


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

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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90120 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21239

1. Corporation Name
ADVANTA INSURANCE COMPANY



Principal Place of Business FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD HORSHAM PA 19044 US	Mailing Address FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD HORSHAM PA 19044 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/12/1988	
		4. FEI Number 93-0924247		Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32399 Corporation Services Company 1201 Hays Street Tallahassee, FL 32301 See Attached		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable

(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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODOWSKI, CHARLES H.	1.2 NAME	
STREET ADDRESS	FIVE HORSEMAE BUSINESS CTR, 300 WELSH RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HORSHAM PA 19044	1.4 CITY-ST-ZIP	
TITLE	DSVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENACI, DAVID	2.2 NAME	
STREET ADDRESS	FIVE HORSHAM BUSINESS CTR, 300 WELSH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HORSHAM PA 19044	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALAMARI, JOHN J.	3.2 NAME	
STREET ADDRESS	200 TOURNAMENT DR	3.3 STREET ADDRESS	WELSH & MCKEAN ROADS
CITY-ST-ZIP	HORSHAM PA	3.4 CITY-ST-ZIP	SPRING HOUSE, PA 19477
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTER, DENNIS	4.2 NAME	
STREET ADDRESS	300 WELSH ROAD BLDG T	4.3 STREET ADDRESS	WELSH & MCKEAN ROADS
CITY-ST-ZIP	HORSHAM PA	4.4 CITY-ST-ZIP	SPRING HOUSE, PA 19477
TITLE	DSVG <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, COLE B	5.2 NAME	
STREET ADDRESS	1020 LAUREL OAK RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	VOORHEES NJ 08043	5.4 CITY-ST-ZIP	
TITLE	DATA <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKOWITZ, DAVID S	6.2 NAME	
STREET ADDRESS	FIVE HORSHAM BUSINESS CTR, 300 WELSH RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HORSHAM PA 19044	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Berkowitz

REQUIRED

1/5/99

Date

800-255-0022

Daytime Phone #

CR2E034 (11/98)

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

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P21239

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 office or registered agent, or both, in the State of Florida.

1. 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

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99 JAN 22 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

COLE B. SILVER, SR.
(Signature of an officer, chairman or vice chairman of the board)

1/20/99
(Date)

COLE B. SILVER, SR. VICE PRESIDENT, GENERAL COUNSEL & SECRETARY
(Printed or typed name and title)

1/20/99
(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

Tabatha F. Fiorelli
(Signature of Registered Agent)

1/21/99
(Date)

If signing on behalf of an entity:

Tabatha F. Fiorelli
(Typed or Printed Name)

Asst. V.P.
(Capacity)