# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # M9900001887 1. Entity Name ALLSTATE FINANCIAL SERVICES, LLC Principal Place of Business Mailing Address

2920 S. 84TH STREET

LINCOLN, NE 68506

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

2920 S. 84TH STREET

2. Principal Place of Business

C T CORPORATION SYSTEM

PLANTATION, FL 33324

1200 SOUTH PINE ISLAND ROAD

Country

6. Name and Address of Current Registered Agent

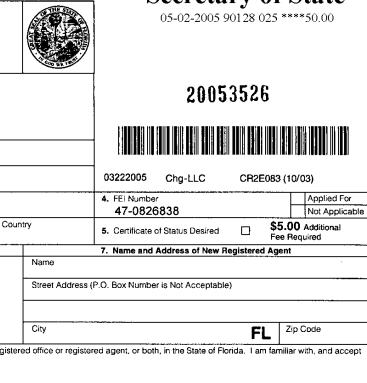
LINCOLN, NE 68506

Suite, Apt. #, etc.

City & State

Zip

FILED May 02, 2005 8:00 am Secretary of State



8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Edward A Biemer MGR TITLE Delete TITLE ☐ Change Addition NAME SYLLA, CASEY L NAME 3100 Sanders ad Stern4 STREET ADDRESS 3100 SANDERS RD STE 15D STREET ADDRESS grunbrook, IL Godes CITY-ST-ZIP NORTHBROOK, IL 60062 CITY-ST-ZIP MGR Addition TITLE Delete TITLE NAME MCCARTHY, JOHN K NAME sa wers rd STREET ADDRESS 3100 SANDERS ROAD, SUITE N4A STREET ADDRESS MHOROOK, IL 60062 CITY-ST-7IP NORTHBROOK, IL 60062 CITY-ST-7IP Delete Addition TITLE TITLE Sorenson Steves NAME VELOTTA, MICHAEL J NAME 773 Sanders RC Ste Flo STREET ADDRESS 3100 SANDERS ROAD, SUITE J5D STREET ADDRESS noruhbrook, IL 60062 CITY-ST-ZIP NORTHBROOK, IL 60062 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapten 608, Florida Statutes.

Biener

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

# **Directors / Officers Report**



As of 4/6/2005

# Allstate Financial Services, LLC

### **Officers**

Edward Andrew Biemer C, Garon Allen Robert K. Becker Richard L. Bevelhimer Jr. Kevin T. Dyer A, Keith Green Gene R. Huxhold Gregory W. Meahl D. Mark Olson Timothy D. Register Brian P. Roath Leland K. Rogers Lynn C. Tyson John F. Wallin Steven M. Walsh Michael D. Warqo Karen Cassidy Gardner Joseph Patrick Rath William D. Webb Jr. Thomas C. Bittner L. Carole Lambert Phillip J. Hoeh Robert C. Doebler Joanne Marie Derrig Todd D. Brauch Mary Jovita McGinn Tonya K. Montanez Nancy M. Bufalino Barry Sajowitz Paul

President Senior Vice President - Distribution Vice President - Tax Vice President, General Counsel and Secretary Vice President, Treasurer and Financial Operations Principal **Director of Brokerage Operations** Director of Registration Chief Compliance Officer Chief Operating Officer Assistant Vice President and Chief Privacy Officer Assistant Secretary Assistant Secretary **Assistant Secretary** Assistant Treasurer Assistant Treasurer

### **Managers**

Edward Andrew Biemer Ronald Dean McNeil Steven Paul Sorenson

Steven Carl Verney

Manager Manager Manager

**Assistant Treasurer**