

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004118

Entity Name: RLI INDEMNITY COMPANY

FILED
Jan 05, 2010
Secretary of State

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: P/D
Name: STONE, MICHAEL J
Address: 9025 N. LINDBERGH DR.
City-St-Zip: PEORIA, IL 61615

Title: V/D
Name: DONDANVILLE, JOSEPH E
Address: 9025 N. LINDBERGH DR
City-St-Zip: PEORIA, IL 61615

Title: C/D
Name: MICHAEL, JONATHAN E
Address: 9025 LINDBERGH DR
City-St-Zip: PEORIA, IL 61615

Title: VD
Name: DENZER, CAROL J
Address: 9025 N LINDBERGH DR
City-St-Zip: PEORIA, IL 61615

Title: AV/S
Name: STEPHENSON, JEAN M
Address: 9025 N LINDBERGH DR
City-St-Zip: PEORIA, IL 61615

Title: T
Name: ROBISON, JOHN R
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

AV/S

01/05/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date