## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000005293

Entity Name: ALLSTATE FLORIDIAN INDEMNITY COMPANY

FILED Apr 10, 2008 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
2775 SANDERS ROAD NORTHBROOK, IL 600626217 US						
Current Mailing Address:			New Mailin	New Mailing Address:		
3075 SANDER ROAD STE H1A NORTHBROOK, IL 600626217 US						
FEI Number: 3	36-4181959	FEI Number Applied For ( )	El Number Not Appli	cable ( ) Certificate of	f 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: Name: Address: City-St-Zip:	PR () I LAWSON, PHILL 780 CARILLION SUITE 400, FL 3	PKWY	Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	GVP () I PILCH, SAMUEL 3075 SANDERS NORTHBROOK,	RD, H1A	Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	SEC () [ CRIMMINS, WILI 2775 SANDERS NORTHBROOK,	RD, A6	Title: Name: Address: City-St-Zip:	SEC (X) Change ( ) A MCGINN, MARY J 3075 SANDERS ROAD NORTHBROOK, IL 60062	ddition	
Title: Name: Address: City-St-Zip:	TR () I VERNEY, STEVE 3075 SANDERS NORTHBROOK,	RD, G2H	Title: Name: Address: City-St-Zip:	()Change()A	ddition	
Title: Name: Address: City-St-Zip:	DIR () I PILCH, SAMUEL 3075 SANDERS NORTHBROOK,	ROAD, H1A	Title: Name: Address: City-St-Zip:	DIR (X) Change ( ) A SHEBIK, STEVEN E 2775 SANDERS ROAD, D7 NORTHBROOK, IL 60062612		
Title: Name: Address: City-St-Zip:	DIR () I NADIG, DAVID G 2775 SANDERS NORTHBROOK,	RD, A5	Title: Name: Address: City-St-Zip:	()Change()A	ddition	

I hereby certify that the information supplied with this filing does not qualify 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: KATHERINE GREFSHEIM ADM 04/10/2008