## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000005293

Entity Name: ALLSTATE FLORIDIAN INDEMNITY COMPANY

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:			New F	New Principal Place of Business:		
	DERS ROAD OOK, IL 6006	26217 US				
Current Mailing Address:			New N	New Mailing Address:		
3075 SANE STE H1A NORTHBR	DER ROAD OOK, IL 6006	26217 US				
FEI Number: 36-4181959 FEI Number Applied For ( ) FEI Nu			FEI Number Not	mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name	and Address o	of New Registered Agent:	
P O BOX 6 200 E. GAII TALLAHAS	SEE, FL 3239 named entity s	00) 990000 US	rpose of chang	ling its registere	d office or registered agent, or both,	
SIGNATUR						
Flaction Com		ic Signature of Registered Agen	t		Date	
		; Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PR () LAWSON, PHIL 780 CARILLION SUITE 400, FL	PKWY	Title: Name: Address City-St		(X) Change () Addition NCENT A ERS ROAD, STE F6 OOK, IL 60062	
Title: Name: Address: City-St-Zip:	GVP () PILCH, SAMUEI 3075 SANDERS NORTHBROOK,	S RD, H1A	Title: Name: Address City-St-		(X) Change ( ) Addition //UEL H ERS RD, H1A OOK, IL 600627127	
Title: Name: Address: City-St-Zip:	SEC () MCGINN, MARY 3075 SANDERS NORTHBROOK,	ROAD	Title: Name: Address City-St-		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TR () VERNEY, STEV 3075 SANDERS NORTHBROOK,	S RD, G2H	Title: Name: Address City-St-		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DIR () SHEBIK, STEVE 2775 SANDERS NORTHBROOK,	S ROAD, D7	Title: Name: Address City-St-		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DIR () NADIG, DAVID 0 2775 SANDERS NORTHBROOK,	S RD, A5	Title: Name: Address City-St-		(X) Change()Addition , MYRON E ERS RD, D8 OOK, IL 600626127	

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: HEATHER DURCHOLZ ACCT 04/14/2009