

<i>SERFF Tracking Number:</i>	<i>FRCS-125918204</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>VantisLife Insurance Company</i>	<i>State Tracking Number:</i>	<i>41044</i>
<i>Company Tracking Number:</i>	<i>5103</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>CMP L109 Participating Permanent Life</i>		
<i>Project Name/Number:</i>	<i>VANTIS/82/82</i>		

Filing at a Glance

Company: VantisLife Insurance Company

Product Name: CMP L109 – Participating Permanent Life

TOI: L071 Individual Life - Whole

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

Filing Type: Form

SERFF Tr Num: FRCS-125918204 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: 5103

Co Status: None

Author: Exselsa Cartwright

Date Submitted: 12/08/2008

State Tr Num: 41044

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 12/11/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: VANTIS/82

Project Number: 82

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/11/2008

State Status Changed: 12/11/2008

Corresponding Filing Tracking Number:

Filing Description:

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

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 12/01/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

The Company offers their assurances that the information required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided.

SERFF Tracking Number: FRCS-125918204 State: Arkansas
Filing Company: Vantislife Insurance Company State Tracking Number: 41044
Company Tracking Number: 5103
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: CMP L109 Participating Permanent Life
Project Name/Number: VANTIS/82/82

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

Form CMP L209 is the company's permanent, participating life insurance product. Additional details of the product are provided in the Actuarial Memorandum.

Illustrations will be used with this product.

Please be advised that effective January 1, 2009, this policy will replace CMP L1 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.

Company and Contact

Filing Contact Information

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

Exselsa Cartwright, Compliance Specialist exselsa.cartwright@firstconsulting.com
1020 Central (800) 927-2730 [Phone]
Kansas City, MO 64105 (816) 391-2755[FAX]

Filing Company Information

Vantislife Insurance Company CoCode: 68632 State of Domicile: Connecticut
200 Day Hill Road Group Code: Company Type:
Windsor, CT 06095 Group Name: State ID Number:
(860) 298-6008 ext. [Phone] FEIN Number: 06-0523876

Filing Fees

SERFF Tracking Number: FRCS-125918204 State: Arkansas
Filing Company: VantisLife Insurance Company State Tracking Number: 41044
Company Tracking Number: 5103
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: CMP L109 Participating Permanent Life
Project Name/Number: VANTIS/82/82

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 #
VantisLife Insurance Company	\$50.00	12/08/2008	24398730

SERFF Tracking Number: FRCS-125918204 State: Arkansas
Filing Company: VantisLife Insurance Company State Tracking Number: 41044
Company Tracking Number: 5103
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: CMP LI09 Participating Permanent Life
Project Name/Number: VANTIS/82/82

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/11/2008	12/11/2008

SERFF Tracking Number: FRCS-125918204 *State:* Arkansas
Filing Company: VantisLife Insurance Company *State Tracking Number:* 41044
Company Tracking Number: 5103
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: CMP L109 Participating Permanent Life
Project Name/Number: VANTIS/82/82

Disposition

Disposition Date: 12/11/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-125918204 *State:* Arkansas
Filing Company: VantisLife Insurance Company *State Tracking Number:* 41044
Company Tracking Number: 5103
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: CMP L109 Participating Permanent Life
Project Name/Number: VANTIS/82/82

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

SERFF Tracking Number: FRCS-125918204 *State:* Arkansas
Filing Company: VantisLife Insurance Company *State Tracking Number:* 41044
Company Tracking Number: 5103
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: CMP L109 Participating Permanent Life
Project Name/Number: VANTIS/82/82

Form Schedule

Lead Form Number: CMP L109 AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CMP L109 AR	Policy/Cont ract/Fraternal Certificate	Individual Whole Life	Revised	Replaced Form #: CMP L1 Previous Filing #:	57	CMP L109 AR_Policy Forms.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.

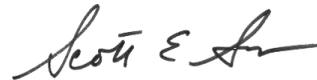
TEN-DAY RIGHT TO EXAMINE POLICY – It is important to Us that You are satisfied with the Policy and that it meets Your insurance goals. Read it carefully. If you are not satisfied with it You may return it to Our Home Office or to Your agent within 10 days after you receive it. We will then cancel it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

To obtain information or to make further inquiries regarding the contract, You may call Us at [866-826-8471].

