

Applicant Name: Contractors Bonding and Insurance Company

NAIC No. 37206

FEIN: 91-1082952

Item 13. NAIC Biographical Affidavits:

Contractors Bonding and Insurance Company previously submitted NAIC Biographical Affidavits within the last twelve months. It is our understanding that these affidavits will meet the requirement of this Item; however, for ease of reference, we are including copies of said documents. The following changes must be noted:

Michael Stone – Biographical Affidavit was updated internally after it was submitted to WA. The update included an appointment to the Board of Directors to Prime Insurance Holding Services, Inc., Prime Property & Casualty Insurance Inc, and Prime Casualty Company.

Christopher Randall – Biographical Affidavit was updated internally after it was submitted to WA. The update included a change in position/title. In addition, Mr. Randall was appointed to the Board of Directors for CBIC in May 2014.

Seth Davis – We were unable to locate a copy of the biographical affidavit which was submitted in February/March 2014. Information included is the same, however, Mr. Davis provided a new signature for background verification purposes.

Carol Denzer- It was discovered that a biographical affidavit for Ms. Denzer was never provided in February/March 2014. Ms. Denzer's biographical affidavit is now being submitted.

Contractors Bonding and Insurance Company has transacted with General Information Services, Inc. (GIS) to perform the background verifications. We have instructed them to submit their findings directly to the Department's attention.

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI INSURANCE COMPANY

9025 N. LINDBERGH DRIVE

PEORIA, IL 61615

(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Jonathan Middle: Edward Last: Michael

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Chairman & CEO

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309.692-1000 Business Email: jonathan.michael@rlicorp.com

5. Education and training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------------|---------------------|-------------------------------|------------------------------------|
| <u>Ohio Dominican College</u> | <u>Columbus, OH</u> | | <u>B.A. - Business Adm. (1977)</u> |

| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| <u>N/A</u> | | | | |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u> | | | |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.



Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|--|--|
| <u>AICPA</u> | | <u>1211 Ave of the Americas New York, NY 10036</u> | |
| | | | |
| | | | |

7. Present or proposed position with the applicant entity: Chairman & CEO

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See attached Schedule I

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: State of Ohio Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: CPA License #: 13779 Date Issued (MM/YY): 1980

Date Expired (MM/YY): 1982 Reason for Termination: Moved from OH; no longer needed

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

Yes No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
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holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
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If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

See attached Schedule 2 for explanation to Question 15 (b) above.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 31st day of JAN 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Jonathan E. Michael

(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 31st day of JAN, 20 14 by Jonathan Edward Michael, and:

who is personally known to me, or

who produced the following identification: _____



Jean M. Stephenson
Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): First: Jonathan Middle: Edward Last: Michael
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s) Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: _____
4. Government Identification Number if not a U.S. Citizen: N/A
5. Foreign Student ID# (if applicable): N/A
6. Date of Birth: (MM/DD/YY) _____ Place of Birth, City: _____
State/Province: _____ Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|-------------------|---------------|-----------------------|----------------|--------------------|
| <u>05/94-Date</u> | <u>[REDACTED]</u> | <u>Dunlap</u> | <u>IL</u> | <u>USA</u> | <u>[REDACTED]</u> |
| | | | | | |
| | | | | | |
| | | | | | |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 31st day of JAN, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Jonathan E. Michel
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 31st day of JAN, 20 14 by Jonathan Edward Michel, and:

who is personally known to me, or
who produced the following identification: _____



Jean Stephenson
Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of RLI Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Jean M. Stephenson, AVP, Corporate Secretary, 9025 N. Lindbergh Drive, Peoria, IL 61615 (309) 692-1000 x 5397.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Jonathan Edward Michael, [Redacted] Dunlap, IL [Redacted]

(Printed Full Name and Residence Address)

Jonathan E. Michael
(Signature)

01-31-14
(Date)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 31st day of JAN, 20 14 by Jonathan Edward Michael, and:

who is personally known to me, or
who produced the following identification:



Jean M. Stephenson
Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANYNAIC No. 13056FEIN: 37-0915434

JONATHAN EDWARD MICHAEL

SCHEDULE 1 (PAGE 1) - QUESTION #9

| <u>DATES</u> | <u>EMPLOYER & ADDRESS</u> | <u>TITLE</u> |
|----------------|---|----------------------------------|
| 09/13 TO DATE | NATIONAL COUNCIL OF ADVISORS FOR THE BRADLEY UNIVERSITY FOSTER COLLEGE OF BUSINESS - PEORIA, IL | MEMBER |
| 09/12 TO DATE | OHIO DOMINICAN UNIVERSITY COLUMBUS, OH | BD OF TRUSTEES |
| 04/12 TO DATE | CENTRAL ILLINOIS EASTER SEALS FOUNDATION - PEORIA, IL | BD OF TRUSTEES/ VICE CHAIRMAN |
| 05/11- TO DATE | RLI CORP. | CHAIRMAN |
| 04/11 TO DATE | CONTRACTORS BONDING AND INSURANCE COMPANY, DATA AND STAFF SERVICE CO., | CHAIRMAN/CEO |
| 04/10 TO DATE | SS&C TECHNOLOGIES | DIRECTOR |
| 2009 TO DATE | ILLINOIS NEUROLOGICAL INSTITUTE ADVISORY BOARD - PEORIA, IL | BOARD MEMBER |
| 05/09 TO DATE | CREVE COEUR CLUB OF PEORIA | MEMBER |
| 2008 TO DATE | MARSHALL COUNTY STATE BANK VARNA, IL | BOARD MEMBER |
| 11/06 TO DATE | PCI BOARD OF GOVERNORS | PAST CHAIRMAN |
| 2002 TO DATE | OSF ST. FRANCIS MEDICAL CENTER COMMUNITY ADVISORY BOARD - PEORIA, IL | BOARD MEMBER |
| 01/02 TO DATE | RLI INSURANCE COMPANY, MT. HAWLEY INSURANCE COMPANY | CHAIRMAN |
| 01/01 TO DATE | RLI CORP., RLI INSURANCE COMPANY, MT. HAWLEY INSURANCE COMPANY, RLI UNDERWRITING SERVICES, INC., RLI INSURANCE AGENCY LTD. | CEO |
| 01/01 TO DATE | RLI CORP., RLI UNDERWRITING SERVICES, INC., | PRESIDENT |
| 01/01 TO DATE | RLI INSURANCE AGENCY LTD. | DIRECTOR |
| 02/99 TO DATE | RLI INDEMNITY COMPANY | DIRECTOR |
| 05/97 TO DATE | RLI CORP. | DIRECTOR |
| 12/96 TO DATE | MAUI JIM, INC. ONE ALOHA LANE PEORIA, IL 61615 | DIRECTOR |
| 01/94 TO DATE | RLI INSURANCE AGENCY LTD. | PRESIDENT |

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

| | | |
|----------------|---|---------------------------------|
| 03/92 TO DATE | RLI UNDERWRITING SERVICES, INC. | DIRECTOR |
| 05/85 TO DATE | RLI INSURANCE COMPANY, MT. HAWLEY INSURANCE COMPANY | DIRECTOR |
| 05/02 TO 2013 | CEO COUNCIL BOARD – PEORIA, IL | BOARD MEMBER |
| 01/01 TO 12/12 | RLI AVIATION, INC. | PRESIDENT |
| 03/92 TO 12/12 | RLI AVIATION, INC., | DIRECTOR |
| 04/11 TO 06/12 | ALASKA FRONTIER INSURANCE, INC., NORTHWEST GENERAL AGENCY, INC., | CHAIRMAN/CEO |
| 01/01 TO 02/12 | RLI INSURANCE LTD. | PRESIDENT/CEO |
| 01/94 TO 02/12 | RLI INSURANCE LTD. | DIRECTOR |
| 11/03 TO 07/07 | FIELDSTONE INVESTMENT CORPORATION | DIRECTOR |
| 10/98 TO 04/04 | RLI MORTGAGE SERVICES, LLC | MANAGER |
| 02/99 TO 7/03 | LEXON HOLDING COMPANY | PRESIDENT/DIRECTOR |
| 02/99 TO 7/03 | LEXON INSURANCE COMPANY | DIRECTOR |
| 01/94 TO 01/02 | RLI INSURANCE COMPANY, MT. HAWLEY INSURANCE COMPANY | PRESIDENT |
| 01/94 TO 12/00 | RLI INSURANCE COMPANY MT. HAWLEY INSURANCE COMPANY RLI INSURANCE AGENCY | COO |
| 03/92 TO 12/00 | RLI CORP. | EXEC. V.P. |
| 03/92 TO 12/00 | RLI AVIATION, INC., RLI UNDERWRITING SERVICES, INC. | EXEC. V.P. |
| 08/89 TO 3/92 | RLI CORP. & ITS AFFILIATES | VICE PRESIDENT/CFO |
| 05/85 TO 8/89 | RLI CORP. & ITS AFFILIATES | VICE PRESIDENT FINANCE/CFO; |
| 07/82 TO 5/85 | RLI CORP. & ITS AFFILIATES | CONTROLLER; CHIEF ACCOUNTANT |
| 12/77 TO 7/82 | COOPERS & LYBRAND COLUMBUS, OH | SUPERVISOR |

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

JONATHAN EDWARD MICHAEL

SCHEDULE 2 - QUESTION #15 (b)

FORMER OFFICER OF SYNDICATE ONE, INC., A SYNDICATE ON THE FLORIDA INSURANCE EXCHANGE. IN 1987, SYNDICATE ONE WAS PLACED IN REHABILITATION BY THE FLORIDA INSURANCE DEPARTMENT. DURING 1987 AND 1988, SYNDICATE ONE WAS SUCCESSFULLY REHABILITATED THROUGH COMMUTATION OF LOSS RESERVES. IN 1990, WITH THE APPROVAL OF THE FLORIDA INSURANCE DEPARTMENT, RLI ENTERED INTO NEGOTIATIONS AND SOLD ITS OWNERSHIP OF SYNDICATE ONE.

