


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90015 050 ***150.00

DOCUMENT # 827926 1. Entity Name RLI INSURANCE COMPANY	
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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

40033885



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 37-0915434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DRISCOLL, DONALD J 9025 N LINDBERGH DR PEORIA, IL 61615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JACOBY, AARON H 9025 N LINDBERGH DR PEORIA, IL 61615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONDANVILLE, JOSEPH E 9025 N. LINDBERGH DR. PEORIA, IL 61615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MICHAEL, JONATHAN E 9025 N. LINDBERGH DR. PEORIA, IL 61615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STONE, MICHAEL J 9025 N. LINDERGH DR. PEORIA, IL 61615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED CONTINUATION SCHEDULE FOR ADDITIONAL OFFICERS AND DIRECTORS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jean M. Stephenson 02/15/08 309-692-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
Jean M. Stephenson, Corp. Secretary x 5397

ATTACHMENT 40033889
- # 827926

RLI INSURANCE COMPANY – CONTINUATION QUESTION 10

DOCUMENT NO.827926

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Jean M. Stephenson	AVP/Corp. Secretary	9025 N. Lindbergh Dr. Peoria, IL 61615
Daniel O. Kennedy	VP, General Counsel & Asst. Corp. Secretary	9025 N. Lindbergh Dr. Peoria, IL 61615
Seth A. Davis	VP/Internal Audit	9025 N. Lindbergh Dr. Peoria, IL 61615
Carol J. Denzer	VP/CIO/Director	9025 N. Lindbergh Dr. Peoria, IL 61615
Jeffrey D. Fick	VP/Human Resources Director	9025 N. Lindbergh Dr. Peoria, IL 61615
Craig W. Kliethermes	VP/Actuarial Services	9025 N. Lindbergh Dr. Peoria, IL 61615
Andrew B. McCray	VP/Underwriting	9025 N. Lindbergh Dr. Peoria, IL 61615
John E. Robison	Treasurer	9025 N. Lindbergh Dr. Peoria, IL 61615
Jeffrey T. Jablonski	Asst. Treasurer	9025 N. Lindbergh Dr. Peoria, IL 61615
Monica C. Volk	Asst. Corp. Secretary	9025 N. Lindbergh Dr. Peoria, IL 61615