## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



**FILED** Apr 28, 2008 8:00 am Secretary of State

1. Entity Name VANTISLIFE INSURANCE COMPANY							04-28-2008 9	0403 005	, 1130.	00
Principal Place of Business 200 DAY HILL RD WINDSOR, CT 06095		Mailing Address 200 DAY HILL RD WINDSOR, CT 06095				M 100 100 100 100 100 100 100 100 100 10	ZA 88111 BB171 B18	)  <b>18</b> 48 <b>:1</b>   1  1	<b>188</b> 1.	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04242008	Chg-P	CR2E03	34 (12/06)	
City & State		City & State				4, FEI Number 06-0523	876		No	plied For t Applicable
Zip	Country  6. Name and Address of Curren	Country Zip Con		try		5. Certificate of Status Desired Series Fee Required				
		Nama		7. Name and A	ddress of New R	legistered A	gent			
C T CORPORATION SYSTEM				Name						
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Code	·
	named entity submits this statement fi	register	L ed office or i	registere	ed agent, or both	, in the State of Flo		l amiliar with,	and accept	
SIGNATURE										
<u> </u>	Signature, typed or printed name of registered ager	it and title if applicable. (NOF	E Registere	d Agent signatur	re required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign F Trust Fund Contribut				ncina	er.	00 мау Ве				
After Ma	ay 1, 2008 Fee will be \$550					ed to Fees				
After Ma	ay 1, 2008 Fee will be \$550 OFFICERS AND	Trust Fund Cont				ed to Fees	HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
10.	oFFICERS AND	.00 Trust Fund Cont	11.		Secr	ADDITIONS/C		ICERS AND	DIRECTORS  Change	3 IN 11
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Tail C. Lataille, VP & Controller 4/24/08 860-298-6004
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytime Phone #