NEW 2014 - STONE
PRIM

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE
PEORIA, IL 61615
(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Michael Middle: Joseph Last: Stone

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: President & COO

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309 692-1000 Business Email: mike.stone@rlicorp.com

5. Education and training:

| College/University | City/State | Dates Attended (MM/YY) | Degree Obtained |
|--------------------|----------------|------------------------|-------------------|
| Bellarmino College | Louisville, KY | 09/66-06/70 | Political Science |

| Graduate Studies | College/University | City/State | Dates Attended (MM/YY) | Degree Obtained |
|------------------|--------------------------|----------------|------------------------|-----------------|
| | University of Louisville | Louisville, KY | 09/73-06/77 | J.D. |

| Other Training: Name | City/State | Dates Attended (MM/YY) | Degree/Certification Obtained |
|----------------------|------------|------------------------|-------------------------------|
| <u>N/A</u> | | | |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

6. List of memberships in professional societies and associations: None

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
|------------------------------------|---------------------|---------------------------------------|--|

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

7. Present or proposed position with the applicant entity: President & COO/Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See attached Schedule I

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: State of Kentucky Address: _____

City: _____ State/Province: KY Country: _____ Postal Code: _____

License Type: Law License #: _____ Date Issued (MM/YY): 10/77

Date Expired (MM/YY): _____ Reason for Termination: Lapsed License

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

Yes No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.
N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.
N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): First: Michael Middle: Joseph Last: Stone
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s) Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
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Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

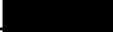
3. Affiant's Social Security Number: _____
4. Government Identification Number if not a U.S. Citizen: N/A
5. Foreign Student ID# (if applicable) : N/A
6. Date of Birth: (MM/DD/YY) _____ Place of Birth, City _____
State/Province: Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056

FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable) : Elizabeth T. Stone

8. List your residences for the last ten (10) years starting with your current address, giving:

| Beginning/Ending Dates (MM/YY) | Address | City | State/Province | Country | Postal Code |
|--------------------------------|---|---------------|----------------|------------|---|
| <u>06/06-Date</u> |  | <u>Peoria</u> | <u>IL</u> | <u>USA</u> |  |
| <u>09/98-06/06</u> |  | <u>Peoria</u> | <u>IL</u> | <u>USA</u> |  |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this _____ day of _____, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this _____ day of _____, 20 14 by Michael Joseph Stone, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of RLI Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact **Jean M. Stephenson, AVP, Corporate Secretary, 9025 N. Lindbergh Drive, Peoria, IL 61615 (309) 692-1000 x 5397.**

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Michael Joseph Stone, [REDACTED] Peoria, IL [REDACTED]
(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this ____ day of _____, 20 14 by Michael Joseph Stone, and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANYNAIC No. 13056FEIN: 37-0915434MICHAEL JOSEPH STONE
SCHEDULE 1 – QUESTION #8

| <u>Dates</u> | <u>Employer & Address</u> | <u>Title</u> |
|---------------|--|------------------------|
| 06/14-present | Prime Holdings Insurance Services, Inc. Prime Property & Casualty Insurance, Inc. Prime Casualty Company | Director |
| 8/12-present | RLI Corp. | Director |
| 9/11-present | Safe Fleet Insurance Services, Inc | President/Director |
| 5/11-present | Maui Jim, Inc. | Director |
| 4/11-present | Contractors Bonding and Insurance Company, Data and Staff Service Co. | President/COO/Director |
| 4/02-present | RLI Indemnity Company | President |
| 1/02-present | RLI Insurance Company | President/COO |
| 1/02-present | Mt. Hawley Insurance Company | President/COO |
| 1/01-present | RLI Underwriting Services, Inc. | Exec. V.P./Director |
| 2/99-present | RLI Indemnity Company | Director |
| 9/97-present | Mt. Hawley Insurance Company | Director |
| 5/96-present | RLI Insurance Company | Director |
| 2010-present | UnityPoint Health West Des Moines, IA | Director/Treasurer |
| 2008-present | South Side Trust & Savings Bank Peoria, IL | Director |
| 1999-present | UnityPoint Health-Methodist Peoria, IL | Director |
| 9/11-10/13 | Underwriters Indemnity General Agency, Inc., | President/Director |
| 4/11-6/12 | Alaska Frontier Insurance, Inc., Northwest General Agency, Inc., | President/COO/Director |
| 4/11-12/11 | Data and Staff Service Co. of Arizona | President/COO/Director |
| 8/00-02/07 | Safe Fleet Insurance Services, Inc. | President/Director |
| 2/99-7/03 | Lexon Insurance Company | Director |
| 2/99-12/02 | Underwriters Settlement Services, Inc. | Pres./Dir. |
| 2/99-7/03 | Lexon Holding Company | Exec. V.P./Director |
| 10/98-9/99 | RLI Mortgage Services, LLC | Manager |

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

| | | |
|-------------|------------------------------|---------------|
| 12/98-01/02 | Mt. Hawley Insurance Company | Exec. V.P. |
| 5/98-12/98 | Mt. Hawley Insurance Company | Senior V.P. |
| 5/96-5/98 | Mt. Hawley Insurance Company | V.P./Claims |
| 12/98-01/02 | RLI Insurance Company | Exec. V.P. |
| 5/98-12/98 | RLI Insurance Company | Senior V.P. |
| 5/96-5/98 | RLI Insurance Company | V.P./Claims |
| 09/77-05/96 | Travelers Insurance Group | Examiner/V.P. |

2014

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI INSURANCE COMPANY

9025 N. LINDBERGH DRIVE

PEORIA, IL 61615

(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Craig Middle: William Last: Kliethermes

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Insurance Executive

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309 692-1000 Business Email: craig.kliethermes@rlicorp.com

5. Education and training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|---------------------------|-------------------|-------------------------------|------------------------|
| Maryville University | St. Louis, MO | 09/86-08/87 | B.S. |
| Missouri State University | Springfield, MO | 09/85-05/86 | |
| Avila College | Kansas City, MO | 09/83-05/85 | |

| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| <u>N/A</u> | | | | |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u> | | | |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
 FEIN: 37-0915434

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|--|----------------------------|---|--|
| Casualty Actuarial Society | Cynthia Ziegler, Exec. Dir | 4350 N. Fairfax Dr, Ste. 250 Arlington, VA 22203 | (703) 276-3100 |
| American Academy of Actuaries | Mary Downs, Exec. Dir. | 1850 M Street, NW, Ste. 300 Washington, DC 20036 | (202) 223-8196 |
| Chartered Property & Casualty Underwriters Society | Kevin Brown, Exec. Dir | 720 Providence Road Malvern, PA 19355 | (800) 932-2728 |

7. Present or proposed position with the applicant entity: EVP, Operations/Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See attached Schedule 1

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

Type of Business: _____ Supervisor/Contact: _____

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient. None

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

Yes: No:

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 17th day of February, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Craig W. Kliethermes
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 17th day of February, 20 14 by Craig William Kliethermes, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Jean A. Poniske
Notary Public
Jean A. Poniske
Printed Notary Name
8/9/16
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): First: Craig Middle: William Last: Kliethermes
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s) Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
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Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: _____
4. Government Identification Number if not a U.S. Citizen: N/A
5. Foreign Student ID# (if applicable): N/A
6. Date of Birth: (MM/DD/YY) : _____ Place of Birth, City: _____
State/Province: _____ Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| Beginning/Ending Dates (MM/YY) | Address | City | State/Province | Country | Postal Code |
|--------------------------------|------------|-------------|----------------|---------|-------------|
| 08/06-current | [REDACTED] | Peoria | IL | USA | [REDACTED] |
| 05/98-08/06 | [REDACTED] | Lees Summit | MO | USA | [REDACTED] |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 17th day of February, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Craig W. Kliethermes
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 17th day of February, 20 14 by Craig William Kliethermes, and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]



Jean A. Poniske
Notary Public
Jean A Poniske
Printed Notary Name
8/9/16
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

Craig William Kliethermes
Schedule 1
Question #8

| <u>Dates</u> | <u>Employer/Address/Phone #</u> | <u>Position Held</u> |
|--------------|---|--------------------------|
| | RLI Insurance Company, Mt. Hawley Insurance Company, RLI Indemnity Company 9025 N. Lindbergh Drive Peoria, IL 61615 (309) 692-1000 | |
| 05/13-DATE | | Executive Vice President |
| 05/09-DATE | | Director |
| 02/09-05/13 | | Senior Vice President |
| 04/06-02/09 | | VP/Actuarial Services |
| | Contractors Bonding and Insurance Company 9025 N. Lindbergh Drive Peoria, IL 61615 (309) 692-1000 | |
| 05/13-DATE | | Executive Vice President |
| 04/11-05/13 | | Senior Vice President |
| 04/11-DATE | | Director |
| 01/06-04/06 | Lockton Companies 444 W. 47th Street, Suite 900 Kansas City, MO 64112 (816) 960-9000 | VP/Quantitative Analysis |
| 05/98-01/06 | GE Insurance Solutions Employers Reinsurance Corp. 5200 Metcalf Overland Park, KS 66201 (913) 676-5200 | AVP, ERC/VP, Westport |

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of RLI Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Jean M. Stephenson, AVP, Corporate Secretary, 9025 N. Lindbergh Drive, Peoria, IL 61615 (309) 692-1000 x 5397.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Craig William Kliethermes Peoria, IL
(Printed Full Name and Residence Address)

Craig W. Kliethermes (Signature) 2-17-2014 (Date)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 17th day of February, 20 14 by Craig William Kliethermes, and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]



Jean A. Poniske
Notary Public
Jean A. Poniske
Printed Notary Name
8/9/16
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI INSURANCE COMPANY

9025 N. LINDBERGH DRIVE

PEORIA, IL 61615

(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Thomas Middle: Lynn Last: Brown

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Accountant

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309 692-1000

Business Email: thomas.brown@rlicorp.com

5. Education and training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|------------------------------|-------------------|-------------------------------|------------------------|
| Illinois Wesleyan University | Bloomington, IL | 09/75-05/76 | |
| University of Iowa | Iowa City, IA | 09/76-05/77 | |
| Illinois Wesleyan University | Bloomington, IL | 09/77-05/79 | B.S. - Accounting |

| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| | Illinois State University | Normal, IL | 09/79-05/81 | None |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
|-----------------------------|-------------------|-------------------------------|--------------------------------------|

N/A

applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.



Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|--|---------------------|---|--|
| <u>American Institute of Certified Public Accts.</u> | | <u>1211 Avenue of Americas New York, NY 10036</u> | <u>(212) 596-6200</u> |
| <u>Illinois CPA Society</u> | | <u>550 W. Jackson, Ste. 900 Chicago, IL 60661</u> | <u>(312) 993-0407</u> |
| <u>Illinois Wesleyan Univ. - Bd of Trustees</u> | | <u>Bloomington, IL</u> | |
| <u>Chicago Shakespeare Theater - Bd of Trustees</u> | | <u>Chicago IL</u> | |

Present or proposed position with the applicant entity: VP/CFO/Treasurer/Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See attached Schedule 1

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

Type of Business: _____ Supervisor/Contact: _____

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: IL Dept of Financial and Professional Regulation Address: 320 W. Washington Street

City: Springfield State/Province: IL Country: USA Postal Code: 62786

License Type: CPA License #: 065-022267 Date Issued (MM/YY): 09/92

Date Expired (MM/YY): _____ Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 18th day of March 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Thomas Lynn Brown
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 18 day of March, 20 14 by Thomas Lynn Brown, and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]



Doris Mobeck
Notary Public
Doris Mobeck
Printed Notary Name
10-26-17
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): First: Thomas Middle: Lynn Last: Brown
IF ANSWER IS "NONE," SO STATE.
2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?
Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s) Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: _____
4. Government Identification Number if not a U.S. Citizen: N/A
5. Foreign Student ID# (if applicable): N/A
6. Date of Birth: (MM/DD/YY) : _____ Place of Birth, City: _____
State/Province: _____ Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|-------------------|-------------------|-----------------------|----------------|--------------------|
| <u>08/95-current</u> | <u>[REDACTED]</u> | <u>Glen Ellyn</u> | <u>IL</u> | <u>USA</u> | <u>[REDACTED]</u> |
| | | | | | |
| | | | | | |
| | | | | | |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 18th day of March, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

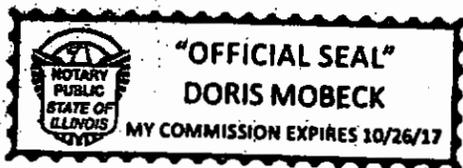
Thomas L. Brown
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 18 day of March, 20 14 by Thomas Lynn Brown, and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]



Doris Mobeck
Notary Public
Doris Mobeck
Printed Notary Name
10-26-17
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of RLI Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Jean M. Stephenson, AVP, Corporate Secretary, 9025 N. Lindbergh Drive, Peoria, IL 61615 (309) 692-1000 x 5397.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Thomas Lynn Brown, [REDACTED] Glen Ellyn, IL [REDACTED]
(Printed Full Name and Residence Address)

Tom L Brown
(Signature)

3/18/2014
(Date)

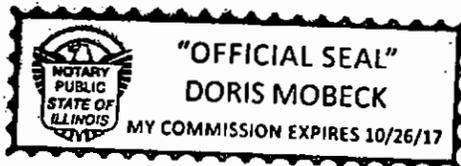
State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 18 day of March, 2014 by Thomas Lynn Brown, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Doris Mobeck
Notary Public
Doris Mobeck
Printed Notary Name
10-26-17
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

SCHEDULE 1 – QUESTION #8
THOMAS LYNN BROWN

| <u>DATES</u> | <u>EMPLOYER</u> | <u>TITLE</u> |
|----------------|--|------------------|
| 11/11 TO DATE | RLI Corp., RLI Insurance Company, RLI Indemnity Company, Mt. Hawley Insurance Company, Data and Staff Service Co., Underwriters Indemnity General Agency, Inc. | Treasurer |
| 11/11 TO DATE | Contractors Bonding and Insurance Company | Asst. Treasurer |
| 09/11 TO DATE | RLI Insurance Company, RLI Indemnity Company, Mt. Hawley Insurance Company, Contractors Bonding and Insurance Company, Data and Staff Service Co., RLI Underwriting Services, Inc. | VP, CFO/Director |
| 09/11 TO DATE | RLI Corp., RLI Insurance Agency Ltd. | VP, CFO |
| 11/11 TO 12/11 | Data and Staff Service Co. of Arizona | Treasurer |
| 09/11 TO 02/12 | RLI Insurance Ltd. | VP, CFO |
| 11/11 TO 06/12 | Alaska Frontier Insurance, Inc., Northwest General Agency, Inc. | Treasurer |
| 09/11 TO 12/12 | RLI Aviation, Inc. | VP, CFO/Director |
| 09/11 TO 06/12 | Alaska Frontier Insurance, Inc., Northwest General Agency, Inc. | VP, CFO/Director |
| 09/11 TO 12/11 | Data and Staff Service Co. of Arizona | VP, CFO |
| 09/11 TO DATE | RLI Insurance Agency Ltd. | VP, CFO |
| 07/80 TO 08/11 | PricewaterhouseCoopers LLP 1 North Wacker Drive Chicago, IL 60601 (312) 298-2000 | Partner |

2014

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI INSURANCE COMPANY

9025 N. LINDBERGH DRIVE

PEORIA, IL 61615

(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Daniel Middle: O'Connor Last: Kennedy

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Attorney

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309 692-1000 Business Email: _____

5. Education and training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> | |
|-----------------------------|---|-------------------------------|-------------------------------|------------------------|
| Western Michigan University | Kalamazoo, MI | 09/82-06/86 | BBA | |
| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
| | Wake Forest University School of Law | Winston-Salem, NC | 09/86-05/90 | JD |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u> | | | |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|--|--|
| <u>State Bar of Georgia</u> | <u>Clerk</u> | <u>104 Marietta Street Atlanta, GA 30303</u> | <u>(404) 527-8700</u> |
| <u>IL State Bar Assoc.</u> | <u>Clerk</u> | <u>424 S. Second Street Springfield, IL 62701</u> | <u>(217) 525-1760</u> |
| <u>Peoria Co. Bar Assoc.</u> | <u>Clerk</u> | <u>110 SW Jefferson Ave., Ste. 250, Peoria, IL 61602</u> | <u>(309) 674-6049</u> |

7. Present or proposed position with the applicant entity: Vice President, General Counsel & Asst. Corp. Secretary

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending
Dates (MM/YY): 02/06 - Date Employer's Name: RLI Insurance Company and insurance affiliates

Address: 9025 N. Lindbergh Drive City: Peoria State/Province: IL

Country: USA Postal Code: 61615 Phone: 309/692-1000 Offices/Positions Held: See Schedule attached

Type of Business: Insurance Supervisor/Contact: Jonathan E. Michael

Beginning/Ending
Dates (MM/YY): 06/97 - 02/06 Employer's Name: Hunton & Williams LLP

Address: 600 Peachtree St., Ste. 4100 City: Atlanta State/Province: GA

Country: USA Postal Code: 30308 Phone: Offices/Positions Held: Partner

Type of Business: Attorneys Supervisor/Contact: Jo White

Beginning/Ending
Dates (MM/YY): 04/93 - 06/97 Employer's Name: Minkin & Snyder

Address: 3060 Peachtree Street City: Atlanta State/Province: GA

Country: USA Postal Code: 30327 Phone: Offices/Positions Held: Associate Attorney

Type of Business: Attorneys Supervisor/Contact:

Beginning/Ending
Dates (MM/YY): - Employer's Name:

Address: City: State/Province:

Country: Postal Code: Phone: Offices/Positions Held:

Supervisor/Contact:

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056

FEIN: 37-0915434

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: State Bar of Georgia Address: 104 Marietta Street

City: Atlanta State/Province: GA Country: USA Postal Code: 30303

License Type: Attorney License #: 414340 Date Issued (MM/YY) : 06/90

Date Expired (MM/YY) : N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known) : 404-527-8700

Organization/Issuer of License: ARDC - Illinois Address: 3161 W. White Oaks Dr., Suite 301

City: Springfield State/Province: IL Country: USA Postal Code: 62704

License Type: Corporate License #: 6291254 Date Issued (MM/YY) : 01/29/07

Date Expired (MM/YY) : N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known) : 217-522-6838

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 10 day of February, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

DOCK
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 10 day of Feb., 20 14 by Daniel O'Connor Kennedy, and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]



Tracy L Formhals
Notary Public
Tracy L Formhals
Printed Notary Name
April 6, 2016
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): First: Daniel Middle: O'Connor Last: Kennedy
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s) Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: _____
4. Government Identification Number if not a U.S. Citizen: N/A
5. Foreign Student ID# (if applicable): N/A
6. Date of Birth: (MM/DD/YY) _____ Place of Birth, City _____
State/Province: _____ Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| Beginning/Ending Dates (MM/YY) | Address | City | State/Province | Country | Postal Code |
|--------------------------------|------------|---------|----------------|---------|-------------|
| 08/06-Date | [REDACTED] | Dunlap | IL | USA | [REDACTED] |
| 01/95-08/06 | [REDACTED] | Atlanta | GA | USA | [REDACTED] |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 16 day of February, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 16 day of February, 20 14 by Daniel O'Connor Kennedy, and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]



