

1.) CORPORATION NAME:

**Genworth Holdings, Inc.**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1655507**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	1,500,000,000
COMB	700,000,000
PREFER	100,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6620 W BROAD ST

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:	MARTIN P KLEIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP / CFO		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME:	LEON E RODAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP /GC /Sec		
ADDRESS:	6620 W BROAD ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME:	JEFFREY S. WRIGHT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP / Treasurer		
ADDRESS:	6620 W BROAD ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME:	THOMAS J MCINERNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	6620 W BROAD ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

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

NAME:	KELLY L GROH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CONTROLLER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J MCCULLOUGH ASST SECRETARY 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL J SHEEHAN, IV VICE PRESIDENT 3001 SUMMER STREET STAMFORD, CT 06905	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIDAL J. TORRES JR VP/ASST. SEC 6620 WEST BROAD ST RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LANDIS W. ATKINSON III ASST TREASURER 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA J BALDYGA ASST TREASURER 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD A. BERTOLINI ASST TREASURER 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH C. EARLEY ASST TREASURER 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD K. TANGARD ASST TREASURER 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD A. TEPPER ASST TREASURER 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THERESA A. MYERS ASST SECRETARY 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINE A NESS ASST SECRETARY 6620 W BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: HOPE M. VAUGHAN TITLE: ASST SECRETARY ADDRESS: 6620 WEST BROAD STREET CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Gail F. Laskowitz TITLE: VP/ Asst. Treas ADDRESS: 6620 West Broad Street CITY/ST/ZIP/CO: Richmond, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ HOPE M. VAUGHAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HOPE M. VAUGHAN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/29/2014 DATE
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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.