

SERFF Tracking Number: ALSB-126450294 State: Arkansas
Filing Company: Allstate Life Insurance Company State Tracking Number: 44607
Company Tracking Number: LU10972 SERIES
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.003 Single Premium
Product Name: LU10972 Series
Project Name/Number: LU10972 Series/LU10972 Series

Filing at a Glance

Company: Allstate Life Insurance Company

Product Name: LU10972 Series

TOI: A02G Group Annuities - Deferred Non-variable

Sub-TOI: A02G.003 Single Premium

Filing Type: Form

SERFF Tr Num: ALSB-126450294 State: Arkansas

SERFF Status: Closed-Approved-Closed
State Tr Num: 44607

Co Tr Num: LU10972 SERIES

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Erica Ames

Disposition Date: 01/20/2010

Date Submitted: 01/19/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: LU10972 Series

Project Number: LU10972 Series

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/20/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Discretionary

Explanation for Other Group Market Type:

State Status Changed: 01/20/2010

Created By: Erica Ames

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Erica Ames

Filing Description:

January 19, 2010

Honorable Julie Benafield Bowman

Insurance Commissioner

Department of Insurance

1200 West Third Street

Little Rock, AR 72201-1904

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Product Name: LU10972 Series
Project Name/Number: LU10972 Series/LU10972 Series
Attn: Mr. John Shields

RE: SERFF Tracking Number: ALSB-126450294
LU10972 Amendatory Endorsement
DPA10214-1 Annuity Data page
FIC388 Application

NAIC#: 008-60186

Dear Mr. Shields:

The above referenced forms are new, not previously submitted and upon approval and implementation, will be used with Allstate Life Insurance certificate LU10214.

Due to changing market conditions, amendment LU10972 is filed to amend the Credited Interest Rate provision in certificate LU10214 to allow the company the flexibility to remove one of the crediting options previously approved with the base certificate.

Annuity Data page DPA10214-1 will be used with certificate LU10214

Upon approval by your Department and implementation by us, forms LU10972 and DPA10214-1 will be used with Certificate LU10214 and issued to new customers going forward. Certificate LU10214 was approved by your Department on 6/20/03.

Annuity Benefit

The amount of an annuity benefit upon annuitization at the payout start date is the Certificate Value times an annuity factor. The minimum annuity factors are based on a Mortality Table and interest rate specified in the Certificate 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 1%.

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

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printed hard copies unless your printer is given special instructions to do so.

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

Company and Contact

Filing Contact Information

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

Filing Fees

Fee Required? Yes
Fee Amount: \$60.00
Retaliatory? No
Fee Explanation: 3 forms x \$20 = \$60
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Life Insurance Company	\$60.00	01/19/2010	33620252

SERFF Tracking Number: ALSB-126450294 State: Arkansas
Filing Company: Allstate Life Insurance Company State Tracking Number: 44607
Company Tracking Number: LU10972 SERIES
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.003 Single Premium
Product Name: LU10972 Series
Project Name/Number: LU10972 Series/LU10972 Series

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/20/2010	01/20/2010

SERFF Tracking Number: *ALSB-126450294* *State:* *Arkansas*
Filing Company: *Allstate Life Insurance Company* *State Tracking Number:* *44607*
Company Tracking Number: *LU10972 SERIES*
TOI: *A02G Group Annuities - Deferred Non-variable* *Sub-TOI:* *A02G.003 Single Premium*
Product Name: *LU10972 Series*
Project Name/Number: *LU10972 Series/LU10972 Series*

Disposition

Disposition Date: 01/20/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSB-126450294 State: Arkansas
 Filing Company: Allstate Life Insurance Company State Tracking Number: 44607
 Company Tracking Number: LU10972 SERIES
 TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.003 Single Premium
 Product Name: LU10972 Series
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Amendatory Endorsement		Yes
Form	Annuity Data Page		Yes
Form	Application		Yes

SERFF Tracking Number: ALSB-126450294 State: Arkansas
 Filing Company: Allstate Life Insurance Company State Tracking Number: 44607
 Company Tracking Number: LU10972 SERIES
 TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.003 Single Premium
 Product Name: LU10972 Series
 Project Name/Number: LU10972 Series/LU10972 Series

Form Schedule

Lead Form Number: LU10972 Series

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LU10972	Policy/Cont Amendatory ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		49.200	LU10972 MarketSmart endorsement. pdf
	DPA10214-1	Schedule Annuity Data Page Pages	Initial		0.000	dpa10214- 1.pdf
	FIC388	Application/ Application Enrollment Form	Initial		57.100	FIC388 mark smart bracketed (0110).pdf

ALLSTATE LIFE INSURANCE COMPANY

Amendatory Endorsement

The word 'contract', as used in this endorsement, means the contract or certificate to which this amendment is attached.

This endorsement is attached to and made part of your contract as of the contract issue date.

Description

The following replaces the Crediting Interest Rate provision:

Credited Interest Rate: The Contract offers a credited interest rate declared by us on your Contract Issue Date. The credited interest rate will be guaranteed for one year. At the end of a Contract Year, we will send you a renewal notice stating the Renewal Maximum Credited Interest Rate for the new Contract Year. As explained in detail below, the credited interest rate you will receive for a particular Contract Year will depend on whether the Index increases or decreases during the Contract Year. Any applicable interest will be compounded and credited to your Contract at the end of the Contract Year. For each Contract Year, we will credit interest for that Contract Year based upon the Minimum and Maximum Credited Interest Rates determined by us at the beginning of each Contract Year. The Initial Maximum Credited interest rate is shown on your Annuity Data Page. The Initial Maximum Credited Rate ends after the first contract year. Interest rates may vary based on your Contract Value on each Contract Anniversary. Maximum Credited Interest Rates means the rate we set for new contract years and this may also be referred to as "renewal rates."

At the end of each Contract Year, your Maximum and Minimum Credited Interest Rate for the following Contract Year will depend on the following:

- If the Index on a Contract Anniversary is equal to or greater than the Index on the previous Contract Anniversary, you will receive the Maximum Credited Interest Rate declared by us.
- If the Index on a Contract Anniversary is lower than the Index on the previous Contract Anniversary, you will receive the Minimum Credited Interest Rate shown on your Annuity Data page.

The Minimum Guaranteed Credited Interest Rate will not change.

The following replaces the INCOME PAYMENT TABLES provision:

The Income Payment Tables shown below contain monthly income payment factors per \$1,000 applied, which were calculated using the Annuity 2000 Mortality Tables and an annualized effective interest rate of 1%. For ages, Guaranteed Payment Periods, combinations of sex, payment frequencies and annualized effective interest rates not shown in these examples, income payment factors will be calculated on a basis consistent with the factors shown. The adjusted age of the Annuitant is used to determine the appropriate monthly income payment factor to apply for the selected Income Plan. The adjusted age is the actual age of the Annuitant(s) on the Payout Start Date, reduced by two, reduced by one year for each six full calendar years between January 1, 2000 and the Payout Start Date.

Income Plan 1 – Life Income with Guaranteed Payment Period for 120 Months

Monthly Income Payment of each \$1,000 Applied to this Income Plan								
Annuitant's Adjusted Age	Male	Female	Annuitant's Adjusted Age	Male	Female	Annuitant's Adjusted Age	Male	Female
35	\$2.23	\$2.10	49	\$2.90	\$2.68	63	\$4.17	\$3.80
36	2.26	2.13	50	2.97	2.74	64	4.30	3.91
37	2.30	2.16	51	3.03	2.80	65	4.43	4.03
38	2.34	2.20	52	3.11	2.86	66	4.57	4.16
39	2.38	2.23	53	3.18	2.92	67	4.72	4.30
40	2.42	2.27	54	3.26	2.99	68	4.87	4.44
41	2.47	2.31	55	3.34	3.06	69	5.03	4.59
42	2.52	2.35	56	3.43	3.14	70	5.20	4.75
43	2.56	2.39	57	3.52	3.22	71	5.36	4.92
44	2.62	2.43	58	3.61	3.30	72	5.54	5.09
45	2.67	2.48	59	3.71	3.39	73	5.71	5.28
46	2.72	2.53	60	3.82	3.49	74	5.89	5.47
47	2.78	2.57	61	3.93	3.58	75	6.08	5.66
48	2.84	2.63	62	4.05	3.69			

Income Plan 2 – Joint and Survivor Life Income with Guaranteed Payment Period for 120 Months

Monthly Income Payment for each \$1,000 Applied to this Income Plan									
Male Annuitant's Adjusted Age	Female Annuitant's Adjusted Age								
	35	40	45	50	55	60	65	70	75
35	\$1.94	\$2.01	\$2.07	\$2.12	\$2.16	\$2.18	\$2.20	\$2.21	\$2.22
40	1.99	2.08	2.17	2.24	2.30	2.35	2.38	2.40	2.41
45	2.03	2.14	2.26	2.36	2.45	2.52	2.58	2.62	2.64
50	2.05	2.18	2.33	2.47	2.60	2.71	2.80	2.87	2.91
55	2.07	2.21	2.38	2.55	2.73	2.90	3.05	3.16	3.24
60	2.08	2.24	2.42	2.62	2.84	3.07	3.29	3.48	3.63
65	2.09	2.25	2.44	2.67	2.93	3.22	3.52	3.82	4.06
70	2.09	2.26	2.46	2.70	2.99	3.33	3.72	4.13	4.52
75	2.09	2.26	2.47	2.72	3.02	3.40	3.86	4.38	4.93

Income Plan 3 – Guaranteed Payment Period

Specific Period	Monthly Income Payment for each \$1,000 Applied to this Income Plan
10 Years	\$ 8.75
11 Years	7.99
12 Years	7.36
13 Years	6.83
14 Years	6.37
15 Years	5.98
16 Years	5.63
17 Years	5.33
18 Years	5.05
19 Years	4.81
20 Years	4.59

Except as amended, the contract remains unchanged.



Susan L. Lees
Secretary



George E. Ruebenson
President

ANNUITY DATA

Certificate Number:444444444

Issue Date: May 1, 2010

Payout Start Date: May 1, 2061

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:[\$10,000.00]

Tax Qualification:IRA

Crediting Rate:

Initial Maximum Credited Interest Rate: [5%]

Minimum Guaranteed Credited Interest Rate: [0%]

Maximum Credited Interest Rate: [As declared by us after initial Certificate year]

Bail Out Rate: [3%]

Index: The Standard and Poor's 500 Index

Initial Index Value: 850

Withdrawal Charge:

Certificate Year:	[1	2	3	4	5	6	7	8 and later
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Percentage:	7%	7%	7%	6%	6%	5%	5%	0%]
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If you have any questions about your Allstate Life Insurance Company annuity, please contact Allstate Life at (800) 390-1277.

APPLICATION FOR THE ALLSTATE® MARKETSMART ANNUITY

Issued by:
Allstate Life Insurance Company

Make Check Payable to:
Allstate Life Insurance Company
2940 S. 84th Street, Lincoln, NE 68506-4142
Phone: 800-366-1411 Fax: 877-525-2689



Allstate
You're in good hands.

Auto
Home
Life
Retirement

FIC388

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 the contract, you may return it within 30 days after it is delivered and receive a refund of all monies paid.

A. 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 _____ SSN/TIN: _____

Street Address (No PO Box or c/o) _____ City _____ State _____ Zip _____

Gender: Male Female Date of Birth: _____ Age: _____
(MM/DD/YYYY)

Phone Number: () _____ E-Mail Address: _____

Name _____ SSN/TIN: _____

Street Address (No PO Box or c/o) _____ City _____ State _____ Zip _____

Gender: Male Female Date of Birth: _____ Age: _____
(MM/DD/YYYY)

Phone Number: () _____ E-Mail Address: _____

Are the Owner(s), Annuitant and Beneficiary(ies) U.S. Citizens? Yes No If No, provide name and country of each (use "Special Instructions" below).

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

- Individual/Joint Partnership Minor (UTMA/UGMA) Charitable Remainder Trust¹ Corporation/Association
 Custodial Account Grantor Trust^{1,2} Non Grantor Trust^{1,3} Tax Exempt/Non Profit Organization

¹Trustee Name(s) _____ ¹Date of Trust _____
(MM/DD/YYYY)

²Grantor Name _____ ²Grantor Date of Birth _____

³ For Non Grantor Trusts, Trustee certifies that all trust Beneficiaries are natural persons. _____ (Trustee Initial Here)

C. ANNUITANT (Leave blank if Annuitant is the same as sole Owner, otherwise complete)

Name _____ SSN/TIN: _____

Street Address (No PO Box or c/o) _____ City _____ State _____ Zip _____

Gender: Male Female Date of Birth: _____ Age: _____
(MM/DD/YYYY)

Phone Number: () _____ Relationship to Owner: _____

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

Primary
 Contingent
_____ %
Name _____ Street Address (No PO Box or c/o) _____
City _____ State _____ Zip _____ Relationship to Owner _____
Date of Birth _____ SSN/TIN _____
(MM/DD/YYYY)

Primary
 Contingent
_____ %
Name _____ Street Address (No PO Box or c/o) _____
City _____ State _____ Zip _____ Relationship to Owner _____
Date of Birth _____ SSN/TIN _____
(MM/DD/YYYY)

