2013 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 P O BOX 6200 (32314-6200) 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

FILED Jan 22, 2013

Secretary of State

CC8898506396

Officer/Director Detail:

Title PD Title VTD

NameSTONE, MICHAEL JNameBROWN, THOMAS LAddress9025 N LINDBERGH DRAddress9025 N LINDBERGH DRCity-State-Zip:PEORIA IL 61615City-State-Zip:PEORIA IL 61615

Title VD Title CD

NameBRYANT, TODD WNameMICHAEL, JONATHAN EAddress9025 N. LINDBERGH DR.Address9025 N. LINDBERGH DR.City-State-Zip:PEORIA IL 61615City-State-Zip:PEORIA IL 61615

Title AVS Title VD

NameSTEPHENSON, JEAN MNameKLIETHERMES, CRAIG WAddress9025 N. LINDERGH DR.Address9025 N LINDBERGH DRCity-State-Zip:PEORIA IL 61615City-State-Zip:PEORIA IL 61615

Title VD Title VD

Name DRISCOLL, DONALD J Name FICK, JEFFREY D

Address 9025 N LINDBERGH DR

City State Zip: DEORIA II 61615

City State Zip: DEORIA II 61615

City-State-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: STEPHENSON, JEAN M

AVS

01/22/2013