

SERFF Tracking Number: ALSB-125675853 State: Arkansas
Filing Company: Allstate Life Insurance Company State Tracking Number: 39186
Company Tracking Number: SOV REPLACEMENT
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.002 Flexible Premium
Product Name: SOV Replacement
Project Name/Number: SOV Replacement/SOV Replacement

Filing at a Glance

Company: Allstate Life Insurance Company

Product Name: SOV Replacement

TOI: A02G Group Annuities - Deferred Non-variable

Sub-TOI: A02G.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: ALSB-125675853 State: ArkansasLH

SERFF Status: Closed State Tr Num: 39186

Co Tr Num: SOV REPLACEMENT State Status: Filed-Closed

Co Status: Reviewer(s): Linda Bird

Author: Elizabeth Vassallo Disposition Date: 06/06/2008

Date Submitted: 06/04/2008 Disposition Status: Accepted For Informational Purposes

Implementation Date:

Implementation Date Requested: 06/11/2008

State Filing Description:

General Information

Project Name: SOV Replacement

Project Number: SOV Replacement

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/06/2008

State Status Changed: 06/06/2008

Corresponding Filing Tracking Number:

Filing Description:

See Attached Cover Letter

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Group Market Type: Discretionary

Deemer Date:

Company and Contact

Filing Contact Information

Elizabeth Vassallo,

evass@allstate.com

SERFF Tracking Number: ALSB-125675853 State: Arkansas
Filing Company: Allstate Life Insurance Company State Tracking Number: 39186
Company Tracking Number: SOV REPLACEMENT
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.002 Flexible Premium
Product Name: SOV Replacement
Project Name/Number: SOV Replacement/SOV Replacement

3100 Sanders Rd, Suite M2A (847) 402-2355 [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-125675853 State: Arkansas
Filing Company: Allstate Life Insurance Company State Tracking Number: 39186
Company Tracking Number: SOV REPLACEMENT
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.002 Flexible Premium
Product Name: SOV Replacement
Project Name/Number: SOV Replacement/SOV Replacement

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Life Insurance Company	\$0.00	06/04/2008	

SERFF Tracking Number: ALSB-125675853 State: Arkansas
Filing Company: Allstate Life Insurance Company State Tracking Number: 39186
Company Tracking Number: SOV REPLACEMENT
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.002 Flexible Premium
Product Name: SOV Replacement
Project Name/Number: SOV Replacement/SOV Replacement

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	06/06/2008	06/06/2008

SERFF Tracking Number: *ALSB-125675853* *State:* *Arkansas*
Filing Company: *Allstate Life Insurance Company* *State Tracking Number:* *39186*
Company Tracking Number: *SOV REPLACEMENT*
TOI: *A02G Group Annuities - Deferred Non-variable* *Sub-TOI:* *A02G.002 Flexible Premium*
Product Name: *SOV Replacement*
Project Name/Number: *SOV Replacement/SOV Replacement*

Disposition

Disposition Date: 06/06/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSB-125675853 State: Arkansas
 Filing Company: Allstate Life Insurance Company State Tracking Number: 39186
 Company Tracking Number: SOV REPLACEMENT
 TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.002 Flexible Premium
 Product Name: SOV Replacement
 Project Name/Number: SOV Replacement/SOV Replacement

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

SERFF Tracking Number: ALSB-125675853 State: Arkansas
 Filing Company: Allstate Life Insurance Company State Tracking Number: 39186
 Company Tracking Number: SOV REPLACEMENT
 TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.002 Flexible Premium
 Product Name: SOV Replacement
 Project Name/Number: SOV Replacement/SOV Replacement

Supporting Document Schedules

Review Status:

Bypassed -Name: Certification/Notice 06/02/2008
Bypass Reason: Not Applicable
Comments:

Review Status:

Bypassed -Name: Application 06/02/2008
Bypass Reason: Not Applicable
Comments:

Review Status:

Bypassed -Name: Life & Annuity - Actuarial Memo 06/02/2008
Bypass Reason: Not Applicable
Comments:

Review Status:

Satisfied -Name: Statement of Variability 06/03/2008
Comments:
Attachment:
 Target Date MF Data Page CW SOV 6-3-08.pdf

Review Status:

Satisfied -Name: Cover Letter 06/04/2008
Comments:
Attachment:
 AR Letter.pdf

ALLSTATE LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY FOR CERTIFICATE DATA PAGES: DPA10905[A-G], DPA10906[A-G], DPA10907[A-G]

The form listed above contains 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 specific information is bracketed to accurately reflect the customer's selections.
- **Master Contractholder:**
This field will be populated with the name of the "Master Contractholder" that is the principal underwriter of the certificates, to which the Master Contract is issued.
- **Broker/Dealer:**
This field will be populated with the name of the broker/dealer with which the customer has established their Fund Account
- **Tax Qualification:**
This is bracketed to reflect customer specific information.
- **Initial Funding Payment:**
The initial Funding Payment applied to the Certificate will be displayed and will vary by customer.
- **Minimum Funding Payment:**
We are requesting a range of \$0 - \$10,000 for this field.
- **Maximum Aggregate Funding Payment:**
We are requesting a range of \$250,000 - \$20,000,000.
- **Annual Certificate Fee Percentage:**
We are requesting a range of 0.00% - 2.00%
- **Certificate Fee Calculation:**
We need the ability to change the Certificate Fee Calculation to allow for administrative practices. These changes would reflect any necessary timing changes, changes due to the assessment of the Fee or to update based on our Administrator's definition of a Business Day.
- **Reset Date [DPA10905[A-G] and DPA10907[A-G] Series only]:**
We are requesting a range of 1-50 years. This represents the frequency of the recalculation of the Benefit Base on Certificate Anniversaries.
- **Fund Account:**
This field will name the customer's specific Fund Account.
- **Eligible Investment Programs:**
This field will show the approved investment programs for the Certificate. We may add or remove programs from the Certificate. The Certificate Owner will be notified of any changes to the approved investment programs.

