

ACCOUNT NO. : 07210000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: January 21, 1999

ORDER TIME: 10:09 AM

ORDER NO. : 107102-005

600002751326--0

CUSTOMER NO: 7164040

CUSTOMER: Ms. Jodi A. Sharp

Advanta Insurance Company

1020 Laurel Oak Road

Voorhees, NJ 08043

NAME:

ADVANTA INSURANCE COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Cassandra Lamm

* * * FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Arizona
submits the following statement in order to change its registered affice or registered agent, or both, in the
State of Florida.
I. The name of the corporation is: ADVANTA INSURANCE COMPANY
2. The mailing address of the corporation is: FIVE HORSHAM BUSINESS CENTER
300 WELSH ROAD, HORSHAM, PA 19044
3. Date of incorporation/qualification: October 12, 1988 Document number: P21239
4. The name and address of the current registered agent and office:
INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE, FL 32399
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
Leen B Sel 1/20/99
(Signature of an officer, chairman or vice chairman of the board) (Date)
COLE B. SILVER, SR. VICE PRESIDENT, GENERAL COUNSEL & 1/20/59
(Printed or typed name and title) (Date)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Corporation Service Company
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Tabatha F. Fiorelli Asst. V.P.
(Typed or Printed Name) (Capacity) CR2F045(3/96)

01/20/99 II:31 ☐ :02/02 NO:869

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