

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90932 018 \*\*\*150.00

0576280

**DOCUMENT # P21193**  
 1. Entity Name  
**ADVANTA LIFE INSURANCE COMPANY**

Principal Place of Business <b>WELSH AND MCKEAN ROADS          SPRING HOUSE PA 19477          US</b>	Mailing Address <b>PO BOX 429          SPRING HOUSE PA 19447          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME	DSRV OBERSTEIN, JEFFREY D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	800 RIDGEVIEW DR	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE NAME	DSVG SOUDERS, RONALD L	<input type="checkbox"/> Delete
STREET ADDRESS	WELSH & MCKEAN ROADS	
CITY-ST-ZIP	SPRING HOUSE PA 19477	
TITLE NAME	DP STEVENS, PHILLIP	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	WELSH & MCKEAN ROADS	
CITY-ST-ZIP	SPRING HOUSE PA 19477	
TITLE NAME	SRVT KROUCHICK, ROBERT G	<input type="checkbox"/> Delete
STREET ADDRESS	WELSH & MCKEAN RD	
CITY-ST-ZIP	SPRING HOUSE PA 19477	
TITLE NAME	DC ALTER, DENNIS	<input type="checkbox"/> Delete
STREET ADDRESS	WELSH & MC KEAN ROADS	
CITY-ST-ZIP	SPRING HOUSE PA 19477	
TITLE NAME	DSVP WLAZ, MARK W	Change <input type="checkbox"/> Delete
STREET ADDRESS	WELSH & MCKEAN ROADS	
CITY-ST-ZIP	SPRING HOUSE PA 19477	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	Sr. V/ D Philip M. Browne	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Welsh & McKean Roads	
CITY-ST-ZIP	Spring House, PA 19477	
TITLE NAME	D Jeffrey D. Beck	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Welsh & McKean Roads	
CITY-ST-ZIP	Spring House, PA 19477	
TITLE NAME	Assistant T Leonora G. Jacinto	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Welsh & McKean Roads	
CITY-ST-ZIP	Spring House, PA 19477	
TITLE NAME	D P Wlaz, Mark W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Ronald L. Souders Date: 4-25-01 Daytime Phone #: 215-444-5979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)