


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90088 043 ***150.00

DOCUMENT # F96000004118	
1. Entity Name RLI INDEMNITY COMPANY	

Principal Place of Business 9025 N LINDBERGH DR PEORIA IL 61615	Mailing Address 9025 N LINDBERGH DR PEORIA IL 61615
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number 76-0227154	Applied For
Zip	Country	Zip	Country

<input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and line is replicable. (NOT) Registered Agent signature required when constituting. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

SEE ATTACHED

TITLE	D/V	<input type="checkbox"/> Delete
NAME	DRISCOLL, DONALD J	
STREET ADDRESS	9025 N. LINDBERGH DR.	
CITY- ST- ZIP	PEORIA IL 61615	
TITLE	D/V	<input type="checkbox"/> Delete
NAME	FICK, JEFFREY D	
STREET ADDRESS	9025 N. LINDBERGH DR	
CITY- ST- ZIP	PEORIA IL 61615	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, SETH A	
STREET ADDRESS	9025 LINDBERGH DR	
CITY- ST- ZIP	PEORIA IL 61615	
TITLE	V	<input type="checkbox"/> Delete
NAME	DENZER, CAROL J	
STREET ADDRESS	9025 N LINDBERGH DR	
CITY- ST- ZIP	PEORIA IL 61615	
TITLE	AV	<input type="checkbox"/> Delete
NAME	RANDALL, CHRISTOPHER D	
STREET ADDRESS	9025 N LINDBERGH DR	
CITY- ST- ZIP	PEORIA IL 61615	
TITLE	I	<input type="checkbox"/> Delete
NAME	ROBISON, JOHN R	
STREET ADDRESS	9025 N LINDBERGH DR	
CITY- ST- ZIP	PEORIA IL 61615	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Monica C. Volk* **Monica C. Volk** **4/11/07** **309-692-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

RLI INDEMNITY COMPANY

OFFICERS AND DIRECTORS - CONTINUATION - Page 1

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F96000004118

Title: P/D
Name: Stone, Michael J.
Street: 9025 N. Lindbergh Drive
City-St-Zip: Peoria, IL 61615

Title: SV/CFO/D
Name: Dondanville, Joseph E.
Street: 9025 N. Lindbergh Drive
City-St-Zip: Peoria, IL 61615

Title: V/GC/AS
Name: Kennedy, Daniel O.
Street: 9025 N. Lindbergh Drive
City-St-Zip: Peoria, IL 61615

Title: V
Name: Die, Roy C.
Street: 8 Greenway Plaza, Ste. 400
City-St-Zip: Houston, TX 77046

Title: V
Name: Kliethermes, Craig W.
Street: 9025 N. Lindbergh Drive
City-St-Zip: Peoria, IL 61615

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

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