812265

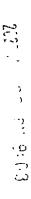
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Everlake Life Insurance Company DOCUMENT NUMBER: 812265 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kathleen B. Scarbrough Name of Contact Person Everlake Life Insurance Company Firm/ Company 3100 Sanders Road, Suite 303 Address Northbrook, Illinois 60062 City/ State and Zip Code kathleen.scarbrough@everlakelife.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kathleen B. Scarbrough Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Allstate Life Insurance Company			
(Name o	f Corporation as currentl	y filed with the Florida Dept. of State)	
812265			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
Everlake Life Insurance Company			The new
	orp," "Inc," or "Co". A	company," or "incorporated" or the abbreviati professional corporation name must contain	on Corp.,"
B. Enter new principal office address, i	f annlicable:	N/A	
(Principal office address MUST BE A ST			
			<u> </u>
C. Enter new mailing address, if applic	oable:		77.
(Mailing address MAY BE A POST O		N/A	
			,
			
			-)
D. If amending the registered agent and	d/or registered office adds	ess in Florida, enter the name of the	Q_{ij}
new registered agent and/or the new			သ
Name of New Registered Agent N/A			
			_
-	(Florida stre	eet address)	-
	N/A		
New Registered Office Address:		(City) , Florida (Zip (Code)
			,
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Agent: red agent. I am familiar w	rith and accept the obligations of the position.	
			_
	Signature of New Re	gistered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being fited pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			_
Add			
Remove 3) Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ර) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change (Attach additional sheets, if necessary). (Be specific)	<u>(s) here</u> :
N/A	
F. If an amendment provides for an exchange, reclassifical provisions for implementing the amendment if not con (if not applicable, indicate N/A)	tion, or cancellation of issued shares, tained in the amendment itself:
N/A	

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	November 1, 2021	if ash an short short
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirements. Epartment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sharehol	der action and shareholder
■ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amer officient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
June 15, 20 Dated	23 Angla K. Portara	
Signature	_ Siguete, stain	
selecte	irector, president or other officer – if directors or officers have no d, by an incorporator – if in the hands of a receiver, trustee, or othed fiduciary by that fiduciary)	
	Angela K. Fontana	
	(Typed or printed name of person signing)	 ·
	Senior Vice President, Chief Legal Officer and Secretary	
	(Title of person signing)	