

SERFF Tracking Number: FRCS-125916188 State: Arkansas  
Filing Company: VantisLife Insurance Company State Tracking Number: 40969  
Company Tracking Number: 5102  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: CMP L209-Non-Par Permanent Life  
Project Name/Number: Vantis/81/81

## Filing at a Glance

Company: VantisLife Insurance Company

Product Name: CMP L209-Non-Par Permanent SERFF Tr Num: FRCS-125916188 State: ArkansasLH  
Life

TOI: L071 Individual Life - Whole

SERFF Status: Closed

State Tr Num: 40969

Sub-TOI: L071.101 Fixed/Indeterminate  
Premium - Single Life

Co Tr Num: 5102

State Status: Approved-Closed

Filing Type: Form

Co Status: None

Reviewer(s): Linda Bird

Author: LaToya Osborn

Disposition Date: 12/03/2008

Date Submitted: 11/24/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Vantis/81

Status of Filing in Domicile: Not Filed

Project Number: 81

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Not filed in  
domicile state.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/03/2008

State Status Changed: 12/03/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We have been retained by VantisLife Insurance Company to file the enclosed form(s) for approval in your state.

Our fee of \$50.00 has been sent by EFT on this same date.

The Company offers their assurances that the information required by Section 23-79-138 and the Guaranty Association

SERFF Tracking Number: FRCS-125916188 State: Arkansas  
Filing Company: VantisLife Insurance Company State Tracking Number: 40969  
Company Tracking Number: 5102  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: CMP L209-Non-Par Permanent Life  
Project Name/Number: Vantis/81/81

notice required by Regulation 49 will be provided.

In order to meet the 2001 CSO Mortality requirements effective in year 2009, enclosed please find our filing of the product shown below.

Form CMP L209 AR is the company's permanent life insurance product with no declared dividends. Additional details of the product are provided in the Actuarial Memorandum.

Illustrations will not be used with this product.

Please be advised that effective January 1, 2009, this policy will replace CMP L2 which was approved by your department in/on 08/2006.

The company will continue to use application APP 2808-1 which was approved by your department on 08/2007.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - FC01)

LaToya Osborn, Technician  
1020 Central  
Kansas City, MO 64105

latoya.osborn@firstconsulting.com  
(800) 927-2730 [Phone]  
(816) 391-2755[FAX]

### Filing Company Information

VantisLife Insurance Company  
200 Day Hill Road  
Windsor, CT 06095  
(860) 298-6008 ext. [Phone]

CoCode: 68632

Group Code:

Group Name:

FEIN Number: 06-0523876

-----

State of Domicile: Connecticut

Company Type:

State ID Number:

SERFF Tracking Number: FRCS-125916188 State: Arkansas  
Filing Company: Vantislfe Insurance Company State Tracking Number: 40969  
Company Tracking Number: 5102  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: CMP L209-Non-Par Permanent Life  
Project Name/Number: Vantis/81/81

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 per policy times one policy equals \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Vantislfe Insurance Company	\$50.00	11/24/2008	24116696

SERFF Tracking Number: FRCS-125916188 State: Arkansas  
Filing Company: VantisLife Insurance Company State Tracking Number: 40969  
Company Tracking Number: 5102  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: CMP L209-Non-Par Permanent Life  
Project Name/Number: Vantis/81/81

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/03/2008	12/03/2008

*SERFF Tracking Number:* FRCS-125916188      *State:* Arkansas  
*Filing Company:* VantisLife Insurance Company      *State Tracking Number:* 40969  
*Company Tracking Number:* 5102  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
  
*Product Name:* CMP L209-Non-Par Permanent Life  
*Project Name/Number:* Vantis/81/81

## **Disposition**

Disposition Date: 12/03/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* FRCS-125916188      *State:* Arkansas  
*Filing Company:* VantisLife Insurance Company      *State Tracking Number:* 40969  
*Company Tracking Number:* 5102  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
  
*Product Name:* CMP L209-Non-Par Permanent Life  
*Project Name/Number:* Vantis/81/81

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Individual Whole Life Policy		Yes

SERFF Tracking Number: FRCS-125916188 State: Arkansas  
 Filing Company: VantisLife Insurance Company State Tracking Number: 40969  
 Company Tracking Number: 5102  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: CMP L209-Non-Par Permanent Life  
 Project Name/Number: Vantis/81/81

## Form Schedule

Lead Form Number: CMP L209 AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CMP L209 AR	Policy/Contract/Fraternal Certificate	Individual Whole Life Initial Policy	Initial		57	CMP L209 AR Policy Form.pdf

**VANTISLIFE INSURANCE COMPANY**  
**[200 Day Hill Road**  
**Windsor, CT 06095]**

In the Policy the Owner is referred to as “You” or “Your”; VantisLife Insurance Company is referred to as “We”, “Our”, or “Us”.

**This is a legal contract between You and Us. Please read it carefully.**

We agree to pay the Beneficiary the Amount of insurance and any other Policy proceeds payable due to the Insured’s death if the Insured dies before the Termination Date while this Policy is in force. Payment will be due upon receipt at our Home Office of due proof of the Insured’s death. This agreement is subject to the terms of the Policy.

**Consideration-**This Policy is issued in consideration of the application and payment of the first premium. While the Insured is alive premiums must be paid as described in the Schedule of Policy Premiums until the Termination Date.