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
Participating

THE SCHEDULE PAGE

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

POLICY NUMBER	[028L987450]
NAME OF INSURED	[Male Thirty-Five]
ISSUE AGE	[35]
AMOUNT OF INSURANCE	[\$100,000]
TYPE OF POLICY	Straight Life – L109
AGENCY/SERVICE	[Vantislife Insurance Company]
DATE OF ISSUE	[November 5, 2008]
PREMIUM CLASS	[Standard Nonsmoker]

SCHEDULE OF PREMIUMS

DESCRIPTION OF BENEFITS	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
Base Policy	[\$1,087.00]	[\$554.37]	[\$282.62]	[\$97.83]
TOTAL PREMIUM	[\$1,087.00]	[\$554.37]	[\$282.62]	[\$97.83]

This policy provides insurance for life. Premiums are payable for [86] years.

Date: [November 5, 2008]

ISSUER: Vantislife Insurance Company

TABLE OF VALUES

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

FOR \$100,000 INSURANCE

ATT AGE	END OF YEAR	GUARANTEED CASH VALUE	PAID-UP INSURANCE	EXTENDED TERM INSURANCE TO
36	1	[.00]	[0]	[Nov 04 2009]
37	2	[.00]	[0]	[Nov 04 2010]
38	3	[488.00]	[2,952]	[Aug 22 2016]
39	4	[1,377.00]	[7,967]	[Dec 22 2022]
40	5	[2,298.00]	[12,723]	[Jul 28 2027]
41	6	3,255.00]	[17,252]	[Mar 30 2031]
42	7	[4,248.00]	[21,559]	[Mar 29 2034]
43	8	[5,277.00]	[25,652]	[Aug 28 2036]
44	9	[6,344.00]	[29,547]	[Sep 14 2038]
45	10	[7,448.00]	[33,249]	[Jul 07 2040]
46	11	[8,588.00]	[36,761]	[Mar 04 2042]
47	12	[9,764.00]	[40,094]	[Sep 14 2043]
48	13	[10,975.00]	[43,255]	[Feb 12 2045]
49	14	[12,222.00]	[46,253]	[May 29 2046]
50	15	[13,511.00]	[49,113]	[Aug 06 2047]
51	16	[14,844.00]	[51,842]	[Sep 14 2048]
52	17	[16,221.00]	[54,445]	[Sep 28 2049]
53	18	[17,643.00]	[56,929]	[Sep 20 2050]
54	19	[19,107.00]	[59,291]	[Aug 20 2051]
55	20	[20,615.00]	[61,544]	[Jul 02 2052]
	AGE 60	[28,752.00]	[71,251]	[Mar 19 2056]
	AGE 65	[37,527.00]	[78,596]	[Apr 22 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.

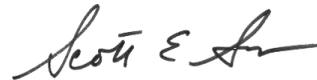
TEN-DAY RIGHT TO EXAMINE POLICY – It is important to Us that You are satisfied with the Policy and that it meets Your insurance goals. Read it carefully. If you are not satisfied with it You may return it to Our Home Office or to Your agent within 10 days after you receive it. We will then cancel it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

To obtain information or to make further inquiries regarding the contract, You may call Us at [866-826-8471].

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
Participating

THE SCHEDULE PAGE

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

POLICY NUMBER	[027L112244]
NAME OF INSURED	[Male Thirty-Five]
ISSUE AGE	[35]
AMOUNT OF INSURANCE	[\$100,000]
TYPE OF POLICY	20 Pay Life – L109
AGENCY/SERVICE	[VantisLife Insurance Company]
DATE OF ISSUE	[October 30, 2008]
PREMIUM CLASS	[Standard Nonsmoker]

SCHEDULE OF PREMIUMS

DESCRIPTION OF BENEFITS	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
Base Policy	[\$1,473.00]	[\$751.23]	[\$382.98]	[\$132.57]
TOTAL PREMIUM	[\$1,473.00]	[\$751.23]	[\$382.98]	[\$132.57]

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

Date: [November 5, 2008]

