

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21193

FILED  
Jan 14, 2009  
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  
Name:  
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

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date