**TEN-DAY RIGHT TO EXAMINE POLICY – It is important to Us that You are satisfied with the Policy and that it meets Your insurance goals. Read it carefully. If you are not satisfied with it You may return it to Our Home Office or to Your agent within 10 days after you receive it. We will then cancel it as of the Issue Date and refund any premiums which have been paid, plus interest at the rate required by law in the state in which the policy is issued. This right to examine is extended to 30 days if a replacement of existing insurance is involved.**

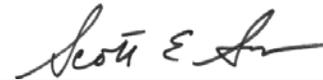
**Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**

To obtain information or to make further inquiries regarding the contract, You may call Us at [800-826-8471].

Signed for VantisLife Insurance Company at its Home Office, [200 Day Hill Road, Windsor, CT 06095].



[Peter L Tedone, President and CEO



Scott E. Smith, Sr. Vice President]

**STRAIGHT LIFE**

Premiums Payable as Shown on the Schedule Page  
Premium Class Shown on the Schedule Page  
Non-Participating

THE SCHEDULE PAGE

This page shows specific information about this policy and is referred to throughout the policy.

POLICY NUMBER [027L823456]  
NAME OF INSURED [Male Thirty Five]  
ISSUE AGE [35]  
AMOUNT OF INSURANCE [\$150,000]  
TYPE OF POLICY [Straight Life-L2]  
AGENCY/SERVICER [VantisLife Insurance Company]  
DATE OF ISSUE [September 29, 2008]  
PREMIUM CLASS [Standard Nonsmoker]

-----SCHEDULE OF PREMIUMS-----

DESCRIPTION OF BENEFITS	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
Base Policy	[\$1,423.50]	[\$725.99]	[\$370.11]	[\$128.12]
TOTAL PREMIUM	[\$1423.50]	[\$725.99]	[\$370.11]	[\$128.12]

This policy provides insurance for life. Premiums are payable for [65] years.

DATE: [9/29/2008] ISSUER: VantisLife Insurance Company

TABLE OF VALUES

INSURED: [Male Thirty Five]  
 WHOLE LIFE INSURANCE ISSUE AGE [35]

FOR [\$150,000] INSURANCE				
ATT AGE	END OF YEAR	GUARANTEED CASH VALUE	PAID-UP INSURANCE	EXTENDED TERM INSURANCE TO
[ 36	1	.00	0	Sep 29 2009
37	2	.00	0	Sep 29 2010
38	3	1,246.50	6,334	Oct 7 2014
39	4	2,895.00	14,126	Mar 9 2019
40	5	4,591.50	21,516	Dec 18 2022
41	6	6,334.50	28,513	Mar 15 2026
42	7	8,128.50	35,153	Dec 11 2028
43	8	9,973.50	41,446	Apr 17 2031
44	9	11,874.00	47,425	May 10 2033
45	10	13,828.50	53,095	Mar 8 2035
46	11	15,838.50	58,473	Oct 27 2036
47	12	17,907.00	63,582	Apr 14 2038
48	13	20,034.00	68,430	Aug 13 2039
49	14	22,222.50	73,038	Nov 2 2040
50	15	24,474.00	77,419	Dec 22 2041
51	16	26,785.50	81,574	Jan 13 2043
52	17	29,157.00	85,519	Jan 12 2044
53	18	31,585.50	89,258	Dec 19 2044
54	19	34,068.00	92,799	Nov 6 2045
55	20	36,603.00	96,154	Sep 9 2046
	AGE 60	50,014.50	110,445	May 15 2050
	AGE 65	64,386.00	121,306	Jul 30 2053]

**VANTISLIFE INSURANCE COMPANY**  
**[200 Day Hill Road**  
**Windsor, CT 06095]**

In the Policy the Owner is referred to as “You” or “Your”; VantisLife Insurance Company is referred to as “We”, “Our”, or “Us”.

**This is a legal contract between You and Us. Please read it carefully.**

We agree to pay the Beneficiary the Amount of insurance and any other Policy proceeds payable due to the Insured’s death if the Insured dies before the Termination Date while this Policy is in force. Payment will be due upon receipt at our Home Office of due proof of the Insured’s death. This agreement is subject to the terms of the Policy.

**Consideration-**This Policy is issued in consideration of the application and payment of the first premium. While the Insured is alive premiums must be paid as described in the Schedule of Policy Premiums until the Termination Date.

**TEN-DAY RIGHT TO EXAMINE POLICY – It is important to Us that You are satisfied with the Policy and that it meets Your insurance goals. Read it carefully. If you are not satisfied with it You may return it to Our Home Office or to Your agent within 10 days after you receive it. We will then cancel it as of the Issue Date and refund any premiums which have been paid, plus interest at the rate required by law in the state in which the policy is issued. This right to examine is extended to 30 days if a replacement of existing insurance is involved.**

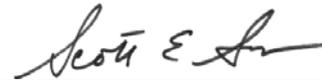
**Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**

To obtain information or to make further inquiries regarding the contract, You may call Us at [800-826-8471].

Signed for VantisLife Insurance Company at its Home Office, [200 Day Hill Road, Windsor, CT 06095].



[Peter L Tedone, President and CEO



Scott E. Smith, Sr. Vice President]

**20 PAY LIFE**

Premiums Payable as Shown on the Schedule Page  
Premium Class Shown on the Schedule Page  
Non-Participating

THE SCHEDULE PAGE

This page shows specific information about this policy and is referred to throughout the policy.

