

1.) CORPORATION NAME:

**RLI INSURANCE COMPANY**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0252975**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9025 N LINDBERGH DR

CITY/ST/ZIP: PEORIA, IL 61615

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: MICHAEL J STONE TITLE: P/COO ADDRESS: 9025 N LINDBERGH DR CITY/ST/ZIP/CO: PEORIA, IL 61615</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DANIEL O KENNEDY TITLE: VP/GC/S ADDRESS: 9025 N LINDBERGH DR CITY/ST/ZIP/CO: PEORIA, IL 61615</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JEAN M STEPHENSON TITLE: AVP/S ADDRESS: 9025 N LINDBERGH DR CITY/ST/ZIP/CO: PEORIA, IL 61615</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JONATHAN E. MICHAEL TITLE: CEO/CHAIRMAN ADDRESS: 9025 N LINDBERGH DR CITY/ST/ZIP/CO: PEORIA, IL 61615</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: THOMAS L BROWN TITLE: VP/CFO/TREAS ADDRESS: 9025 N LINDBERGH DR CITY/ST/ZIP/CO: PEORIA, IL 61615</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CRAIG W KLIETHERMES TITLE: SVP/RISK SVCS ADDRESS: 9025 N LINDBERGH DR CITY/ST/ZIP/CO: PEORIA, IL 61615</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD J DRISCOLL VP/CLAIMS 9025 N LINDBERGH DR PEORIA, IL 61615	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SETH A DAVIS VP/INTRNL AUDIT 9025 N LINDBERGH DR PEORIA, IL 61615	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AARON H JACOBY VP/CORP DEV 9025 N LINDBERGH DR PEORIA, IL 61615	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY D FICK VP/HR 9025 N LINDBERGH DR PEORIA, IL 61615	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD W BRYANT VP/CONT/ASST TR 9025 N LINDBERGH DR PEORIA, IL 61615	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MURALIDHARAN NATARAJAN VP/IT 9025 N LINDBERGH DR PEORIA, IL 61615	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AARON P DIEFENTHALER VP/CIO 9025 N LINDBERGH DR PEORIA, IL 61615	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TODD WBRYANT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TODD WBRYANT, PRINTED NAME AND CORPORATE TITLE	5/3/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			