2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90089 012 ***150.00

DOCUMENT # 812265

1. Entity Name

ALLSTATE LIFE INSURANCE COMPANY

A0031589

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3100 SANDERS ROAD SUITE M5B NORTHBROOK IL 60062-7154	3075 SANDERS RD STE H2C NORTHBROOK IL 60062-7119

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite H1A
City & State	City & State
Zip / Country	Zip 60062-7127 / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible *Tax filing requirement and elects to do so.* (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COBD LOWER, LOUIS GORDON II 3100 SANDERS ROAD NORTHBROOK IL 60062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Carl, John L 2775 Sanders Rd Northbrook, IL 60062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HECKMAN, PETER H. 3100 SANDERS ROAD NORTHBROOK IL 60062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Gardner, Karen C 2775 Sanders Rd Northbrook, IL 60062	☐ Change ☒ Addition
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ZILS, JAMES P 3100 SNDERS RD NORTHBROOK IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2775 Sanders Rd Northbrook, IL 60062	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SLAWIN, KEVIN R 3100 SANDERS ROAD NORTHBROOK IL 60062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILSON, THOMAS J 11 3100 SANDERS ROAD NORTHBROOK IL 60062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	wilson, Thomas J II	☒ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn Citrincione Lynn Citrincione Authorized Representative 1/29/00 847-402-3029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #