

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
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2. Principal Place of Business Welsh & McKean Roads	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	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
State 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 _____ 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSRV STEVENS, PHILIP C WELSH & MCKEAN ROADS SPRING HOUSE PA 19044 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior V/D Philip M. Browne Welsh & McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSRV OBERSTEIN, JEFFREY D 800 RIDGEVIEW DR HORSHAM PA 19044 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffrey D. Beck Welsh & McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVT KROUCHICK, ROBERT G WELSH & MCKEAN RDS SPRING HOUSE PA 19477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant T Leonora G. Jacinto Welsh & McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ALTER, DENNIS WELSH & MCKEAN RDS SPRING HOUSE PA 19477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVG SOUDEERS, RONALD L WELSH & MCKEAN ROADS SPRING HOUSE PA 19477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WLAZ, MARK W WELSH & MCKEAN ROADS SPRING HOUSE PA 19477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Soudeers*
Print Name and Title 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

And this is...