

SERFF Tracking Number: ALSB-125525073 State: Arkansas
Filing Company: Allstate Life Insurance Company State Tracking Number: 38459
Company Tracking Number: DPD10286A SERIES
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: DPD10286A Series
Project Name/Number: DPD10286A Series/DPD10286A Series

Filing at a Glance

Company: Allstate Life Insurance Company
Product Name: DPD10286A Series SERFF Tr Num: ALSB-125525073 State: ArkansasLH
TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed State Tr Num: 38459
Variable
Sub-TOI: A02I.002 Flexible Premium Co Tr Num: DPD10286A SERIES State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Erica Ames Disposition Date: 04/01/2008
Date Submitted: 03/20/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: DPD10286A Series Status of Filing in Domicile: Pending
Project Number: DPD10286A Series Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 04/01/2008 Deemer Date:
State Status Changed: 04/01/2008
Corresponding Filing Tracking Number:
Filing Description:
See cover letter.

Company and Contact

Filing Contact Information

Erica Ames, Senior Product & Financial Analyst eames@allstate.com

SERFF Tracking Number: ALSB-125525073 State: Arkansas
Filing Company: Allstate Life Insurance Company State Tracking Number: 38459
Company Tracking Number: DPD10286A SERIES
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: DPD10286A Series
Project Name/Number: DPD10286A Series/DPD10286A Series

3100 Sanders Rd, Suite M2A (847) 402-7381 [Phone]
Northbrook, IL 60062 (847) 326-5224[FAX]

Filing Company Information

Allstate Life Insurance Company CoCode: 60186 State of Domicile: Illinois
3100 Sanders Road, Suite M2A Group Code: 8 Company Type:
Northbrook, IL 60062 Group Name: State ID Number:
(847) 402-8112 ext. [Phone] FEIN Number: 36-2554642

SERFF Tracking Number: ALSB-125525073 State: Arkansas
Filing Company: Allstate Life Insurance Company State Tracking Number: 38459
Company Tracking Number: DPD10286A SERIES
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: DPD10286A Series
Project Name/Number: DPD10286A Series/DPD10286A Series

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/01/2008	04/01/2008

SERFF Tracking Number: ALSB-125525073 State: Arkansas
 Filing Company: Allstate Life Insurance Company State Tracking Number: 38459
 Company Tracking Number: DPD10286A SERIES
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: DPD10286A Series
 Project Name/Number: DPD10286A Series/DPD10286A Series

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Readability		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Cover Letter		Yes
Form	Data Page		Yes
Form	Data Page		Yes
Form	Application		Yes

SERFF Tracking Number: ALSB-125525073 State: Arkansas
 Filing Company: Allstate Life Insurance Company State Tracking Number: 38459
 Company Tracking Number: DPD10286A SERIES
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: DPD10286A Series
 Project Name/Number: DPD10286A Series/DPD10286A Series

Form Schedule

Lead Form Number: DPD10286 Series

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	DPD10286A	Data/Declaration Pages	Data/Declaration Pages	Initial		0	dpd10286a.pdf
	DPD10289A	Data/Declaration Pages	Data/Declaration Pages	Initial		0	dpd10289a.pdf
	BD1996G	Application/Enrollment Form	Application/Enrollment Form	Initial		66	BD1996G.pdf
	BD1996H	Application/Enrollment Form	Application/Enrollment Form	Initial		66	BD1996H.pdf
	BD2276G	Application/Enrollment Form	Application/Enrollment Form	Initial		65	BD2276G.pdf
	BD2276H	Application/Enrollment Form	Application/Enrollment Form	Initial		65	BD2276H.pdf

ANNUITY DATA

Contract Number: [4444444444]
 Issue Date: [October 1, 2007]
 Payout Start Date: [October 1, 2070]
 Owner: [John Doe]
 [Owner: John Doe]
 Annuitant: [John Doe]
 Age at Issue: [35]
 Sex: [Male]
 Primary Beneficiary: [Jane Doe]
 Relationship to Owner: [Wife]
 Percentage: [100%]
 Contingent Beneficiary: [Susan Doe]
 Relationship to Owner: Daughter]
 Percentage: [100%]
 Purchase Payment Guarantee: [Yes or No]
 Initial Purchase Payment: [\$100,000.00]
 Tax Qualification: [IRA]

Annualized Effective Interest Rate for the Initial Purchase Payment:

<u>Guarantee Period Account</u>	<u>Allocated Amount</u>	<u>Annualized Effective Interest Rate</u>	<u>Rate Guaranteed Through</u>
[1] Year Guarantee Period Account	[35%]	[3.50%*]	[9/30/09]
[3] Year Guarantee Period Account	[35%]	[3.75%*] [2.25%]	[9/30/09] [10/01/09-9/30/11]
[5] Year Guarantee Period Account	[30%]	[4.00%*] [2.50%]	[9/30/09] [10/01/09-9/30/13]

[*An additional [0.50%] has been added to the Annualized Effective Interest rate for the first year of the Guarantee Period because you did not select the Purchase Payment Guarantee Option.]

Any subsequent purchase payments will be credited at an annualized effective interest rate declared by us. See the Crediting Interest section in this Contract for details.

Minimum Guaranteed Annualized Effective Rate

[Contract Years 1-10: [1.00 - 4.00%]]
 [Contract Years 11 and after: [1.00 - 4.00%]]

[Credit Enhancement on your Initial Purchase Payment: [0.00 - 5.00%]]

[If your net premium reaches the amount specified below within the first [12] months of your Contract Issue Date then the corresponding Credit Enhancement will apply as a percentage of net premium:]

[Credit Enhancement for total net premiums up to \$999,999.99 [0.00 - 5.00%]]

[Credit Enhancement for total net premiums \$1,000,000 and above [0.00 - 5.00%]]

Withdrawal Charges:

Withdrawals during the Accumulation Phase that exceed the Free Withdrawal Amount will be subject to a Withdrawal Charge as follows:

Payment Year:	[1	2	3	4	5	6	7	8	9	10 & Later]
Percentage:	[9%	8%	7%	6%	5%	4%	3%	2%	1%	0%]

Please see your Contract for more details.

If you have any questions about your Allstate Life Insurance Company annuity, please contact Allstate Life at [(800) 755-5275].

ANNUITY DATA

Contract Number: [4444444444]
 Issue Date: [October 1, 2007]
 Payout Start Date: [October 1, 2070]
 Owner: [John Doe]
 [Owner: John Doe]
 Annuitant: [John Doe]
 Age at Issue: [35]
 Sex: [Male]
 Primary Beneficiary: [Jane Doe]
 Relationship to Owner: [Wife]
 Percentage: [100%]
 Contingent Beneficiary: [Susan Doe]
 Relationship to Owner: Daughter]
 Percentage: [100%]
 Purchase Payment Guarantee: [Yes or No]
 Initial Purchase Payment: [\$100,000.00]
 Tax Qualification: [IRA]

Annualized Effective Interest Rate for the Initial Purchase Payment:

<u>Guarantee Period Account</u>	<u>Allocated Amount</u>	<u>Annualized Effective Interest Rate</u>	<u>Rate Guaranteed Through</u>
[1] Year Guarantee Period Account	[35%]	[3.50%*]	[9/30/09]
[3] Year Guarantee Period Account	[35%]	[3.75%*] [2.25%]	[9/30/09] [10/01/09-9/30/11]
[5] Year Guarantee Period Account	[30%]	[4.00%*] [2.50%]	[9/30/09] [10/01/09-9/30/13]

[*An additional [0.50%] has been added to the Annualized Effective Interest rate for the first year of the Guarantee Period because you did not select the Purchase Payment Guarantee Option.]

Any subsequent purchase payments will be credited at an annualized effective interest rate declared by us. See the Crediting Interest section in this Contract for details.

Minimum Guaranteed Annualized Effective Rate

[Contract Years 1-10: [1.00 - 4.00%]]
 [Contract Years 11 and after: [1.00 - 4.00%]]

Minimum Guaranteed Value Rate

[Contract Years 1-10: [1.00 - 3.00%]]
 [Contract Years 11 and after: [1.00 - 3.00%]]

[Credit Enhancement on your Initial Purchase Payment: [0.00 - 5.00%]]

[If your net premium reaches the amount specified below within the first [12] months of your Contract Issue Date then the corresponding Credit Enhancement will apply as a percentage of net premium:]

[Credit Enhancement for total net premiums up to \$999,999.99 [0.00 - 5.00%]]

[Credit Enhancement for total net premiums \$1,000,000 and above [0.00 - 5.00%]]

Withdrawal Charges:

Withdrawals during the Accumulation Phase that exceed the Free Withdrawal Amount will be subject to a Withdrawal Charge as follows:

Payment Year:	[1	2	3	4	5	6	7	8	9	10 & Later]
Percentage:	[9%	8%	7%	6%	5%	4%	3%	2%	1%	0%]

Please see your Contract for more details.

If you have any questions about your Allstate Life Insurance Company annuity, please contact Allstate Life at [(800) 755-5275].

APPLICATION FOR THE ALLSTATE® PREFERRED PERFORMANCE ANNUITY

Issued by:
 Allstate Life Insurance Company
 Home Office: Northbrook, IL

Make Check Payable to:
 Allstate Life Insurance Company
 2940 S. 84th Street, Lincoln, NE 68506-4142
 Phone: 800-755-5275



Allstate
 You're in good hands.

