2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2010
Secretary of State

DOCUMENT# P21193

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:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: VC
Name: ROSOFF, WILLIAM
Address: WELSH & MCKEAN ROADS
City-St-Zip: SPRING HOUSE, PA 19477

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

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

Title: S
Name: GIUSTI, SUSAN
Address: WELSH & MCKEAN ROADS
City-St-Zip: SPRING HOUSE, PA 19477 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: SUSAN GIUSTI S 02/01/2010

Electronic Signature of Signing Officer or Director Date