

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90085 015 \*\*\*150.00

**DOCUMENT # 827926**  
 1. Entity Name  
**RLI Insurance Company**

Principal Place of Business      Mailing Address  
**9025 N. Lindbergh Drive      9025 N. Lindbergh Dr.**  
**Peoria, IL 61615                  Peoria, IL 61615**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                  Suite, Apt. #, etc.

City & State                          City & State  
 Zip                                  Country                          Zip                                  Country

4. FEI Number                          Applied For  
**37-0915434**                          Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Insurance Commissioner**  
**The Capitol**  
**Tallahassee, FL 32304**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City    **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	Stephens, Gerald D.	
STREET ADDRESS	9025 N. Lindbergh Drive	
CITY-ST-ZIP	Peoria, IL 61615	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Quine, Michael E.	
STREET ADDRESS	9025 N. Lindbergh Drive	
CITY-ST-ZIP	Peoria, IL 61615	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Dondanville, Joseph E.	
STREET ADDRESS	9025 N. Lindbergh Drive	
CITY-ST-ZIP	Peoria, IL 61615	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Michael, Jonathan E.	
STREET ADDRESS	9025 N. Lindbergh Drive	
CITY-ST-ZIP	Peoria, IL 61615	
TITLE	VS	<input type="checkbox"/> Delete
NAME	Hensey, Kim J.	
STREET ADDRESS	9025 N. Lindbergh Drive	
CITY-ST-ZIP	Peoria, IL 61615	
TITLE	T	<input type="checkbox"/> Delete
NAME	Price, Michael A.	
STREET ADDRESS	9025 N. Lindbergh Drive	
CITY-ST-ZIP	Peoria, IL 61615	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Kim J. Hensey*      3/28/00      (309) 692-1000 Ext. 5201  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)