

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838693

FILED  
Feb 01, 2007  
Secretary of State

Entity Name: ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

2775 SANDERS ROAD  
NORTHBROOK, IL 60062

**New Principal Place of Business:**

**Current Mailing Address:**

3075 SANDERS RD  
HIA  
NORTHBROOK, IL 60062

**New Mailing Address:**

FEI Number: 94-2199056

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

Title: VP ( ) Delete  
Name: GARDNER, KAREN C  
Address: 3075 SANDERS ROAD, G2B  
City-St-Zip: NORTHBROOK, IL 60062

Title: SEC ( ) Delete  
Name: CRIMMINS, WILLIAM G  
Address: 2775 SANDERS RD, A6  
City-St-Zip: NORTHBROOK, IL 60062

Title: DIR ( ) Delete  
Name: CRIPE, FEDERICK F  
Address: 2775 SANDERS ROAD, F7  
City-St-Zip: NORTHBROOK, IL 60062

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

Title: DIR ( ) Delete  
Name: SHEBIK, STEVEN E  
Address: 2775 SANDERS ROAD F7  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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