



Allstate.

March 23, 2006

International Swaps and Derivatives Association, Inc.
Send to: danaprotocol@isda.org

Dear Sirs,

2006 Dana CDS Index Protocol - Adherence

The purpose of this letter is to confirm our adherence to the 2006 Dana CDS Index Protocol, as published by the International Swaps and Derivatives Association, Inc. on March 16, 2006 (the "**Protocol**"). This letter constitutes an "Adherence Letter" as referred to in the Protocol.

The definitions and provisions contained in the Protocol are incorporated into this Adherence Letter, which will supplement and form part of each Covered Index Transaction (now or in the future) between us and each other Adhering Party.

1. Specified Terms

The terms of Schedule 1, Covered Index Transactions, shall apply to Covered Index Transactions.

2. Appointment as Agent and Release

We hereby appoint ISDA as our agent for the limited purposes of the Protocol and accordingly we waive, and hereby release ISDA from, any rights, claims, actions or causes of action whatsoever (whether in contract, tort or otherwise) arising out of, or in any way relating to, this Adherence Letter or our adherence to the Protocol or any actions contemplated as being required by ISDA.

3. DTCC Account Number

For purposes of electronic matching and counterparty recognition, our DTCC Account Number is as follows, but you understand and agree that our failure to provide any such details pursuant to this letter will not affect the legal validity and binding nature of the Protocol with respect to us:

DTCC Account Number: 00006P21

4. Contact Details

Our contact details for purposes of this Adherence Letter are:

Confidential Communication. This letter contains confidential and/or proprietary information of Allstate Life Insurance Company, the disclosure of which may cause irreparable harm to the company. This information is intended solely for the individual(s) to whom it is addressed and must therefore be maintained in strict confidence. This letter, and any attachment to it, should not be copied, nor should the contents be discussed, disclosed or restated to others, orally or in writing, without the express written permission of Allstate Life Insurance Company.

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Name: Kathy Mullarkey
Address: 3075 Sanders Road, Suite G4A, Northbrook, IL 60062
Telephone: 847.402.7581
Fax: 847.326.5041
E-mail: kmullark@allstate.com

We consent to the publication of the conformed copy of this letter by ISDA and to the disclosure by ISDA of the contents of this letter.

Yours faithfully,

ALLSTATE LIFE INSURANCE COMPANY

By:

Name:
Title: Authorized Signatory
Signature:

Name:
Title: Authorized Signatory
Signature: