

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213515283

1.) CORPORATION NAME:

GENWORTH LIFE AND ANNUITY INSURANCE COMPANY

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **00025106**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6620 W BROAD STREET

CITY/ST/ZIP: RICHMOND, VA 23230

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ELENA K EDWARDS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB/PRES/CEO		
ADDRESS:	6620 W BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME:	THOMAS E. DUFFY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/GC/S		
ADDRESS:	6620 W BROAD STREET		
CITY/ST/ZIP/CO:	BUILDING 2 RICHMOND, VA 23230		

NAME:	VIDAL J TORRES, JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSISTANT SEC		
ADDRESS:	6620 W. BROAD ST.		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME:	GARY T PRIZZIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6620 W BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME:	WARD E. BOBITS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & ASST. SEC		
ADDRESS:	6620 W BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME:	AMY R. CORBIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP AND CFO		
ADDRESS:	6620 WEST BROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL A. HALEY SVP & CHIEF ACT 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY S KARAWAN DIRECTOR 6620 WEST BROAD STREET RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL J SHEEHAN, IV SVP & CIO 3001 SUMMER ST STAMFORD, CT 06905	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEON E. RODAY SVP 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ VIDAL J TORRES, JR _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VIDAL J TORRES, JR, ASSISTANT SEC _____ PRINTED NAME AND CORPORATE TITLE	3/27/2013 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			