

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90037 008 ***150.00

DOCUMENT # 812265

1. Entity Name

ALLSTATE LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

3100 SANDERS ROAD
SUITE M5B
NORTHBROOK IL 60062-7154

3075 SANDERS RD STE H2C
SUITE H1A
NORTHBROOK IL 60062-7154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-2554642

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2001 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 V ☐ Delete
NAME CARL, JOHN L
STREET ADDRESS 2775 SANDERS RD
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME GARDNER, KAREN C
STREET ADDRESS 2775 SANDERS RD
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME VELOTTA, MICHAEL J.
STREET ADDRESS 3100 SANDERS ROAD
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ZILS, JAMES P
STREET ADDRESS 2775 SANDERS RD
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME SLAWIN, KEVIN R
STREET ADDRESS 3100 SANDERS ROAD
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME WILSON, THOMAS J II
STREET ADDRESS 3100 SANDERS ROAD
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

Lynn Cirincione

SIGNATURE: *Lynn Cirincione*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Authorized Representative 4/16/01

Date

(847) 462-3029

Daytime Phone #

CR2E034 (10/00)