

SERFF Tracking Number: VLIC-126214588 State: Arkansas
Filing Company: VantisLife Insurance Company State Tracking Number: 42888
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Aviation and Avocation Questionnaires
Project Name/Number: /

Filing at a Glance

Company: VantisLife Insurance Company

Product Name: Aviation and Avocation
Questionnaires

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: VLIC-126214588 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 42888

Co Tr Num:

Author: Lisa Conti

Date Submitted: 07/07/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 07/21/2009

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/21/2009

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/21/2009

Created By: Lisa Conti

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Lisa Conti

Filing Description:

The above referenced forms are being submitted for your approval.

Forms AQ1, AQ2, and AR1 are intended for use with our Individual Whole Life and Individual Term Life Insurance Applications that are currently approved in your state.

We do not have a form of this type approved for use in this state therefore we do not have another form with which to make comparison.

SERFF Tracking Number: VLIC-126214588 State: Arkansas
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 Project Name/Number: /

Company and Contact

Filing Contact Information

Lisa Conti, Compliance Specialist lconti@vantislife.com
 200 Day Hill Rd 860-298-5448 [Phone]
 Windsor, CT 06095 860-298-5479 [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

Fee Required? Yes
 Fee Amount: \$60.00
 Retaliatory? No
 Fee Explanation: 20.00 per form x 3 forms
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
VantisLife Insurance Company	\$60.00	07/07/2009	29029412

SERFF Tracking Number: VLIC-126214588

State: Arkansas

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State Tracking Number: 42888

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TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Product Name: Aviation and Avocation Questionnaires

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/21/2009	07/21/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Avocation Questionnaire	Lisa Conti	07/08/2009	07/08/2009

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Disposition

Disposition Date: 07/21/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Certificate of Compliance		Yes
Form	Aviation Questionnaire		Yes
Form (revised)	Avocation Questionnaire		Yes
Form	Avocation Questionnaire		Yes
Form	Aviation Risks Exclusion Rider		Yes

SERFF Tracking Number: VLIC-126214588

State: Arkansas

Filing Company: VantisLife Insurance Company

State Tracking Number: 42888

Company Tracking Number:

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Product Name: Aviation and Avocation Questionnaires

Project Name/Number: /

Amendment Letter

Submitted Date: 07/08/2009

Comments:

Please see attached revised Avocation Questionnaire

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
AQ2	Application/EA	Avocation Questionnaire	Initial				57.600	VANTIS AVOCAT June 2009.pdf

SERFF Tracking Number: VLIC-126214588 State: Arkansas
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 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Aviation and Avocation Questionnaires
 Project Name/Number: /

Form Schedule

Lead Form Number: AQ1

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AQ1	Application/ Aviation Enrollment Questionnaire Form	Initial		57.600	VANTIS AVIAT June 2009.pdf
	AQ2	Application/ Avocation Enrollment Questionnaire Form	Initial		57.600	VANTIS AVOCAT June 2009.pdf
	AR1	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		57.600	VANTIS Aviation Exclus Rider.pdf



VANTISLIFE®

AVIATION QUESTIONNAIRE

Name of Proposed Insured _____ Date of Birth _____

- Have you flown during the past 3 years as a student pilot, pilot, crew member, or with any other duties aboard any aircraft in flight? Yes No

COMPLETE THIS SECTION

APPROXIMATE HOURS AS PILOT AND CO-PILOT

APPROXIMATE HOURS AS CREW MEMBER

	Est. Next	Last	1 - 2	2 - 3	Est. Next	Last	1 - 2
	12 Mos.	12 Mos.	Yrs. Ago	Yrs. Ago	12 Mos.	12 Mos.	Yrs. Ago
As student							
Private aircraft							
Company owned aircraft							
Commercial airlines on schedule							
Non-scheduled or chartered aircraft							
As instructor							
Testing, experimenting; crop dusting, helicopter, glider, balloon							
Military aircraft							
Any other flying (Explain in #11)							

