

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21239

1. Entity Name

ADVANTA INSURANCE COMPANY

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90186 032 ***150.00

Principal Place of Business

Mailing Address

5 HORSHAM BUSINESS CTR
300 WELSH RD
HORSHAM PA 19044
US

5 HORSHAM BUSINESS CTR
300 WELSH RD
HORSHAM PA 19044-2248
US

2. Principal Place of Business

3. Mailing Address

Welsh & McKean Roads

P.O. Box 429

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring House, PA

City & State

Spring House, PA

Zip

19477

Country

USA

Zip

19477

Country

USA

4. FEI Number

93-0924247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICES CO.
1201 HAYS ST
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME PODOWSKI, CHARLES H.
STREET ADDRESS 300 WELSH RD
CITY-ST-ZIP HORSHAM PA 19044

TITLE DSRVP ☐ Change ☒ Addition
NAME Stevens, Philip C.
STREET ADDRESS Welsh & McKean Roads
CITY-ST-ZIP Spring House, PA 19477

TITLE DSV ☒ Delete
NAME DENACI, DAVID
STREET ADDRESS 300 WELSH RD
CITY-ST-ZIP HORSHAM PA 19044

TITLE DSRVP ☐ Change ☒ Addition
NAME Oberstein, Jeffrey D.
STREET ADDRESS 800 Ridgeview Drive
CITY-ST-ZIP Horsham, PA 19044

TITLE VT ☒ Delete
NAME CALAMARI, JOHN J.
STREET ADDRESS WELSH & MCKEAN RDS
CITY-ST-ZIP SPRING HOUSE PA 19477

TITLE SRVPT ☐ Change ☒ Addition
NAME Krouchick, Robert G.
STREET ADDRESS Welsh & McKean Roads
CITY-ST-ZIP Spring House, PA 19477

TITLE DC ☐ Delete
NAME ALTER, DENNIS
STREET ADDRESS WELSH & MCKEAN RDS
CITY-ST-ZIP SPRING HOUSE PA 19477

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DSVG ☒ Delete
NAME SILVER, COLE B
STREET ADDRESS 1020 LAUREL OAK RD
CITY-ST-ZIP VOORHEES NJ 08043

TITLE DSVPGC ☐ Change ☒ Addition
NAME Souders, Ronald L.
STREET ADDRESS Welsh & McKean Roads
CITY-ST-ZIP Spring House, PA 19477

TITLE DATA ☒ Delete
NAME BERKOWITZ, DAVID S
STREET ADDRESS 300 WELSH RD
CITY-ST-ZIP HORSHAM PA 19044

TITLE DP ☐ Change ☒ Addition
NAME Wlaz, Mark W.
STREET ADDRESS Welsh & McKean Roads
CITY-ST-ZIP Spring House, PA 19477

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/00

215-323-3901