

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 9025 N LINDBERGH DR PEORIA IL 61615	Mailing Address 9025 N LINDBERGH DR PEORIA IL 61615
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
05/08/1972

4. FEI Number
37-0915434

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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]* (NOTE: Registered Agent signature required when reinstating)

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	VS	<input type="checkbox"/> DELETE
NAME	HENSEY, KIM J.	
STREET ADDRESS	111 W. MERLE LANE	
CITY-ST-ZIP	PEORIA IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MICHAEL A PRICE	
STREET ADDRESS	528 W WOLF ROAD	
CITY-ST-ZIP	PEORIA 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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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]* **1/16/98 (309) 692-1000**

CR2E034 (10/97)