ISSUER: VantisLife Insurance Company

TABLE OF VALUES

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

FOR \$100,000 INSURANCE

ATT AGE	END OF YEAR	GUARANTEED CASH VALUE	PAID-UP INSURANCE	EXTENDED TERM INSURANCE TO
36	1	[.00]	[0]	[Nov 5 2009]
37	2	[33.00]	[209]	[Apr 11 2011]
38	3	[1,320.00]	[7,983]	[Jul 6 2022]
39	4	[2,661.00]	[15,395]	[Mar 27 2029]
40	5	[4,057.00]	[22,462]	[Mar 8 2034]
41	6	[5,512.00]	[29,214]	[Nov 15 2037]
42	7	[7,030.00]	[35,677]	[Nov 27 2040]
43	8	[8,612.00]	[41,863]	[Aug 11 2043]
44	9	[10,260.00]	[47,786]	[Jan 19 2046]
45	10	[11,976.00]	[53,462]	[Mar 27 2048]
46	11	[13,762.00]	[58,908]	[Apr 3 2050]
47	12	[15,618.00]	[64,132]	[Feb 20 2052]
48	13	[17,547.00]	[69,156]	[Nov 29 2053]
49	14	[19,553.00]	[73,996]	[Aug 13 2055]
50	15	[21,642.00]	[78,669]	[Apr 24 2057]
51	16	[23,820.00]	[83,191]	[Jan 16 2059]
52	17	[26,091.00]	[87,573]	[Nov 20 2060]
53	18	[28,459.00]	[91,828]	[Jan 4 2063]
54	19	[30,926.00]	[95,967]	[Nov 6 2065]
55	20	33,497.00]	[100,000]	[Nov 5 2094]
	AGE 60	[40,354.00]	[100,000]	[Nov 5 2094]
	AGE 65	[47,748.00]	[100,000]	[Nov 5 2094]

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.

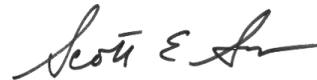
TEN-DAY RIGHT TO EXAMINE POLICY – It is important to Us that You are satisfied with the Policy and that it meets Your insurance goals. Read it carefully. If you are not satisfied with it You may return it to Our Home Office or to Your agent within 10 days after you receive it. We will then cancel it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

To obtain information or to make further inquiries regarding the contract, You may call Us at [866-826-8471].

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
Participating

THE SCHEDULE PAGE

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

POLICY NUMBER	[027L112244]
NAME OF INSURED	[Male Thirty-Five]
ISSUE AGE	[35]
AMOUNT OF INSURANCE	[\$100,000]
TYPE OF POLICY	Life Paid Up at 65 – L109
AGENCY/SERVICE	[Vantislife Insurance Company]
DATE OF ISSUE	[November 5, 2008]
PREMIUM CLASS	[Standard Nonsmoker]

SCHEDULE OF PREMIUMS

DESCRIPTION OF BENEFITS	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
Base Policy	[\$1,203.00]	[\$613.53]	[\$312.78]	[\$108.27]
TOTAL PREMIUM	[\$1,203.00]	[\$613.53]	[\$312.78]	[\$108.27]

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

Date: [November 5, 2008]

ISSUER: Vantislife Insurance Company

TABLE OF VALUES

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

FOR \$100,000 INSURANCE

ATT AGE	END OF YEAR	GUARANTEED CASH VALUE	PAID-UP INSURANCE	EXTENDED TERM INSURANCE TO
36	1	[.00]	[0]	[Nov 5 2009]
37	2	[.00]	[0]	[Nov 5 2010]
38	3	[784.00]	[4,742]	[Jan 1 2019]
39	4	[1,835.00]	[10,616]	[May 20 2025]
40	5	[2,926.00]	[16,200]	[Mar 4 2030]
41	6	[4,062.00]	[21,529]	[Dec 8 2033]
42	7	[5,243.00]	[26,608]	[Nov 14 2036]
43	8	[6,470.00]	[31,451]	[Apr 21 2039]
44	9	[7,745.00]	[36,072]	[Jun 17 2041]
45	10	[9,069.00]	[40,485]	[Jun 7 2043]
46	11	[10,440.00]	[44,688]	[Mar 28 2045]
47	12	[11,860.00]	[48,701]	[Nov 17 2046]
48	13	[13,328.00]	[52,528]	[May 18 2048]
49	14	[14,847.00]	[56,187]	[Oct 12 2049]
50	15	[16,422.00]	[59,695]	[Feb 3 2051]
51	16	[18,058.00]	[63,067]	[Apr 30 2052]
52	17	[19,756.00]	[66,310]	[Jun 29 2053]
53	18	[21,517.00]	[69,429]	[Aug 8 2054]
54	19	[23,340.00]	[72,427]	[Sep 1 2055]
55	20	[25,229.00]	[75,319]	[Sep 15 2056]
	AGE 60	[35,672.00]	[88,400]	[Dec 7 2061]
	AGE 65	[47,748.00]	[100,000]	[Nov 5 2094]

