

**DELAWARE DEPARTMENT OF INSURANCE**  
**MARKET CONDUCT EXAMINATION REPORT**  
**GENWORTH LIFE INSURANCE COMPANY**  
**NAIC #70025**

**6620 W. Broad St.**  
**Richmond, VA 23230**

**As of**

**June 30, 2019**

Trinidad Navarro  
Commissioner



Delaware Department of Insurance

I, Trinidad Navarro, Insurance Commissioner of the State of Delaware, do hereby certify that the attached REPORT ON EXAMINATION, made as of June 30, 2019 on

**GENWORTH LIFE INSURANCE COMPANY**

is a true and correct copy of the document filed with this Department.

Attest By:

A handwritten signature in blue ink, appearing to be "Trinidad Navarro", written over a horizontal line.



In Witness Whereof, I have hereunto set my hand  
and affixed the official seal of this Department at the  
City of Dover, this 11 day of June, 2020.

A handwritten signature in blue ink, appearing to be "Trinidad Navarro", written over a horizontal line.

Trinidad Navarro  
Insurance Commissioner

Trinidad Navarro  
Commissioner



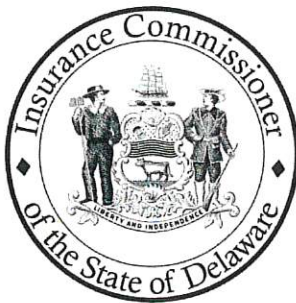
Delaware Department of Insurance

REPORT ON EXAMINATION  
OF THE  
GENWORTH LIFE INSURANCE COMPANY  
AS OF  
June 30, 2019

The above-captioned Report was completed by examiners of the Delaware Department of Insurance.

Consideration has been duly given to the comments, conclusions and recommendations of the examiners regarding the status of the Company as reflected in the Report.

This Report is hereby accepted, adopted and filed as an official record of this Department.



In Witness Whereof, I have hereunto set my hand  
and affixed the official seal of this Department at the  
City of Dover, this 11 day of June, 2020.

*Trinidad Navarro*

Trinidad Navarro  
Insurance Commissioner

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Honorable Trinidad Navarro  
Insurance Commissioner  
State of Delaware  
1351 West North Street  
Suite 101  
Dover, Delaware 19904

Dear Commissioner Navarro:

In compliance with the instructions contained in Examination Authority Number 70025-LTC-19-712, and pursuant to statutory provisions including 18 *Del. C.* § 318-322, a market conduct examination has been conducted of the affairs and practices of:

**Genworth Life Insurance Company**  
**NAIC #70025**

The examination was performed as of June 30, 2019.

The examination consisted of two phases, an on-site phase and an off-site phase. The on-site phase of the examination was conducted at the following company location:

**6620 W. Broad St.**  
**Richmond, VA 23230**

The off-site examination phase was performed at the offices of the Delaware Department of Insurance, hereinafter referred to as the "Department" or "DDOI," or other suitable locations.

The report of examination herein is respectfully submitted.

## **EXECUTIVE SUMMARY**

Genworth Life Insurance Company, hereinafter referred to as the Company, or Genworth, was incorporated as United Pacific Life Insurance Company (“UPLIC”) under the laws of the State of Washington on September 28, 1956. On May 12, 1992, the Company redomesticated to Delaware. On April 1, 1994, UPLIC changed its name to General Electric Capital Assurance Company (“GECA”) and on January 1, 2006, GECA changed its name to Genworth Life Insurance Company. The Company has its registered home office at 251 Little Falls Drive, Wilmington, Delaware 19808. The Company’s principal executive office is located at 6604 West Broad Street, Richmond, Virginia 23230.

The examination of Genworth was announced to review the Company’s practices and procedures relating to the long-term care insurance line of business. The examination focused on the Company’s business in the following areas of operation: Company Operations and Management, Complaints, Grievances and Appeals Handling, Marketing and Sales, Producer Licensing, Policyholder Service, Underwriting and Rating and Claims.

