


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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90017 009 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P21193**

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
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified <b>10/06/1988</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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input 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

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	DENANCI, DAVID W.	
STREET ADDRESS	FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	DVGC	<input type="checkbox"/> DELETE
NAME	SILVER, COLE B.	
STREET ADDRESS	1020 LAUREL OAK ROAD	
CITY-ST-ZIP	VOORHEES NJ 08043	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	STEVENS, PHILLIP	
STREET ADDRESS	FIVE HORSHAM BUSINESS CTE, 300 WELSH RD	
CITY-ST-ZIP	HORSHAM PA 19044	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VT CALAMARI, JOHN J.
4.3 STREET ADDRESS	WELSH & MCKEAN ROADS
4.4 CITY-ST-ZIP	SPRING HOUSE, PA 19477
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DC ALTER, DENNIS
5.3 STREET ADDRESS	WELSH & MCKEAN ROADS
5.4 CITY-ST-ZIP	SPRING HOUSE, PA 19477
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, with all other like empowered.

SIGNATURE: *John J. Calamari* Date: *2/5/99* Daytime Phone #: *800-255-1022*

CR2E034 (1/98)