E. TAX QUALIFIED PLAN TYPE

Yes No (Check one - If yes, complete the following:)
 Traditional IRA Roth IRA SEP-IRA Employer Employee Other
 IRA Rollover IRA Transfer Contribution \$ _____ Contribution Year _____

F. PURCHASE PAYMENT CREDITING OPTION

Initial Purchase Payment \$ _____ (includes contribution amount plus any rollover/transfer/exchange amount)
(must select one crediting option)

Crediting Option A OR Crediting Option B

G. SPECIAL INSTRUCTIONS

H. REPLACEMENT INFORMATION

Do you have any existing annuity or life insurance contracts? Yes No
Will this annuity replace or change any existing annuity or life insurance? Yes No (if yes, complete the following.)

Company _____ Policy No. _____ Insured/Annuitant _____
Company _____ Policy No. _____ Insured/Annuitant _____

I. IMPORTANT INFORMATION AND SIGNATURE(S) (Owner(s) Signature(s) Required)

For Applicants in Arkansas, Louisiana, Maine, New Mexico and Ohio: 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.

For Applicants in 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.

For Applicants in District of Columbia and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Applicants in 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.

For Applicants in Kentucky 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 materially 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.

For Applicants in Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment or a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Applicants in 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.

For Applicants in Puerto Rico: Any person who, knowingly and with 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 of a loss of other benefit, or presents more than one claim for the same damage 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.

For Applicants in 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.

I have read the above statements and represent that they are complete and true to the best of my knowledge and belief. I have read the applicable fraud warning for my state on the reverse side. I have received a current prospectus for the policy. I understand that withdrawals made prior to the end of a guarantee period for the MVA fixed account may be subject to a Market Value Adjustment (MVA), which may be positive or negative. I understand that I am applying for an equity indexed annuity; that while the values of the policy may be affected by an external index the policy does not directly participate in any stock or equity investments; and that any values shown (other than guaranteed minimum values) are not guarantees, promises or warranties.

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(s) Signature(s) _____ Owner(s) Signature(s) _____

Signed at _____ Date ____ / ____ / ____

City

State

J.**AGENT USE ONLY****SIGN HERE**

To the best of my knowledge the applicant has an existing annuity or life insurance contract. Yes No

Do you have any reason to believe that the annuity applied for is to replace or change any existing annuity or life insurance? Yes No

Writing Agent Signature _____

Writing Agent Printed Name		Split %
Agent Type <input type="checkbox"/> Multi-Line Agent <input type="checkbox"/> Financial Specialist <input type="checkbox"/> Sales Producer	Phone No. ()	Fax No. ()
Partner Agent Printed Name		Split %
Agent Type <input type="checkbox"/> Multi-Line Agent <input type="checkbox"/> Financial Specialist <input type="checkbox"/> Sales Producer	Phone No. ()	Fax No. ()

Program A Program B Program C Program D

- 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.
- Market value adjusted annuities involve investment risk, including the possible loss of value.
- Market value adjusted annuities are not protected by the Securities Investor Protection Corporation (SIPC) as to the loss of the principal amount invested.

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 Product Name: LU10972 Series
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: CW Readability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
Attachment: FIC388 mark smart bracketed (0109).pdf		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not applicable for this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachments: Application SOV-MarketSmart Annuity _0110_.pdf SOV - MS Endorsement.pdf SOV MS DPA10214-1.pdf		

ALLSTATE LIFE INSURANCE COMPANY READABILITY CERTIFICATION

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
Amendatory Endorsement	LU10972	49.2
Application	FIC388	57.1


Sarah R. Donahue
Assistant Vice President

January 11, 2010

APPLICATION FOR THE ALLSTATE® MARKETSMART ANNUITY

Issued by:
Allstate Life Insurance Company

Make Check Payable to:
Allstate Life Insurance Company
2940 S. 84th Street, Lincoln, NE 68506-4142
Phone: 800-366-1411 Fax: 877-525-2689



Allstate
You're in good hands.

Auto
Home
Life
Retirement

FIC388

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 the contract, you may return it within 30 days after it is delivered and receive a refund of all monies paid.

A. 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 _____ SSN/TIN: _____

Street Address (No PO Box or c/o) _____ City _____ State _____ Zip _____

Gender: Male Female Date of Birth: _____ Age: _____
(MM/DD/YYYY)

Phone Number: () _____

Name _____ SSN/TIN: _____

Street Address (No PO Box or c/o) _____ City _____ State _____ Zip _____

Gender: Male Female Date of Birth: _____ Age: _____
(MM/DD/YYYY)

Phone Number: () _____

Are the Owner(s), Annuitant and Beneficiary(ies) U.S. Citizens? Yes No If No, provide name and country of each (use "Special Instructions" below).

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

- Individual/Joint Partnership Minor (UTMA/UGMA) Charitable Remainder Trust¹ Corporation/Association
- Custodial Account Grantor Trust^{1,2} Non Grantor Trust^{1,3} Tax Exempt/Non Profit Organization

¹Trustee Name(s) _____ ¹Date of Trust _____
(MM/DD/YYYY)

²Grantor Name _____ ²Grantor Date of Birth _____

³ For Non Grantor Trusts, Trustee certifies that all trust Beneficiaries are natural persons. _____ (Trustee Initial Here)

C. ANNUITANT (Leave blank if Annuitant is the same as sole Owner, otherwise complete)

Name _____ SSN/TIN: _____

Street Address (No PO Box or c/o) _____ City _____ State _____ Zip _____

Gender: Male Female Date of Birth: _____ Age: _____
(MM/DD/YYYY)

Phone Number: () _____ Relationship to Owner: _____

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

<input type="checkbox"/> Primary	Name _____	Street Address (No PO Box or c/o) _____
<input type="checkbox"/> Contingent	City _____ State _____ Zip _____	Relationship to Owner _____
_____ %	Date of Birth _____	SSN/TIN _____
	(MM/DD/YYYY)	

<input type="checkbox"/> Primary	Name _____	Street Address (No PO Box or c/o) _____
<input type="checkbox"/> Contingent	City _____ State _____ Zip _____	Relationship to Owner _____
_____ %	Date of Birth _____	SSN/TIN _____
	(MM/DD/YYYY)	

E. TAX QUALIFIED PLAN TYPE

Yes No (Check one - If yes, complete the following:)
 Traditional IRA Roth IRA SEP-IRA Employer Employee Other
 IRA Rollover IRA Transfer Contribution \$ _____ Contribution Year _____

F. PURCHASE PAYMENT CREDITING OPTION

Initial Purchase Payment \$ _____ (includes contribution amount plus any rollover/transfer/exchange amount)
(must select one crediting option)

Crediting Option A OR Crediting Option B

G. SPECIAL INSTRUCTIONS

H. REPLACEMENT INFORMATION

Do you have any existing annuity or life insurance contracts? Yes No
Will this annuity replace or change any existing annuity or life insurance? Yes No (if yes, complete the following.)
Company _____ Policy No. _____ Insured/Annuitant _____
Company _____ Policy No. _____ Insured/Annuitant _____

I. IMPORTANT INFORMATION AND SIGNATURE(S) (Owner(s) Signature(s) Required)

For Applicants in Arkansas, Louisiana, Maine, New Mexico and Ohio: 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.

For Applicants in 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.

For Applicants in District of Columbia and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Applicants in 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.

For Applicants in Kentucky 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 materially 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.

For Applicants in Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment or a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Applicants in 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.

For Applicants in Puerto Rico: Any person who, knowingly and with 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 of a loss of other benefit, or presents more than one claim for the same damage 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.

For Applicants in 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.

I have read the above statements and represent that they are complete and true to the best of my knowledge and belief. I have read the applicable fraud warning for my state on the reverse side. I have received a current prospectus for the policy. I understand that withdrawals made prior to the end of a guarantee period for the MVA fixed account may be subject to a Market Value Adjustment (MVA), which may be positive or negative. I understand that I am applying for an equity indexed annuity; that while the values of the policy may be affected by an external index the policy does not directly participate in any stock or equity investments; and that any values shown (other than guaranteed minimum values) are not guarantees, promises or warranties.

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(s) Signature(s) _____ Owner(s) Signature(s) _____

Signed at _____ Date ____ / ____ / ____

City

State

J.**AGENT USE ONLY****SIGN HERE**

To the best of my knowledge the applicant has an existing annuity or life insurance contract. Yes No

Do you have any reason to believe that the annuity applied for is to replace or change any existing annuity or life insurance? Yes No

Writing Agent Signature _____

Writing Agent Printed Name		Split %
Agent Type <input type="checkbox"/> Multi-Line Agent <input type="checkbox"/> Financial Specialist <input type="checkbox"/> Sales Producer	Phone No. ()	Fax No. ()
Partner Agent Printed Name		Split %
Agent Type <input type="checkbox"/> Multi-Line Agent <input type="checkbox"/> Financial Specialist <input type="checkbox"/> Sales Producer	Phone No. ()	Fax No. ()

Program A Program B Program C Program D

- 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.
- Market value adjusted annuities involve investment risk, including the possible loss of value.
- Market value adjusted annuities are not protected by the Securities Investor Protection Corporation (SIPC) as to the loss of the principal amount invested.

Statement of Variability - Annuity
Allstate Life Insurance Company
Form FIC388

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect policy-specific information. For other items, this Statement of Variability defines a permissible range that may be used for newly-issued contracts without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment. Any decision to apply a new factor within the permitted range, will affect newly-issued contracts only, and not in-force business. Further, any such changes will administered in a uniform, non-discriminatory manner.

Page	Bracketed Items	Description of Variability
1	Marketing Name	Allow for changes in the marketing name for the annuity as it may not be final at the time of filing
1	Company Logo	Allow for changes to the company logo
1	Company Address, Telephone & Fax Number	Company location, zip codes, telephone numbers and fax numbers may vary over time.
1	Arizona Free Look Disclosure	To allow changes to comply with revisions in applicable state requirements for the state of Arizona.
1	Owner	a. The Owner 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. b. To allow for flexibility in the information collected, and make changes to comply with applicable state or federal requirements.
1	Owner Type	a. The Owner Type 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. b. 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.
1	Annuitant	a. The Annuitant disclosure may be modified, deleted, or added to. Additionally, this will allow for changes that comply with applicable regulatory requirements. b. To allow for flexibility in the information collected and to make changes to comply with applicable regulatory requirements.
1	Beneficiary	a. The disclosure may be modified, deleted, or added to. Additionally, this will allow for changes that comply with applicable regulatory requirements. b. To allow for flexibility in the information collected, and make changes to comply with applicable regulatory requirements.
2	Tax Qualification Plan Type	To allow for flexibility in the information collected and Tax Qualified Plans offered, and make changes to comply with applicable regulatory requirements.
2	Purchase Payment Crediting Option	Crediting Options – To modify, delete or add to the source of crediting options. The options will be removed if not available.
2	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

Page	Bracketed Items	Description of Variability
		required by state or federal regulators but may be subject to change based on state or federal requirements.
3 and 4	Important Information and Signature(s)	<p>a. To allow for flexibility to make changes to comply with applicable state fraud warning requirements.</p> <p>b. 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.</p> <p>c. Substitute W-9 - This section may be modified to include new information as required by state or federal tax requirements.</p>
4	Agent Use Only	<p>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. The program options may vary based on commission structures offered on the application.</p>

Statement of Variability

Form(s) LU10972 series

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect policy-specific information. For other items, this Statement of Variability defines a permissible range that may be used for newly-issued policies without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment. Any decision to apply a new factor within the permitted range, will affect newly-issued policies only, and not in-force business. Further, any such changes will be based on sound actuarial practice and administered in a uniform, non-discriminatory manner.

LU10972 series, Amendatory Endorsement

Bracketed Items	Range of Variability
a. Officer Signatures	Officer Signatures and their titles are bracketed so that we may change them to reflect the current signatures and titles as officers' change.

Statement of Variability

Form(s) DPA10214-1 series

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect policy-specific information. For other items, this Statement of Variability defines a permissible range that may be used for newly-issued policies without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment. Any decision to apply a new factor within the permitted range, will affect newly-issued policies only, and not in-force business. Further, any such changes will be based on sound actuarial practice and administered in a uniform, non-discriminatory manner.

DPA10214-1 series, Annuity Data Page

Bracketed Items	Range of Variability
a. Purchase Payment	John Doe information that will vary by customer demographics and customer selection.
b. Initial Maximum Credit Interest Rate	Minimum 0-20% Reflective of rate available at time of policy issue. Will always be greater than the Minimum Guaranteed Credited Interest Rate
c. Minimum Guaranteed Credited Interest Rate	Minimum 0% - Maximum 3% The Minimum Guaranteed Credited Interest Rate may vary according to market conditions.
d. Maximum Credited Interest Rate	Minimum 0% - Maximum 20% The Maximum Credited Interest Rate will never be lower than the Minimum Guaranteed Credited Interest Rate
e. Bail Out Rate	Minimum 0% - Maximum 20% The Bail Out Rate will never be lower than the Minimum Guaranteed Credited Interest Rate
h. Withdrawal Charge Schedule	The Withdrawal Charge Schedule may vary according to market conditions.