2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000001887

1. Entity Name
ALLSTATE FINANCIAL SERVICES, LLC

Principal Place of Business	Mailing Address
2920 S. 84TH STREET LINCOLN, NE 68506	2920 S. 84TH STREET LINCOLN, NE 68506

04202006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0826838
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BIEMER, EDWARD A
STREET ADDRESS	3100 SANDERS RD STE M4
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	MGR
NAME	MCNEIL, RONALD D
STREET ADDRESS	2775 SANDERS RD STE F7
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	MGR
NAME	SORENSON, STEVEN P
STREET ADDRESS	2775 SANDERS RD, STE F6
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000550366
05/13/06-80054-020 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #