Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: GLIC MS Refund Calc 2013

State: District of Columbia

TOI: MS06 Medicare Supplement - Other

Sub-TOI: MS06.000 Medicare Supplement - Other

Filing Type: Rate

Date Submitted: 05/13/2014

SERFF Tr Num: AETN-129542846

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num: 2013 GLIC REFCALC DC

Implementation   On Approval
Date Requested:

Author(s):   Aaron Buelow, George Ronczy, Xiufeng Yin, Melanie Lesser

Reviewer(s):   John Morgan (primary), Alula Selassie, Beichen Li

Disposition Date:

Disposition Status:

Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval   Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission   Individual Market Type:
Overall Rate Impact: Filing Status Changed: 05/14/2014
                                                       State Status Changed:

Deemer Date: Created By: Xiufeng Yin
Submitted By: Xiufeng Yin   Corresponding Filing Tracking Number:

Filing Description:

Enclosed are the completed refund calculation forms for calendar year 2013 for
Genworth Life Insurance Company. The forms indicate that our company is not required
to provide refunds for policies in force in your state for calendar year 2013.

Company and Contact

Filing Contact Information
Xiufeng Yin, Actuarial Consultant   Xiufeng.yin@aetna.com
is 1100 Abernathy Road, Suite 375   770-346-1463 [Phone]
Atlanta, GA 30328

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

Filing Fees

Fee Required?   No
Retaliatory?   No
Fee Explanation:

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

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	0.000%	0.000%	$0	0	$0	0.000%	0.000%

SERFF Tracking #:	AETN-129542846	State Tracking #:	Company Tracking #:	2013 GLIC REFCALC DC

State:	District of Columbia		Filing Company:	Genworth Life Insurance Company
TOI/Sub-TOI:	MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other			
Product Name:	GLIC MS Refund Calc 2013			
Project Name/Number:	/			

Supporting Document Schedules

Bypassed - Item:	Cover Letter All Filings
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Certificate of Authority to File
Comments:	
Attachment(s):	GLIC MS Letter of authorization 2013-10-01.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:	AETN-129542846	State Tracking #:		Company Tracking #:	2013 GLIC REFCALC DC

State:	District of Columbia		Filing Company:	Genworth Life Insurance Company
TOI/Sub-TOI:	MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other			
Product Name:	GLIC MS Refund Calc 2013			
Project Name/Number:	/			

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Refund Calculation
Comments:	
Attachment(s):	GLIC_RefCalc_DC_2013..pdf
Item Status:	
Status Date:	

Genworth ✦

6620 West Broad Street
Building 2
Richmond, Virginia 23230
804 289.6834
Aaron.ball@genworth.com
genworth.com

September 4, 2013

Dear State Insurance Regulator:

This letter authorizes Aetna Life Insurance Company (the "Reinsurer") to file Medicare Supplement rate filings and reports with State Departments of Insurance for both the pre-standardized and standardized plans in all states where Genworth Life Insurance Company (the "Company") is authorized to conduct business.

Pursuant the terms of the Coinsurance and Administrative Services between the Reinsurer and the Company (the "Agreements"), the Company has ceded 100% of the liabilities of the Company's Medicare Supplement policies to Reinsurer. Therefore, any proposed rate filings that are being made under this authorization are being made at the request of the Reinsurer, on behalf of the Company, in accordance with the terms of the Agreements.

As such, the Reinsurer may correspond with the State Departments of Insurance regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for the period between October 1, 2013 and September 30, 2014.

Please let me know if there are any questions or if you need any further information.

Sincerely,

Aaron C Ball

Aaron C. Ball
Vice President
Genworth Life Insurance Company
aaron.ball@genworth.com
804 289.6834

MEDICARE SUPPLEMENT REFUND CALCULATION FORM

FOR CALENDAR YEAR 2013

Type	Individual	SMSBP (w)	F / High Ded F
Delivered or Issued for Delivery in			District of Columbia
Company Name			Genworth Life Insurance Company
NAIC Group Code	4011	NAIC Company Code	70025
Address			6620 West Broad Street, Richmond, VA, 23230
Person Completing This Exhibit			George Ronczy, ASA, MAAA
Title	Assistant Actuary	Telephone Number	312.928.3443

Line	(a) Earned Premium (x)	(b) Incurred Claims (y)
1. Current Year's Experience		
a. Total (all policy Years)	3,004	461
b. Current year's issues (z)	0	0
c. Net (for reporting purposes = line 1a - line 1b)	3,004	461
2. Past Years' Experience		
(All Policy Years)	8,756	4,750
3. Total Experience (Net Current Year plus Past Years' Experience)	11,760	5,211

4. Refunds Last Year (Excluding Interest)   0

5. Previous Refunds Since Inception (Excluding Interest)   0

6. Refunds Since Inception (Excluding Interest)   0

7. Benchmark Ratio Since Inception
(SEE WORKSHEET FOR RATIO 1)   57.3%

8. Experienced Ratio Since Inception

$$\frac{\text{Total Actual Incurred Claims (line 3, col. b)}}{\text{Total Earned Prem. (line 3, col. a) - Refunds Since Inception (line 6)}} = \text{Ratio 2} \qquad \frac{5,211}{11,760} = 44.3\%$$

9. Life Years Exposed Since Inception   6

If the Experience Ratio is less than the Benchmark Ratio, and there are more
than 500 life years exposure, then proceed to calculation of refund.

10. Tolerance Permitted (obtained from credibility table)   Not Credible

11. Adjustment to Incurred Claims for Credibility

Ratio 3 = Ratio 2 + Tolerance =

If Ratio 3 is more than Benchmark Ratio (Ratio 1), a refund or credit to premium is
not required.

If Ratio 3 is less than the Benchmark Ratio, then proceed.

12. Adjusted Incurred Claims =

     [Total Earned Premiums (line 3, col a) - Refunds Since Inception (line 6)]
     x Ratio 3 (line 11)

13. Refund =   No Refund

     Total Earned Premiums (line 3, col a) -
     Refunds Since Inception (line 6) -
     Adjusted Incurred Claims (line 12)
     Benchmark Ratio (Ratio 1)

     If the amount on line 13 is less than .005 times the annualized premium in force as of
     December 31 of the reporting year, then no refund is made. Otherwise, the amount on
     line 13 is to be refunded or credited, and a description of the refund and/or credit against
     premiums to be used must be attached to this form.

<div align="center">

MEDICARE SUPPLEMENT CREDIBILITY TABLE

Life Years Exposed

Since Inception	Tolerance
10,000 +	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%

If less than 500, no credibility.

</div>

(w)   "SMSBP" = Standard Medicare Supplement Benefit Plan.

(x)   Includes modal loadings and fees charged.

(y)   Excludes Active Life Reserves.

(z)   This is to be used as "Issue Year Earned Premium" for Year 1 of next year's
         "Worksheet for Calculation of Benchmark Ratios."

      I certify that the above information and calculations are true and accurate to the best
      of my knowledge and belief.

Signature

George Ronczy, ASA, MAAA

Name

Assistant Actuary

Title

05/07/2014

Date

REPORTING FORM FOR THE CALCULATION
OF BENCHMARK RATIO SINCE INCEPTION FOR
INDIVIDUAL POLICIES FOR CALENDAR YEAR 2013

Type	Individual	SMSBP (p) F / High Ded F
Delivered or Issued for Delivery in		District of Columbia
Company Name		Genworth Life Insurance Company
NAIC Group Code	4011	NAIC Company Code 70025
Address		6620 West Broad Street, Richmond, VA, 23230
Person Completing This Exhibit		George Ronczy, ASA, MAAA
Title	Assistant Actuary	Telephone Number 312.928.3443

(a)	(b)	(c)	(d)	(e) Cumulative Loss Ratio	(f)	(g)	(h)	(i) Cumulative Loss Ratio	(j)	(o) Policy Year Loss Ratio
Year	Earned Premium	Factor	(b) x (c)	Ratio	(d) x (e)	Factor	(b) x (g)	Ratio	(h) x (i)	Ratio
1		2.770		0.442		0.000		0.000		0.40
2		4.175		0.493		0.000		0.000		0.55
3		4.175		0.493		1.194		0.659		0.65
4		4.175		0.493		2.245		0.669		0.67
5	987	4.175	4,121	0.493	2,032	3.170	3,129	0.678	2,121	0.69
6		4.175		0.493		3.998		0.686		0.71
7		4.175		0.493		4.754		0.695		0.73
8		4.175		0.493		5.445		0.702		0.75
9		4.175		0.493		6.075		0.708		0.76
10		4.175		0.493		6.650		0.713		0.76
11		4.175		0.493		7.176		0.717		0.76
12		4.175		0.493		7.655		0.720		0.77
13		4.175		0.493		8.093		0.723		0.77
14		4.175		0.493		8.493		0.725		0.77
15+		4.175		0.493		8.684		0.725		0.77
TOTAL		(k):	4,121	(l):	2,032	(m):	3,129	(n):	2,121	

Benchmark Ratio Since Inception (l+n)/(k+m):   57.3%

(a): Year 1 is the current calendar year - 1
    Year 2 is the current calendar year - 2 (etc.)
    (Example: If the current year is 1991, then:
    Year 1 is 1990; Year 2 is 1989, etc.)

(b): For the calendar year on the appropriate line in column (a), the premium earned
    during that year for policies issued in that year.

(o): These loss ratios are not explicitly used in computing the benchmark loss ratios.
    They are the loss ratios, on a policy year basis, which result in the cumulative loss
    ratios displayed on this worksheet. They are shown here for Informational pur-
    poses only.

(p): "SMSBP" = Standard Medicare Supplement Benefit Plan.