

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21239 (9)

1. Corporation Name
ADVANTA INSURANCE COMPANY

Principal Place of Business FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD HORSHAM PA 19044 US	Mailing Address FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD HORSHAM PA 19044 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/12/1988	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
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9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32399				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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	DSVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PODOWSKI, CHARLES H.			1.2 NAME	Philip C. Stevens		
STREET ADDRESS	Five Horsham Business Ctr., 300 Welsh Rd.			1.3 STREET ADDRESS	Five Horsham Business Ctr., 300 Welsh Rd		
CITY-ST-ZIP	HORSHAM, PA 19044			1.4 CITY-ST-ZIP	HORSHAM, PA 19044		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DSVPAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHNEYER, GENE S.			2.2 NAME	David Denaci		
STREET ADDRESS	WELSH & MCKEAN RDS.			2.3 STREET ADDRESS	Five Horsham Business Ctr., 300 Welsh Rd		
CITY-ST-ZIP	SPRING HOUSE PA 19477			2.4 CITY-ST-ZIP	HORSHAM, PA 19044		
TITLE	VT	<input type="checkbox"/> DELETE		3.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CALAMARI, JOHN J.			3.2 NAME	Leonora Jacinto		
STREET ADDRESS	200 TOURNAMENT DR			3.3 STREET ADDRESS	Five Horsham Business Ctr., 300 Welsh Rd		
CITY-ST-ZIP	HORSHAM PA			3.4 CITY-ST-ZIP	HORSHAM, PA 19044		
TITLE	DC	<input type="checkbox"/> DELETE		4.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALTER, DENNIS			4.2 NAME	Dennis Alter		
STREET ADDRESS	300 WELSH ROAD BLDG X			4.3 STREET ADDRESS	Welsh & McKean Roads		
CITY-ST-ZIP	HORSHAM, PA			4.4 CITY-ST-ZIP	SpringHouse, PA 19477		
TITLE	DSVP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	DSVPCS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MYERS, CAROL			5.2 NAME	Cole B. Silver		
STREET ADDRESS	FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD			5.3 STREET ADDRESS	1020 Laurel Oak Road		
CITY-ST-ZIP	HORSHAM PA 19044			5.4 CITY-ST-ZIP	Voorhees, NJ 08043		
TITLE	DSVP	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	DATAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SOUDERS, RONALD L			6.2 NAME	David S. Berkowitz		
STREET ADDRESS	FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD			6.3 STREET ADDRESS	Five Horsham Business Ctr., 300 Welsh Rd		
CITY-ST-ZIP	HORSHAM PA 19044			6.4 CITY-ST-ZIP	HORSHAM, PA 19044		

14. 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 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 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: *Carol Myers* *Cole B. Silver* *W. J. Stevens* *David S. Berkowitz*

CR2E034 (10/97)