Annuity Number _____

BD1996G

For Applicants in Arizona: Upon your written request we will provide you, within a reasonable period of time, reasonable factual information concerning the benefits and provisions of the annuity contract. If for any reason you are not satisfied with this contract, you may return it within 30 days after it is delivered and receive a full refund of all monies paid.

1. OWNER(S): If the owner is a trust or other non-living entity, it will receive any death benefit due regardless of any beneficiaries designated on the contract.

Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YYYY)
Street Address		SSN/TIN
City	State	Zip
		Phone No.
Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YYYY)
Street Address		SSN/TIN
City	State	Zip
		Phone No.

2. OWNER TYPE: Non-natural owners (except Grantor Trusts) generally do not receive tax deferral.

Individual/Joint
 Non Grantor Trust¹
 Corporate/Association
 Tax Exempt/NonProfit Organization
 Minor
 Partnership
 Grantor Trust^{1,2}
 Custodial Account
 CRT¹
 Other _____
¹Trustee Name _____ Date of Trust _____
²Grantor Name (If Applicable) _____ ²Grantor Date of Birth (If Applicable) _____

3. ANNUITANT: Leave blank if Annuitant is the same as sole Owner, otherwise complete

Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YYYY)
Street Address		SSN/TIN
City	State	Zip
		Relationship to Owner

4. BENEFICIARY(IES): Include additional beneficiary information under Special Instructions

Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Birthdate	%
Street Address		SSN/TIN	
City	State	Zip	Relationship to Owner
Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Birthdate	%
Street Address		SSN/TIN	
City	State	Zip	Relationship to Owner

5. CITIZENSHIP: Non-resident alien owners may be subject to a mandatory 30% federal withholding. An IRS form W8 is required prior to issue.

Are the following U.S. Citizens? (If no, complete this entire section.)

Owner(s): Yes No
 Annuitant: Yes No
 Beneficiary(ies): Yes No

Full Name _____ Party (e.g. "Owner") _____ Country of Citizenship _____
 Permanent Resident Card No. _____ Visa No. and Type _____
 (attach copy of card) (attach copy of Visa)

6. TAX QUALIFICATION STATUS OF ANNUITY APPLIED FOR:

Non-Qualified

Qualified: Traditional IRA Roth IRA SEP* Custodial IRA

Payment Tax Year (if applicable) _____ Contribution Amount \$ _____

*For SEP only: Traditional IRA Contribution SEP IRA Contribution

7. TAX QUALIFICATION STATUS OF PREMIUM SOURCE:

Non-Qualified

***Qualified:** Traditional IRA Roth IRA** SEP SIMPLE IRA 457 Plan

Keogh/401 Plan Other _____

* If indirect rollover, the owner has 60 days from the date they receive the funds to reinvest the funds.

**A Roth IRA may only transfer/rollover into another Roth IRA.

8. PAYMENT INFORMATION:

A. Return of Purchase Payment Guarantee¹ Yes (Accept) No (Waive)¹

Note: If no selection is made, you will receive the Return of Purchase Payment Guarantee.

¹Additional 0.50% first year interest available only if Return of Purchase Payment Guarantee is Waived

B. Guarantee Period Selection:

Selection 1: \$ _____ for ___ Year(s) \$ _____ for ___ Year(s)

\$ _____ for ___ Year(s) \$ _____ for ___ Year(s)

Selection 2: \$ _____ for ___ Year(s) \$ _____ for ___ Year(s)

\$ _____ for ___ Year(s) \$ _____ for ___ Year(s)

C. Cash with application: \$ _____

Approximate 1035 or transfer/rollover amount: \$ _____

Total Initial Amount: \$ _____

D. Source of Payment: Regular Transfer* Rollover* 1035 Exchange* (Internal External)

*Origin of Payment: Fixed Annuity Variable Annuity Fixed Life Variable Life Non-Insurance Asset

E. Method of Payment: Personal Check Wire Cashier's Check Money Order Other _____

9. REPLACEMENT INFORMATION:

A. Do you have any existing annuity or life insurance contracts? Yes No

B. Has or will this annuity replace or change any annuity or life insurance (including borrowing)? Yes No
(If Yes, complete the following)

Company _____ Policy No. _____ Insured/Annuitant _____

Company _____ Policy No. _____ Insured/Annuitant _____

10. SPECIAL INSTRUCTIONS:

Blank area for special instructions.

11. SIGNATURE(S): Owner(s) signature REQUIRED. If the Owner is a Trust, Custodian or other non-living entity, an authorized representative of that entity must sign as Owner.

I represent that the information provided in this application is complete and true to the best of my knowledge and belief. I have read the Important Information section and any applicable information for my state. I acknowledge for Tax Qualified Annuity contracts that all additional forms and disclosures will be sent directly to me.

Substitute Form W-9 - Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including U.S. resident alien).

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

SIGN HERE

Owner Signature

Owner Signature

Annuitant Signature

Signed at: City State

Date (MM/DD/YYYY)

12. AGENT USE ONLY:

- A. To the best of your knowledge, does the customer have any existing annuity or life insurance contracts?
 Yes No
- B. To the best of your knowledge, has or will this annuity replace or change any annuity or life insurance (including borrowing)? Yes No

SIGN HERE

Agent Name (Please Print)

Agent Signature

Institution

Phone No.

Fax No.

Soc. Sec. No./Agent No.

E-mail Address

Florida License No.

- Program A Program B Program C Program D

IMPORTANT INFORMATION

FOR APPLICANTS IN ALL STATES: IMPORTANT NOTICE REGARDING INTEREST RATES, APPLICABLE CREDIT ENHANCEMENTS AND OTHER PURCHASE INCENTIVES

Allstate Life Insurance Company issues this annuity through various distribution outlets that may include other financial institutions and insurance agencies. The interest rates, applicable credit enhancements and other incentives that we offer for the purchase of this annuity may vary by distribution outlet.

FOR APPLICANTS IN THE STATES LISTED BELOW:

Arkansas, Kentucky, Louisiana, Maine, New Mexico, Ohio, and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

District of Columbia, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

- Annuities and insurance products are not insured by the Federal Deposit Insurance Corporation (FDIC), Federal Reserve Board, National Credit Union Association (NCUA), National Credit Union Share Insurance Fund (NCUSIF), or any other agency of the United States, or the bank or credit union, or an affiliate of the bank or credit union.
- Annuities are not deposits or obligations of, or guaranteed by, any bank, affiliate of any bank or credit union.
- The financial institution does not guarantee performance by the insurer issuing the annuity.

LEAVE THIS PAGE WITH CUSTOMER

APPLICATION FOR THE ALLSTATE® PREFERRED PERFORMANCE ANNUITY

Issued by:
Allstate Life Insurance Company
Home Office: Northbrook, IL

Make Check Payable to:
Allstate Life Insurance Company
2940 S. 84th Street, Lincoln, NE 68506-4142
Phone: 800-755-5275



Allstate
You're in good hands.

Annuity Number _____

BD1996H

For Applicants in Arizona: Upon your written request we will provide you, within a reasonable period of time, reasonable factual information concerning the benefits and provisions of the annuity contract. If for any reason you are not satisfied with this contract, you may return it within 30 days after it is delivered and receive a full refund of all monies paid.

1. OWNER(S): If the owner is a trust or other non-living entity, it will receive any death benefit due regardless of any beneficiaries designated on the contract.

Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YYYY)
Street Address	SSN/TIN	
City	State	Zip
Phone No.		
Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YYYY)
Street Address	SSN/TIN	
City	State	Zip
Phone No.		

2. OWNER TYPE: Non-natural owners (except Grantor Trusts) generally do not receive tax deferral.

- Individual/Joint
 Non Grantor Trust¹
 Corporate/Association
 Tax Exempt/NonProfit Organization
 Minor
 Partnership
 Grantor Trust^{1,2}
 Custodial Account
 CRT¹
 Other _____

¹Trustee Name _____ Date of Trust _____

²Grantor Name (If Applicable) _____ ²Grantor Date of Birth (If Applicable) _____

3. ANNUITANT: Leave blank if Annuitant is the same as sole Owner, otherwise complete

Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YYYY)
Street Address	SSN/TIN	
City	State	Zip
Relationship to Owner		

4. BENEFICIARY(IES): Include additional beneficiary information under Special Instructions

Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Birthdate	%
Street Address	SSN/TIN		
City	State	Zip	Relationship to Owner
Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Birthdate	%
Street Address	SSN/TIN		
City	State	Zip	Relationship to Owner

5. CITIZENSHIP: Non-resident alien owners may be subject to a mandatory 30% federal withholding. An IRS form W8 is required prior to issue.

Are the following U.S. Citizens? (If no, complete this entire section.)

