

State: Arkansas **Filing Company:** Vantis Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: EZ Application 2012
Project Name/Number: VANTIS/96/96

Filing at a Glance

Company: Vantis Life Insurance Company
Product Name: EZ Application – 2012
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 08/21/2012
SERFF Tr Num: FRCS-128649362
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 5742

Implementation: On Approval
Date Requested:
Author(s): Michael Cochran, Kevin Wiggs
Reviewer(s): Linda Bird (primary)
Disposition Date: 08/27/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: EZ Application 2012
Project Name/Number: VANTIS/96/96

Filing Company: Vantis Life Insurance Company

General Information

Project Name: VANTIS/96
Project Number: 96
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Kevin Wiggs

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Submitted to the domicile state on or about this same date.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 08/27/2012
State Status Changed: 08/27/2012
Created By: Michael Cochran
Corresponding Filing Tracking Number:

Filing Description:

We have been retained by Vantis Life Insurance Company to file the enclosed forms for approval in your state.

Our fee of \$100 has been sent by EFT on this same date.

Application forms VL-EZT1A-AR and VL-EZT1C-AR are individual term life applications used to apply for the Company's Term Life Insurance Policy, form CMP 0309 AR, approved 06/10/2008, AR File # 39223.

The applications will be used by the Company either through paper or electronic format depending upon the sales channel being utilized by the customer. VL-EZT1A-AR is used in situations where the consumer completes the application with agent involvement and VL-EZT1C-AR is used in situations where the consumer applies for coverage electronically. Please see the enclosed Consumer E-Application Process document for more information regarding the Company's electronic procedures. The questions answered by the applicant will be the same regardless of whether the application is completed in paper or electronic format.

When all questions are answered, the final application will be populated. This application will look exactly like the VL-EZT1C-AR form filed for approval and will be available for the consumer to review, print and save.

This form does not contain any unusual or innovative features.

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

Michael Cochran, Compliance Specialist michael.cochran@firstconsulting.com
1020 Central 800-927-2730 [Phone] 2756 [Ext]
Suite 201 816-391-2755 [FAX]
Kansas City, MO 64105

State: Arkansas **Filing Company:** Vantis Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: EZ Application 2012
Project Name/Number: VANTIS/96/96

Filing Company Information

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

Vantis Life 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: \$100.00
 Retaliatory? No
 Fee Explanation: \$50 per form x 2 forms = \$100
 Per Company: No

Company	Amount	Date Processed	Transaction #
Vantis Life Insurance Company	\$100.00	08/21/2012	61880793

State: Arkansas Filing Company: Vantis Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: EZ Application 2012
Project Name/Number: VANTIS/96/96

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/27/2012	08/27/2012

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: EZ Application 2012
Project Name/Number: VANTIS/96/96

Filing Company: Vantis Life Insurance Company

Disposition

Disposition Date: 08/27/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	AR Certification of Compliance		Yes
Supporting Document	Authorization		Yes
Form	Individual Term Life Insurance Application-Agent		Yes
Form	Individual Term Life Application-Consumer		Yes

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: EZ Application 2012
Project Name/Number: VANTIS/96/96

Filing Company: Vantis Life Insurance Company

Form Schedule

Lead Form Number: VL-EZT1A-AR

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1		VL-EZT1A-AR	AEF	Individual Term Life Insurance Application-Agent	Initial:	50.100	VL-EZT1A-AR EZTerm Application 6-12.pdf
2		VL-EZT1C-AR	AEF	Individual Term Life Application-Consumer	Initial:	50.400	VL-EZT1C-AR EZTerm Application 6-12.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

VANTIS LIFE INSURANCE COMPANY

200 DAY HILL RD, WINDSOR, CT 06095
1-866-826-8471 WWW.VANTISLIFE.COM

PART 1A - Application for Life Insurance

For Agency Use Only									
Agency	Producer #								
Date Prem Rec'd	Branch #					Rec'd By			
For Home Office Use Only									
Pol. No.		Issue Date			Ins. Amount				
<input type="checkbox"/> APP <input type="checkbox"/> DEC <input type="checkbox"/> W/D <input type="checkbox"/> PP		UND. _____ Date ___/___/___		Age (ANB)			Amt. Of Premium		

◆ PLAN OF INSURANCE

Term Life Insurance : _____

Amount and type of Coverage Requested:

10 Year Level Term \$25,000—\$100,000 \$ _____

15 Year Level Term \$25,000—\$100,000 \$ _____

20 Year Level Term \$25,000—\$250,000 \$ _____

◆ Premium Payment Schedule

Annually Semi-Annually Quarterly
 Monthly (*electronic payment method only*)

Check here if you wish to pay electronically via Electronic Fund Transfer or Credit Card. Please submit Premium Payment Charge Authorization Form.

