

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812265

FILED
Feb 01, 2007
Secretary of State

Entity Name: ALLSTATE LIFE INSURANCE COMPANY

Current Principal Place of Business:

3100 SANDERS ROAD
NORTHBROOK, IL 600627154

New Principal Place of Business:

Current Mailing Address:

3075 SANDERS ROAD
SUITE H1A
NORTHBROOK, IL 600627154

New Mailing Address:

FEI Number: 36-2554642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PR () Delete
Name: SYLLA, CASEY J
Address: 3100 SANDERS RD., J5D
City-St-Zip: NORTHBROOK, IL 60062

Title: SEC () Delete
Name: VELOTTA, MICHAEL J
Address: 3100 SANDERS RD, J5B
City-St-Zip: NORTHBROOK, IL 60062

Title: GVP () Delete
Name: PILCH, SAMUEL H
Address: 3075 SANDERS ROAD, H1A
City-St-Zip: NORTHBROOK, IL 60062

Title: DR () Delete
Name: SIMONSON, ERIC A
Address: 3075 SANDERS ROAD, H1A
City-St-Zip: NORTHBROOK, IL 60062

Title: DR () Delete
Name: PILCH, SAMUEL H
Address: 3075 SANDERS RD, H1A
City-St-Zip: NORTHBROOK, IL 60062

Title: DR () Delete
Name: HALE, DANNY L
Address: 2775 SANDERS ROAD, SUITE F8
City-St-Zip: NORTHBROOK, IL 60062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DR (X) Change () Addition
Name: JOHN, PINTOZZI
Address: 3100 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LYNN CIRINCIONE

AR

02/01/2007

Electronic Signature of Signing Officer or Director

_____ Date