Tracy L Formhals
Notary Public
Tracy L Formhals
Printed Notary Name
April 6, 2016
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of RLI Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Jean M. Stephenson, AVP, Corporate Secretary, 9025 N. Lindbergh Drive, Peoria, IL 61615 (309) 692-1000 x 5397.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Daniel O'Connor Kennedy, [REDACTED] Dunlap, IL 61525
(Printed Full Name and Residence Address)

DOK
(Signature)

2/6/14
(Date)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 6 day of February, 2014 by Daniel O'Connor Kennedy, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Tracy L Formhals
Notary Public
Tracy L Formhals
Printed Notary Name
April 6, 2016
My Commission Expires

Daniel O'Connor Kennedy
Question #8

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

Schedule #1

| <u>Dates</u> | <u>Company Name</u> | <u>Title/Position</u> |
|--------------|---|-------------------------------------|
| 04/11-DATE | Contractors Bonding and Insurance Company | VP, General Counsel/Asst Corp. Sec. |
| 02/07-DATE | RLI Insurance Company, RLI Indemnity Company Mt. Hawley Insurance Company | Asst. Corporate Secretary |
| 02/07-DATE | Safe Fleet Insurance Company | Vice President, General Counsel |
| 02/07-DATE | RLI Corp. | Corporate Secretary |
| 02/06-DATE | RLI Corp., RLI Insurance Company, RLI Indemnity Company, Mt. Hawley Insurance Company | Vice President, General Counsel |

2014

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI INSURANCE COMPANY

9025 N. LINDBERGH DRIVE

PEORIA, IL 61615

(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Jeffrey Middle: Dean Last: Fick

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Vice President, Human Resources

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309 692-1000 Business Email: jeff.fick@rlicorp.com

5. Education and training:

College/University City/State Dates Attended (MM/YY) Degree Obtained

Iowa State University 1979-1980

Graduate Studies College/University City/State Dates Attended (MM/YY) Degree Obtained

University of Iowa Iowa City, IA 1980-1986 BBA/JD

Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained

N/A

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

6. List of memberships in professional societies and associations: None

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
| | | | |
| | | | |
| | | | |

7. Present or proposed position with the applicant entity: Vice President, Human Resources/Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See attached Schedule 1

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License Supreme Court of Iowa Address State Capitol

City Des Moines State/Province IA Country USA Postal Code 50319

License Type Law License # _____ Date Issued (MM/YY) 01/91

Date Expired (MM/YY) _____ Reason for Termination Certificate of Exemption granted - no longer practicing law

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License Supreme Court of MN Address State Capitol

City St. Paul State/Province MN Country USA Postal Code _____

License Type Law License # _____ Date Issued (MM/YY) 10/86

Date Expired (MM/YY) 1998 Reason for Termination No longer practicing law
Continuing education credits not filed after 1998

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of FEB, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Jeffrey D Fick
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 3rd day of FEB, 20 14 by Jeffrey Dean Fick, and:

who is personally known to me, or

who produced the following identification: _____



Jean M. Stephenson
Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): First: Jeffrey Middle: Dean Last: Fick
IF ANSWER IS "NONE," SO STATE.
2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?
Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s) Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
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Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number _____
4. Government Identification Number if not a U.S. Citizen: N/A
5. Foreign Student ID# (if applicable): N/A
6. Date of Birth: (MM/DD/YY) _____ Place of Birth, City:
State/Province: Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|-------------------|------------------|-----------------------|----------------|--------------------|
| <u>02/07-current</u> | <u>[REDACTED]</u> | <u>Dunlap</u> | <u>IL</u> | <u>USA</u> | <u>[REDACTED]</u> |
| <u>12/05-02/07</u> | <u>[REDACTED]</u> | <u>Dunlap</u> | <u>IL</u> | <u>USA</u> | <u>[REDACTED]</u> |
| <u>8/94-12/05</u> | <u>[REDACTED]</u> | <u>Muscatine</u> | <u>IA</u> | <u>USA</u> | <u>[REDACTED]</u> |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 3rd day of FEB, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Jeffrey D Fick
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 3rd day of FEB, 20 14 by Jeffrey Dean Fick, and:

who is personally known to me, or

who produced the following identification: _____



Jean M. Stephenson
Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of RLI Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Jean M. Stephenson, AVP, Corporate Secretary, 9025 N. Lindbergh Drive, Peoria, IL 61615 (309) 692-1000 x 5397.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Jeffrey Dean Fick [REDACTED] Dunlap, IL [REDACTED]
(Printed Full Name and Residence Address)

Jeffrey D Fick
(Signature)

02-03-14
(Date)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 3rd day of FEB, 20 14 by Jeffrey Dean Fick, and:

who is personally known to me, or
who produced the following identification: _____



Jean M. Stephenson
Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

Schedule 1

Question No. 8 - Employment Record

| <u>Date</u> | <u>Employer/Address</u> | <u>Phone Number</u> | <u>Office Held</u> |
|-------------|--|---------------------|---------------------------------------|
| 04/11-date | Contractors Bonding and Insurance Company | | V.P./Human Resources/Director |
| 02/06-date | RLI Corp. | | V.P./Human Resources |
| 01/06-date | RLI Insurance Company, Mt. Hawley Insurance Company, RLI Indemnity Company | | Director |
| 10/05-date | RLI Insurance Company (and affiliates) 9025 N. Lindbergh Dr. Peoria, IL 61615 | (309) 692-1000 | V.P./Human Resources |
| 09/05-10/05 | Snap-on, Inc. Kenosha, WI | (262) 656-5200 | V.P./Human Resources - D & I Group |
| 03/94-01/05 | HNI Corporation 414 East Third Muscatine, IA 52761 | (563)264-7400 | V.P./Human Resources |
| 05/91-03/94 | Gray, Plant, Mooty 500 IDS Center Minneapolis, MN 55402 | | Attorney |

2014

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI INSURANCE COMPANY

9025 N. LINDBERGH DRIVE

PEORIA, IL 61615

(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Aaron Middle: Paul Last: Diefenthaler

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Investment Manager

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309 692-1000 Business Email: aaron.diefenthaler@rlicorp.com

5. Education and training:

| College/University | City/State | Dates Attended (MM/YY) | Degree Obtained |
|--------------------|-----------------|------------------------|-----------------|
| Indiana University | Bloomington, IN | 08/92-05/96 | B.S. |

| Graduate Studies | College/University | City/State | Dates Attended (MM/YY) | Degree Obtained |
|------------------|--------------------|-------------|------------------------|-----------------|
| | DePaul University | Chicago, IL | 04/01-06/04 | MBA |

| Other Training: Name | City/State | Dates Attended (MM/YY) | Degree/Certification Obtained |
|----------------------|------------|------------------------|-------------------------------|
| <u>N/A</u> | | | |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|--------------------------------------|----------------------|--|--|
| CFA Institute CFA Society of Chicago | Virginia Petrancosta | 134 N. LaSalle Street Chicago, IL 60602-1005 | (312) 251-1301 |

7. Present or proposed position with the applicant entity: VP, Chief Investment Officer

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See attached Schedule 1

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

Yes No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

November 1995 – while in college, charged with misdemeanor public intoxication, conversion; charges dismissed via pre-trial diversion program. November 1996.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 24th day of February, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 24th day of February, 20 14 by Aaron Paul Diefenthaler, and:

who is personally known to me, or
 who produced the following identification: _____



Jean M. Stephenson
Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): First: Aaron Middle: Paul Last: Diefenthaler
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s) Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number _____
4. Government Identification Number if not a U.S. Citizen: N/A
5. Foreign Student ID# (if applicable) : N/A
6. Date of Birth: (MM/DD/YY) _____ Place of Birth, City: _____
State/Province: _____ Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|-------------------|-------------------|-----------------------|----------------|--------------------|
| <u>01/13-Current</u> | <u>[REDACTED]</u> | <u>Dunlap</u> | <u>IL</u> | <u>USA</u> | <u>[REDACTED]</u> |
| <u>04/05-01/13</u> | <u>[REDACTED]</u> | <u>Glen Ellyn</u> | <u>IL</u> | <u>USA</u> | <u>[REDACTED]</u> |
| <u>08/03-04/05</u> | <u>[REDACTED]</u> | <u>Chicago</u> | <u>IL</u> | <u>USA</u> | <u>[REDACTED]</u> |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 14th day of February, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]

(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 14th day of February, 20 14 by Aaron Paul Diefenthaler, and:

who is personally known to me, or

who produced the following identification: _____



Jean M. Stephenson
Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of RLI Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Jean M. Stephenson, AVP, Corporate Secretary, 9025 N. Lindbergh Drive, Peoria, IL 61615 (309) 692-1000 x 5397.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Aaron Paul Diefenthaler Dunlap, IL
(Printed Full Name and Residence Address)

[Signature]
(Signature)

2/14/14
(Date)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 14th day of February, 20 14 by Aaron Paul Diefenthaler, and:

who is personally known to me, or

who produced the following identification:



Jean M. Stephenson
Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

AARON P. DIEFENTHALER
SCHEDULE 1 – QUESTION #8

| <u>DATES</u> | <u>EMPLOYER</u> | <u>TITLE</u> |
|----------------|---|---------------------------|
| 01/12 TO DATE | RLI Corp., RLI Insurance Company, RLI Indemnity Company, Mt. Hawley Insurance Company, Contractors Bonding and Insurance Company | VP, Chief Invest. Officer |
| 10/02 TO 01/12 | AAM – Insurance Investment Management 30 North LaSalle Street Chicago, IL 60602 312-263-2900 Supervisor: Darlene Richards | Portfolio Mgr., Trader |
| 04/98 TO 10/02 | SS&C Technologies 80 Lambertson Road Windsor, CT 06095 860-298-4500 | Sales, Consultant |
| 06/96 TO 04/98 | The Northern Trust Co. 50 South LaSalle Street Chicago, IL 60603 312-630-6000 | Portfolio Acct. Analyst |
| 11/94-05/96 | Gallman Properties Bloomington, IN | Maintenance Mgr. |

