

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P21239** (9)

1. Corporation Name
ADVANTA INSURANCE COMPANY



Principal Place of Business: **COMMONWEALTH CORPORATE CTR
200 TOURNAMENT DRIVE
HORSHAM PA 19044
US**

Mailing Address: **COMMONWEALTH CORPORATE CTR
200 TOURNAMENT DR
HORSHAM PA 19044
US**

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **10/12/1988**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **93-0924247**

5. Certificate of Status Desired: Applied For Not Applicable

6. Election Campaign Financing Trust Fund Contribution: **\$8.75 Additional Fee Required** **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

g. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81 Name: _____

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

83 _____

84 City: _____

85 Zip Code: **FL** _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: _____

Signature of Registered Agent (Typed Name and Title) _____

DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PODOWSKI, CHARLES H.	
STREET ADDRESS	810 LANTERN LANE	
CITY, ST, ZIP	BLUE BELL PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHNEYER, GENE S.	
STREET ADDRESS	11 SURREY LANE	
CITY, ST, ZIP	MELROSE PARK PA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CALAMARI, JOHN J.	
STREET ADDRESS	3755 CONCORD RD	
CITY, ST, ZIP	DAYLESTOWN PA	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ALTER, DENNIS	
STREET ADDRESS	612 MANN ROAD	
CITY, ST, ZIP	HORSHAM PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENAWALT, RICHARD	
STREET ADDRESS	8800 MONTGOMERY AVE	
CITY, ST, ZIP	WYNDMOOR PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	200 Tournament Drive
14 CITY, ST, ZIP	Horsham, PA 19044
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	300 Welsh Road, Bldg. 5
24 CITY, ST, ZIP	Horsham, PA 19044
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	200 Tournament Drive
34 CITY, ST, ZIP	Horsham, PA 19044
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	300 Welsh Road, Bldg. 5
44 CITY, ST, ZIP	Horsham, PA 19044
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	300 Welsh Road, Bldg. 5
54 CITY, ST, ZIP	Horsham, PA 19044
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ronald Souders

3/12/96

CR2E034 (12/95)

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FLORIDA DEPARTMENT OF STATE
ANNUAL REPORT 1995 FOR ADVANTA INSURANCE COMPANY

ITEM 12:

NAMES OF DIRECTORS
AND OFFICERS

<u>NAMES OF DIRECTORS AND OFFICERS</u>	<u>TITLE</u>	<u>STREET ADDRESS</u>	<u>CITY AND STATE</u>
Albert E. Lindenberg	EVC	1020 Laurel Oak Road	Voorhees, NJ
Carol Meyers	SVP	200 Tournament Drive	Horsham, PA
Ronald Souders	SVP/S	200 Tournament Drive	Horsham, PA
James W. Webster	SVP	200 Tournament Drive	Horsham, PA
David Berkowitz	AT	200 Tournament Drive	Horsham, PA

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