2001	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	(UBR)
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SKONING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # M9900000029  1. Entity, Name RLI MORTGAGE SERVICES, LLC				FILED			
Principal Place of Business  9025 N. LINDBERGH DRIVE  PEORIA IL 61615  Mailing Address  9025 N. LINDBERGH DRIVE  PEORIA IL 61615  PEORIA IL 61615				OI FEB -5 PM 3: 51  SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 3. Mailing Address		. Mailing Address		- F (007281) 119 (0110 10111 00111 00111 00111 00111 00119 00111 00119 11010 1101 1401			
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State City		City & State		4. FEI Number 37-1377059 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Add		
	6. Name and Address of Current Reg	istered Agent		7. Name and Address of New Regis	tered Agent		
		•	Name				
FARKAS, LEE 101 NE 2ND STREET			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
OCALA F	L 34471						
•	,		City	City FL Zip Code			
8. The above	e named entity submits this statement for the						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State							
9.	MANAGING MEMBERS,		10.	ADDITIONS/CHA	NGES	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROWLEY, DANIEL 101 S.E. SECOND STREET OCALA FL 34470	<b>⊁</b> ⊇ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DICKINSON, SHERRY 101 S.E. SECOND STREET OCALA FL 34470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5000036 -02/13/0	□ Change 77685 0101105-	□ Addition {	
TITLE' NAME STREET ADDRESS CITY-ST-ZIP	MGR TAYLOR, BEAN & WHITAKER MORTO 101 S.E. SECOND STREET OCALA FL 34470	AEX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W*****50	1. ①① 二 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL, JONATHAN E 9025 N. LINDBERGH DRIVE PEORIA IL 61615	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDOZ, DAVID C 9025 N. LINDBERGH DRIVE PEORIA IL 61615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
indicated	certify that the information supplied with this on this report is true and accurate and that billty company or the receiver or true tee enjoyen.	my signature shall have the	e same legal effect as if	made under oath; that I am a managing n	ier certify that the in nember or manager	formation of the	

David Chandoz, Manager 1/17/01 (309) 692-1000 ext

Daytime Phone #

5392