2014

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE
PEORIA, IL 61615
(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Aaron Middle: Howard Last: Jacoby

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Management

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309 692-1000 Business Email: aaron.jacoby@rlicorp.com

5. Education and training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> | |
|--|---------------------------|-------------------------------|-------------------------------|------------------------|
| University of Illinois | Champaign, IL | 1988-1992 | B.S. - Accountancy | |
| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
| Northwestern University J.L. Kellogg School of Management | | Evansville, IL | 1995-1998 | MBA |

Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained

N/A

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
 FEIN: 37-0915434

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|---|---------------------|---|--|
| American Institute of Certified Public Accounts (AICPA) | | 1211 Avenue of the Americas, New York, NY 10036 | (888) 777-0777 |
| | | | |
| | | | |

7. Present or proposed position with the applicant entity: Vice President, Corporate Development

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See attached Schedule 1

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
 FEIN: 37-0915434
 Address: _____ City: _____ State/Province: _____
 Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____
 Type of Business: _____ Supervisor/Contact: _____

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Illinois Department of Financial and
 Organization/Issuer of License: Professional Regulation Address: 320 West Washington
 City: Springfield State/Province: Illinois Country: USA Postal Code: 62786
 License Type: Registered CPA License #: 239000299 Date Issued (MM/YY): 02/06
 Date Expired (MM/YY): N/A Reason for Termination: N/A
 Organization/Issuer of License: _____ Address: _____
 City: _____ State/Province: _____ Country: _____ Postal Code: _____
 License Type: _____ License #: _____ Date Issued (MM/YY): _____
 Date Expired (MM/YY): _____ Reason for Termination: _____
 Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

Yes No

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 31st day of JAN 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.


(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 31st day of JAN, 20 14 by Aaron Howard Jacoby, and:

who is personally known to me, or

who produced the following identification: _____




Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): First: Aaron Middle: Howard Last: Jacoby
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s) Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
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Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: _____
4. Government Identification Number if not a U.S. Citizen: N/A
5. Foreign Student ID# (if applicable): N/A
6. Date of Birth: (MM/DD/YY) _____ Place of Birth, City: _____
State/Province: _____ Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable) : Lori Simenauer

8. List your residences for the last ten (10) years starting with your current address, giving:

| Beginning/Ending Dates (MM/YY) | Address | City | State/Province | Country | Postal Code |
|--------------------------------|------------|--------|----------------|---------|-------------|
| 04/02-date | [REDACTED] | Dunlap | IL | USA | [REDACTED] |
| | | | | | |
| | | | | | |
| | | | | | |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 31st day of JAN, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 31st day of JAN, 20 14 by Aaron Howard Jacoby, and:

who is personally known to me, or
who produced the following identification: _____



Jean M. Stephenson
Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of RLI Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Jean M. Stephenson, AVP, Corporate Secretary, 9025 N. Lindbergh Drive, Peoria, IL 61615 (309) 692-1000 x 5397.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Aaron Howard Jacoby, [Redacted] Dunlap, IL [Redacted]
(Printed Full Name and Residence Address)

[Signature]
(Signature)

1/30/14
(Date)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 31st day of JAN, 20 14 by Aaron Howard Jacoby, and:

who is personally known to me, or
who produced the following identification: _____



Jean M. Stephenson
Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
 FEIN: 37-0915434

QUESTION 8. - SCHEDULE 1

| <u>Dates</u> | <u>Employer</u> | <u>Title</u> |
|--------------|---|------------------------------------|
| 05/11-DATE | MAUI JIM, INC. | DIRECTOR |
| 04/11-DATE | CONTRACTORS BONDING AND INSURANCE COMPANY | V. P. /CORPORATE DEVELOPMENT |
| 08/04-DATE | RLI CORP. RLI INSURANCE COMPANY RLI INDEMNITY COMPANY MT. HAWLEY INSURANCE COMPANY | V. P. /CORPORATE DEVELOPMENT |
| 12/05-05/09 | RLI INSURANCE COMPANY | DIRECTOR |
| 09/05-05/09 | RLI INDEMNITY COMPANY, MT. HAWLEY INSURANCE COMPANY | DIRECTOR |
| 01/05-01/07 | TAYLOR, BEAN & WHITAKER MORTGAGE CORP. | DIRECTOR |
| 08/03-08/04 | RLI CORP. RLI INSURANCE COMPANY RLI INDEMNITY COMPANY MT. HAWLEY INSURANCE COMPANY | TREASURER |
| 11/01-08/03 | RLI INSURANCE COMPANY | DIRECTOR, CORPORATE DEVELOPMENT |
| 03/01-11/01 | PRICEWATERHOUSECOOPERS | DIRECTOR |
| 02/00-10/00 | INLIGHT, INC. | DIRECTOR, CORPORATE DEVELOPMENT |
| 01/98-02/00 | PRICEWATERHOUSECOOPERS | MANAGER |
| 09/94-01/98 | IBM | FINANCIAL ANALYST |
| 09/92-09/94 | ERNST & YOUNG | AUDITOR |

2014

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI INSURANCE COMPANY

9025 N. LINDBERGH DRIVE

PEORIA, IL 61615

(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Donald Middle: John Last: Driscoll

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Insurance - Claims

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309 692-1000 Business Email: don.driscoll@rlicorp.com

5. Education and training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> | |
|---------------------------|--|-------------------------------|-------------------------------|------------------------|
| Valparaiso University | Valparaiso, IN | 08/78-05/82 | B.A. | |
| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
| | University of Illinois College of Law | Champaign, IL | 08/82-05/85 | J.D. |

Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained

N/A

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

6. List of memberships in professional societies and associations: See Attached Schedule 1

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
| | | | |
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| | | | |

7. Present or proposed position with the applicant entity: Vice President, Claim/Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See attached Schedule 2

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

Yes No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 31st day of January 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Donald John Driscoll
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 31 day of Jan, 20 14 by Donald John Driscoll, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Jacqueline Sweeter
Notary Public
Jacqueline Sweeter
Printed Notary Name
7/24/2015
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): First: Donald Middle: John Last: Driscoll
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u> | <u>Name(s)</u> <u>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: _____
4. Government Identification Number if not a U.S. Citizen: N/A
5. Foreign Student ID# (if applicable): N/A
6. Date of Birth: (MM/DD/YY) _____ Place of Birth, City: _____
State/Province: _____ Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable) : Sharon Franklin Driscoll

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|----------------|-----------------|-----------------------|----------------|--------------------|
| <u>06/04-date</u> | [REDACTED] | <u>Peoria</u> | <u>IL</u> | <u>USA</u> | [REDACTED] |
| <u>01/97-06/04</u> | [REDACTED] | <u>Metamora</u> | <u>IL</u> | <u>USA</u> | [REDACTED] |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 31st day of January, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Donald Driscoll
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 31 day of Jan, 20 14 by Donald John Driscoll and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Jacqueline Sweeter
Notary Public
Jacqueline Sweeter
Printed Notary Name
7/24/2015
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

SCHEDULE I – DONALD JOHN DRISCOLL

QUESTION NO. 6

Illinois and Wisconsin State Bars – currently inactive

Seventh Circuit Court of Appeals – currently inactive

Federation of Defense and Corporate Counsel
11812 N. 56th Street
Tampa, FL 33617
(813) 983-0022

Central Claim Executives Association
c/o John E. Davis, President
(937) 778-5000 x 114

Claims and Litigation Management Alliance
4100 S. Hospital Drive, Suite 209
Plantation, FL 33317
(954) 587-2488

International Association of Claim Professionals
c/o The Beaumont Group, Inc.
3626 East Tremont Ave-Suite 203
Throggs Neck, New York 10465
718-892-0228

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

SCHEDULE 2 - DONALD JOHN DRISCOLL

QUESTION NO. 8

| <u>DATES</u> | <u>EMPLOYER & ADDRESS</u> | <u>TITLE</u> |
|-------------------|--|----------------------------------|
| 04/11 - DATE | CONTRACTORS BONDING AND INSURANCE COMPANY | V.P./CLAIM; DIRECTOR |
| 09/15/05 - DATE | RLI INSURANCE COMPANY | DIRECTOR |
| 04/05 - DATE | RLI INDEMNITY COMPANY | V.P./CLAIM |
| 05/02/03 - DATE | MT. HAWLEY INSURANCE COMPANY | DIRECTOR |
| 04/08/03 - DATE | RLI INDEMNITY COMPANY | DIRECTOR |
| 04/08/03-07/01/03 | LEXON INSURANCE COMPANY | DIRECTOR |
| 03/13/00 - DATE | RLI INSURANCE COMPANY | V.P./CLAIM |
| 03/09/00 - DATE | MT. HAWLEY INSURANCE COMPANY | V.P./CLAIM |
| 01/98 - 03/13/00 | RLI INSURANCE COMPANY | ASST. V.P. |
| 06/96 - 01/98 | RLI INSURANCE COMPANY | DIRECTOR, CLAIM |
| 05/96 - 06/96 | ZURICH INSURANCE COPANY ONE ZURICH TOWER SCHAUMBURG, IL | MAJOR CASE UNIT CLAIM HANDLER |
| 06/91 - 05/96 | TRAVELERS INSURANCE ONE TOWER SQUARE - 8 PB HARTFORD, CT | STRATEGIC CLAIM HANDLER |

2014

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI INSURANCE COMPANY

9025 N. LINDBERGH DRIVE

PEORIA, IL 61615

(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Todd Middle: Wayne Last: Bryant

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Accountant

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309 692-1000 Business Email: todd.bryant@rlicorp.com

