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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 812265

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/10/1957

2. Principal Place of Business	2a. Mailing Address
21	26 3075 SANDERS ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE H2C
City & State 23	City & State 28 NORTHBROOK, IL
Zip 24 / Country 25	Zip 29 60062-7154 / Country 30

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

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	CHAIRMAN of the BOARD of DIRECTORS	☐ Change ☐ Addition
NAME	LOWER, LOUIS GORDON II		1.2 NAME	LOWER, Louis GORDON II	
STREET ADDRESS	3100 SANDERS ROAD		1.3 STREET ADDRESS	3100 SANDERS Road	
CITY-ST-ZIP	NORTHBROOK IL 60062		1.4 CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	VD	☐ DELETE	2.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	HECKMAN, PETER H.		2.2 NAME	Wilson, Thomas Joseph II	
STREET ADDRESS	3100 SANDERS ROAD		2.3 STREET ADDRESS	3100 SANDERS Road	
CITY-ST-ZIP	NORTHBROOK, IL 00000 60062		2.4 CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VELOTTA, MICHAEL J.		3.2 NAME		
STREET ADDRESS	3100 SANDERS ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL 60062		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZILS, JAMES P		4.2 NAME		
STREET ADDRESS	3100 SNDERS RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SLAWIN, KEVIN R		5.2 NAME		
STREET ADDRESS	3100 SANDERS ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL 60062		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: David Simek, Authorized Representative: David Simek 4/19/99 847-402-2629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)