Revision Date: 6/08

- Eligibility Date used for withdrawals:**
 Each Eligible Investment Program will have an eligibility date associated with it. This date will represent the earliest date after which eligible withdrawals may be made from the approved investment program and will vary by customer. The eligibility date for a given fund will not change after the Certificate has been issued.
- Transfer Period:**
 If an approved investment program is removed, this is the time period by which the Certificate Owner must transfer funds to an approved investment program. We are requesting a range of 10-120 days. The Transfer Period will apply to all approved funds under the Certificate and will not change after the Certificate has been issued.
- Eligibility Age:**
 This is the age requirement for eligible withdrawals to be taken. The age will apply to the younger annuitant. We are requesting a range of 45-80 for this field.
- Guaranteed Option Factor:**
 We are requesting a range for the Guaranteed Option Factors of 1% - 20%. This range would apply to Single Coverage and Joint Coverage. We are also requesting to modify the age grouping we show in the table to start no earlier than age 45 and end no later than age 90.

For example, we may use one of the following structures (not limited to just these, we may list each age separately):

Age of youngest annuitant	Single Coverage	Joint Coverage
60-65	5%	4.0%
66-70	5.5%	4.25%
71-75	6.0%	4.75%
76-80	6.5%	5.5%
80 and older	7.0%	6.25%

Age of youngest annuitant	Single Coverage	Joint Coverage
50 and older	5%	4.5%

- Annual Rollup Percentage [DPA10907[A-G] Series Only]: (Range: 0.1-20%)**
 The Benefit Base is guaranteed to accumulate at this percent. This rate will be determined for new certificates based on economic factors and cost/risk tradeoffs.
- Annual Roll-up Period [DPA10907[A-G] Series Only]: (Range: 1-30 years)**
 This is the duration that the rollup percent applies and will vary based on economic factors and cost/risk tradeoffs.
- Latest Income Plan Start Date:**
 This is the date that the owner must select an income plan. This field will be based on the age of the youngest annuitant, and will be displayed in the following manner: "The Youngest Annuitant's xth birthday". We are requesting a range of 80-115 for the "xth birthday".
- Company Telephone Numbers:**
 The Company's toll free number is bracketed, because this is subject to change over time.
- Funding Payment Restriction Threshold: (Range: 0.00% - 1.00%)**

Revision Date: 6/08

- Form Number:**

The last digit of the form number is bracketed as a range on the submitted data page, because the content of the data pages is identical. The form numbers we offer will be limited to the range of DPA10905A – DPA10905G, DPA10906A-DPA10906G, DPA10907A-DPA10907G. When issued, each data page will have its own unique form number, for example, DPA10905A, DPA10905B, DPA10905C, etc. Here is a list of the Annuity Data Page form numbers requested for approval:

DPA10905A, DPA10905B, DPA10905C, DPA10905D, DPA10905E, DPA10905F, DPA10905G
DPA10906A, DPA10906B, DPA10906C, DPA10906D, DPA10906E, DPA10906F, DPA10906G
DPA10907A, DPA10907B, DPA10907C, DPA10907D, DPA10907E, DPA10907F, DPA10907G

Revision Date: 6/08



June 4, 2008

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

Devyn Marie Stoltz
State Filing Project
Coordinator

Contract Development
and Filing

Attn: Mr. John Shields

**RE: Statement of Variability Replacement Filing SERFF Tracking No: ALSB-125675853;
Approval SERFF Tracking No: ALSB-125353885;
Approval State Filing No: 37461**

INFORMATIONAL FILING

**REVISED STATEMENT OF VARIABILITY FOR
ANNUITY DATA PAGES: DPA10905[A-G], DPA10906[A-G], DPA10907[A-G]**

NAIC#: 008-60186

Dear Mr. Shields:

We submit the above-referenced forms for your attention and approval. These are new forms, not previously submitted, and they do not replace any currently approved forms.

For your information, we are herewith submitting the above *revised* Statement of Variability for the Group Annuity Certificates Annuity Data Pages DPA10905[A-G], DPA10906[A-G], DPA10907[A-G]. The Department approved the Certificates and Annuity Data Pages on 1-17-2008.

The Master Contractholder and the Broker/Dealer descriptions were bracketed on the data pages, and inadvertently not included on the corresponding Statement of Variability. The following descriptions have been added to the Statement of Variability:

Master Contractholder..... Broker/Dealer XYZ

Broker/Dealer.....Broker/Dealer ABC

Also, the term "Fund Manager" was included in the previously-submitted Annuity Data Page Statement of Variability in error, and has been removed from the attached Statement of Variability.

Except for the revisions mentioned above, the Statement of Variability remains unchanged relative to the previously-submitted version.

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,

Devyn Marie Stoltz
State Filing Project Coordinator
Contract Development and Filing