

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004098

FILED
Apr 16, 2009
Secretary of State

Entity Name: VANTISLIFE INSURANCE COMPANY

Current Principal Place of Business:

200 DAY HILL RD
WINDSOR, CT 06095

New Principal Place of Business:

Current Mailing Address:

200 DAY HILL RD
WINDSOR, CT 06095

New Mailing Address:

FEI Number: 06-0523876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TEDONE, PETER L
Address: 200 DAY HILL RD
City-St-Zip: WINDSOR, CT 06095

Title: V () Delete
Name: SIMMS, CRAIG D
Address: 200 DAY HILL RD
City-St-Zip: WINDSOR, CT 06095

Title: VP () Delete
Name: SMITH, SCOTT E
Address: 200 DAY HILL RD.
City-St-Zip: WINDSOR, CT 06095

Title: VPC () Delete
Name: LATAILLE, GAIL
Address: 200 DAY HILL RD.
City-St-Zip: WINDSOR, CT 06095

Title: C () Delete
Name: BROUILLARD, RHEO A
Address: 803 MAIN ST.
City-St-Zip: WILLIMANTIC, CT 06226

Title: VP () Delete
Name: REOPEL, KEVIN
Address: 200 DAY HILL RD
City-St-Zip: WINDSOR, CT 06095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FRIEDLAND, BRUCE
Address: 200 DAY HILL RD
City-St-Zip: WINDSOR, CT 06095

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL E. LATAILLE

VP

04/16/2009

Electronic Signature of Signing Officer or Director

Date