Owner(s): Yes No Annuitant: Yes No Beneficiary(ies): Yes No

Full Name _____ Party (e.g. "Owner") _____ Country of Citizenship _____

Permanent Resident Card No. _____ Visa No. and Type _____
 (attach copy of card) (attach copy of Visa)

6. TAX QUALIFICATION STATUS OF ANNUITY APPLIED FOR:

Non-Qualified

Qualified: Traditional IRA Roth IRA SEP* Custodial IRA

Payment Tax Year (if applicable) _____ Contribution Amount \$ _____

*For SEP only: Traditional IRA Contribution SEP IRA Contribution

7. TAX QUALIFICATION STATUS OF PREMIUM SOURCE:

Non-Qualified

***Qualified:** Traditional IRA Roth IRA** SEP SIMPLE IRA 457 Plan

Keogh/401 Plan Other _____

* If indirect rollover, the owner has 60 days from the date they receive the funds to reinvest the funds.

**A Roth IRA may only transfer/rollover into another Roth IRA.

8. PAYMENT INFORMATION:

A. Return of Purchase Payment Guarantee¹ Yes (Accept) No (Waive)¹

Note: If no selection is made, you will receive the Return of Purchase Payment Guarantee.

¹Additional 0.50% first year interest available only if Return of Purchase Payment Guarantee is Waived

B. Guarantee Period Selection:

Selection 1: \$ _____ for ___ Year(s) \$ _____ for ___ Year(s)
\$ _____ for ___ Year(s) \$ _____ for ___ Year(s)

Selection 2: \$ _____ for ___ Year(s) \$ _____ for ___ Year(s)
\$ _____ for ___ Year(s) \$ _____ for ___ Year(s)

C. Cash with application: \$ _____

Approximate 1035 or transfer/rollover amount: \$ _____

Total Initial Amount: \$ _____

D. Source of Payment: Regular Transfer* Rollover* 1035 Exchange* (Internal External)

*Origin of Payment: Fixed Annuity Variable Annuity Fixed Life Variable Life Non-Insurance Asset

E. Method of Payment: Personal Check Wire Cashier's Check Money Order Other _____

9. REPLACEMENT INFORMATION:

A. Do you have any existing annuity or life insurance contracts? Yes No

B. Has or will this annuity replace or change any annuity or life insurance (including borrowing)? Yes No
(If Yes, complete the following)

Company _____ Policy No. _____ Insured/Annuitant _____

Company _____ Policy No. _____ Insured/Annuitant _____

10. SPECIAL INSTRUCTIONS:

Blank area for special instructions.

11. SIGNATURE(S): Owner(s) signature REQUIRED. If the Owner is a Trust, Custodian or other non-living entity, an authorized representative of that entity must sign as Owner.

I represent that the information provided in this application is complete and true to the best of my knowledge and belief. I have read the Important Information section and any applicable information for my state. I acknowledge for Tax Qualified Annuity contracts that all additional forms and disclosures will be sent directly to me.

Substitute Form W-9 - Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including U.S. resident alien).

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

SIGN HERE

Owner Signature

Owner Signature

Annuitant Signature

Signed at: City

State

Date (MM/DD/YYYY)

12. AGENT USE ONLY:

- A. To the best of your knowledge, does the customer have any existing annuity or life insurance contracts?
 Yes No
- B. To the best of your knowledge, has or will this annuity replace or change any annuity or life insurance (including borrowing)? Yes No

SIGN HERE

Agent Name (Please Print)

Agent Signature

Institution

Phone No.

Fax No.

Soc. Sec. No./Agent No.

E-mail Address

Florida License No.

- Program A Program B Program C Program D

IMPORTANT INFORMATION

FOR APPLICANTS IN ALL STATES: IMPORTANT NOTICE REGARDING INTEREST RATES, APPLICABLE CREDIT ENHANCEMENTS AND OTHER PURCHASE INCENTIVES

Allstate Life Insurance Company issues this annuity through various distribution outlets that may include other financial institutions and insurance agencies. The interest rates, applicable credit enhancements and other incentives that we offer for the purchase of this annuity may vary by distribution outlet.

FOR APPLICANTS IN THE STATES LISTED BELOW:

Arkansas, Kentucky, Louisiana, Maine, New Mexico, Ohio, and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

District of Columbia, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

- Annuities and insurance products are not insured by the Federal Deposit Insurance Corporation (FDIC), Federal Reserve Board, National Credit Union Association (NCUA), National Credit Union Share Insurance Fund (NCUSIF), or any other agency of the United States, or the bank or credit union, or an affiliate of the bank or credit union.
- Annuities are not deposits or obligations of, or guaranteed by, any bank, affiliate of any bank or credit union.
- The financial institution does not guarantee performance by the insurer issuing the annuity.

LEAVE THIS PAGE WITH CUSTOMER

APPLICATION FOR THE ALLSTATE® PREFERRED PERFORMANCE ANNUITY

Issued by:
Allstate Life Insurance Company
Home Office: Northbrook, IL

Make Check Payable to:
Allstate Life Insurance Company
2940 S. 84th Street, Lincoln, NE 68506-4142
Phone: 800-755-5275



Allstate
You're in good hands.

Annuity Number _____

BD2276G

For Applicants in Arizona: Upon your written request we will provide you, within a reasonable period of time, reasonable factual information concerning the benefits and provisions of the annuity contract. If for any reason you are not satisfied with this contract, you may return it within 30 days after it is delivered and receive a full refund of all monies paid.

1. OWNER(S): If the owner is a trust or other non-living entity, it will receive any death benefit due regardless of any beneficiaries designated on the contract.

Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YYYY)
Street Address	SSN/TIN	
City	State	Zip
Phone No.		
Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YYYY)
Street Address	SSN/TIN	
City	State	Zip
Phone No.		

2. OWNER TYPE: Non-natural owners (except Grantor Trusts) generally do not receive tax deferral.

- Individual/Joint
 Non Grantor Trust¹
 Corporate/Association
 Tax Exempt/NonProfit Organization
 Minor
 Partnership
 Grantor Trust^{1,2}
 Custodial Account
 CRT¹
 Other _____

¹Trustee Name _____ Date of Trust _____

²Grantor Name (If Applicable) _____ ²Grantor Date of Birth (If Applicable) _____

3. ANNUITANT: Leave blank if Annuitant is the same as sole Owner, otherwise complete

Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YYYY)
Street Address	SSN/TIN	
City	State	Zip
Relationship to Owner		

4. BENEFICIARY(IES): Include additional beneficiary information under Special Instructions

Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Birthdate	%
Street Address	SSN/TIN		
City	State	Zip	Relationship to Owner
Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Birthdate	%
Street Address	SSN/TIN		
City	State	Zip	Relationship to Owner

5. CITIZENSHIP: Non-resident alien owners may be subject to a mandatory 30% federal withholding. An IRS form W8 is required prior to issue.

Are the following U.S. Citizens? (If no, complete this entire section.)

Owner(s): Yes No Annuitant: Yes No Beneficiary(ies): Yes No

Full Name _____ Party (e.g. "Owner") _____ Country of Citizenship _____

Permanent Resident Card No. _____ Visa No. and Type _____
 (attach copy of card) (attach copy of Visa)

6. TAX QUALIFICATION STATUS OF ANNUITY APPLIED FOR:

Non-Qualified

Qualified: Traditional IRA Roth IRA SEP* Custodial IRA

Payment Tax Year (if applicable) _____ Contribution Amount \$ _____

*For SEP only: Traditional IRA Contribution SEP IRA Contribution

7. TAX QUALIFICATION STATUS OF PREMIUM SOURCE:

Non-Qualified

***Qualified:** Traditional IRA Roth IRA** SEP SIMPLE IRA 457 Plan

Keogh/401 Plan Other _____

* If indirect rollover, the owner has 60 days from the date they receive the funds to reinvest the funds.

**A Roth IRA may only transfer/rollover into another Roth IRA.

8. PAYMENT INFORMATION:

A. Return of Purchase Payment Guarantee¹ Yes (Accept) No (Waive)¹

Note: If no selection is made, you will receive the Return of Purchase Payment Guarantee.

¹Additional 0.50% first year interest available only if Return of Purchase Payment Guarantee is Waived

B. Withdrawal Charge Selection (select one): 6 Year 7 Year 8 Year

Note: If no selection is made, the default will be "6 Year."

C. Guarantee Period Selection:

Selection 1: \$ _____ for ___ Year(s) \$ _____ for ___ Year(s)

\$ _____ for ___ Year(s) \$ _____ for ___ Year(s)

Selection 2: \$ _____ for ___ Year(s) \$ _____ for ___ Year(s)

\$ _____ for ___ Year(s) \$ _____ for ___ Year(s)

D. Cash with application: \$ _____

Approximate 1035 or transfer/rollover amount: \$ _____

Total Initial Amount: \$ _____

E. Source of Payment: Regular Transfer* Rollover* 1035 Exchange* (Internal External)

*Origin of Payment: Fixed Annuity Variable Annuity Fixed Life Variable Life Non-Insurance Asset

F. Method of Payment: Personal Check Wire Cashier's Check Money Order Other _____

9. OPTIONAL RIDER(S): The basic Withdrawal Benefit Rider is automatically included with your contract. (If riders are not available due to ownership, age, or tax restrictions, it will not be included). Not available with 403(b) contracts.

Yes No Enhanced Withdrawal Benefit Rider (Additional fee applies.)

Note: If no selection is made, the default will be "No."

10. REPLACEMENT INFORMATION:

A. Do you have any existing annuity or life insurance contracts? Yes No

B. Has or will this annuity replace or change any annuity or life insurance (including borrowing)? Yes No
(If Yes, complete the following)

Company _____ Policy No. _____ Insured/Annuitant _____

Company _____ Policy No. _____ Insured/Annuitant _____

11. SPECIAL INSTRUCTIONS:

Blank area for special instructions.

