**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 30, 2014**
**Secretary of State**
**CC7157039482**

DOCUMENT# 812265

**Entity Name:** ALLSTATE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

3100 SANDERS ROAD
NORTHBROOK, IL 60062-7154

**Current Mailing Address:**

3075 SANDERS ROAD
SUITE H1E
NORTHBROOK, IL 60062-7154

**FEI Number: 36-2554642**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER
200 E. GAINES ST)
TALLAHASSEE, FL 32399-0000 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

**Officer/Director Detail :**

| | |
|---|---|
| Title | PR |
| Name | CIVGIN, DOGAN |
| Address | 3100 SANDERS ROAD |
| City-State-Zip: | NORTHBROOK IL 60062 |

| | |
|---|---|
| Title | SGVP |
| Name | PILCH, SAMUEL H |
| Address | 3075 SANDERS ROAD |
| City-State-Zip: | NORTHBROOK IL 60062 |

| | |
|---|---|
| Title | DR |
| Name | GREFFIN, JUDITH P |
| Address | 2775 SANDERS ROAD |
| City-State-Zip: | NORTHBROOK IL 60062 |

| | |
|---|---|
| Title | AUTHORIZED REPRESENTATIVE |
| Name | CIRRINCIONE, LYNN |
| Address | 3075 SANDERS ROAD |
| City-State-Zip: | NORTHBROOK IL 60062 |

| | |
|---|---|
| Title | SEC |
| Name | FONTANA, ANGELA K |
| Address | 3100 SANDERS RD |
| City-State-Zip: | NORTHBROOK IL 60062 |

| | |
|---|---|
| Title | DR |
| Name | MERTEN, JESSE E |
| Address | 3100 SANDERS ROAD |
| City-State-Zip: | NORTHBROOK IL 60062 |

| | |
|---|---|
| Title | DR |
| Name | CIVGIN, DOGAN |
| Address | 3100 SANDERS ROAD |
| City-State-Zip: | NORTHBROOK IL 60062 |

*I hereby 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 all other like empowered.*

SIGNATURE: LYNN CIRRINCIONE — AUTHORIZED REPRESENTATIVE — 04/30/2014

Electronic Signature of Signing Officer/Director Detail — Date