

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

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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>FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD                  HORSHAM PA 19044                  US</b>	Mailing Address <b>FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD                  HORSHAM PA 19044                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/06/1988</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>86-0265010</b>	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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)	
83	
84 City	<b>FL</b>

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>DSVP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MYERS, CAROL</b>
STREET ADDRESS	<b>FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD</b>
CITY-ST-ZIP	<b>HORSHAM PA 19044</b>
TITLE	<b>DVPS</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SOUDERS, RONALD L</b>
STREET ADDRESS	<b>FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD</b>
CITY-ST-ZIP	<b>HORSHAM PA 19044</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SCHNEYER, GENE S.</b>
STREET ADDRESS	<b>WELSH &amp; MC KEAN ROADS</b>
CITY-ST-ZIP	<b>SPRING HOUSE PA 19477</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>WELSH &amp; MC KEAN ROADS</b>
CITY-ST-ZIP	<b>SPRING HOUSE PA 19477</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>PODOWSKI, CHARLES H.</b>
STREET ADDRESS	<b>FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD</b>
CITY-ST-ZIP	<b>HORSHAM PA 19044</b>

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