

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortram  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

DOCUMENT # **827926** (7)

95 FEB 21 AM 11:33

1. Corporation Name  
**RLI INSURANCE COMPANY**

Principal Place of Business Mailing Address  
**8025 N LINDBERGH DR PEORIA IL 61615**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/08/1972</b>	3a. Date of Last Report <b>03/28/1994</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>37-0915434</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32304</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, GERALD D	1.2 NAME	
STREET ADDRESS	493 E HIGH POINT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEORIA IL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINE, MICHAEL E.	2.2 NAME	
STREET ADDRESS	12407 COVE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNLAP IL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONDANVILLE, JOSEPH E	3.2 NAME	
STREET ADDRESS	1204 W. WOODSIDE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNLAP FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, JONATHAN E.	4.2 NAME	
STREET ADDRESS	811 WONDERVIEW DR.	4.3 STREET ADDRESS	12706 Georgetown
CITY-ST-ZIP	DUNLAP IL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOGBY, JAMES E.	5.2 NAME	RESIGNED/DELETE
STREET ADDRESS	12300 WOOD RIDGE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNLAP IL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSEY, KIM J.	6.2 NAME	
STREET ADDRESS	111 W. MERLE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEORIA IL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: Kim J. Hensey Kim J. Hensey, Secretary 2/9/95 (309)692-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CORPORATE ANNUAL REPORT  
1995**

RLI Insurance Company  
9025 N. Lindbergh Drive  
Peoria, Illinois 61615-1431

**Names and Addresses of Officers and Directors (continued):**

<u>TITLE</u>	<u>Name</u>	<u>Street Address</u>	<u>City/State</u>
V/D	Bonham, Gary P.	146 Sunset Court	Morton, IL
V	Nebel, Mary Beth	5130 W. Ancient Oak	Peoria, IL
V/D	Tiemeier, Gregory J.	6427 N. Oakbrook Ct.	Peoria, IL
V	Buss, Roger M.	1319 W. Wexford Pl.	Peoria, IL
V	Schapperle, John F.	6516 N. University, #621	Peoria, IL