12. SIGNATURE(S): Owner(s) signature REQUIRED. If the Owner is a Trust, Custodian or other non-living entity, an authorized representative of that entity must sign as Owner.

I represent that the information provided in this application is complete and true to the best of my knowledge and belief. I have read the Important Information section and any applicable information for my state. I acknowledge for Tax Qualified Annuity contracts that all additional forms and disclosures will be sent directly to me.

Substitute Form W-9 - Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including U.S. resident alien).

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

SIGN HERE

Owner Signature _____

Owner Signature _____

Annuitant Signature _____

Signed at: City _____ State _____

Date (MM/DD/YYYY) _____

13. AGENT USE ONLY:

- A. To the best of your knowledge, does the customer have any existing annuity or life insurance contracts?
 Yes No
- B. To the best of your knowledge, has or will this annuity replace or change any annuity or life insurance (including borrowing)? Yes No

SIGN HERE

Agent Name (Please Print) _____

Agent Signature _____

Institution _____

Phone No. _____

Fax No. _____

Soc. Sec. No./Agent No. _____

E-mail Address _____

Florida License No. _____

- Program A Program B Program C Program D

IMPORTANT INFORMATION

FOR APPLICANTS IN ALL STATES: IMPORTANT NOTICE REGARDING INTEREST RATES, APPLICABLE CREDIT ENHANCEMENTS AND OTHER PURCHASE INCENTIVES

Allstate Life Insurance Company issues this annuity through various distribution outlets that may include other financial institutions and insurance agencies. The interest rates, applicable credit enhancements and other incentives that we offer for the purchase of this annuity may vary by distribution outlet.

FOR APPLICANTS IN THE STATES LISTED BELOW:

Arkansas, Kentucky, Louisiana, Maine, New Mexico, Ohio, and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

District of Columbia, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

- Annuities and insurance products are not insured by the Federal Deposit Insurance Corporation (FDIC), Federal Reserve Board, National Credit Union Association (NCUA), National Credit Union Share Insurance Fund (NCUSIF), or any other agency of the United States, or the bank or credit union, or an affiliate of the bank or credit union.
- Annuities are not deposits or obligations of, or guaranteed by, any bank, affiliate of any bank or credit union.
- The financial institution does not guarantee performance by the insurer issuing the annuity.

LEAVE THIS PAGE WITH CUSTOMER

APPLICATION FOR THE ALLSTATE® PREFERRED PERFORMANCE ANNUITY

Issued by:
Allstate Life Insurance Company
Home Office: Northbrook, IL

Make Check Payable to:
Allstate Life Insurance Company
2940 S. 84th Street, Lincoln, NE 68506-4142
Phone: 800-755-5275



Allstate
You're in good hands.

Annuity Number _____

BD2276H

For Applicants in Arizona: Upon your written request we will provide you, within a reasonable period of time, reasonable factual information concerning the benefits and provisions of the annuity contract. If for any reason you are not satisfied with this contract, you may return it within 30 days after it is delivered and receive a full refund of all monies paid.

1. OWNER(S): If the owner is a trust or other non-living entity, it will receive any death benefit due regardless of any beneficiaries designated on the contract.

Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YYYY)
Street Address		SSN/TIN
City	State	Zip
		Phone No.
Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YYYY)
Street Address		SSN/TIN
City	State	Zip
		Phone No.

2. OWNER TYPE: Non-natural owners (except Grantor Trusts) generally do not receive tax deferral.

- Individual/Joint
 Non Grantor Trust¹
 Corporate/Association
 Tax Exempt/NonProfit Organization
 Minor
 Partnership
 Grantor Trust^{1,2}
 Custodial Account
 CRT¹
 Other _____

¹Trustee Name _____ Date of Trust _____

²Grantor Name (If Applicable) _____ ²Grantor Date of Birth (If Applicable) _____

3. ANNUITANT: Leave blank if Annuitant is the same as sole Owner, otherwise complete

Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YYYY)
Street Address		SSN/TIN
City	State	Zip
		Relationship to Owner

4. BENEFICIARY(IES): Include additional beneficiary information under Special Instructions

Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Birthdate	%
Street Address		SSN/TIN	
City	State	Zip	Relationship to Owner
Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Birthdate	%
Street Address		SSN/TIN	
City	State	Zip	Relationship to Owner

5. CITIZENSHIP: Non-resident alien owners may be subject to a mandatory 30% federal withholding. An IRS form W8 is required prior to issue.

Are the following U.S. Citizens? (If no, complete this entire section.)

Owner(s): Yes No Annuitant: Yes No Beneficiary(ies): Yes No

Full Name _____ Party (e.g. "Owner") _____ Country of Citizenship _____

Permanent Resident Card No. _____ Visa No. and Type _____
 (attach copy of card) (attach copy of Visa)

6. TAX QUALIFICATION STATUS OF ANNUITY APPLIED FOR:

Non-Qualified

Qualified: Traditional IRA Roth IRA SEP* Custodial IRA

Payment Tax Year (if applicable) _____ Contribution Amount \$ _____

*For SEP only: Traditional IRA Contribution SEP IRA Contribution

7. TAX QUALIFICATION STATUS OF PREMIUM SOURCE:

Non-Qualified

***Qualified:** Traditional IRA Roth IRA** SEP SIMPLE IRA 457 Plan

Keogh/401 Plan Other _____

* If indirect rollover, the owner has 60 days from the date they receive the funds to reinvest the funds.

**A Roth IRA may only transfer/rollover into another Roth IRA.

8. PAYMENT INFORMATION:

A. Return of Purchase Payment Guarantee¹ Yes (Accept) No (Waive)¹

Note: If no selection is made, you will receive the Return of Purchase Payment Guarantee.

¹Additional 0.50% first year interest available only if Return of Purchase Payment Guarantee is Waived

B. Withdrawal Charge Selection (select one): 6 Year 7 Year 8 Year

Note: If no selection is made, the default will be "6 Year."

C. Guarantee Period Selection:

Selection 1: \$ _____ for ___ Year(s) \$ _____ for ___ Year(s)

\$ _____ for ___ Year(s) \$ _____ for ___ Year(s)

Selection 2: \$ _____ for ___ Year(s) \$ _____ for ___ Year(s)

\$ _____ for ___ Year(s) \$ _____ for ___ Year(s)

D. Cash with application: \$ _____

Approximate 1035 or transfer/rollover amount: \$ _____

Total Initial Amount: \$ _____

E. Source of Payment: Regular Transfer* Rollover* 1035 Exchange* (Internal External)

*Origin of Payment: Fixed Annuity Variable Annuity Fixed Life Variable Life Non-Insurance Asset

F. Method of Payment: Personal Check Wire Cashier's Check Money Order Other _____

9. OPTIONAL RIDER(S): The basic Withdrawal Benefit Rider is automatically included with your contract. (If riders are not available due to ownership, age, or tax restrictions, it will not be included). Not available with 403(b) contracts.

Yes No Enhanced Withdrawal Benefit Rider (Additional fee applies.)

Note: If no selection is made, the default will be "No."

10. REPLACEMENT INFORMATION:

A. Do you have any existing annuity or life insurance contracts? Yes No

B. Has or will this annuity replace or change any annuity or life insurance (including borrowing)? Yes No

(If Yes, complete the following)

Company _____ Policy No. _____ Insured/Annuitant _____

Company _____ Policy No. _____ Insured/Annuitant _____

11. SPECIAL INSTRUCTIONS:

Blank area for special instructions.

12. SIGNATURE(S): Owner(s) signature REQUIRED. If the Owner is a Trust, Custodian or other non-living entity, an authorized representative of that entity must sign as Owner.

I represent that the information provided in this application is complete and true to the best of my knowledge and belief. I have read the Important Information section and any applicable information for my state. I acknowledge for Tax Qualified Annuity contracts that all additional forms and disclosures will be sent directly to me.

Substitute Form W-9 - Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including U.S. resident alien).

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

SIGN HERE

Owner Signature

Owner Signature

Annuitant Signature

Signed at: City

State

Date (MM/DD/YYYY)

13. AGENT USE ONLY:

- A. To the best of your knowledge, does the customer have any existing annuity or life insurance contracts?
 Yes No
- B. To the best of your knowledge, has or will this annuity replace or change any annuity or life insurance (including borrowing)? Yes No

SIGN HERE

Agent Name (Please Print)

Agent Signature

Institution

Phone No.

Fax No.

Soc. Sec. No./Agent No.

E-mail Address

Florida License No.

- Program A Program B Program C Program D

IMPORTANT INFORMATION

FOR APPLICANTS IN ALL STATES: IMPORTANT NOTICE REGARDING INTEREST RATES, APPLICABLE CREDIT ENHANCEMENTS AND OTHER PURCHASE INCENTIVES

Allstate Life Insurance Company issues this annuity through various distribution outlets that may include other financial institutions and insurance agencies. The interest rates, applicable credit enhancements and other incentives that we offer for the purchase of this annuity may vary by distribution outlet.

