


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21239 (9)

1. Corporation Name
ADVANTA INSURANCE COMPANY



Principal Place of Business COMMONWEALTH CORPORATE CTR 200 TOURNAMENT DRIVE HORSHAM PA 18044 US	Mailing Address COMMONWEALTH CORPORATE CTR 200 TOURNAMENT DR HORSHAM PA 18044-3805 US
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3. Date Incorporated or Qualified 10/12/1988	3a. Date of Last Report 04/01/1996
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2. Principal Place of Business 21 Five Horsham Business Center 300 Welsh Road Suite, Apt. #, etc.	2a. Mailing Address 26 Five Horsham Business Center 300 Welsh Road Suite, Apt. #, etc.
22 City & State Horsham, PA	27 City & State Horsham, PA
23 Zip 19044	29 Zip 19044
25 Country	30 Country

4. FEI Number 93-0824247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32399		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	300002177643
		84 City	-05714797--01003--0085 FL Zip Code ###165.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODOWSKI, CHARLES H.	1.2 NAME	Podowski, Charles D.
STREET ADDRESS	200 TOURNAMENT DRIVE	1.3 STREET ADDRESS	Five Horsham Business Center, 300 Welsh Road
CITY-ST-ZIP	HORSHAM PA	1.4 CITY-ST-ZIP	Horsham, PA 19044
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEYER, GENE S.	2.2 NAME	Schneyer, Gene S.
STREET ADDRESS	300 WLESH ROAD BLDG T	2.3 STREET ADDRESS	Welsh & McKean Roads
CITY-ST-ZIP	HORSHAM PA	2.4 CITY-ST-ZIP	Spring House, PA 19477
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	D/SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALAMARI, JOHN J.	3.2 NAME	Myers, Carol
STREET ADDRESS	200 TOURNAMENT DR	3.3 STREET ADDRESS	Five Horsham Business Center, 300 Welsh Road
CITY-ST-ZIP	HORSHAM PA	3.4 CITY-ST-ZIP	Horsham, PA 19044
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	D/SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTER, DENNIS	4.2 NAME	Souders, Ronald L.
STREET ADDRESS	300 WELSH ROAD BLDG T	4.3 STREET ADDRESS	Five Horsham Business Center, 300 Welsh Road
CITY-ST-ZIP	HORSHAM PA	4.4 CITY-ST-ZIP	Horsham, PA 19044
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENAWALT, RICHARD	5.2 NAME	Webster, James W.
STREET ADDRESS	300 WELSH ROAD BLDG 5	5.3 STREET ADDRESS	Five Horsham Business Center, 300 Welsh Road
CITY-ST-ZIP	HORSHAM PA	5.4 CITY-ST-ZIP	Horsham, PA 19044
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Berkowitz, David
STREET ADDRESS		6.3 STREET ADDRESS	Five Horsham Business Center, 300 Welsh Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Horsham, PA 19044

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **REQUIRED** DATE: _____ DAYTIME PHONE # _____

CR2E034 (9/96)

CS 3/16/97