All the exceptions noted were in the areas of Complaints, Grievances and Appeals Handling, Producer Licensing, Underwriting and Rating and Claims.

The following exceptions were noted.

### **52 Exceptions**

#### **18 Del. C. §1716. Notification to Insurance Commissioner of termination.**

*(a) Termination for cause. -- An insurer or authorized representative of the insurer that terminates the appointment, employment, contract or other insurance business relationship with a producer shall notify the Insurance Commissioner within 30 days following the effective date of the termination, using a format prescribed by the Insurance Commissioner, if the reason for termination is 1 of the reasons set forth in § 1712 of this title or the insurer has knowledge the producer was found by a court, government body or self-regulatory organization authorized by law to have engaged in any of the activities in § 1712 of this title. Upon the written request of the Insurance Commissioner, the insurer shall provide additional information, documents, records or other data pertaining to the termination or activity of the producer.*

*(b) Termination without cause. -- An insurer or authorized representative of the insurer that terminates the appointment, employment or contract with a producer for any reason not set forth in § 1712 of this title shall notify the Insurance Commissioner within 30 days following the effective date of the termination, using a format prescribed by the Insurance Commissioner. Upon written request of the Insurance Commissioner, the insurer shall provide additional information, documents, records or other data pertaining to the termination.*

The Company failed to notify the Insurance Commissioner of the termination date of the producers within 30 days of the termination date.

### **18 Exceptions**

#### **18 Del. C. § 7105(g)(1)(b) Disclosure and performance standards for long-term care insurance.**

*(g) Outline of coverage.*

*(1) An outline of coverage shall be delivered to a prospective applicant for long-term care insurance at the time of the initial solicitation through means which prominently direct the attention of the recipient to the document and its purpose.*

*a. The Commissioner shall prescribe a standard format, including style, arrangement and overall appearance, and the content of an outline of coverage.*

*b. In the case of agent solicitations, an agent must deliver the outline of coverage prior to the presentation of an application or enrollment form.*

*c. In the case of direct response solicitations, the outline of coverage must be presented in conjunction with any application or enrollment form.*

The Company failed to show proof that an outline of coverage was delivered to the prospective applicant for long-term care insurance at the time of the initial solicitation.

### **7 Exceptions**

#### **18 Del. Admin. C. § 1404-28.0 Requirement to Deliver Shopper's Guide**

*28.1 A long-term care insurance shopper's guide in the format developed by the National Association of Insurance Commissioners, or one developed or approved by the Commissioner, shall be provided to all prospective applicants of a long-term care insurance policy or certificate.*

*28.1.1 In the case of agent solicitations, an agent must deliver the shopper's guide prior to the presentation of an application or enrollment form.*

*28.1.2 In the case of direct response solicitations, the shopper's guide must be presented in conjunction with any application or enrollment form.*

The Company failed to show proof that a shopper's guide was provided to the prospective applicant for a long-term care insurance policy.

### **27 Exceptions**

#### **18 Del. Admin. C. §1408-4.0 Prompt Payment of Clean**

*4.1 "Claim" means a request for payment of benefits under an in-force policy, regardless of whether the benefit claimed is covered under the policy or any terms or conditions of the policy have been met.*

*4.2 "Clean Claim" means a claim that has no defect or impropriety, including any lack of required substantiating documentation, such as satisfactory evidence of expenses incurred, or particular circumstances requiring special treatment that prevents timely payment from being made on the claim.*

*4.3 Within thirty (30) days after receipt of a claim for benefits under a long-term care insurance policy or certificate, an insurer shall pay such claim if it is a clean*

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*claim, or send written notice acknowledging the date of receipt of the claim and one of the following:*

*4.3.1 The insurer is declining to pay all or part of the claim and the specific reason(s) for denial; or*

*4.3.2 That additional information is necessary to determine if all or any part of the claim is payable and the specific additional information that is necessary.*

