

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 827926 (7)

1. Corporation Name
RLI INSURANCE COMPANY



Principal Place of Business 6025 N LINDBERGH DR PEORIA IL 61615	Mailing Address 6025 N LINDBERGH DR PEORIA IL 61615-1431
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/08/1972	3a. Date of Last Report 04/02/1996
4. FEI Number 37-0915434	Applied For 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	STEPHENS, GERALD D	
STREET ADDRESS	493 E HIGH POINT DR.	
CITY-ST-ZIP	PEORIA IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	QUINE, MICHAEL E.	
STREET ADDRESS	12348 COVE COURT	
CITY-ST-ZIP	DUNLAP IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DONDANVILLE, JOSEPH E	
STREET ADDRESS	1102 W BROOKFOREST	
CITY-ST-ZIP	PEORIA IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MICHAEL, JONATHAN E.	
STREET ADDRESS	12706 GEORGETOWN	
CITY-ST-ZIP	DUNLAP IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HENSEY, KIM J.	
STREET ADDRESS	111 W. MERLE LANE	
CITY-ST-ZIP	PEORIA IL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KRUEGER, TIMOTHY J.	
STREET ADDRESS	1121 W BENNETT CT	
CITY-ST-ZIP	DUNLAP IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VS
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T Michael A. Price
6.3 STREET ADDRESS	528 W. Wolf Road
6.4 CITY-ST-ZIP	Peoria, IL 61614

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **REQUIRED** 2/5/97 692-1000 ext 201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)