SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Date of Event Requiring Statement (Month/Day/Year) 11/28/2005 3. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]						
		n(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
	Officer (give title kelow)	below)	· [0.110	6. Individual or Joint/Group Filing (Check Applicable Line)		
	SVP Allstate Insurance	e Company	X		y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned						
				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)						
2. Date Exercisable and Expiration Date (Month/Day/Year)			4. Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Date Expiration Exercisable Date	Title	Amount E		or Indirect (I) (Instr. 5)		
	28/2005 Dle I - Non-Derivative puts, calls, warrar 2. Be puts, calls, warrar 2. Date Exercisable and Expiration Date Month/Day/Year) Date	28/2005 4. Relationship of Reporting Person (Check all applicable) Director Officer (give title below) X SVP Allstate Insurance Dele I - Non-Derivative Securities Beneficially 2. Amount of Securities Beneficially 2. Amount of Securities Beneficially Puts, calls, warrants, options, convertible 2. Date Exercisable and Expiration Date Month/Day/Year) 3. Title and Amount of Security Soute	28/2005 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) 3. Other (specil below) SVP Allstate Insurance Company ole I - Non-Derivative Securities Beneficially Owned 2. Amount of Securities Beneficially Owned (Instr. 4) Particular Securities Beneficially Owned (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 5) Table II - Derivative Securities Beneficially Owned puts, calls, warrants, options, convertible securities 2. Date Exercisable and expiration Date Month/Day/Year) 3. Title and Amount of Securities Security (Instr. 4) Date Expiration 3. Title and Amount of Securities Security (Instr. 4)	28/2005 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) 5. If , (Mor Director 10% Owner Officer (give title below) Cother (specify below) SVP Allstate Insurance Company 6. Im Appli X Oble I - Non-Derivative Securities Beneficially Owned 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 4. Nat (Instr. 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 4. Nat (Instr. 2. Amount of Securities Beneficially Owned puts, calls, warrants, options, convertible securities Vinderlying Derivative Security (Instr. 4) 4. Conversion or Exercise Price of Derivative Security 2. Date Exercisable and Expiration Date Month/Day/Year) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) 4. Conversion or Exercise Price of Derivative Security Date Expiration 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) 4. Conversion or Exercise Price of Derivative Security	28/2005 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 5. If Amendment, Da (Month/Day/Year) Director 10% Owner Officer (give title below) X SVP Allstate Insurance Company 6. Individual or Joint Applicable Line) X Form filed b Form filed b Reporting P Die I - Non-Derivative Securities Beneficially Owned 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 4. Nature of Indirect (Instr. 5) 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 4. Nature of Indirect (Instr. 5) 3able II - Derivative Securities Beneficially Owned puts, calls, warrants, options, convertible securities Vinderlying Derivative Security (Instr. 4) 4. Conversion or Exercise Derivative Security 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) Date Exercisable and Expiration Date Month/Day/Year) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Number of Derivative Security 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	

No securities are beneficially owned.

JOAN H. WALKER

<u>11/29/2005</u> n Date

** Signature of Reporting Person

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

* 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.

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 Number.