

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 815040

**Entity Name:** ALLSTATE INDEMNITY COMPANY**Current Principal Place of Business:**2775 SANDERS RD  
NORTHBROOK, IL 60062**Current Mailing Address:**3075 SANDERS RD  
STE H1E  
NORTHBROOK, IL 60062 US**FEI Number:** 36-6115679**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
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	CFO
Name	PILCH, SAMUEL H
Address	3075 SANDERS RD,
City-State-Zip:	NORTHBROOK IL 60062

Title	TR
Name	RIZZO, MARIO
Address	3075 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

Title	SEC
Name	MCGINN, MARY J
Address	2775 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

Title	DIR
Name	GOLDSTEIN, THOMAS M
Address	2775 SANDERS RD
City-State-Zip:	NORTHBROOK IL 60062

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

Title	PR
Name	SORENSEN, STEVEN P
Address	2775 SANDERS RD
City-State-Zip:	NORTHBROOK IL 60062

Title	AUTHORIZED REPRESENTATIVE
Name	CIRRINCIONE, LYNN
Address	3075 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****04/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date