

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21193

FILED  
Jan 20, 2011  
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:**

515 CONGRESS AVENUE  
SUITE 2220  
AUSTIN, TX 78701 US

**Current Mailing Address:**

WELSH & MCKEAN ROADS  
P.O. BOX 429  
SPRING HOUSE, PA 19447 US

**New Mailing Address:**

515 CONGRESS AVENUE  
SUITE 2220  
AUSTIN, TX 78701 US

**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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MONTEMAYOR, JOSE O  
Address: 515 CONGRESS AVENUE, SUITE 2220  
City-St-Zip: AUSTIN, TX 78701 US

Title: CH  
Name: HUFF, CRAIG A  
Address: 650 MADISON AVE, 26TH FLOOR  
City-St-Zip: NEW YORK, NY 10022 US

Title: SEC  
Name: LOCKETT-CONNIFF, CATHERINE  
Address: 515 CONGRESS AVENUE, SUITE 2220  
City-St-Zip: AUSTIN, TX 78701 US

I hereby 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 all other like empowered.

SIGNATURE: CATHY LOCKETT-CONNIFF

SEC

01/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date