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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DEPARTMENT OF STATE

[redacted]

DOCUMENT # 815040

1 Corporation Name
ALLSTATE INDEMNITY COMPANY

Principal Place of Business	Mailing Address
2775 SANDERS RD NORTHBROOK IL 60062 US	3075 SANDERS RD STE H1A NORTHBROOK IL 60062 US

DO NOT WRITE IN THIS SPACE

2 Principal Place of Business (21)	2a. Mailing Address (28)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (26)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 02/08/1961
4. FEI Number: 36-6115679 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1603, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Title

12 OFFICERS AND DIRECTORS		13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: COB	☒ DELETE	51 TITLE: COB	☒ Change ☒ Add/Ign
NAME: CHOATE, JERRY DALE		52 NAME: Edward M. Liddy,	
STREET ADDRESS: 2775 SANDERS RD		53 STREET ADDRESS: 2775 Sanders Rd.	
CITY-ST-ZIP: NORTHBROOK IL		54 CITY-ST-ZIP: Northbrook, IL 60062	
TITLE: P	☒ DELETE	51 TITLE: President	☒ Change ☒ Add/Ign
NAME: GROOT, STEVEN LAMBERT		52 NAME: Rita P. Wilson	
STREET ADDRESS: 2775 SANDERS RD		53 STREET ADDRESS: 2775 Sanders Rd	
CITY-ST-ZIP: NORTHBROOK IL		54 CITY-ST-ZIP: Northbrook, IL 60062	
TITLE: SVP	☐ DELETE	51 TITLE:	☒ Change ☐ Add/Ign
NAME: GARY, ROBERT WALLACE		52 NAME:	
STREET ADDRESS: 2775 SANDERS RD		53 STREET ADDRESS:	
CITY-ST-ZIP: NORTHBROOK IL		54 CITY-ST-ZIP: 60062	
TITLE: SVPS	☐ DELETE	51 TITLE: SVPS & General Counsel	☒ Change ☐ Add/Ign
NAME: PIKE, ROBERT WILLIAM		52 NAME:	
STREET ADDRESS: 2775 SANDERS RD		53 STREET ADDRESS:	
CITY-ST-ZIP: NORTHBROOK IL		54 CITY-ST-ZIP: 60062	
TITLE: VPC	☐ DELETE	51 TITLE:	☒ Change ☒ Add/Ign
NAME: FILCH, SAMUEL HENRY		52 NAME:	
STREET ADDRESS: 2775 SANDERS RD		53 STREET ADDRESS:	
CITY-ST-ZIP: NORTHBROOK IL		54 CITY-ST-ZIP: 60062	
TITLE: SVPC	☐ DELETE	51 TITLE: SVP & Chief Investment Officer	☒ Change ☒ Add/Ign
NAME: SYLLA, CASEY JOSEPH		52 NAME:	
STREET ADDRESS: 2775 SANDERS RD		53 STREET ADDRESS:	
CITY-ST-ZIP: NORTHBROOK IL		54 CITY-ST-ZIP: 60062	

I hereby certify that the information contained 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

GNATURE: PSIGNATURE REQUIRED — 3/9/99 — 847-402-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)