*4.4 Within thirty (30) days after the receipt of all the requested additional information, an insurer shall pay a claim for benefits under a long-term care insurance policy or certificate if it is a clean claim, or send a written notice that the insurer is declining to pay all or part of the claim, and the specific reason or reasons for denial.*

*4.5 If an insurer fails to comply with 4.3 or 4.4, such an insurer shall pay interest at the rate of 1% per month on the amount of the claim that should have been paid but that remains unpaid after forty-five days.*

The Company failed to acknowledge, deny or pay the clean claims within thirty (30) days after receipt of the claim for benefits.

## **2 Exceptions**

### **18 Del. Admin. C. § 1408-4.0 Prompt Payment of Clean Claims**

*4.5 If an insurer fails to comply with 4.3 or 4.4, such an insurer shall pay interest at the rate of 1% per month on the amount of the claim that should have been paid but that remains unpaid after forty-five (45) days after the receipt of the claim with respect to 4.3 or all requested additional information under 4.4. The interest payable pursuant to this sub-section shall be included in an late reimbursement without requiring the person who filed the original claim to make any additional claim for such interest.*

The Company failed to pay the interest due on the claims that remained unpaid after forty-five (45) days after the receipt of the claims.

## **1 Exception**

### **18 Del. C. § 2304 Unfair methods of competition and unfair or deceptive acts or practices defined.**

*(16) Unfair claim settlement practices. — No person shall commit or perform with such frequency as to indicate a general business practice any of the following:*

*d. Refusing to pay claims without conducting a reasonable investigation based upon all available information;*

The Company failed to process an invoice supporting claim in one file.



## **METHODOLOGY**

This examination was performed in accordance with Market Regulation standards established by the Department and examination procedures suggested by the NAIC. While examiners report on the errors found in individual files, the examiners also focus on the general business practices of the Company.

The Company was requested to identify the universe of files for each segment of the review. Based on the universe sizes identified, random sampling was utilized to select the files reviewed for this examination.

Delaware Market Conduct Examination Reports generally note only those items to which the Department, after review, takes exception. An exception is any instance of Company activity that did not comply with an insurance statute or regulation. Exceptions contained in the Report may result in imposition of penalties. Generally, practices, procedures, or files that were reviewed by Department examiners during the course of an examination may not be referred to in the Report if no improprieties were noted. However, the Examination Report may include management recommendations addressing areas of concern noted by the Department, but for which no statutory violation was identified. This enables Company management to review these areas of concern in order to determine the potential impact upon Company operations or future compliance.

Throughout the course of the examination, Company officials were provided status memoranda, which referenced specific policy numbers with citation to each section of law violated. Additional information was requested to clarify apparent violations. An Exit Conference was conducted with Company officials to discuss the various types of exceptions identified during the examination and to review written summaries provided and the exceptions found.

## **COMPANY HISTORY AND PROFILE**

The Company was incorporated as United Pacific Life Insurance Company (“UPLIC”) under the laws of the State of Washington on September 28, 1956. On May 12, 1992, the Company redomesticated to Delaware. On April 1, 1994, UPLIC changed its name to General Electric Capital Assurance Company (“GECA”) and on January 1, 2006, GECA changed its name to Genworth Life Insurance Company. The Company has its registered home office at 251 Little Falls Drive Wilmington, Delaware 19808. The Company’s principal executive office is located at 6604 West Broad Street, Richmond, Virginia 23230. The Company became a controlled insurer of Genworth Holdings, Inc. (“GHI”) on May 24, 2004, immediately prior to an initial public offering of GHI’s common stock (the “Genworth IPO”), when its direct parent, Genworth North America Corporation (“GNA”), was transferred to Genworth Financial, Inc. by GE Financial Assurance Holdings, Inc. (“GEFA”) with the prior approval by the Delaware Department of Insurance (the “Delaware Department”). On April 1, 2013, Genworth became the ultimate parent of the Company following an internal reorganization.

