

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827926

Entity Name: RLI INSURANCE COMPANY

Current Principal Place of Business:

9025 N LINDBERGH DR
PEORIA, IL 61615

Current Mailing Address:

9025 N LINDBERGH DR
PEORIA, IL 61615

FEI Number: 37-0915434

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title PD
Name STONE, MICHAEL J
Address 9025 N LINDBERGH DR
City-State-Zip: PEORIA IL 61615

Title VTD
Name BROWN, THOMAS L
Address 9025 N LINDBERGH DR
City-State-Zip: PEORIA IL 61615

Title VD
Name BRYANT, TODD W
Address 9025 N. LINDBERGH DR.
City-State-Zip: PEORIA IL 61615

Title CD
Name MICHAEL, JONATHAN E
Address 9025 N. LINDBERGH DR.
City-State-Zip: PEORIA IL 61615

Title AVS
Name STEPHENSON, JEAN M
Address 9025 N. LINDERGH DR.
City-State-Zip: PEORIA IL 61615

Title VD
Name KLIETHERMES, CRAIG W
Address 9025 N LINDBERGH DR
City-State-Zip: PEORIA IL 61615

Title VD
Name DRISCOLL, DONALD J
Address 9025 N LINDBERGH DR
City-State-Zip: PEORIA IL 61615

Title VD
Name FICK, JEFFREY D
Address 9025 N LINDBERGH DR
City-State-Zip: PEORIA IL 61615

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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

SECRETARY

02/07/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title V/GENCOUNSEL
Name KENNEDY, DANIEL O
Address 9025 N LINDBERGH DR
City-State-Zip: PEORIA IL 61615

Title VP
Name JACOBY, AARON H
Address 9025 N LINDBERGH DR
City-State-Zip: PEORIA IL 61615

Title VP
Name DIEFENTHALER, AARON P
Address 9025 N LINDBERGH DR
City-State-Zip: PEORIA IL 61615

Title VP
Name RANDALL, CHRISTOPHER D
Address 9025 N LINDBERGH DR
City-State-Zip: PEORIA IL 61615

Title VP
Name DAVIS, SETH A
Address 9025 N LINDBERGH DR
City-State-Zip: PEORIA IL 61615

Title VP
Name NATARAJAN, MURALI
Address 9025 N LINDBERGH DR
City-State-Zip: PEORIA IL 61615

Title VP
Name KLOBNAK, JENNIFER L
Address 9025 N LINDBERGH DR
City-State-Zip: PEORIA IL 61615