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ALLSTATE CORP Form 3 January 04, 2007

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1.	Name and Address of Reporting Person	*
Â	Hohmann James E	

(Last) (First) (Middle) 2. Date of Event Requiring Statement (Month/Day/Year)

01/01/2007

3. Issuer Name and Ticker or Trading Symbol

ALLSTATE CORP [ALL]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O THE ALLSTATE CORPORATION. 2775 SANDERS ROAD

(Street)

Director Owner

(Check all applicable)

Officer _X_ Other (give title below) (specify below) President Allstate Financial 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person

Form filed by More than One Reporting Person

NORTHBROOK, ILÂ 60062-6127

(City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned (Instr. 4)

Ownership Form: Direct (D)

4. Nature of Indirect Beneficial Ownership

or Indirect

(Instr. 5)

or Indirect (I) (Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security 3. Title and Amount of 6. Nature of Indirect 2. Date Exercisable and 5. (Instr. 4) **Expiration Date** Securities Underlying Conversion Ownership Beneficial Ownership (Month/Day/Year) **Derivative Security** or Exercise Form of (Instr. 5) Derivative (Instr. 4) Price of Security: Derivative Date **Expiration Title** Amount or Direct (D) Security Exercisable Date Number of

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Hohmann James E

C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, ILÂ 60062-6127

Â Â President Allstate Financial

Signatures

JAMES E. HOHMANN

**Signature of Date
Reporting Person

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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