FOR APPLICANTS IN THE STATES LISTED BELOW:

Arkansas, Kentucky, Louisiana, Maine, New Mexico, Ohio, and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

District of Columbia, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

- Annuities and insurance products are not insured by the Federal Deposit Insurance Corporation (FDIC), Federal Reserve Board, National Credit Union Association (NCUA), National Credit Union Share Insurance Fund (NCUSIF), or any other agency of the United States, or the bank or credit union, or an affiliate of the bank or credit union.
- Annuities are not deposits or obligations of, or guaranteed by, any bank, affiliate of any bank or credit union.
- The financial institution does not guarantee performance by the insurer issuing the annuity.

LEAVE THIS PAGE WITH CUSTOMER

SERFF Tracking Number: ALSB-125525073 State: Arkansas
Filing Company: Allstate Life Insurance Company State Tracking Number: 38459
Company Tracking Number: DPD10286A SERIES
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: DPD10286A Series
Project Name/Number: DPD10286A Series/DPD10286A Series

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 03/06/2008
Comments:
Attachment:
AR Compliance.pdf

Review Status:
Satisfied -Name: Application 03/06/2008
Comments:
Applications BD1996G, BD1996H, BD2276G and BD2276H have been added to the Form Schedule Tab.

Review Status:
Satisfied -Name: Life & Annuity - Acturial Memo 03/06/2008
Comments:
Attachments:
SNFL PrefPerfDemo MVA (CW).pdf
SNFL PrefPerfDemo Non-MVA (CW).pdf
SNFL PrefPerf-MVA(CW).pdf
SNFL PrefPerf-Non-MVA (CW).pdf

Review Status:
Satisfied -Name: Readability 03/18/2008
Comments:
Attachment:
AR Readability.pdf

Review Status:
Satisfied -Name: Statement of Variability 03/19/2008
Comments:
Attachments:
SOV - Applications.pdf

SERFF Tracking Number: ALSB-125525073 State: Arkansas
Filing Company: Allstate Life Insurance Company State Tracking Number: 38459
Company Tracking Number: DPD10286A SERIES
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: DPD10286A Series
Project Name/Number: DPD10286A Series/DPD10286A Series

Review Status:

Satisfied -Name: Cover Letter

03/20/2008

Comments:

Attachment:

AR Letter.pdf

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

I hereby certify that to the best of my knowledge and belief this submission complies with Ark. Code Ann. 23-79-138, Regulation 49, and Regulation 33.

March 18, 2008

Date

Signature of Officer

Karen Burckhardt

Name

Assistant Vice President

Title and/or Business Affiliation

Demonstration of Compliance
with SNFL Minimum
Data Page Form Number Series: DPD10289A

Assume:

Premium	10,000
Credit Enhancement	1%
Withdrawals	None
Free Withdrawal %	10%
Guaranteed Rate	
Years 1-10	3.00%
Thereafter	3.00%
Illustrated Rate	
Year 1	5.50%
Thereafter	5.00%
Issue Age	90
Annuity Age	100
Return of Purchase Payment Guarantee	No

Assumptions for SNFL calculation

Average Treasury Rate	4.25%
Actual Nonforfeiture Rate	3.00%
Net Considerations	0.875

Prospective Test

Years Before Annuity	Maximum Withdrawal Charge	Illustrated Account Value	Cash Value	Minimum SNFL Value	Minimum Account Value	Minimum Cash Value	Minimum SNFL Value
10	9%	10,100	9,282	9,187	10,100	9,282	9,170
9	8%	10,656	9,888	9,784	10,403	9,654	9,537
8	7%	11,188	10,483	10,371	10,715	10,040	9,918
7	6%	11,748	11,113	10,994	11,037	10,441	10,315
6	5%	12,335	11,780	11,653	11,368	10,856	10,727
5	4%	12,952	12,486	12,352	11,709	11,287	11,156
4	3%	13,599	13,232	13,093	12,060	11,734	11,603
3	2%	14,279	14,022	13,879	12,422	12,198	12,067
2	1%	14,993	14,858	14,712	12,794	12,679	12,550
1	0%	15,743	15,743	15,595	13,178	13,178	13,051

Values are prior to any Market Value Adjustment

Demonstration of Compliance
with SNFL Minimum
Data Page Form Number Series: DPD10289A

Assume:

Premium	10,000
Credit Enhancement	1%
Withdrawals	None
Free Withdrawal %	10%
Guaranteed Rate	
Years 1-10	3.00%
Thereafter	3.00%
Illustrated Rate	
Year 1	5.50%
Thereafter	5.00%
Issue Age	90
Annuity Age	100
Return of Purchase Payment Guarantee	No

Assumptions for SNFL calculation

Average Treasury Rate	4.25%
Actual Nonforfeiture Rate	3.00%
Net Considerations	0.875

Retrospective Test

Years Since Payment	Maximum Withdrawal Charge	Illustrated Account Value	Cash Value	Minimum Account Value	Cash Value	SNFL Minimum Value
1	9%	10,656	9,792	10,403	9,560	9,013
2	8%	11,188	10,383	10,715	9,944	9,283
3	7%	11,748	11,008	11,037	10,341	9,561
4	6%	12,335	11,669	11,368	10,754	9,848
5	5%	12,952	12,369	11,709	11,182	10,144
6	4%	13,599	13,110	12,060	11,626	10,448
7	3%	14,279	13,894	12,422	12,086	10,761
8	2%	14,993	14,723	12,794	12,564	11,084
9	1%	15,743	15,601	13,178	13,060	11,417
10	0%	16,530	16,530	13,574	13,574	11,759

Values are prior to any Market Value Adjustment

Demonstration of Compliance
with SNFL Minimum
Data Page Form Number Series: DPD10289A

Assume:

Premium	10,000
Credit Enhancement	1%
Withdrawals	None
Free Withdrawal %	10%
Guaranteed Rate	
Years 1-10	3.00%
Thereafter	3.00%
Illustrated Rate	
Year 1	5.00%
Thereafter	5.00%
Issue Age	90
Annuity Age	100
Return of Purchase Payment Guarantee	Yes

Assumptions for SNFL calculation

Average Treasury Rate	4.25%
Actual Nonforfeiture Rate	3.00%
Net Considerations	0.875

Prospective Test

Years Before Annuity	Maximum Withdrawal Charge	Illustrated Account Value	Cash Value	Minimum SNFL Value	Minimum Account Value	Minimum Cash Value	Minimum SNFL Value
10	9%	10,100	10,000	9,187	10,100	10,000	9,170
9	8%	10,605	10,000	9,738	10,403	10,000	9,537
8	7%	11,135	10,434	10,322	10,715	10,040	9,918
7	6%	11,692	11,061	10,941	11,037	10,441	10,315
6	5%	12,277	11,724	11,598	11,368	10,856	10,727
5	4%	12,890	12,426	12,294	11,709	11,287	11,156
4	3%	13,535	13,170	13,031	12,060	11,734	11,603
3	2%	14,212	13,956	13,813	12,422	12,198	12,067
2	1%	14,922	14,788	14,642	12,794	12,679	12,550
1	0%	15,668	15,668	15,521	13,178	13,178	13,051

Values are prior to any Market Value Adjustment

Demonstration of Compliance
with SNFL Minimum
Data Page Form Number Series: DPD10289A

Assume:

Premium	10,000
Credit Enhancement	1%
Withdrawals	None
Free Withdrawal %	10%
Guaranteed Rate	
Years 1-10	3.00%
Thereafter	3.00%
Illustrated Rate	
Year 1	5.00%
Thereafter	5.00%
Issue Age	90
Annuity Age	100
Return of Purchase Payment Guarantee	Yes

Assumptions for SNFL calculation

Average Treasury Rate	4.25%
Actual Nonforfeiture Rate	3.00%
Net Considerations	0.875

Retrospective Test

Years Since Payment	Maximum Withdrawal Charge	Illustrated Account Value	Illustrated Cash Value	Minimum Account Value	Minimum Cash Value	SNFL Minimum Value
1	9%	10,605	10,000	10,403	10,000	9,013
2	8%	11,135	10,334	10,715	10,000	9,283
3	7%	11,692	10,955	11,037	10,341	9,561
4	6%	12,277	11,614	11,368	10,754	9,848
5	5%	12,890	12,310	11,709	11,182	10,144
6	4%	13,535	13,048	12,060	11,626	10,448
7	3%	14,212	13,828	12,422	12,086	10,761
8	2%	14,922	14,654	12,794	12,564	11,084
9	1%	15,668	15,527	13,178	13,060	11,417
10	0%	16,452	16,452	13,574	13,574	11,759

Values are prior to any Market Value Adjustment

Demonstration of Compliance
with SNFL Minimum
Data Page Form Number Series: DPD10286A

Assume:

Premium	10,000
Credit Enhancement	1%
Withdrawals	None
Free Withdrawal %	10%
Guaranteed Rate	
Years 1-10	3.00%
Thereafter	3.00%
Illustrated Rate	
Year 1	5.50%
Thereafter	5.00%
Issue Age	90
Annuity Age	100
Return of Purchase Payment Guarantee	No

Assumptions for SNFL calculation

Average Treasury Rate	4.25%
Actual Nonforfeiture Rate	3.00%
Net Considerations	0.875