- Date of first flight as pilot? _____
 - Date of last flight as pilot? _____
 - Approximate hours of piloting experience since receiving private license? _____
 - Type of license or certificate now held? _____
- Have you ever held an airline transport (ATR), commercial pilot certificate, or instrument flight rating (IFR)? Yes No
- Do you own or plan to own an aircraft? Yes No
 - Have you flown in any capacity for a company, organization or individual owning an aircraft? Yes No
(If a, or b, is "YES" state type of aircraft, where maintained and details in #11)
- Have you ever made or do you contemplate making experimental exhibitions, test, record or demonstrations flights? Yes No
- Have you ever been in aircraft accident? Yes No
- Have you ever been grounded or had your license revoked for any reason? Yes No
- Have you within the past 3 years, or do you contemplate, flying outside the continental U.S. as a pilot or crew member? Yes No
- Are you currently flying as a pilot or crew member in military planes? Yes No If "YES" state:
 - Branch of Service _____
 - Your rank _____
 - Duty assignment _____
 - Type of military aircraft flown _____

11. DETAILS of "YES" answers. Also explain above answers when necessary to describe type of flying or nature of exposure to any hazards of aviation. _____

12. Should you not qualify for full coverage at standard rates, do you desire:

a. full coverage with extra premium, if available ____Yes ____No

b. restricted aviation coverage without extra premium ____Yes ____No

I represent that all the statements and answers to all questions are complete and true to the best of my knowledge and belief and I agree that they shall form a part of my application for insurance.

Signature of Proposed Insured

Dated at _____ Date _____
City and State

AQ1



AVOCATION QUESTIONNAIRE

Name of Proposed Insured _____ Date of Birth _____

A. Underwater Diving Questionnaire

1. Do you belong to a skin or scuba diving club? Yes No
2. Where and for what purpose do you dive? _____
3. How many times a year do you dive? _____
4. What certificates do you hold? _____ Have you taught diving? Yes No
5. What equipment do you use in diving? _____
6. To what depth do you dive? (Average) _____ feet
What is the maximum depth? _____ How often do you dive at this depth? _____
7. How long do you remain submerged? _____
8. Are you always accompanied by another diver or skilled swimmer when you dive? Yes No
9. For how many years have you been diving? _____
10. Do you intend to continue diving? Yes No

B. Automobile or Motorcycle Racing Questionnaire

1. Are you affiliated with any racing organization? Yes No
If yes, give organization name(s): _____
2. What type of car or cycle do you use in races? Please be specific. Give make, model, displacement and modifications.

_____ Stock Car	_____ Sports Car	
Type	Class of Car	
_____ Midget	_____ Drag	_____ Go-Kart
	Type/Class	
3. On what type of course do you race?

_____ Drag strip	_____ Paved track	_____ Other _____
_____ Hill climb	_____ Dirt track	Specify
_____ Scramble	_____ Closed road or airport course	
4. What is the duration of the races in which you participate? _____
5. In what type(s) of races do you participate? _____
 Professional Amateur Speed Skill
6. Do you anticipate doing any other type of racing? Yes No
If yes, specify type: _____
7. Give number of races you have entered in the last 12 months: _____
8. Give number of races you expect to enter in the next 12 months: _____
9. Give the maximum speed you have attained in races: _____ m.p.h.
10. Give average speed. _____

C. Parachute Jumping Questionnaire

1. Are you a member of the Parachute Club of America? Yes No
2. Do you participate in parachuting in connection with your profession or occupation? _____
If yes, state occupation _____

3. What is the total number of jumps you
 - a. have made to date? _____
 - b. have made in the last 12 months? _____
 - c. expect to make in the next 12 months? _____
4. Do you ever participate in skydiving or delayed chute opening competitions? ___Yes ___No
 If yes, give number of such jumps to date and the maximum time that chute opening is delayed:
 Number: _____ Maximum Time Delay: _____
5. Do you participate in any baton passing or other stunts? ___Yes ___No
6. Do you plan to enter any parachute jumping competitions in the future? ___Yes ___No
7. Give locations of your jump areas: _____

