14,854
2006	24,084,651	8,472,773	35.2%	1.6980	14,608
2007	23,589,114	8,393,095	35.6%	1.6327	14,344
2008	23,361,576	9,434,820	40.4%	1.5699	13,949
2009	24,210,282	9,664,928	39.9%	1.5096	13,593
2010	23,760,430	13,729,583	57.8%	1.4515	13,286
2011	23,059,257	16,277,014	70.6%	1.3957	12,990
2012	22,660,964	21,053,603	92.9%	1.3420	12,685
2013	24,163,302	19,513,034	80.8%	1.2904	12,331
2014	27,483,240	26,054,561	94.8%	1.2407	12,004
2015	29,653,204	32,807,354	110.6%	1.1930	11,669
2016	31,983,387	27,289,884	85.3%	1.1471	11,370
2017	30,264,025	40,104,415	132.5%	1.1030	11,010
2018	28,335,197	32,535,888	114.8%	1.0606	10,608
2019	26,508,648	47,841,125	180.5%	1.0198	10,230
2020	40,283,240	51,878,720	128.8%	0.9806	9,719
2021	38,234,175	51,900,239	135.7%	0.9429	9,193
2022	36,134,655	52,078,031	144.1%	0.9066	8,659
2023	34,005,824	52,431,021	154.2%	0.8717	8,132
2024	31,839,761	52,712,111	165.6%	0.8382	7,600
2025	29,676,143	52,615,345	177.3%	0.8060	7,077
2026	27,546,979	52,170,692	189.4%	0.7750	6,570
2027	25,492,524	51,484,581	202.0%	0.7452	6,080
2028	23,505,106	50,777,342	216.0%	0.7165	5,607
2029	21,592,956	49,901,308	231.1%	0.6889	5,152
2030	19,767,084	49,611,125	251.0%	0.6624	4,717
2031	18,025,886	49,961,552	277.2%	0.6370	4,300
2032	16,365,767	49,720,119	303.8%	0.6125	3,900
2033	14,780,907	49,015,123	331.6%	0.5889	3,518
2034	13,276,013	47,935,554	361.1%	0.5663	3,154
2035	11,852,783	46,422,851	391.7%	0.5445	2,811
2036	10,517,136	44,481,246	422.9%	0.5235	2,489
2037	9,272,732	42,101,021	454.0%	0.5034	2,189
2038	8,117,610	39,329,246	484.5%	0.4840	1,910
2039	7,053,190	36,411,502	516.2%	0.4654	1,655
2040	6,080,229	33,487,969	550.8%	0.4475	1,422
2041	5,200,574	30,462,335	585.7%	0.4303	1,212
2042	4,412,539	27,308,161	618.9%	0.4138	1,025
2043	3,712,255	24,123,831	649.8%	0.3978	860
2044	3,095,945	21,000,103	678.3%	0.3825	715
2045	2,558,977	17,965,971	702.1%	0.3678	590
2046	2,097,424	15,096,766	719.8%	0.3537	482
2047	1,704,868	12,538,321	735.4%	0.3401	392
2048	1,374,056	10,367,827	754.5%	0.3270	315
2049	1,098,098	8,547,430	778.4%	0.3144	252
2050	870,228	7,044,091	809.5%	0.3023	200
2051	684,162	5,817,413	850.3%	0.2907	157
2052	534,026	4,804,918	899.8%	0.2795	123
2053	414,159	3,932,903	949.6%	0.2688	96
2054	319,359	3,183,392	996.8%	0.2584	74
2055	244,967	2,561,973	1045.8%	0.2485	57
2056	187,013	2,046,465	1094.3%	0.2389	44
2057	142,207	1,625,471	1143.0%	0.2297	34
2058	107,696	1,294,172	1201.7%	0.2209	26
2059	81,197	1,031,691	1270.6%	0.2124	20
2060	60,887	823,466	1352.5%	0.2042	15
2061	45,323	649,127	1432.2%	0.1964	11
2062	33,517	503,656	1502.7%	0.1888	8
2063	24,629	380,368	1544.4%	0.1816	6
2064	17,975	282,209	1570.0%	0.1746	5
2065	13,017	208,206	1599.5%	0.1679	3
2066	9,319	150,616	1616.1%	0.1614	2
2067	6,641	109,423	1647.7%	0.1552	2
2068	4,725	79,440	1681.2%	0.1492	1
2069	3,356	57,600	1716.3%	0.1435	1
2070	2,383	42,056	1765.1%	0.1380	1
2071	1,690	30,230	1788.8%	0.1327	0
2072	1,191	21,899	1838.4%	0.1276	0
2073	826	15,330	1856.6%	0.1227	0
2074	569	10,551	1854.1%	0.1179	0
2075	392	7,511	1915.3%	0.1134	0
2076	270	5,298	1962.5%	0.1090	0
2077	185	3,772	2034.5%	0.1049	0
2078	127	2,608	2049.3%	0.1008	0
2079	87	1,739	1993.2%	0.0969	0

Accumulated and Present Values as of 12/31/2019

Past:	707,418,148	418,739,895	59.2%
Future:	348,814,324	774,749,811	222.1%
Lifetime:	1,056,232,472	1,193,489,705	113.0%

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

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

Additional Exhibits
October 2020

CONFIDENTIAL

Additional Exhibit Ib: PCS II Policy Forms - Virginia Experience
Lifetime Benefit Period - with Virginia Approved Rate Increase*

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4% Discount Factor	Lives
1998	81,673	0	0.0%	2.3239	204
1999	742,181	319,443	43.0%	2.2345	698
2000	1,852,135	0	0.0%	2.1486	1,479
2001	3,314,233	481,751	14.5%	2.0659	2,572
2002	5,693,601	403,482	7.1%	1.9865	3,978
2003	7,265,097	1,374,849	18.9%	1.9101	3,995
2004	7,092,986	1,218,678	17.2%	1.8366	3,914
2005	6,972,275	1,406,150	20.2%	1.7660	3,867
2006	6,880,389	3,059,840	44.5%	1.6980	3,817
2007	6,779,159	2,370,200	35.0%	1.6327	3,777
2008	6,753,080	3,924,623	58.1%	1.5699	3,681
2009	7,027,659	1,605,630	22.8%	1.5096	3,601
2010	6,935,513	4,306,443	62.1%	1.4515	3,543
2011	6,796,900	5,295,801	77.9%	1.3957	3,487
2012	6,753,646	6,173,630	91.4%	1.3420	3,439
2013	7,340,099	7,536,255	102.7%	1.2904	3,363
2014	8,783,595	6,901,499	78.6%	1.2407	3,294
2015	9,935,202	13,118,849	132.0%	1.1930	3,231
2016	11,022,421	9,486,361	86.1%	1.1471	3,171
2017	10,562,860	12,349,529	116.9%	1.1030	3,094
2018	10,144,662	8,106,096	79.9%	1.0606	3,012
2019	9,702,313	19,039,734	196.2%	1.0198	2,937
2020	15,455,478	17,426,779	112.8%	0.9806	2,830
2021	14,837,356	17,844,397	120.3%	0.9429	2,715
2022	14,188,750	18,319,791	129.1%	0.9066	2,595
2023	13,512,386	18,860,073	139.6%	0.8717	2,470
2024	12,813,401	19,353,459	151.0%	0.8382	2,343
2025	12,098,680	19,703,763	162.9%	0.8060	2,215
2026	11,377,559	19,929,337	175.2%	0.7750	2,086
2027	10,661,128	20,077,933	188.3%	0.7452	1,958
2028	9,953,442	20,226,422	203.2%	0.7165	1,832
2029	9,257,327	20,286,475	219.1%	0.6889	1,708
2030	8,577,079	20,577,970	239.9%	0.6624	1,586
2031	7,914,072	21,111,618	266.8%	0.6370	1,466
2032	7,269,033	21,391,764	294.3%	0.6125	1,348
2033	6,642,775	21,499,456	323.7%	0.5889	1,234
2034	6,037,413	21,450,205	355.3%	0.5663	1,123
2035	5,455,321	21,172,437	388.1%	0.5445	1,016
2036	4,900,236	20,658,220	421.6%	0.5235	913
2037	4,374,825	19,876,013	454.3%	0.5034	816
2038	3,879,341	18,847,951	485.9%	0.4840	724
2039	3,415,219	17,714,867	518.7%	0.4654	637
2040	2,983,956	16,527,710	553.9%	0.4475	557
2041	2,587,358	15,283,659	590.7%	0.4303	483
2042	2,225,922	13,941,595	626.3%	0.4138	415
2043	1,899,402	12,524,503	659.4%	0.3978	354
2044	1,607,367	11,080,904	689.4%	0.3825	300
2045	1,348,697	9,616,807	713.0%	0.3678	252
2046	1,122,451	8,206,356	731.1%	0.3537	210
2047	926,851	6,936,054	748.3%	0.3401	173
2048	759,240	5,842,236	769.5%	0.3270	142
2049	616,951	4,908,812	795.7%	0.3144	116
2050	497,310	4,120,522	828.6%	0.3023	94
2051	397,730	3,464,422	871.0%	0.2907	75
2052	315,791	2,910,639	921.7%	0.2795	60
2053	249,087	2,414,621	969.4%	0.2688	47
2054	195,299	1,976,521	1012.1%	0.2584	37
2055	152,261	1,604,747	1053.9%	0.2485	29
2056	118,100	1,293,091	1094.9%	0.2389	23
2057	91,188	1,039,008	1139.4%	0.2297	18
2058	70,085	837,161	1194.5%	0.2209	14
2059	53,596	675,091	1259.6%	0.2124	11
2060	40,751	545,705	1339.1%	0.2042	8
2061	30,775	435,945	1416.6%	0.1964	6
2062	23,081	341,011	1477.5%	0.1888	5
2063	17,191	257,421	1497.4%	0.1816	3
2064	12,720	191,963	1509.1%	0.1746	3
2065	9,353	143,599	1535.3%	0.1679	2
2066	6,829	104,709	1533.2%	0.1614	1
2067	4,974	76,831	1544.6%	0.1552	1
2068	3,624	56,333	1554.5%	0.1492	1
2069	2,641	41,091	1556.0%	0.1435	1
2070	1,924	30,344	1577.4%	0.1380	0
2071	1,397	21,888	1566.5%	0.1327	0
2072	1,007	15,928	1581.1%	0.1276	0
2073	717	11,318	1579.5%	0.1227	0
2074	507	7,925	1564.7%	0.1179	0
2075	357	5,771	1617.4%	0.1134	0
2076	250	4,143	1654.3%	0.1090	0
2077	175	3,003	1715.7%	0.1049	0
2078	122	2,096	1722.3%	0.1008	0
2079	84	1,400	1662.7%	0.0969	0

Accumulated and Present Values as of 12/31/2019

Past:	212,952,348	135,892,768	63.8%
Future:	145,266,717	319,785,147	220.1%
Lifetime:	358,219,064	455,677,916	127.2%

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

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

Additional Exhibits
October 2020

CONFIDENTIAL

Additional Exhibit Ic: PCS II Policy Forms - Virginia Experience
Limited Benefit Period - with Virginia Approved Rate Increase*

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4% Discount Factor	Lives
1998	448,141	707	0.2%	2.3239	927
1999	2,770,343	97,408	3.5%	2.2345	2,673
2000	5,744,517	263,272	4.6%	2.1486	4,678
2001	9,230,010	1,584,244	17.2%	2.0659	7,470
2002	14,644,316	862,816	5.9%	1.9865	11,479
2003	18,355,657	2,199,199	12.0%	1.9101	11,400
2004	17,921,911	4,858,456	27.1%	1.8366	11,176
2005	17,540,493	3,459,933	19.7%	1.7660	10,987
2006	17,204,262	5,412,934	31.5%	1.6980	10,791
2007	16,809,955	6,022,895	35.8%	1.6327	10,567
2008	16,608,496	5,510,197	33.2%	1.5699	10,268
2009	17,182,622	8,059,298	46.9%	1.5096	9,992
2010	16,824,917	9,423,140	56.0%	1.4515	9,743
2011	16,262,357	10,981,213	67.5%	1.3957	9,503
2012	15,907,318	14,879,973	93.5%	1.3420	9,246
2013	16,823,203	11,976,779	71.2%	1.2904	8,968
2014	18,699,645	19,153,062	102.4%	1.2407	8,710
2015	19,718,002	19,688,505	99.9%	1.1930	8,438
2016	20,960,966	17,803,523	84.9%	1.1471	8,199
2017	19,701,165	27,754,886	140.9%	1.1030	7,916
2018	18,190,535	24,429,792	134.3%	1.0606	7,596
2019	16,806,335	28,801,391	171.4%	1.0198	7,293
2020	24,827,762	34,451,941	138.8%	0.9806	6,889
2021	23,396,819	34,055,842	145.6%	0.9429	6,478
2022	21,945,905	33,758,240	153.8%	0.9066	6,065
2023	20,493,438	33,570,948	163.8%	0.8717	5,661
2024	19,026,360	33,358,652	175.3%	0.8382	5,256
2025	17,577,462	32,911,582	187.2%	0.8060	4,863
2026	16,169,420	32,241,355	199.4%	0.7750	4,484
2027	14,831,396	31,406,648	211.8%	0.7452	4,122
2028	13,551,664	30,550,920	225.4%	0.7165	3,775
2029	12,335,629	29,614,833	240.1%	0.6889	3,445
2030	11,190,005	29,033,155	259.5%	0.6624	3,132
2031	10,111,813	28,849,934	285.3%	0.6370	2,835
2032	9,096,734	28,328,354	311.4%	0.6125	2,552
2033	8,138,132	27,515,668	338.1%	0.5889	2,284
2034	7,238,600	26,485,349	365.9%	0.5663	2,031
2035	6,397,461	25,250,414	394.7%	0.5445	1,795
2036	5,616,900	23,823,026	424.1%	0.5235	1,576
2037	4,897,907	22,225,008	453.8%	0.5034	1,373
2038	4,238,269	20,481,294	483.2%	0.4840	1,187
2039	3,637,971	18,696,635	513.9%	0.4654	1,017
2040	3,096,272	16,960,259	547.8%	0.4475	865
2041	2,613,216	15,178,676	580.8%	0.4303	730
2042	2,186,617	13,366,566	611.3%	0.4138	610
2043	1,812,854	11,599,328	639.8%	0.3978	506
2044	1,488,579	9,919,199	666.4%	0.3825	415
2045	1,210,280	8,349,164	689.9%	0.3678	338
2046	974,973	6,890,410	706.7%	0.3537	273
2047	778,016	5,602,268	720.1%	0.3401	218
2048	614,816	4,525,591	736.1%	0.3270	173
2049	481,147	3,638,619	756.2%	0.3144	136
2050	372,918	2,923,569	784.0%	0.3023	106
2051	286,433	2,352,991	821.5%	0.2907	82
2052	218,234	1,894,279	868.0%	0.2795	64
2053	165,073	1,518,282	919.8%	0.2688	49
2054	124,060	1,206,871	972.8%	0.2584	37
2055	92,705	957,226	1032.5%	0.2485	28
2056	68,913	753,374	1093.2%	0.2389	21
2057	51,019	586,463	1149.5%	0.2297	16
2058	37,611	457,011	1215.1%	0.2209	12
2059	27,600	356,600	1292.0%	0.2124	9
2060	20,135	277,761	1379.5%	0.2042	7
2061	14,548	213,182	1465.4%	0.1964	5
2062	10,436	162,645	1558.5%	0.1888	4
2063	7,438	122,947	1652.9%	0.1816	3
2064	5,255	90,246	1717.3%	0.1746	2
2065	3,663	64,606	1763.6%	0.1679	1
2066	2,490	45,907	1843.6%	0.1614	1
2067	1,667	32,591	1955.5%	0.1552	1
2068	1,101	23,107	2097.9%	0.1492	0
2069	715	16,509	2308.3%	0.1435	0
2070	459	11,712	2551.7%	0.1380	0
2071	293	8,342	2850.0%	0.1327	0
2072	184	5,971	3249.2%	0.1276	0
2073	109	4,012	3676.0%	0.1227	0
2074	63	2,625	4198.9%	0.1179	0
2075	35	1,739	4924.8%	0.1134	0
2076	20	1,155	5916.4%	0.1090	0
2077	10	769	7405.2%	0.1049	0
2078	6	512	9178.1%	0.1008	0
2079	3	339	11070.2%	0.0969	0

Accumulated and Present Values as of 12/31/2019

Past:	494,465,800	282,847,126	57.2%
Future:	203,547,607	454,964,663	223.5%
Lifetime:	698,013,407	737,811,790	105.7%

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

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

Additional Exhibits
October 2020

CONFIDENTIAL

Additional Exhibit IIa: PCS II Policy Forms - Virginia Experience
All Benefit Periods - with Requested 53%26% Rate Increase*

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4% Discount Factor	Lives
1998	529,814	707	0.1%	2.3239	1,131
1999	3,512,524	416,851	11.9%	2.2345	3,371
2000	7,596,652	263,272	3.5%	2.1486	6,157
2001	12,544,243	2,065,995	16.5%	2.0659	10,042
2002	20,337,917	1,266,298	6.2%	1.9865	15,457
2003	25,620,754	3,574,049	13.9%	1.9101	15,395
2004	25,014,897	6,077,134	24.3%	1.8366	15,090
2005	24,512,768	4,866,084	19.9%	1.7660	14,854
2006	24,084,651	8,472,773	35.2%	1.6980	14,608
2007	23,589,114	8,393,095	35.6%	1.6327	14,344
2008	23,361,576	9,434,820	40.4%	1.5699	13,949
2009	24,210,282	9,664,928	39.9%	1.5096	13,593
2010	23,760,430	13,729,583	57.8%	1.4515	13,286
2011	23,059,257	16,277,014	70.6%	1.3957	12,990
2012	22,660,964	21,053,603	92.9%	1.3420	12,685
2013	24,163,302	19,513,034	80.8%	1.2904	12,331
2014	27,483,240	26,054,561	94.8%	1.2407	12,004
2015	29,653,204	32,807,354	110.6%	1.1930	11,669
2016	31,983,387	27,289,884	85.3%	1.1471	11,370
2017	30,264,025	40,104,415	132.5%	1.1030	11,010
2018	28,335,197	32,535,888	114.8%	1.0606	10,608
2019	26,508,648	47,841,125	180.5%	1.0198	10,230
2020	40,283,240	51,878,720	128.8%	0.9806	9,719
2021	43,718,253	52,642,460	120.4%	0.9429	9,193
2022	48,764,547	53,714,863	110.2%	0.9066	8,659
2023	46,041,517	53,975,079	117.2%	0.8717	8,132
2024	43,238,966	54,187,937	125.3%	0.8382	7,600
2025	40,409,223	54,028,987	133.7%	0.8060	7,077
2026	37,598,077	53,522,499	142.4%	0.7750	6,570
2027	34,862,200	52,773,946	151.4%	0.7452	6,080
2028	32,202,139	52,008,716	161.5%	0.7165	5,607
2029	29,631,514	51,075,213	172.4%	0.6889	5,152
2030	27,166,384	50,744,753	186.8%	0.6624	4,717
2031	24,807,392	51,072,450	205.9%	0.6370	4,300
2032	22,551,706	50,795,596	225.2%	0.6125	3,900
2033	20,393,682	50,046,910	245.4%	0.5889	3,518
2034	18,339,721	48,917,983	266.7%	0.5663	3,154
2035	16,393,737	47,349,300	288.8%	0.5445	2,811
2036	14,564,454	45,346,305	311.3%	0.5235	2,489
2037	12,857,028	42,898,858	333.7%	0.5034	2,189
2038	11,269,628	40,055,300	355.4%	0.4840	1,910
2039	9,804,519	37,065,077	378.0%	0.4654	1,655
2040	8,463,253	34,066,364	402.5%	0.4475	1,422
2041	7,248,652	30,963,673	427.2%	0.4303	1,212
2042	6,158,831	27,735,735	450.3%	0.4138	1,025
2043	5,188,830	24,483,191	471.8%	0.3978	860
2044	4,333,810	21,297,734	491.4%	0.3825	715
2045	3,587,878	18,208,158	507.5%	0.3678	590
2046	2,945,552	15,290,559	519.1%	0.3537	482
2047	2,398,253	12,691,823	529.2%	0.3401	392
2048	1,936,247	10,489,060	541.7%	0.3270	315
2049	1,550,172	8,642,983	557.5%	0.3144	252
2050	1,230,762	7,119,363	578.5%	0.3023	200
2051	969,431	5,876,814	606.2%	0.2907	157
2052	758,136	4,851,779	640.0%	0.2795	123
2053	589,094	3,969,508	673.8%	0.2688	96
2054	455,123	3,211,641	705.7%	0.2584	74
2055	349,769	2,583,595	738.7%	0.2485	57
2056	267,523	2,062,887	771.1%	0.2389	44
2057	203,801	1,637,875	803.7%	0.2297	34
2058	154,620	1,303,548	843.1%	0.2209	26
2059	116,779	1,038,785	889.5%	0.2124	20
2060	87,720	828,831	944.9%	0.2042	15
2061	65,416	653,127	998.4%	0.1964	11
2062	48,463	506,587	1045.3%	0.1888	8
2063	35,674	382,448	1072.1%	0.1816	6
2064	26,083	283,665	1087.5%	0.1746	5
2065	18,927	209,226	1105.5%	0.1679	3
2066	13,586	151,315	1113.7%	0.1614	2
2067	9,711	109,904	1131.8%	0.1552	2
2068	6,932	79,770	1150.7%	0.1492	1
2069	4,942	57,826	1170.2%	0.1435	1
2070	3,521	42,212	1198.7%	0.1380	1
2071	2,507	30,335	1210.2%	0.1327	0
2072	1,773	21,971	1239.3%	0.1276	0
2073	1,234	15,378	1246.3%	0.1227	0
2074	854	10,582	1239.5%	0.1179	0
2075	590	7,532	1275.7%	0.1134	0
2076	408	5,312	1302.8%	0.1090	0
2077	281	3,782	1346.5%	0.1049	0
2078	193	2,615	1353.2%	0.1008	0
2079	133	1,743	1314.0%	0.0969	0

Accumulated and Present Values as of 12/31/2019

Past:	707,418,148	418,739,895	59.2%
Future:	454,462,492	790,928,595	174.0%
Lifetime:	1,161,880,640	1,209,668,489	104.1%

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

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

Additional Exhibits
October 2020

CONFIDENTIAL

Additional Exhibit IIb: PCS II Policy Forms - Virginia Experience
Lifetime Benefit Period - with Requested 53% Rate Increase*

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4% Discount Factor	Lives
1998	81,673	0	0.0%	2.3239	204
1999	742,181	319,443	43.0%	2.2345	698
2000	1,852,135	0	0.0%	2.1486	1,479
2001	3,314,233	481,751	14.5%	2.0659	2,572
2002	5,693,601	403,482	7.1%	1.9865	3,978
2003	7,265,097	1,374,849	18.9%	1.9101	3,995
2004	7,092,986	1,218,678	17.2%	1.8366	3,914
2005	6,972,275	1,406,150	20.2%	1.7660	3,867
2006	6,880,389	3,059,840	44.5%	1.6980	3,817
2007	6,779,159	2,370,200	35.0%	1.6327	3,777
2008	6,753,080	3,924,623	58.1%	1.5699	3,681
2009	7,027,659	1,605,630	22.8%	1.5096	3,601
2010	6,935,513	4,306,443	62.1%	1.4515	3,543
2011	6,796,900	5,295,801	77.9%	1.3957	3,487
2012	6,753,646	6,173,630	91.4%	1.3420	3,439
2013	7,340,099	7,536,255	102.7%	1.2904	3,363
2014	8,783,595	6,901,499	78.6%	1.2407	3,294
2015	9,935,202	13,118,849	132.0%	1.1930	3,231
2016	11,022,421	9,486,361	86.1%	1.1471	3,171
2017	10,562,860	12,349,529	116.9%	1.1030	3,094
2018	10,144,662	8,106,096	79.9%	1.0606	3,012
2019	9,702,313	19,039,734	196.2%	1.0198	2,937
2020	15,455,478	17,426,779	112.8%	0.9806	2,830
2021	17,932,162	18,271,376	101.9%	0.9429	2,715
2022	21,361,550	19,276,550	90.2%	0.9066	2,595
2023	20,396,930	19,773,515	96.9%	0.8717	2,470
2024	19,385,317	20,233,861	104.4%	0.8382	2,343
2025	18,339,114	20,552,171	112.1%	0.8060	2,215
2026	17,273,697	20,745,035	120.1%	0.7750	2,086
2027	16,207,722	20,861,111	128.7%	0.7452	1,958
2028	15,148,906	20,980,748	138.5%	0.7165	1,832
2029	14,102,544	21,011,971	149.0%	0.6889	1,708
2030	13,076,062	21,285,242	162.8%	0.6624	1,586
2031	12,072,604	21,810,669	180.7%	0.6370	1,466
2032	11,094,106	22,074,315	199.0%	0.6125	1,348
2033	10,142,400	22,160,470	218.5%	0.5889	1,234
2034	9,221,087	22,085,987	239.5%	0.5663	1,123
2035	8,334,460	21,777,698	261.3%	0.5445	1,016
2036	7,488,300	21,228,464	283.5%	0.5235	913
2037	6,686,526	20,406,099	305.2%	0.5034	816
2038	5,930,043	19,333,687	326.0%	0.4840	724
2039	5,221,173	18,155,057	347.7%	0.4654	637
2040	4,562,340	16,919,641	370.9%	0.4475	557
2041	3,956,303	15,626,135	395.0%	0.4303	483
2042	3,403,931	14,236,410	418.2%	0.4138	415
2043	2,904,811	12,774,529	439.8%	0.3978	354
2044	2,458,324	11,289,830	459.2%	0.3825	300
2045	2,062,947	9,788,153	474.5%	0.3678	252
2046	1,717,086	8,344,711	486.0%	0.3537	210
2047	1,417,952	7,046,835	497.0%	0.3401	173
2048	1,161,579	5,930,732	510.6%	0.3270	142
2049	943,927	4,979,385	527.5%	0.3144	116
2050	760,885	4,176,767	548.9%	0.3023	94
2051	608,526	3,509,325	576.7%	0.2907	75
2052	483,161	2,946,450	609.8%	0.2795	60
2053	381,103	2,442,838	641.0%	0.2688	47
2054	298,807	1,998,456	668.8%	0.2584	37
2055	232,960	1,621,649	696.1%	0.2485	29
2056	180,693	1,306,019	722.8%	0.2389	23
2057	139,517	1,048,859	751.8%	0.2297	18
2058	107,230	844,678	787.7%	0.2209	14
2059	82,002	680,827	830.3%	0.2124	11
2060	62,350	550,087	882.3%	0.2042	8
2061	47,086	439,252	932.9%	0.1964	6
2062	35,313	343,458	972.6%	0.1888	5
2063	26,302	259,167	985.3%	0.1816	3
2064	19,462	193,192	992.7%	0.1746	3
2065	14,311	144,469	1009.5%	0.1679	2
2066	10,449	105,310	1007.9%	0.1614	1
2067	7,611	77,249	1015.0%	0.1552	1
2068	5,544	56,623	1021.3%	0.1492	1
2069	4,041	41,291	1021.9%	0.1435	1
2070	2,943	30,484	1035.7%	0.1380	0
2071	2,138	21,984	1028.4%	0.1327	0
2072	1,541	15,994	1037.7%	0.1276	0
2073	1,096	11,362	1036.4%	0.1227	0
2074	775	7,955	1026.5%	0.1179	0
2075	546	5,791	1060.8%	0.1134	0
2076	383	4,156	1084.8%	0.1090	0
2077	268	3,012	1125.0%	0.1049	0
2078	186	2,102	1129.1%	0.1008	0
2079	129	1,404	1089.9%	0.0969	0

Accumulated and Present Values as of 12/31/2019

Past:	212,952,348	135,892,768	63.8%
Future:	208,454,089	329,838,902	158.2%
Lifetime:	421,406,437	465,731,671	110.5%

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

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

Additional Exhibits
October 2020

CONFIDENTIAL

Additional Exhibit IIc: PCS II Policy Forms - Virginia Experience
Limited Benefit Period - with Requested 26% Rate Increase*

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	4% Discount Factor	Lives
1998	448,141	707	0.2%	2.3239	927
1999	2,770,343	97,408	3.5%	2.2345	2,673
2000	5,744,517	263,272	4.6%	2.1486	4,678
2001	9,230,010	1,584,244	17.2%	2.0659	7,470
2002	14,644,316	862,816	5.9%	1.9865	11,479
2003	18,355,657	2,199,199	12.0%	1.9101	11,400
2004	17,921,911	4,858,456	27.1%	1.8366	11,176
2005	17,540,493	3,459,933	19.7%	1.7660	10,987
2006	17,204,262	5,412,934	31.5%	1.6980	10,791
2007	16,809,955	6,022,895	35.8%	1.6327	10,567
2008	16,608,496	5,510,197	33.2%	1.5699	10,268
2009	17,182,622	8,059,298	46.9%	1.5096	9,992
2010	16,824,917	9,423,140	56.0%	1.4515	9,743
2011	16,262,357	10,981,213	67.5%	1.3957	9,503
2012	15,907,318	14,879,973	93.5%	1.3420	9,246
2013	16,823,203	11,976,779	71.2%	1.2904	8,968
2014	18,699,645	19,153,062	102.4%	1.2407	8,710
2015	19,718,002	19,688,505	99.9%	1.1930	8,438
2016	20,960,966	17,803,523	84.9%	1.1471	8,199
2017	19,701,165	27,754,886	140.9%	1.1030	7,916
2018	18,190,535	24,429,792	134.3%	1.0606	7,596
2019	16,806,335	28,801,391	171.4%	1.0198	7,293
2020	24,827,762	34,451,941	138.8%	0.9806	6,889
2021	25,786,091	34,371,084	133.3%	0.9429	6,478
2022	27,402,997	34,438,313	125.7%	0.9066	6,065
2023	25,644,587	34,201,564	133.4%	0.8717	5,661
2024	23,853,649	33,954,076	142.3%	0.8382	5,256
2025	22,070,109	33,476,815	151.7%	0.8060	4,863
2026	20,324,379	32,777,465	161.3%	0.7750	4,484
2027	18,654,478	31,912,835	171.1%	0.7452	4,122
2028	17,053,233	31,027,968	181.9%	0.7165	3,775
2029	15,528,970	30,063,242	193.6%	0.6889	3,445
2030	14,090,323	29,459,511	209.1%	0.6624	3,132
2031	12,734,788	29,261,781	229.8%	0.6370	2,835
2032	11,457,600	28,721,282	250.7%	0.6125	2,552
2033	10,251,282	27,886,439	272.0%	0.5889	2,284
2034	9,118,635	26,831,995	294.3%	0.5663	2,031
2035	8,059,277	25,571,602	317.3%	0.5445	1,795
2036	7,076,154	24,117,841	340.8%	0.5235	1,576
2037	6,170,501	22,492,758	364.5%	0.5034	1,373
2038	5,339,585	20,721,613	388.1%	0.4840	1,187
2039	4,583,346	18,910,020	412.6%	0.4654	1,017
2040	3,900,913	17,146,723	439.6%	0.4475	865
2041	3,292,349	15,337,538	465.9%	0.4303	730
2042	2,754,900	13,499,325	490.0%	0.4138	610
2043	2,284,019	11,708,662	512.6%	0.3978	506
2044	1,875,486	10,007,904	533.6%	0.3825	415
2045	1,524,931	8,420,006	552.2%	0.3678	338
2046	1,228,465	6,945,848	565.4%	0.3537	273
2047	980,301	5,644,988	575.8%	0.3401	218
2048	774,669	4,558,328	588.4%	0.3270	173
2049	606,245	3,663,598	604.3%	0.3144	136
2050	469,877	2,942,597	626.2%	0.3023	106
2051	360,905	2,367,489	656.0%	0.2907	82
2052	274,975	1,905,329	692.9%	0.2795	64
2053	207,992	1,526,670	734.0%	0.2688	49
2054	156,316	1,213,184	776.1%	0.2584	37
2055	116,809	961,946	823.5%	0.2485	28
2056	86,830	756,868	871.7%	0.2389	21
2057	64,284	589,015	916.3%	0.2297	16
2058	47,390	458,870	968.3%	0.2209	12
2059	34,777	357,957	1029.3%	0.2124	9
2060	25,370	278,744	1098.7%	0.2042	7
2061	18,330	213,876	1166.8%	0.1964	5
2062	13,150	163,129	1240.6%	0.1888	4
2063	9,372	123,281	1315.4%	0.1816	3
2064	6,622	90,473	1366.3%	0.1746	2
2065	4,616	64,757	1402.9%	0.1679	1
2066	3,138	46,005	1466.3%	0.1614	1
2067	2,100	32,655	1555.0%	0.1552	1
2068	1,388	23,147	1667.9%	0.1492	0
2069	901	16,535	1834.8%	0.1435	0
2070	578	11,728	2027.9%	0.1380	0
2071	369	8,352	2264.6%	0.1327	0
2072	232	5,977	2581.3%	0.1276	0
2073	138	4,015	2920.1%	0.1227	0
2074	79	2,627	3335.1%	0.1179	0
2075	45	1,741	3911.2%	0.1134	0
2076	25	1,156	4698.2%	0.1090	0
2077	13	770	5879.8%	0.1049	0
2078	7	513	7287.0%	0.1008	0
2079	4	339	8788.5%	0.0969	0

Accumulated and Present Values as of 12/31/2019

Past:	494,465,800	282,847,126	57.2%
Future:	246,008,403	461,089,693	187.4%
Lifetime:	740,474,203	743,936,819	100.5%

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

Additional Exhibit III
Genworth Life Insurance Company
Status of Filings as of July 31, 2020
All Jurisdictions in which these Forms are Active
PCS II Series Policy Forms

	2007 Rate Action			2010 Rate Action			2012 Rate Action						2014 Rate Action						2015/2016 Rate Action					
Jurisdiction	**Requested Increase**	**Date Approved or Filed**	**Amount Approved or Filed**	**Requested Increase**	**Date Approved or Filed**	**Amount Approved or Filed**	**Requested Increase (Lifetime)**	**Requested Increase (Limited)**	**Date of Submission**	**Date Approved or Filed**	**Amount Approved or Filed (Lifetime)**	**Amount Approved or Filed (Limited)**	**Requested Increase (Lifetime)**	**Requested Increase (Limited)**	**Date of Submission**	**Date Approved or Filed**	**Amount Approved or Filed (Lifetime)**	**Amount Approved or Filed (Limited)**	**Requested Increase (Lifetime)**	**Requested Increase (Limited)**	**Date of Submission**	**Date Approved or Filed**	**Amount Approved or Filed (Lifetime)**	**Amount Approved or Filed (Limited)**
Alabama	11%	11/6/2007	11%	18%	4/12/2011	18%	78%	63%	11/2/2012	1/16/2013	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
Alaska	Filing Not Required. Implemented 11% increase.			Filing Not Required. Implemented 18% increase.			Filing Not Required. Implementing 78% (lifetime) and 63% (limited) increase.						Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
Arizona	11%	1/14/2008	11%	18%	3/15/2011	18%	78%	63%	12/7/2012	2/4/2013	25%	25%	48%	36%	10/10/2014	12/4/2014	19%	19%	123%	104%	12/31/2015	4/28/2017	20%	20%
Arkansas	11%	6/11/2008	11%	10%	2/8/2012	10%							99%	83%	1/16/2015	3/11/2015	25%	25%	184%	160%	12/21/2015	8/16/2016	25%	25%
California (Loss Ratio Non-Partnership)	11%	5/12/2008	11%	18%	10/3/2012	18%	78%	63%	10/31/2014	10/27/2015	30%	30%							100%	100%	12/23/2016	1/31/2019	80%	80%
California (Loss Ratio Partnership)				27%	2/4/2014	27%													40%	40%	1/13/2017	12/6/2018	40%	40%
California (Rate Stability Non-Partnership)							26.6%	26.6%	12/19/2013	10/30/2015	20%	20%							100%	100%	11/21/2016	1/31/2019	80%	80%
California (Rate Stability Partnership)							34.8%	34.8%	2/20/2014	11/9/2015	9%	9%												
Colorado	11%	12/11/2007	11%	18%	5/10/2011	18%	78%	63%	11/21/2012	10/25/2013	26%	21%	26%	21%	11/13/2014	1/15/2015	26%	21%	109%	107%	8/31/2016			
Connecticut	11%	12/10/2007	11%	18%	7/6/2011	18%	78%	63%	10/11/2012	1/25/2013	40%	40%	32%	19.9%	9/19/2014	1/5/2015	19%	19%	99%	82.0%	12/30/2015	3/30/2016	47%	47%
Delaware	11%	10/11/2007	11%	18%	8/16/2011	18%	78%	63%	9/14/2012	3/14/2013	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
Florida	11%/10%[1]	7/16/09 & 6/3/09	11%/10%[1]	25%	5/29/2012	25%							48.4%	48.4%	12/22/2014	4/16/2015	15.7%[6]	15.7%[6]						
Georgia	11%	6/15/2009	11%	18%	6/21/2011	18%	78%	63%	11/7/2012	9/6/2013	18%	18%	57%	44%	9/11/2014	3/13/2015	15%	15%	144%	123%	11/13/2015	5/16/2016	12%	12%
Hawaii	11%	1/9/2008	11%	18%	8/24/2011	18%	78%	63%	10/18/2012	5/31/2013	36%	29%	36%	32%	10/1/2014	8/14/2017	22.6%	21.2%						
Idaho	11%	10/25/2007	11%	18%	8/3/2011	18%	78%	63%	11/9/2012	10/25/2013	40%	25%	32%	36%	10/7/2014	1/30/2015	15%	15%	106%	111%	12/7/2015	5/9/2016	15%	15%
Illinois	11%	10/25/2007	11%	18%	3/29/2011	18%	78%	63%	9/19/2012	12/24/2013	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
Indiana	11%	Disapproved		18%	Disapproved		133%[2]	113%[2]	12/27/2012	7/17/2014	20%	17%	100%	88%	11/4/2014				261%	239%	1/26/2016	6/30/2016	20%	20%
Indiana (Partnership)	11%	Disapproved		18%	Disapproved		133%[2]	113%[2]	3/4/2013	9/4/2014	14%	19%	63.7%	63.7%	5/1/2015				261%	239%	1/7/2016	7/1/2016	20%	20%
Iowa	11%	4/25/2008	11%	18%	3/11/2011	18%	78%	63%	10/10/2012	11/14/2013	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
Kansas	11%	12/5/2007	11%	15%	10/11/2011	15%	81%[2]	66%[2]	10/26/2012	10/13/2014	38%	38%												
Kentucky	11%	1/23/2008	11%	18%	6/15/2011	18%	78%	63%	9/21/2012	5/29/2013	20.1%[6]	20.1%[6]	54%	42%	10/23/2014				176%	152%	3/31/2016	10/4/2016	35%	25%
Louisiana	11%	11/6/2007	11%	18%	3/18/2011	18%	78%	63%	10/26/2012	5/27/2014	20%	20%	54%	42%	9/25/2014	2/12/2016	20%	20%						
Maine	11%	9/18/2007	11%	18%	8/18/2011	18%	26%[5]	17%[5]	12/14/2012	5/2/2013	26%	17%												
Maryland	11%	10/20/2008	11%	15%	4/4/2011	15%	81%[2]	66%[2]	11/16/2012	11/14/2013	15%	15%	15%	15%	11/17/2014	2/12/2015	15%	15%	15%	15%	12/21/2015	4/12/2016	15%	15%
Massachusetts	11%	Closed		18%	11/29/2012	10%	111%[2]	94%[2]	12/21/2012	Disapproved														
Michigan	11%	10/1/2007	11%	18%	11/29/2010	18%	78%	63%	8/31/2012	10/15/2012	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
Minnesota	11%	Closed		29%[3]	9/8/2011	29%[3]	78%	63%	12/23/2012	10/31/2014	15%	15%							192%	168%	4/4/2016	9/15/2016	67%	60%
Mississippi	11%	3/20/2008	11%	18%	12/28/2010	18%	78%	63%	10/8/2012	2/12/2013	25%	25%	25%	25%	9/19/2014	10/19/2014	25%	25%	25%	25%	10/21/2015	2/8/2016	25%	25%
Missouri	11%	10/30/2007	11%	18%	1/26/2011	18%	78%	63%	10/9/2012	5/7/2013	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
Montana	11%	4/4/2008	11%	18%	1/7/2011	18%	78%	63%	9/17/2012	7/16/2013	25%	20%	48%	42%	10/2/2014	4/8/2015	19.3%	8.8%	122%	132%	12/31/2015	1/23/2017	12.5%	12.5%
Nebraska	11%	10/31/2007	11%	18%	7/22/2011	18%	78%	63%	8/31/2012	12/9/2013	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
Nevada	11%	Closed		18%	3/20/2012	18%	97%[2]	80%[2]	12/21/2012	8/14/2013	97%	80%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
New Hampshire	11%	11/2/2007	11%	18%	2/25/2011	18%	78%	63%	11/11/2012	Disapproved														
New Jersey	11%	10/30/2007	11%	18%	4/12/2011[4]	18%[4]				1/16/2013[4]	78%[4]	63%[4]	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
New Mexico	11%	9/17/2007	11%	15%	Disapproved		96%[2]	81%[2]	11/20/2012	5/16/2014	15%	15%	77%	64%	9/29/2014	7/26/2015	15%	15%						
New York	11%	Disapproved		15%			109%[2]	93%[2]	12/27/2012	8/13/2013	10%	10%	53.8%	53.8%	10/22/2014	4/28/2015	53.8%[7]	53.8%[7]	98.5%[8]	98.5%[8]	12/26/2016	5/30/2018	52.1%	52.1%
North Carolina	11%	1/24/2008	11%	18%	3/16/2011	18%	78%	63%	12/14/2012	9/12/2013	47.5%	24.4%												
North Dakota	11%	10/9/2007	11%	18%	3/9/2012	12%	87%[2]	71%[2]	12/19/2012	4/5/2013	20%	20%	62%	48%	10/1/2014	11/19/2014	15%	15%	153%	131%	12/30/2015	1/12/2016	15%	15%
Ohio	11%	10/17/2007	11%	18%	4/26/2011	18%	78%	63%	11/16/2012	12/19/2013	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
Oklahoma	11%	7/16/2008	11%	18%	9/16/2011	18%	78%	63%	9/17/2012	6/26/2013	25%	25%	48%	36%	9/30/2014	3/13/2015	25%	25%	112%	94%	12/16/2015	4/1/2016	10%	10%
Oregon	11%	9/20/2007	11%	18%	4/12/2012	18%	78%	63%	12/3/2012	12/13/2013	15%	15%	61%	48%	10/2/2014	3/25/2015	25%	25%	130%	111%	12/10/2015	4/26/2016	42%	42%
Pennsylvania - Loss Ratio	11%	7/1/2008	11%	18%	5/27/2011	18%	20%[5]	20%[5]	12/10/2012	3/8/2013	20%	20%	20%	20%	9/23/2014	12/29/2014	20%	20%	130%	111%	12/29/2015	4/26/2016	30%	15%
Pennsylvania - Rate Stability	11%	7/1/2008	11%	18%	5/27/2011	18%	20%[5]	20%[5]	12/10/2012	3/8/2013	20%	20%	20%	20%	9/23/2014	12/29/2014	20%	20%	130%	111%	12/29/2015	4/26/2016	30%	15%
Rhode Island	11%	12/27/2007	11%	18%	9/15/2011	18%	78%	63%	12/10/2012	10/14/2014	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
South Carolina	11%	1/3/2008	11%	18%	4/20/2011	18%	78%	63%	10/24/2012	4/16/2013	20%	20%	54%	42%	9/12/2014	12/11/2014	20%	20%	130%	111%	11/13/2015	3/7/2016	20%	20%
South Dakota	11%	10/22/2007	11%	18%	2/2/2011	18%	78%	63%	11/2/2012	12/21/2012	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
Tennessee	11%	10/8/2007	11%	18%	8/29/2011	18%	78%	63%	11/19/2012	5/29/2013	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
Texas	11%	8/5/2008	11%	18%	6/10/2011	18%	78%	63%	5/1/2013	7/18/2013	55%	47%							114%	106%	12/9/2015	9/30/2016	70%	56%
Utah	11%	12/18/2008	11%	18%	3/6/2011	18%	78%	63%	12/19/2012	6/26/2013	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
Vermont	11%	11/26/2008	11%	18%			110%[2]	92%[2]	12/18/2012	Disapproved			125%	107%	5/12/2015	Disapproved								
Virginia	11%	4/25/2008	11%	18%	1/18/2012	18%	78%	63%	10/31/2012	7/11/2013	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
Washington	11%	6/24/2008	11%	18%	2/3/2011	18%	78%	63%	10/26/2012	4/12/2013	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
Washington, DC	10%	12/31/2007	10%	15%	9/27/2011	15%	84%[2]	68%[2]	12/24/2012	5/29/2013	10%	10%	10%[5]	10%[5]	10/9/2014	12/3/2014	10%	10%	10%	10%	10/30/2015	12/18/2015	10%	10%
West Virginia	11%	11/21/2007	11%	18%	3/1/2011	18%	78%	63%	10/12/2012	11/6/2013	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
Wisconsin	11%	10/31/2007	11%	18%	4/27/2011	18%	78%	63%	12/13/2012	5/2/2013	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					
Wyoming	11%	8/24/2007	11%	18%	1/21/2011	18%	78%	63%	10/23/2012	2/4/2013	78%	63%	Approved full amount of 2012 ask; no 2014 filing expected						Approved full amount of 2012 ask; no 2015 filing expected					

[1] FL Comprehensive plans approved for 11%; Nursing Home plans approved for 10%
[2] States with requests higher than 78%/63% approved less than full amount in previous rate actions
[3] MN approved less than requested in 2007 rate action
[4] All policies issued in NJ are group trust policies sold under Alabama group trust. Alabama approval thus applies to all policies issued in NJ
[5] Amounts requested may be limited based on state requirements. Genworth is seeking additional increases in these states, on an actuarial equivalent basis, until the full amount of our nationwide request is achieved.
[6] Graded based on issue age
[7] Weighted average; approved for 60% for issue ages 74 and under; 0% over age 75
[8] Requesting 98.5% for issue ages 74 and under, 0% for issue ages 75 and over
[9] Weighted average; Loss Ratio 10/0%, Rate Stability 20/20%

Additional Exhibit III
Genworth Life Insurance Company
Status of Filings as of July 31, 2020
All Jurisdictions in which these Forms are Active
PCS II Series Policy Forms

	2017 Rate Action						2018 Rate Action						2019 Rate Action						2020 Rate Action						Cumulative I Appr
Jurisdiction	Requested Increase (Lifetime)	Requested Increase (Limited)	Date of Submission	Date Approved or Filed	Amount Approved or Filed (Lifetime)	Amount Approved or Filed (Limited)	Requested Increase (Lifetime)	Requested Increase (Limited)	Date of Submission	Date Approved or Filed	Amount Approved or Filed (Lifetime)	Amount Approved or Filed (Limited)	Requested Increase (Lifetime)	Requested Increase (Limited)	Date of Submission	Date Approved or Filed	Amount Approved or Filed (Lifetime)	Amount Approved or Filed (Limited)	Requested Increase (Lifetime)	Requested Increase (Limited)	Date of Submission	Date Approved or Filed	Amount Approved or Filed (Lifetime)	Amount Approved or Filed (Limited)	Lifetime
Alabama	72%	55%	9/22/2017	10/1/2018	72%	55%													53%	26%	7/27/2020				301%
Alaska	72.0%	55%	11/7/2017	11/28/2017	72.0%	55.0%													53%	26%	6/28/2020				301%
Arizona	72%	55%	12/14/2017	9/25/2018	38%	4%	25%	49%	12/27/2018																223%
Arkansas	110%	73%	8/9/2017	8/30/2017	25%	25%	68%	39%	8/13/2018	9/20/2018	25%	25%	34.5%	11%	8/16/2019	11/22/2019	25%	25%							273%
California (Loss Ratio Non-Partnership)													100%	36%	12/31/2019										206%
California (Loss Ratio Partnership)																									78%
California (Rate Stability Non-Partnership)													70.9%	70.9%	12/31/2019										116%
California (Rate Stability Partnership)							40%	40%	12/28/2018																9%
Colorado	143%	87%	3/20/2018	6/27/2018	96.3%	52.9%																			308%
Connecticut	72%	27.0%	10/10/2017	11/28/2017	30.58%	30.58%																			319%
Delaware	78.3%	58.7%	11/3/2017	4/2/2018	78.3%	58.7%													47.5%	23.0%	5/27/2020				316%
Florida	81.4%	81.4%	7/17/2017	8/1/2018	91%[6]	91%[6]																			207%
Georgia	101%	66%	8/7/2017	9/21/2017	15%	15%	75%	45%	7/24/2018	11/16/2018	18%	18%	48%	23%	7/26/2019	10/23/2019	12%	12%	102%	37.8%	7/31/2020				203%
Hawaii													84%	62%	10/29/2019										118%
Idaho	72%	55%	8/28/2017	11/12/2019	20%	10%																			191%
Illinois	72%	55%	12/28/2017	10/10/2019	72%	55%																			301%
Indiana	178%	132%	12/26/2017	Disapproved																					44%
Indiana (Partnership)	178%	132%	12/27/2017	Disapproved																					37%
Iowa							72%	55%	8/3/2018	5/14/2019	63.9%	39%													282%
Kansas	128%	88%	10/3/2017	12/13/2019	72%	55%																			203%
Kentucky	89%	68%	12/30/2017	10/9/2018	30%	20%																			176%
Louisiana	113%	75%	7/13/2017	2/23/2018	20%	20%	77%	46%	12/4/2018	10/24/2019	20%	20%							126%	54%	5/19/2020				172%
Maine	50.2%	28.2%	12/15/2017	4/25/2018	50.2%	28.2%																			148%
Maryland	107%	70%	8/17/2017	9/26/2018	28.8%	28.8%													145%	66.7%	6/22/2020				150%
Massachusetts													265%	201%	9/30/2019	12/19/2019	40%	40%							54%
Michigan	72%	55%	9/21/2017	12/26/2017	72%	55%													53%	26%	6/2/2020	6/23/2020	53%	26%	514%
Minnesota																									148%
Mississippi	72%	55%	9/18/2017	9/28/2018	25%	25%	38%	24%	12/4/2018	5/15/2019	25%	24%	10%	0%	12/12/2019										300%
Missouri	72%	55%	11/22/2017	3/22/2019	72%	55%																			301%
Montana	82%	72%	9/18/2017	3/27/2018	12.4%	12.4%	62%	53%	10/22/2018	5/21/2019	19.9%	0.0%													196%
Nebraska	72%	55%	12/20/2017	10/19/2018	66.20%	34%																			287%
Nevada	73%	56%	12/4/2017	8/8/2018	83%	66%																			325%
New Hampshire													1642%	1642%	12/23/2019	3/19/2020	25.4%	25.4%							64%
New Jersey	72%	55%	9/22/2017	10/1/2018	72%	55%																			301%
New Mexico							173%	125%	10/5/2018	12/13/2018	15%	15%	137%	96%	10/24/2019	1/22/2020	15%	15%							94%
New York																									157%
North Carolina	108%	103%	12/26/2017	3/22/2019	95.31%	95.31%																			277%
North Dakota	103%	68%	7/24/2017	10/30/2017	72.8%	72.8%													79.9%	22.3%	6/6/2020	7/2/2020	0%	0%	241%
Ohio	15%	15%	10/10/2017	12/5/2017	15%	15%	50%	35%	12/17/2018	6/19/2019	15%	15%													208%
Oklahoma	78%	55%	7/17/2017	9/25/2017	10%	10%	62%	41%	8/31/2018	11/1/2018	10%	10%	47%	28%	8/6/2019	9/5/2019	15%	15%							213%
Oregon	72%	52%	11/8/2017	Disapproved																					167%
Pennsylvania - Loss Ratio	72%	55%	8/21/2017	12/5/2017	20%	20%	43%	29%	8/17/2018	12/27/2018	10%	0.00%	30.3%	29.1%	11/25/2019	6/3/2020	17%	0%							279%
Pennsylvania - Rate Stability	72%	55%	8/21/2017	12/5/2017	20%	20%	43%	29%	8/17/2018	12/27/2018	20%	20.00%	19.4%	7.6%	11/25/2019	6/3/2020	19.4%	7.6%							322%
Rhode Island							72%	55%	6/29/2018	10/2/2019	72%	55%													301%
South Carolina	72%	55%	9/19/2017	11/15/2017	20%	20%	48%	29%	9/28/2018	7/27/2020	25%	15%													240%
South Dakota	72%	55%	10/24/2017	5/1/2018	72%	55%													53%	26%	6/27/2020				301%
Tennessee	117%	68%	10/31/2017	9/20/2018	72.8%	44%																			303%
Texas							114.1%	106.8%	12/31/2018																245%
Utah	72%	55%	12/29/2017	9/11/2018	72%	55%													53%	26%	7/11/2020				301%
Vermont							261%	198%	10/25/2018	12/4/2019	136.7%	136.7%													163%
Virginia	72%	55%	12/29/2017	6/28/2019	72%	55%																			301%
Washington	72%	55%	9/29/2017	8/19/2019	30%	30%							55.1%	55.1%	11/27/2019	Pending									203%
Washington, DC	10%	10%	7/7/2017	8/7/2017	10%	10%	10%	10%	6/1/2018	6/6/2018	10%	10%	10%	10%	9/13/2019	2/5/2020	10%	10%							124%
West Virginia	72%	55%	12/30/2017	3/19/2018	72%	55%													53%	26%	6/15/2020				301%
Wisconsin																									133%
Wyoming	72%	55%	11/3/2017	12/29/2017	72%	55%													53%	26%	7/22/2020				301%

Additional Exhibit III
Genworth Life Insurance Company
Status of Filings as of July 31, 2020
All Jurisdictions in which these Forms are Active
PCS II Series Policy Forms

	Rate Increase ovals	Data as of 12/31/2019				
		In-force Annualized Premium ($MM)				
Jurisdiction	**Limited**	**Lifetime**	**Limited**	**Total**	**% of Total**	**Total Exposed Lives**
Alabama	231%	$10.2	$16.4	$26.6	7.5%	5,832
Alaska	231%	$0.1	$0.2	$0.2	0.1%	59
Arizona	143%	$2.9	$3.1	$6.0	1.7%	1,804
Arkansas	273%	$1.2	$1.2	$2.5	0.7%	758
California (Loss Ratio Non-Partnership)	206%	$13.3	$13.2	$26.6	7.5%	6,992
California (Loss Ratio Partnership)	78%	$4.9	$6.5	$11.3	3.2%	5,031
California (Rate Stability Non-Partnership)	116%	$0.1	$0.3	$0.5	0.1%	238
California (Rate Stability Partnership)	9%	$0.1	$0.2	$0.3	0.1%	225
Colorado	193%	$2.9	$5.0	$7.8	2.2%	2,441
Connecticut	319%	$3.7	$11.7	$15.4	4.3%	2,744
Delaware	239%	$0.4	$0.7	$1.0	0.3%	260
Florida	207%	$7.9	$9.7	$17.5	4.9%	6,567
Georgia	203%	$4.7	$4.3	$9.0	2.5%	2,844
Hawaii	105%	$0.3	$0.9	$1.2	0.3%	449
Idaho	138%	$0.4	$0.5	$0.9	0.3%	326
Illinois	231%	$5.2	$7.6	$12.8	3.6%	4,595
Indiana	40%	$0.5	$0.5	$1.0	0.3%	548
Indiana (Partnership)	43%	$0.6	$3.0	$3.6	1.0%	1,855
Iowa	197%	$1.2	$1.2	$2.3	0.7%	932
Kansas	173%	$1.6	$1.3	$2.9	0.8%	1,341
Kentucky	136%	$2.0	$3.6	$5.6	1.6%	2,060
Louisiana	172%	$1.6	$1.0	$2.6	0.7%	926
Maine	96%	$0.4	$1.0	$1.4	0.4%	522
Maryland	150%	$8.0	$8.6	$16.6	4.7%	5,050
Massachusetts	54%	$1.0	$2.8	$3.8	1.1%	2,053
Michigan	317%	$3.6	$8.2	$11.7	3.3%	3,073
Minnesota	137%	$1.8	$2.0	$3.8	1.1%	1,399
Mississippi	297%	$1.0	$1.0	$2.0	0.6%	527
Missouri	231%	$3.2	$4.5	$7.7	2.2%	2,890
Montana	116%	$0.3	$0.5	$0.8	0.2%	299
Nebraska	186%	$2.2	$1.5	$3.7	1.0%	1,280
Nevada	252%	$0.9	$1.3	$2.2	0.6%	646
New Hampshire	64%	$0.4	$0.7	$1.1	0.3%	549
New Jersey	231%	$0.0	$0.0	$0.0	0.0%	-
New Mexico	94%	$0.6	$1.2	$1.8	0.5%	840
New York	157%	$6.6	$13.6	$20.2	5.7%	6,229
North Carolina	218%	$3.9	$5.1	$9.0	2.5%	3,715
North Dakota	241%	$0.2	$0.2	$0.4	0.1%	136
Ohio	182%	$5.1	$9.7	$14.8	4.2%	5,029
Oklahoma	213%	$1.8	$1.1	$2.9	0.8%	899
Oregon	167%	$1.1	$1.8	$2.9	0.8%	798
Pennsylvania - Loss Ratio	160%	$5.6	$8.6	$14.2	4.0%	3,834
Pennsylvania - Rate Stability	236%	$0.0	$0.1	$0.1	0.0%	32
Rhode Island	231%	$0.3	$0.8	$1.1	0.3%	360
South Carolina	212%	$3.4	$3.9	$7.3	2.1%	2,165
South Dakota	231%	$0.7	$0.7	$1.5	0.4%	484
Tennessee	207%	$3.6	$4.3	$7.9	2.2%	2,980
Texas	200%	$7.4	$8.3	$15.7	4.4%	4,295
Utah	231%	$0.2	$0.3	$0.5	0.1%	131
Vermont	163%	$0.2	$0.8	$1.1	0.3%	657
Virginia	231%	$10.1	$16.1	$26.2	7.4%	8,096
Washington	178%	$2.4	$4.5	$6.8	1.9%	2,358
Washington, DC	124%	$0.4	$0.3	$0.7	0.2%	181
West Virginia	231%	$0.6	$1.2	$1.8	0.5%	566
Wisconsin	113%	$1.4	$2.9	$4.3	1.2%	1,773
Wyoming	231%	$0.3	$0.6	$0.9	0.3%	202

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

Additional Exhibits
October 2020

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Additional Exhibit IV: PCS II Policy Forms - Nationwide Experience (VA Form Only)
Historical Claim Count

