2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004118

Entity Name: RLI INDEMNITY 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: 76-0227154 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

FILED Feb 10, 2014

Secretary of State

CC6817343333

Officer/Director Detail:

Title PD Title VDT

NameSTONE, MICHAEL JNameBROWN, THOMAS LAddress9025 N. LINDBERGH DR.Address9025 N. LINDBERGH DR

City-State-Zip: PEORIA IL 61615 City-State-Zip: PEORIA IL 61615

Title CD Title VD

NameMICHAEL, JONATHAN ENameBRYANT, TODD WAddress9025 LINDBERGH DRAddress9025 N LINDBERGH DRCity-State-Zip:PEORIA IL 61615City-State-Zip:PEORIA IL 61615

Title AVS Title VD

Name STEPHENSON, JEAN M Name KLIETHERMES, CRAIG W
Address 9025 N LINDBERGH DR Address 9025 N LINDBERGH DR
City-State-Zip: PEORIA IL 61615 City-State-Zip: PEORIA IL 61615

Title VD Title VD

Name DRISCOLL, DONALD J Name FICK, JEFFREY D

Address 9025 N LINDBERGH DR Address 9025 N LINDBERGH DR
City-State-Zip: PEORIA IL 61615 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

02/10/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP/GENERALCOUNSEL
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 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 Title VP

Name DAVIS, SETH A

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 VF

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