D. Hang Gliding Questionnaire

1. How frequently do you hang glide? _____
2. Are you a member of an organized club? ___Yes ___No
3. Do you fly professionally? ___Yes ___No
4. How high do you usually fly? _____
5. What is the greatest height _____, distance _____, duration _____ flown?
6. Have you or do you intend to attempt any height, distance, or duration records? If so, give details _____

7. Have you ever flown or do you intend to fly experimental equipment of either a manufacturer's or your own design? If so, give details. _____

REMARKS _____

E. Other Avocations

Give full details of any avocation commonly considered hazardous for which no specific questions have been given, including the frequency of past and anticipated future participation:

I represent that all the statements and answers to the above questions are complete and true to the best of my knowledge and belief and I agree that they shall form a part of my application for insurance.

Dated at _____ Date _____
 City and State

AQ2

VantisLife Insurance Company

Aviation Risks Exclusion Rider

This rider is attached to and made part of the policy. Except as stated in this ride, it is subject to all the provisions contained in this policy.

Except as stated below, no insurance will be paid under any of the terms of this policy if the insured's death results from, or is contributed to by travel, flight, or descent from or with any aircraft:

- a. used for testing, experimental, military or naval purposes;
- b. used for the purpose of the insured's descent from such aircraft while in flight, including descent by parachute; or
- c. used for any purpose if the insured was acting or training to become a pilot, co-pilot, crew member, or mechanic, or was acting in any capacity other than as a passenger.

A hang glider is an aircraft for the purpose of this rider.

In the event such death described above occurs while this policy is in force, the death benefit we pay will be limited to the greater of:

- a. the sum of the premiums paid on this policy less any dividends paid; or
 - b. the reserve under this policy including the reserve under any paid-up insurance additions;
- less any debt that exists on the date of death of the insured.

In no event, however, shall payment under the terms of this rider exceed the death benefit that would have been paid had this rider not been attached to the policy. Any payment made under this rider will be made in one sum to the last beneficiary of record. Such payment will be in full discharge of all liability under this policy.

If this policy is converted to a new policy, the new policy may, at our option, contain this same rider.

That section of the policy entitled "Incontestability" is hereby amended so that it shall not apply to this rider.

Date

Authorized Signature

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Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

ARKANSAS Cert Readability.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Application

Comments:

Attachment:

App2808-1.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Cover Letter

Comments:

Attachment:

AR Questionairre Filing Letter.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Certificate of Compliance

Comments:

Attachment:

CERTIFICATION OF COMPLIANCE.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. Maestrono

Diane A. Maestrono, ALHC
AVP, Claims and Compliance

July 1, 2009

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

\$ Amount Owner State of Residence

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

Date _____ Signature of Applicant _____



June 29 , 2009

Arkansas Insurance Department
Life & Health Division
1200 West Third Street
Little Rock, AR 72201

RE: Form Filing
NAIC No. 68632
AQ1- Aviation Questionnaire
AQ2 -Avocation Questionnaire
AR1 -Aviation Exclusion Rider

Dear Sirs:

The above referenced forms are being submitted for your approval.

Forms AQ1, AQ2, and AR1 are intended for use with 2808-1, which was approved by your Department August, 2007.

We do not have a form of this type approved for use in the state of Arkansas therefore we do not have another form with which to make comparison.

If you have any questions, please feel free to call me at 860-296-6008 or email me at dmaestrone@vantislife.com.

Sincerely,

A handwritten signature in cursive script that reads "Diane A. Maestrone".

Diane A. Maestrone, ALHC
AVP, Claims and Compliance



CERTIFICATION OF COMPLIANCE

COMPANY NAME: VantisLife Insurance Company

FORM NUMBER AND DESCRIPTION:

AQ1- Aviation Questionnaire
AQ2 -Avocation Questionnaire
AR1 -Aviation Exclusion Rider

I hereby certify, that the forms submitted herewith, comply with all laws, rules, bulletins and published guidelines applicable to the particular type of form.

