

SECURITIES AND EXCHANGE COMMISSION

FORM 13F-NT

Initial quarterly Form 13F notice report filed by institutional managers

Filing Date: **2004-08-12** | Period of Report: **2004-06-30**  
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FILER

**ALLSTATE INVESTMENTS LLC**

CIK: **1206333** | IRS No.: **364482462** | State of Incorporation: **DE** | Fiscal Year End: **1231**  
Type: **13F-NT** | Act: **34** | File No.: **028-10298** | Film No.: **04968850**

Mailing Address  
3075 SANDERS RD  
NORTHBROOK IL 60062

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

Form 13F

FORM 13F COVER PAGE

Report for the Calendar Year or Quarter Ended: JUNE 30, 2004

Check here if Amendment ; Amendment Number:

This Amendment (Check only one.):  is a restatement.  
 adds new holdings entries.

Institutional Investment Manager Filing this Report:

Name: ALLSTATE INVESTMENTS LLC  
Address: 3075 SANDERS ROAD, SUITE G4A  
NORTHBROOK, IL. 60062-7127

Form 13F File Number: 28-10298

The institutional manager filing this report and the person by whom it is signed hereby represent that the person signing the report is authorized to submit it, that all information contained herein is true, correct and complete, and that it is understood that all required items, statements, schedules, lists, and tables, are considered integral parts of this form.

Person Signing this Report on Behalf of Reporting Manager:

Name: DOUG WELCH  
Title: ASSISTANT VICE PRESIDENT INVESTMENT OPERATIONS  
Phone: 847-402-2170

Signature, Place, and Date of Signing:

/s/ Doug Welch

NORTHBROOK, IL.

8/9/2004

-----  
[Signature]

-----  
[City, State]

-----  
[Date]

Report Type (Check only one.):

13F HOLDINGS REPORT. (Check here if all holdings of this reporting manager are reported in this report.)

13F NOTICE. (Check here if no holdings reported are in this report, and all holdings are reported by other reporting manager(s).)

|\_ | 13F COMBINATION REPORT. (Check here if a portion of the holdings for this reporting manager are reported in this report and a portion are reported by other reporting manager(s).)

List of Other Managers Reporting for this Manager:  
[If there are no entries in this list, omit this section.]

Form 13F File Number	Name
028-00035	ALLSTATE INSURANCE COMPANY
028-01037	ALLSTATE LIFE INSURANCE COMPANY

FORM 13F SUMMARY PAGE

Report Summary:

Number of Other Included Managers: NONE

Form 13F Information Table Entry Total: ---

Form 13F Information Table Value Total: ---

List of Other Included Managers:

Provide a numbered list of the name(s) and Form 13F file number(s) of all institutional investment managers with respect to which this report is filed, other than the manager filing this report.

[If there are no entries in this list, state "NONE" and omit the column headings and list entries.]

No.	Form 13F File Number	Name
_____	NONE	NONE