5. Education and training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|---------------------------|-------------------|-------------------------------|------------------------|
| MacMurray College | Jacksonville, IL | 09/86-05/90 | B.S. - Accounting |

| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| <u>N/A</u> | | | | |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u> | | | |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|--|---------------------|--|--|
| Chartered Property Casualty Underwriter (AICPCU) | | 720 Providence Rd. # 100 Malvern, PA 19355 | |
| | | | |
| | | | |

7. Present or proposed position with the applicant entity: Vice President, Controller and Asst. Treasurer/Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See attached Schedule I

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

IL Dept. of Financial and
Organization/Issuer of License: Professional Regulation Address: 320 West Washington

City: Springfield State/Province: IL Country: USA Postal Code: 62786

License Type: Registered CPA License #: 239.008484 Date Issued (MM/YY): 02/95

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.
N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.
N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of FEB 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Todd W Bryant
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 3rd day of FEB, 20 14 by Todd Wayne Bryant, and:

who is personally known to me, or
who produced the following identification: _____



Jean M. Stephenson
Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): First: Todd Middle: Wayne Last: Bryant
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u> | <u>Name(s)</u> <u>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: _____
4. Government Identification Number if not a U.S. Citizen: N/A
5. Foreign Student ID# (if applicable): N/A
6. Date of Birth: (MM/DD/YY) _____ Place of Birth, City: _____
State/Province: _____ Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable) [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|-------------------|------------------|-----------------------|----------------|--------------------|
| <u>03/12-Date</u> | <u>[REDACTED]</u> | <u>Brimfield</u> | <u>IL</u> | <u>USA</u> | <u>[REDACTED]</u> |
| <u>04/00-03/12</u> | <u>[REDACTED]</u> | <u>Brimfield</u> | <u>IL</u> | <u>USA</u> | <u>[REDACTED]</u> |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 3rd day of FEB, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 3rd day of FEB, 20 14 by Todd Wayne Bryant, and:

who is personally known to me, or
who produced the following identification: _____



[Signature]
Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of RLI Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Jean M. Stephenson, AVP, Corporate Secretary, 9025 N. Lindbergh Drive, Peoria, IL 61615 (309) 692-1000 x 5397.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Todd Wayne Bryant [Redacted] Brimfield, IL [Redacted]
(Printed Full Name and Residence Address)

[Handwritten Signature]
(Signature)

02-03-14
(Date)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 3rd day of FEB, 20 14 by Todd Wayne Bryant and:

who is personally known to me, or
who produced the following identification: _____



[Handwritten Signature]
Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
 FEIN: 37-0915434

Todd Wayne Bryant – Schedule 1

Question No. 8.

| DATE | EMPLOYER | POSITION |
|-------------|---|---------------------------|
| 01/12-Date | RLI Insurance Company, RLI Indemnity Company, Mt. Hawley Insurance Company, Contractors Bonding And Insurance Company | Director |
| 07/11-Date | Data and Staff Service Co., Contractors Bonding and Insurance Company, RLI Insurance Company, RLI Indemnity Company, Mt. Hawley Insurance Company, RLI Underwriting Services, Inc. | Asst. Treasurer |
| 04/11-Date | Contractors Bonding and Insurance Company | VP/Controller |
| 08/10-Date | CEFCU Peoria, IL | Associate Board Member |
| 02/09-Date | RLI Corp., RLI Insurance Company, RLI Indemnity Company, Mt. Hawley Insurance Company | VP/Controller |
| 07/11-06/12 | Alaska Frontier Insurance, Inc., Northwest General Agency, Inc. | Asst. Treasurer |
| 07/11-02/12 | RLI Insurance Ltd. | Asst. Treasurer |
| 07/11-12/11 | Data and Staff Service Co. of Arizona | Asst. Treasurer |
| 08/06-02/09 | RLI Insurance Company | Asst. Vice President |
| 05/00-08/06 | RLI Insurance Company | Financial Accounting Mgr. |
| 01/99-04/00 | Harpole'e Heartland Lodge R.R. #1, Box 8A Nebo, IL 62355 | Controller |
| 04/93-01/99 | RLI Insurance Company | Various Accounting |

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI INSURANCE COMPANY

9025 N. LINDBERGH DRIVE

PEORIA, IL 61615

(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Jennifer Middle: Leigh Last: Klobnak

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Risk Manager

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309 692-1000 Business Email: _____

5. Education and training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|---------------------------|-------------------|-------------------------------|------------------------|
| Bradley University | Peoria, IL | 08/89-08/94 | B.S. - Accounting |

| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| N/A | | | | |

N/A

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| N/A | | | |

N/A

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
| <u>None</u> | | | |
| | | | |
| | | | |

7. Present or proposed position with the applicant entity: Sr. Vice President, Risk Services

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See attached Schedule 1

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

9. a. Have you ever been in a position which required a fidelity bond?
Yes No
If any claims were made on the bond, give details: N/A
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?
Yes No
If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.
None

Organization/Issuer of License: _____ Address: _____
City: _____ State/Province: _____ Country: _____ Postal Code: _____
License Type: _____ License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: _____
Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____
City: _____ State/Province: _____ Country: _____ Postal Code: _____
License Type: _____ License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: _____
Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
Yes No
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 23rd day of May 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Jennifer L. Klobnak
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 23rd day of May, 20 14 by Jennifer Leigh Klobnak, and:

who is personally known to me, or
who produced the following identification: _____



Jean M. Stephenson
Notary Public
Jean M. Stephenson
Printed Notary Name
01/19/15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): First: Jennifer Middle: Leigh Last: Klobnak
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s) Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>10/71- 08/98</u> | <u>Weissmann (Last)</u> | <u>Maiden Name</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: _____

4. Government Identification Number if not a U.S. Citizen: N/A

5. Foreign Student ID# (if applicable): N/A

6. Date of Birth: (MM/DD/Y) _____ Place of Birth, City: _____
State/Province: _____ Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|-------------------|-----------------|-----------------------|----------------|--------------------|
| <u>05/98-current</u> | <u>[REDACTED]</u> | <u>Metamora</u> | <u>IL</u> | <u>USA</u> | <u>[REDACTED]</u> |
| | | | | | |
| | | | | | |
| | | | | | |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 23rd day of May, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Jennifer Z. Klobnak
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 23rd day of May, 20 14 by Jennifer Leigh Klobnak, and:

who is personally known to me, or
who produced the following identification: _____



Jean M. Stephenson
Notary Public
Jean M. Stephenson
Printed Notary Name
01/19/15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of RLI Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Jean M. Stephenson, AVP, Corporate Secretary, 9025 N. Lindbergh Drive, Peoria, IL 61615 (309) 692-1000 x 5397.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Jennifer Leigh Klobnak, [REDACTED] Metamora, IL [REDACTED]
(Printed Full Name and Residence Address)

Jennifer L. Klobnak
(Signature)

5/23/14
(Date)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 23rd day of May, 2014 by Jennifer Leigh Klobnak, and:

who is personally known to me, or
who produced the following identification: _____



Jean M. Stephenson
Notary Public
Jean M. Stephenson
Printed Notary Name
01/19/15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

SCHEDULE I – QUESTION #8
JENNIFER LEIGH KLOBNAK

| <u>DATES</u> | <u>EMPLOYER/ADDRESS</u> | <u>POSITION HELD</u> |
|--------------|---|-----------------------|
| 05/14-date | RLI INSURANCE COMPANY, RLI INDEMNITY COMPANY, MT. HAWLEY INSURANCE COMPANY CONTRACTORS BONDING AND INSURANCE COMPANY 9025 N. LINDBERGH DRIVE, PEORIA, IL | Sr. VP, RISK SERVICES |
| 06/00-05/14 | RLI INSURANCE COMPANY, RLI INDEMNITY COMPANY, MT. HAWLEY INSURANCE COMPANY CONTRACTORS BONDING AND INSURANCE COMPANY 9025 N. LINDBERGH DRIVE, PEORIA, IL | VP, RISK SERVICES |
| 06/98-06/00 | FOSTER & GALLAGHER, INC. 6523 N. GALENA ROAD PEORIA, IL 61614 | SR. INTERNAL AUDITOR |
| 08/94-06/98 | PRICE WATERHOUSE 411 HAMILTON BLVD., STE. 1100 PEORIA, IL 61602 | SR. AUDITOR |

2014

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI INSURANCE COMPANY

9025 N. LINDBERGH DRIVE

PEORIA, IL 61615

(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Murali Middle: Last: Natarajan

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: IT Professional

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309 692-1000 Business Email: murali.natarajan@rlicorp.com

5. Education and training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|--------------------------------------|-------------------|-------------------------------|-----------------------------|
| Birla Ins. Of Technology and Science | Pilani, India | 08/89-12/92 | M.Sc(Tech)Science/Tech Dev. |

| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| | Bradley University | Peoria, IL | 01/98-09/99 | Computer Info Systems |
| | Bradley University | Peoria, IL | 09/01-09/05 | M.B.A. |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u> | | | |

N/A

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|--|--|
| <u>AICPCU</u> | | <u>720 Providence Road Malvern, PA 19355</u> | <u>(800) 644-2101</u> |
| | | | |
| | | | |

7. Present or proposed position with the applicant entity: Vice President, IT

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See attached Schedule 1

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 17th day of February, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 17th day of February, 20 14 by Murali Natarajan, and:

who is personally known to me, or
who produced the following identification: _____



[Signature]
Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|-------------------|----------------|-----------------------|----------------|--------------------|
| <u>11/06 - current</u> | <u>[REDACTED]</u> | <u>Edwards</u> | <u>IL</u> | <u>USA</u> | <u>[REDACTED]</u> |
| <u>08/02-11/06</u> | <u>[REDACTED]</u> | <u>Peoria</u> | <u>IL</u> | <u>USA</u> | <u>[REDACTED]</u> |
| | | | | | |
| | | | | | |
| | | | | | |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 17th day of February, 20 14 at Peoria, IL.
I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 17th day of February, 20 14 by Murali Natarajan, and:

who is personally known to me, or
who produced the following identification: _____



Jean M. Stephenson
Notary Public
JEAN M. STEPHENSON
Printed Notary Name
01-19-15
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

MURALI NATARAJAN – Schedule 1

Question No. 8.

| Dates | Employers' Name | Position |
|-------------|---|-----------------------------|
| 01/12-date | RLI Insurance Company, RLI Indemnity Company, Mt. Hawley Insurance Company, Contractors Bonding and Insurance Company | VP, IT |
| 04/06-01/12 | RLI Insurance Company | Asst. V.P. |
| 07/01-04/06 | RLI Insurance Company | Various IT positions |
| 07/00-07/01 | Knapp Consulting, Inc. 1555 Merlynn Crescent North Vancouver, BC, Canada V7J2X9 604-987-3313 | Software Products Developer |
| 09/97-07/00 | RLI Insurance Company | Various IT positions |
| 08/95-09/97 | SkyTech Consulting 10851 Olsen Dr., #226 Rancho Cordova, CA 95670 408-868-0700 | Sr. Consultant |
| 08/95-03/96 | R Systems Inc. 5000 Windplay Drive #5 El Dorado Hills, CA 95762 | Consultant |
| 01/94-08/95 | CASE Consulting Group 24800 Denso Drive, Suite 150 Southfield, MI 48034 810-357-4090 | Consultant |
| 01/93-01/94 | Ballarpur Industries Ltd. Thapar House, 124 Janpath New Delhi, India 110001 011-91-11-332-8811 | Senior Systems Analyst |

2014

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI INSURANCE COMPANY

9025 N. LINDBERGH DRIVE

PEORIA, IL 61615

(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Jean Middle: Marie Last: Stephenson

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Asst. Vice President/Corporate Secretary

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309 692-1000 Business Email: jean.stephenson@rlicorp.com

5. Education and training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-----------------------------|---------------------------|-------------------------------|--------------------------------------|
| Eastern Illinois University | Charleston, IL | 1974-1975 | |
| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> |
| N/A | | | |
| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
| N/A | | | |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
 FEIN: 37-0915434

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|--|---------------------|---|--|
| Member - Society of Corporate Secretaries & Governance Professionals | | 240 W. 35 th , Ste. 400 New York, NY 10001 | (212) 681-2000 |
| Member-Securities & Insurance Licensing Association | | P.O. Box 498 Zionsville, IN 46077 | (800) 428-8329 |

7. Present or proposed position with the applicant entity: Assistant Vice President/Corporate Secretary

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See attached Schedule I

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

Type of Business: _____ Supervisor/Contact: _____

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient. None

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 30th day of JAN, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Jean M. Stephenson
(Signature of Affiant)

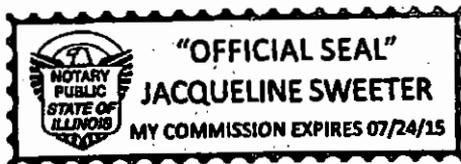
State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 30th day of JAN, 20 14 by Jean Marie Stephenson, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Jacqueline Sweeter
Notary Public
Jacqueline Sweeter
Printed Notary Name
7/24/2015
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
 FEIN: 37-0915434

**BIOGRAPHICAL AFFIDAVIT
 Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): First: Jean Middle: Marie Last: Stephenson
 IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s) Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>04/56-05/78</u> | <u>McCavitt (Last)</u> | <u>Maiden Name</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- 3. Affiant's Social Security Number _____
- 4. Government Identification Number if not a U.S. Citizen: N/A
- 5. Foreign Student ID# (if applicable): N/A
- 6. Date of Birth: (MM/DD/YY) _____ Place of Birth, City: [REDACTED]
 State/Province: [REDACTED] Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable): Kevin Stephenson

8. List your residences for the last ten (10) years starting with your current address, giving:

| Beginning/Ending Dates (MM/YY) | Address | City | State/Province | Country | Postal Code |
|--------------------------------|------------|--------|----------------|---------|-------------|
| 10/05-present | [REDACTED] | Peoria | IL | USA | [REDACTED] |
| 06/97-10/05 | [REDACTED] | Peoria | IL | USA | [REDACTED] |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 30th day of JAN, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Jean M. Stephenson
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 30th day of JAN, 20 14 by Jean Marie Stephenson, and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]



Jacqueline Sweete
Notary Public
Jacqueline Sweete
Printed Notary Name
7/24/2015
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of RLI Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Jean M. Stephenson, AVP, Corporate Secretary, 9025 N. Lindbergh Drive, Peoria, IL 61615 (309) 692-1000 x 5397.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Jean Marie Stephenson, Peoria, IL
(Printed Full Name and Residence Address)

Jean M. Stephenson (Signature) 01-30-14 (Date)

State of IL County of: Peoria

The foregoing instrument was acknowledged before me this 30th day of JAN, 20 14 by Jean Marie Stephenson, and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]



Jacqueline Sweetser
Notary Public
Jacqueline Sweetser
Printed Notary Name
7/24/2015
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANYNAIC No. 13056FEIN: 37-0915434JEAN MARIE STEPHENSON
Schedule 1 – Question #8

| <u>Dates</u> | <u>Employer & Address</u> | <u>Title</u> |
|--------------|--|---------------------|
| 12/11-date | Contractors Bonding and Insurance Company | AVP/Secretary |
| 04/11-12/11 | Contractors Bonding and Insurance Company | AVP/Asst. Secretary |
| 04/11-date | Data and Staff Service Co., | Corp. Secretary |
| 02/07-date | RLI Insurance Company RLI Indemnity Company Mt. Hawley Insurance Company | Asst. V.P. |
| 02/07-date | RLI Insurance Company Mt. Hawley Insurance Company RLI Indemnity Company RLI Insurance Agency, Ltd. | Corp. Secretary |
| 11/06-date | RLI Underwriting Services, Inc. | Corp. Secretary |
| 03/03-date | RLI Corp. | Assist. Corp. Sec. |
| 04/12-date | Safe Fleet Insurance Services, Inc. | Corp. Secretary |
| 08/00- 04/12 | Safe Fleet Insurance Services, Inc. | Asst. Corp. Sec. |
| 02/07- 12/12 | RLI Aviation, Inc. | Corp. Sec. |
| 02/07-02/12 | RLI Insurance Ltd. | Corp. Sec. |
| 04/11-06/12 | Alaska Frontier Insurance, Inc. Northwest General Agency, Inc. | Corp. Sec. |
| 01/08-05/09 | Mental Health Association of Illinois Valley Peoria, IL | Director |
| 02/99-02/07 | RLI Indemnity Company | Asst. Corp. Sec. |
| 02/99-09/99 | Planet Holdings of Colorado, Inc. | Asst. Corp. Sec. |
| 02/99-7/03 | Lexon Insurance Company, Lexon Holding Company | Asst. Corp. Sec. |
| 02/99-12/02 | Underwriters Settlement Services, Inc. | Asst. Corp. Sec. |
| 06/98-02/07 | RLI Insurance Company | |

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

| | | |
|--------------|--|------------------------------|
| | Mt. Hawley Insurance Company RLI Insurance Ltd. RLI Aviation, Inc. | Asst. Corp. Sec. |
| 06/98-11/06 | RLI Underwriting Services, Inc. | Asst. Corp. Sec. |
| 05/95-03/03 | RLI Corp. | Corp. Compliance Coordinator |
| 01/94- 05/95 | Paradice Riverboat East Peoria, IL 61611 | Paralegal |

2014

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI INSURANCE COMPANY

9025 N. LINDBERGH DRIVE

PEORIA, IL 61615

(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: David Middle: Charles Last: Sandoz

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Insurance - Surety

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309 692-1000 Business Email: dave.sandoz@rlcorp.com

5. Education and training:

College/University City/State Dates Attended (MM/YY) Degree Obtained

Augustana College Sioux Falls, SD 1973-1977 B.A.

Graduate Studies College/University City/State Dates Attended (MM/YY) Degree Obtained

N/A

Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained

N/A

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|---|---------------------|---------------------------------------|--|
| National Association of Independent Sureties | | | |
| National Association of Surety Bond Producers | | | |
| Surety Association of America | | | |

7. Present or proposed position with the applicant entity: Vice President

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See attached Schedule I

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

Type of Business: _____ Supervisor/Contact: _____

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of February 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

David Charles Sandoz
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 3rd day of February, 20 14 by David Charles Sandoz, and:

who is personally known to me, or

who produced the following identification: drivers license

[SEAL]



Cherie L. Montgomery
Notary Public
Cherie L. Montgomery
Printed Notary Name
2/2/16
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): First: David Middle: Charles Last: Sandoz
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s) Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
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| | | |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: _____
4. Government Identification Number if not a U.S. Citizen: N/A
5. Foreign Student ID# (if applicable): N/A
6. Date of Birth: (MM/DD/Y) _____ Place of Birth, City: _____
State/Province: _____ Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| Beginning/Ending Dates (MM/YY) | Address | City | State/Province | Country | Postal Code |
|--------------------------------|------------|--------|----------------|---------|-------------|
| 10/92-date | [REDACTED] | Morton | IL | USA | [REDACTED] |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 3rd day of February, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

David Charles Sandoz
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 3rd day of February, 20 14 by David Charles Sandoz, and:

who is personally known to me, or

who produced the following identification: drivers license

[SEAL]



Cherie L. Montgomery
Notary Public
Cherie L. Montgomery
Printed Notary Name
2/2/16
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of RLI Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Jean M. Stephenson, AVP, Corporate Secretary, 9025 N. Lindbergh Drive, Peoria, IL 61615 (309) 692-1000 x 5397.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

David Charles Sandoz, [REDACTED] Morton, IL [REDACTED]
(Printed Full Name and Residence Address)

David Charles Sandoz
(Signature)

2-3-2014
(Date)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 3rd day of February, 20 14 by David Charles Sandoz, and:

who is personally known to me, or
who produced the following identification: drivers license

[SEAL]



Cherie L. Montgomery
Notary Public
Printed Notary Name
2/2/16
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

Schedule 1 – Question No. 8

| DATES | EMPLOYER | TITLE |
|-------------|---|----------------|
| 04/11-DATE | Contractors Bonding and Insurance Company | Vice President |
| 08/92-DATE | RLI Insurance Company | Vice President |
| 10/98-04/04 | RLI Mortgage Services, Inc. | Manager |

2014

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI INSURANCE COMPANY

9025 N. LINDBERGH DRIVE

PEORIA, IL 61615

(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Roy Middle: Conlin Last: Die

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Insurance

4. Affiant's business address: 8 Greenway Plaza, Suite 400, Houston, TX 77046

Business telephone: 713-961-1300 Business Email: roy.die@rlicorp.com

5. Education and training:

College/University City/State Dates Attended (MM/YY) Degree Obtained

Rice University Houston, TX 1972-1976 B.A.

