

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

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May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21193 (8)

1. Corporation Name
ADVANTA LIFE INSURANCE COMPANY



Principal Place of Business FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD HORSHAM PA 19044 US	Mailing Address FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD HORSHAM PA 19044 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/06/1988	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 86-0265010	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32399**

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

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	DSVP <input checked="" type="checkbox"/> DELETE
NAME	MYERS, CAROL
STREET ADDRESS	FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD
CITY-ST-ZIP	HORSHAM PA 19044
TITLE	DVPS <input checked="" type="checkbox"/> DELETE
NAME	SOUDERS, RONALD L
STREET ADDRESS	FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD
CITY-ST-ZIP	HORSHAM PA 19044
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	SCHNEYER, GENE S.
STREET ADDRESS	WELSH & MC KEAN ROADS
CITY-ST-ZIP	SPRING HOUSE PA 19477
TITLE	VT <input type="checkbox"/> DELETE
NAME	CALAMARI, JOHN J.
STREET ADDRESS	200 TOURNAMENT DRIVE
CITY-ST-ZIP	HORSHAM PA
TITLE	DC <input type="checkbox"/> DELETE
NAME	ALTER, DENNIS
STREET ADDRESS	WELSH & MC KEAN ROADS
CITY-ST-ZIP	SPRING HOUSE PA 19477
TITLE	DP <input type="checkbox"/> DELETE
NAME	PODOWSKI, CHARLES H.
STREET ADDRESS	FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD
CITY-ST-ZIP	HORSHAM PA 19044

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/SVP/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Denaci, David W.
1.3 STREET ADDRESS	Five Horsham Business Ctr., 300 Welsh Rd.
1.4 CITY-ST-ZIP	Horsham PA 19044
2.1 TITLE	D/V/GC/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Silver, Cole B.
2.3 STREET ADDRESS	1020 Laurel Oak Road
2.4 CITY-ST-ZIP	Voorhees, NJ 08043
3.1 TITLE	D/SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stevens, Philip
3.3 STREET ADDRESS	Five Horsham Business Ctr., 300 Welsh Rd.
3.4 CITY-ST-ZIP	Horsham PA 19044
4.1 TITLE	D/AT/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Berkowitz, David S.
4.3 STREET ADDRESS	Five Horsham Business Ctr., 300 Welsh Rd.
4.4 CITY-ST-ZIP	Horsham PA 19044
5.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JACINTO, Leonora G.
5.3 STREET ADDRESS	Five Horsham Business Ctr., 300 Welsh Rd.
5.4 CITY-ST-ZIP	Horsham PA 19044
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Cole B Silver* Cole B Silver *4/21/98* *2011-02-22*

CR2E034 (10/97)