Premium Paid \$ _____
(Payment with Application)

◆ PROPOSED INSURED INFORMATION

First Name:	Middle Initial:	Last Name:	Gender:
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (mm/dd/yyyy)	Place of Birth (State/Country):	Social Security #:	Drivers License # & State:
Proposed Insured is: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident	Do you hold a Green Card? <input type="checkbox"/> Yes, please provide photocopy <input type="checkbox"/> No		
Occupation:	Employers Name:		
Home Address (Number, Street, and Apt.#) (<i>No P.O. Box please</i>)	Phone (HOME/CELL):	(WORK):	
City	State	Zip	Email Address:
Mailing Address if different than home (Number, Street)	City	State	Zip

◆ OWNER INFORMATION: (If other than Proposed Insured)

◆ Billing Address

Owner's First Name:	Middle Initial:	Last Name:	Payor's Name, if other than Owner :
Owner's Relationship to proposed Insured:	Owner's Social Security #:		
Owner's Address (Number, Street, and Apt.#):	Address (Number, Street, and Apt.#):		
City:	State:	Zip:	
Phone (HOME):	(WORK):	City:	
Email:	State:		Zip:

◆ INSURANCE REPLACEMENT QUESTIONS

- Are there existing life insurance or annuity contracts in force on the Proposed Insured? Yes No
- Do you intend to replace, discontinue or change any existing life insurance or annuity contracts with the applied for policy? Yes No
If yes, complete state required forms and Company Name(s) _____

◆ **BENEFICIARY INFORMATION (ATTACH SEPARATE SHEET IF MORE SPACE NEEDED)**

<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name: _____	Date of Birth: _____	Social Security _____	Relationship to Insured: _____	Split%* _____
Address (Number, Street) _____		City _____	State _____	Zip _____	
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name: _____	Date of Birth: _____	Social Security _____	Relationship to Insured: _____	Split%* _____
Address (Number, Street) _____		City _____	State _____	Zip _____	
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name: _____	Date of Birth: _____	Social Security _____	Relationship to Insured: _____	Split%* _____
Address (Number, Street) _____		City _____	State _____	Zip _____	
<i>* Split percentages within designated beneficiary classification must equal 100%. If none specified, benefit will be split equally by class.</i>					

PART 1B - INSURANCE INFORMATION ON THE PROPOSED INSURED

1. In the last 5 years, to the best of your knowledge and belief have you been diagnosed or been treated by a physician or other licensed practitioner, or been hospitalized for any of the following: Heart disease, heart attack, chest pains, stroke, (CVA), Transient Ischemic Attack (TIA), heart arrhythmia, seizure, kidney disorder, liver, blood, pulmonary, nervous, mental disorder, depression, anxiety, diabetes, cancer of any type, disease or enlargement of the lymph nodes, drug or alcohol abuse, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for Human Immunodeficiency Virus (HIV)? (If Yes, provide details in 9) Yes No
2. Within the last three years, have you engaged in or in the next two years do you contemplate engaging in: skin-diving or scuba diving, mountain climbing, motorcycle or auto racing, hand gliding, sky diving or aviation other than commercial aviation? (If yes, please complete avocation questionnaire) Yes No
3. a) Have you used tobacco products or products containing nicotine in any form (to include cigarettes, snuff/chew/dip, cigars, pipes, nicotine patch and nicotine gum) in the past **12 months** Yes No
 b) in the past **24 months**? Yes No
 c) in the past **36 months**? Yes No
 d) in the past **60 months**? Yes No
4. Have you had life insurance declined, rated, cancelled or been refused issue, renewal or reinstatement? Yes No
5. In the last five years, have you been convicted of a felony; been charge or convicted with assault; been charge with operating a vehicle while under the influence of alcohol or drugs; been charged three or more times with a moving violation; currently have a revoked or suspended license, or currently on parole or incarcerated in a correctional institution? Yes No
6. Other than the above, are you under observation or taking treatment? Yes No
7. Current Height: _____ Ft. _____ Ins. Weight: _____ Lbs.
8. Please note any recent weight change in the past year; number of pounds gained _____ or lost _____
9. Give details as required to "Yes" responses. (Attach separate sheet, signed and dated, if more space is required.)

- 10a. Full Name of Physician: (If none, state "none" here) _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
- 10b. Date Last Consulted? _____ Reason Consulted? _____
- 10c. Was any treatment given or medication prescribed? (If Yes, give details.) Yes No _____

◆ **IMPORTANT NOTICE TO APPLICANT — KEEP WITH YOUR RECORDS**

Medical Information Bureau: Information you provide will be treated as confidential except that Vantis Life Insurance Company may make a brief report thereon to the Medical Information Bureau, a nonprofit membership organization of life insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance coverage or to which a claim is submitted, the Medical Information Bureau will supply such company with the information it may have in its files. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. Please contact MIB at [866-692-6901 (TTY 866-346-3642)] Vantis Life Insurance Company or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office: 50 Braintree Hill Park, Suite 400, Braintree, MA 02184.

