

ALLSTATE CORP  
Form 3  
November 30, 2005

# 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,  
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 \*

A WALKER JOAN H

(Last)

(First)

(Middle)

2. Date of Event  
Requiring Statement

(Month/Day/Year)

11/28/2005

3. Issuer Name and Ticker or Trading Symbol

ALLSTATE CORP [ALL]

4. Relationship of Reporting  
Person(s) to Issuer5. If Amendment, Date Original  
Filed(Month/Day/Year)

(Check all applicable)

\_\_\_\_ Director \_\_\_\_ 10%

Owner

\_\_\_\_ Officer \_\_\_\_X\_\_\_\_ Other

(give title below) (specify below)

SVP Allstate Insurance

Company

6. Individual or Joint/Group

Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting  
Person\_\_\_\_ Form filed by More than One  
Reporting Person

C/O THE ALLSTATE  
CORPORATION, 2775  
SANDERS ROAD

(Street)

NORTHBROOK, IL 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)

3.

Ownership

Form:

Direct (D)

or Indirect

(I)

(Instr. 5)

4. Nature of Indirect Beneficial

Ownership

(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

(Instr. 4)

2. Date Exercisable and

Expiration Date

(Month/Day/Year)

Date

Exercisable

Expiration

Date

3. Title and Amount of

Securities Underlying

Derivative Security

(Instr. 4)

Title

Amount or

Number of

Shares

4.

Conversion

or Exercise

Price of

Derivative

Security

5.

Ownership

Form of

Derivative

Security:

Direct (D)

or Indirect

6. Nature of Indirect

Beneficial Ownership

(Instr. 5)

(I)  
(Instr. 5)

## Reporting Owners

| Reporting Owner Name / Address                                                                  | Relationships |           |         |                                |
|-------------------------------------------------------------------------------------------------|---------------|-----------|---------|--------------------------------|
|                                                                                                 | Director      | 10% Owner | Officer | Other                          |
| WALKER JOAN H<br>C/O THE ALLSTATE CORPORATION<br>2775 SANDERS ROAD<br>NORTHBROOK, IL 60062-6127 | Â             | Â         | Â       | SVP Allstate Insurance Company |

## Signatures

JOAN H.  
WALKER

11/29/2005

\_\_Signature of  
Reporting Person

Date

## 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.