


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90068 018 ***150.00

DOCUMENT # F96000004118

1. Entity Name
RLI INDEMNITY COMPANY



Principal Place of Business Mailing Address
9025 N LINDBERGH DR **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
76-0227154 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

01242006 Chg-P CR2E034 (11/05)

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

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. 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 signatures required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD STONE, MICHAEL J 9025 N. LINDBERGH DR. PEORIA, IL 61615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIE, ROY C 8 GREENWAY PLAZA STE 400 HOUSTON, TX 77046 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEBEL, MARY BETH 9025 LINDBERGH DR PEORIA, IL 61615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARTHEN, THOMAS V 9025 N LINDBERGH DR PEORIA, IL 61615 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD HENSEY, KIM J 9025 N LINDBERGH DR PEORIA, IL 61615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONDANVILLE, JOSEPH E 9025 N LINDBERGH DR PEORIA, IL 61615 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED ADDITIONS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John M. Stephenson* 01/24/06 309-692-1000 ext. 5397
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

John M. Stephenson, Asst. Corp. Sec.

ATTACHMENT

400072.14
#7960000418

RLI INDEMNITY COMPANY OFFICERS AND DIRECTORS - CONTINUATION

Title: D/V
Name: Driscoll, Donald J.
Street: 9025 N. Lindbergh Drive
City-St-Zip: Peoria, IL 61615

Title: D/V
Name: Jacoby, Aaron H.
Street: 9025 N. Lindbergh Drive
City-St-Zip: Peoria, IL 61615

Title: D/V
Name: Fick, Jeffrey D.
Street: 9025 N. Lindbergh Drive
City-St-Zip: Peoria, IL 61615

Title: D
Name: Michael, Jonathan E.
Street: 9025 N. Lindbergh Drive
City-St-Zip: Peoria, IL 61615

Title: V
Name: McDonough, Kevin
Address: 9025 N. Lindbergh Drive
City-St-Zip: Peoria, IL 61615

Title: V
Name: Davis, Seth A.
Address: 9025 N. Lindbergh Drive
City-St-Zip: Peoria, IL 61615

Title: V
Name: Denzer, Carol J.
Address: 9025 N. Lindbergh Drive
City-St-Zip: Peoria, IL 61615

Title: T
Name: Robison, John R.
Address: 9025 N. Lindbergh Drive
City-St-Zip: Peoria, IL 61615

Title: AS
Name: Stephenson, Jean M.
Address: 9025 N. Lindbergh Drive
City-St-Zip: Peoria, IL 61615

Title: AV
Name: Berberick, Chad S.
Address: 9025 N. Lindbergh Drive
City-St-Zip: Peoria, IL 61615

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Title: AV
Name: Randall, Christopher D.
Address: 9025 N. Lindbergh Drive
City-St-Zip: Peoria, IL 61615

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Title: AV/AS
Name: Chilson, Greg E.
Address: 8 Greenway Plaza, Ste. 400
City-St-Zip: Houston, TX 77046

Title: AS
Name: O'Sullivan, Paul M.
Address: 8 Greenway Plaza, Ste. 400
City-St-Zip: Houston, TX 77046