



OFFICE OF INSURANCE REGULATION

FILED

JAN 17 2023

INSURANCE REGULATION
Docketed by: AT

IN THE MATTER OF:

CASE NO.: 299729-22-CO

EVERLAKE ASSURANCE COMPANY
_____ /

CONSENT ORDER

THIS CAUSE came on for consideration upon the filing of a request by EVERLAKE ASSURANCE COMPANY (“EVERLAKE ASSURANCE”), which was formerly known as Allstate Assurance Company (“Allstate Assurance”), to use previously approved Allstate Assurance forms with the new name without re-filing same for approval pursuant to Section 627.410, Florida Statutes. Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the FLORIDA OFFICE OF INSURANCE REGULATION (“OFFICE”), hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter and the parties herein.
2. EVERLAKE ASSURANCE is a foreign life and health insurer domiciled in Illinois and authorized to transact insurance business in Florida.
3. Allstate Assurance has applied for and, subject to the present and continuing satisfaction of the requirements, terms, and conditions established herein, has satisfactorily met all of the conditions precedent to change its name to EVERLAKE ASSURANCE, effective December 3, 2021, pursuant to the requirements set forth by Section 627.410, Florida Statutes. The name

change was approved, and the OFFICE issued a new Certificate of Authority, attached as Exhibit A, reflecting the name change.

4. In conjunction with the request to use previously approved Allstate Assurance forms, EVERLAKE ASSURANCE has filed with the OFFICE a "Name Change Endorsement," which reflects the corporate name change from Allstate Assurance to EVERLAKE ASSURANCE. The endorsement is attached as Exhibit B.

5. EVERLAKE ASSURANCE states that no material changes were realized within the corporate structure.

6. As a material condition to approval of the above request, EVERLAKE ASSURANCE, by execution of this Consent Order, certifies to the OFFICE that all policy forms previously utilized by Allstate Assurance in Florida comply with applicable provisions of the Florida Insurance Code. EVERLAKE ASSURANCE further certifies that the only change required to achieve compliance prospectively is the substitution of the name EVERLAKE ASSURANCE in lieu of Allstate Assurance and the only change in the forms is the name, address, or if applicable, replacing the Separate Account with Everlake Assurance Company Variable Life Separate Account. If the above certification is not correct, EVERLAKE ASSURANCE acknowledges that such misrepresentations may be considered willful, and penalties assessed accordingly.

7. Attached as Exhibit C is a list of all policy forms EVERLAKE ASSURANCE will modify with the name change.

8. EVERLAKE ASSURANCE shall mail to each of its insureds a copy of the name change endorsement. EVERLAKE ASSURANCE may continue to sell the old policy forms, with the name change endorsement, for a period of 90 days after the date this Consent Order is executed

by the OFFICE. During the 90-day time period allowed by this paragraph, EVERLAKE ASSURANCE shall reprint the policy forms contained in Exhibit C containing the new corporate name. After 90 days from the date this Consent Order is executed by the OFFICE, EVERLAKE ASSURANCE shall only sell policy forms containing the new company name and is not authorized to sell previously approved policies containing the old information with a name change endorsement affixed.

9. EVERLAKE ASSURANCE shall pay costs in the amount of \$3,000 United States Dollars within 30 days of the date this Consent Order is executed by the OFFICE. EVERLAKE ASSURANCE shall send payment for the administrative costs to the payment address on the attached invoice.

10. EVERLAKE ASSURANCE shall continue to comply with all statutes and applicable rules of the OFFICE governing form filings and rate filings.

11. EVERLAKE ASSURANCE agrees that any deadlines, reporting requirements, other provisions, or requirements set forth in this Consent Order may be altered or terminated by written approval of the OFFICE. Such written approval by the OFFICE is subject to statutory or administrative regulation limitations.

12. EVERLAKE ASSURANCE agrees that, upon execution of this Consent Order, failure to adhere to one or more of the terms and conditions contained herein may result, without further proceedings, in the OFFICE suspending, revoking, or taking other administrative action as it deems appropriate upon EVERLAKE ASSURANCE's Certificate of Authority in this state in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

13. EVERLAKE ASSURANCE expressly waives a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings

herein to which it may be entitled by law or rules of the OFFICE. EVERLAKE ASSURANCE hereby knowingly and voluntarily waives all rights of any kind to challenge or to contest this Consent Order in any forum available to it, now or in the future, including the right to any administrative proceeding, state or federal court action, or any appeal.

14. EVERLAKE ASSURANCE affirms that all requirements set forth herein are material to the issuance of this Consent Order.