A handwritten signature in cursive script that reads "Diane A. Mastrone".

Diane A. Mastrone, ALHC
AVP, Claims and Compliance

June 29, 2009
Date

SERFF Tracking Number: VLIC-126214588 State: Arkansas
 Filing Company: VantisLife Insurance Company State Tracking Number: 42888
 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Aviation and Avocation Questionnaires
 Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/01/2009	Form	Avocation Questionnaire	07/08/2009	VANTIS AVOCAT June 2009.pdf (Superceded)



AVOCATION QUESTIONNAIRE

Name of Proposed Insured _____ Date of Birth _____

A. Underwater Diving Questionnaire

1. Do you belong to a skin or scuba diving club? Yes No
2. Where and for what purpose do you dive? _____
3. How many times a year do you dive? _____
4. What certificates do you hold? _____ Have you taught diving? Yes No
5. What equipment do you use in diving? _____
6. To what depth do you dive? (Average) _____ feet
What is the maximum depth? _____ How often do you dive at this depth? _____
7. How long do you remain submerged? _____
8. Are you always accompanied by another diver or skilled swimmer when you dive? Yes No
9. For how many years have you been diving? _____
10. Do you intend to continue diving? Yes No

B. Automobile or Motorcycle Racing Questionnaire

1. Are you affiliated with any racing organization? Yes No
If yes, give organization name(s): _____
2. What type of car or cycle do you use in races? Please be specific. Give make, model, displacement and modifications.

_____ Stock Car	_____ Sports Car	
Type	Class of Car	
_____ Midget	_____ Drag	_____ Go-Kart
	Type/Class	
3. On what type of course do you race?

_____ Drag strip	_____ Paved track	_____ Other
_____ Hill climb	_____ Dirt track	Specify
_____ Scramble	_____ Closed road or airport course	
4. What is the duration of the races in which you participate? _____
5. In what type(s) of races do you participate? _____
 Professional Amateur Speed Skill
6. Do you anticipate doing any other type of racing? Yes No
If yes, specify type: _____
7. Give number of races you have entered in the last 12 months: _____
8. Give number of races you expect to enter in the next 12 months: _____
9. Give the maximum speed you have attained in races: _____ m.p.h.
10. Give average speed. _____

C. Parachute Jumping Questionnaire

1. Are you a member of the Parachute Club of America? Yes No

2. Do you participate in parachuting in connection with your profession or occupation? _____
If yes, state occupation _____
3. What is the total number of jumps you
 - a. have made to date? _____
 - b. have made in the last 12 months? _____
 - c. expect to make in the next 12 months? _____
4. Do you ever participate in skydiving or delayed chute opening competitions? ___Yes ___No
If yes, give number of such jumps to date and the maximum time that chute opening is delayed:
Number: _____ Maximum Time Delay: _____
5. Do you participate in any baton passing or other stunts? ___Yes ___No
6. Do you plan to enter any parachute jumping competitions in the future? ___Yes ___No
7. Give locations of your jump areas: _____

D. Hang Gliding Questionnaire

1. How frequently do you hang glide? _____
2. Are you a member of an organized club? ___Yes ___No
3. Do you fly professionally? ___Yes ___No
4. How high do you usually fly? _____
5. What is the greatest height _____, distance _____, duration _____ flown?
6. Have you or do you intend to attempt any height, distance, or duration records? If so, give details _____

7. Have you ever flown or do you intend to fly experimental equipment of either a manufacturer's or your own design? If so, give details. _____

REMARKS _____

E. Other Avocations

Give full details of any avocation commonly considered hazardous for which no specific questions have been given, including the frequency of past and anticipated future participation:

I represent that all the statements and answers to the above questions are complete and true to the best of my knowledge and belief and I agree that they shall form a part of my application for insurance.

Dated at _____ Date _____
City and State

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