Calendar Year	Claim Count
1997	1
1998	22
1999	198
2000	603
2001	1,130
2002	1,407
2003	1,731
2004	1,916
2005	2,299
2006	2,460
2007	2,714
2008	3,022
2009	3,383
2010	3,588
2011	4,005
2012	4,258
2013	4,358
2014	4,523
2015	4,654
2016	4,984
2017	5,018
2018	5,037
2019	5,160
Total	66,471

Genworth Life Insurance Company
Address: 6620 West Broad Street, Richmond, VA 23230
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Additional Exhibits
October 2020

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Additional Exhibit V: PCS II Actual to Expected by Calendar Year
Nationwide Experience based on Original Pricing and CFT 2019 Assumptions
With Virginia Approved Rate Increases
Data as of December 31, 2019
All Policies

	Actual Past and Best Estimate Future			Original Pricing Applied to Actual Mix				4.0%
Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	A to E Loss Ratio	Discount Factor
1997	896,057	964	0.1%	878,149	41,599	4.7%	2.3%	2.4169
1998	18,405,905	329,632	1.8%	16,834,933	760,824	4.5%	39.6%	2.3239
1999	108,463,380	9,557,244	8.8%	103,426,329	5,377,159	5.2%	169.5%	2.2345
2000	244,085,773	30,103,198	12.3%	234,784,707	15,343,868	6.5%	188.7%	2.1486
2001	380,819,851	58,887,094	15.5%	363,558,702	28,288,992	7.8%	198.7%	2.0659
2002	408,261,709	77,937,495	19.1%	380,642,874	40,130,399	10.5%	181.1%	1.9865
2003	406,676,684	104,943,248	25.8%	369,779,859	50,025,801	13.5%	190.7%	1.9101
2004	394,013,050	127,253,779	32.3%	348,519,486	59,837,296	17.2%	188.1%	1.8366
2005	382,297,142	153,485,699	40.1%	326,358,297	68,642,292	21.0%	190.9%	1.7660
2006	370,734,579	178,418,858	48.1%	306,687,474	77,468,791	25.3%	190.5%	1.6980
2007	359,835,443	201,750,072	56.1%	287,872,068	86,071,562	29.9%	187.5%	1.6327
2008	352,852,212	255,895,301	72.5%	270,477,219	94,897,347	35.1%	206.7%	1.5699
2009	354,779,362	283,728,622	80.0%	252,054,752	103,696,462	41.1%	194.4%	1.5096
2010	344,164,014	334,608,237	97.2%	234,950,731	112,996,224	48.1%	202.2%	1.4515
2011	333,850,261	376,815,668	112.9%	218,439,666	121,669,347	55.7%	202.6%	1.3957
2012	338,098,015	427,268,308	126.4%	203,107,350	130,656,758	64.3%	196.4%	1.3420
2013	328,698,252	474,566,540	144.4%	187,267,640	139,015,535	74.2%	194.5%	1.2904
2014	368,523,777	483,400,236	131.2%	172,644,408	147,816,890	85.6%	153.2%	1.2407
2015	400,424,676	548,005,372	136.9%	158,686,604	156,586,641	98.7%	138.7%	1.1930
2016	424,602,297	600,605,969	141.5%	145,813,620	165,697,327	113.6%	124.5%	1.1471
2017	389,762,445	668,516,809	171.5%	132,807,164	173,780,626	130.9%	131.1%	1.1030
2018	356,562,883	708,247,022	198.6%	120,900,957	182,071,533	150.6%	131.9%	1.0606
2019	319,336,897	787,565,243	246.6%	109,687,383	189,994,430	173.2%	142.4%	1.0198
2020	455,221,085	782,653,266	171.9%	99,443,973	197,972,464	199.1%	86.4%	0.9806
2021	424,199,128	762,374,643	179.7%	89,324,202	204,290,875	228.7%	78.6%	0.9429
2022	393,854,180	749,320,456	190.3%	80,158,256	210,505,598	262.6%	72.4%	0.9066
2023	363,958,731	735,295,147	202.0%	71,652,709	215,828,411	301.2%	67.1%	0.8717
2024	334,813,122	717,465,672	214.3%	63,972,059	220,640,214	344.9%	62.1%	0.8382
2025	306,626,699	696,495,191	227.1%	56,554,115	222,996,526	394.3%	57.6%	0.8060
2026	279,780,385	674,193,487	241.0%	49,920,102	224,555,544	449.8%	53.6%	0.7750
2027	254,364,158	652,767,634	256.6%	43,865,237	224,431,843	511.6%	50.2%	0.7452
2028	230,376,411	628,254,819	272.7%	38,473,348	223,218,336	580.2%	47.0%	0.7165
2029	207,929,672	599,507,420	288.3%	33,389,127	219,211,212	656.5%	43.9%	0.6889
2030	187,016,645	580,581,049	310.4%	28,912,506	214,381,686	741.5%	41.9%	0.6624
2031	167,519,463	568,925,307	339.6%	24,904,829	208,123,462	835.7%	40.6%	0.6370
2032	149,326,413	552,194,591	369.8%	21,397,414	200,958,875	939.2%	39.4%	0.6125
2033	132,386,325	530,471,666	400.7%	18,176,322	191,270,889	1052.3%	38.1%	0.5889
2034	116,713,226	504,290,751	432.1%	15,394,773	180,888,049	1175.0%	36.8%	0.5663
2035	102,291,048	473,601,221	463.0%	12,961,206	169,420,303	1307.1%	35.4%	0.5445
2036	89,078,803	439,238,816	493.1%	10,876,952	157,498,285	1448.0%	34.1%	0.5235
2037	77,035,310	402,475,650	522.5%	9,018,616	144,071,459	1597.5%	32.7%	0.5034
2038	66,122,201	365,562,155	552.9%	7,451,633	130,737,839	1754.5%	31.5%	0.4840
2039	56,329,068	329,879,466	585.6%	6,117,191	117,341,961	1918.2%	30.5%	0.4654
2040	47,617,451	294,689,969	618.9%	5,003,593	104,440,060	2087.3%	29.6%	0.4475
2041	39,935,210	259,865,196	650.7%	4,042,511	91,465,004	2262.6%	28.8%	0.4303
2042	33,214,420	225,676,332	679.5%	3,254,304	79,579,312	2445.4%	27.8%	0.4138
2043	27,393,317	193,030,093	704.7%	2,602,987	68,651,896	2637.4%	26.7%	0.3978
2044	22,403,408	162,899,190	727.1%	2,074,986	58,928,504	2839.9%	25.6%	0.3825
2045	18,169,804	135,610,597	746.4%	1,634,365	49,920,294	3054.4%	24.4%	0.3678
2046	14,616,287	111,675,817	764.1%	1,283,470	42,094,831	3279.8%	23.3%	0.3537
2047	11,663,597	91,330,148	783.0%	1,002,253	35,235,828	3515.7%	22.3%	0.3401
2048	9,234,819	74,486,648	806.6%	780,826	29,386,519	3763.5%	21.4%	0.3270
2049	7,258,505	60,883,603	838.8%	601,812	24,230,654	4026.3%	20.8%	0.3144
2050	5,667,246	49,854,340	879.7%	463,183	19,907,780	4298.0%	20.5%	0.3023
2051	4,399,286	40,803,684	927.5%	355,146	16,258,750	4578.1%	20.3%	0.2907
2052	3,398,293	33,265,163	978.9%	272,272	13,245,869	4864.9%	20.1%	0.2795
2053	2,613,878	26,952,369	1031.1%	207,024	10,683,578	5160.6%	20.0%	0.2688
2054	2,002,769	21,683,916	1082.7%	157,637	8,616,993	5466.4%	19.8%	0.2584
2055	1,529,664	17,328,220	1132.8%	119,946	6,941,564	5787.3%	19.6%	0.2485
2056	1,165,687	13,821,050	1185.7%	91,543	5,610,880	6129.3%	19.3%	0.2389
2057	886,450	11,020,327	1243.2%	69,505	4,513,611	6493.9%	19.1%	0.2297
2058	672,371	8,784,969	1306.6%	52,999	3,653,420	6893.4%	19.0%	0.2209
2059	508,061	7,006,940	1379.2%	40,481	2,969,197	7334.7%	18.8%	0.2124
2060	382,527	5,563,513	1454.4%	31,071	2,429,367	7818.7%	18.6%	0.2042
2061	287,259	4,366,232	1520.0%	23,754	1,985,713	8359.5%	18.2%	0.1964
2062	214,744	3,308,958	1540.9%	18,248	1,632,665	8947.1%	17.2%	0.1888
2063	159,767	2,436,447	1525.0%	14,043	1,345,776	9583.4%	15.9%	0.1816
2064	118,245	1,769,069	1496.1%	10,856	1,114,353	10265.3%	14.6%	0.1746
2065	87,101	1,272,777	1461.3%	8,354	920,853	11022.8%	13.3%	0.1679
2066	63,446	904,573	1425.7%	6,455	769,047	11913.2%	12.0%	0.1614
2067	46,048	644,873	1400.4%	4,992	648,612	12992.0%	10.8%	0.1552
2068	33,627	460,137	1368.3%	3,874	552,714	14268.7%	9.6%	0.1492
2069	24,663	326,273	1322.9%	2,987	471,310	15778.8%	8.4%	0.1435
2070	18,142	229,267	1263.7%	2,307	403,674	17494.5%	7.2%	0.1380
2071	12,884	159,640	1239.1%	1,779	344,050	19343.4%	6.4%	0.1327
2072	9,100	110,929	1219.0%	1,371	290,775	21216.1%	5.7%	0.1276
2073	6,528	77,022	1179.9%	1,045	241,578	23114.8%	5.1%	0.1227
2074	4,678	53,350	1140.5%	795	198,595	24988.2%	4.6%	0.1179
2075	3,381	36,546	1081.0%	600	160,828	26795.6%	4.0%	0.1134
2076	2,465	24,901	1010.0%	451	128,886	28577.4%	3.5%	0.1090
2077	1,831	17,025	930.0%	334	101,628	30438.9%	3.1%	0.1049
2078	1,363	11,331	831.5%	245	79,578	32422.7%	2.6%	0.1008
2079	695	7,241	1041.3%	178	61,710	34583.5%	3.0%	0.0969
Accumulated and Present Values as of 12/31/2019:								
Past	11,290,761,416	8,962,522,439	79.4%	8,120,171,818	2,916,666,702	35.9%	221.0%	
Future	3,527,960,121	9,252,277,306	262.3%	638,824,297	3,019,328,436	472.6%	55.5%	
Lifetime	14,818,721,537	18,214,799,745	122.9%	8,758,996,115	5,935,995,138	67.8%	181.4%	

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

Additional Exhibits
October 2020

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Additional Exhibit VI: PCS II Policy Forms - Nationwide Experience
Actual to Expected Lapses by Duration
Best Estimate Assumptions

Duration	Exposure	Actual Counts	Actual Rate	Expected Counts	Expected Rate	A/E
1	290,123	21,787	7.5%	22,077	7.6%	98.7%
2	271,210	9,955	3.7%	10,066	3.7%	98.9%
3	260,126	6,395	2.5%	6,450	2.5%	99.2%
4	251,871	4,211	1.7%	4,293	1.7%	98.1%
5	244,696	3,165	1.3%	3,203	1.3%	98.8%
6	237,993	2,688	1.1%	2,667	1.1%	100.8%
7	231,196	2,572	1.1%	2,489	1.1%	103.3%
8	223,950	2,978	1.3%	2,772	1.2%	107.4%
9	215,567	2,965	1.4%	2,793	1.3%	106.1%
10	205,266	2,433	1.2%	2,410	1.2%	100.9%
11	189,224	1,768	0.9%	1,560	0.8%	113.3%
12	169,586	1,253	0.7%	1,320	0.8%	94.9%
13	153,469	1,140	0.7%	1,129	0.7%	100.9%
14	139,545	933	0.7%	975	0.7%	95.7%
15	127,651	823	0.6%	890	0.7%	92.4%
16	112,385	718	0.6%	817	0.7%	87.9%
17	97,019	702	0.7%	720	0.7%	97.5%
18	52,116	371	0.7%	408	0.8%	90.9%
19	19,606	123	0.6%	164	0.8%	75.1%
20+	1,936	18	0.9%	18	0.9%	101.5%
Total	3,494,536	66,998	1.9%	67,222	1.9%	99.7%

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

Additional Exhibits
October 2020

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Additional Exhibit VII: PCS II Policy Forms - Nationwide Experience
Actual to Expected Mortality by Duration
Best Estimate Assumptions

Duration	Exposure	Actual Counts	Actual Rate	Expected Counts	Expected Rate	A/E
1	290,165	916	0.3%	845	0.3%	108.4%
2	271,231	1,232	0.5%	1,306	0.5%	94.4%
3	260,142	1,428	0.5%	1,556	0.6%	91.8%
4	251,895	1,684	0.7%	1,742	0.7%	96.7%
5	244,727	1,810	0.7%	1,902	0.8%	95.2%
6	238,031	2,062	0.9%	2,048	0.9%	100.7%
7	231,245	2,328	1.0%	2,179	0.9%	106.8%
8	224,085	2,363	1.1%	2,295	1.0%	103.0%
9	216,225	2,469	1.1%	2,401	1.1%	102.8%
10	207,842	2,542	1.2%	2,488	1.2%	102.2%
11	199,596	2,670	1.3%	2,569	1.3%	103.9%
12	191,388	2,673	1.4%	2,606	1.4%	102.6%
13	183,213	2,778	1.5%	2,621	1.4%	106.0%
14	175,125	2,726	1.6%	2,627	1.5%	103.8%
15	166,675	2,730	1.6%	2,636	1.6%	103.6%
16	153,076	2,592	1.7%	2,564	1.7%	101.1%
17	128,477	2,290	1.8%	2,328	1.8%	98.4%
18	71,578	1,350	1.9%	1,526	2.1%	88.5%
19	26,570	605	2.3%	670	2.5%	90.3%
20+	3,759	95	2.5%	115	3.1%	82.9%
Total	3,735,045	39,343	1.1%	39,022	1.0%	100.8%

Genworth Life Insurance Company
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Company NAIC No: 70025

Additional Exhibits
October 2020

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Additional Exhibit VIII: PCS II Policy Forms - Nationwide Experience
Actual to Expected Incidence by Duration
Best Estimate Assumptions

Duration	Exposure	Actual Counts	Actual Rate	Expected Counts	Expected Rate	A/E
1	290,165	900	0.3%	890	0.3%	101.1%
2	271,231	1,218	0.4%	1,220	0.4%	99.9%
3	260,142	1,555	0.6%	1,525	0.6%	101.9%
4	251,894	1,858	0.7%	1,834	0.7%	101.3%
5	244,724	2,146	0.9%	2,150	0.9%	99.8%
6	238,029	2,381	1.0%	2,474	1.0%	96.2%
7	231,244	2,880	1.2%	2,798	1.2%	102.9%
8	224,083	2,931	1.3%	3,114	1.4%	94.1%
9	216,224	3,259	1.5%	3,428	1.6%	95.1%
10	207,838	3,680	1.8%	3,708	1.8%	99.2%
11	199,592	4,186	2.1%	3,974	2.0%	105.3%
12	191,384	4,502	2.4%	4,219	2.2%	106.7%
13	183,210	4,632	2.5%	4,449	2.4%	104.1%
14	175,120	4,604	2.6%	4,664	2.7%	98.7%
15	166,670	4,756	2.9%	4,854	2.9%	98.0%
16	153,073	4,874	3.2%	4,818	3.1%	101.2%
17	128,473	4,426	3.4%	4,449	3.5%	99.5%
18	71,576	2,931	4.1%	2,871	4.0%	102.1%
19	26,569	1,199	4.5%	1,242	4.7%	96.6%
20+	3,759	191	5.1%	210	5.6%	91.2%
Total	3,734,998	59,109	1.6%	58,891	1.6%	100.4%

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

Additional Exhibits
October 2020

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Additional Exhibit IX: PCS II Policy Forms - Nationwide Experience
Actual to Expected Claim Termination Rate by Duration
Best Estimate Assumptions

Duration	Exposure	Actual Counts	Actual Rate	Expected Counts	Expected Rate	A/E
1	46,336	22,926	49.5%	24,338	52.5%	94.2%
2	30,811	7,414	24.1%	7,509	24.4%	98.7%
3	21,252	4,958	23.3%	5,012	23.6%	98.9%
4	13,641	3,236	23.7%	3,186	23.4%	101.6%
5	8,122	1,891	23.3%	1,917	23.6%	98.6%
6	4,705	1,074	22.8%	1,123	23.9%	95.6%
7	8,009	1,647	20.6%	1,765	22.0%	93.3%
Total	132,877	43,146	32.5%	44,851	33.8%	96.2%

Genworth Life Insurance Company
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Company NAIC No: 70025

Additional Exhibits
October 2020

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Additional Exhibit X: PCS II Policy Forms - Nationwide Experience
Actual to Expected Lapses by Duration
Original Pricing Assumptions

Duration	Exposure	Actual Counts	Actual Rate	Expected Counts	Expected Rate	A/E
1	291,697	22,043	7.6%	29,170	10.0%	75.6%
2	268,268	10,671	4.0%	16,096	6.0%	66.3%
3	255,865	7,145	2.8%	12,793	5.0%	55.8%
4	246,682	4,636	1.9%	9,867	4.0%	47.0%
5	239,644	3,332	1.4%	8,388	3.5%	39.7%
6	233,630	2,752	1.2%	8,177	3.5%	33.7%
7	227,881	2,675	1.2%	7,976	3.5%	33.5%
8	221,725	3,143	1.4%	7,760	3.5%	40.5%
9	214,936	3,302	1.5%	7,523	3.5%	43.9%
10	207,683	2,857	1.4%	7,269	3.5%	39.3%
11	200,473	2,546	1.3%	7,017	3.5%	36.3%
12	192,968	2,197	1.1%	6,754	3.5%	32.5%
13	185,421	2,064	1.1%	6,490	3.5%	31.8%
14	177,850	1,630	0.9%	6,225	3.5%	26.2%
15	170,857	1,505	0.9%	5,980	3.5%	25.2%
16	163,885	1,348	0.8%	5,736	3.5%	23.5%
17	156,431	1,280	0.8%	5,475	3.5%	23.4%
18	144,186	1,078	0.7%	5,047	3.5%	21.4%
19	122,178	828	0.7%	4,276	3.5%	19.4%
20	70,202	384	0.5%	2,457	3.5%	15.6%
21	27,870	119	0.4%	975	3.5%	12.2%
22	4,268	12	0.3%	149	3.5%	8.0%
23	170	0	0.0%	6	3.5%	0.0%
Total	4,024,771	77,547	1.9%	171,605	4.3%	45.2%

Genworth Life Insurance Company
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Company NAIC No: 70025

Additional Exhibits
October 2020

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Additional Exhibit XI: PCS II Policy Forms - Nationwide Experience
Actual to Expected Mortality by Duration
Original Pricing Assumptions

Duration	Exposure	Actual Counts	Actual Rate	Expected Counts	Expected Rate	A/E
1	284,056	1,089	0.4%	3,619	1.3%	30.1%
2	265,431	1,605	0.6%	3,697	1.4%	43.4%
3	254,275	1,922	0.8%	3,884	1.5%	49.5%
4	246,148	2,232	0.9%	4,120	1.7%	54.2%
5	239,700	2,473	1.0%	4,385	1.8%	56.4%
6	234,155	2,840	1.2%	4,674	2.0%	60.8%
7	228,711	3,325	1.5%	4,969	2.2%	66.9%
8	222,645	3,503	1.6%	5,245	2.4%	66.8%
9	215,867	3,821	1.8%	5,502	2.5%	69.4%
10	208,765	4,111	2.0%	5,735	2.7%	71.7%
11	201,952	4,794	2.4%	5,967	3.0%	80.3%
12	194,677	5,171	2.7%	6,172	3.2%	83.8%
13	187,261	5,481	2.9%	6,340	3.4%	86.5%
14	179,757	5,370	3.0%	6,486	3.6%	82.8%
15	172,799	5,374	3.1%	6,647	3.8%	80.8%
16	165,924	5,347	3.2%	6,794	4.1%	78.7%
17	158,422	5,139	3.2%	6,915	4.4%	74.3%
18	146,123	4,755	3.3%	6,840	4.7%	69.5%
19	123,773	3,821	3.1%	6,267	5.1%	61.0%
20	71,106	2,112	3.0%	4,013	5.6%	52.6%
21	28,231	757	2.7%	1,776	6.3%	42.6%
22	4,288	58	1.4%	296	6.9%	19.6%
23	172	3	1.7%	14	8.2%	21.1%
Total	4,034,239	75,103	1.9%	110,359	2.7%	68.1%

CERTIFICATION OF VARIABILITY
March 2022

RE: 7030END-LSPO VA 0320 – Lifetime Stable Premium Option Endorsement
7030 Schedule Revised LSPO VA

Language that appears in the documents contained in this filing may vary as described herein.

For all documents, information contained in brackets is intended to vary, either in accordance with the following general guidelines, or within the specific parameters stated below for the document containing variable language. NOTE: Where language in the policy form is being replaced the endorsement will contain the new language and the language that is being deleted. The policy is not being reissued.

GENERAL GUIDELINES

We may vary the names and/or titles of officers that appear on any of the documents. We may vary the barcodes, address and telephone numbers, website, and business hours for the company.

Individual information, such as names, ages, numbers, descriptions of coverage, coverage limits, amounts and timeframes, premium amounts, page numbers and dates etc., including bracketed **[ ]** information will be completed with information appropriate to the specific insured (within the parameters contemplated by our rate filing) as described below.

We certify that the ranges bracketed will be as follows:

7030END-LSPO VA 0320 Lifetime Stable Premium Option Endorsement

- Endorsement effective date will be either the policy anniversary date or the monthiversary following the policyholder's election of the Lifetime Stable Premium Option depending on when the election takes place.
- For Compound 1% Benefit Increases, the section within the brackets does not appear if the policyholder previously had No BIO. If a policy had Benefit Increases, either 'Equal' or 'Compound' will print depending on which the policyholder had prior to the election of the Lifetime Stable Premium option.
- Based on the selection of the policyholder either the 'Elimination Period' language or the 'Elimination Period and Coinsurance' language will display on the attached endorsement. The 'Elimination Period' language includes everything in the bracketed section under the Elimination Period header. The 'Elimination Period and Coinsurance' language includes the word Coinsurance in the same header, as well as the bracketed section after the bolded word 'OR'
- If a policyholder elects the coinsurance option and does not already have a 100-day Elimination Period, the following statement appears: "As shown on the accompanying updated Schedule, the Elimination Period is changed to be 100 days for the Long Term Care Facility Benefit."

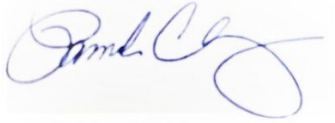
7030 Schedule Revised LSPO VA

- "Elimination Period (For the Long Term Care Facility Benefit)" will be 100 days if the Coinsurance option is elected and 180 days if the Extended Elimination Period option is elected.
- The "Elimination Period (For the Home Care Benefit)" row will appear if the Extended Elimination Period option is elected. The value for the elimination period will be 90.
- Values for the Daily Payment Maximum will reflect the current increased benefit amount based on the amount originally selected. Range 30-99999.
- Value for the Lifetime Maximum Benefit will be 1095 (3 years) x the current Daily Payment Maximum. Range will be 32,850 – 9999999.

- The “Coinsurance applied to Long Term Care Facility & Home Care Benefit expenses up to the Daily Payment Maximum” row will appear if the Coinsurance option is elected. The value for the coinsurance amount will be 90%.
- Inflation Protection section will be changed as follows:
    - AUTOMATIC COMPOUND 1% BENEFIT INCREASES – The Daily Payment Maximum and Lifetime Payment Maximum amounts will each increase on every anniversary of the effective date of the policy. Annual increases will apply to benefits payable for expenses incurred on or after the date of the increase. Beginning on the first anniversary of the policy effective date that occurs after the effective date of the Endorsement changing this Benefit Increases provision to Automatic Compound 1% Benefit Increases, the Daily Payment Maximum and Lifetime Payment Maximum amounts will increase by 1% of the amounts in effect at that time as shown on Your updated Schedule accompanying that Endorsement; and each increase thereafter will be equal to 1% of the Daily Payment Maximum and Lifetime Payment Maximum in effect at the time of each such increase. These increases are not affected by any benefit payments.

We hereby certify the final form issued to the consumer will not contain brackets denoting variable text. The use of variable text will be administered in a uniform and non-discriminatory manner and will not result in unfair discrimination. Only text addressed in this Statement will be allowed to be used on the referenced forms received by consumers.

For Genworth Life Insurance Company



Pamela C. Asbury, Vice President

STATEMENT OF VARIABILITY
April 2022

RE: 165224SPO VA 02/01/22 - Premium Increase Notice Cover Letter
SPO-COTC VA 02/01/22 - Coverage Options to Consider
165226SPO VA 02/01/22 - Coverage Options
165239SPO VA 02/01/22 - Important Information Regarding This Premium Increase

Forms 165224SPO VA, SPO-COTC VA, 165226SPO VA and 165239SPO VA make up the policyholder communication packet for the Lifetime Stable Premium option (LSPO) for the PCS II and Choice I Loss Ratio and Rate Stability product filings.

The Lifetime Stable Premium option is available for PCS II policy form 7030L and Choice 1 policy form 7035J. Forms 165224 VA, 165224CRB VA, 165226 VA and 165239 VA make up the policyholder communication packet for policyholders that have PCS II and Choice 1 policy forms other than 7030L and 7035J. These forms were filed and approved in the PCS I filing, SERFF# GEFA-132466767.

Forms 165224NQ VA and 165239 VA make up the policyholder communication packet for policyholders on waiver. These forms were filed and approved in the PCS I filing, SERFF# GEFA-132466767.

Language that appears in the documents contained in this filing may vary as described herein.

For all documents, information contained in brackets is intended to vary, either in accordance with the following general guidelines or within the specific parameters stated below for the document containing variable language.

GENERAL GUIDELINES

We may vary the names and/or titles of officers that appear on any of the documents. We may vary the company logo, barcodes, address and telephone numbers, website, financial strength ratings and business hours for the company to accommodate changes.

Individual information, such as names, ages, numbers, descriptions of coverage, coverage limits, amounts and timeframes, premium amounts, page numbers ([n] is the page number and [m] is the total number of pages in the form)and dates etc., including bracketed **[ ]** information will be completed with information applicable to the specific insured within the parameters contemplated by our rate filing.

165224SPO VA 02/01/22 - Premium Increase Notice Cover Letter

- In the box on the upper right side of the page:
  - The number '4', as well as option 4 will appear if a 'Pay nothing more' option is available. A '3' will appear if a 'Pay nothing more' option is not available.
  - The following applicable language will print if an option is available:
    - Pay nothing more by electing the Contingent Benefit Upon Lapse
    - Pay nothing more by electing the Optional Limited Benefit
    - Pay nothing more by exercising your Non-Forfeiture rider
- The date shown beneath 'Premium Increase Notice' is the date the letter is printed. It is GLIC's process to send the rate increase notifications with ample time to be received 75 days prior to the next billing anniversary or increase effective date.
- If there is no longer an agent on the policy the "Agent" section will not print.
- Depending on the rate increase approved, if the Company has plans for future rate increases, policyholders will see the language, 'as well as plans for future increases' in the second paragraph.
- In the 3rd paragraph, if the Company has plans for future rate increases, the second sentence will include 'both the current and already planned future increases' If the Company does not have plans for future increases, this sentence will instead include 'the increase'.

- For class members of the Halcom class action settlement whose settlement election letter has not yet been mailed, the following language will print: '**Also consider that you are currently a class member of a class action settlement. As a class member, you will receive information about any available settlement options. Please read the summary information in the enclosed Important Information Regarding this Premium Increase.'**
- In the postscript, the words '- you will be billed separately' will print if the policyholder is not on Electronic Funds Transfer (EFT).
- The list of enclosures will include the appropriate sample LSPO endorsement (options are 7030END-LSPO VA SAMPLE for PCS II and 7035 END-LSPO VA SAMPLE for Choice 1), as well as an endorsement for the Optional Limited Benefit (form 158271) or the Contingent Benefit Upon Lapse (form 134613VA), if applicable.

SPO-COTC VA 02/01/22 - Coverage Options to Consider

- The following language will print when options other than the Lifetime Stable Premium option are available: 'and we offer [several**<or>**an] alternatives[s] for keeping coverage in place and within budget'. The language will vary as indicated (singular or plural) based on the number of options available to the policyholder on the Coverage Options page (165226SPO VA 02/01/22)
- In section '2. Overview of the Lifetime Stable Premium option':
  - 1. These policies may be issued to individuals or to couples. If the policy was issued to a couple then both insureds are sharing the policy benefits. Individual policyholders will see a 'three' year benefit period & policies with 2 insureds will see a 'six' year benefit period.
- In section '3. Review and Adjust your Long Term Care Coverage';
  - This section will not print if there are no options quoted.
  - In the first paragraph the language will vary based on the number of options (single or plural) available in Section #3 on the Coverage Options page (165226SPO VA);
    - 'choice' or 'choices'
    - 'provides a way' or 'provide ways'
    - 'The option' or 'Each option'
  - The following language will print when available and the policyholder's current benefits meet defined criteria. Those include 5% compound inflation and a combination of Attained Age(AA) and Daily Benefit Amount (DBA) that allows time for the DBA and Lifetime Maximum to grow while reducing premium and retaining the 5% compound inflation benefit:
    - AA ≤ 65 and DBA ≥ $190
    - 65 < AA ≤ 70 and DBA ≥ $210
    - 70 < AA ≤ 75 and DBA ≥ $240
    - 75 < AA ≤ 80 and DBA ≥ $250

    'If you would like a more affordable premium but want your benefits to continue to grow for when you may be ready to claim, you may want to consider Alternative C on the *Coverage Options* page.