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The Company is an insurance stock company. The Company is licensed in the District of Columbia, the U.S. Virgin Islands, Puerto Rico, and all states except New York. The major lines of business the Company writes are: Life Insurance, Annuities, and Health Insurance.

As of its 2017 annual statement for the State of Delaware, Genworth Life Insurance Company reported Direct Business Long-Term Care (Group and Individual) premiums in the amount of \$10,131,236. As of its 2018 annual statement for the State of Delaware, Genworth Life Insurance Company reported Direct Business Long-Term Care (Group and Individual) premiums in the amount of \$10,591,835.

## **COMPANY OPERATIONS AND MANAGEMENT**

The Company provided the following Company Operations and Management documentation:

- Certificate of Authority indicating that the Company is authorized to transact the business of Life Insurance, Health Insurance and Variable Annuities.
- Company Overview and History.
- The Company's Organization Charts.
- A statement that the Company was not levied any fines or penalties during the examination period, but that the Company received a recommendation for an enhancement to the claims procedures from the State of Florida.
- A statement that there was a multi-state targeted market conduct examination regarding the Company's implementation of requirements under a January 14, 2014 regulatory settlement agreement, during the examination period.
- A list of 33 internal audits conducted within the examination period.
- A Third-Party Agreement between Long Term Care Group, Inc. and Genworth Life Insurance Company executed on January 1, 2016, and audit/review reports.
- The Company's Annual Reports for 2017 and 2018, and quarterly reports for 2019.

The documents were reviewed to ensure compliance with the State of Delaware Laws and Regulations. No exceptions were noted.

## **COMPLAINTS, GRIEVANCES AND APPEALS HANDLING**

### **A. CONSUMER COMPLAINTS**

The Company provided a list of 20 consumer complaints received during the examination period. Of the 20 complaints, four were forwarded from the Department. All 20 complaint files were requested, received and reviewed. The complaint files were reviewed for compliance with the State of Delaware Laws and Regulations including, but not limited to: 18 *Del. C.* §2304(17) Failure to maintain complaint handling procedures.

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No exceptions were noted.

**B. GRIEVANCES AND APPEALS**

The Company provided a list of five grievances/appeals received during the examination period. All five grievances/appeals files were requested, received and reviewed. The files were reviewed for compliance with the State of Delaware Laws and Regulations.

No exceptions were noted.

**MARKETING AND SALES**

**ADVERTISING AND SALES MATERIALS**

The Company provided a list of 71 pieces of advertising and sales materials distributed or available for distribution during the examination period. The materials consisted of brochures, flyers, illustrations, letters, postcards, posters, presentations and videos. The Company also provided the location of ten websites, including <https://www.genworth.com>, and six general social media outlets maintained by or on behalf of the Company for marketing purposes. The 71 advertising and sales materials, company web sites and social media outlets were reviewed for compliance with the State of Delaware Laws and Regulations, including but not limited to: 18 *Del. C.* §2303, Unfair Methods of Competition and Unfair or Deceptive Acts or Practices. No exceptions were noted.

**PRODUCER LICENSING**

The Company provided a universe of 795 producers. A random sample of 86 producers was selected. The list was compared to Departmental records of producers for compliance with the State of Delaware Laws and Regulations. No exceptions were noted.

The Company provided a universe of 121 producers terminated during the examination period. A random sample of 79 terminated producers was selected. The list was compared to Departmental records of terminated producers for compliance with the State of Delaware Laws and Regulations. The following exceptions were noted:

**52 Exceptions - 18 *Del. C.* §1716. Notification to Insurance Commissioner of termination.**

The Company failed to notify the Insurance Commissioner of the producer termination within 30 days of the termination effective date.

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*Recommendation:* It is recommended that the Company review its procedures to ensure the Insurance Commissioner is notified of the producer termination within 30 days following the effective date of the termination as required by 18 *Del. C.* §1716.