Prospective Test

Years Before Annuity	Maximum Withdrawal Charge	Illustrated Account Value	Cash Value	Minimum SNFL Value	Minimum Account Value	Minimum Cash Value	Minimum SNFL Value
10	9%	10,100	9,282	9,187	10,100	9,282	9,170
9	8%	10,656	9,888	9,784	10,403	9,654	9,537
8	7%	11,188	10,483	10,371	10,715	10,040	9,918
7	6%	11,748	11,113	10,994	11,037	10,441	10,315
6	5%	12,335	11,780	11,653	11,368	10,856	10,727
5	4%	12,952	12,486	12,352	11,709	11,287	11,156
4	3%	13,599	13,232	13,093	12,060	11,734	11,603
3	2%	14,279	14,022	13,879	12,422	12,198	12,067
2	1%	14,993	14,858	14,712	12,794	12,679	12,550
1	0%	15,743	15,743	15,595	13,178	13,178	13,051

Demonstration of Compliance
with SNFL Minimum
Data Page Form Number Series: DPD10286A

Assume:

Premium	10,000
Credit Enhancement	1%
Withdrawals	None
Free Withdrawal %	10%
Guaranteed Rate	
Years 1-10	3.00%
Thereafter	3.00%
Illustrated Rate	
Year 1	5.50%
Thereafter	5.00%
Issue Age	90
Annuity Age	100
Return of Purchase Payment Guarantee	No

Assumptions for SNFL calculation

Average Treasury Rate	4.25%
Actual Nonforfeiture Rate	3.00%
Net Considerations	0.875

Retrospective Test

Years Since Payment	Maximum Withdrawal Charge	Illustrated		Minimum		SNFL Minimum Value
		Account Value	Cash Value	Account Value	Cash Value	
1	9%	10,656	9,792	10,403	9,560	9,013
2	8%	11,188	10,383	10,715	9,944	9,283
3	7%	11,748	11,008	11,037	10,341	9,561
4	6%	12,335	11,669	11,368	10,754	9,848
5	5%	12,952	12,369	11,709	11,182	10,144
6	4%	13,599	13,110	12,060	11,626	10,448
7	3%	14,279	13,894	12,422	12,086	10,761
8	2%	14,993	14,723	12,794	12,564	11,084
9	1%	15,743	15,601	13,178	13,060	11,417
10	0%	16,530	16,530	13,574	13,574	11,759

Demonstration of Compliance
with SNFL Minimum
Data Page Form Number Series: DPD10286A

Assume:

Premium	10,000
Credit Enhancement	1%
Withdrawals	None
Free Withdrawal %	10%
Guaranteed Rate	
Years 1-10	2.00%
Thereafter	3.00%
Illustrated Rate	
Year 1	5.00%
Thereafter	5.00%
Issue Age	90
Annuity Age	100
Return of Purchase Payment Guarantee	Yes

Assumptions for SNFL calculation

Average Treasury Rate	4.25%
Actual Nonforfeiture Rate	3.00%
Net Considerations	0.875

Prospective Test

Years Before Annuity	Maximum Withdrawal Charge	Illustrated Account Value	Cash Value	Minimum SNFL Value	Minimum Account Value	Minimum Cash Value	Minimum SNFL Value
10	9%	10,100	10,000	9,187	10,100	10,000	9,170
9	8%	10,605	10,000	9,738	10,403	10,000	9,537
8	7%	11,135	10,434	10,322	10,715	10,040	9,918
7	6%	11,692	11,061	10,941	11,037	10,441	10,315
6	5%	12,277	11,724	11,598	11,368	10,856	10,727
5	4%	12,890	12,426	12,294	11,709	11,287	11,156
4	3%	13,535	13,170	13,031	12,060	11,734	11,603
3	2%	14,212	13,956	13,813	12,422	12,198	12,067
2	1%	14,922	14,788	14,642	12,794	12,679	12,550
1	0%	15,668	15,668	15,521	13,178	13,178	13,051

Demonstration of Compliance
with SNFL Minimum
Data Page Form Number Series: DPD10286A

Assume:

Premium	10,000
Credit Enhancement	1%
Withdrawals	None
Free Withdrawal %	10%
Guaranteed Rate	
Years 1-10	3.00%
Thereafter	3.00%
Illustrated Rate	
Year 1	5.00%
Thereafter	5.00%
Issue Age	90
Annuity Age	100
Return of Purchase Payment Guarantee	Yes

Assumptions for SNFL calculation

Average Treasury Rate	4.25%
Actual Nonforfeiture Rate	3.00%
Net Considerations	0.875

Retrospective Test

Years Since Payment	Maximum Withdrawal Charge	Illustrated		Minimum		SNFL Minimum Value
		Account Value	Cash Value	Account Value	Cash Value	
1	9%	10,605	10,000	10,403	10,000	9,013
2	8%	11,135	10,334	10,715	10,000	9,283
3	7%	11,692	10,955	11,037	10,341	9,561
4	6%	12,277	11,614	11,368	10,754	9,848
5	5%	12,890	12,310	11,709	11,182	10,144
6	4%	13,535	13,048	12,060	11,626	10,448
7	3%	14,212	13,828	12,422	12,086	10,761
8	2%	14,922	14,654	12,794	12,564	11,084
9	1%	15,668	15,527	13,178	13,060	11,417
10	0%	16,452	16,452	13,574	13,574	11,759

ALLSTATE LIFE INSURANCE COMPANY

**STATEMENT OF METHOD USED TO CALCULATE
NONFORFEITURE VALUES**

Flexible Premium Deferred Market Value Adjusted Annuity Contract
Data Page Form Number Series: DPD10289A

The Contract provides a Contract holder three types of benefits:

- An annuity benefit
- A cash withdrawal benefit, and
- A death benefit.

This data page filing is only changing the length of the Withdrawal Charge Period. All benefits under the Contract impacted by withdrawal charges will still comply with the minimum values as prescribed by the Standard Nonforfeiture Law. Those impacted benefits are described below.

Minimum Guaranteed Value

The Minimum Guaranteed Value is an amount equal to:

- One hundred percent (100%) of each Purchase Payment, plus interest on each Purchase Payment at 1.5% per annum for Contract Years 1-7, and 3% per annum thereafter. For the initial Purchase Payment, interest will be calculated beginning on the issue date and ending on the date of calculation. For each subsequent Purchase Payment, interest will be calculated beginning on the day we receive them and ending on the date of calculation.
- Less the amount withdrawn from the Contract Value for each prior withdrawal, adjusted by any applicable Market Value Adjustment, and less interest on this adjusted amount at 1.5% per annum for Contract years 1-7 and 3% thereafter (interest will be calculated beginning on the date of the prior withdrawal and ending on the date of calculation); and
- Less any applicable Withdrawal Charges and taxes on the full withdrawal of the Contract Value.

The rates used in the Minimum Guaranteed Value calculation may change on a non-discriminatory basis based on issue date, but will always be set in order to ensure that the minimum guaranteed value in the contract is equal to or exceeds the nonforfeiture minimums as prescribed by the retrospective test.

Cash Withdrawal Benefit

The amount paid upon withdrawal is the amount withdrawn adjusted by the Market Value Adjustment less any applicable withdrawal charge and premium tax. The maximum withdrawal charge percentages are 9%, 8%, 7%, 6%, 5%, 4%, 3%, 2%, 1% in the first nine payment years and 0% thereafter. Withdrawal charges and the Market Value Adjustment are not assessed upon withdrawals up to the Free Withdrawal Amount. The Free Withdrawal Amount for a Guarantee Period Account in a Guarantee Period Account Year is currently ten percent of the Guarantee Period Account Value. Also, if a withdrawal is made from a Guarantee Period Account within 30 calendar days after the end of the Guarantee Period, no Market Value Adjustment will be assessed. A Return of Purchase Payment Guarantee rider may be offered which guarantees return of total Purchase Payments (not including any Credit Enhancements), less any prior

withdrawals and taxes. The amount paid upon full withdrawal will never be less than the Minimum Guaranteed Value. Withdrawal charges less than the maximum charges listed above will be applied on a non-discriminatory basis.

Determination of Rate Utilized in Minimum Nonforfeiture Amount Calculation

The interest rate used in calculation of the minimum nonforfeiture amount ("Nonforfeiture Rate") will be the "Average Treasury Rate" minus 125 basis points, with a maximum Nonforfeiture Rate of three percent per annum and a minimum Nonforfeiture Rate of one percent per annum. The Nonforfeiture Rate in effect on the issue date will apply for the life of the contract. The Nonforfeiture Rate will be redetermined as of the first Monday of each calendar quarter, and will be utilized for newly issued contracts for that quarter if the change in the Nonforfeiture Rate from the previous quarter is 25 basis points or more. If the change in Nonforfeiture Rate from the previous quarter is less than 25 basis points, the Nonforfeiture Rate from the previous quarter will be used. The Nonforfeiture Rate will automatically be reset on the first Monday of each calendar year, no matter the change from the previous quarter.

The Average Treasury Rate will be an equally weighted average of the five year Constant Maturity Treasury Rate (as reported by the Federal Reserve) over the previous twelve weeks, on a four week lag, as determined at the end of each week during this period. The Average Treasury Rate is rounded to the nearest 5 basis points.

This strategy is consistent with our previously approved filing for this product.

