

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21239

FILED  
Feb 01, 2010  
Secretary of State

**Entity Name:** ADVANTA INSURANCE COMPANY

**Current Principal Place of Business:**

WELSH & MCKEAN ROADS  
SPRING HOUSE, PA 19477 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 429  
SPRING HOUSE, PA 19477 US

**New Mailing Address:**

WELSH & MCKEAN ROADS  
P.O. BOX 429  
SPRING HOUSE, PA 19477 US

**FEI Number:** 93-0924247      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICES CO.  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PT  
**Name:** BROWNE, PHILIP M  
**Address:** WELSH & MCKEAN ROADS, P.O. BOX 429  
**City-St-Zip:** SPRING HOUSE, PA 19044

**Title:** AT  
**Name:** JACINTO, LEONARA G  
**Address:** WELSH & MCKEAN ROADS, P.O. BOX 429  
**City-St-Zip:** SPRING HOUSE, FL 19477

**Title:** S  
**Name:** GIUSTI, SUSAN  
**Address:** WELSH & MCKEAN ROADS, P.O. BOX 429  
**City-St-Zip:** SPRING HOUSE, PA 19477

**Title:** DC  
**Name:** ALTER, DENNIS  
**Address:** WELSH & MCKEAN ROADS, P.O. BOX 429  
**City-St-Zip:** SPRING HOUSE, PA 19477

**Title:** VC  
**Name:** ROSOFF, WILLIAM  
**Address:** WELSH & MCKEAN ROADS, P.O. BOX 429  
**City-St-Zip:** SPRING HOUSE, PA 19477

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SUSAN GIUSTI

S

02/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date