## **POLICYHOLDER SERVICE**

### **A. Individual Long-Term Care Insurance Lapsed Policies**

The Company provided a universe of 22 individual long-term care insurance policies lapsed during the examination period. The entire universe of 22 lapsed policies was requested, received, and reviewed. The files were reviewed to ensure compliance with the State of Delaware Laws and Regulations. No exceptions were noted.

### **B. Individual Long-Term Care Insurance Cancelled Policies**

The Company provided a universe of 158 long-term care insurance policies cancelled during the examination period. A random sample of 79 policies was requested, received, and reviewed. The policy files were reviewed to ensure compliance with the State of Delaware Laws and Regulations. No exceptions were noted.

### **C. Individual Long-Term Care Insurance Surrendered Policies**

The Company provided a universe of nine individual long-term care insurance policies surrendered during the examination period. All nine policy files were requested, received, and reviewed. The files were reviewed to ensure compliance with the State of Delaware Laws and Regulations. No exceptions were noted.

### **D. Group Long-Term Care Insurance Surrendered Policies**

The Company provided a universe of 31 group long-term care insurance policies surrendered during the examination period. All 31 policy files were requested, received, and reviewed. The files were reviewed to ensure compliance with the State of Delaware Laws and Regulations. No exceptions were noted.

### **E. Group Long-Term Care Insurance Terminated Policies**

The Company provided a universe of 45 group long-term care insurance policies terminated during the examination period. All 45 policy files were requested, received, and reviewed. The files were reviewed to ensure compliance with the State of Delaware Laws and Regulations. No exceptions were noted.

## UNDERWRITING AND RATING

### A. Forms

The Company provided a list of 98 forms used during the examination period. A random sample of 79 forms was requested, received and reviewed. The forms provided and forms reviewed in various sections of the examination were reviewed to ensure compliance with the State of Delaware Laws and Regulations including, but not limited to: 18 *Del. C.* §2712, Filing, approval of forms. No exceptions were noted.

### B. Individual Long-Term Care Insurance Applications

The Company provided a list of 11 individual long-term care insurance applications received during the examination period. All 11 application files were requested, received and reviewed. The files were reviewed for compliance with the State of Delaware Laws and Regulations. The following exceptions were noted:

#### **11 Exceptions - 18 *Del. C.* § 7105(g)(1)(b) Disclosure and performance standards for long-term care insurance.**

The Company failed to show proof that an outline of coverage was delivered to the applicant for long-term care insurance at the time of the initial solicitation.

*Recommendation:* It is recommended that the Company review its procedures to ensure an outline of coverage is delivered to the prospective applicant for long-term care insurance at the time of the initial solicitation as required by 18 *Del. C.* § 7105(g)(1)(b).

### C. Group Long-Term Care Insurance Applications Approved

The Company provided a universe of 162 group long-term care insurance applications approved during the examination period. A random sample of 79 application files was requested, received, and reviewed. The files were reviewed to ensure compliance with the State of Delaware Laws and Regulations. No exceptions were noted.

### D. Group Long-Term Care Insurance Applications Denied And Withdrawn

The Company provided a universe of 86 group long-term care insurance applications denied and withdrawn during the examination period. A random sample of 76 applications was requested, received and reviewed. The application files were reviewed to ensure compliance with the State of Delaware Laws and Regulations. The following exceptions were noted:

#### **7 Exceptions - 18 *Del. Admin. C.* § 1404-28.1 Requirement to Deliver Shopper's Guide**

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The Company failed to show proof that a shopper's guide was provided to the applicants for a long-term care insurance policy.

*Recommendation:* It is recommended that the Company review its procedures to ensure a shopper's guide is delivered to the prospective applicant for long-term care insurance prior to the presentation of an application or enrollment form as required by 18 *Del. Admin. C.* § 1404-28.1.

