2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804956

Entity Name: ALLSTATE INSURANCE COMPANY

FILED Apr 30, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2775 SANDERS RD

NORTHBROOK, IL 60062 US

Current Mailing Address: New Mailing Address:

3075 SANDERS RD STE - H1A

NORTHBROOK, IL 60062 US

FEI Number: 36-0719665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US

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: CFC

Name: CIVGIN, DOGAN
Address: 2775 SANDERS RD, F8
City-St-Zip: NORTHBROOK, IL 60062

Title: PR

Name: WILSON, THOMAS J Address: 2775 SANDERS RD, F9 City-St-Zip: NORTHBROOK, IL 60062

Title: GVP

Name: PILCH, SAMUEL H
Address: 3075 SANDERS ROAD, H1A
City-St-Zip: NORTHBROOK, IL 60062

Title: DIR

Name: BRUNE, CATHERINE S Address: 2775 SANDERS RD City-St-Zip: NORTHBROOK, IL 60062

Title: DIR

Name: SORENSON, STEVEN P Address: 2775 SANDERS ROAD City-St-Zip: NORTHBROOK, IL 60062

Title: DIR

Name: GREFFIN, JUDITH P
Address: 3175 SANDERS ROAD, G6C
City-St-Zip: NORTHBROOK, IL 60062

I hereby 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 all other like empowered.

SIGNATURE: LYNN CIRRINCIONE AREP 04/30/2010