    Alternative C reduces your [monthly] maximum and lifetime maximum while maintaining your current 5% compound inflation protection. These increases can double your new [monthly] maximum and new lifetime maximum in about 15 years (claims may affect how quickly the lifetime maximum increases).

    Our Customer Service Team can help you understand how your benefits may increase over time with this option.'
  - The variability for [monthly] maximum includes either daily or monthly.
  - GLIC includes information from an industry study that will be removed or updated to keep current information in our communications. We anticipate receiving an updated study early 2022 and plan to update the results. However, if the study is not updated we may remove the reference. The language currently reads as follows with information from October 2016 study:

'When thinking about how long covered care may last, the publicly available industry study performed by PwC, indicates the average duration of a long term care event is about three years and approximately 75%-80% of long term care events will cost less than $250,000[2].'
  - GLIC includes information about claims experience, this information will be updated annually to reflect more recent experience. We will change the claims age range and 'as of' date as appropriate.
  - The footnote related to the industry study will be removed or updated to reflect the source of information when included in the body of section 3.
- In section '4. Pay nothing more';
  - This section will not print if there are no options available.
  - Only one option will print and if the available option is the Optional Limited Benefit, the words 'less any claims paid' will print.
  - If the Optional Limited Benefit or the Contingent Benefit Upon Lapse is available, the words ', and enclosed endorsement' will print.

165226SPO VA 02/01/22 - Coverage Options

- The variable [company_phone] is the telephone number for customer service, it will print in the same format as the [999 999.9999].
- The median cost of care is shown based on data for the Policyholder's zip code. For each category of possible long-term care services (In Home Care, Assisted Living, and Nursing Home), the median monthly cost for that service will be displayed in this section based on Genworth's most recent cost of care study. The study details can be found at www.genworth.com/costofcare.
- When available, individual policyholders will see the website and 'Register/log-in to view and select coverage choices online'. This functionality is not currently available for joint policies.
- The date shown at the top of the page, under the insured name(s) is the date the letter is printed. It is GLIC's process to send the rate increase notifications in ample time to be received 75 days prior to the next billing anniversary or increase effective date.
- The policyholder's current mode [annually] will be displayed after the premium amount in the section titled 'Premium before increase'. Options are annually, semi-annually, quarterly or monthly.
- In the section titled 'Your options:' The maximum benefit shown will reflect Monthly or Daily, depending on how the policyholder's benefits are calculated. The description of the premium mode [Annual] will be Annual, Semi-annual, Quarterly or Monthly based on the policyholder's current mode and premiums displayed for each alternative will be in the applicable mode.
- In section '1' titled 'Keep current coverage':
  - If the Policyholder is not using automatic bank draft (EFT) to pay their premium the following phrase will print: 'when you receive your next bill'.
  - The date will reflect the Policyholder's billing anniversary date, the effective date of the rate increase.
- In section '2' titled 'Elect Lifetime Stable Premium option', the variable options for Benefit period are 3 years for single insured and 6 years for shared policies.
- In section '3' titled 'Review & Adjust your coverage':
  - The language will vary as indicated (singular or plural) based on the number of alternatives available. If no alternatives quoted, 'If you are interested in other ways to adjust your coverage, you may be able to reduce your benefits and premiums. Please contact a member of our Customer Service Team at [company_phone] to discuss your options.' will print.
  - Options that can appear in each benefit category are as follows:
    - Benefit period: 2, 3, 4, 6, 8, 12 years or Unlimited
    - Inflation protection: None, Simple 5% or Compound 5%
    - Elimination period: 20, 50, or 100 days
- For section '4' titled 'Pay nothing more':
  - If the Policyholder does not qualify for Optional Limited Benefit, Contingent Benefit Upon Lapse or did not purchase a Non-Forfeiture rider then section '4' will not print.

  - If the Policyholder qualifies for Contingent Benefit Upon Lapse or Optional Limited Benefit, the following phrase will print to reference the sample endorsement included with this notice: 'endorsement and'
  - In the box displaying the value of the Paid up policy benefit, the appropriate paid up option will print. Options are Optional Limited Benefit, Contingent Benefit Upon Lapse, or Non-Forfeiture rider.
- In the paragraph beginning with 'You may have other ways to reduce your benefits…', 'endorsement[s]' will be singular to reference the sample Lifetime/Stable Premium Option endorsement or plural if the Policyholder also qualifies for Contingent Benefit Upon Lapse or Optional Limited Benefit.
- In the paragraph beginning with 'You do not need to return this form…':
  - The phrase 'or elect online' will print if available.
  - The date will populate with the Policyholder's billing anniversary date which is the effective date of the rate increase.
- In the signature section the bracketed signature section will print if the policy impacted by the rate increase is a shared policy where there are two policyholders sharing the benefits of one policy.

165239SPO VA 02/01/22 – Important Information Regarding This Premium Increase

- The variable percentages in the 2nd paragraph represent the rate increase GLIC requested and the rate increase approved by Virginia State Corporation Commission. The percentage values for the 2020 PCS II and 2020 Choice I rate filings are as follows:
  - PCS II requested – 53% for unlimited lifetime benefits and 26% for limited benefits
  - PCS II approved – 53% for unlimited lifetime benefits and 26% for limited benefits
  - Choice I (LR) requested – 72.4% for unlimited lifetime benefits and 55% for limited benefits
  - Choice I (LR) approved – 72.4% for unlimited lifetime benefits and 55% for limited benefits
  - Choice I (RS) requested – 72% for unlimited lifetime benefits and 55% for limited benefits
  - Choice I (RS) approved – 72% for unlimited lifetime benefits and 55% for limited benefits
- When available, individual policyholders will see 'In addition, if you are registered on genworth.com, you may select one of the coverage options shown in this letter online'. This functionality is not currently available for joint policies.
- The '**Halcom class member information**' section will print when the product is PCS II and the Special Election Options letter has not yet been mailed.
  - If the policyholder qualifies for either the Contingent Benefit Upon Lapse or the Optional Limited Benefit option, ', except for the [Contingent Benefit Upon Lapse] option,' will print with the applicable option.
- In the **'Policy is Guaranteed Renewable and subject to future premium increases'** section
  - Based on the rate increase approved and the Company's plans for future rate increases either 'possible' will print which means no further increases are planned at this time or 'likely' will print which means additional rate filings will be pursued.
  - If future rate increases are planned to be pursued, policyholders will see the following: 'For policies subject to this rate increase, we began providing advance notice of the rate increase to policyholders in [MM/YYYY]. Please be aware that, at that time, we planned to request at least [999%] in <u>additional</u> rate increases on your policy and policies like yours in the state where your policy was issued. The actual increases we seek may differ. For example, they may be higher or more numerous than the plans described above and any more recently updated plans.
- In the '**Considerations related to adjusting your coverage**' section
  - 'daily' or 'monthly' will print based on the policyholder's benefit type.
  - If a policyholder has a Partnership policy, then the following language will print: 'If you have a Partnership policy, reducing your coverage may result in a loss of Partnership status, a change in your asset protection type and may reduce your overall protection.'
- In the '**Pay nothing more**' section, if the policyholder qualifies for a Non-Forfeiture benefit the language referring them to the '**Select a Limited Benefit with no further premium requirement**' section will

print.

- If the policyholder has a Limited Pay policy, then the following section will print:
  - '**Paid-up feature** Your policy has a limited number of premium payments required to become paid-up. That means if you pay all required premiums as they become due, this policy will be paid-up and no future premiums will be required including rate increases. Careful consideration should be given before selecting an option that stops further payments. Our customer service representatives would be happy to discuss this option with you.'
- If a policyholder has unlimited/Lifetime benefits, the section '**Moving from unlimited lifetime benefits to limited benefits**' will print if a higher rate increase amount is approved for policies with a lifetime benefit versus those with a limited benefit:
  - 'The rate increase percentage for policyholders with an unlimited lifetime benefit is higher because expected aggregate claims are disproportionately greater for these policyholders. You can reduce the premium increase by switching to a limited benefit period.'
- The section '**Select a Limited Benefit with No Further Premium Requirement'** will print if the policyholder qualifies for a Non-Forfeiture benefit. The appropriate language will print based on eligibility of the option:
  - **If Optional Limited Benefit:** If you would like to stop paying premiums on your policy you can choose an optional limited benefit. Your new coverage maximum will be the total premiums you have paid on your policy, minus any benefits paid. Please refer to the enclosed endorsement for additional details regarding this benefit.

    Please note: This Endorsement could significantly reduce the policy benefits. Please review the Optional Limited Benefit Endorsement for more detailed information prior to making this election.
  - **If Contingent Benefit Upon Lapse:** If you would like to stop paying premiums on your policy you can elect the Contingent Benefit Upon Lapse. Your new coverage maximum will be either 30 times your Nursing Facility Daily benefit or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Please refer to the enclosed endorsement for additional details regarding this benefit.

    Please note: This Endorsement could significantly reduce the policy benefits. Please review the Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election.
  - **If Non-Forfeiture Rider:** If you would like to stop paying premiums on your policy you may exercise the Non-forfeiture Rider that you purchased with your policy. Your new coverage maximum will be either 30 times your Daily Payment Maximum or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.

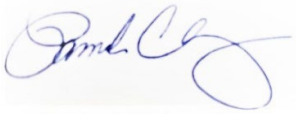
    Please note: This rider could significantly reduce the policy benefits. Please review the Non-Forfeiture Rider in your policy for more detailed information prior to making this election.

- In the "About Genworth Life Insurance Company" section, the language would update to reflect a change in Genworth Life Insurance Company's financial strength rating to include the appropriate definition/description of the revised rating.

We hereby certify the final form issued to the consumer will not contain brackets denoting variable text. The use of variable text will be administered in a uniform and non-discriminatory manner and will not result in unfair discrimination. Only text addressed in this Statement will be allowed to be used on the referenced forms received by consumers.

STATEMENT OF VARIABILITY
April 2022

For Genworth Life Insurance Company



Pamela C. Asbury, Vice President

Genworth

Genworth Life Insurance Company
[company addr 1]
[company addr2]
[company city, st zip]

Important Change – Decision Required

[mailing name1]
[mailing name2]
[address line 1]
[address line 2]
[address line 3]
[address line 4]
[address line 5]

The premium on your long term care insurance policy is increasing.

You have [4] options:

1. Keep your current coverage the same and pay the premium increase
2. Elect the Lifetime Stable Premium option and avoid additional increases for the life of your policy
3. Review and Adjust your coverage to reduce your premiums
4. <if nonforfeiture available>see addendum for OLB, CBUL, NFOR

Dear [Insured_name1][and [insured name2]],

Thank you for choosing Genworth Life Insurance Company for your long term care insurance needs. We value your business and remain committed to providing quality service and being here when you need us the most.

We are writing to let you know that, as a result of higher than expected aggregate policyholder claims costs, **the premium on your current long term care coverage will increase by [999.99%], from [$99,999.99] to [$99,999.99], beginning on your next billing anniversary date, [Mmmm dd, yyyy]**. Please refer to the following pages for more details and other important information about this increase[**<if future increases planned>**, as well as plans for future increases]. Please note that this increase is not specific to you or to any change in your health, age, or claims history.

We appreciate that premium increases can be difficult for our policyholders. **To assist you, we are offering several choices, including the new Lifetime Stable Premium option that allows you to adjust your coverage to mitigate [<if no future increases planned>the increase<else>both the current and already planned future increases] and lock in your new premium rate for the life of your policy.** We have also included other alternatives to consider as you evaluate your coverage needs. These options and your personalized information are outlined on the enclosed pages. There may also be additional options available to reduce your premium.

[<If PCS II and SEL not yet mailed>Also consider that you are currently a class member of a class action settlement. As a class member, you will receive information about any available settlement options. Please read the summary information in the enclosed Important Information Regarding this Premium Notice.]

We encourage you to discuss your options with your financial advisor or a member of our Customer Service Team by calling [999 999.9999] before making a decision. For additional information regarding premium increases, we encourage you to visit [genworth.com/ltcpremiums].

Once again, thank you for being a Genworth Life Insurance Company policyholder.

Sincerely,

[signature name]

[signature title]

Long Term Care Insurance
Premium Increase Notice
[mm/dd/yy]
Genworth Life Insurance Company

Insured:
[Insured_name1]
[Insured_name2]

Policy Number:
[policy_number]

[Agent:]
[servicing agent name]
[servicing agency name]

Customer Service:

[999 999.9999]

[company_hours1]
[company_hours2]

Fax: [company_fax]
[genworth.com/ltcpremiums]

P.S. This premium increase notice is not a bill **[<if not EFT> -** you will be billed separately]. Please take time to read the *Important Information Regarding This Premium* Increase included with this letter.

enclosures: SPO-COTC VA, 165226SPO VA, 165239SPO VA,[**<sample LSPO endorsement>,**][**<nonfor endorsement>,**] Envelope

Underwritten by Genworth Life Insurance Company, Lynchburg, VA

NOTE: gray shading indicates print in blue font

Addendum

For point #4 in top right:

[<if CBUL>Pay nothing more by electing the Contingent Benefit Upon Lapse
<or if OLB>Pay nothing more by electing the Optional Limited Benefit
<or if NFO>Pay nothing more by exercising your Non-Forfeiture rider**]**

Genworth Life Insurance Company
Administrative Office:
[3100 Albert Lankford Drive]
[Lynchburg, VA 24501]

Coverage Options To Consider

Your long term care insurance policy protects you financially should you require care in the future. However, we understand that evolving financial situations combined with increasing premiums may cause you to re-evaluate your coverage. **On the *Coverage Options* page that follows**, we have also introduced a **new Lifetime Stable Premium option to consider[** and we offer [several**<or>**an] alternative[s] for keeping coverage in place and within budget**]**.

Please be aware you may have other ways to reduce your benefits than those shown; contact our Customer Service team for additional quotes by calling [999 999.9999].

1. Keep your current coverage and pay the premium increase

The *Coverage Options* page shows your current benefits and new premium. If you are comfortable with your current coverage, take no action except to pay the increased premium.

2. Overview of the Lifetime Stable Premium option

With this option, you adjust your benefits and receive a new premium along with a **guarantee you will not have another premium rate increase for the life of your policy**.

Along with the rate guarantee, this option provides:

1. **A [three]-year benefit period** (The benefit period is the period of time used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time.)
2. **Retention of your increased maximum daily/monthly benefit**
3. **1% annual compound benefit inflation going forward**
4. **Your choice of:**
   a. An extended Elimination Period (EP) of 180 days for facility care and 90 days for home care. (The EP is the number of days of covered care that you must pay for before your coverage begins to pay benefits.)
   Or
   b. A combination of 10% coinsurance (you pay 10% of covered expenses) and a 100-day facility EP.

   Both versions of this option continue to offer a home care benefit

The premium for the Lifetime Stable Premium option is shown on the *Coverage Options* page. You may read the sample policy endorsement and important information included in this package for more detail.

Continued on next page

3. Review and Adjust your Long Term Care Coverage

The additional choice[s] shown under "Review & Adjust your coverage" on the following *Coverage Options* page provide[s] [ways**<or>**a way] for you to tune-up your coverage and keep the benefits most important to you, scale back on benefits that no longer seem as essential, and help keep your premiums within your budget. [Each **<or>**The] option presented has a pre-defined set of benefits that, while less than what you currently have, is designed to offer meaningful coverage that aligns your long term care insurance with your financial needs.

[<If applicable>If you would like a more affordable premium but want your benefits to continue to grow for when you may be ready to claim, you may want to consider Alternative C on the *Coverage Options* page.

Alternative C reduces your [monthly] maximum and lifetime maximum while maintaining your current 5% compound inflation protection. These increases can double your new [monthly] maximum and new lifetime maximum in about 15 years (claims may affect how quickly the lifetime maximum increases).

Our Customer Service Team can help you understand how your benefits may increase over time with this option.**]**

As you think about your options, it may be helpful to consider the cost of long term care services. You can find median[1] cost of care information for your area on the *Coverage Options* page. Additional information you can use to estimate future cost of care is available on [genworth.com/costofcare].

[When thinking about how long covered care may last, the publicly available industry study performed by PwC, indicates the average duration of a long term care event is about three years and approximately 75%-80% of long term care events will cost less than $250,000[2].]

In addition, while a long term care event can begin at any time, Genworth data has shown that many long term care claims begin between ages [80 and 89]. This information is based on many policies and types of long term care policies and is current as of [12/31/19].

Important: The enclosed cost of care, long term care event, and claims-related figures (and similar information on [genworth.com]) are medians, averages and approximations. Similarly, future cost of care information available on [genworth.com] is based on estimates and hypothetical assumptions. Keep in mind, your actual experience may be different. Consider various scenarios and your own circumstances when determining what coverage options are best for you.

[1] The median is the middle value (50% of the costs are above the median, and 50% of the costs are below the median).

[[2] *The formal cost of long-term care services: How can society meet a growing need?* The referenced study, initially made available in October 2016, is based on data for the time period 2000-2015 and reports figures in 2016 dollars.]

4. Pay nothing more

If you do not want to pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid [**<if OLB>** less any claims paid]. Please refer to the ***Coverage Options*** page, **<if not OLB or CBUL>**[and] ***Important Information Regarding This Premium Increase*****<if OLB or CBUL>**[, and enclosed endorsement] for additional details.

We encourage you to carefully read the enclosed materials before making a decision.

NOTE: gray shading indicates print in blue font

Genworth

Coverage Options

< if quote web available >
genworth.com

Register / log-in to view and select coverage choices online

Genworth Life Insurance Company
[company address 1]
[company city state zip]

Customer service:
[**company_phone**]
[company hours2]
[company hours1]
Fax: [**company fax**]

The median monthly cost of care provided in your area:
In Home Care [$99,999.99] (Based on 44 hours/week)
Assisted Living [$99,999.99]
Nursing Home [$99,999.99]
Genworth [20yy] Cost of Care Study

Policyholder[s]: [insured name1] [insured name2]
Date: [mm/dd/yy]
Policy number: [policy number]
Premium before increase: [$99,999.99] [annually]

Your options:	1. Keep current coverage	2. Elect Lifetime Stable Premium option		3. Review & Adjust your coverage	
.	See Addendum for Box#1 on text placed here.	See Addendum for Box #2 for text placed here.		See Addendum for Box #3 for text placed here.	
		Lifetime Stable Premium A	**Lifetime Stable Premium B**	**Alternative C**	**Alternative D**
[Monthly] maximum benefit	[$5,400.00]	[$5,400.00]	[$5,400.00]	[$5,400.00]	**[$4,050.00]**
[Benefit period]	[4 years]	**[3 years]**	**[3 years]**	**[3 years]**	**[3 Years]**
Remaining lifetime benefit	[$999,999.99]	**[$999,999.99]**	**[$999,999.99]**	**[$999,999.99]**	**[$999,999.99]**
[Inflation protection]	[Simple 5%]	**Compound 1%**	**Compound 1%**	[Simple 5%]	[Simple 5%]
[Elimination period (days before benefits begin)]	[100 days Facility/ 0 days Home Care]	**180 days Facility/ 90 days Home Care**	100 days Facility/ 0 days Home Care	[100 days Facility/ 0 days Home Care]	[100 days Facility/ 0 days Home Care]
[Coinsurance]	None	None	**10%**	None	None
▶ [Annual] premium [mm/dd/yy]	**[$99,999.99]**	☐ **[$99,999.99]**	☐ **[$99,999.99]**	☐ **[$99,999.99]**	☐ **[$99,999.99]**

4. Pay nothing more	See Addendum for Box#4A fortext placed here.	**[$99.999.99]** Paid up policy benefit ☐ **[Contingent Benefit Upon Lapse]**

You may have other ways to reduce your benefits than those shown above; contact the Customer Service team for additional quotes. More information on your options can be found in the enclosed endorsement[s] and *Important Information Regarding This Premium Increase*. Please read all documents before making a decision. The options shown here are quotes and final values may change.

You do not need to return this form if you are keeping your current coverage. If changing your coverage to one of the options above, please check the blue box to indicate your choice, then sign and return this form by fax or mail in the enclosed envelope [or elect online]by: [**mm/dd/yy**].

****Please see the reverse of this form if you wish to change your coverage****

Coverage Options

 Date: [mm/dd/yy]

Policyholder[s]: [insured name 1]
[insured name 2]
Policy number: [policy number]
Premium before increase: [$999,999.99] [semi-annually]

Genworth recommends that you consult with your trusted advisors before making this selection. By signing, you acknowledge your intent to reduce your benefits available to pay for future care and you represent and agree that (1) we are authorized to process the requested change to your policy, (2) the change will not be effective until reflected in a policy amendment we send to you, (3) the benefits and premiums quoted are subject to confirmation and may change, and (4) you have read and understand the information on this form and the enclosed documents, including the *Important Information Regarding This Premium Increase*.

Policyholder Signature	Date	<if shared> Other Insured Signature	Date
▶ _____	_____	_____	_____

Addendum:

Items highlighted in gray print in blue font

Instruction on Box #1

If you are comfortable with your current level of coverage, pay the increased premium [**<not EFT>** when you receive your next bill]. If we don't hear from you by [mm/dd/yy], this [999.999%] rate increase will take effect.

Instruction on Box #2

If you would like to change your benefits to **guarantee no additional premium rate increases for the life of your policy**, you may select one of the alternatives below. A detailed description of this option can be found in the enclosed sample endorsement.

Instruction on Box #3:

[**<if any choices shown>** If you are comfortable reducing your benefits, the alternative[s] below [is**<or>**are] designed to provide different levels of cost and coverage as you evaluate your current needs.] [**<if no choices shown>** If you are interested in other ways to adjust your coverage, you may be able to reduce your benefits and premiums. Please contact a member of our Customer Service Team at [company_phone] to discuss your options.]

Instruction on Box #4A

If you would like to stop paying premiums on your policy, you can choose the option at right. Please read the detailed description of the option in the enclosed [**<CBUL or OLB >** endorsement and] *Important Information Regarding This Premium Increase*. **IMPORTANT: Selecting this option would greatly reduce the total amount of benefits available to pay for care.**

Genworth Life Insurance Company
Administrative Office:
3100 Albert Lankford Drive
Lynchburg, VA 24501

Important Information Regarding This Premium Increase

from **Genworth Life Insurance Company**

About this premium increase

It is important to note that this premium increase was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the State Corporation Commission's webpage at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in Virginia. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. These higher claims costs are in part due to policyholders living longer and keeping their policies longer than originally anticipated. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. Our decision to increase premiums was not determined based upon the current economic environment. Please note that we requested a [999.999%] rate increase and the Virginia State Corporation Commission determined that a rate increase of [999.999%] was allowable under Virginia's regulation. For additional information regarding premium increases, please go to [genworth.com/ltcpremiums]. [**<if available and not joint>** In addition, if you are registered on [genworth.com], you may select one of the coverage options shown in this letter online.]

<if PCS II and SEL not yet mailed>Halcom class member information

When considering your options with this rate increase, also consider that you are currently a class member of the Halcom class action settlement. As a class member in Halcom, et al. v. Genworth Life Insurance Company, et al., Case No. 3:21-CV-19-REP, class action settlement, you will receive a letter that will give you one or more options to reduce your policy benefits and reduce or eliminate future premium ("Special Election Options"). These Special Election Options may also provide a damages payment to you. You should receive the Special Election Option letter about six months from the date of this letter.

The Special Election Options are separate from any reduced benefit options available to you in connection with this premium rate increase. The Special Election Options will be based on your policy benefits, premium, and other policy details at the time the Special Election Option letter is mailed.

Therefore, changing your policy now, in connection with this rate increase, may affect available Special Election Options by, for example, reducing available damages payments or removing the availability of certain Special Election Options.

Your long-term care coverage provides you with valuable protection, and you should carefully consider any reductions you make to your existing coverage. Please call Customer Service if you would like to discuss your options at [999 999.9999].

Your specific circumstances will determine whether an option available to you now in connection with this premium rate increase, or a Special Election Option offered later, will best meet your needs.

Additional general information regarding the Special Election Options is available at [www.pcslongtermcareinsurancesettlement.com]. Specific information regarding Special Election Options tailored to your policy situation will be available when your Special Election Option letter is mailed.

Consider that the options currently available to you as part of this rate increase[<if CBUL or OLB>, except for the [Contingent Benefit Upon Lapse] option,] will still be available even after the increase takes effect. Depending on your premium and claims history, your settlement letter may also include Special Election Options with different types of paid-up benefits. Therefore, if you decide to keep your policy as is and pay the increase until you receive your settlement letter and Special Election Options, you will generally still be able to select one of the options in this rate increase letter if you prefer it over the Special Election Options available to you. If you wish to select an available increase option after reviewing your Special Election Options, simply call us at [999 999.9999] to receive any updated benefits and premium and to make your selection.

Policy is Guaranteed Renewable and subject to future premium increases

If you do not elect the Lifetime Stable Premium option, your long term care insurance coverage remains guaranteed renewable, meaning that we cannot cancel or refuse to continue your coverage for any reason. As long as you pay the required premium on time and have not used all your benefits, coverage will continue.

Guaranteed renewable does not mean that premiums are guaranteed to remain the same indefinitely. In accordance with the terms of your policy, we reserve the right to change premiums and it is [likely**<or>**possible] that we will file with the Virginia State Corporation Commission for another premium increase again in the future.

[**<if future rate increases likely/future increases planned>**For policies subject to this rate increase, we began providing advance notice of the rate increase to policyholders in [MM/YYYY]. Please be aware that, at that time, we planned to request at least [999%] in additional rate increases on your policy and policies like yours in the state where your policy was issued. The actual increases we seek may differ. For example, they may be higher or more numerous than the plans described above and any more recently updated plans.] To see more current planned rate increase requests you may register or log on to your account at [genworth.com] and go to the section entitled 'I want to'.

Planned rate increases will take effect only as permitted by the Virginia State Corporation Commission and state law.

Benefits

The benefit values presented in the accompanying letter are approximate due to rounding. Covered benefits payable at the time of a claim will be calculated in accordance with your policy**.** Benefits are payable only when you meet the terms and conditions for receiving benefits under your policy**.**

Considerations related to adjusting your coverage

Maintain Premium Level. You may be able to keep your premium at or about its current level by electing available options that may help minimize the effect of the premium increase, including the following:

- You may choose to reduce your maximum [daily <or> monthly] benefit, or
- You may choose to adjust your benefit period or elimination period.

Value of coverage reduction options. All of the options available to you may not be of equal value. For example, we price the Lifetime Stable Premium option differently than other options so we can offer a guarantee that premiums will not increase for a period of time. This means, coverage under the Lifetime Stable Premium option may cost more than similar coverage under a different reduced benefits option. [**<if Partnership> If you have a Partnership policy, reducing your coverage may result in a loss of Partnership status, a change in your asset protection type and may reduce your overall protection.]**

The option to reduce benefits is available at any time. In the event of a future rate increase, similar options will be available to you. You have the right to a revised rate or premium schedule upon request.

Benefit period. Your benefit period is the period of time that is used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time. If your daily/monthly benefit amount and/or the benefit period are reduced, the maximum benefits payable under your policy will automatically be reduced because the policy maximum is a function of the daily benefit amount and the benefit period.

Benefit amounts. In addition, other benefit amounts may be reduced. Changes to the daily/monthly maximum benefit and/or benefit increase option will change the related original benefit amounts and the amount of any benefit increase option increment. If you elect to drop or reduce your benefit increase option (if applicable), you will keep your increased daily/monthly maximum benefit and your premium will be adjusted accordingly. You may also reduce your daily/monthly maximum benefit and your premium will be further adjusted.

Benefits paid or payable. Any benefits paid or payable are deducted from the reduced policy maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Reducing benefits while you are receiving policy benefits is generally not advisable.

Pay nothing more. If you can't pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid[, please refer to the **Select a Limited Benefit with no further premium requirement** section below for further details].

[**<if limited pay>** **Paid-up feature.**Your policy has a limited number of premium payments required to become paid-up. That means if you pay all required premiums as they become due, this policy will be paid-up and no future premiums will be required including rate increases. Careful consideration should be given before selecting an option that stops further payments. Our customer service representatives would be happy to discuss this option with you.]

<For those with unlimited benefits in states where higher rate increase percentage approved for lifetime vs. limited>

Moving from unlimited lifetime benefits to limited benefits

The rate increase percentage for policyholders with an unlimited lifetime benefit is higher because expected aggregate claims are disproportionately greater for these policyholders. You can reduce the premium increase by switching to a limited benefit period.

Understanding the Lifetime Stable Premium option

The Lifetime Stable Premium option is designed to mitigate the impact of current and planned future increases by changing your benefits, while also guaranteeing that you will not have another premium rate increase for the life of your policy.

By electing the Lifetime Stable Premium option, your Policy changes from guaranteed renewable to non-cancellable, meaning that, subject to the terms of the policy, you will have the right to continue the policy as long as you pay the required premium on time, we cannot change any terms of the policy on our own, and your new premium will never change as the result of a future premium rate increase.