**7 Exceptions - 18 *Del. C.* §7105(g)(1)(b). Disclosure and performance standards for long-term care insurance**

The Company failed to show proof that an outline of coverage was delivered to the prospective applicant for long-term care insurance at the time of the initial solicitation.

*Recommendation:* It is recommended that the Company review its procedures to ensure an outline of coverage is delivered to the prospective applicant for long-term care insurance at the time of the initial solicitation as required by 18 *Del. C.* §7105(g)(1)(b).

**E. Individual Long-Term Care Insurance Replacements**

The Company provided a universe of one individual long-term care insurance policy replaced during the examination period. The one replaced policy file was requested, received and reviewed. The file was reviewed to ensure compliance with the State of Delaware Laws and Regulations. No exceptions were noted.

**F. Group Long-Term Care Insurance Replacements**

The Company provided a universe of two group long-term care insurance policies replaced during the examination period. The two replaced policy files were requested, received and reviewed. The files were reviewed to ensure compliance with the State of Delaware Laws and Regulations. No exceptions were noted.

**CLAIMS**

**A. 2017 Paid Claims**

The Company provided a universe of 3,369 claims paid during 2017. A random sample of 108 claims was requested, received and reviewed. The claim files were reviewed for compliance with the State of Delaware Laws and Regulations. The following exceptions were noted:

**3Exceptions - 18 *Del. Admin. C.* §1408-4.3 Prompt Payment of Clean Claims**

The Company failed to acknowledge and/or pay the clean claims within thirty (30) days after receipt of the claim for benefits.

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*Recommendation:* It is recommended that the Company review its procedures to ensure compliance with the timely claim processing requirements of 18 *Del. Admin. C.* § 1408-4.3.

**B. 2018 Paid Claims**

The Company provided a universe of 3,768 claims paid during 2018. A random sample of 108 claims was requested, received and reviewed. The claim files were reviewed for compliance with the State of Delaware Laws and Regulations. The following exceptions were noted:

**7 Exceptions - 18 *Del. Admin. C.* § 1408-4.3 Prompt Payment of Clean Claims**

The Company failed to pay the clean claim within thirty (30) days after receipt of the claim for benefits.

*Recommendation:* It is recommended that the Company review its procedures to ensure compliance with the timely claim processing requirements of 18 *Del. Admin. C.* § 1408-4.3.

**2 Exceptions - 18 *Del. Admin. C.* § 1408-4.5 Prompt Payment of Clean Claims**

The Company failed to pay the interest due on claims that were not paid within forty-five (45) days after receipt of the claim.

*Recommendation:* It is recommended that the Company review its procedures to ensure the payment of the interest due as required by 18 *Del. Admin. C.* § 1408-4.5.

**1 Exception - 18 *Del. C.* § 2304(16) Unfair methods of competition and unfair or deceptive acts or practices defined.**

The Company failed to process one claim invoice/bill in the claim received.

*Recommendation:* It is recommended that the Company review its procedures to ensure all claims received are processed based upon all available information as required by the claim settlement practices of 18 *Del. C.* § 2304(16).

**C. 2019 Paid Claims**

The Company provided a universe of 1,899 claims paid during 2019. A random sample of 107 claims was requested, received and reviewed. The claim files were reviewed for compliance with the State of Delaware Laws and Regulations. The following exceptions were noted:

**2 Exceptions - 18 *Del. Admin. C.* § 1408-4.3 Prompt Payment of Clean Claims**

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The Company failed to pay the clean claim within thirty (30) days after receipt of the claim for benefits.

*Recommendation:* It is recommended that the Company review its procedures to ensure compliance with the timely claim processing requirements of 18 *Del. Admin. C.* § 1408-4.3.

**D. 2017 Denied Claims**

The Company provided a universe of 124 claims denied during 2017. A random sample of 76 claims was requested, received and reviewed. The claim files were reviewed for compliance with the State of Delaware Laws and Regulations. The following exceptions were noted:

**9 Exceptions - 18 *Del. Admin. C.* §1408-4.3 Prompt Payment of Clean Claims**

The Company failed to deny the clean claim within thirty (30) days after receipt of the claim for benefits.

