2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # 827926 RLI INSURANCE COMPANY** 02-01-2001 90078 048 ***150.00 Principal Place of Business Mailing Address 9025 N LINDBERGH DR 9025 N LINDBERGH DR PEORIA IL 61615 PEORIA IL 61615 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 37-0915434 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL TALLAHASSEE FL 32304 Zip Code City F٤ 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) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CD Change Delete TITI F TITLE NAME NAME STEPHENS, GERALD D STREET ADDRESS HED CONTINUATION STREET ADDRESS 493 E HIGH POINT DR. CITY-ST-ZIP PEORIA_IL ☐ Addition Change ☐ Delete TITLE NAME QUINE, MICHAEL E. STREET ADDRESS 12348 COVE COURT CITY-ST-ZIP DUNLAP IL TITLE Change ☐ Addition 5 ☐ Delete NAME DONDANVILLE, JOSEPH E NAME STREET ADDRESS STREET ADDRESS 1102 W BROOKFOREST CITY-ST-ZIP CITY-ST-ZIP PEORIA IL ☐ Addition Change TITLE PD Delete TITLE NAME NAME MICHAEL, JONATHAN E. STREET ADDRESS 12706 GEORGETOWN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNLAP IL** VSD XXChange Addition TITLE **VS** ☐ Delete TITLE NAME NAME HENSEY, KIM J. STREET ADDRESS STREET ADDRESS 111 W. MERLE LANE CITY-ST-ZIP CITY-ST-ZIP PEORIA IL □ Change ☐ Addition ☐ Delete TITLE TITLE NAME MICHAEL A PRICE NAME STREET ADDRESS STREET ADDRESS 528 W WOLF ROAD

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.

CITY-ST-ZIP

SIGNATURE:

PEORIA IL

CITY-ST-ZIP

Jan Life Shilm W Jean M. Stephenson 01/19
SGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. Secretary Date

01/19/01 (309) 692-1000 ext

FILED

Daytime Phone #

5397

Hachments Sheets +827826 50012003

RLI Insurance Company 2001 Uniform Business Report

Continuation of Questions 11 and 12:

Title	Name	Street Address	City/State
VD	Michael J. Stone	460 E. High Point Rd.	Peoria, IL 61614
VD	Thomas V. Warthen	6201 N. Pin Oak Circle	Peoria, IL 61614
V/ Gen. Counsel	Mary Beth Nebel	5130 W. Ancient Oak Dr.	Peoria, IL 61614
Asst Sec.	Jean M. Stephenson	1104 W. Greenfield Dr.	Peoria, IL 61614