

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827926

FILED  
Feb 03, 2012  
Secretary of State

Entity Name: RLI INSURANCE COMPANY

**Current Principal Place of Business:**

9025 N LINDBERGH DR  
PEORIA, IL 61615

**New Principal Place of Business:**

**Current Mailing Address:**

9025 N LINDBERGH DR  
PEORIA, IL 61615

**New Mailing Address:**

FEI Number: 37-0915434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STONE, MICHAEL J  
Address: 9025 N LINDBERGH DR  
City-St-Zip: PEORIA, IL 61615

Title: VTD  
Name: BROWN, THOMAS L  
Address: 9025 N LINDBERGH DR  
City-St-Zip: PEORIA, IL 61615

Title: VD  
Name: BRYANT, TODD W  
Address: 9025 N. LINDBERGH DR.  
City-St-Zip: PEORIA, IL 61615

Title: CD  
Name: MICHAEL, JONATHAN E  
Address: 9025 N. LINDBERGH DR.  
City-St-Zip: PEORIA, IL 61615

Title: AVS  
Name: STEPHENSON, JEAN M  
Address: 9025 N. LINDERGH DR.  
City-St-Zip: PEORIA, IL 61615

Title: VD  
Name: KLIETHERMES, CRAIG W  
Address: 9025 N LINDBERGH DR  
City-St-Zip: PEORIA, IL 61615

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEAN M. STEPHENSON

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02/03/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date