Compliance with SNFL Minimum

The calculations on the attached pages demonstrate that all values are in compliance with the requirements of the Standard Non-Forfeiture Law. The guaranteed minimum interest rate will be set such that the "Minimum Surrender Value" will never be less than the "SNFL Minimum" based on the Nonforfeiture Rate at contract issue as described above. The cash withdrawal benefit satisfies the retrospective requirements of the Standard Non-Forfeiture Law. The "SNFL Minimum" is based upon percentages of gross considerations well within the guidelines set forth in the Standard Non-Forfeiture Law.

The Prospective Test reflects a payment made ten years prior to the payout start date because that is the period during which the Standard Non-Forfeiture Law is most stringent. The "Minimum SNFL Value" reflects the annuity value on the payout start date discounted back at the guaranteed interest rate plus one percent.

This strategy is consistent with our previously approved filing for this product.

Adam Vanevenhoven, FSA, MAAA
Assistant Actuary

ALLSTATE LIFE INSURANCE COMPANY

**STATEMENT OF METHOD USED TO CALCULATE
NONFORFEITURE VALUES**

Flexible Premium Deferred Annuity Contract
Data Page Form Number Series: DPD10286A

The Contract provides a Contract holder three types of benefits:

- An annuity benefit,
- A cash withdrawal benefit, and
- A death benefit.

This filing is to allow for flexibility to have an alternative withdrawal charge schedule, as described in the Cash Withdrawal Benefit Section, to be used on the base contract, on a non-discriminatory basis.

This Contract accommodates flexible purchase payments. Each Purchase Payment creates one or more separate and individual Guarantee Period Accounts over which the current interest rate will be guaranteed. The credited rate of interest for a Guarantee Period Account is at a rate as declared by Allstate Life, but never less than the minimum rate guaranteed in the Data Page. A Credit Enhancement may apply to the Contract.

Purchase Payments may be allocated to Guarantee Periods ranging from one to ten years. Subsequent renewal guarantee periods are one year only.

Withdrawals reduce the Contract Value dollar for dollar on the date of withdrawal. In effect, the Contract Value at any point thereafter is:

- (a) The Contract Value as if there had been no withdrawal, less
- (b) The amounts withdrawn, withdrawal charges, and the interest the withdrawals and withdrawal charges could have earned.

Annuity Benefit

The amount of an annuity benefit upon annuitization at the payout start date is the Contract Value times an annuity factor. The minimum annuity factors are based on a Mortality Table and interest rate specified in the Contract for the calculation of guaranteed annuitization benefits. The Mortality Table used is the Annuity 2000 Mortality Table with a two-year age set back and with a one-year age set back for each six full years since January 1, 2000, and the interest rate used is 2%.

Cash Withdrawal Benefit

The amount paid upon withdrawal is the amount withdrawn less any applicable withdrawal charge and premium tax. The maximum withdrawal charge percentages are 9%, 8%, 7%, 6%, 5%, 4%, 3%, 2%, 1% in the first nine payment years and 0% thereafter. Withdrawal charges are assessed upon amounts in excess of the Free Withdrawal Amount. The current Free Withdrawal Amount for newly issued contracts is 10% of the Contract Value each Contract Year calculated as of the time of the first withdrawal from the Contract in that Contract year. Withdrawal charges that are less than the maximum charges listed above will be applied on a non-discriminatory basis.

A Return of Purchase Payment Guarantee rider may be offered which guarantees that the amount paid to the Contract holder will never be less than the total Purchase Payments (not including any Credit Enhancements) less any prior withdrawals and taxes. If the Return of Purchase Payment Guarantee rider does not apply, additional interest will be credited in the first year after each Purchase Payment.

Death Benefit

The Death Benefit is the Contract Value.

Determination of Rate Utilized in Minimum Nonforfeiture Amount Calculation

The interest rate used in calculation of the minimum nonforfeiture amount ("Nonforfeiture Rate") will be the "Average Treasury Rate" minus 125 basis points, with a maximum Nonforfeiture Rate of three percent per annum and a minimum Nonforfeiture Rate of one percent per annum. The Nonforfeiture Rate in effect on the issue date will apply for the life of the contract. The Nonforfeiture Rate will be redetermined as of the first Monday of each calendar quarter, and will be utilized for newly issued contracts for that quarter if the change in the Nonforfeiture Rate from the previous quarter is 25 basis points or more. If the change in Nonforfeiture Rate from the previous quarter is less than 25 basis points, the Nonforfeiture Rate from the previous quarter will be used. The Nonforfeiture Rate will automatically be reset on the first Monday of each calendar year, no matter the change from the previous quarter.

The Average Treasury Rate will be an equally weighted average of the five year Constant Maturity Treasury Rate (as reported by the Federal Reserve) over the previous twelve weeks, on a four week lag, as determined at the end of each week during this period. The Average Treasury Rate is rounded to the nearest 5 basis points.

Compliance with SNFL Minimum

The calculations on the attached pages demonstrate that all values are in compliance with the requirements of the Standard Non-Forfeiture Law. The guaranteed minimum interest rate will be set such that the "Minimum Surrender Value" will never be less than the "SNFL Minimum" based on the Nonforfeiture Rate at contract issue as described above. The cash withdrawal benefit satisfies the retrospective requirements of the Standard Non-Forfeiture Law. The "SNFL Minimum" is based upon percentages of gross considerations well within the guidelines set forth in the Standard Non-Forfeiture Law.

The Prospective Test reflects a payment made ten years prior to the payout start date because that is the period during which the Standard Non-Forfeiture Law is most stringent. The "Minimum SNFL Value" reflects the annuity value on the payout start date discounted back at the guaranteed interest rate plus one percent.

Adam Vanevenhoven, FSA, MAAA
Assistant Actuary

**ALLSTATE LIFE INSURANCE COMPANY
READABILITY CERTIFICATION
ARKANSAS**

I hereby certify the accuracy of the Flesch reading ease test score for the following policy forms.
These forms are at least ten (10) point type, two (2) point leaded.

TITLE	FORM NUMBER	FLESCH SCORE
Application	BD1996G	65.5
Application	BD1996H	65.5
Application	BD2276G	65.3
Application	BD2276H	65.3

Karen Burckhardt, Assistant Vice President

March 18, 2008

ALLSTATE LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY FOR:

BD1996G

BD1996H

BD2276G

BD2276H

The forms listed above contain texts that are bracketed to denote information that may change or vary. Any change will be for future use only, and applied on a non-discriminatory basis.

1. **COMPANY LOGO:** The company logo may change to reflect a new design.
2. **MARKETING NAME:** Marketing name used is subject to change for any specific annuity product indicated in the application. .
3. **ADDRESS, PHONE NUMBER:** The mailing address and telephone number are shown on the application; however, these are subject to change over time.
4. **ARIZONA FRAUD WARNING:** To allow changes to comply with revisions in applicable state requirements.
5. **OWNER (DISCLOSURE):** The disclosure may be modified or deleted, and we may add new disclosures/instructions/notices, which may later be modified or omitted. Additionally, to allow for changes that will comply with applicable regulatory requirements.

OWNER: To allow for flexibility in the information collected, and make changes to comply with applicable state or federal requirements.

6. **OWNER TYPE (DISCLOSURE):** The disclosure may be modified or deleted, and we may add new disclosures/instructions/notices, which may later be modified or omitted. Additionally, to allow for changes that will comply with applicable regulatory requirements.

OWNER TYPE: To allow for owner types to be added or deleted, as we may change the types of owners that may hold legal title to the annuity. All owner types may not be available for all products we offer. Changes made will comply with applicable regulatory requirements.

7. **ANNUITANT (DISCLOSURE):** The disclosure may be modified, deleted, or added to. Additionally, this will allow for changes that comply with applicable regulatory requirements.

ANNUITANT: To allow for flexibility in the information collected and to make changes to comply with applicable regulatory requirements.

8. **BENEFICIARY (DISCLOSURE):** The disclosure may be modified, deleted, or added to. Additionally, this will allow for changes that comply with applicable regulatory requirements.

BENEFICIARY: To allow for flexibility in the information collected, and make changes to comply with applicable regulatory requirements.

9. **CITIZENSHIP (DISCLOSURE):** The disclosure may be modified or deleted, and we may add new disclosures/instructions/notices, which may later be modified or omitted. Additionally, to allow for changes that will comply with applicable regulatory requirements.

CITIZENSHIP: To allow for flexibility in the information collected, and to make changes that comply with applicable regulatory requirements.

10. **TAX QUALIFICATION STATUS OF ANNUITY APPLIED FOR:** To allow for flexibility in the contribution information collected and Tax Qualified Plans offered, and make changes to comply with applicable state or federal requirements.
11. **TAX QUALIFICATION STATUS OF PREMIUM SOURCE:** To allow for flexibility in the contribution information collected and Tax Qualified Plans offered, and make changes to comply with applicable state or federal requirements.
12. **PAYMENT INFORMATION:** To allow for flexibility in the purchase payment information collected, and to make changes to comply with applicable state or federal requirements. We may add, restructure, or delete the information as needed.
13. **OPTIONAL RIDER(S) (DISCLOSURE) (BD2276G and BD2276H Only):** The disclosure may be modified or deleted, and we may add new disclosures/instructions/notices, which may later be modified or deleted. Additionally, to allow for changes that will comply with applicable regulatory requirements.

