2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#815040

FILED Mar 10, 2004 Secretary of State

Entity Name: ALLSTATE INDEMNITY COMPANY

Current Principal Place of Business: New Principal Place of Business: 2775 SANDERS RD NORTHBROOK, IL 60062 US **Current Mailing Address: New Mailing Address:** 3075 SANDERS RD STE H1A NORTHBROOK, IL 60062 US FEI Number: 36-6115679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LIDDY, EDWARD M Name: Name: 2775 SANDERS RD Address: Address: City-St-Zip: NORTHBROOK, IL 60062 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MCCABE, MICHAEL J Name: 2775 SANDERS RD Address: Address: NORTHBROOK, IL 60062 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition PHILIP ZILS, JAMES ZILS, JAMES P Name: Name: 2775 SANDERS RD 2775 SANDERS RD Address: Address: NORTHBROOK, IL 60062 City-St-Zip: NORTHBROOK, IL 60062 City-St-Zip: Title: () Delete Title: sv (X) Change () Addition PIKE, ROBERT WILLIAM PIKE, ROBERT W Name: Name: Address: 2775 SANDERS RD Address: 2775 SANDERS RD City-St-Zip: NORTHBROOK, IL 60062 City-St-Zip: NORTHBROOK, IL 60062 Title: Title: () Delete (X) Change () Addition PILCH, SAMUEL HENRY Name: PILCH, SAMUEL H Name: 2775 SANDERS RD 2775 SANDERS RD Address: Address: City-St-Zip: NORTHBROOK, IL 60062 City-St-Zip: NORTHBROOK, IL 60062 Title: () Delete Title: (X) Change () Addition SYLLA, CASEY JOSEPH SYLLA, CASÈY J Name: Name: 2775 SANDERS RD 2775 SANDERS RD Address: Address: City-St-Zip: NORTHBROOK, IL 60062 City-St-Zip: NORTHBROOK, IL 60062

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAMUEL PILCH V 03/10/2004