POLICY NUMBER [027L823456]  
NAME OF INSURED [Male Thirty Five]  
ISSUE AGE [35]  
AMOUNT OF INSURANCE [\$150,000]  
TYPE OF POLICY [20 Pay Life - L2]  
AGENCY/SERVICER [VantisLife Insurance Company]  
DATE OF ISSUE [September 29, 2008]  
PREMIUM CLASS [Standard Nonsmoker]

-----SCHEDULE OF PREMIUMS-----

DESCRIPTION OF BENEFITS	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
Base Policy	[\$1,983.00]	[\$1,011.33]	[\$515.58]	[\$178.47]
TOTAL PREMIUM	[\$1,983.00]	[\$1,011.33]	[\$515.58]	[\$178.47]

This policy provides insurance for life. Premiums are payable for 20 years.

DATE: [9/29/2008] ISSUER: VantisLife Insurance Company

TABLE OF VALUES

INSURED: [Male Thirty Five]  
 WHOLE LIFE INSURANCE ISSUE AGE [35]

FOR [\$150,000] INSURANCE				
ATT AGE	END OF YEAR	GUARANTEED CASH VALUE	PAID-UP INSURANCE	EXTENDED TERM INSURANCE TO
[36]	1	[.00]	[0]	[Sep 29 2009]
[37]	2	[354.00]	[1,874]	[Sep 29 2011]
[38]	3	[2,961.00]	[13,674]	[Feb 19 2018]
[39]	4	[5,100.00]	[24,884]	[Jul 19 2018]
[40]	5	[7,587.00]	[35,553]	[Dec 17 2027]
[41]	6	[10,153.50]	[45,704]	[Jul 12 2031]
[42]	7	[12,804.00]	[55,372]	[Jul 12 2034]
[43]	8	[15,543.00]	[64,591]	[Feb 6 2037]
[44]	9	[18,375.00]	[73,390]	[May 5 2039]
[45]	10	[21,306.00]	[81,804]	[May 7 2041]
[46]	11	[24,337.50]	[89,850]	[Mar 8 2043]
[47]	12	[27,477.00]	[97,562]	[Nov 19 2044]
[48]	13	[30,729.00]	[104,961]	[Jun 23 2046]
[49]	14	[34,099.50]	[112,074]	[Dec 25 2047]
[50]	15	[37,594.50]	[118,923]	[Jun 6 2049]
[51]	16	[41,217.00]	[125,524]	[Nov 6 2050]
[52]	17	[44,974.50]	[131,912]	[Apr 18 2052]
[53]	18	[48,868.50]	[138,098]	[Oct 16 2053]
[54]	19	[52,905.00]	[144,109]	[Jun 1 2055]
[55]	20	[57,090.00]	[150,000]	[Mar 29 2057]
	AGE 60	[67,912.50]	[150,000]	[Mar 23 2058]
	AGE 65	[79,596.00]	[150,000]	[Jun 3 2059]

**VANTISLIFE INSURANCE COMPANY**  
**[200 Day Hill Road**  
**Windsor, CT 06095]**

In the Policy the Owner is referred to as “You” or “Your”; VantisLife Insurance Company is referred to as “We”, “Our”, or “Us”.

**This is a legal contract between You and Us. Please read it carefully.**

We agree to pay the Beneficiary the Amount of insurance and any other Policy proceeds payable due to the Insured’s death if the Insured dies before the Termination Date while this Policy is in force. Payment will be due upon receipt at our Home Office of due proof of the Insured’s death. This agreement is subject to the terms of the Policy.

**Consideration-**This Policy is issued in consideration of the application and payment of the first premium. While the Insured is alive premiums must be paid as described in the Schedule of Policy Premiums until the Termination Date.

**TEN-DAY RIGHT TO EXAMINE POLICY – It is important to Us that You are satisfied with the Policy and that it meets Your insurance goals. Read it carefully. If you are not satisfied with it You may return it to Our Home Office or to Your agent within 10 days after you receive it. We will then cancel it as of the Issue Date and refund any premiums which have been paid, plus interest at the rate required by law in the state in which the policy is issued. This right to examine is extended to 30 days if a replacement of existing insurance is involved.**

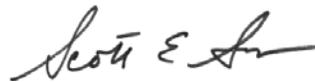
**Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**

To obtain information or to make further inquiries regarding the contract, You may call Us at [800-826-8471].

Signed for VantisLife Insurance Company at its Home Office, [200 Day Hill Road, Windsor, CT 06095].



[Peter L Tedone, President and CEO



Scott E. Smith, Sr. Vice President]

**LIFE PAID UP AT AGE 65**

Premiums Payable as Shown on the Schedule Page  
Premium Class Shown on the Schedule Page  
Non-Participating

THE SCHEDULE PAGE

This page shows specific information about this policy and is referred to throughout the policy.

POLICY NUMBER [027L823456]  
NAME OF INSURED [Male Thirty Five]  
ISSUE AGE [35]  
AMOUNT OF INSURANCE [\$150,000]  
TYPE OF POLICY [Life Paid-Up at Age 65 - L2]  
AGENCY/SERVICER [VantisLife Insurance Company]  
DATE OF ISSUE [September 29, 2008]  
PREMIUM CLASS [Standard Nonsmoker]

-----SCHEDULE OF PREMIUMS-----

DESCRIPTION OF BENEFITS	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
Base Policy	[\$1,597.50]	[\$814.73]	[\$415.35]	[\$143.78]
TOTAL PREMIUM	[\$1,597.50]	[\$814.73]	[\$415.35]	[\$143.78]

This policy provides insurance for life. Premiums are payable for [30] years.

DATE: [9/29/2008] ISSUER: VantisInsurance Company

TABLE OF VALUES

INSURED: [Male Thirty Five]  
 WHOLE LIFE INSURANCE ISSUE AGE [35]

FOR [\$150,000] INSURANCE				
ATT AGE	END OF YEAR	GUARANTEED CASH VALUE	PAID-UP INSURANCE	EXTENDED TERM INSURANCE TO
[36]	1	[.00]	[0]	[Sep 29 2009]
[37]	2	[.00]	[0]	[Sep 29 2010]
[38]	3	[1,723.50]	[8,758]	[Nov 26 2015]
[39]	4	[3,624.00]	[17,683]	[Sep 5 2020]
[40]	5	[5,584.50]	[26,169]	[Sep 19 2024]
[41]	6	[7,602.00]	[34,219]	[Feb 3 2028]
[42]	7	[9,681.00]	[41,866]	[Dec 1 2030]
[43]	8	[11,824.50]	[49,138]	[May 8 2033]
[44]	9	[14,035.50]	[56,058]	[Jun 26 2035]
[45]	10	[16,317.00]	[62,649]	[May 14 2037]
[46]	11	[18,699.00]	[69,923]	[Jan 16 2039]
[47]	12	[21,096.00]	[74,905]	[Jul 25 2040]
[48]	13	[23,599.50]	[80,609]	[Dec 17 2041]
[49]	14	[26,184.00]	[86,058]	[Apr 6 2043]
[50]	15	[28,851.00]	[91,265]	[Jun 23 2044]
[51]	16	[31,602.00]	[96,242]	[Aug 11 2045]
[52]	17	[34,438.50]	[101,009]	[Sep 9 2046]
[53]	18	[37,359.00]	[105,573]	[Sep 17 2047]
[54]	19	[40,362.00]	[109,943]	[Sep 8 2048]
[55]	20	[43,450.50]	[114,142]	[Aug 18 2049]
	AGE 60	[60,250.50]	[133,049]	[Mar 8 2054]
	AGE 65	[79,596.00]	[150,000]	[Jun 3 2059]

## TABLE OF CONTENTS

Schedule Page .....	2
.....	2A
<b>SECTION 1. POLICY BASICS .....</b>	<b>4</b>
Owner.....	4
Beneficiary .....	4
Issue Date.....	4
Death Benefit Proceeds.....	5
Contract.....	5
Lost Policy .....	5
Our Right to Contest Claims.....	5
Suicide.....	5
Misstatement of Age .....	5
<b>SECTION 2. PREMIUM PAYMENTS .....</b>	<b>6</b>
Premium Due Date .....	6
Grace Period .....	6
Automatic Premium Loan Option .....	6
Non-Payment of Premiums.....	6
Reinstatement .....	7
<b>SECTION 3. THE OWNER'S BENEFITS.....</b>	<b>7</b>
Policy Loans.....	7
Maximum Loan.....	7
Interest Charge .....	7
Policy Debt Limit.....	7
Other Borrowing Rules .....	8
Collateral Security .....	8
Cash Value Benefits.....	8
Policy Values .....	9
Choosing a Payment Option .....	9
<b>SECTION 4. COMPUTATIONS .....</b>	<b>9</b>
 RIDERS (if any)	
 APPLICATION(S)	
 ENDORSEMENTS (if any)	

## **SECTION 1. POLICY BASICS**

### **Owner**

The original Owner of this policy is named in the attached insurance application. The Owner may be the person insured or another person or party. While the Insured is living, the Owner can:

- receive any policy benefits or values; and
- exercise any right given by the policy or by us.

The Owner may name contingent owners in case the Owner dies before the Insured. A numbered sequence may be used to list contingent owners. At any time, the Owner will be the living owner with the lowest number. If the last surviving owner dies, ownership will pass to the Insured, unless the Insured has not reached his fifteenth birthday. If the Insured has not reached his fifteenth birthday, ownership of this policy shall pass to the father of the Insured, if living; otherwise, to the mother of the Insured. In the event the Owner is a terminating corporation, partnership, or trustee owner, ownership will pass to the successor.

The Owner may change or transfer ownership at any time. Contingent owners may also be changed. To make these changes, the Owner must notify us in a written form we approve. The changes will not take effect until we have endorsed them on the policy.

### **Beneficiary**

A Beneficiary is any party named on our records to receive insurance proceeds when the Insured dies. The original primary Beneficiary is named in the attached application for this policy.

The Owner may name contingent beneficiaries.

There may be more than one beneficiary in a class. If so, those named in a given class share the proceeds equally unless the Owner states otherwise.

The Owner may change the Beneficiary at any time while the Insured is alive. To do this, the Owner must notify us in a written form we approve. The change won't take effect until notice is received and acknowledged by us. The change shall take effect on the date it was signed, provided we have not made any prior payment.

Beneficiaries have no rights in this policy until the Insured dies. A beneficiary's rights or benefits when the Insured dies are subject to the rights of anyone to whom this policy has been transferred as collateral security.

