2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#812265

Entity Name: ALLSTATE LIFE INSURANCE COMPANY

FILED Apr 06, 2006 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	DERS ROAD ROOK, IL 600	627154			
Current Mailing Address:			New Maili	New Mailing Address:	
SUITE H1/	DERS ROAD A ROOK, IL 600	627154			
FEI Number: 36-2554642 FEI Number Applied For ()		FEI Number Not App	El Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
P O BOX 6 200 E. GA	NANCIAL OFF 3200 (32314-6 INES ST SSEE, FL 323	200)			
	e named entity e of Florida.	submits this statement for the p	urpose of changing	its registered office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SIMONSON, E 3100 SANDER	S RD.	Title: Name: Address: City-St-Zip:	PR (X) Change () Addition SYLLA, CASEY J 3100 SANDERS RD., J5D NORTHBROOK, IL 60062	
Title: Name: Address: City-St-Zip:	SD (VELOTTA, MIC 3100 SANDER NORTHBROOI	SRD	Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition VELOTTA, MICHAEL J 3100 SANDERS RD, J5B NORTHBROOK, IL 60062	
Title: Name: Address: City-St-Zip:	SYLLA, CASE 3100 SANDER	S ROAD	Title: Name: Address: City-St-Zip:	GVP (X) Change () Addition PILCH, SAMUEL H 3075 SANDERS ROAD, H1A NORTHBROOK, IL 60062	
Title: Name: Address: City-St-Zip:	V (SIMONSON, E 3100 SANDER NORTHBROOI	RIC A S ROAD	Title: Name: Address: City-St-Zip:	DR (X) Change () Addition SIMONSON, ERIC A 3075 SANDERS ROAD, H1A NORTHBROOK, IL 60062	
Title: Name: Address: City-St-Zip:	VC (PILCH, SAMUE 3075 SANDER NORTHBROOI	SRD	Title: Name: Address: City-St-Zip:	DR (X) Change () Addition PILCH, SAMUEL H 3075 SANDERS RD, H1A NORTHBROOK, IL 60062	
Title: Name:	VT (ZILS. JAMES I) Delete	Title: Name:	DR (X) Change()Addition HALE, DANNY L	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LYNN CIRRINCIONE AR 04/06/2006

3075 SANDERS RD

NORTHBROOK, IL 60062

Address:

City-St-Zip:

2775 SANDERS ROAD, SUITE F8

NORTHBROOK, IL 60062