FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **812265** **(7)**

1. Corporation Name

ALLSTATE LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
3100 SANDERS ROAD SUITE M5B NORTHBROOK IL 60062-7154	3100 SANDERS ROAD SUITE M5B NORTHBROOK IL 60062-7154

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **10/10/1957**

3a. Date of Last Report: **04/07/1995**

4. FEI Number: **36-2554642** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ (Signature, typed or printed name of registered agent and title of officer) (NOTE: Registered Agent's Signature required when changed) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOWER, LOUIS GORDON II 3100 SANDERS ROAD NORTHBROOK IL 60062	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HECKMAN, PETER H. 3100 SANDERS ROAD NORTHBROOK, IL 00000 60062	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD VELOTTA, MICHAEL J. 3100 SANDERS ROAD NORTHBROOK IL 60062	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RESNICK, MYRON J 3100 SANDERS ROAD NORTHBROOK IL 60062	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T Zils, James P. 3100 Sanders Rd Northbrook, IL. 60062	☒ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Peter H. Heckman 4-10-96 847-402-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Peter H. Heckman V.P. Finance

Allstate®

ALLSTATE LIFE INSURANCE COMPANY
ALLSTATE PLAZA WEST
3100 SANDERS RD STE M5B
NORTHBROOK, IL 60062-7154
847-402-5000

April 15, 1996

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Enclosed is our check in the amount of $200.00 in payment of the Annual Report filing fee for the Allstate Life Insurance Company. Also enclosed is the completed 1996 Corporation Annual Report.

Very truly yours,

ALLSTATE LIFE INSURANCE COMPANY

David Simek

David Simek
Authorized Representative