*Recommendation:* It is recommended that the Company review its procedures to ensure compliance with the timely claim processing requirements of 18 *Del. Admin. C.* § 1408-4.3.

**E. 2018 Denied Claims**

The Company provided a universe of 62 claims denied during 2018. All 62 claims were requested, received and reviewed. The claim files were reviewed for compliance with the State of Delaware Laws and Regulations. The following exceptions were noted:

**1 Exception - 18 *Del. Admin. C.* § 1408-4.3 Prompt Payment of Clean Claims**

The Company failed to send written notice acknowledging the date of receipt of the claim within thirty (30) days.

*Recommendation:* It is recommended that the Company review its procedures to ensure compliance with the timely claim processing requirements of 18 *Del. Admin. C.* § 1408-4.3.

**4 Exceptions - 18 *Del. Admin. C.* § 1408-4.3 Prompt Payment of Clean Claims**

The Company failed to deny the claim within thirty (30) days after receipt of the claim for benefits.

*Recommendation:* It is recommended the Company review its procedures to ensure compliance with timely claim processing requirements of 18 *Del. Admin. C.* § 1408-4.3.



## **F. 2019 Denied Claims**

The Company provided a universe of 15 claims denied during 2019. All 15 claims were requested, received and reviewed. The claim files were reviewed for compliance with the State of Delaware Laws and Regulations. The following exception was noted:

### **1 Exception - 18 *Del. Admin. C.* § 1408-4.3 Prompt Payment of Clean Claims**

The Company failed to deny the claim within thirty (30) days after receipt of the claim for benefits.

*Recommendation:* It is recommended that the Company review its procedures to ensure compliance with the timely claim processing requirements of 18 *Del. Admin. C.* § 1408-4.3.

## **CONCLUSION**

The recommendations made below identify corrective measures the Department finds necessary as a result of the exceptions noted in the Report. Location in the Report is referenced in parenthesis.

1. It is recommended that the Company review its procedures to ensure the Insurance Commissioner is notified of the producer termination within 30 days following the effective date of the termination as required by 18 *Del. C.* §1716. (Producer Licensing)
2. It is recommended that the Company review its procedures to ensure an outline of coverage is delivered to the prospective applicant for long-term care insurance at the time of the initial solicitation as required by 18 *Del. C.* § 7105(g)(1)(b). (Underwriting and Rating)
3. It is recommended that the Company review its procedures to ensure a shopper's guide is delivered to the prospective applicant for long-term care insurance prior to the presentation of an application or enrollment form as required by 18 *Del. Admin. C.* § 1404-28.1. (Underwriting and Rating)
4. It is recommended that the Company review its procedures to ensure all claims received are processed based upon all available information as required by the claim settlement practices of 18 *Del. C.* § 2304(16). (Claims)
5. It is recommended that the Company review its procedures to ensure compliance with the timely claim processing requirements of 18 *Del. Admin. C.* § 1408-4.3. (Claims)
6. It is recommended that the Company review its procedures to ensure the payment of the interest due as required by 18 *Del. Admin. C.* § 1408-4.5. (Claims)

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The examination conducted by Joseph Krug, Christina Hughart, Stephen Misenheimer and Frank Kyazze is respectfully submitted.



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Frank W. K. Kyazze, MCM, CIE, FLMI, ALHC  
Examiner-in-Charge  
Market Conduct  
Delaware Department of Insurance

I, Frank W. K. Kyazze, hereby verify and attest, under penalty of perjury, that the above is a true and correct copy of the examination report and findings submitted to the Delaware Department of Insurance pursuant to examination authority 70025-LTC-19-712.



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Frank W. K. Kyazze, MCM, CIE, FLMI, ALHC