

# 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

**WELCH & MCKEAN ROADS  
 SPRING HOUSE PA 19477  
 US**

Mailing Address

**P O BOX 429  
 SPRING HOUSE PA 19044  
 US**

2. Principal Place of Business

**Welsh & McKean Roads**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**19477**

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

**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

**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, 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 **DSRV** ☒ Delete  
 NAME **STEVENS, PHILIP C**  
 STREET ADDRESS **WELSH & MCKEAN ROADS**  
 CITY-ST-ZIP **SPRING HOUSE PA 19044**

TITLE **Senior V/D** ☐ Change ☒ Addition  
 NAME **Philip M. Browne**  
 STREET ADDRESS **Welsh & McKean Roads**  
 CITY-ST-ZIP **Spring House, PA 19477**

TITLE **DSRV** ☒ Delete  
 NAME **OBERSTEIN, JEFFREY D**  
 STREET ADDRESS **800 RIDGEVIEW DR**  
 CITY-ST-ZIP **HORSHAM PA 19044**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Jeffrey D. Beck**  
 STREET ADDRESS **Welsh & McKean Roads**  
 CITY-ST-ZIP **Spring House, PA 19477**

TITLE **SRVT** ☐ Delete  
 NAME **KROUCHICK, ROBERT G**  
 STREET ADDRESS **WELSH & MCKEAN RDS**  
 CITY-ST-ZIP **SPRING HOUSE PA 19477**

TITLE **Assistant T** ☐ Change ☒ Addition  
 NAME **Leonora G. Jacinto**  
 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 **SOUDERS, RONALD L**  
 STREET ADDRESS **WELSH & MCKEAN ROADS**  
 CITY-ST-ZIP **SPRING HOUSE PA 19477**

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

TITLE **DP** ☐ Delete  
 NAME **WLAZ, MARK W**  
 STREET ADDRESS **WELSH & MCKEAN ROADS**  
 CITY-ST-ZIP **SPRING HOUSE PA 19477**

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

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 Souder*

Print Name and Title of Registered Agent

4-25-01

Date

215-444-5979

Daytime Phone #

CR2E034 (10/00)



Attachment  
837170/P21239

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

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

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

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