

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **827926** (7)

1. Corporation Name
RLI INSURANCE COMPANY

Pg. 1 of 2



Principal Place of Business: **9025 N LINDBERGH DR PEORIA IL 61615**
Mailing Address: **9025 N LINDBERGH DR PEORIA IL 61615**

2. Principal Place of Business		2a. Mailing Address	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	24	28	29
Zip	Country	Zip	Country
25	30		

3. Date Incorporated or Qualified 05/08/1972	3a. Date of Last Report 02/21/1995
4. FEI Number 37-0915434	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, GERALD D	12. NAME	
STREET ADDRESS	493 E HIGH POINT DR.	13. STREET ADDRESS	
CITY- ST- ZIP	PEORIA IL	14. CITY- ST- ZIP	
TITLE	VD	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINE, MICHAEL E.	22. NAME	
STREET ADDRESS	12407 COVE COURT	23. STREET ADDRESS	12348 Cove Court
CITY- ST- ZIP	DUNLAP IL	24. CITY- ST- ZIP	
TITLE	VD	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONDANVILLE, JOSEPH E	32. NAME	
STREET ADDRESS	1204 W. WOODSIDE DR.	33. STREET ADDRESS	1102 W. Brookforest
CITY- ST- ZIP	DUNLAP FL	34. CITY- ST- ZIP	Peoria, IL
TITLE	PD	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, JONATHAN E.	42. NAME	
STREET ADDRESS	12706 GEORGETOWN	43. STREET ADDRESS	
CITY- ST- ZIP	DUNLAP IL	44. CITY- ST- ZIP	
TITLE	S	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSEY, KIM J.	52. NAME	
STREET ADDRESS	111 W. MERLE LANE	53. STREET ADDRESS	
CITY- ST- ZIP	PEORIA IL	54. CITY- ST- ZIP	
TITLE	T	6. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy J. Krueger	62. NAME	Timothy J. Krueger
STREET ADDRESS	1121 W. Bennett Ct.	63. STREET ADDRESS	1121 W. Bennett Ct.
CITY- ST- ZIP	Dunlap, IL	64. CITY- ST- ZIP	Dunlap, IL

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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Kim J. Hensey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim J. Hensey 3/19/96 309/692-1000
Date of Filing #

CR2E034 (12/95)

**CORPORATE ANNUAL REPORT
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Names and Addresses of Officers and Directors: (continued)

TITLE	NAME	ADDRESS/CITY/STATE
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.	11017 N. Buckskin Peoria, IL