Fair Credit Reporting Act: As part of our normal procedure, an investigative consumer report may be made whereby information is obtained through personal interview 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 the scope of any investigative consumer report.

Supplementary Notice of Information Practices:

Vantis Life Insurance Company 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 with out your specific consent. You have the right to access and correct data received about you. If you would like a more detailed explanation of our information practices, please contact: Underwriting Department, Vantis Life Insurance Company 200 Day Hill Road, Windsor, CT 06095.

VANTIS LIFE INSURANCE COMPANY

200 DAY HILL RD, WINDSOR, CT 06095
1-866-826-8471 WWW.VANTISLIFE.COM

For Home Office Use Only			
Pol. No.		Issue Date	Ins. Amount
<input type="checkbox"/> APP <input type="checkbox"/> DEC <input type="checkbox"/> W/D <input type="checkbox"/> PP	UND. _____ Date __/__/__	Age (ANB)	Amt. Of Premium

PART 1A - Application for Life Insurance

◆ PLAN OF INSURANCE

Term Life Insurance : _____

Amount and type of Coverage Requested:

10 Year Level Term \$25,000—\$100,000 \$ _____

15 Year Level Term \$25,000—\$100,000 \$ _____

20 Year Level Term \$25,000—\$250,000 \$ _____

◆ Premium Payment Schedule

Annually Semi-Annually Quarterly
 Monthly (*electronic payment method only*)

Check here if you wish to pay electronically via Electronic Fund Transfer or Credit Card. Please submit Premium Payment Charge Authorization Form.

Premium Paid \$ _____
(Payment with Application)

◆ PROPOSED INSURED INFORMATION

First Name:	Middle Initial:	Last Name:	Gender:
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (mm/dd/yyyy)	Place of Birth (State/Country):	Social Security #:	Drivers License # & State:
Proposed Insured is: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident	Do you hold a Green Card? <input type="checkbox"/> Yes, please provide photocopy <input type="checkbox"/> No		
Occupation:	Employers Name:		
Home Address (Number, Street, and Apt.#) (<i>No P.O. Box please</i>)	Phone (HOME/CELL):	(WORK):	
City	State	Zip	Email Address:
Mailing Address if different than home (Number, Street)	City	State	Zip

◆ OWNER INFORMATION: (If other than Proposed Insured)

◆ Billing Address

Owner's First Name:	Middle Initial:	Last Name:	Payor's Name, if other than Owner :
Owner's Relationship to proposed Insured:	Owner's Social Security #:		
Owner's Address (Number, Street, and Apt.#):	Address (Number, Street, and Apt.#):		
City:	State:	Zip:	
Phone (HOME):	(WORK):	City:	
Email:	State:		Zip:

◆ INSURANCE REPLACEMENT QUESTIONS

- Are there existing life insurance or annuity contracts in force on the Proposed Insured? Yes No
- Do you intend to replace, discontinue or change any existing life insurance or annuity contracts with the applied for policy? Yes No
If yes, complete state required forms and Company Name(s) _____

◆ **BENEFICIARY INFORMATION (ATTACH SEPARATE SHEET IF MORE SPACE NEEDED)**

<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name: _____	Date of Birth: _____	Social Security _____	Relationship to Insured: _____	Split%* _____
Address (Number, Street) _____		City _____	State _____	Zip _____	
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name: _____	Date of Birth: _____	Social Security _____	Relationship to Insured: _____	Split%* _____
Address (Number, Street) _____		City _____	State _____	Zip _____	
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name: _____	Date of Birth: _____	Social Security _____	Relationship to Insured: _____	Split%* _____
Address (Number, Street) _____		City _____	State _____	Zip _____	
<i>* Split percentages within designated beneficiary classification must equal 100%. If none specified, benefit will be split equally by class.</i>					

PART 1B - INSURANCE INFORMATION ON THE PROPOSED INSURED

1. In the last 5 years, to the best of your knowledge and belief have you been diagnosed or been treated by a physician or other licensed practitioner, or been hospitalized for any of the following: Heart disease, heart attack, chest pains, stroke, (CVA), Transient Ischemic Attack (TIA), heart arrhythmia, seizure, kidney disorder, liver, blood, pulmonary, nervous, mental disorder, depression, anxiety, diabetes, cancer of any type, disease or enlargement of the lymph nodes, drug or alcohol abuse, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for Human Immunodeficiency Virus (HIV)? (If Yes, provide details in 9) Yes No
2. Within the last three years, have you engaged in or in the next two years do you contemplate engaging in: skin-diving or scuba diving, mountain climbing, motorcycle or auto racing, hand gliding, sky diving or aviation other than commercial aviation? (If yes, please complete avocation questionnaire)..... Yes No
3. a) Have you used tobacco products or products containing nicotine in any form (to include cigarettes, snuff/chew/dip, cigars, pipes, nicotine patch and nicotine gum) in the past **12 months** Yes No
 b) in the past **24 months**? Yes No
 c) in the past **36 months**? Yes No
 d) in the past **60 months**? Yes No
4. Have you had life insurance declined, rated, cancelled or been refused issue, renewal or reinstatement? Yes No
5. In the last five years, have you been convicted of a felony; been charge or convicted with assault; been charge with operating a vehicle while under the influence of alcohol or drugs; been charged three or more times with a moving violation; currently have a revoked or suspended license, or currently on parole or incarcerated in a correctional institution? Yes No
6. Other than the above, are you under observation or taking treatment? Yes No
7. Current Height: _____ Ft. _____ Ins. Weight: _____ Lbs.
8. Please note any recent weight change in the past year; number of pounds gained _____ or lost _____
9. Give details as required to "Yes" responses. (Attach separate sheet, signed and dated, if more space is required.)

- 10a. Full Name of Physician: (If none, state "none" here) _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
- 10b. Date Last Consulted? _____ Reason Consulted? _____
- 10c. Was any treatment given or medication prescribed? (If Yes, give details.) Yes No _____

◆ **DISCLOSURE**

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 Vantis Life Insurance Company will rely on these answers and statements in determining whether, and on what terms, to issue a policy. I understand that if any answers and/or statements are false, incomplete or incorrectly recorded, any policy issued may be void. 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 full premium is received by the Company during the lifetime of the Proposed Insured.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

I authorize persons and/or institutions that have any records of knowledge of me or my minor children, my employment, and me or my minor children's health to give any such information to Vantis Life or its reinsurers, or any physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, consumer reporting agencies, MIB, Inc. ("MIB") formerly known as the Medical Information Bureau, or any similar organization, institution or person I understand that the information released to Vantis Life or its reinsurers will be used to determine my eligibility for the insurance requested. Vantis Life may re-disclose such information for that purpose to any reinsurer, and to any person or entity performing a business or legal function for the benefit of Vantis Life. I authorize Vantis Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to the Medical Information Bureau. This information may also be re-disclosed 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 Vantis Life will not be given, sold or transferred to any other person not mentioned above. I understand that I or my authorized representative is entitled to a photocopy of this authorization upon request. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. A photographic copy of this authorization shall be as valid as the original.

X

Legal Signature of Proposed Insured
(Parent or Guardian, if under age 15)

Date

X

Legal Signature of Owner If Other Than Proposed Insured

Date

Signed at:

City

State

◆ **IMPORTANT NOTICE TO APPLICANT — KEEP WITH YOUR RECORDS**

Medical Information Bureau: Information you provide will be treated as confidential except that Vantis Life Insurance Company may make a brief report thereon to the Medical Information Bureau, a nonprofit membership organization of life insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance coverage or to which a claim is submitted, the Medical Information Bureau will supply such company with the information it may have in its files. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. Please contact MIB at [866-692-6901 (TTY 866-346-3642)] Vantis Life Insurance Company or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office: 50 Braintree Hill Park, Suite 400, Braintree, MA 02184.

Fair Credit Reporting Act: As part of our normal procedure, an investigative consumer report may be made whereby information is obtained through personal interview 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 the scope of any investigative consumer report.

Supplementary Notice of Information Practices:

Vantis Life Insurance Company 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 with out your specific consent. You have the right to access and correct data received about you. If you would like a more detailed explanation of our information practices, please contact: Underwriting Department, Vantis Life Insurance Company 200 Day Hill Road, Windsor, CT 06095.

SERFF Tracking #:

FRCS-128649362

State Tracking #:

Company Tracking #:

5742

State:

Arkansas

Filing Company:

Vantis Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

EZ Application 2012

Project Name/Number:

VANTIS/96/96

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR RDB.pdf			

		Item Status:	Status Date:
Satisfied - Item:	AR Certification of Compliance		
Comments:			
Attachment(s):			
AR COC.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Authorization		
Comments:			
Attachment(s):			
Auth_2-15-2012.pdf			

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Vantis Life Insurance Company

This is to certify that the form 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
VL-EZT1A-AR	50.1
VL-EZT1C-AR	50.4



Margaret Mancarella
Compliance Manager

July 31, 2012

Date

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Vantis Life Insurance Company
Form Title: Individual Term Life Insurance Application-Agent,
Individual Term Life Application-Consumer
Form Number: VL-EZT1A-AR, VL-EZT1C-AR

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



Margaret Mancarella
Compliance Manager

July 31, 2012

Date



February 10, 2012

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.

Vantis Life Insurance Company

By: 

Title: Compliance Manager