

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841015

Entity Name: GENWORTH LIFE INSURANCE COMPANY**Current Principal Place of Business:**6620 WEST BROAD STREET
RICHMOND, VA 23230**Current Mailing Address:**6620 W BROAD STREET
ATTN: HOPE M. VAUGHAN LAW DPT. BLDG. 1
RICHMOND, VA 23230 US**FEI Number:** 91-6027719**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title DP
Name KELLEHER, PATRICK B
Address 6620 W BROAD ST
City-State-Zip: RICHMOND VA 23230Title DSVP
Name RODAY, LEON E
Address 6620 W BROAD ST
City-State-Zip: RICHMOND VA 23230Title T
Name PRIZZIA, GARY T
Address 6620 W BROAD ST
City-State-Zip: RICHMOND VA 23230Title SENIOR VICE PRESIDENT
Name EDWARDS, ELENA K.
Address 700 MAIN STREET
City-State-Zip: LYNCHBURG VA 24504Title SVPS
Name BOBITZ, WARD E
Address 6620 W BROAD STREET
City-State-Zip: RICHMOND VA 23230Title AS
Name MYERS, THERESA A
Address 6620 W BROAD ST
City-State-Zip: RICHMOND VA 23230Title DIRECTOR, SENIOR VICE PRESIDENT
& CFO
Name CORBIN, AMY R
Address 6620 WEST BROAD STREET
City-State-Zip: RICHMOND VA 23230Title SENIOR VICE PRESIDENT
Name FOLEY, PATRICK M
Address 6620 WEST BROAD STREET
City-State-Zip: RICHMOND VA 23230**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THERESA A. MYERS**ASSISTANT SECRETARY** 04/15/2013_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASST. TREASURER
Name TRAMPE, MICHELE L
Address 6620 WEST BROAD STREET
City-State-Zip: RICHMOND VA 23230

Title ASST. TREASURER
Name TEPPER, EDWARD A
Address 6620 WEST BROAD STREET
City-State-Zip: RICHMOND VA 23230

Title ASST. TREASURER
Name TANGARD, RICHARD K.
Address 6620 WEST BROAD STREET
City-State-Zip: RICHMOND VA 23230

Title ASST. TREASURER
Name EARLEY, JOSEPH C.
Address 6620 WEST BROAD STREET
City-State-Zip: RICHMOND VA 23230