

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.
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4. FEI Number 93-0824247	Applied For Not Applicable
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22 City & State 23 Horsham, PA 24 Zip 19044 25 Country	27 City & State 28 Horsham, PA 29 Zip 19044 30 Country
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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 -05/14/97--01003--0085 FL Zip Code ***165.00
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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 NAME STREET ADDRESS CITY-ST-ZIP	PD PODOWSKI, CHARLES H. 200 TOURNAMENT DRIVE HORSHAM PA <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Podowski, Charles D. Five Horsham Business Center, 300 Welsh Road Horsham, PA 19044 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHNEYER, GENE S. 300 WLESH ROAD BLDG T HORSHAM PA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Schneyer, Gene S. Welsh & McKean Roads Spring House, PA 19477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CALAMARI, JOHN J. 200 TOURNAMENT DR HORSHAM PA <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D/SVP Myers, Carol Five Horsham Business Center, 300 Welsh Road Horsham, PA 19044 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ALTER, DENNIS 300 WELSH ROAD BLDG T HORSHAM PA <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D/SVP Souder, Ronald L. Five Horsham Business Center, 300 Welsh Road Horsham, PA 19044 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENAWALT, RICHARD 300 WELSH ROAD BLDG 5 HORSHAM PA <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SVP Webster, James W. Five Horsham Business Center, 300 Welsh Road Horsham, PA 19044 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	AT Berkowitz, David Five Horsham Business Center, 300 Welsh Road Horsham, PA 19044 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

CS 5/16/97