### **Issue Date**

The issue date is shown on the Schedule Page. Policy months, years, and anniversaries are figured from this date.

For example: A policy's issue date is June 15. The first policy month ends July 14. The first policy year ends June 14 of the next year. The first policy anniversary is June 15 of the next year.

### **Death Benefit Proceeds**

We will pay the death benefit proceeds due under this policy within two months of receipt of due proof of the Insured's death. Death benefit proceeds will be equal to the amount of insurance shown on the policy schedule, less any overdue premiums, less policy debt, plus interest as required by law. If no beneficiary is designated or in effect, the proceeds shall be payable to the estate of the insured.

### **Contract**

This policy is a legal contract between the Owner and us. The entire contract consists of:

- the application;
- the policy; and
- attached riders and rider applications, if any.

### **Lost Policy**

The Owner may request a duplicate policy. We may, at our discretion, issue or not issue the duplicate policy. Anyone to whom this policy has been transferred as collateral security must also consent. The duplicate policy would replace this one. This policy would also be void.

### **Our Right to Contest Claims**

We rely on all facts given by or for the Insured in the application. These facts are considered representations, and not warranties. We can contest or cancel this policy for any material misrepresentation of fact. However, the misrepresentation must have been made in the application. A copy of the application is attached to this policy when issued.

After this policy has been in effect for two years from its issue date during the Insured's lifetime, we can't contest or cancel this policy.

### **Suicide**

- If the Insured, whether sane or insane, commits suicide within two years from the issue date, we will pay only a limited benefit. The benefit will be limited to the amount of premiums paid for this policy, less any amount owed to us.

### **Misstatement of Age**

If the Insured's age has been misstated, the amount payable will be what the premiums would have bought had the right age been given. The Insured's age on the issue date means his or her age, last birthday.

## **SECTION 2. PREMIUM PAYMENTS**

### **Premium Due Date**

The first premium is due on the issue date. Premiums are then due annually on each policy anniversary. Premiums are due for the premium period shown on the Schedule Page or to the earlier death of the Insured. Instead of being paid annually, the premium may be paid semi-annually, quarterly, or monthly. To do so, give us advance written notice.

Premiums are payable to either the Issuer named on the Schedule Page or at the Servicing Bank.

### **Grace Period**

A premium payment will keep this policy in effect until 12:01 A.M. of the day the next premium is due. However, we allow each premium after the first one to be paid within 31 days after its due date. These 31 days are called a grace period.

During this period, the insurance remains in effect. If the Insured dies during the grace period and the premium hasn't been paid, we'll deduct one month's premium from the proceeds.

### **Automatic Premium Loan Option**

If the premium loan option is in effect, we'll automatically loan enough to cover any premium due, or any lesser installment not paid by the end of the grace period. This includes premiums for any benefit riders also.

The premium loan when added to the policy debt with interest for the rest of the policy year can't exceed the policy's maximum loan value. We discuss loan values and policy debt in Section 3. If the loan value available is not enough to cover a loan on all rider premiums, too, we'll loan the premium on the basic policy and as many of the rider premiums as possible. We'll pay them in the order stated in the riders.

The yearly interest rate on the premium loans is 8%. Interest is due at the end of the policy year. All or part of a premium loan can be repaid at any time.

The premium loan option may be added or cancelled by the Owner. This is done by notifying us in a form we approve. The consent of any person to whom this policy has been transferred as collateral security is needed. The addition or cancellation won't take effect until we have endorsed it on the policy. It will apply only to premiums which become due after it is in effect.

### **Non-Payment of Premiums**

This policy may provide certain benefits in the event a premium isn't paid by the end of the grace period and is not paid by premium loan. These benefits are called cash value benefits. We discuss them in Section 3. As long as the policy has cash value, these

benefits may be used to prevent coverage from terminating. But if there's no cash value, the policy will terminate.

### **Reinstatement**

To reinstate means to restore coverage. When a premium is not paid and insurance continues under a cash value benefit, the policy may be reinstated as follows:

- within 31 days after the end of the grace period for the unpaid premium. This can only be done the first time a premium hasn't been paid when due. We require a reinstatement application signed by the Owner.
- within 5 years after the end of the grace period for the unpaid premium. We require a reinstatement application signed by the Insured and the Owner. And we require proof satisfactory to us that the Insured is insurable.

In either case, all overdue premiums must be paid with 6% compound yearly interest. This policy cannot be reinstated after the Insured has died.

## **SECTION 3. THE OWNER'S BENEFITS**

### **Policy Loans**

After the first year's premium has been paid, the Owner may borrow money on this policy. The Owner must apply in writing and transfer the policy to us as collateral security. No other security is needed. We call all outstanding premium and policy loans, policy debt.

### **Maximum Loan**

- The maximum amount that can be borrowed is the policy's cash surrender value at the end of the current policy year less any policy debt.

To obtain a maximum loan, the premium to the end of the current policy year must be paid. If it has not been paid, it must be paid from the money borrowed.

### **Interest Charge**

The yearly interest rate on any loan is 8%. Interest is due at the end of each policy year. If the interest is not paid when due, it will be added to the policy debt and bear interest at the same rate.

### **Policy Debt Limit**

We cannot let the policy debt, excluding any interest we have not yet earned, exceed the maximum loan value. If it does, we'll use the policy's cash surrender value to repay a loan and the policy will terminate. Failure to repay a loan or to pay the interest on it won't terminate the policy unless policy debt at that time equals or exceeds the maximum loan value. The policy will terminate 31 days after we mail a notice to the Owner's last known address.

