

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91007 031 \*\*\*150.00

**DOCUMENT # P21239**

1. Entity Name  
**ADVANTA INSURANCE COMPANY**

|   |  |
|---|--|
| Principal Place of Business<br><b>WELCH &amp; MCKEAN ROADS<br/>         SPRING HOUSE PA 19477<br/>         US</b> | Mailing Address<br><b>P O BOX 429<br/>         SPRING HOUSE PA 19044<br/>         US</b> |
|---|--|

|   |                     |
|---|---------------------|
| 2. Principal Place of Business<br><b>Welsh &amp; McKean Roads</b> | 3. Mailing Address  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |
| Country      | Zip          |
| Country      | Zip          |

19477

4. FEI Number **93-0924247** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICES CO.  
 1201 HAYS ST  
 TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DSRV<br/>STEVENS, PHILIP C<br/>WELSH &amp; MCKEAN ROADS<br/>SPRING HOUSE PA 19044</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DSRV<br/>OBERSTEIN, JEFFREY D<br/>800 RIDGEVIEW DR<br/>HORSHAM PA 19044</b>           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SRVT<br/>KROUCHICK, ROBERT G<br/>WELSH &amp; MCKEAN RDS<br/>SPRING HOUSE PA 19477</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DC<br/>ALTER, DENNIS<br/>WELSH &amp; MCKEAN RDS<br/>SPRING HOUSE PA 19477</b>         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DSVG<br/>SOUDERS, RONALD L<br/>WELSH &amp; MCKEAN ROADS<br/>SPRING HOUSE PA 19477</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>WLAZ, MARK W<br/>WELSH &amp; MCKEAN ROADS<br/>SPRING HOUSE PA 19477</b>        | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Senior V/D<br/>Philip M. Browne<br/>Welsh &amp; McKean Roads<br/>Spring House, PA 19477</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>Jeffrey D. Beck<br/>Welsh &amp; McKean Roads<br/>Spring House, PA 19477</b>              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Assistant T<br/>Leonora G. Jacinto<br/>Welsh &amp; McKean Roads<br/>Spring House, PA 19477</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: *Ronald L. Souder*  
 NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

215-444-5979

Date

Daytime Phone #

CR2E034 (10/00)



Attachment  
837170/121239

Advanta Life Insurance Company  
Advanta Insurance Company  
Advanta Insurance Agency, Inc.  
First Advanta Insurance Agency, Inc.

Welsh & McKean Roads  
P.O. Box 918  
Spring House, PA 19477-0918  
800-847-7999

Writer's Direct Dial: 215-444-5719  
Writer's e-mail: cpuntel@advanta.com

April 25, 2001

VIA FIRST CLASS MAIL  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Advanta Insurance Company – 2001 Uniform Business Report (UBR)**

Dear Sir or Madam:

Enclosed please find the 2001 Uniform Business Report for Advanta Insurance Company and Advanta check number 004873 in the amount of \$150.00 in payment of the filing fee.

Please contact me at the above number or e-mail address should you have any questions or require additional information.

Very truly yours,

Carrie L. Puntel  
Paralegal, Insurance

/CP

Enclosures

ADVANTA