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PICK-UP	WAIT MAIL	
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Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer;	
Name Availabili ty		
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SECRETARY OF STATE
TALLAMASSEE, FLORIDA



RLI Insurance Company 9025 N. Lindbergh Dr. 1 Peoria, IL 61615-1431 Phone: 309-692-1000 1 Fax: 309-692-1068

iwiwiw.rlililatatrip.clolml

February 20, 2003

State of Florida Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

RLI Mortgage Services, LLC

Gentlemen:

Enclosed please find an original and one copy of the Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida of RLI Mortgage Services, LLC. Please file the Application at your earliest convenience, forwarding the enclosed copy, marked file-stamped, directly to me in the return envelope provided. Our check in the amount of \$25 is enclosed for the filing fee.

Should you have any questions or comments regarding this matter, please do not hesitate to contact me at (800) 331-4929, ext. 5234. Thank you for your assistance in this matter.

Sincerely,

Monica C. Volk

Corporate Secretary Department

House O. Folk

Enclosures

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Khi Mortgage Services, and
(Name of limited liability company)
Illinois
- (Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
9025 N. Lindbergh Drive
(Mailing address)
Peoria, IL 61615 (City/State/Zip)
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
And C. fred
(Signature of member or authorized representative of a member)
David C. Sandoz
(Typed or printed name of signee)

Filing Fee: \$25.00