

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214523374

1.) CORPORATION NAME:

RLI INSURANCE COMPANY

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F0252975**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

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.

NAME:	MICHAEL J STONE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/COO		
ADDRESS:	9025 N LINDBERGH DR		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		
NAME:	THOMAS L BROWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/CFO/TREAS		
ADDRESS:	9025 N LINDBERGH DR		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		
NAME:	TODD W BRYANT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/CONT/ASST TR		
ADDRESS:	9025 N LINDBERGH DR		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		
NAME:	DONALD J DRISCOLL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/CLAIMS		
ADDRESS:	9025 N LINDBERGH DR		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		
NAME:	JEFFREY D FICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/HR		
ADDRESS:	9025 N LINDBERGH DR		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		
NAME:	SETH A DAVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/INTRNL AUDIT		
ADDRESS:	9025 N LINDBERGH DR		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		

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
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:	DANIEL O KENNEDY VP/GC/S 9025 N LINDBERGH DR PEORIA, IL 61615	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER L KLOBNAK VP/RISK SVCS 9025 N LINDBERGH DR PEORIA, IL 61615	<input checked="" type="checkbox"/> OFFICER	<input 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:	CHRISTOPHER D RANDALL VP/RISK SVCS 9025 N LINDBERGH DR PEORIA, IL 61615	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEAN M STEPHENSON AVP/S 9025 N LINDBERGH DR PEORIA, IL 61615	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG W KLIETHERMES EVP/OPERATIONS 9025 N LINDBERGH DR PEORIA, IL 61615	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN E. MICHAEL CEO/CHAIRMAN 9025 N LINDBERGH DR PEORIA, IL 61615	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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.

<u>/s/ TODD W BRYANT</u>	<u>TODD W BRYANT, VP/CONT/ASST</u>	<u>5/1/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TR PRINTED NAME AND CORPORATE TITLE	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.