

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21193

FILED
Jan 09, 2008
Secretary of State

Entity Name: ADVANTA LIFE INSURANCE COMPANY

Current Principal Place of Business:

WELSH AND MCKEAN ROADS
SPRING HOUSE, PA 19477 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 429
SPRING HOUSE, PA 19447 US

New Mailing Address:

FEI Number: 86-0265010 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWNE, PHILIP M
Address: WELSH & MCKEAN ROADS
City-St-Zip: SPRING HOUSE, PA 19477

Title: SVP () Delete
Name: NELSON, RICHARD
Address: WELSH & MCKEAN ROADS
City-St-Zip: SPRING HOUSE, PA 19477

Title: AT () Delete
Name: JACINTO, LEONARA G
Address: WELSH & MCKEAN ROADS
City-St-Zip: SPRING HOUSE, PA 19477

Title: SVPT () Delete
Name: WEINSTOCK, DAVID
Address: WELSH& MCKEAN RD
City-St-Zip: SPRING HOUSE, PA 19477

Title: DC () Delete
Name: ALTER, DENNIS,
Address: WELSH & MC KEAN ROADS
City-St-Zip: SPRING HOUSE, PA 19477

Title: AS () Delete
Name: GIUSTI, SUSAN
Address: WELSH & MCKEAN ROADS
City-St-Zip: SPRING HOUSE, PA 19477 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN GIUSTI

AS

01/09/2008

Electronic Signature of Signing Officer or Director

_____ Date