2013 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 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

CC6318388757

Officer/Director Detail:

PD Title Title **VDT**

STONE, MICHAEL J BROWN, THOMAS L Name Name Address 9025 N. LINDBERGH DR. Address 9025 N. LINDBERGH DR

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

Title VD Title CD

BRYANT, TODD W Name Name MICHAEL, JONATHAN E Address 9025 N LINDBERGH DR Address 9025 LINDBERGH DR

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

Title VD Title **AVS**

Name KLIETHERMES, CRAIG W Name STEPHENSON, JEAN M Address 9025 N LINDBERGH DR Address 9025 N LINDBERGH DR PEORIA IL 61615

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

Title VD Title VD

Name FICK, JEFFREY D Name DRISCOLL, DONALD J Address 9025 N LINDBERGH DR Address 9025 N LINDBERGH DR

PEORIA IL 61615 City-State-Zip: 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

SECRETARY

01/22/2013