OPTIONAL RIDER(S): We may at our discretion, discontinue offering any of the optional riders described within this section. We may also add new optional riders we may develop in the future which have been approved or acknowledged by your Department.

14. **REPLACEMENT INFORMATION:** To allow for flexibility in the information collected and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required by state or federal regulators, but may be subject to change based on state or federal requirements.
15. **SIGNATURES:** To allow for flexibility in the owner's certifications and representations and to make changes to reflect internal administrative processes or to comply with applicable state or federal requirements. The substitute Form W-9 section may be modified to include new information as required by state or federal requirements.
16. **AGENT USE ONLY:** To allow for flexibility in the information collected, and to make changes to reflect new internal administrative processes (For example utilizing new commission structures) or to comply with applicable state or federal requirements.
17. **IMPORTANT INFORMATION:** The information may be modified to include new information to comply with company, state or federal requirements.
18. **FORMATTING:** Formatting changes may be made based on revisions to the Application. Some of those changes may include, but not limited to, typeface, color, pagination, layout, etc.

ALLSTATE LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY FOR: DPD10286[A-Z] DPD10289[A-Z]

The forms listed above contain texts that are bracketed to denote information that may change or vary. Any change will be for future use only, and applied on a non-discriminatory basis.

- **Customer Information**

All customer information is bracketed to accurately reflect the customer's specific information.

- **Return of Purchase Payment Guarantee**

We are requesting the flexibility to either include or delete this benefit from the Annuity Data Page, as we may cease to offer, or modify, this benefit at our discretion.

- **Initial Purchase Payment**

This is bracketed to reflect customer specific information.

- **Tax Qualification**

This is bracketed to reflect customer specific information.

- **Guarantee Period Account** [the term length may range from 1-10 years]

This is bracketed to allow for future flexibility of the Contract, and will be implemented on a non-discriminatory basis. We may add, restructure or delete the term lengths, as we may cease to offer, or modify, the term lengths, at our discretion.

- **Minimum Guaranteed Annualized Effective Rate**

We are requesting flexibility of this field, to maintain approval of a range of [1.00% – 4.00%], and the flexibility to use it as a dynamic field, which will satisfy the requirements of the Standard Nonforfeiture Law.

For Example:

Contract Years [1-10]: 1.00 - 4.00%

Contract Years [11 and after]: 1.00 - 4.00%

- **Minimum Guaranteed Value Rate – data pages DPD10289[A-Z] only**

We are requesting flexibility of this field, to maintain approval of a range of [1.00% - 3.00%], and the flexibility to use it as a dynamic field, which will satisfy the requirements of the Standard Nonforfeiture Law.

For Example:

Contract Years [1-10]: 1.00 - 3.00%

Contract Years [11 and after]: 1.00 - 3.00%

- **Credit Enhancement**

We are requesting the flexibility to include, restructure or delete this benefit, as we may cease to offer, or modify, this benefit at our discretion. We would like flexibility for the following ranges: [\$100 - \$1,000,000]; [0-12 months].

The Credit Enhancement percentage applied may range from [0 - 5.00%], if within the eligibility period, the net premium reaches the amount specified below:

[Credit Enhancement for total net premiums up to \$49,999.99	[0.00 – 5.00%]]
[Credit Enhancement for total net premiums from \$50,000 to \$99, 999.99	[0.00 – 5.00%]]
[Credit Enhancement for total net premiums from \$100,000 to 999,999.99	[0.00 – 5.00%]]
[Credit Enhancement for total net premiums \$1,000,000.00 and above	[0.00 – 5.00%]]

- **Purchase Payment Guarantee option Footnote**

We are requesting the flexibility to include, restructure or delete this benefit from the Annuity Data Page, as we may cease to offer, or modify, this benefit at our discretion. We seek flexibility in the range of: [0.01% - 1.0%].

- **Withdrawal Charge Schedule**

The Withdrawal Charge Schedule may vary, but it will never be greater than the charges shown in the Standard Nonforfeiture Law demonstration.

- **Company Telephone Numbers**

The Company's toll free number is bracketed so that we may change the telephone number as it may become necessary.

- **Form Number**

The last digit of the form number is bracketed as a range on the submitted data pages, because the content of the data pages is identical. The form numbers we offer will be limited to the range of: [DPD10286A through DPD10286Z] and [DPD10289A through DPD10289Z] for the MVA product. When issued, each data page will have its own unique form number. For example: DPD10286A, DPD10286C, DPD10286F, etc. The form number is bracketed for the sole purpose of simplifying the review process. Please note that no distribution outlet will be offered more than one data page for each of the annuity program listed above. Here is a list of the form numbers requested for approval.

Fixed Annuity Data Page	DPD10286A, DPD10286B, DPD10286C DPD10286D, DPD10286E, DPD10286F DPD10286G, DPD10286H, DPD10286I, DPD10286J, DPD10286K, DPD10286L, DPD10286M, DPD10286N, DPD10286O, DPD10286P, DPD10286Q, DPD10286R, DPD10286S, DPD10286T, DPD10286U, DPD10286V, DPD10286W, DPD10286X, DPD10286Y, DPD10286Z
Fixed Annuity with MVA Data Page	DPD10289A, DPD10289B, DPD10289C DPD10289D, DPD10289E, DPD10289F DPD10289G, DPD10289H, DPD10289I, DPD10289J, DPD10289K, DPD10289L, DPD10289M, DPD10289N, DPD10289O DPD10289P, DPD10289Q DPD10289R, DPD10289S, DPD10289T, DPD10289U DPD10289V, DPD10289W, DPD10289X, DPD10289Y, DPD10289Z



March 20, 2008

Erica A. Ames
Senior Product &
Financial Analyst

Honorable Julie Benafield Bowman
Insurance Commissioner
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Contract Development
and Filing

Attn: Mr. John Shields

RE: SERFF Tracking Number: ALSB-125525073

Filed for Approval:

DPD10286[A-Z] Series Annuity Data Page
DPD10289[A-Z] Series Annuity Data Page

BD1996G Application
BD1996H Application
BD2276G Application
BD2276H Application

Dear Mr. Shields:

We submit the above-referenced forms for your attention and approval. These new forms have not been previously submitted, and they do not replace any currently approved forms. However, the submitted forms are substantially identical to previously approved data pages DPA10286 and DPA10289 respectively. The new forms will be implemented for future use and for new customers going forward.

Description of Forms:

Fixed Annuity Data Pages: DPD10286A series are identical to each other but are being filed individually so that we may offer different interest rates and credit enhancements, using unique form numbers in distinct distribution outlets that may include financial institutions and independent agencies. Interest rates and credit enhancements may vary based on different experience and expectations, and different expense structures within the financial institutions or independent agencies. The data pages will be generated by computer to reflect customer information for the annuity program. Data Page Series DPD10286[A-Z] are also being filed to update the Withdrawal Charge Schedule. See attached actuarial memorandum for details. We have enclosed only one sample data page, since data pages DPD10286A through DPD10286Z are identical except for the form numbers. The list of forms is shown on the enclosed Statement of Variability.

The above data pages will be used with the following previously approved fixed annuity contract:
Contract: LU10286 Approval Date: 9/17/04

Fixed Annuity Data Pages with MVA: DPD10289A series are identical to each other but are being filed individually so that we may offer different interest rates and credit enhancements, using unique form numbers in distinct distribution outlets that may include financial institutions and independent agencies. Interest rates and credit enhancements may vary based on different experience and expectations, and different expense structures within the financial institutions or

independent agencies. The data pages will be generated by computer to reflect customer information for the annuity program. Data Page Series DPD10289[A-Z] are also being filed to update the Withdrawal Charge Schedule. See attached actuarial memorandum for details. We have enclosed only one sample data page, since data pages DPD10289A through DPD10289Z are identical except for the form numbers. The list of forms is shown on the enclosed Statement of Variability.

The above data pages will be used with the following previously approved fixed annuity contract:
Contract: LU10289 Approval Date: 10/7/04

Applications

Applications BD1996G, BD12996H, BD2276G, and BD2276H will be completed by customers who wish to enroll for coverage in previously approved Contract LU10286, approved 9/17/04.

Domiciliary Approval

The enclosed forms were submitted to Allstate Life Insurance Company's state of domicile, Illinois, on 3/20/08.

Statement of Variability

The attached Statement of Variability details all that we are bracketing and/or considering variable.

Actuarial Support Document:

We have enclosed a SNFL memorandum.

These forms have been generated by our home office computer system. These forms may also be generated using other hardware, which can result in changes in formatting (e.g., typeface, margins, page breaks), but the contents will remain unaffected.

Please note that some of the variable information on the pdfs of these forms was bracketed using Adobe Acrobat. Although the bracketing appears on the attached pdfs when viewed electronically, the bracketing may not appear on printed hard copies unless your printer is given special instructions to do so.

In addition to the forms listed above, we have attached the following:

- Actuarial Documentation
- Certification
- Readability Certification
- Statements of Variability

If you have any questions, please feel free to contact me at the address, phone, or e-mail on my letterhead. Thank you for your consideration of this matter.

Sincerely,

Erica A. Ames
Senior Product & Financial Analyst
Contract Development and Filing