Impact to your benefits. Both versions of this option will provide a one percent (1%) compound benefit increase going forward, and you will retain the daily/monthly benefits increased pursuant to your current benefit increase option (if any) prior to acceptance of this change. As part of the calculation of your new resulting premium, your premium will be adjusted in consideration of this retained benefit. There may be other options available to you to mitigate or offset the current premium increase, however only the Lifetime Stable Premium option includes the additional benefit of guaranteeing no further premium rate increases will be implemented on your policy. Please review all of the documents in this package, in particular the *Coverage Options* page and the sample endorsement, for more details regarding how your benefits and premium will change under the Lifetime Stable Premium option.

Please note: By accepting any change in benefits you may have a lower dollar amount of benefits available for future claims. In accordance with your policy, if you have previously been on claim, benefits that have already been paid under your policy will count toward your new lifetime payment maximum. This will be shown on the updated schedule page that you will receive if you elect this option. Similarly, in accordance with your policy, any days which have already satisfied your Elimination Period will continue to satisfy your new Elimination Period under the Lifetime Stable Premium option.

Choosing the Lifetime Stable Premium option. If you choose this option, you may change your decision in writing within 60 days of our written confirmation of your benefit changes under this option. After the 60 day period, you cannot revert back to the benefits you had prior to electing the Lifetime Stable Premium option. The only benefit change that will be available to you going forward is a reduction to an available Daily Payment Maximum or dropping an applicable rider.

We may discontinue or modify the availability of the Lifetime Stable Premium option offer at any time in the future without notice. If we modify the Lifetime Stable Premium option offer before you request it and before we approve your request, then the available premium, benefits and other aspects of the Lifetime Stable Premium option may differ from those shown to you here.

<if CBUL or OLB, or NFO rider>

Select a Limited Benefit with no further premium requirement

<if OLB> If you would like to stop paying premiums on your policy you can choose an optional limited benefit. Your new coverage maximum will be the total premiums you have paid on your policy, minus any benefits paid. Please refer to the enclosed endorsement for additional details regarding this benefit.

Please note: This Endorsement could significantly reduce the policy benefits. Please review the Optional Limited Benefit Endorsement for more detailed information prior to making this election.

<OR>

<if CBUL> If you would like to stop paying premiums on your policy you can elect the Contingent Benefit Upon Lapse. Your new coverage maximum will be either 30 times your Nursing Facility Daily benefit or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Please refer to the enclosed endorsement for additional details regarding this benefit.

Please note: This Endorsement could significantly reduce the policy benefits. Please review the Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election.

<OR>

<**if NFO Rider on Policy >**

If you would like to stop paying premiums on your policy you may exercise the Non-Forfeiture Rider that you purchased with your policy. Your new coverage maximum will be either 30 times your Daily Payment Maximum or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.

Please note: This rider could significantly reduce the policy benefits. Please review the Non-Forfeiture Rider in your policy for more detailed information prior to making this election.

Waiver of Premium benefit

If you are currently receiving a Waiver of Premium benefit, you will not be required to pay the increased premium until the Waiver of Premium benefit no longer applies, as provided for in your policy. Prior to paying your bill with the increased premium you may want to contact one of our Customer Service Representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

If you are not receiving a Waiver of Premium benefit, you will be required to pay the increased premium, even if you are receiving policy benefits. Prior to paying your bill with the increased premium you may want to call one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

Payments by automatic withdrawal/third-party account/online banking

If you are using automatic withdrawals, a third-party account or online banking to pay your premiums, please be sure to make the proper adjustments and arrangements for paying the new required premium amount.

Time frame to reverse decision

If you opt to reduce your benefits or cancel your coverage, your request to reverse any such decision must be in writing, signed by you, and received by us no more than 60 days after the date of our written confirmation of your reduction/cancellation.

About Genworth Life Insurance Company (Genworth)

Genworth began selling long term care insurance in 1974 and have been the largest provider of long term care policies in the United States. It is important to note that Genworth regularly monitors the business performance of these policies and believes that its reserves are adequate and appropriate at this time. As you review your options, you should know that A.M. Best, a global credit rating agency focused on evaluating the claims paying ability of insurance companies, [currently rates Genworth Life Insurance Company's financial strength as C++, indicating A.M. Best's view that Genworth Life Insurance Company has "marginal ability to meet ongoing insurance obligations."] To obtain information regarding Genworth company financial strength, please visit [genworth.com].

Genworth

Genworth Life Insurance Company
PO Box 40005
Lynchburg, VA 24506

Important Change – Decision Required

JOHN DOE
MARY DOE
123 OAK LANE
MYTOWN, VA 24503

The premium on your long term care insurance policy is increasing.

You have 4 options:

1. Keep your current coverage the same and pay the premium increase
2. Elect the Lifetime Stable Premium option and avoid additional increases for the life of your policy
3. Review and Adjust your coverage to reduce your premiums
4. Pay nothing more by electing the Contingent Benefit Upon Lapse

Dear John Doe and Mary 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 26.00%, from $3,635.35 to $4,580.54, beginning on your next billing anniversary date, August 10, 2022**. Please refer to the following pages for more details and other important information about this increase, as well as plans for future increases. Please note that this increase is not specific to you or to any change in your health, age, or claims history.

We appreciate that premium increases can be difficult for our policyholders. **To assist you, we are offering several choices, including the new Lifetime Stable Premium option that allows you to adjust your coverage to mitigate both the current and already planned future increases and lock in your new premium rate for the life of your policy.** We have also included other alternatives to consider as you evaluate your coverage needs. These options and your personalized information are outlined on the enclosed pages. There may also be additional options available to reduce your premium.

Also consider that you are currently a class member of a class action settlement. As a class member, you will receive information about any available settlement options. Please read the summary information in the enclosed Important Information Regarding this Premium Notice.

We encourage you to discuss your options with your financial advisor or a member of our Customer Service Team by calling 855 706.9541 before making a decision. For additional information regarding premium increases, we encourage you to visit genworth.com/ltcpremiums.

Once again, thank you for being a Genworth Life Insurance Company policyholder.

Sincerely,

Brian K. Haendiges
President and Chief Executive Officer

Long Term Care Insurance
Premium Increase Notice
05/19/22
Genworth Life Insurance Company

Insured:
John Doe
Mary Doe

Policy Number:
XYZ123456789

Agent:
Sam Seller
ABC Agency

Customer Service:

855 706.9541

M-Th: 8:30 – 6PM ET
F: 9 – 6PM ET

Fax: 800 876.8220
genworth.com/ltcpremiums

P.S. This premium increase notice is not a bill - you will be billed separately. Please take time to read the *Important Information Regarding This Premium* Increase included with this letter.

enclosures: SPO-COTC VA, 165226SPO VA, 165239SPO VA, 7030END-LSPO VA SAMPLE, 134613VA, 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 have also introduced a **new Lifetime Stable Premium option to consider** and we offer several alternatives for keeping coverage in place and within budget.

Please be aware you may have other ways to reduce your benefits than those shown; contact our Customer Service team for additional quotes by calling 855 706.9541.

1. Keep your current coverage and pay the premium increase

The *Coverage Options* page shows your current benefits and new premium. If you are comfortable with your current coverage, take no action except to pay the increased premium.

2. Overview of the Lifetime Stable Premium option

With this option, you adjust your benefits and receive a new premium along with a **guarantee you will not have another premium rate increase for the life of your policy**.

Along with the rate guarantee, this option provides:

1. **A six-year benefit period** (The benefit period is the period of time used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time.)
2. **Retention of your increased maximum daily/monthly benefit**
3. **1% annual compound benefit inflation going forward**
4. **Your choice of:**
   a. An extended Elimination Period (EP) of 180 days for facility care and 90 days for home care. (The EP is the number of days of covered care that you must pay for before your coverage begins to pay benefits.)
   Or
   b. A combination of 10% coinsurance (you pay 10% of covered expenses) and a 100-day facility EP.

   Both versions of this option continue to offer a home care benefit

The premium for the Lifetime Stable Premium option is shown on the *Coverage Options* page. You may read the sample policy endorsement and important information included in this package for more detail.

Continued on next page

3. Review and Adjust your Long Term Care Coverage

The additional choice shown under "Review & Adjust your coverage" on the following *Coverage Options* page provide ways for you to tune-up your coverage and keep the benefits most important to you, scale back on benefits that no longer seem as essential, and help keep your premiums within your budget. Each option presented has a pre-defined set of benefits that, while less than what you currently have, is designed to offer meaningful coverage that aligns your long term care insurance with your financial needs.

As you think about your options, it may be helpful to consider the cost of long term care services. You can find median[1] cost of care information for your area on the *Coverage Options* page. Additional information you can use to estimate future cost of care is available on genworth.com/costofcare.

When thinking about how long covered care may last, the publicly available industry study performed by PwC, indicates the average duration of a long term care event is about three years and approximately 75%-80% of long term care events will cost less than $250,000[2].

In addition, while a long term care event can begin at any time, Genworth data has shown that many long term care claims begin between ages 80 and 89. This information is based on many policies and types of long term care policies and is current as of 12/31/19.

Important: The enclosed cost of care, long term care event, and claims-related figures (and similar information on genworth.com) are medians, averages and approximations. Similarly, future cost of care information available on genworth.com is based on estimates and hypothetical assumptions. Keep in mind, your actual experience may be different. Consider various scenarios and your own circumstances when determining what coverage options are best for you.

[1] The median is the middle value (50% of the costs are above the median, and 50% of the costs are below the median).

[2] *The formal cost of long-term care services: How can society meet a growing need?* The referenced study, initially made available in October 2016, is based on data for the time period 2000-2015 and reports figures in 2016 dollars.

4. Pay nothing more

If you do not want to pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid. Please refer to the ***Coverage Options*** page, ***Important Information Regarding This Premium Increase***, and enclosed endorsement for additional details.

We encourage you to carefully read the enclosed materials before making a decision.

Genworth

Coverage Options

Genworth Life Insurance Company
PO Box 40005
Lynchburg, VA 24506

Customer service:
855 706.9541
M-Th: 8:30 – 6PM ET
F: 9 – 6PM ET
Fax: 800 876.8220

The median monthly cost of care provided in your area:
In Home Care $4,576.00 (Based on 44 hours/week)
Assisted Living $5,000.00
Nursing Home $10,646.00
Genworth 2021 Cost of Care Study

Policyholders:	John Doe Mary Doe
Date:	05/19/22
Policy number:	XYZ123456789
Premium before increase:	$3,635.35 semi-annually

Your options:	1. Keep current coverage	2. Elect Lifetime Stable Premium option		3. Review & Adjust your coverage	
.	If you are comfortable with your current level of coverage, pay the increased premium when you receive your next bill. If we don't hear from you by 08/10/22, this 26.000% rate increase will take effect.	If you would like to change your benefits to **guarantee no additional premium rate increases for the life of your policy**, you may select one of the alternatives below. A detailed description of this option can be found in the enclosed sample endorsement.		If you are comfortable reducing your benefits, the alternatives below are designed to provide different levels of cost and coverage as you evaluate your current needs.	
		Lifetime Stable Premium A	**Lifetime Stable Premium B**	**Alternative C**	**Alternative D**
Daily maximum benefit	$215.00	**$215.02**	**$215.02**	**$189.20**	**$165.55**
Benefit period	8 years	**6 years**	**6 years**	8 years	8 Years
Remaining lifetime benefit	$619,200.00	**$464,443.20**	**$464,443.20**	**$544,896.00**	**$476,784.00**
Inflation protection	Simple 5%	**Compound 1%**	**Compound 1%**	Simple 5%	Simple 5%
Elimination period (days before benefits begin)	100 days Facility/ 0 days Home Care	**180 days Facility/ 90 days Home Care**	100 days Facility/ 0 days Home Care	100 days Facility/ 0 days Home Care	100 days Facility/ 0 days Home Care
Coinsurance	None	None	**10%**	None	None
▶ Semi-annual premium 08/10/22	**$4,580.54**	☐ **$2,972.71**	☐ **$2,972.71**	☐ **$4,154.33**	☐ **$3,635.04**

4. Pay nothing more	If you would like to stop paying premiums on your policy, you can choose the option at right. Please read the detailed description of the option in the enclosed endorsement and *Important Information Regarding This Premium Increase*. **IMPORTANT: Selecting this option would greatly reduce the total amount of benefits available to pay for care.**	**$74.296.18** Paid up policy benefit ☐ **Contingent Benefit Upon Lapse**

You may have other ways to reduce your benefits than those shown above; contact the Customer Service team for additional quotes. More information on your options can be found in the enclosed endorsements and *Important Information Regarding This Premium Increase*. Please read all documents before making a decision. The options shown here are quotes and final values may change.

You do not need to return this form if you are keeping your current coverage. If changing your coverage to one of the options above, please check the blue box to indicate your choice, then sign and return this form by fax or mail in the enclosed envelope by: **08/10/22**.

****Please see the reverse of this form if you wish to change your coverage****

Coverage Options

 Date: 05/19/22

Policyholders: John Doe
Mary Doe
Policy number: XYZ123456789
Premium before increase: $3,635.35 semi-annually

Genworth recommends that you consult with your trusted advisors before making this selection. By signing, you acknowledge your intent to reduce your benefits available to pay for future care and you represent and agree that (1) we are authorized to process the requested change to your policy, (2) the change will not be effective until reflected in a policy amendment we send to you, (3) the benefits and premiums quoted are subject to confirmation and may change, and (4) you have read and understand the information on this form and the enclosed documents, including the *Important Information Regarding This Premium Increase*.

Policyholder Signature	Date	Other Insured Signature	Date
▶ _____	_____	_____	_____

Genworth Life Insurance Company
Administrative Office:
3100 Albert Lankford Drive
Lynchburg, VA 24501

Important Information Regarding This Premium Increase

from **Genworth Life Insurance Company**

About this premium increase

It is important to note that this premium increase was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the State Corporation Commission's webpage at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in Virginia. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. These higher claims costs are in part due to policyholders living longer and keeping their policies longer than originally anticipated. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. Our decision to increase premiums was not determined based upon the current economic environment. Please note that we requested a 26.000% rate increase and the Virginia State Corporation Commission determined that a rate increase of 26.000% was allowable under Virginia's regulation. For additional information regarding premium increases, please go to genworth.com/ltcpremiums.

Halcom class member information

When considering your options with this rate increase, also consider that you are currently a class member of the Halcom class action settlement. As a class member in Halcom, et al. v. Genworth Life Insurance Company, et al., Case No. 3:21-CV-19-REP, class action settlement, you will receive a letter that will give you one or more options to reduce your policy benefits and reduce or eliminate future premium ("Special Election Options"). These Special Election Options may also provide a damages payment to you. You should receive the Special Election Option letter about six months from the date of this letter.

The Special Election Options are separate from any reduced benefit options available to you in connection with this premium rate increase. The Special Election Options will be based on your policy benefits, premium, and other policy details at the time the Special Election Option letter is mailed.

Therefore, changing your policy now, in connection with this rate increase, may affect available Special Election Options by, for example, reducing available damages payments or removing the availability of certain Special Election Options.

Your long-term care coverage provides you with valuable protection, and you should carefully consider any reductions you make to your existing coverage. Please call Customer Service if you would like to discuss your options at 855 706.9541.

Your specific circumstances will determine whether an option available to you now in connection with this premium rate increase, or a Special Election Option offered later, will best meet your needs.

Additional general information regarding the Special Election Options is available at www.pcslongtermcareinsurancesettlement.com. Specific information regarding Special Election Options tailored to your policy situation will be available when your Special Election Option letter is mailed.

Consider that the options currently available to you as part of this rate increase, 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 855 706.9541 to receive any updated benefits and premium and to make your selection.

Policy is Guaranteed Renewable and subject to future premium increases

If you do not elect the Lifetime Stable Premium option, your long term care insurance coverage remains guaranteed renewable, meaning that we cannot cancel or refuse to continue your coverage for any reason. As long as you pay the required premium on time and have not used all your benefits, coverage will continue.

Guaranteed renewable does not mean that premiums are guaranteed to remain the same indefinitely. In accordance with the terms of your policy, we reserve the right to change premiums and it is likely that we will file with the Virginia State Corporation Commission for another premium increase again in the future.

For policies subject to this rate increase, we began providing advance notice of the rate increase to policyholders in 05/2022. Please be aware that, at that time, we planned to request at least 80% in additional rate increases on your policy and policies like yours in the state where your policy was issued. The actual increases we seek may differ. For example, they may be higher or more numerous than the plans described above and any more recently updated plans. To see more current planned rate increase requests you may register or log on to your account at genworth.com and go to the section entitled 'I want to'.

Planned rate increases will take effect only as permitted by the Virginia State Corporation Commission and state law.

Benefits

The benefit values presented in the accompanying letter are approximate due to rounding. Covered benefits payable at the time of a claim will be calculated in accordance with your policy**.** Benefits are payable only when you meet the terms and conditions for receiving benefits under your policy**.**

Considerations related to adjusting your coverage

Maintain Premium Level. You may be able to keep your premium at or about its current level by electing available options that may help minimize the effect of the premium increase, including the following:

- You may choose to reduce your maximum daily benefit, or
- You may choose to adjust your benefit period or elimination period.

Value of coverage reduction options. All of the options available to you may not be of equal value. For example, we price the Lifetime Stable Premium option differently than other options so we can offer a guarantee that premiums will not increase for a period of time. This means, coverage under the Lifetime Stable Premium option may cost more than similar coverage under a different reduced benefits option.

The option to reduce benefits is available at any time. In the event of a future rate increase, similar options will be available to you. You have the right to a revised rate or premium schedule upon request.

Benefit period. Your benefit period is the period of time that is used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time. If your daily/monthly benefit amount and/or the benefit period are reduced, the maximum benefits payable under your policy will automatically be reduced because the policy maximum is a function of the daily benefit amount and the benefit period.

Benefit amounts. In addition, other benefit amounts may be reduced. Changes to the daily/monthly maximum benefit and/or benefit increase option will change the related original benefit amounts and the amount of any benefit increase option increment. If you elect to drop or reduce your benefit increase option (if applicable), you will keep your increased daily/monthly maximum benefit and your premium will be adjusted accordingly. You may also reduce your daily/monthly maximum benefit and your premium will be further adjusted.

Benefits paid or payable. Any benefits paid or payable are deducted from the reduced policy maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Reducing benefits while you are receiving policy benefits is generally not advisable.

Pay nothing more. If you can't pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid, please refer to the **Select a Limited Benefit with no further premium requirement** section below for further details.

Understanding the Lifetime Stable Premium option

The Lifetime Stable Premium option is designed to mitigate the impact of current and planned future increases by changing your benefits, while also guaranteeing that you will not have another premium rate increase for the life of your policy.

By electing the Lifetime Stable Premium option, your Policy changes from guaranteed renewable to non-cancellable, meaning that, subject to the terms of the policy, you will have the right to continue the policy as long as you pay the required premium on time, we cannot change any terms of the policy on our own, and your new premium will never change as the result of a future premium rate increase.

Impact to your benefits. Both versions of this option will provide a one percent (1%) compound benefit increase going forward, and you will retain the daily/monthly benefits increased pursuant to your current benefit increase option (if any) prior to acceptance of this change. As part of the calculation of your new resulting premium, your premium will be adjusted in consideration of this retained benefit. There may be other options available to you to mitigate or offset the current premium increase, however only the Lifetime Stable Premium option includes the additional benefit of guaranteeing no further premium rate increases will be implemented on your policy. Please review all of the documents in this package, in particular the *Coverage Options* page and the sample endorsement, for more details regarding how your benefits and premium will change under the Lifetime Stable Premium option.

Please note: By accepting any change in benefits you may have a lower dollar amount of benefits available for future claims. In accordance with your policy, if you have previously been on claim, benefits that have already been paid under your policy will count toward your new lifetime payment maximum. This will be shown on the updated schedule page that you will receive if you elect this option. Similarly, in accordance with your policy, any days which have already satisfied your Elimination Period will continue to satisfy your new Elimination Period under the Lifetime Stable Premium option.

Choosing the Lifetime Stable Premium option. If you choose this option, you may change your decision in writing within 60 days of our written confirmation of your benefit changes under this option. After the 60 day period, you cannot revert back to the benefits you had prior to electing the Lifetime Stable Premium option. The only benefit change that will be available to you going forward is a reduction to an available Daily Payment Maximum or dropping an applicable rider.

We may discontinue or modify the availability of the Lifetime Stable Premium option offer at any time in the future without notice. If we modify the Lifetime Stable Premium option offer before you request it and before we approve your request, then the available premium, benefits and other aspects of the Lifetime Stable Premium option may differ from those shown to you here.

Select a Limited Benefit with no further premium requirement

If you would like to stop paying premiums on your policy you can elect the Contingent Benefit Upon Lapse. Your new coverage maximum will be either 30 times your Nursing Facility Daily benefit or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Please refer to the enclosed endorsement for additional details regarding this benefit.

> **Please note:** This Endorsement could significantly reduce the policy benefits. Please review the Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election.

Waiver of Premium benefit

If you are currently receiving a Waiver of Premium benefit, you will not be required to pay the increased premium until the Waiver of Premium benefit no longer applies, as provided for in your policy. Prior to paying your bill with the increased premium you may want to contact one of our Customer Service Representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

If you are not receiving a Waiver of Premium benefit, you will be required to pay the increased premium, even if you are receiving policy benefits. Prior to paying your bill with the increased premium you may want to call one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

Payments by automatic withdrawal/third-party account/online banking

If you are using automatic withdrawals, a third-party account or online banking to pay your premiums, please be sure to make the proper adjustments and arrangements for paying the new required premium amount.

Time frame to reverse decision

If you opt to reduce your benefits or cancel your coverage, your request to reverse any such decision must be in writing, signed by you, and received by us no more than 60 days after the date of our written confirmation of your reduction/cancellation.

About Genworth Life Insurance Company (Genworth)

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GENWORTH LIFE INSURANCE COMPANY

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

Insured/Policyholder: **Policy Number:**

This sample Lifetime Stable Premium Option Endorsement shows the potential policy language changes for both the extended elimination period option and the coinsurance option.

LIFETIME STABLE PREMIUM OPTION ENDORSEMENT

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

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

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

Impact to the Premium

- The "Renewability" and "Our Limited Right to Change Premiums" sections of the policy are deleted in their entirety and replaced with the following:

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

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

Lifetime Payment Maximum

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

Compound 1% Benefit Increases

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

- The attached updated policy Schedule reflects this change to the Inflation Protection provision.

SAMPLE

<u>*The following section varies depending on which version of the Lifetime Stable Premium option you elect*</u>

If you choose the extended Elimination Period option, the following section would apply:

<u>Elimination Period</u>

- As shown on the accompanying updated Schedule, the Elimination Period is changed to 180 days for the Long Term Care Facility Benefit, and a 90-day Elimination Period is required for the Home Care Benefit.

- The definition of the term "Elimination Period" in the Glossary section of the policy is deleted in its entirety and replaced with the following:

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

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

  Note, the Elimination Period does not apply to: the Privileged Care Coordination Benefit; the Caregiver Training Benefit; or the Equipment Benefit.

- The paragraphs of the "Home Care Benefit" provision that appear prior to the "Definitions" section of that provision are deleted in their entirety and replaced with the following:

  The following benefits apply when an Insured Person receives care and support services in accordance with a Plan of Care developed by a Licensed Health Care Practitioner:
  - Subject to the Elimination Period and the Daily Payment Maximum limitation in the next paragraph, we will pay the expenses he or she incurs for the following care and services that are consistent with that Plan of Care:
    - Health care services provided by a Nurse, or a licensed physical, occupational, respiratory or speech therapist;
    - Home Health Aide and Personal Care Attendant Services;
    - Homemaker Services;
    - Chore Services;
    - Adult Day Care;
    - Hospice Care; and
    - The first 21 days of Respite Care he or she receives during a Policy Year. (Respite Care is not subject to, nor will it satisfy any Elimination Period.)
  - Unless specified differently by a separate Policy rider or endorsement, payment for the above expenses will not be subject to the Daily Payment Maximum; however, not more than 7 times the Daily Payment Maximum will be paid for all those expenses which an Insured Person incurs during any calendar week (Sunday through Saturday).

SAMPLE

- After satisfying the Elimination Period, the policy will be eligible for monthly waiver of any premiums becoming due while an Insured person is receiving Home Care Benefits in accordance with a Plan of Care developed by a Privileged Care Coordinator.

- The first paragraph of the "Bed Reservation Benefit" provision is deleted in its entirety and replaced with the following:

  We will continue to pay benefits under the Long Term Care Facility Benefit, or give Elimination Period credit for either the Long Term Care Facility Benefit or Home Care Benefit, for each day an Insured Person:
  - is temporarily absent during a stay in the Long Term Care Facility; and
  - is charged to reserve his or her accommodations in that facility.

- The first paragraph of the "Waiver of Premium" provision in the "Effective Date and Premium Provisions" section is deleted in its entirety and replaced with the following:

  We will waive premium payments for each coverage month that begins:
  - While an Insured Person is receiving continuing benefits under the Long Term Care Facility Benefit or the Bed Reservation Benefit (after satisfying the Elimination Period); or
  - When Home Care Benefits are being received in accordance with a Plan of Care <u>from a Privileged Care Coordinator</u> (after satisfying the Elimination Period).

If you choose the Co-insurance option, the following section would apply:

<u>Elimination Period and Co-insurance</u>

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

- The third paragraph of the definition of the term "Elimination Period" in the Glossary section of the policy is deleted in its entirety and replaced with the following:

  Note, the Elimination Period does not apply to: the Privileged Care Coordination Benefit; the Caregiver Training Benefit; or the Equipment Benefit.

- The paragraphs of the "Home Care Benefit" provision that appear prior to the "Definitions" section of that provision are deleted in their entirety and replaced with the following:

  The following benefits apply when an Insured Person receives care and support services in accordance with a Plan of Care developed by a Licensed Health Care Practitioner:
  - Subject to the Daily Payment Maximum limitation in the next paragraph, we will pay <u>90% of the expenses</u> he or she incurs for the following care and services that are consistent with that Plan of Care:
    - Health care services provided by a Nurse, or a licensed physical, occupational, respiratory or speech therapist;
    - Home Health Aide and Personal Care Attendant Services;
    - Homemaker Services;
    - Chore Services;
    - Adult Day Care;
    - Hospice Care; and
    - The first 21 days of Respite Care he or she receives during a Policy Year. (Respite Care is not subject to, nor will it satisfy any Elimination Period.)

SAMPLE

- Unless specified differently by a separate Policy rider or endorsement, payment for the above expenses will not be subject to the Daily Payment Maximum; however, not more than 7 times the Daily Payment Maximum will be paid for all those expenses which an Insured Person incurs during any calendar week (Sunday through Saturday).
- The policy will be eligible for monthly waiver of any premiums becoming due while an Insured Person is receiving Home Care Benefits in accordance with a Plan of Care from a Privileged Care Coordinator.

No Elimination Period. We will waive the Insured Person's Elimination Period for these care and support services. In addition, if the care and support services are provided in accordance with a Privileged Care Coordinator's Plan of Care, each day the Insured Person incurs expenses for the above care and support services (except Respite Care) will count toward satisfying his or her Elimination Period for other benefits that are subject to an Elimination Period.

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

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

The remaining text applies to both Lifetime Stable Premium options

Limited options to change coverage

- If you decide that you do not wish to keep the benefit changes made pursuant to this Endorsement but instead wish to revert to the benefits you had prior to selecting the benefit changes made pursuant to this Endorsement, you must change your decision in writing within 60 days of the effective date of this Endorsement. After the 60-day period, you cannot revert back to the benefits you had prior to selecting the benefit changes made pursuant to this Endorsement.

- Other than your right described above to provide written notice that you do not wish to keep the benefit changes made pursuant to this Endorsement, the only benefit change that you may make going forward from the effective date of this Endorsement is a reduction to an available Daily Payment Maximum or dropping an applicable rider. Changing your Daily Payment Maximum will impact other benefits and maximum coverage amounts under your policy.

Conformity with Internal Revenue Code

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

  This policy is a qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191). If at any point it is determined the policy does not comply with the applicable requirements of Section 7702B(b) of the Internal Revenue Code of 1986, as amended, we will inform you of any change to the provisions of your policy required for it to comply with those requirements. You will be given the choice of accepting the change, or retaining the policy without that change. If you accept the change, we will treat the policy as if it had been changed to comply with those requirements.

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

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/Policyholder: John Doe
Mary Doe

Policy Number: XYZ123456789

CONTINGENT BENEFIT UPON LAPSE ENDORSEMENT

This Endorsement is to be attached to, and adds the following Contingent Benefit Upon Lapse to the above identified Policy.

The Benefit

This Benefit allows You to either reduce Your current level of Coverage or convert to a Shortened Benefit Period, as described below, if We make a substantial increase in the premium for the Policy.

How This Benefit Works

If We make a substantial increase in Your premium, as determined by the following Table, We will do all of the following at least 75 days prior to the date the premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the premium for the Policy is not increased;
- offer to convert the Policy to a paid-up status with a Shortened Benefit Period if you have reached, or will reach during the implementation of a rate increase, the twentieth anniversary of your policy's Effective Date, or as described below. This option may be elected at any time during the 120-day period following the date of the premium increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the premium increase will be deemed to be the election of the preceding offer to convert. A default or lapse is Your failure to pay the required premium within the Grace Period.

Trigger for a Substantial Premium Increase*

Issue Age	Percentage Increase Over Initial Premium	Issue Age	Percentage Increase Over Initial Premium	Issue Age	Percentage Increase Over Initial Premium
54 and under	100%	69	42%	80	20%
55 – 59	90%	70	40%	81	19%
60	70%	71	38%	82	18%
61	66%	72	36%	83	17%
62	62%	73	34%	84	16%
63	58%	74	32%	85	15%
64	54%	75	30%	86	14%
65	50%	76	28%	87	13%
66	48%	77	26%	88	12%
67	46%	78	24%	89	11%
68	44%	79	22%	90 and over	10%

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

Shortened Benefit Period

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

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

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

Payment Limitations

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

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

Signed for Genworth Life Insurance Company.