### **Other Borrowing Rules**

Policy debt may be repaid at any time. We may delay granting any loan, other than a loan to pay premiums on this policy, for up to six months from the date the loan is requested.

A policy which is in effect as extended term insurance has no loan value.

### **Collateral Security**

The Owner may assign (transfer) this policy as collateral security for a loan or other obligation. This isn't a transfer of ownership. The rights of any owner and any beneficiary will be subject to the terms of the transfer as security. A duplicate copy of the transfer must be filed with us. We are not responsible for the validity of any transfer of this policy.

### **Cash Value Benefits**

This policy has cash value - that is, a money value. The Tables of Values on the Schedule Page shows what this value is as of the end of certain policy years.

The cash surrender value may be used to provide any of the following benefits.

If a premium isn't paid when due, as described in Section 2, we'll use the cash surrender value to keep the policy in effect as extended term insurance. This is a level amount of insurance for a limited period of time. The amount of insurance will equal

- the policy's face amount;
- less any policy debt.

The period of extended term insurance will depend on the cash surrender value on the due date of the unpaid premium. Extended term insurance will have a cash surrender value equal to its full reserve.

Within 90 days from the due date of the unpaid premium, the Owner may request in writing one of the following cash value benefits instead of extended term insurance.

1. **Cash.** The Owner may surrender (return) the policy at any time and receive its cash surrender value. We can delay paying the cash surrender value for up to six months.
2. **Paid-up Life Insurance.** This is insurance for which no further premiums are due. The amount of paid-up insurance will depend on the cash surrender value on the due date of the unpaid premium. All paid-up insurance will have a cash surrender value equal to its full reserve.

If the Owner does not elect a cash value benefit, the Automatic Extended Term Option will be in effect if the policy is a standard class policy. If this policy is a special class policy, the cash surrender value will be used to purchase paid-up life insurance as described above.

**Policy Values**

The Table of Values on the Schedule Page shows the cash value, the amount of paid-up life insurance, and the period of extended term insurance available for each year that premiums are paid.

If the amount of this policy is greater (or less) than \$1000, the policy's cash value, paid-up life insurance value, and the amount of extended term insurance available will be proportionally greater or less. These values will not be increased by any riders attached to the basic policy.

The values in this table are as of the end of the policy year shown. When figuring values during a policy year, we'll allow for the time since the start of the policy year and premiums paid to the calculation date.

**Choosing a Payment Option**

Upon the death of the Insured, unless the Owner has requested otherwise, we will pay the proceeds of this policy in one sum. The Owner may request, in a form satisfactory to us, that the proceeds be paid under any payment option we then offer. This request must be received by us during the Insured's lifetime. If no payment option is chosen before the Insured dies, the beneficiary may choose any payment option we then offer.

**SECTION 4. COMPUTATIONS**

Our computations of reserves, present values, and net single premiums under the basic policy are based on the 2001 Commissioner's Standard Ordinary Mortality Tables. Extended Term Insurance values are based on the 2001 Commissioner's Extended Term Insurance Tables.

In computing cash values, we assume that money held to pay future benefits guaranteed by this policy will earn interest at a yearly rate of 5% compounded annually. We also assume premiums are paid annually on the policy anniversary and death claims are paid immediately. Reserves are computed by Commissioner's Reserve Valuation method.

*SERFF Tracking Number:* FRCS-125916188      *State:* Arkansas  
*Filing Company:* VantisLife Insurance Company      *State Tracking Number:* 40969  
*Company Tracking Number:* 5102  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
  
*Product Name:* CMP L209-Non-Par Permanent Life  
*Project Name/Number:* Vantis/81/81

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-125916188 State: Arkansas  
Filing Company: VantisLife Insurance Company State Tracking Number: 40969  
Company Tracking Number: 5102  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: CMP L209-Non-Par Permanent Life  
Project Name/Number: Vantis/81/81

## Supporting Document Schedules

**Review Status:** 11/21/2008

**Satisfied -Name:** Certification/Notice  
**Comments:**  
**Attachments:**  
AR\_RDB.pdf  
Authorization dist.pdf  
AR\_COC.pdf

**Review Status:** 11/21/2008

**Satisfied -Name:** Application  
**Comments:**  
**Attachment:**  
App2808 AR.pdf

**STATE OF ARKANSAS  
READABILITY CERTIFICATION**

**COMPANY NAME:** VantisLife Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
CMP L209 AR	57.4



---

Diane A. Maestrone, ALHC  
AVP, Claims and Compliance

November 24, 2008

---

Date



November 14, 2008

To: The Insurance Commissioner

**Authorization**

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

VantisLife Insurance Company

By:

*Shane A. Mastrome*

Title: AVP Claims and Compliance

**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** VantisLife Insurance Company

**Form Title(s):** Individual Whole Life Policy

**Form Number(s):** CMP L209 AR

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.

*Diane A. Maestrono*

---

Diane A. Maestrono, ALHC  
AVP, Claims and Compliance

November 24, 2008

---

Date



## VANTISLIFE INSURANCE COMPANY Life Insurance Application

When completing the application please be sure to:



Print in ink only, do not type or use pencil.



Read and answer all questions completely and clearly.



