

| 1.) CORPORATION NAME:<br><b>ALLSTATE LIFE INSURANCE COMPANY</b>  | DUE DATE: <b>10/31/2014</b>   |       |            |        |        |        |           |
|--|---|-------|------------|--------|--------|--------|-----------|
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>4701 COX ROAD, SUITE 285<br/>GLEN ALLEN, VA</b> | SCC ID NO: <b>F0131112</b>  |       |            |        |        |        |           |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   | 5.) STOCK INFORMATION   |       |            |        |        |        |           |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>IL</b>  | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>20,000</td> </tr> <tr> <td>PREFNV</td> <td>2,000,000</td> </tr> </tbody> </table> | CLASS | AUTHORIZED | COMMON | 20,000 | PREFNV | 2,000,000 |
| CLASS  | AUTHORIZED  |       |            |        |        |        |           |
| COMMON   | 20,000  |       |            |        |        |        |           |
| PREFNV   | 2,000,000   |       |            |        |        |        |           |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3100 SANDERS RD

CITY/ST/ZIP: NORTHBROOK, IL 60062-7154

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|                                      |   |  |
|--------------------------------------|---|--|
|                                      | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DOGAN CIVGIN                   |   |  |
| TITLE: PRESIDENT                     |   |  |
| ADDRESS: 3100 SANDERS ROAD           |   |  |
| CITY/ST/ZIP/CO: NORTHBROOK, IL 60062 |   |  |

|  |   |  |
|--|---|--|
|  | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: SAMUEL HENRY PILCH                   |   |  |
| TITLE: VP/CONTROLLER                       |   |  |
| ADDRESS: 3075 SANDERS ROAD H1A             |   |  |
| CITY/ST/ZIP/CO: NORTH BROOK, IL 60062-7127 |   |  |

|                                      |   |  |
|--------------------------------------|---|--|
|                                      | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ANGELA KAY FONTANA             |   |  |
| TITLE: SEC RETARY                    |   |  |
| ADDRESS: 3100 SANDERS ROAD           |   |  |
| CITY/ST/ZIP/CO: NORTHBROOK, IL 60062 |   |  |

|                                      |   |  |
|--------------------------------------|---|--|
|                                      | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MARIO RIZZO                    |   |  |
| TITLE: TREASURER                     |   |  |
| ADDRESS: 3075 SANDERS ROAD           |   |  |
| CITY/ST/ZIP/CO: NORTHBROOK, IL 60062 |   |  |

|                                      |   |  |
|--------------------------------------|---|--|
|                                      | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JESSE E MERTEN                 |   |  |
| TITLE: CFO                           |   |  |
| ADDRESS: 3100 SANDERS ROAD           |   |  |
| CITY/ST/ZIP/CO: NORTHBROOK, IL 60062 |   |  |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |                                      |            |
|---|--------------------------------------|------------|
| /s/ SAMUEL HENRY PILCH                              | SAMUEL HENRY PILCH,<br>VP/CONTROLLER | 11/20/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE     | DATE       |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.