15. Except as set forth in this Consent Order, each party to this section shall bear its own costs and fees.

16. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has executed a copy of this Consent Order bearing the signature of the authorized representative of EVERLAKE ASSURANCE, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. Further, EVERLAKE ASSURANCE agrees that the signature of its authorized representative, as affixed to the Consent Order, shall be under the seal of a Notary Public.

WHEREFORE, the agreement between EVERLAKE ASSURANCE COMPANY and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED, and the request to use previously approved Allstate Assurance forms with the new name without re-filing same for approval pursuant to Section 627.410, Florida Statutes, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE AND ORDERED this 17th day of January, 2023.



Anoush Brangaccio
Commissioner or Designee
Office of Insurance Regulation

By execution hereof, EVERLAKE ASSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind EVERLAKE ASSURANCE COMPANY to the terms and conditions of this Consent Order.

EVERLAKE ASSURANCE COMPANY

(Corporate Seal)

By: Rebecca Kennedy

Print Name: Rebecca Kennedy

Title: Senior Vice President and Chief Operations Officer

Date: December 7, 2022

STATE OF ILLINOIS

COUNTY OF COOK

The foregoing instrument was acknowledged before me by means of physical presence

or online notarization, this 7th day of December 2022, by Rebecca Kennedy

(name of person)

as SVP and Chief Operations Officer for Everlake Assurance Company

(type of authority; e.g., officer, trustee, attorney in fact)

(company name)

Kathleen B. Scarbrough

(Signature of the Notary)

Kathleen B. Scarbrough

(Print, Type or Stamp Commissioned Name of Notary)



Personally Known OR Produced Identification

Type of Identification Produced _____

My Commission Expires: March 16, 2024

COPIES FURNISHED TO:

**Karen R. Creevy, Lead Consultant, State Filing
Everlake Assurance Company
3100 Sanders Road, Suite 303
Northbrook, Illinois 60062
karen.creevy@everlakelife.com**

**JAMES DUNN, Director
Life & Health Product Review
Office of Insurance Regulation
200 East Gaines Street
Tallahassee, FL 32399-0329**

**WILLIAM OGLO, Assistant General Counsel
Office of Insurance Regulation
200 East Gaines Street
Tallahassee, Florida 32399-0329
Phone: (850) 413-4142
Email: bill.oglo@flor.com**

FLORIDA OFFICE OF INSURANCE REGULATION

EVERLAKE ASSURANCE COMPANY

Is hereby authorized to transact insurance in the State of Florida.

This certificate signifies that the company has satisfied all requirements of the Florida Insurance Code for the issuance of a LIFE AND HEALTH INSURER CERTIFICATE OF AUTHORITY and remains subject to the laws of Florida.

Original Issuance: 11/14/1967

Replacement Issuance: Friday, December 3, 2021

No. 21 - 420930962



David Altmaier
Commissioner
Office of Insurance Regulation

Exhibit A

Name Change Endorsement

General

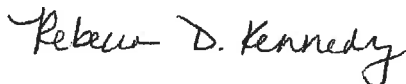
1. The word 'contract' as used in this endorsement is the policy, contract or certificate to which the endorsement is attached.
2. This endorsement is attached to and made part of your contract effective 11/01/2021.

Description

The information below reflects a change to your contract.

1. The company name, Allstate Assurance Company, and any references to the company are deleted and replaced with:
Everlake Assurance Company or Everlake
2. Home office address is deleted and replaced with:
[3100 Sanders Road, Suite 303
Northbrook, IL 60062-7155]
3. [The Separate Account is deleted and replaced with:
Everlake Assurance Company Variable Life Separate Account]

Except as amended by this endorsement, the contract remains unchanged. For further questions, information or assistance in resolving complaints, please call [800-366-1411].



