

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004118

FILED  
Jan 14, 2005  
Secretary of State

Entity Name: RLI INDEMNITY 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: 76-0227154      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

Title: V ( ) Delete  
Name: DIE, ROY C  
Address: 8 GREENWAY PLAZA STE 400  
City-St-Zip: HOUSTON, TX 77046

Title: V ( ) Delete  
Name: NEBEL, MARY BETH  
Address: 9025 LINDBERGH DR  
City-St-Zip: PEORIA, IL 61615

Title: VD ( ) Delete  
Name: WARTHEN, THOMAS V  
Address: 9025 N LINDBERGH DR  
City-St-Zip: PEORIA, IL 61615

Title: SVD ( ) Delete  
Name: HENSEY, KIM J  
Address: 9025 N LINDBERGH DR  
City-St-Zip: PEORIA, IL 61615

Title: VD ( ) Delete  
Name: DONDANVILLE, JOSEPH E  
Address: 9025 N LINDBERGH DR  
City-St-Zip: PEORIA, IL 61615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KIM J. HENSEY

SVD

01/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date