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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 any unpaid dividends, 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;
- any dividends we've paid in the form of cash or reduced premium.

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

Receiving Dividends

This policy may share in the profits of the Issuer. Each year, we figure how much of the profits will be allocated to this policy as dividends. These dividends, if any, are paid at the end of each policy year while this policy is in effect. This is provided premiums are paid to the end of the policy year or the policy has been paid up.

The Owner can choose to have dividends paid in any of the following ways:

1. Cash

Paid in cash to the Owner.

2. Premium Reduction

Used to reduce the premium then due, or any lesser installment, including premiums for any riders.

If the dividends amount to more than the premium due on the basic policy and all riders, we'll pay any excess in cash.

3. Paid-Up Life Additions

Used to buy paid-up additional life insurance. Paid-up means that no further premiums are required on the additional insurance. At the Insured's death, this additional insurance is paid as part of the proceeds. Paid-up additions may be surrendered for cash during the Insured's lifetime.

4. Dividend Accumulations

Left with us to earn interest at a yearly rate not less than 4%. Dividend accumulations are payable at the Insured's death or on demand.

Final Cash Dividend

At the Insured's death, we will pay a cash dividend for the period from the start of the policy year to the date of death. This cash dividend is part of the proceeds. This benefit does not apply if the policy is in effect as extended term insurance. We explain extended term insurance under Cash Value 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;
- plus the cash surrender value of any paid-up additions at the end of the current policy year;
- plus any dividends standing to the credit of this policy;
- 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 of this policy is the cash value:

- plus the reserve on any paid-up additions;
- plus any dividends standing to the credit of this policy, less any policy debt.

By the reserve, we mean the amount of money which, with interest and the present value of future premiums, we calculate must be held and invested to provide the future benefits.

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. Extended term insurance won't earn dividends. The amount of insurance will equal:

- the policy's face amount;
- plus the amount of any paid-up additions;
- plus any dividends standing to the credit of this policy;
- 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 (apart from dividend accumulations) 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, including the reserve for any paid-up additions.

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. The table doesn't include the amounts for any paid-up additions.

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.

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 continuously and death claims are paid immediately. Reserves are computed by Commissioners Reserve Valuation method.

SERFF Tracking Number: FRCS-125918204 *State:* Arkansas
Filing Company: VantisLife Insurance Company *State Tracking Number:* 41044
Company Tracking Number: 5103
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: CMP L109 Participating Permanent Life
Project Name/Number: VANTIS/82/82

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-125918204 State: Arkansas
Filing Company: VantisLife Insurance Company State Tracking Number: 41044
Company Tracking Number: 5103
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: CMP LI09 Participating Permanent Life
Project Name/Number: VANTIS/82/82

Supporting Document Schedules

Review Status: 11/24/2008

Satisfied -Name: Certification/Notice
Comments:
Attachments:
Authorization-dist.pdf
AR COC.pdf
AR Cert of Read.pdf

Review Status: 11/24/2008

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



December 14, 2007

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:

A handwritten signature in cursive script, appearing to read "Shari A. Mastrome". The signature is written on a horizontal line that is part of a larger signature line.

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 L109 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. Maestroni, ALHC
AVP, Claims and Compliance

December 2, 2008

Date

**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 L109 AR	56.8



Diane A. Maestrono, ALHC
AVP, Claims and Compliance

December 2, 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[®]

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[®]

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

Date _____ Signature of Applicant _____