Brian K. Haendiges
President and Chief Executive Officer

Vidal J. Torres, Jr.
Secretary

Long Term Care Insurance

Premium change notice
05/19/2022

Genworth Life Insurance Company
PO Box 40005
Lynchburg, VA 24506

from Genworth Life Insurance Company

JOHN DOE
MARY DOE
123 OAK LANE
MYTOWN, VA 24503

Insured
John Doe
Mary Doe

Agent
Sam Seller
ABC Agency

Policy number
XYZ123456789

Customer service
877 710.0817
M-Th:8:30-6PM ET
F: 9-6PM ET
Fax: 800 876.8220
genworth.com/ltcpremiums

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.

This letter is to inform you that, as a result of higher than expected aggregate policyholder claims costs, **the premium on your current long term care coverage will increase from $3,635.35 to $4,580.54 beginning on your next billing anniversary date, August 10, 2022. This represents a 26.000% rate increase in the premiums for your policy.** Please note that this increase is not specific to you or to any change in your health, age, or claims history.

Given this change, you may have several choices to adjust your coverage to meet your needs. Please take time to read the following pages for more details and other important information about this increase, as well as planes for future increases. They also describe a way that you can stop paying premiums and retain a long term care benefit.

This premium increase notice is not a bill – you will be billed separately.

We encourage you to discuss options with your agent or a member of our Customer Service Team by calling 877 710.0817 before making a decision. For additional information regarding premium increases, please go to genworth.com/ltcpremiums.

Once again, thank you for being a Genworth Life Insurance Company policyholder.

Sincerely,

Brian K. Haendiges
President and Chief Executive Officer

enclosures: 165239 VA, 134613VA

Genworth Life Insurance Company
Administrative Office:
3100 Albert Lankford Drive
Lynchburg, VA 24501

Important Information Regarding This Premium Increase

from Genworth Life Insurance Company

About this premium increase

It is important to note that this premium increase was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate fillings 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 26.000% rate increase and the Virginia State Corporation Commission determined that a rate increase of 26.000% was allowable under Virginia's regulations. For additional information regarding premium increases, please go to genworth.com/ltcpremiums.

Halcom class member information

When considering your options with this rate increase, also consider that you are currently a class member of the Halcom class action settlement. As a class member in Halcom, et al. v. Genworth Life Insurance Company, et al., Case No. 3:21-CV-19-REP class action settlement, you will receive a letter that will give you one or more options to reduce your policy benefits and reduce or eliminate future premium ("Special Election Options"). These Special Election Options may also provide a damages payment to you. You should receive the Special Election Option letter about six months from the date of this letter.

The Special Election Options are separate from any reduced benefit options available to you in connection with this premium rate increase. The Special Election Options will be based on your policy benefits, premium, and other policy details at the time the Special Election Option letter is mailed.

Therefore, changing your policy now, in connection with this rate increase, may affect available Special Election Options by, for example, reducing available damages payments or removing the availability of certain Special Election Options.

Your long-term care coverage provides you with valuable protection, and you should carefully consider any reductions you make to your existing coverage. Please call Customer Service if you would like to discuss your options at 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.pcslongtermcareinsurancesettlement.com. Specific information regarding Special Election Options tailored to your policy situation will be available when your Special Election Option letter is mailed.

Consider that the options currently available to you as part of this rate increase, 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 polices. In accordance with the terms of your policy, we reserve the right to change premiums and it is likely that we will file with the Virginia State Corporation Commission for another premium increase again in the future.

For policies subject to this rate increase, we began providing advance notice of the rate increase to policyholders in 05/2022. Please be aware that, at that time, we planned to request at least 80% in additional rate increases on your policy and policies like yours in the state where your policy was issued. The actual increases we seek may differ. For example, they may be higher or more numerous than the plans described above and any more recently updated plans. To see more current planned premium increase requests you may register or log on to your account at genworth.com and go to the section entitled 'I want to'.

Planned rate increases will take effect only as permitted by the applicable state insurance department and state law.

Benefits

Covered benefits payable at the time of a claim will be calculated in accordance with your policy**.** Benefits are payable only when you meet the terms and conditions for receiving benefits under your policy**.**

Considerations related to reducing your benefits

Maintain Premium Level. You may be able to keep your premium at or about its current level by electing available options that may help minimize the effect of the premium increase, including the following:

- You may choose to reduce your maximum daily benefit, or
- You may choose to adjust your benefit period or elimination period.

Value of coverage reduction option. All of the options available to you as alternatives to paying the full premium increase may not be of equal value. There may be other options for reducing your premium that are not listed above, if you are interested in learning about those options please contact us at 877 710.0817.

The option to reduce benefits is available at any time. In the event of a future rate increase, similar options will be available to you. You also have the right to a revised premium rate or rate schedule.

Benefit period. Your benefit period is the period of time that is used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time. If your daily/monthly benefit amount and/or the benefit period are reduced, the maximum benefits payable under your policy will automatically be reduced because the policy maximum is a function of the daily benefit amount and the benefit period.

Lifetime Maximum is the combined total amount we will pay as benefits under this policy. **The Remaining Lifetime Maximum** is the Lifetime Maximum less any previously paid claims.

Benefit amounts. In addition, other benefit amounts may be reduced. Changes to the daily/monthly maximum benefit and/or benefit increase offer will change the related original amounts and the amount of any benefit increase option increment. If you elect to drop or reduce your benefit increase option (if applicable), you will keep your increased daily/monthly maximum benefit and your premium will be adjusted accordingly. You may also reduce your daily/monthly maximum benefit and your premium will be further adjusted.

Benefits paid or payable. Any benefits paid or payable are deducted from the reduced policy maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Reducing benefits while you are receiving policy benefits is generally not advisable.

Pay nothing more. If you can't pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid, please refer to the **Select a Limited Benefit with no further premium requirement** section below for further details.

Select a Limited Benefit with no further premium requirement

If you would like to stop paying premiums on your policy you can elect the Contingent Benefit Upon Lapse. Your new Shortened Benefit Period coverage maximum will be either 30 times your Nursing Facility Daily benefit or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Please refer to the enclosed endorsement for additional details regarding this benefit.

Please note: This Endorsement could significantly reduce the policy benefits. Please review the Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election.

Waiver of Premium benefit

If you are currently using a Waiver of Premium benefit, you will not be required to pay the increased premium until the Waiver of Premium benefit no longer applies, as provided for in your policy. Prior to paying your bill with the increased premium you may want to contact one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

If you are not receiving a Waiver of Premium benefit, you will be required to pay the increased premium, even if you are receiving policy benefits. Prior to paying your bill with the increased premium you may want to call one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

Payments by automatic withdrawal/third-party account/online banking

If you are using automatic withdrawals, a third-party account, or online banking to pay your premiums, please be sure to make the proper adjustments and arrangements for paying the new premium amount.

Time frame to reverse decision

If you opt to reduce your benefits or cancel your coverage, your request to reverse any such decision must be in writing and received by us no more than 60 days after the date of our written confirmation of your reduction/cancellation.

About Genworth Life Insurance Company (Genworth)

Genworth began selling long term care insurance in 1974 and has been the largest provider of long term care policies in the United States. It is important to note that Genworth regularly monitors the business performance of these policies and believes that its reserves are adequate and appropriate at this time. As you review your options, you should know that A.M. Best, a global credit rating agency focused on evaluating the claims paying ability of insurance companies, currently rates Genworth Life Insurance Company's financial strength as C++, indicating A.M. Best's view that Genworth Life Insurance Company has "marginal ability to meet ongoing insurance obligations." To obtain information regarding Genworth's financial strength, please visit genworth.com.

GENWORTH LIFE INSURANCE COMPANY

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

Insured/Policyholder: John Doe
Mary Doe

Policy Number: XYZ123456789

CONTINGENT BENEFIT UPON LAPSE ENDORSEMENT

This Endorsement is to be attached to, and adds the following Contingent Benefit Upon Lapse to the above identified Policy.

The Benefit

This Benefit allows You to either reduce Your current level of Coverage or convert to a Shortened Benefit Period, as described below, if We make a substantial increase in the premium for the Policy.

How This Benefit Works

If We make a substantial increase in Your premium, as determined by the following Table, We will do all of the following at least 75 days prior to the date the premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the premium for the Policy is not increased;
- offer to convert the Policy to a paid-up status with a Shortened Benefit Period if you have reached, or will reach during the implementation of a rate increase, the twentieth anniversary of your policy's Effective Date, or as described below. This option may be elected at any time during the 120-day period following the date of the premium increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the premium increase will be deemed to be the election of the preceding offer to convert. A default or lapse is Your failure to pay the required premium within the Grace Period.

Trigger for a Substantial Premium Increase*

Issue Age	Percentage Increase Over Initial Premium	Issue Age	Percentage Increase Over Initial Premium	Issue Age	Percentage Increase Over Initial Premium
54 and under	100%	69	42%	80	20%
55 – 59	90%	70	40%	81	19%
60	70%	71	38%	82	18%
61	66%	72	36%	83	17%
62	62%	73	34%	84	16%
63	58%	74	32%	85	15%
64	54%	75	30%	86	14%
65	50%	76	28%	87	13%
66	48%	77	26%	88	12%
67	46%	78	24%	89	11%
68	44%	79	22%	90 and over	10%

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

Shortened Benefit Period

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

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

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

Payment Limitations

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

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

Signed for Genworth Life Insurance Company.

Brian K. Haendiges
President and Chief Executive Officer

Vidal J. Torres, Jr.
Secretary

Long Term Care Insurance

Premium change notice
05/19/2022

Genworth Life Insurance Company
PO Box 40005
Lynchburg, VA 24506

from Genworth Life Insurance Company

JOHN DOE
MARY DOE
123 OAK LANE
MYTOWN, VA 24503

Insured
John Doe
Mary Doe

Agent
Sam Seller
ABC Agency

Policy number
XYZ123456789

Customer service
877 710.0817
M-Th:8:30-6PM ET
F: 9-6PM ET
Fax: 800 876.8220
genworth.com/ltcpremiums

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.

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 $3,635.35 to $4,580.54 beginning on August 10, 2022. This represents a 26.000% rate increase in the premiums for your policy.** You will receive a notice regarding payment of the new premium once you are no longer receiving benefits and are required to continue paying premiums. Please note that this increase is not specific to you or to any change in your health, age, or claims history.

Given this change, please take time to read the following pages for more details and other important information about this increase, as well as flans for future increases. When you are no longer receiving benefits, you may have several choices to adjust your coverage to meet your needs.

This premium increase notice is not a bill – you will be billed separately.

We encourage you to discuss options with your agent or a member of our Customer Service Team by calling 877 710.0817 before making a decision. For additional information regarding premium increases, please go to genworth.com/ltcpremiums.

Once again, thank you for being a Genworth Life Insurance Company policyholder.

Sincerely,

Brian K. Haendiges
President and Chief Executive Officer

enclosures: 165239 VA, 134613VA

Genworth Life Insurance Company
Administrative Office:
3100 Albert Lankford Drive
Lynchburg, VA 24501

Important Information Regarding This Premium Increase

from Genworth Life Insurance Company

About this premium increase

It is important to note that this premium increase was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate fillings 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 26.000% rate increase and the Virginia State Corporation Commission determined that a rate increase of 26.000% was allowable under Virginia's regulations. For additional information regarding premium increases, please go to genworth.com/ltcpremiums.

Halcom class member information

When considering your options with this rate increase, also consider that you are currently a class member of the Halcom class action settlement. As a class member in Halcom, et al. v. Genworth Life Insurance Company, et al., Case No. 3:21-CV-19-REP class action settlement, you will receive a letter that will give you one or more options to reduce your policy benefits and reduce or eliminate future premium ("Special Election Options"). These Special Election Options may also provide a damages payment to you. You should receive the Special Election Option letter about six months from the date of this letter.

The Special Election Options are separate from any reduced benefit options available to you in connection with this premium rate increase. The Special Election Options will be based on your policy benefits, premium, and other policy details at the time the Special Election Option letter is mailed.

Therefore, changing your policy now, in connection with this rate increase, may affect available Special Election Options by, for example, reducing available damages payments or removing the availability of certain Special Election Options.

Your long-term care coverage provides you with valuable protection, and you should carefully consider any reductions you make to your existing coverage. Please call Customer Service if you would like to discuss your options at 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.pcslongtermcareinsurancesettlement.com. Specific information regarding Special Election Options tailored to your policy situation will be available when your Special Election Option letter is mailed.

Consider that the options currently available to you as part of this rate increase, 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 polices. In accordance with the terms of your policy, we reserve the right to change premiums and it is likely that we will file with the Virginia State Corporation Commission for another premium increase again in the future.

For policies subject to this rate increase, we began providing advance notice of the rate increase to policyholders in 05/2022. Please be aware that, at that time, we planned to request at least 80% in additional rate increases on your policy and policies like yours in the state where your policy was issued. The actual increases we seek may differ. For example, they may be higher or more numerous than the plans described above and any more recently updated plans. To see more current planned premium increase requests you may register or log on to your account at genworth.com and go to the section entitled 'I want to'.

Planned rate increases will take effect only as permitted by the applicable state insurance department and state law.

Benefits

Covered benefits payable at the time of a claim will be calculated in accordance with your policy**.** Benefits are payable only when you meet the terms and conditions for receiving benefits under your policy**.**

Considerations related to reducing your benefits

Maintain Premium Level. You may be able to keep your premium at or about its current level by electing available options that may help minimize the effect of the premium increase, including the following:

- You may choose to reduce your maximum daily benefit, or
- You may choose to adjust your benefit period or elimination period.

Value of coverage reduction option. All of the options available to you as alternatives to paying the full premium increase may not be of equal value. There may be other options for reducing your premium that are not listed above, if you are interested in learning about those options please contact us at 877 710.0817.

The option to reduce benefits is available at any time. In the event of a future rate increase, similar options will be available to you. You also have the right to a revised premium rate or rate schedule.

Benefit period. Your benefit period is the period of time that is used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time. If your daily/monthly benefit amount and/or the benefit period are reduced, the maximum benefits payable under your policy will automatically be reduced because the policy maximum is a function of the daily benefit amount and the benefit period.

Lifetime Maximum is the combined total amount we will pay as benefits under this policy. **The Remaining Lifetime Maximum** is the Lifetime Maximum less any previously paid claims.

Benefit amounts. In addition, other benefit amounts may be reduced. Changes to the daily/monthly maximum benefit and/or benefit increase offer will change the related original amounts and the amount of any benefit increase option increment. If you elect to drop or reduce your benefit increase option (if applicable), you will keep your increased daily/monthly maximum benefit and your premium will be adjusted accordingly. You may also reduce your daily/monthly maximum benefit and your premium will be further adjusted.

Benefits paid or payable. Any benefits paid or payable are deducted from the reduced policy maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Reducing benefits while you are receiving policy benefits is generally not advisable.

Pay nothing more. If you can't pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid, please refer to the **Select a Limited Benefit with no further premium requirement** section below for further details.

Select a Limited Benefit with no further premium requirement

If you would like to stop paying premiums on your policy you can elect the Contingent Benefit Upon Lapse. Your new Shortened Benefit Period coverage maximum will be either 30 times your Nursing Facility Daily benefit or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Please refer to the enclosed endorsement for additional details regarding this benefit.

Please note: This Endorsement could significantly reduce the policy benefits. Please review the Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election.

Waiver of Premium benefit

If you are currently using a Waiver of Premium benefit, you will not be required to pay the increased premium until the Waiver of Premium benefit no longer applies, as provided for in your policy. Prior to paying your bill with the increased premium you may want to contact one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

If you are not receiving a Waiver of Premium benefit, you will be required to pay the increased premium, even if you are receiving policy benefits. Prior to paying your bill with the increased premium you may want to call one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

Payments by automatic withdrawal/third-party account/online banking

If you are using automatic withdrawals, a third-party account, or online banking to pay your premiums, please be sure to make the proper adjustments and arrangements for paying the new premium amount.

Time frame to reverse decision

If you opt to reduce your benefits or cancel your coverage, your request to reverse any such decision must be in writing and received by us no more than 60 days after the date of our written confirmation of your reduction/cancellation.

About Genworth Life Insurance Company (Genworth)

Genworth began selling long term care insurance in 1974 and has been the largest provider of long term care policies in the United States. It is important to note that Genworth regularly monitors the business performance of these policies and believes that its reserves are adequate and appropriate at this time. As you review your options, you should know that A.M. Best, a global credit rating agency focused on evaluating the claims paying ability of insurance companies, currently rates Genworth Life Insurance Company's financial strength as C++, indicating A.M. Best's view that Genworth Life Insurance Company has "marginal ability to meet ongoing insurance obligations." To obtain information regarding Genworth's financial strength, please visit genworth.com.

GENWORTH LIFE INSURANCE COMPANY

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

Insured/Policyholder: John Doe
Mary Doe

Policy Number: XYZ123456789

CONTINGENT BENEFIT UPON LAPSE ENDORSEMENT

This Endorsement is to be attached to, and adds the following Contingent Benefit Upon Lapse to the above identified Policy.

The Benefit

This Benefit allows You to either reduce Your current level of Coverage or convert to a Shortened Benefit Period, as described below, if We make a substantial increase in the premium for the Policy.

How This Benefit Works

If We make a substantial increase in Your premium, as determined by the following Table, We will do all of the following at least 75 days prior to the date the premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the premium for the Policy is not increased;
- offer to convert the Policy to a paid-up status with a Shortened Benefit Period if you have reached, or will reach during the implementation of a rate increase, the twentieth anniversary of your policy's Effective Date, or as described below. This option may be elected at any time during the 120-day period following the date of the premium increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the premium increase will be deemed to be the election of the preceding offer to convert. A default or lapse is Your failure to pay the required premium within the Grace Period.

Trigger for a Substantial Premium Increase*

Issue Age	Percentage Increase Over Initial Premium	Issue Age	Percentage Increase Over Initial Premium	Issue Age	Percentage Increase Over Initial Premium
54 and under	100%	69	42%	80	20%
55 – 59	90%	70	40%	81	19%
60	70%	71	38%	82	18%
61	66%	72	36%	83	17%
62	62%	73	34%	84	16%
63	58%	74	32%	85	15%
64	54%	75	30%	86	14%
65	50%	76	28%	87	13%
66	48%	77	26%	88	12%
67	46%	78	24%	89	11%
68	44%	79	22%	90 and over	10%

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

Shortened Benefit Period

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

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

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

Payment Limitations

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

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

Signed for Genworth Life Insurance Company.

Brian K. Haendiges
President and Chief Executive Officer

Vidal J. Torres, Jr.
Secretary

Genworth Life Insurance Company
PO Box 40005
Lynchburg, VA 24506

Important Change – Decision Required

JOHN DOE
1234 MAIN ST
ANYTOWN, VA 12345

The premium on your long term care insurance policy is increasing.

You have 3 options:

1. Keep your current coverage the same and pay the premium increase
2. Review and Adjust your coverage to reduce your premiums
3. Pay nothing more by electing the Contingent Benefit Upon Lapse

Dear 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 26.000%, from $5,147.13 to $6,485.38, beginning on your next billing anniversary date, August 10, 2022** Please refer to the following pages for more details and other important information about this increase, as well as plans for future increases**.** Please note that this increase is not specific to you or to any change in your health, age, or claims history.

We appreciate the financial difficulty premium increases can cause. That is why we are offering coverage adjustment options to help you manage your premium cost while still maintaining important coverage. The enclosed pages outline these options along with your personalized information. There may also be additional options available to reduce your premium.

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/ltcpremiums.

Once again, thank you for being a Genworth Life Insurance Company policyholder.

Sincerely,

Brian K. Haendiges

President and Chief Executive Officer

P.S. This premium increase notice is not a bill. **Please take time to read the *Important Information Regarding This Premium Increase* included with this letter.**

enclosures: 165224CRB VA, 165226 VA, 165239 VA, 134613VA, Envelope

Underwritten by Genworth Life Insurance Company, Lynchburg, VA

Long Term Care Insurance
Premium Increase Notice
05/19/2022
Genworth Life Insurance Company

Insured:

John Doe

Policy Number:
ABC123456789

Agent:
Jane Agent
Best Agency

Customer Service:

877 710.0817

M-Th: 8:30 – 6PM ET

F: 9 – 6PM ET

Fax: 800 876.8220
genworth.com/ltcpremiums

Genworth Life Insurance Company
Administrative Office:
3100 Albert Lankford Drive
Lynchburg, VA 24501

Considerations Related To Your Benefits

Your long term care insurance policy protects you financially should you require care in the future. However, we understand that evolving financial situations combined with increasing premiums may cause you to re-evaluate your coverage. **On the *Coverage Options* page that follows**, we offer several alternatives for keeping coverage in place and within budget. Please be aware you may have other ways to reduce your benefits than those shown; contact our Customer Service team for additional quotes by calling 877 710.0817.

1. Keep your current coverage and pay the premium increase

The *Coverage Options* page shows your current benefits and new premium. If you are comfortable with your current coverage, take no action except to pay the increased premium.

2. Review & Adjust your coverage to lower your premium

In addition, the *Coverage Options* page provides ways for you to tune-up your coverage and keep the benefits most important to you, scale back on benefits that no longer seem as essential, and help align your long term care insurance with your financial needs.

As you think about your options, it may be helpful to consider the cost of long term care services. You can find median[1] cost of care information for your area on the *Coverage Options* page. Additional information you can use to estimate future cost of care is available on genworth.com/costofcare.

When thinking about how long covered care may last, the publicly available industry study performed by PwC, indicates the average duration of a long term care event is about three years and approximately 75%-80% of long term care events will cost less than $250,000[2].

In addition, while a long term care event can begin at any time, Genworth data has shown that many long term care claims begin between ages 80 and 89. This information is based on many policies and types of long term care policies and is current as of 12/31/19.

Important: The enclosed cost of care, long term care event, and claims-related figures (and similar information on genworth.com) are medians, averages and approximations. Similarly, future cost of care information available on genworth.com is based on estimates and hypothetical assumptions. Keep in mind, your actual experience may be different. Consider various scenarios and your own circumstances when determining what coverage options are best for you.

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[1] The median is the middle value (50% of the costs are above the median, and 50% of the costs are below the median).

[2] *The formal cost of long-term care services: How can society meet a growing need?* The referenced study, initially made available in October 2016, is based on data for the time period 2000-2015 and reports figures in 2016 dollars.

3. Paying nothing more and receive limited paid-up coverage

If you can't pay further premiums you may have the option of stopping further payments and obtaining a limited paid-up benefit for long term care services approximately equal to the amount of premium paid. Please refer to the ***Coverage Options*** page, and ***Important Information Regarding This Premium Increase***, and enclosed endorsement for additional details.

Continued on next page

Some information to consider as you evaluate reducing your benefits

Monthly maximum benefit is the maximum your policy will pay for any month. You may reduce your monthly maximum to lower your premium subject to policy minimums.

Inflation protection/Benefit increases change the amount that your monthly 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

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

The median monthly cost of care provided in your area:

In Home Care $4,576.00 (Based on 44 hours/week)
Assisted Living $5,000.00
Nursing Home $10,646.00
Genworth 2020 Cost of Care Study

genworth.com — Register / log-in to view and select coverage choices online

Policyholder[s]: John Doe

Date: 05/19/22
Policy number: ABC123456789
Premium before increase: $5,147.13 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 **08/10/22** this 26.000% rate increase will take effect.	There may be other ways that you can reduce your benefits and premiums beyond those listed.		
		Alternative A	**Alternative B**	**Alternative C**
Monthly maximum benefit	$8,307.90	**$7,653.40**	**$6,249.68**	**$5,322.70**
Benefit period	8 years	8 years	8 years	**6 Years**
Remaining lifetime maximum	$797,558.40	**$734,726.40**	**$599,969.28**	**$383,234.40**
Inflation protection	Simple 5%	Simple 5%	**Compound 1%**	Simple 5%
Elimination period	90 days	**180 days**	90 days	90 days
▶ Annual premium	**$6,485.38**	☐ **$5,897.80**	☐ **$5,146.99**	☐ **$3,943.49**
3 Pay nothing more	If you would like to stop paying premiums on your policy, you can choose the option at right. Please read the detailed description of the option in the enclosed *Important Information Regarding This Premium Increase*. **IMPORTANT: Selecting this option would greatly reduce the total amount of benefits available to pay for care.**	**$47,535.81** Paid up policy benefit ☐ **Contingent Benefit Upon Lapse**		

You may have other ways to reduce your benefits than those shown above; contact the Customer Service team for additional quotes. More information on your options can be found in the enclosed *Important Information Regarding This Premium Increase*. Please read all documents before making a decision. The options shown here are quotes and final values may change.

****Please see the reverse of this form for further instructions if you wish to change your coverage****

Coverage Options

 Date: 05/19/22

Policyholder: John Doe

Policy number: ABC123456789
Premium before increase: $5,147.13 annually

You do not need to return this form if you are keeping your current coverage. If changing your coverage to one of the options shown, please check the blue box to indicate your choice, then sign and return this form by fax or mail in the enclosed envelope by: **08/10/22**

Genworth recommends that you consult with your trusted advisors before making this selection. By signing, you acknowledge your intent to reduce your benefits available to pay for future care and you represent and agree that (1) we are authorized to process the requested change to your policy, (2) the change will not be effective until reflected in a policy amendment we send to you, (3) the benefits and premiums quoted are subject to confirmation and may change, and (4) you have read and understand the information on this form and the enclosed documents, including the *Important Information Regarding This Premium Increase*.

Policyholder Signature ▶ _____ Date _____

Genworth Life Insurance Company
Administrative Office:
3100 Albert Lankford Drive
Lynchburg, VA 24501

Important Information Regarding This Premium Increase

from Genworth Life Insurance Company

About this premium increase

It is important to note that this premium increase was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate fillings 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 26.000% rate increase and the Virginia State Corporation Commission determined that a rate increase of 26.000% was allowable under Virginia's regulations. For additional information regarding premium increases, please go to genworth.com/ltcpremiums. In addition, if you are registered on genworth.com, you may select one of the coverage options shown in this letter online.

Halcom class member information

When considering your options with this rate increase, also consider that you are currently a class member of the Halcom class action settlement. As a class member in Halcom, et al. v. Genworth Life Insurance Company, et al., Case No. 3:21-CV-19-REP class action settlement, you will receive a letter that will give you one or more options to reduce your policy benefits and reduce or eliminate future premium ("Special Election Options"). These Special Election Options may also provide a damages payment to you. You should receive the Special Election Option letter about six months from the date of this letter.

The Special Election Options are separate from any reduced benefit options available to you in connection with this premium rate increase. The Special Election Options will be based on your policy benefits, premium, and other policy details at the time the Special Election Option letter is mailed.

Therefore, changing your policy now, in connection with this rate increase, may affect available Special Election Options by, for example, reducing available damages payments or removing the availability of certain Special Election Options.

Your long-term care coverage provides you with valuable protection, and you should carefully consider any reductions you make to your existing coverage. Please call Customer Service if you would like to discuss your options at 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.pcslongtermcareinsurancesettlement.com. Specific information regarding Special Election Options tailored to your policy situation will be available when your Special Election Option letter is mailed.

Consider that the options currently available to you as part of this rate increase, except for the Contingent Nonforfeiture Benefit 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 polices. In accordance with the terms of your policy, we reserve the right to change premiums and it is likely that we will file with the Virginia State Corporation Commission for another premium increase again in the future.

For policies subject to this rate increase, we began providing advance notice of the rate increase to policyholders in 05/2022. Please be aware that, at that time, we planned to request at least 80% in additional rate increases on your policy and policies like yours in the state where your policy was issued. The actual increases we seek may differ. For example, they may be higher or more numerous than the plans described above and any more recently updated plans. To see more current planned premium increase requests you may register or log on to your account at genworth.com and go to the section entitled 'I want to'.

Planned rate increases will take effect only as permitted by the applicable state insurance department and state law.

Benefits

The benefit values presented in the accompanying letter are approximate due to rounding. Covered benefits payable at the time of a claim will be calculated in accordance with your policy**.** Benefits are payable only when you meet the terms and conditions for receiving benefits under your policy**.**

Considerations related to reducing your benefits

Maintain Premium Level. You may be able to keep your premium at or about its current level by electing available options that may help minimize the effect of the premium increase, including the following:

- You may choose to reduce your maximum monthly benefit, or
- You may choose to adjust your benefit period or elimination period.

Value of coverage reduction option. All of the options available to you as alternatives to paying the full premium increase may not be of equal value. There may be other options for reducing your premium that are not listed above, if you are interested in learning about those options please contact us at 877 710.0817.

The option to reduce benefits is available at any time. In the event of a future rate increase, similar options will be available to you. You also have the right to a revised premium rate or rate schedule.

Benefit period. Your benefit period is the period of time that is used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time. If your daily/monthly benefit amount and/or the benefit period are reduced, the maximum benefits payable under your policy will automatically be reduced because the policy maximum is a function of the daily benefit amount and the benefit period.

Lifetime Maximum is the combined total amount we will pay as benefits under this policy. **The Remaining Lifetime Maximum** is the Lifetime Maximum less any previously paid claims.

