

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90057 006 \*\*\*150.00

**DOCUMENT # P21193**

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

Principal Place of Business      Mailing Address  
**FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD**      **FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD**  
**HORSHAM PA 19044**      **HORSHAM PA 19044**  
**US**      **US**

U I U U 4 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**Welsh & McKean Roads**      **P.O. Box 429**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Spring House, PA**      **Spring House, PA**

4. FEI Number      Applied For  
**86-0265010**      Not Applicable

Zip      Country      Zip      Country  
**19477**      **USA**      **19477**      **USA**

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER**  
**CAPITOL BUILDING**  
**TALLAHASSEE FL 32399**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVP</b> <b>DENANCI, DAVID W.</b> <b>FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD</b> <b>HORSHAM PA 19044</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSRVP</b> <b>Oberstein, Jeffrey D.</b> <b>800 Ridgeview Dr.</b> <b>Horsham, PA 19044</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVGC</b> <b>SILVER, COLE B.</b> <b>1020 LAUREL OAK ROAD</b> <b>VOORHEES NJ 08043</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVPGC</b> <b>Souders, Ronald L.</b> <b>Welsh &amp; McKean Roads</b> <b>Spring House, PA 19477</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVP</b> <b>STEVENS, PHILLIP</b> <b>FIVE HORSHAM BUSINESS CTE, 300 WELSH RD</b> <b>HORSHAM PA 19044</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>Stevens, Phillip C.</b> <b>Welsh &amp; McKean Roads</b> <b>Spring House, PA 19477</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>CALAMARI, JOHN J.</b> <b>WELSH &amp; MCKEAN RD</b> <b>SPRING HOUSE PA 19477</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SRVPT</b> <b>Krouchick, Robert G.</b> <b>Welsh &amp; McKean Roads</b> <b>Spring House, PA 19477</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>ALTER, DENNIS</b> <b>WELSH &amp; MC KEAN ROADS</b> <b>SPRING HOUSE PA 19477</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>PODOWSKI, CHARLES H.</b> <b>FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD</b> <b>HORSHAM PA 19044</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSRVP</b> <b>Wlaz, Mark W.</b> <b>Welsh &amp; McKean Roads</b> <b>Spring House, PA 19477</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phillip C. Stevens      2/3/00      215-323-3901  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)