

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21239

FILED
Jan 20, 2009
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:

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: P () Delete
Name: BROWNE, PHILIP M
Address: WELSH & MCKEAN ROADS
City-St-Zip: SPRING HOUSE, PA 19044

Title: AT () Delete
Name: JACINTO, LEONARA G
Address: WELSH & MCKEAN ROADS
City-St-Zip: SPRING HOUSE, FL 19477

Title: SVPT () Delete
Name: WEINSTOCK, DAVID
Address: WELSH & MCKEAN RDS
City-St-Zip: SPRING HOUSE, PA 19477

Title: DC () Delete
Name: ALTER, DENNIS
Address: WELSH & MCKEAN RDS
City-St-Zip: SPRING HOUSE, PA 19477

Title: VPS () Delete
Name: NELSON, RICHARD
Address: WELSH & MCKEAN ROADS
City-St-Zip: SPRING HOUSE, PA 19477

Title: AS () Delete
Name: GIUSTI, SUSAN
Address: WELSH & MCKEAN ROADS
City-St-Zip: SPRING HOUSE, PA 19477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN GIUSTI

AS

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date