Complete a Financial Supplement if application is for \$500,000 or more or for Business Insurance.



Complete and sign both copies of the Temporary Insurance Agreement only if the first full premium is being submitted with the application.



Sign the application in all applicable locations.



If you are age 21 or older, and applying for one of VANTISLIFE's Level Term products, (policies \$100,000 and over) you may qualify for one of VANTISLIFE's Select rates. Qualification will be based upon review of the following:

- 1** The completed Application
- 2** A Para-Medical Examination
- 3** A Blood Profile and a Urine Specimen
- 4** VANTISLIFE's Select Risk Criteria, which take into consideration the following factors: your nicotine use, motor vehicle record, alcohol and drug usage, occupation, any high risk activities or sports, lifestyle, medical history, blood pressure, cholesterol levels and ratios, height and weight, and your family medical history.

Upon receipt of the application, VANTISLIFE will review the application and if it appears that you may qualify, arrangements will proceed for the Para-medical Exam, Blood Profile and Urine Specimen, at VANTISLIFE's expense.

Should you not qualify for a Select Rate, we will continue to consider your application at another VANTISLIFE rate class. VANTISLIFE will advise you of a decision at the earliest possible date.



VANTISLIFE INSURANCE COMPANY  
200 Day Hill Road  
Windsor, CT 06095

AGENCY

COMPANY USE ONLY

Medical No.  APP  DEC  UND.  W. P.  Appr. Decl.  Not Elig.

W/D  PP DATE / /

AGENCY USE ONLY

Temporary Insurance Agreement  YES  NO

Rate Class Quoted

Owner State of Residence

\$  Amount

Producer #

Branch #

**APPLICATION FOR THE VANTISLIFE INSURANCE COMPANY (VANTISLIFE)**  
**AS YOU COMPLETE THIS APPLICATION, THE WORDS "YOU" AND "YOUR" REFER TO THE PROPOSED INSURED.**

**PART I**

1. Full Name of Proposed Insured (Please Print)

First Middle Last

Residence

Number and Street

City State Zip Code

2a. Birth Date  -  -  2b. Age

Month - Day - Year Last Birthday

2c.  Male  Female 2d. Birth Place (State)

2e. Social Security No.

2f. U.S. Citizen  YES  NO If "No" indicate country:

Do you hold a Green Card?  YES  NO

3a. Amount of Insurance \$  PERMANENT LIFE \$  TERM LIFE

3b. Have you smoked one or more cigarettes or used any tobacco products: within the last 12 months?  YES  NO

3c. within the last 24 months?  YES  NO

3d. within the last 36 months?  YES  NO

3e. within the last 60 months?  YES  NO

4a. Select Coverage:

PERMANENT LIFE  Indicate policy form number and attach copy of Illustration (select one plan)  Straight Life  Paid up at 65  20 Payment

I select automatic premium loan  YES  NO (Available for Permanent Life Only)

TERM LIFE (select one plan)

Yearly Renewable  Twenty Year Level

Ten Year Level  Twenty-Five Year Level

Fifteen Year Level  Thirty Year Level

Other

4b. Select Riders (If Applicable)

Disability Waiver of Premium (Available For Additional Cost for Ages 15 through 55 Years Old)

Return of Premium (Available For Additional Cost for Twenty Year, Twenty-Five Year, and Thirty Year Level Term Plans)

Other

5a. Total Life Insurance in force on Proposed Insured: If none, state "none" here: \$

5b. Is the insurance applied for to replace or change insurance in this or another company?  NO  YES (Submit State Required Form)

Amount \$  Company

5c. In the next 12 months, do you intend to live or travel outside the US or Canada?  YES  NO

If yes, please provide details, location, dates, length of stay and purpose of travel in #18.

6a. HEIGHT  ft.  in. WEIGHT  lbs.

6b. Has your weight changed in the past year?  YES  NO

If yes, number of pounds gained:  lost:

Reason for change

7a. Home Phone ( )  Bus. Phone ( )

Occupation  E-Mail Address

Exact Duties Performed

Name of Employer

Address of Employer

Nature of Business

7b. Annual Income: (Total family Income) \$

(If applying for \$500,000 or more, or for Business Insurance complete the Life Insurance Financial Supplement.) See Page 6

8. Have you been continuously and actively at work on a full time basis (30hrs/wk) at the occupation specified above for the past 90 days?  YES  NO (If no, give details in #18)

9. Premium Will Be Paid:  Annually  Semi-annually

Quarterly  Monthly  Other

Check here if you wish to pay electronically.

(Complete Premium Payment Authorization form)

10. How will Dividends be Paid? (Available for Permanent Life L-1 Policy Form Contract Only)

Return by Check  Paid-up Additions

Apply to Premium  Accumulate at Interest

One Year Term Insurance

11a. Complete only if owner is other than Proposed Insured

OWNER-APPLICANT

First Middle Last

Residence

Number and Street

City State Zip Code

Owner's Social Security No.