Rebecca D. Kennedy
Chief Operations Officer



Doney Largey
Chief Executive Officer

Form Number	FL Tracking Number	Date Approved	Document Name/Description
NC19AC2FL-1	FLA 21-023085	8/24/2021	Whole Life Insurance Policy
NC18AC14FL-1	FLA 20-013197	5/26/2020	Flexible Premium Adjustable Indexed Life Policy
NC18AC17FL-1	FLA 20-009726	4/24/2020	Flexible Premium Adjustable Life Policy
FIC760CCRPTFL-1	FLA 19-127729	8/13/2019	Agent Report Contract Change
FIC760CCFL-1	FLA 19-127729	8/13/2019	Application Part 1 Contract Change
FIC757TIAFL-1	FLA 17-19889	9/22/2017	Temporary Insurance Agreement
FIC758MEDQFL-1	FLA 17-16313	7/20/2017	Medical Exam Questionnaire
FIC762REFL-1	FLA 17-16313	7/20/2017	Reinstatement Application
FIC757FL	FLA 17-10518	5/31/2017	Application - Part 1
FIC757PFFL	FLA 17-10518	5/31/2017	Application - Premium Funding
FIC757RPTFL	FLA 17-10518	5/31/2017	Agent Report
FIC757TCEFL	FLA 17-10518	5/31/2017	Application - Term Conversion/Exchange
FIC758ASQFL	FLA 17-10518	5/31/2017	Aerial Sports Questionnaire
FIC758CAQFL	FLA 17-10518	5/31/2017	Civilian Aviation Questionnaire
FIC758CFQFL	FLA 17-10518	5/31/2017	Confidential Financial Questionnaire
FIC758CQFL	FLA 17-10518	5/31/2017	Climbing Questionnaire
FIC758DAQFL	FLA 17-10518	5/31/2017	Drug and Alcohol Questionnaire
FIC758MAQFL	FLA 17-10518	5/31/2017	Military Aviation Questionnaire
FIC758MQFL	FLA 19-126177	7/30/2019	Military Status Questionnaire
FIC758MSQFL	FLA 17-10518	5/31/2017	Motor Sports Questionnaire
FIC758UDQFL	FLA 17-10518	5/31/2017	Underwater Diving Questionnaire
AC17-1	FLA 17-04761	2/28/2017	Home Office Addendum to Application
FIC488AACFL-1	FLA 15-15947	7/29/2015	Good Health Statement
AC14-4	FLA 15-14845	7/10/2015	Contract Change Endorsement
FIC495AAC	FLA 15-01098	2/23/2015	Application Supplement
AC14-1FL	FLA 14-19128	1/30/2015	Term Life Insurance Policy
AC13-23	FLA 13-21372	12/13/2013	Aviation Exclusion Rider
AC13-21	FLA 13-21372	12/13/2013	War Rider
AC13-22	FLA 13-21372	12/13/2013	War and Aviation Rider
FIC489AACFL	FLA 13-20835	12/11/2013	Change to Application
FIC490AACFL	FLA 13-20835	12/11/2013	Part 2 Application Amendment
AC13-7	FLA 13-13203	7/24/2013	Aviation Exclusion Rider
AC13-8FL	FLA 13-13203	7/24/2013	War Rider
AC13-9FL	FLA 13-13203	7/24/2013	War and Aviation Rider

Exhibit C

DA8255

Everlake Services Company
Intertrust Corp Services Delaware
200 Bellevue Parkway, Suite 210
Wilmington, DE 19809



41,979

Page 1 of 1

Date: 12/05/2022
Check #: 100123
Payment Amount: 3,000.00
Vendor #:



020990 R3K6T1A
FLORIDA DEPARTMENT OF FINANCIAL SERVICES
500 WEST DALTON DRIVE
ROUND LAKE IL 60073



Remittance Advice

Invoice Date	Invoice #	Related PO #	Invoice Gross Amt	Discount Amount	Invoice Net Amt

PLEASE DETACH BEFORE DEPOSITING CHECK

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

Everlake Services Company
Intertrust Corp Services Delaware
200 Bellevue Parkway, Suite 210
Wilmington, DE 19809



11-24/1220

Date: 12/05/2022
Check #: 100123

Pay Exactly **Three Thousand and 00/100 -US Dollars **

Amount
\$***3,000.00

TO THE ORDER OF
FLORIDA DEPARTMENT OF FINANCIAL SERVICES

WELLS FARGO BANK, N.A.

Authorized Signer

⑈0000 100 1 23⑈ ⑆ 1 2 1000 248⑆4940980089⑈



DAVID ALTMAIER
INSURANCE COMMISSIONER

INVOICE

EVERLAKE ASSURANCE COMPANY
3100 SANDERS ROAD, SUITE 303
NORTHBROOK, IL 60062

INVOICE DATE: September 19, 2022

INVOICE #: OIR 22-023227

Employee filing request: Karen Embry (Sr. Mgt. Specialist) on behalf of Bill Oglo (Attorney) for OIR Legal Services. 850-413-5002. An invoice for Everlake Assurance Company where Everlake Assurance needs a Consent Order for it to update its forms with its new name, and OIR will be charging the \$3,000 administrative fee.

Description	Units	Rate	Price
1003J: ADMIN - L&H FORMS AND RATES - Administrative Cost	1.00	\$3,000.00	\$3,000.00

TOTAL: **\$3,000.00**

PAYMENT DUE UPON RECEIPT: **\$3,000.00**

*Processed
12/28/22
Val # 58815079*

To ensure that your payment is received and properly credited, please make your check payable to the Florida Department of Financial Services and return this invoice with your payment to:

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
REVENUE PROCESSING SECTION
P.O. BOX 6100
TALLAHASSEE, FL 32314-6100**