Benefit amounts. In addition, other benefit amounts may be reduced. Changes to the daily/monthly maximum benefit and/or benefit increase offer will change the related original amounts and the amount of any benefit increase option increment. If you elect to drop or reduce your benefit increase option (if applicable), you will keep your increased daily/monthly maximum benefit and your premium will be adjusted accordingly. You may also reduce your daily/monthly maximum benefit and your premium will be further adjusted.

Benefits paid or payable. Any benefits paid or payable are deducted from the reduced policy maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Reducing benefits while you are receiving policy benefits is generally not advisable.

Pay nothing more. If you can't pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid, please refer to the **Select a Limited Benefit with no further premium requirement** section below for further details.

Select a Limited Benefit with no further premium requirement

If you would like to stop paying premiums on your policy you can elect the Contingent Benefit Upon Lapse. Your new Shortened Benefit Period coverage maximum will be either 30 times your Nursing Facility Daily benefit or equal to the total premiums you have paid on your policy excluding waived premium, whichever is greater. In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Please refer to the enclosed endorsement for additional details regarding this benefit.

Please note: This Endorsement could significantly reduce the policy benefits. Please review the Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election.

Waiver of Premium benefit

If you are currently using a Waiver of Premium benefit, you will not be required to pay the increased premium until the Waiver of Premium benefit no longer applies, as provided for in your policy. Prior to paying your bill with the increased premium you may want to contact one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

If you are not receiving a Waiver of Premium benefit, you will be required to pay the increased premium, even if you are receiving policy benefits. Prior to paying your bill with the increased premium you may want to call one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

Payments by automatic withdrawal/third-party account/online banking

If you are using automatic withdrawals, a third-party account, or online banking to pay your premiums, please be sure to make the proper adjustments and arrangements for paying the new premium amount.

Time frame to reverse decision

If you opt to reduce your benefits or cancel your coverage, your request to reverse any such decision must be in writing and received by us no more than 60 days after the date of our written confirmation of your reduction/cancellation.

About Genworth Life Insurance Company (Genworth)

Genworth began selling long term care insurance in 1974 and has been the largest provider of long term care policies in the United States. It is important to note that Genworth regularly monitors the business performance of these policies and believes that its reserves are adequate and appropriate at this time. As you review your options, you should know that A.M. Best, a global credit rating agency focused on evaluating the claims paying ability of insurance companies, currently rates Genworth Life Insurance Company's financial strength as C++, indicating A.M. Best's view that Genworth Life Insurance Company has "marginal ability to meet ongoing insurance obligations." To obtain information regarding Genworth's financial strength, please visit genworth.com.

GENWORTH LIFE INSURANCE COMPANY

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

Insured/Policyholder: John Doe **Policy Number: ABC**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.

Brian K. Haendiges
President and Chief Executive Officer

Vidal J. Torres, Jr.
Secretary

Objection Response
Genworth Life Insurance Company

This letter is in response to the comments received in your objection letter, dated January 20, 2021, to Genworth Life Insurance Company's (GLIC's) PCS II Virginia rate increase request. The comments and our responses are as follows:

Objection 1

1) Please state the lifetime loss ratio anticipated in the original filing.

The lifetime loss ratio used in the original filing was 60%. GLIC is not attempting to achieve a 60% loss ratio over the life of the block; in fact, the lifetime loss ratio after approval and implementation of this rate action will be substantially higher. This self-limited lifetime loss ratio does not imply that it represents either acceptable measures of profitability or minimum thresholds for future rate increase filings.

2) What steps have been taken to minimize rate increases on this block of business?

GLIC has taken measures to improve the wellness of policyholders to avert claims and to ensure GLIC pays only legitimate claims. Specifically, GLIC has begun piloting healthy living programs for insureds and has enhanced initial eligibility and ongoing eligibility claim adjudication standards of practice while also investing in and expanding the Special Investigation Unit. GLIC believes these measures will reduce future claim costs on the in-force population.

3) For compliance with 14VAC5-130-70 B.1, please state the issue age limits.

The policies were marketed to issue age from 18 to 84 years old.

4) Please provide a description, along with an exhibit, showing the anticipated policy reserves and additional reserves

Please see Attachment 1 in "VA PCS II Objection 2 Attachments 20210219.xlsx" for anticipated policy reserves on Nationwide and Virginia specific bases. GLIC does not hold additional reserves for this policy form.

Objection 2

For the following questions, please provide sufficient detail or documentation so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas:

1) Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms' introduction.

The 'if-known' analysis that has been suggested by some as an alternative way to validate rate increases is requested in this objection. GLIC does not agree that applications of 'if-known' methodology is appropriate or consistent with regulation and this method is in direct conflict with GLIC's ability to effectively manage its inforce LTC blocks of business. "If-known" methodology does not provide illustration of premiums – the amounts shown in the Exhibit are nothing more than a mathematical calculation of monies that will never be charged by GLIC or received by GLIC. Fictional premiums do not earn investment income, cannot be used to create or strengthen reserves, cannot be used to pay expenses and cannot be used to pay claims.

The NAIC and the industry have expressly rejected the use of 'if-known' as the sole basis for rate determinations, concluding that the approach introduces unnecessary and inappropriate solvency risk and is bad public policy.

Therefore, GLIC is providing attachments that reflect rate increase premiums from inception at the requested of the Bureau but believes that these attachments should be used for illustrative purposes only.

Please see Attachments 2a – 2c in "VA PCS II Objection 2 Attachments 20210219.xlsx" for the requested projections with premiums restated as if the proposed rate schedule had been in effect from inception.

2) Please provide all projections required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach.

<u>Prospective PV Approach</u>

Although GLIC believes the Prospective Present Value (PPV), or Texas method to be actuarially sound, we also note that there are many complexities that make the application of this methodology cumbersome. Aside from the complexities related to marrying the current inforce with prior sets of assumptions, the PPV approach was developed under the premise that the fully justified amount was requested and approved in full. GLIC is using the changes in actuarial assumptions from the 2017 filing to current 2020 best estimate assumptions, along with this Catch-Up amount to justify the increases being requested. GLIC maintains that the ultimate rate levels being submitted with this filing are justified as demonstrated below using the PPV methodology.

The catch-up provision was added to the PPV approach and discussed during the NAIC LTC Pricing Subgroup meeting in September 2018. The catch-up provision will account for rate requests that were denied or delayed.

Calculation of the Baseline Portion of the PPV

To calculate a rate increase using the PPV approach, we ran all active, premium-paying policyholders through an actuarial projection model two times: once using current best-estimate assumptions and once using best-estimate assumptions used at the time of the last increase. The rate increase is calculated from the output of both projections. The PPV formula used to calculate the Baseline Increase is:

$$\text{rate increase \%} = \frac{\Delta PV(\text{future incurred claims}) - \left(\frac{.6 + .8C}{1 + C}\right)\Delta PV(\text{future earned premiums})}{.8PV_{\text{current}}(\text{future earned premiums})}$$

The table shown below summarizes the outputs from the projection models using the assumptions from our prior filing (2016CFT) and the current best estimate assumptions (2019CFT). The justifiable rate increase attributable to the baseline calculation is calculated using those outputs and the equation shown above.

PCS II: Base Rate Increase Calculation		
	Lifetime Value	Limited Value
PV (future incurred claims with 2019CFT assumptions)	3,513,231,306	4,058,036,871
PV (future incurred claims with 2016CFT assumptions)	2,810,700,626	3,632,736,276
ΔPV(future incurred claims)	702,530,681	425,300,595
PV (future earned premiums with 2019CFT assumptions)	1,492,699,029	1,617,544,176
PV (future earned premiums with 2016CFT assumptions)	1,529,133,098	1,648,076,973
ΔPV(future earned premiums)	-36,434,069	-30,532,797
C (Cumulative Rate Increases to Date)	301.0%	230.9%
PPV Base Rate Increase	61.1%	34.6%

Calculation of the Catch-Up Portion of the PPV

As part of the prior filing, GLIC included an alternative rate increase request that was the one-time equivalent to the MYRAP, 117% for policies with Lifetime benefits and 68% for policies with Limited benefits. Since this entire amount was not approved, GLIC will be including the non-approved portion in the Catch-Up component of the PPV calculation. This is in accordance with the PPV methodology.

See below for the complete catch-up provision formula.

$$\text{Catch-up rate increase \%} = \frac{\text{AV(Premiums Requested}^{P}) - \text{AV(Premiums Approved}^{P})}{\text{PV}_{\text{current}}(\text{future earned premiums})} +$$

$$\frac{\text{PV(Premiums Requested}^{F}) - \text{PV(Premiums Approved}^{F})}{}$$

$PV_{current}$(future earned premiums)

PCS II: Catch-Up Rate Increase Calculation		
	Lifetime Value	Limited Value
AV(Premiums Requested^{P})	3,078,806,576	6,196,838,484
AV(Premiums Approved^{P})	3,078,343,699	6,196,652,265
PV(Premiums Requested^{F}	1,929,196,990	1,786,302,784
PV(Premiums Approved^{F}	1,529,133,098	1,648,076,973
$PV_{current}$(future earned premiums	1,492,699,029	1,617,544,176
PPV Catch-up Rate Increase	26.8%	8.6%

A summary of the allowable rate increases using PPV Method for lifetime/limited benefit periods and base/catchup is shown below.

PCS II Rate Increase Summary		
	Lifetime Benefit Period	**Limited Benefit Period**
Base Increase	61.1%	34.6%
Catch-up Increase	26.8%	8.6%
Total Requested Increase	88.0%	43.2%

GLIC is currently requesting 53% for policies with lifetime benefits and 26% for policies with limited benefits. The PPV method above supports the rate increase requested in this filing.

Blended If-Knew Approach

As an alternative to the PPV approach, the NAIC Pricing Subgroup is looking into the Blended If-Knew approach used in Minnesota. The table below shows the results of the Blended If-Knew approach with VA past rate history:

PCS II– Blended If-Knew Approach (Estimate Results for Illustrative Purposes Only)		
	Lifetime	Limited
If-Knew Increase [(A)]	0%	0%
Max Justified Rate Increase [(B)]	809.4%	782.5%
Blended If-Knew [(C)]	404.7%	391.3%

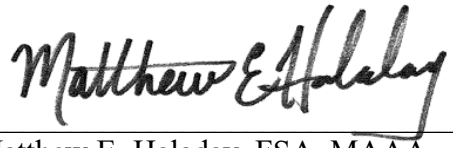
[(A)] If-Knew Increase – Increase to the premium rates such that the resulting rates, if in effect from inception of the product, would produce the initial target lifetime loss ratio of 60%

[(B)] Max Justified Rate Increase (JRI) – Increase to the premium rates such that the resulting rates, if in effect in future years, would produce the initial target lifetime loss ratio of 60%.

(C) Blended If-Knew – Weighted average of If-Knew and JRI components using a 50-50 weighting.

GLIC believes that these examples are sufficient to justify the rate increase requested in this filing.

Regards,



Matthew E. Haladay, FSA, MAAA
AVP & Actuary, In-Force Pricing
Genworth Life Insurance Company

Date: February 19, 2021

Objection Response
Genworth Life Insurance Company

This letter is in response to the comments received in your objection letter, dated January 27, 2021, to Genworth Life Insurance Company's (GLIC's) PCS II Virginia rate increase request. The comments and our responses are as follows:

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

The sample of voluntary lapse rates supplied within the memorandum included the Healthy Life lapse rates for several cells over a 25-year projection. These samples did not show what the ultimate lapse rates are for the provided cells.

The experience and therefore the assumption shows a pattern of increasing lapses at attained ages 80 and older. GLIC believes that part of this upward trend is attributable to under-reporting of deaths, where the termination is classified as a lapse. The goal of the total termination assumption (lapses and mortality) is to get the correct total terminations. The 'extra' lapses are included in the lapse assumption development, since this termination was not included in the mortality analysis. Therefore, the voluntary lapse assumptions were developed to include the upward trend at higher attained ages.

For PCS II, the experience prior to the upward trending (Attained Age 79) has a lapse rate of approximately 0.85%. With the increasing trend in the tail of the data, the assumption increases to ultimate lapse rates of approximately 3.2% for the PCS II products. The product projections reach ultimate lapse rates at Attained Age 97 or older, depending on Issue Age of the policyholder.

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

- **a. Any policies issued as limited-pay which are now in paid-up status should be removed, both from historical experience and future projections.**
- **b. For this pre-stability block, assumptions should be best-estimate.**
- **c. Premiums should be at the Virginia rate level for both historical and projected future.**
- **d. Please use the appropriate maximum valuation interest rate for accumulation and discounting of this block.**

There are four different requests regarding the information included in the projection exhibits. GLIC's commentary on these requests is as follows:

First, for the previously provided projections and for the new exhibits, nationwide experience specific to the forms available in Virginia will be included. The past experience and future projections will include rate history for Virginia (unless otherwise requested), and the projection assumptions will not contain additional margins for adverse deviation.

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Next, at the request of the Bureau, GLIC will remove all paid-up policies from both the historical experience and the projections. However, the Choice I product did not have significant sales with limited payment periods nor a significant number of policies that have elected non-forfeiture to this point. GLIC argues that excluding the non-forfeiture policies would make the experience look worse and therefore increase the justified rate increase. Additionally, the block of business was priced using an overall loss ratio projection, thus, GLIC looks at the aggregate experience of the entire block of business when calculating justified rate increases. For these reasons, GLIC believes that paid-up policies should not be excluded from the analysis.

Finally, the attachments will be provided using a different discount rate when calculating the loss ratios. Pursuant to Virginia regulation, the earned premiums and incurred claims will be discounted (or accumulated) using the maximum statutory valuation rate of 4.5%.

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

a. current assumptions and current rates
b. current assumptions with the proposed rate increase
c. current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception
d. original assumptions and original premiums from inception
e. a projection showing all premiums at the original premium scale from inception (documenting past and future PV of premium for use in the 60/80 Test)

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

The requested rate increases that are part of GLIC's Multi-Year Rate Action Plan are developed based on aggregate product experience. GLIC later split the requested increases by lifetime and limited as there was significant differentiation between these subsegments. The requested rate increases do not include splits for inflation options. Therefore, GLIC does not believe that this view should be used as justification for or against the requested rate increases in this filing. However, at the request of the Bureau, the attachments will be split between by both benefit periods and benefit inflation options.

The response for Question 2 included information regarding paid-up policies. The non-forfeiture policies will generally have minimal claims impact but will have substantial past earned premiums. Therefore, removing nonforfeiture policies from the projection would increase the future loss ratio and thus increase the justified rate increase. Furthermore, policies with limited payment periods have significant early premiums, but do not have higher anticipated claims compared to policies with lifetime payment periods. Thus, removing these policies would increase the justified rate increase. While GLIC does not believe the paid-up policies should be removed from the attachments, we have done so at the request of the Bureau.

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Item (C) is the 'if-known' analysis that has been suggested by some as an alternative way to validate rate increases. GLIC does not agree that applications of 'if-known' methodology is appropriate or consistent with regulation and this method is in direct conflict with GLIC's ability to effectively manage its inforce LTC blocks of business. "If-known" methodology does not provide illustration of premiums – the amounts shown in the Exhibit are nothing more than a mathematical calculation of monies that will never be charged by GLIC or received by GLIC. Fictional premiums do not earn investment income, cannot be used to create or strengthen reserves, cannot be used to pay expenses and cannot be used to pay claims.

The NAIC and the industry have expressly rejected the use of 'if-known' as the sole basis for rate determinations, concluding that the approach introduces unnecessary and inappropriate solvency risk and is bad public policy.

Therefore, GLIC is providing attachments that reflect rate increase premiums from inception at the requested of the Bureau but believes that these attachments should be used for illustrative purposes only.

GLIC is providing the information requested in item (D) using the original pricing assumptions that are projected since issue to our actual sales mix. This is done in order to line up more reasonably with GLIC's actual past experience.

The requested exhibits have been provided using an appropriate maximum statutory discount rate for the product in Attachments 1 – 5 in "VA PCS II Objection 3 Attachments.xlsx".

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

The table below contains the active life reserve balances for the PCS II product on a nationwide basis split by both benefit periods and benefit increase options.

PCS 2 – Active Life Reserves		
	Lifetime	Limited
No Bio	73,824,697.84	250,758,894.40
Simple BIO	310,905,090.12	616,924,558.79
Compound BIO	830,395,980.38	1,180,265,642.25
Total	**1,215,125,768.34**	**2,047,949,095.45**

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5. Please update Additional Exhibit III (Status of Filings) with any additional rate increase approvals.

Please see Attachment 6 in "VA PCS II Objection 3 Attachments.xlsx" for most resent status of filings exhibit.

6. The dual loss ratio test of 14VAC5-200-150 B. requires the use of the greater of 60% or the lifetime loss ratio used in the original pricing at the average valuation interest rate. Please revise Exhibit III (60/80 Test) and, if necessary, adjust the rate increase percentage to comply.
Please see Attachment 7 in "VA PCS II Objection 3 Attachments.xlsx" for the 60/80 test with 4.5% discount rate.

7. Please provide full projections and calculations in Excel supporting the Prospective PV and If-Knew/Makeup Blend. In addition, for the If-Knew/Makeup Blend, please use both the actual weighting for blending based on the percentage of remaining policyholders and the cost-sharing percentages prescribed in the attached report from the NAIC LTC Pricing Subgroup.

Please see Attachments 8 – 10 in "VA PCS II Objection 3 Attachments.xlsx" for the projections used in Prospective PV calculations.

Please see Attachment 11 in "VA PCS II Objection 3 Attachments.xlsx" for projections with If-Known rate increase of 0%/0% applied since inception and Attachment 12 for the projections with 809.4%/782.5% Maximum Justifies rate increase.

The table below shows the results of the Blended If-Knew approach using both the actual weighting for blending based on the percentage of remaining policyholders and the cost-sharing percentages.

PCS II– Blended If-Knew Approach (Estimate Results for Illustrative Purposes Only)		
	Lifetime	Limited
If-Knew Increase (A)	0%	0%
Max Justified Rate Increase (B)	809.4%	782.5%
Blended If-Knew 50-50 weighting (C)	404.7%	391.3%
Blended If-Knew inforce weighting (D)	543.5%	447.3%

(A) <u>If-Knew Increase</u> – Increase to the premium rates such that the resulting rates, if in effect from inception of the product, would produce the initial target lifetime loss ratio of 60%

(B) <u>Max Justified Rate Increase (JRI)</u> – Increase to the premium rates such that the resulting rates, if in effect in future years, would produce the initial target lifetime loss ratio of 60%.

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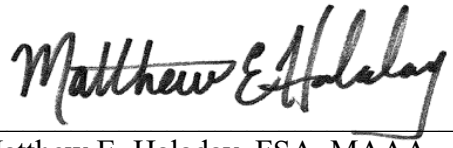
(C) Blended If-Knew 50-50 weighting – Weighted average of If-Knew and JRI components using a 50-50 weighting.

(D) Blended If-Knew inforce weighting – Weighted average of If-Knew and JRI components, with the JRI component weighted based on the percentage of the original policyholders remaining in active, premium-paying status. The percentage of the policyholders still active in VA is equal to 67% for policyholders with lifetime benefits and 57% for policyholders with limited benefits.

Regards,



Matthew E. Haladay, FSA, MAAA
AVP & Actuary, In-Force Pricing
Genworth Life Insurance Company

Date: February 19, 2021

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Objection Response
Genworth Life Insurance Company

This letter is in response to the comments received in your objection letter, dated May 25, 2021, to Genworth Life Insurance Company's (GLIC's) PCS II Virginia rate increase request. The comments and our responses are as follows:

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

The Lifetime SPO was priced to achieve the same future loss ratio (FLR) as Genworth's MYRAP. The MYRAP for PCS II consists of a future cumulative rate increases of 53%/26% for lifetime and limited BP respectively nationwide. The table below compares projected and historical amounts between the SPO designs and Genworth's MYRAP. Note that on the basis of modeling and assumptions as of the point of pricing, all options result in a future loss ratio of approximately 216.6%.

	Longer EP Design			10% Coinsurance Design			MYRAP (53/26% Increase)		
	Earned Premium	Incurred Claims	LR	Earned Premium	Incurred Claims	LR	Earned Premium	Incurred Claims	LR
PV Past	7,749,363,457	5,899,131,798	76.1%	7,749,363,457	5,899,131,798	76.1%	7,749,363,457	5,899,131,798	76.1%
PV Future	2,345,222,192	5,085,031,352	216.8%	2,351,277,404	5,089,953,253	216.5%	3,357,075,898	7,270,185,241	216.6%
Total	10,094,585,649	10,984,163,150	108.8%	10,100,640,861	10,989,085,051	108.8%	11,106,439,355	13,169,317,039	118.6%

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

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

Regards,

Matthew E. Haladay

Matthew E. Haladay, FSA, MAAA
AVP & Actuary, In-Force Pricing
Genworth Life Insurance Company

Date: June 7, 2021

GE Capital Assurance

Long Term Care Division
1650 Los Gamos Drive
San Rafael, CA 94903-1899

February 12, 1998

CONTRACTS
MAR 16 1998

The Honorable Stephen T. Foster
Commissioner of Insurance
Commonwealth of Virginia
State Corporate Commission
1300 E. Main Street
Richmond, VA 23219

NAIC No. 70025

Attn: Ms. Mary Ann Mason

APPROVED
Commonwealth of Virginia
State Corporation Commission
Bureau of Insurance
DATE 3/02/98
BY

Re: General Electric Capital Assurance Company
INDIVIDUAL ACCIDENT AND HEALTH INSURANCE
Long Term Care Insurance Policy, Form No. 7030L et al
Your letter dated February 3, 1998
Submission No. 007 0000008950

Dear Ms. Mason:

In response to your letter dated February 3, 1998, I have answered each of your concerns/objections in the same order as written by you.

1. As requested per our telephone conversation dated February 3, 1998, I have enclosed a copy of the agents report to comply with regulation 14 VAC 5-200-110 B. 1&2.

2. I have revised the wording of the How We Evaluate Claims provision to include "while a claim is pending".

Based on the above information, we hope that you will be able to grant approval of this submission. I would appreciate a call whenever you have questions. You can phone me toll-free at (800) 284-5568 Ext. 7855 or call directly at (415) 492-7855. Our FAX number is (415) 492-7756. Enclosed for your reply is a prepaid return mail envelope.

Sincerely,

Mick van Staveren
Contract Analyst
Contract Development

Enclosures

GE Capital Assurance

LONG TERM CARE
INSURANCE POLICY

POLICYHOLDER:
[JOHN ALAN DOE]
POLICY NUMBER:
[ABC1234567]

This policy is intended to be a tax-qualified contract under the Internal Revenue Code.
SEE THE PROVISIONS ON PAGE 2.

DECLARATIONS

This policy has been issued by General Electric Capital Assurance Company (GE Capital Assurance). Our home office is in Wilmington Delaware; and this policy is serviced by our Administrative Office in San Rafael, California. We are pleased to issue this insurance policy to you. It has many important features. We urge you the Insured Person, to read it carefully.

RENEWABILITY

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE: You (the Policyholder named above) have the right, subject to the terms of this policy, to continue it as long as you pay the required premiums on time. We cannot change any of the terms of this policy on our own, except that, in the future, we may increase the premiums.

30 DAY RIGHT TO EXAMINE YOUR POLICY

You have 30 days from the day you receive this policy to examine and return it to us if you decide not to keep it. You do not have to tell us your reason for returning the policy. Simply return it to us at our Administrative Office or to the agent or office through which it was bought. We will refund the full amount of any premium paid within 30 days of such a policy return; and the policy will be void from the start.

IMPORTANT CAUTION ABOUT THE APPLICATION

This policy may not apply when you have a claim! Please Read! The issuance of this long term care insurance policy is based upon the responses to questions on the application. A copy of that application is enclosed. If an Insured Person's answers are incorrect or untrue, we have the right to deny benefits or rescind the policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of an Insured Person's answers are incorrect, contact our Administrative Office at this address: 1650 Los Gamos Drive, San Rafael, California 94903-1899.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from us.

NOTICE TO BUYER: This policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

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.

FEDERAL TAX QUALIFICATION PROVISIONS

This section describes our intent that this be a qualified contract.

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). If on its effective date, the policy does not comply with the requirements of the above cited section, it will be treated as if it had been changed to comply with those requirements. Because the policy is guaranteed renewable, we will inform you in writing of any required change in the provisions of this policy; and you will be given the choice of accepting the change, or retaining the policy without that change.

TABLE OF CONTENTS

These are the major provisions of the policy in the order in which they appear.

Section Title	Page
DECLARATIONS (This describes some general rights and obligations)	1
FEDERAL TAX QUALIFICATION PROVISIONS	2
TABLE OF CONTENTS	2
SCHEDULE	3
GLOSSARY (Here you can find the definition of terms used throughout the policy. Additional definitions are found in some of the Benefit Provisions.)	4
BENEFIT PROVISIONS (Here you can find a description of the specific Benefits provided by the contract and how you qualify for them.)	6
EXCLUSIONS AND LIMITATIONS	14
BASIC CONTRACT PROVISIONS (Provisions discussing this contract in general)	15
CLAIMS PROVISIONS (This section describes the claims process. It includes: what must be done initially; how and when to file a claim; how we evaluate a claim and pay benefits; and how to appeal a claim denial.)	16
EFFECTIVE DATE AND PREMIUM PROVISIONS (This section describes the actions to be taken to place and keep the policy in force. It includes the Waiver of Premium and Grace Period provisions. It also describes the safeguards provided against loss of coverage if premiums are not paid on time.)	19
A copy of the application for this policy	Attached
Any appropriate Riders, Endorsements, Notices and other papers	Attached

Refer to the Schedule to determine the Benefits, Options and applicable coverage details.

GENERAL ELECTRIC CAPITAL ASSURANCE COMPANY

Policy Number: [ABC1234567]

Policy Effective Date: [March 1, 1998]

Name and Address of Policyholder:

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

Insured Spouse: [Mary Jane Doe][None]

POLICY COVERAGES

Privileged Care Coordination Benefit ..... Included
Home Care Benefit ..... Included
Caregiver Training Benefit ..... Included
Equipment Benefit ..... Included
Supplementary Benefit ..... Included
Long Term Care Facility Benefit ..... Included
Bed Reservation Benefit ..... Included
Survivorship Benefit ..... Included
Waiver of Premium ..... Included

COVERAGE LIMITS

Elimination Period* ..... [50] [100] DAYS
Daily Payment Maximum* ..... [$100.00]
Lifetime Payment Maximum ..... [$146,000.00]
* These limits do not always apply – refer to the Benefit Provisions for details.

INFLATION PROTECTION

[NO BENEFIT INCREASES]
[EQUAL 5% BENEFIT INCREASES - The Daily and Lifetime Payment Maximum amounts will each increase on every anniversary of the effective date of this policy. Annual increases will apply to benefits payable for any expenses incurred on or after the date of the increase. Each increase will be equal to 5% of the original amounts.]
[COMPOUND 5% BENEFIT INCREASES - The Daily and Lifetime Payment Maximum amounts will each increase on every anniversary of the effective date of this policy. Annual increases will apply to benefits payable for any expenses incurred on or after the date of the increase. The first increase will be equal to 5% of the original amounts. Each increase thereafter will be equal to 5% of the increased amounts that applied on the date of the prior increase.]

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

[NONFORFEITURE BENEFIT .....Effective with the Policy - See Attached Rider]

See the next page for Premium Information.

GENERAL ELECTRIC CAPITAL ASSURANCE COMPANY

Policy Number: [ABC1234567]

Name of Policyholder: [John Alan Doe]

PREMIUM INFORMATION

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

ANNUAL PREMIUMS:

Basic Policy Coverage	[$xx.xx]
Inflation Protection	[$xx.xx]
Optional Rider(s)	[See Rider(s)]
Annual Total	[$xx.xx]

FIRST PREMIUM	PREMIUM PAYMENT MODE	MODAL PREMIUM
[$aaa.aa]	[Quarterly]	[$bbb.bb]

GLOSSARY

This section defines words and phrases used on a general basis in the policy. Additional terms are defined in the Benefit Provisions.

Activities of Daily Living Each of the following is considered to be an Activity of Daily Living:

Bathing: Washing oneself: (a) by sponge bath; or (b) 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 functions; or when unable to maintain control of bowel and 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 in and out of a bed, chair or wheelchair.

Daily Payment Maximum This is the greatest amount we will pay for all expenses an Insured Person incurs on any one day. Unless specifically stated in a Benefit, this limit applies to the combined total for all benefit payments provided by the policy for that person. The Daily Payment Maximum that applies on the Effective Date of the policy is shown in the Schedule. If the Schedule states that Inflation Protection applies, the Benefit Increases provision in the Schedule states how the Daily Payment Maximum will increase over time.

Elimination Period The number of days for which an Insured Person must incur expenses that qualify for benefit payments under the policy; but for which we will NOT pay benefits. Days used to satisfy the Elimination Period do not need to be consecutive, but must occur within a 2 year period.

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

Note, the Elimination Period does not apply to: the Privileged Care Coordination Benefit; the Caregiver Training Benefit; the Equipment Benefit; or the Home Care Benefit when the Privileged Care Coordinator Option is used.

Family Member Your spouse and anyone who is related to you or your spouse (including adopted, in-law and step-relatives) as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece.