11b. State Relationship of OWNER to Proposed Insured

12. Name of Primary Beneficiary Relationship to Insured

First Middle Last

Residence

Number and Street

City State Zip Code

Date of Birth  /  /  SS#  -  -





# VANTISLIFE<sup>®</sup>

VANTISLIFE INSURANCE COMPANY

200 Day Hill Road  
Windsor, CT 06095

I represent to the best of my knowledge and belief that the answers and statements in this application consisting of all Parts, and any amendments, are true, complete and correctly recorded. I acknowledge that the Company will rely on these answers and statements in determining whether, and on what terms, to issue a policy. I understand if any answers and/or statements are false, incomplete or incorrectly recorded, any policy issued may be void. I agree to notify the Company of any changes to the statements and answers given in any part of the application before accepting delivery of any policy. I agree any policy based on this application shall not take effect unless and until: a) the policy is issued during the lifetime of the Proposed Insured and b) the first premium is received by the Company during the lifetime of the Proposed Insured.

Insurance products offered by Vantislife are NOT deposits, are NOT insured by the FDIC/NCUA or any other federal government agency, and are NOT obligations of, nor guaranteed by any bank or credit union.

**Warning:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### AUTHORIZATION TO RELEASE INFORMATION

I authorize the following persons and/or institutions that have any records or knowledge of me or my minor children, my employment, and my or my minor children's health to give any such information to Vantislife or its reinsurers, or any physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau, or any similar organization, institution or person. I understand that the information released to Vantislife or its reinsurers will be used to determine my eligibility for the insurance requested. Vantislife may redisclose such information for that purpose to any reinsurer, and to any person or entity performing a business or legal function for the benefit of Vantislife. This information may also be redisclosed as otherwise specifically permitted or required by law. This authorization extends to and includes any information relating to alcohol or drug abuse, tobacco use history or mental health care. This authorization or photocopies of it will be valid for two years following the date signed, unless otherwise required by law. The information released to Vantislife will not be given, sold or transferred to any person not mentioned above. I acknowledge that I have read the IMPORTANT NOTICE and I understand that I or my authorized representative is entitled to a photocopy of this authorization upon request.

I hereby acknowledge receipt of the notice to applicant.

Date   X   
LEGAL SIGNATURE OF OWNER IF OTHER THAN PROPOSED INSURED LEGAL SIGNATURE OF PROPOSED INSURED (PARENT OR GUARDIAN IF A MINOR)

Agent: Does this Sale Involve a Replacement?  NO  YES (Submit State Required Form)

VANTISLIFE AGENTS: SIGN HERE

APP 2808-1 07/07

Signed At:   
CITY, STATE

DETACH HERE AND KEEP FOR YOUR RECORDS

### IMPORTANT NOTICE TO APPLICANT

**Medical Information Bureau (MIB)** information regarding your insurability will be treated as confidential. Vantislife Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866 692-6901 (TTY 866 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112.

Vantislife Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**Fair Credit Reporting Act** As part of our normal procedure, an investigative consumer report may be made whereby information is obtained through personal interviews with third parties such as family members, business associates, friends, financial sources, neighbors, or others with whom you are acquainted. Such an inquiry typically may include information as to character, general reputation, personal characteristics and mode of living of the person to be insured. You have the right under the law to receive on your written request, disclosures of the nature and scope of an investigative consumer report.

**Supplementary Notice of Information Practices** Vantislife may need to obtain data about you prior to issuance of insurance. Some data will be obtained from you and some from other sources. That data and any data that is collected at a later date, may in some cases be disclosed to third parties without your specific consent. You have the right of access and correction to data received about you, but, data about a civil or criminal proceeding is excepted. If you would like a more detailed explanation of our information practices, please contact: Underwriting Department, Vantislife Insurance Company, 200 Day Hill Road Windsor, CT 06095.



# VANTIS LIFE<sup>®</sup>

## Life Insurance Financial Supplement

Complete if applying for \$500,000 or more, or for Business Insurance

### **A** PERSONAL INSURANCE *(For Business Insurance also complete Part B)*

1. Name of Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Purpose of Insurance (Describe) \_\_\_\_\_  
\_\_\_\_\_
3. How was amount of insurance determined? (Describe) \_\_\_\_\_  
\_\_\_\_\_
4. Income Information:
  - a. Annual Salary \_\_\_\_\_ b. Bonus/Commissions, etc. \_\_\_\_\_
  - c. Dividends (if any) \_\_\_\_\_ d. Other Income \_\_\_\_\_
5. Net Worth Information:
  - a. Assets (Real Estate, cash, autos, other personal property) \_\_\_\_\_
  - b. Liabilities (Mortgages, auto loans, credit card debt, other indebtedness) \_\_\_\_\_  
\_\_\_\_\_
6. Have you ever filed for Bankruptcy and, if so, when? (Personal or Business)  
\_\_\_\_\_

### **B** BUSINESS INSURANCE *(Complete Part A also)*

1. Type of Organization:  Proprietorship  Partnership  Other \_\_\_\_\_
2. Business Insurance on other key individuals/co-owners, etc.
  - a. Name \_\_\_\_\_ Amount \_\_\_\_\_ % of Ownership \_\_\_\_\_
  - b. If others not insured, please give reason \_\_\_\_\_  
\_\_\_\_\_
3. What percentage of the business is owned by the proposed insured?
4. Business Financial Data:
  - a. Assets \$ \_\_\_\_\_ Liabilities \$ \_\_\_\_\_ Net Worth \$ \_\_\_\_\_
  - b. Net Profit after taxes (past 3 years)
 

Year _____	\$ _____	Year _____	\$ _____	Year _____	\$ _____
------------	----------	------------	----------	------------	----------
5. Do you have a written Buy and Sell Agreement?  Yes  No

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_