


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

02-27-2008 90015 003 \*\*\*150.00

DOCUMENT # F9600004118			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 76-0227154		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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V DRISCOLL, DONALD J 9025 N. LINDBERGH DR. PEORIA, IL 61615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V FICK, JEFFREY D 9025 N. LINDBERGH DR PEORIA, IL 61615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, SETH A 9025 LINDBERGH DR PEORIA, IL 61615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DENZER, CAROL J 9025 N LINDBERGH DR PEORIA, IL 61615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV RANDALL, CHRISTOPHER D 9025 N LINDBERGH DR PEORIA, IL 61615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBISON, JOHN R 9025 N LINDBERGH DR PEORIA, IL 61615 <input type="checkbox"/> Delete	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: <i>Jean M. Stephenson</i>		02/13/08 309-692-1000 x 5397	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jean M. Stephenson, Corp. Secretary		Date Daytime Phone #	

40033888



02132008 Chg-P CR2E034 (12/06)

ATTACHMENT 40033888

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RLI INDEMNITY COMPANY

OFFICERS AND DIRECTORS - CONTINUATION - Page 1

**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

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**RLI INDEMNITY COMPANY**  
**OFFICERS AND DIRECTORS - CONTINUATION - Page 2**

**Title:** AV  
**Name:** Klobnak, Jennifer L.  
**Street:** 9025 N. Lindbergh Drive  
**City-St-Zip:** Peoria, IL 61615

**Title:** AS  
**Name:** Volk, Monica C.  
**Street:** 9025 N. Lindbergh Drive  
**City-St-Zip:** Peoria, IL 61615

**Title:** AT  
**Name:** Jablonski, Jeffrey T.  
**Address:** 9025 N. Lindbergh Drive  
**City-St-Zip:** Peoria, IL 61615

**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