ALLSTATE CORP Form 3 November 14, 2007 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires: 2005 **SECURITIES** Estimated average

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 Addra MAYES MI (Last) C/O THE ALLA CORPORATIO	CHELE CC (First) STATE		Person(s) to Issuer File (Check all applicable) <u></u> Director <u></u> 10% <u></u> Officer <u></u> 0ther Fili (give title below) (specify below) VP and General Counsel Pers		ALLSTATE CORP [ALL] 4. Relationship of Reporting Person(s) to Issuer				
NORTHBROO	AD (Street)	0062-6127			Filing(Cl _X_ Forn Person	dual or Joint/Group heck Applicable Line) n filed by One Reporting filed by More than One g Person			
(City) 1.Title of Security (Instr. 4)	(State)	(Zip)	2. A Ben	able I - No amount of Se heficially Ow htr. 4)	ned O Fo Di or (I)	wnership orm: irect (D) Indirect		e of Indi hip	lly Owned rect Beneficial
Reminder: Report of owned directly or in Tabl	ndirectly. Persons v informatic required t currently	vho respond on contained o respond u valid OMB d	ass of securities d to the collec d in this form inless the for control numbe Beneficially O	ction of are not m displays er.	sec	1473 (7-02) rrants, opti		vertible	securities)
1. Title of Derivati (Instr. 4)	ve Security	2. Date Expiration (Month/Day/Y		3. Title and Securities U Derivative		4. Conversion or Exercise		ership n of	6. Nature of Indirect Beneficial Ownership (Instr. 5)

(Instr. 4)

Expiration Title

Date

Exercisable Date

Price of

Security

Amount or

Number of

Shares

Derivative

Derivative

Security:

Direct (D)

or Indirect

burden hours per

0.5

response...

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
MAYES MICHELE COLEMAN C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062-6127	Â	Â	VP and General Counsel	Â			
Signatures							
MICHELE COLEMAN 11/14 MAYES	/2007						
**Signature of Reporting Person D	ate						

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.