

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-20-2000 90186 032 ***150.00

DOCUMENT # P21239

1. Entity Name

ADVANTA INSURANCE COMPANY

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

4. FEI Number

93-0924247

Applied For

Not Applicable

Zip

19477

Country

USA

Zip

19477

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	<input checked="" type="checkbox"/> Delete
NAME	PODOWSKI, CHARLES H.	
STREET ADDRESS	300 WELSH RD	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	DSV	<input checked="" type="checkbox"/> Delete
NAME	DENACI, DAVID	
STREET ADDRESS	300 WELSH RD	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	CALAMARI, JOHN J.	
STREET ADDRESS	WELSH & MCKEAN RDS	
CITY-ST-ZIP	SPRING HOUSE PA 19477	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ALTER, DENNIS	
STREET ADDRESS	WELSH & MCKEAN RDS	
CITY-ST-ZIP	SPRING HOUSE PA 19477	
TITLE	DSVG	<input checked="" type="checkbox"/> Delete
NAME	SILVER, COLE B	
STREET ADDRESS	1020 LAUREL OAK RD	
CITY-ST-ZIP	VOORHEES NJ 08043	
TITLE	DATA	<input checked="" type="checkbox"/> Delete
NAME	BERKOWITZ, DAVID S	
STREET ADDRESS	300 WELSH RD	
CITY-ST-ZIP	HORSHAM PA 19044	

TITLE	DSRVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stevens, Philip C.	
STREET ADDRESS	Welsh & McKean Roads	
CITY-ST-ZIP	Spring House, PA 19477	
TITLE	DSRVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oberstein, Jeffrey D.	
STREET ADDRESS	800 Ridgeview Drive	
CITY-ST-ZIP	Horsham, PA 19044	
TITLE	SRVPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Krouchick, Robert G.	
STREET ADDRESS	Welsh & McKean Roads	
CITY-ST-ZIP	Spring House, PA 19477	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DSVPGC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Souders, Ronald L.	
STREET ADDRESS	Welsh & McKean Roads	
CITY-ST-ZIP	Spring House, PA 19477	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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

3/3/00

Date

215-323-3901

Daytime Phone #

CE 04 1111