

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P21193 (8)**

1. Corporation Name  
**ADVANTA LIFE INSURANCE COMPANY**

Principal Place of Business <b>COMMONWEALTH CORPORATE CTR                  200 TOURNAMENT DR                  HORSHAM PA 19044                  US</b>	Mailing Address <b>COMMONWEALTH CORPORATE CTR                  200 TOURNAMENT DR                  HORSHAM PA 19044-3605                  US</b>
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2. Principal Place of Business <b>Five Horsham Business Center                  300 Welsh Road                  Suite, Apt. #, etc.</b>	2a. Mailing Address <b>Five Horsham Business Center                  300 Welsh Road                  Suite, Apt. #, etc.</b>
23. City & State <b>Horsham, PA</b>	28. City & State <b>Horsham, PA</b>
24. Zip <b>19044</b>	29. Zip <b>19044</b>

3. Date Incorporated or Qualified <b>10/06/1988</b>	3a. Date of Last Report <b>04/01/1996</b>
4. FEI Number <b>86-0265010</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
 CAPITOL BUILDING  
 TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GREENAWALT, RICHARD A.</b>	
STREET ADDRESS	<b>300 WELSH ROAD BLDG 5</b>	
CITY- ST- ZIP	<b>HORSHAM PA</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PERLET, HARRY</b>	
STREET ADDRESS	<b>RD.3 BOX 87A</b>	
CITY- ST- ZIP	<b>MALVERN PA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHNEYER, GENE S.</b>	
STREET ADDRESS	<b>300 WELSH ROAD BLDG 5</b>	
CITY- ST- ZIP	<b>HORSHAM PA</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>CALAMARI, JOHN J.</b>	
STREET ADDRESS	<b>200 TOURNAMENT DRIVE</b>	
CITY- ST- ZIP	<b>HORSHAM PA</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>ALTER, DENNIS</b>	
STREET ADDRESS	<b>300 WELSH ROAD BLDG 5</b>	
CITY- ST- ZIP	<b>HORSHAM PA</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>PODOWSKI, CHARLES H.</b>	
STREET ADDRESS	<b>200 TOURNAMENT DRIVE</b>	
CITY- ST- ZIP	<b>HORSHAM PA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D/SVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Myers, Carol</b>	
1.3 STREET ADDRESS	<b>Five Horsham Business Center, 300 Welsh Road</b>	
1.4 CITY- ST- ZIP	<b>Horsham, PA 19044</b>	
2.1 TITLE	<b>D/SVP/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Souders, Ronald L.</b>	
2.3 STREET ADDRESS	<b>Five Horsham Business Center, 300 Welsh Road</b>	
2.4 CITY- ST- ZIP	<b>Horsham, PA 19044</b>	
3.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Schneyer, Gene S.</b>	
3.3 STREET ADDRESS	<b>Welsh &amp; McKean Roads</b>	
3.4 CITY- ST- ZIP	<b>Spring House, PA 19477</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>200002177642</b>	
4.3 STREET ADDRESS	<b>-05/14/97--01003--007</b>	
4.4 CITY- ST- ZIP	<b>***165.00</b>	
5.1 TITLE	<b>DC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Alter, Dennis</b>	
5.3 STREET ADDRESS	<b>Welsh &amp; McKean Roads</b>	
5.4 CITY- ST- ZIP	<b>Spring House, PA 19477</b>	
6.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Podowski, Charles H.</b>	
6.3 STREET ADDRESS	<b>Five Horsham Business Center, 300 Welsh Road</b>	
6.4 CITY- ST- ZIP	<b>Horsham, PA 19044</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol Myers* **SIGNATURE REQUIRED** \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)

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FLORIDA DEPARTMENT OF STATE  
ANNUAL REPORT 1997 FOR ADVANTA LIFE INSURANCE COMPANY

ITEM 13:

NAMES OF DIRECTORS  
AND OFFICERS

TITLE

STREET ADDRESS

CITY AND STATE

James W. Webster

SVP

Five Horsham Business Ctr.  
300 Welsh Road

Horsham, PA

David Berkowitz

AT

Five Horsham Business Ctr.  
300 Welsh Road

Horsham, PA

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