Insured Person	You, the Policyholder named in the Schedule, and your Insured Spouse, if any, who is also named in the Schedule or in an attached coverage rider.
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 Payment Maximum	The combined total amount we will pay as benefits under this policy. This amount is shown in the Schedule. If the Schedule states that Inflation Protection applies, the Benefit Increases provision in the Schedule states how the Lifetime Payment Maximum will increase over time.
Medicaid	Title XIX of the Social Security Amendments of 1965 as then constituted or later amended which in Virginia is the program administered in accordance with Title 32.1.
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 Year	Each twelve month period beginning with the Effective Date of the policy, as shown in the Schedule.
Prevailing Expenses	Expenses, fees or charges actually incurred by an Insured Person which do not exceed the level of charges normally made for similar care, service or other items provided to persons with comparable medical conditions or impairments in the locality where they are received. 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.
You, Your	The Policyholder named in the Schedule.
We, Us, Our	General Electric Capital Assurance Company (GE Capital Assurance). We are a stock life insurance company. Our Administrative Office is at 1650 Los Gamos Drive, San Rafael, California 94903-1899.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

This section describes the Benefits payable under the policy.

BENEFIT ELIGIBILITY

For an Insured Person to be eligible for Benefits provided by the policy we must receive ongoing proof, including a Current Eligibility Certification, which demonstrates, based on information from care providers, personal physicians and other Licensed Health Care Practitioners, that the covered care is needed due to the Insured Person continually:

- being unable to perform, without Substantial 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 be expected to exist for a period of at least 90 days; **or**
- requiring Substantial Supervision to protect oneself from threats to health and safety due to Severe Cognitive Impairment.

Current Eligibility Certification Defined

A **Current Eligibility Certification** is a Licensed Health Care Practitioner's written certification, made within the preceding 12-month period, that the Insured Person meets the above requirements.

The Claims Provisions section describes the claims evaluation process.

Additional Definitions

An **Activity of Daily Living** is one of the following: Bathing; Dressing; Eating; Continence; Toileting; and Transferring. Definitions of these activities are found in the Glossary (page 4).

Substantial Assistance means:

- "Standby Assistance" which is the presence of another person within arms reach of the Insured Person that is necessary to prevent, by physical intervention, injury to the Insured Person while he or she is performing the Activity of Daily Living; or
- "Hands-on Assistance" which is the physical assistance of another person without which the Insured Person would be unable to perform the Activity of Daily Living.

Severe Cognitive Impairment means 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; and
  - deductive or abstract reasoning.

Substantial Supervision means 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 (as may result from wandering).

CONDITIONS

Benefits will be paid only for expenses an Insured Person incurs for covered care that is received pursuant to his or her Plan of Care and while his or her insurance is in force.

Benefit payments are subject to: the Elimination Period requirements; the applicable Daily Payment Maximum and Lifetime Payment Maximum; and all other provisions of the policy.

Plan of Care Defined

A **Plan of Care** is a written, individualized plan for care and support services for an Insured Person that:

- Has been developed as a result of an assessment and incorporates any information provided by his or her personal physician; and
- Has been prescribed by a Licensed Health Care Practitioner; and
- Fairly, accurately and appropriately addresses his or her 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 cost of such services.

The Plan of Care must be updated as the Insured Person's 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. We will make copies of the current Plan of Care available to the Insured Person's personal physician.

PRIVILEGED CARE COORDINATION BENEFIT

This is an Optional Benefit the Insured Person may choose to use.

We will pay the expenses an Insured Person incurs for Privileged Care Coordination Services furnished by a Privileged Care Coordinator. Expenses paid under this Benefit will count against the policy's Lifetime Payment Maximum.

No Daily Payment Maximum or Elimination Period: The Daily Payment Maximum does not apply to payments made under this Benefit. This Benefit is not subject to, and may not be used to satisfy, any Elimination Period.

Definitions

A **Privileged Care Coordinator** is a Licensed Health Care Practitioner designated by us to provide Privileged Care Coordination Services.

Privileged Care Coordination Services include, but are not limited to:

- Developing and prescribing a Plan of Care appropriate for the Insured Person's condition.
- Providing the initial and ongoing certifications required to satisfy the Current Eligibility Certification requirements.
- Suggesting a variety of formal and informal care and support service providers and possible financial resources available to meet the needs identified in the Insured Person's Plan of Care.
- Assistance with implementing an Insured Person's Plan of Care by scheduling and coordinating the care and support service providers he or she has chosen from those suggested by the Privileged Care Coordinator.
- Ongoing monitoring of the care and support services an Insured Person is receiving. This will include periodic re-assessments to determine revisions to the Plan of Care that are warranted by changes in the Insured Person's care and support service needs.

HOME CARE BENEFIT

This is an option the Insured Person may choose to use.

Benefits of the Privileged Care Coordinator Option: The following benefits apply when an Insured Person receives care and support services exclusively in accordance with a Plan of Care developed by a Licensed Health Care Practitioner who is a Privileged Care Coordinator:

- We will pay 100% of the expenses he or she incurs for the following care and services that are consistent with that Plan of Care:
  - Health care services provided by a Nurse, or a licensed physical, occupational, respiratory or speech therapist;
  - Home Health Aide and Personal Care Attendant Services;
  - Homemaker Services;
  - Chore Services;
  - Adult Day Care;
  - Hospice Care; and
  - The first 21 days of Respite Care he or she receives during a Policy Year. (Respite Care is not subject to, nor will it satisfy any Elimination Period.)
- Payment for the above expenses will not be subject to the Daily Payment Maximum; however, not more than 7 times the Daily Payment Maximum will be paid for all those expenses which an Insured Person incurs during any calendar week (Sunday through Saturday).
- The policy will be eligible for monthly waiver of any premiums becoming due while an Insured Person is receiving the above care and support services.

No Elimination Period: When this option is used, we will waive the Insured Person's Elimination Period for these care and support services. In addition, each day the Insured Person incurs expenses for the above care and support services (except Respite Care) will count toward satisfying his or her Elimination Period for other benefits that are subject to an Elimination Period.

This applies when the above option is not used.

Benefits When Any Other Plan of Care Is Used: The following benefits apply when an Insured Person receives care and support services in accordance with a Plan of Care developed by a Licensed Health Care Practitioner who is not a Privileged Care Coordinator:

- We will pay 100% of the Prevailing Expenses he or she incurs for:
  - Health care services provided by a Nurse, or a licensed physical, occupational, respiratory or speech therapist;
  - Adult Day Care;
  - Hospice Care;
  - The first 21 days of Respite Care he or she receives during a Policy Year (Respite Care is not subject to, nor will it satisfy any Elimination Period.); and
- We will pay 80% of the Prevailing Expenses he or she incurs for:
  - Home Health Aide and Personal Care Attendant Services;
  - Homemaker Services; and
  - Chore Services; and
- We will not waive the Elimination Period requirement for care and support services received in accordance with that Plan of Care; and
- Payment for all expenses he or she incurs on any one day will always be subject to the Daily Payment Maximum.

Definitions

Adult Day Care means 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 the home.

Chore Services means assistance a person provides with light work or household tasks the Insured Person would normally perform. This is limited to assistance provided when: the Insured Person is no longer capable of performing the work or tasks (because of his or her need for assistance); they are necessary to or consistent with the Insured Person's ability to remain safely at home; and an informal (unpaid) caregiver is not available. This may include such activities as: simple household repairs; taking out the garbage; and related tasks that do not require the services of a trained aide or attendant.

Home Health Aide and Personal Care Attendant Services means assistance a person provides with the following tasks when necessary to, or consistent with, the Insured Person's ability to remain safely at home: simple health care tasks; personal hygiene; performing Activities of Daily Living; managing medications; and other related supportive tasks. Providers of these services may be independent and do not need to be affiliated with a home health care agency.

Homemaker Services means assistance a person provides with activities necessary to or consistent with the Insured Person's needs to manage and maintain a household when he or she is no longer capable of managing those activities and an informal (unpaid) caregiver is not available. This may include such activities as: preparing meals; doing laundry; and doing incidental household tasks.

Hospice Care means services (not prescription drugs) that are designed to provide palliative care to an Insured Person or to alleviate the person's physical, emotional and spiritual discomforts because he or she is experiencing the last phases of life due to a terminal disease (6 months or less to live).

Respite Care is short-term care provided in order to relieve an Insured Person's primary informal (unpaid) caregiver in the Insured Person's home. It can be furnished in an institution, in the Insured Person's home, or at a community-based program.

CAREGIVER TRAINING BENEFIT

We will pay the Prevailing Expenses an Insured Person incurs for training an informal (unpaid) caregiver to care for the Insured Person in his or her home. All of the following conditions apply to the payment of this Benefit.

- We will not pay for training provided to someone who will be paid to care for the Insured Person.
- The training cannot be received while the Insured Person is confined in a hospital or Long Term Care Facility, unless it is reasonably expected that the training will make it possible for the Insured Person to go home where he or she can be cared for by the person receiving the training.

No Elimination Period: This Benefit is not subject to, and may not be used to satisfy, any Elimination Period.

Limitations on Benefit Payments: The lifetime maximum total amount we will pay with respect to an Insured Person under this Caregiver Training Benefit is an amount equal to five (5) times his or her Daily Payment Maximum. Payment under this Benefit will not count against any Daily Payment Maximum.

EQUIPMENT BENEFIT

We will pay the Prevailing Expenses an Insured Person incurs for the purchase or rental of Supportive Equipment when all of the following conditions are satisfied.

- The equipment must be intended to assist the Insured Person in living at home or in other residential housing by relieving his or her need for direct physical assistance.
- It must be reasonably expected that the equipment will enable the Insured Person to remain at home or in other residential housing for at least 90 days after the date of purchase or first rental.
- The equipment must be specified in, and consistent with, the Insured Person's Plan of Care.

Supportive Equipment is equipment, such as the following, which meets the above conditions: pumps and other devices for intravenous injection; ramps to permit movement from one level of the residence to another; grab bars to assist in toileting; and other mechanical aids. It 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 the Insured Person's body, temporarily or permanently.

No Elimination Period: This Benefit is not subject to, and may not be used to satisfy, any Elimination Period.

Limitations on Benefit Payments: The lifetime maximum total amount we will pay with respect to an Insured Person under this Equipment Benefit is an amount equal to 50 times his or her Daily Payment Maximum. Payment under this Benefit will not count against any Daily Payment Maximum.

SUPPLEMENTARY BENEFIT

(For expenses not otherwise covered; upon approval by us.)

We will pay the Prevailing Expenses an Insured Person incurs for care, treatment, services, supplies or other items received in accordance with a Supplementary Benefit plan.

Any plan may be adopted as a **Supplementary Benefit** as long as:

- it clearly specifies the benefits to be payable;
- it provides coverage only for qualified long term care services as defined in Section 7702B(b) of the Internal Revenue Code (see page 2); and
- it is mutually agreeable to the Insured Person, his or her personal physician and us as a cost-effective alternative to benefits otherwise available under the policy.

Benefits are not payable for any expenses incurred either: prior to the date of mutual agreement; or after the Lifetime Payment Maximum has been reached. Agreement to participate in a Supplementary Benefit plan will not waive any of the rights an Insured Person or we have under the policy.

A Supplementary Benefit plan may be discontinued at any time without affecting the Insured Person's right to the benefits otherwise available under the policy.

Examples: A Supplementary Benefit plan may pay for the use of providers, facilities or supports not otherwise covered by the policy. Examples include, but are not limited to:

- In-home safety devices.
- Home delivered meals.
- Stays in other types of facilities.
- Additional equipment benefits.

LONG TERM CARE FACILITY BENEFIT

We will pay the expenses an Insured Person incurs for care and support services (including room and board, but not prescription drugs) provided by a Long Term Care Facility. The expenses must be consistent with the level of charges normally made for other inpatients receiving similar care in that facility. He or she must be confined there as a resident inpatient.

Long Term Care Facility Defined

An institution* (such as a nursing home, assisted care facility or Alzheimer's facility) which is licensed by the appropriate federal or state agency to engage primarily in providing care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment. It must also:

- Provide such care and services on a twenty-four hour a day basis;
- Have a trained and ready to respond employee on duty at all times to provide such care and services;
- Provide 3 meals a day and accommodate special dietary needs;
- Have arrangements with a duly licensed physician or Nurse to furnish medical care in case of an emergency;
- Have the appropriate methods and procedures to provide necessary assistance to residents in the management of prescribed medications; and
- Have accommodations for at least five resident inpatients in one location, unless it has been determined by us, based on information from our Privileged Care Coordinator, that it has the services and facilities required to appropriately address the Insured Person's needs as described in his or her Plan of Care (even with accommodations for less than five resident inpatients).

A Long Term Care Facility is NOT: a hospital or clinic; a subacute care or rehabilitation hospital or unit; a place which operates primarily for the treatment of alcoholism, drug addiction or mental illness; the Insured Person's primary place of residence in an area used principally for independent residential living (including, but not limited to, boarding homes and adult foster care facilities); or a substantially similar establishment.

* If an institution has multiple licenses or purposes, a portion, ward, wing or unit thereof will qualify as a Long Term Care Facility only if it: meets all of the above criteria; is authorized by its license, to the extent that licensing is required by law, to provide such care to inpatients; and is engaged principally in providing not only room and board, but also care and services which meet all of those criteria.

BED RESERVATION BENEFIT

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

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

We will do this for a total of not more than the first 21 days per person (continuous or not) of such absence during a Policy Year.

SURVIVORSHIP BENEFIT

When an Insured Person's spouse dies at this policy has been in force for at least ten years, no further premium payments will be required for this policy if:

- Both the Insured Person and such spouse continuously had long term care insurance coverage in force with us, other than under a Nonforfeiture Benefit, on the date of death of the spouse and for at least the prior ten year period; and
- Such spouse's coverage included a similar Survivorship Benefit; and
- No long term care benefits were paid or payable by us for the Insured Person or spouse during the first ten years of such concurrent coverage.

EXCLUSIONS AND LIMITATIONS

This section states the conditions under which payment will be limited, or not made at all, even if an Insured Person otherwise qualifies for benefits. These conditions apply to all benefits provided by the policy and to all attached riders.

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
  - the 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 or its territories or possessions.
- Provided by or in a Veterans Administration or federal government facility, unless a valid charge is made to the Insured Person or his or her estate.
- Resulting, directly or indirectly, from war or act of war, whether declared or not.
- Resulting, directly or indirectly, from attempted suicide or an intentionally self-inflicted injury.
- Resulting, directly or indirectly, from the Insured Person's alcoholism or addiction to drugs or narcotics; but not addiction which results from the administration of those substances in accordance with the advice and written instructions of a duly licensed physician.

NON-DUPLICATION

Benefits will be paid only for covered expenses 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 plan or law (except Medicaid).

We will consider, for the purposes of satisfying an Elimination Period, days on which an Insured Person incurs expenses that would otherwise qualify as satisfying his or her Elimination Period, but are excluded from coverage because benefits are paid or payable under governmental health care plans or laws as stated above.

BASIC CONTRACT PROVISIONS

This section describes: the documents that state all the contractual agreements; the importance of completing the application truthfully and correctly; and other basic rights, obligations and features.

The Contract

Entire Contract; Changes: This policy, including the endorsements and the 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 to waive any of its provisions.

Time Limit on Certain Defenses

Misstatements in the Application: During the first 6 months the policy is in force, we may rescind (void) the policy or deny an otherwise valid claim upon a showing of misrepresentation that was material to the acceptance of an Insured Person for coverage.

While the policy has been in force for at least 6 months but less than 2 years, we may rescind the policy or deny an otherwise valid claim upon a showing of misrepresentation that: was material to the acceptance of an Insured Person for coverage; and is pertinent to the conditions for which benefits are sought.

After the 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 an Insured Person knowingly and intentionally misrepresented relevant facts relating to his or her health. If we pay any benefits under the policy, the benefit payments will not be recovered by us in the event the 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 the policy's Effective Date.

Other Provisions

Misstatement of Age: If an Insured Person's age was misstated in the application for this policy, we will pay the benefits that the premiums paid would have purchased at his or her true age. If, based on that true age, the policy would not have become effective, we will only be liable for the refund of all premiums paid for this policy.

Governing Jurisdiction: Any provision of this policy that on its effective date is in conflict with laws of the state in which the insured resides on that date is hereby amended to conform to the minimum requirements of the laws.

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: The 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.

CLAIMS PROVISIONS

This section describes: when we must be notified of a claim; what to send us; how we evaluate and pay claims; and other rights and responsibilities under the contract.

Your Role in the Claims Process

Let us know at once, then follow these procedures.

Early awareness by our Claims Department will facilitate a timely claim review. You can help us in this process by letting us know immediately when an Insured Person thinks he or she is eligible for benefits under this policy. Of course, someone else who is authorized to act on your behalf can also contact us for you.

Privileged Care Coordinators

When an Insured Person uses a Privileged Care Coordinator (as provided in the Privileged Care Coordination Benefit), we will work with that coordinator to ensure that we understand the Insured Person's condition, any prescribed Plan of Care, and any care and support services received.

Telling us About a Claim

Notice of Claim: We must be notified when an Insured Person has 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: the Insured Person's name; the Policy Number; and an address to which the claim forms should be sent.

How to File a Claim

Claim Forms: When we get notice of claim we will send out the necessary forms to be used to file proof of loss.

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 the person is eligible.

If you or your representative do not get the necessary claim forms 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.

When to File a Claim

Proofs of Loss: When the 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 30 day period for which benefits may be payable. 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 a person on whose behalf a claim is made by working with that person, and his or her personal physician and Privileged Care Coordinator (if the Privileged Care Coordinator Benefit is used). We will also consult with any Licensed Health Care Practitioners, agencies and other care providers he or she 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 a person on whose behalf a claim is made. 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 an Insured Person's condition.

On an ongoing basis, we must receive updates to the Insured Person's Plan of Care and a Current Eligibility Certification by a Licensed Health Care Practitioner as required in the Benefit Eligibility provisions. We will also need a copy of his or her 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 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 30 days thereafter, when the loss is expected to result in on-going benefits.

Payment of Claims: All benefits will be payable to the Policyholder. If the Insured Person becomes 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 the Insured Person 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 an Insured Person receives 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 the care or services be provided by a particular provider.

How to Appeal a Claim Decision

[illegible] will inform you, the Policyholder, in [illegible] 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, we will reconsider the claim. 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 the Insured Person; and the facilities from which he or she 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 written proof of loss has been given as required by your policy. You cannot sue after 3 years from the time written proof of loss is required to be given.

EFFECTIVE DATE AND PREMIUM PROVISIONS

This section describes such things as: when the policy becomes effective; how and when to pay premiums; the importance of paying premiums on time; what happens if premiums are not paid on time; and protection available in the event of unintentional lapse of the policy.

The Policy Taking Effect

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 because the Lifetime Payment Maximum (including any increases due to any Inflation Protection) has been reached.

Your Right to Cancel The Policy at Any Time

The Policyholder may cancel this policy at any time by sending us written notice. The policy will be cancelled as of the date we receive the notice, or the later date stated in the notice. We will promptly return the unearned portion of any premium paid. The cancellation will not prejudice any claim for any uninterrupted institutional confinement that begins before the effective date of the cancellation.

Our Limited Right To Change Premiums

Premiums will not increase due to a change in age or health. We can, however, change premiums based on premium class; but only if we change the premiums 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 an anniversary of the policy's Effective Date. We must give you at least 31 days written notice before we change premiums.

Paying Premiums

The Premium Payment Mode shown in the Schedule states how often premiums are to be paid. Each premium after the First Premium is due at the end of the period for which the prior premium was paid.

Waiver of Premium
During covered confinements and while receiving Home Care Benefits under a Plan of Care from a Privileged Care Coordinator

We will waive premium payments for each coverage month that begins:

- While an Insured Person is receiving continuing benefits under the Long Term Care Facility Benefit or the Bed Reservation Benefit; or
- When Home Care Benefits are being received in accordance with a Plan of Care from a Privileged Care Coordinator.

This waiver applies to premium payments for the policy and all attached forms. It stops when the Insured Person ceases to meet the above requirements because:

- he or she is no longer eligible to receive continuing Long Term Care Facility or Bed Reservation Benefits; or
- the Privileged Care Coordinator's Plan of Care no longer requires the Insured Person to receive care or services for which benefits are payable under the Home Care Benefit.

At the end of the period for which the last premium has been waived we will first give credit for any premium paid for periods during which the waiver applied. You will then be required to pay the pro rata premium needed to return the policy to its previous premium payment mode. You must pay future premiums as they become due.

Refunds of Premium

All refunds of premium or similar amounts under the policy shall be applied as a reduction in future premiums or to increase future benefits. This does not apply to any refund: on death of the Policyholder when there is no surviving spouse who is an Insured Person under the policy; or on a complete surrender or cancellation of the policy.

What Happens When Premiums are Not Paid

Grace Period: This policy has a 31 day grace period. If a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. The policy will stay in force during the grace period. If the premium is not paid during the grace period, the policy will terminate at the end of the grace period. This is called a lapse. The end of the grace period is the lapse date.

Extension of Benefits: Termination of this policy will not affect any claim for expenses incurred during uninterrupted institutional confinement that begins while the policy is in force and continues without interruption beyond the date of termination.

This extension of benefits, beyond the period the policy was in force, will terminate when the Lifetime Payment Maximum that applies on the date of termination is reached; and is subject to the Elimination Period and all other applicable provisions of the policy. For the purposes of this provision, an uninterrupted institutional confinement will include: being transferred to another Long Term Care Facility; receiving another level of care in the same Long Term Care Facility; and transferring back to a Long Term Care Facility from a temporary or acute hospitalization.

Reinstatement: If the renewal premium is not paid before the grace period ends, the policy will lapse.

Later acceptance of the premium by us (or by an agent duly authorized 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 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.

Unpaid Premiums: When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

Protection Against Unintentional Lapse

apse Notice to Someone Else: You h e the right to designate someone else to receive notice of lapse or termination of this policy for nonpayment of premium. Any such notice will not be given to that person until thirty (30) days after a premium is due and unpaid. When you direct us to make such notifications, the policy will not lapse or terminate for nonpayment of premium until 30 days after we notify both you and your designee of a lapse or termination.

Your application shows who you have named to receive these notices. You can direct us, in writing, to change your designation and send the notices to someone else.

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:

- the policy terminates due to non-payment of premiums (lapse); and
- within 7 months after termination we are given proof that an Insured Person met the Benefit Eligibility requirements of the policy.

We must receive proof of his or her impairment or incapacity and all past-due premiums within that 7 month period. Any benefits for which an Insured Person qualified during the continuation period will be paid to the same extent they would have been paid if the policy and its riders had remained in force from the date of termination.

Conversion of Spouse Coverage Upon Death of the Policyholder

If you, the Policyholder, die while the policy is in force and your spouse is an Insured Person, he or she can continue to be covered by the policy; provided that premiums continue to be paid when due. All reference to "you" and the "Policyholder" in this policy will then apply to such spouse.

Signed for General Electric Capital Assurance Company.

Secretary

President, Long Term Care Division

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/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 Alan Doe] (First) (Middle) (Last)	[ABC1234567]	[12345-7891011]

Effective Date of [Change/Policy/Certificate]		Revised Premium and Payment Mode (If applicable)
[April 15, 1995]	☐ No Change	☒ 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**].]**

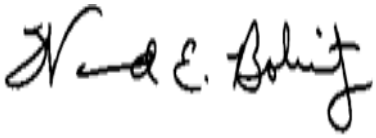
[The Elimination Period for the **[**Policy/Certificate**]** & **[**Home & Community Care Coverage**][**Home & Community Care Coverage Rider**]** is changed from **[**20 Days**]** to **[**100 Days**].]**

[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.

Signed for Genworth Life Insurance Company.
[



Ward E. Bobitz
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/Policyholder]: **[Policy] Number:**

This sample Lifetime Stable Premium Option Endorsement shows the potential policy language changes for both the extended elimination period option and the coinsurance option.

LIFETIME STABLE PREMIUM OPTION ENDORSEMENT

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

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

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

Impact to the Premium

- The "Renewability" and "Our Limited Right to Change Premiums" sections of the policy are deleted in their entirety and replaced with the following:

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

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

Lifetime Payment Maximum

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

Compound 1% Benefit Increases

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

- The attached updated policy Schedule reflects this change to the Inflation Protection provision.

SAMPLE

<u>*The following section varies depending on which version of the Lifetime Stable Premium option you elect*</u>

If you choose the extended Elimination Period option, the following section would apply:

<u>Elimination Period</u>

- As shown on the accompanying updated Schedule, the Elimination Period is changed to 180 days for the Long Term Care Facility Benefit, and a 90-day Elimination Period is required for the Home Care Benefit.

- The definition of the term "Elimination Period" in the Glossary section of the policy is deleted in its entirety and replaced with the following:

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

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

  Note, the Elimination Period does not apply to: the Privileged Care Coordination Benefit; the Caregiver Training Benefit; or the Equipment Benefit.

- The paragraphs of the "Home Care Benefit" provision that appear prior to the "Definitions" section of that provision are deleted in their entirety and replaced with the following:

  The following benefits apply when an Insured Person receives care and support services in accordance with a Plan of Care developed by a Licensed Health Care Practitioner:
  - Subject to the Elimination Period and the Daily Payment Maximum limitation in the next paragraph, we will pay the expenses he or she incurs for the following care and services that are consistent with that Plan of Care:
    - Health care services provided by a Nurse, or a licensed physical, occupational, respiratory or speech therapist;
    - Home Health Aide and Personal Care Attendant Services;
    - Homemaker Services;
    - Chore Services;
    - Adult Day Care;
    - Hospice Care; and
    - The first 21 days of Respite Care he or she receives during a Policy Year. (Respite Care is not subject to, nor will it satisfy any Elimination Period.)
  - Unless specified differently by a separate Policy rider or endorsement, payment for the above expenses will not be subject to the Daily Payment Maximum; however, not more than 7 times the Daily Payment Maximum will be paid for all those expenses which an Insured Person incurs during any calendar week (Sunday through Saturday).

SAMPLE

- After satisfying the Elimination Period, the policy will be eligible for monthly waiver of any premiums becoming due while an Insured person is receiving Home Care Benefits in accordance with a Plan of Care developed by a Privileged Care Coordinator.

- The first paragraph of the "Bed Reservation Benefit" provision is deleted in its entirety and replaced with the following:

  We will continue to pay benefits under the Long Term Care Facility Benefit, or give Elimination Period credit for either the Long Term Care Facility Benefit or Home Care Benefit, for each day an Insured Person:
  - is temporarily absent during a stay in the Long Term Care Facility; and
  - is charged to reserve his or her accommodations in that facility.

- The first paragraph of the "Waiver of Premium" provision in the "Effective Date and Premium Provisions" section is deleted in its entirety and replaced with the following:

  We will waive premium payments for each coverage month that begins:
  - While an Insured Person is receiving continuing benefits under the Long Term Care Facility Benefit or the Bed Reservation Benefit (after satisfying the Elimination Period); or
  - When Home Care Benefits are being received in accordance with a Plan of Care <u>from a Privileged Care Coordinator</u> (after satisfying the Elimination Period).

If you choose the Co-insurance option, the following section would apply:

<u>Elimination Period and Co-insurance</u>

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

- The third paragraph of the definition of the term "Elimination Period" in the Glossary section of the policy is deleted in its entirety and replaced with the following:

  Note, the Elimination Period does not apply to: the Privileged Care Coordination Benefit; the Caregiver Training Benefit; or the Equipment Benefit.

- The paragraphs of the "Home Care Benefit" provision that appear prior to the "Definitions" section of that provision are deleted in their entirety and replaced with the following:

  The following benefits apply when an Insured Person receives care and support services in accordance with a Plan of Care developed by a Licensed Health Care Practitioner:
  - Subject to the Daily Payment Maximum limitation in the next paragraph, we will pay <u>90% of the expenses</u> he or she incurs for the following care and services that are consistent with that Plan of Care:
    - Health care services provided by a Nurse, or a licensed physical, occupational, respiratory or speech therapist;
    - Home Health Aide and Personal Care Attendant Services;
    - Homemaker Services;
    - Chore Services;
    - Adult Day Care;
    - Hospice Care; and
    - The first 21 days of Respite Care he or she receives during a Policy Year. (Respite Care is not subject to, nor will it satisfy any Elimination Period.)

SAMPLE

- Unless specified differently by a separate Policy rider or endorsement, payment for the above expenses will not be subject to the Daily Payment Maximum; however, not more than 7 times the Daily Payment Maximum will be paid for all those expenses which an Insured Person incurs during any calendar week (Sunday through Saturday).
- The policy will be eligible for monthly waiver of any premiums becoming due while an Insured Person is receiving Home Care Benefits in accordance with a Plan of Care from a Privileged Care Coordinator.

No Elimination Period. We will waive the Insured Person's Elimination Period for these care and support services. In addition, if the care and support services are provided in accordance with a Privileged Care Coordinator's Plan of Care, each day the Insured Person incurs expenses for the above care and support services (except Respite Care) will count toward satisfying his or her Elimination Period for other benefits that are subject to an Elimination Period.

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

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

The remaining text applies to both Lifetime Stable Premium options

Limited options to change coverage

- If you decide that you do not wish to keep the benefit changes made pursuant to this Endorsement but instead wish to revert to the benefits you had prior to selecting the benefit changes made pursuant to this Endorsement, you must change your decision in writing within 60 days of the effective date of this Endorsement. After the 60-day period, you cannot revert back to the benefits you had prior to selecting the benefit changes made pursuant to this Endorsement.

- Other than your right described above to provide written notice that you do not wish to keep the benefit changes made pursuant to this Endorsement, the only benefit change that you may make going forward from the effective date of this Endorsement is a reduction to an available Daily Payment Maximum or dropping an applicable rider. Changing your Daily Payment Maximum will impact other benefits and maximum coverage amounts under your policy.

Conformity with Internal Revenue Code

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

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

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

SAMPLE