Graduate Studies College/University City/State Dates Attended (MM/YY) Degree Obtained

Rice University Houston, TX 1976-1977 Masters - Accounting

Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained

N/A

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
| <u>None</u> | | | |
| | | | |
| | | | |

7. Present or proposed position with the applicant entity: Sr. Vice President, Underwriting

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

See attached Schedule 1
Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

9. a. Have you ever been in a position which required a fidelity bond?
Yes No
If any claims were made on the bond, give details: N/A
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?
Yes No
If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: TX State Bd of Public Accts Address: 333 Guadalupe Tower 3, Ste. 900
City: Austin State/Province: TX Country: USA Postal Code: 01/81
License Type: CPA License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: N/A
Non-Insurance Regulatory Phone Number (if known): _____
Organization/Issuer of License: _____ Address: _____
City: _____ State/Province: _____ Country: _____ Postal Code: _____
License Type: _____ License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: _____
Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
Yes No
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

Yes No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056

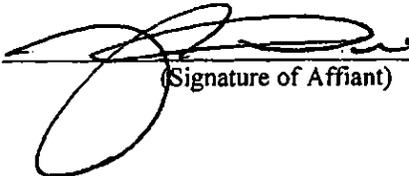
FEIN: 37-0915434

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 5th day of FEB 20 14 at HOUSTON, TX. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.



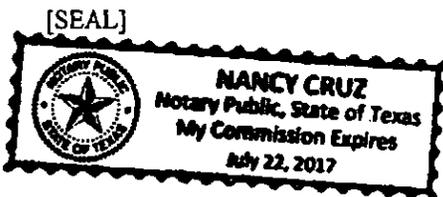
(Signature of Affiant)

State of: Texas ~~Harris~~ County of: Harris

The foregoing instrument was acknowledged before me this 5 day of February, 20 14 by Roy Conlin
Die _____, and:

X who is personally known to me, or

who produced the following identification: TX DL 07464754



Nancy Cruz

Notary Public
Nancy Cruz

Printed Notary Name
7-22-2017

My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): First: Roy Middle: Conlin Last: Die
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s) Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: _____
4. Government Identification Number if not a U.S. Citizen: N/A
5. Foreign Student ID# (if applicable): N/A
6. Date of Birth: (MM/DD/YY) _____ Place of Birth, City: _____
State/Province: _____ Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056

FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| Beginning/Ending Dates (MM/YY) | Address | City | State/Province | Country | Postal Code |
|--------------------------------|------------|---------------|----------------|---------|-------------|
| 12/00-date | [REDACTED] | Missouri City | TX | USA | |
| | | | | | |
| | | | | | |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

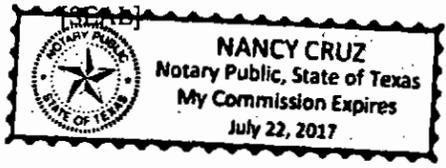
Dated and signed this 5th day of FEB, 20 14 at HOUSTON, TX. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of: TEXAS County of: Harris

The foregoing instrument was acknowledged before me this 5 day of February, 20 14 by Roy Conlin
Die _____, and:

who is personally known to me, or
who produced the following identification: TX DL 07464754



Nancy Cruz
Notary Public
Nancy Cruz
Printed Notary Name
7-22-2017
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of RLI Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Jean M. Stephenson, AVP, Corporate Secretary, 9025 N. Lindbergh Drive, Peoria, IL 61615 (309) 692-1000 x 5397.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Roy Conlin Die, [REDACTED] Missouri City, TX
(Printed Full Name and Residence Address)

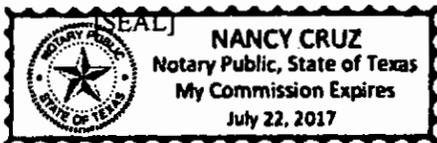
[Signature]
(Signature)

2-5-14
(Date)

State of: TEXAS County of: Harris

The foregoing instrument was acknowledged before me this 5 day of February, 2014 by Roy Conlin Die, and:

who is personally known to me, or
who produced the following identification: TR DL 07464754



Nancy Cruz
Notary Public
Nancy Cruz
Printed Notary Name
7-22-2017
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

SCHEDULE 1 - ROY CONLIN DIE

QUESTION NO. 8

DATES

EMPLOYER

TITLE/POSITION

**RLI INSURANCE COMPANY
PEORIA, IL**

05/13-DATE
09/99-05/13
02/99-09/99

SR. VICE PRESIDENT
VICE PRESIDENT
ASST. VICE PRESIDENT

**CONTRACTORS BONDING AND
INSURANCE COMPANY
PEORIA, IL**

04/11-DATE

SR. VICE PRESIDENT

**RLI INDEMNITY COMPANY
PEORIA, IL**

05/13-DATE
05/02-05/13
09/99-04/02
01/99-09/99
1993-01/99
1990-1993
1987-1990

SR. VICE PRESIDENT
VICE PRESIDENT
PRESIDENT
SR. VICE PRESIDENT
SECRETARY
SECRETARY/TREASURER
VP/SECRETARY/TREASURER

**LEXON INSURANCE COMPANY
(Formerly Underwriters Indemnity Company)
HOUSTON, TX**

09/99-07/03
01/99-09/99
1993-01/99
1987-1993
1986-1987

PRESIDENT
SR. VICE PRESIDENT
VICE PRESIDENT/SECRETARY
VP/SECRETARY/TREASURER
VICE PRESIDENT

**UNDERWRITERS INDEMNITY
GENERAL AGENCY, INC.
HOUSTON, TX**

09/99-12/99
04/90-09/99

PRESIDENT
VICE PRESIDENT/SECRETARY

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
 FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI Insurance Company AND AFFILIATES

9025 N. Lindbergh Drive

Peoria, IL 61615

(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Christopher Middle: David Last: Randall

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Actuary

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309/692-1000

Business Email: chris.randall@rlicorp.com

5. Education and training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|---------------------------|---------------------------|-------------------------------|-------------------------------|
| <u>Bradley University</u> | <u>Peoria, IL</u> | <u>08/87-05/91</u> | <u>B.S.</u> |
| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> |
| <u>Math</u> | <u>SIUE</u> | <u>Edwardsville, IL</u> | <u>09/92-05/94</u> |
| | | | <u>M.S.</u> |

Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained

N/A

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.



Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|--------------------------------------|---------------------|--|--|
| <u>Casualty Actuarial Society</u> | | <u>4350 N Fairfax Dr., Ste. 250 Arlington, VA 22203</u> | <u>703/276-3100</u> |
| <u>American Academy of Actuaries</u> | | <u>1100 17th St., 7th Floor Washington, DC 20036</u> | <u>202/223-8196</u> |

7. Present or proposed position with the applicant entity: Vice President, Risk Services

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY): 05/02 - date _____ Employer's Name: RLI Insurance Company

Address: 9025 N. Lindbergh Drive City: Peoria State/Province: IL

Country: USA Postal Code: 61615 Phone: 309/692-1000 Offices/Positions Held: VP, Risk Services

Type of Business: insurance Supervisor/Contact: Jennifer Klobnak

Beginning/Ending Dates (MM/YY): 06/94 - 05/02 Employer's Name: Nationwide Insurance

Address: One Nationwide Plaza City: Columbus State/Province: OH

Country: USA Postal Code: 43215 Phone: _____ Offices/Positions Held: Actuarial P/L Pricing; Sr. Asst. Actuary, Commercial Lines Reserving

Type of Business: insurance Supervisor/Contact: Bill Cody

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

Yes No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056

FEIN: 37-0915434

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

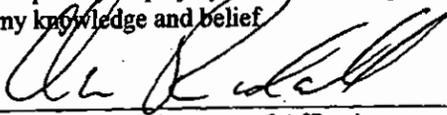
FEIN: 37-0915434

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of June, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.



(Signature of Affiant)

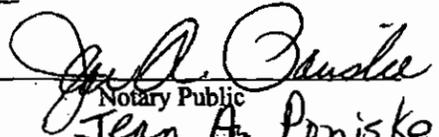
State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 3rd day of June, 20 14 by Christopher David Randall, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]


Notary Public
Jean A. Poniske
Printed Notary Name
8/9/16
My Commission Expires



Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): First: Christopher Middle: David Last: Randall
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s) Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
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Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: _____
4. Government Identification Number if not a U.S. Citizen: N/A
5. Foreign Student ID# (if applicable): N/A
6. Date of Birth: (MM/DD/YY) _____ Place of Birth, City: _____
State/Province: _____ Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable): Toni Randall

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|-------------------|-----------------|-----------------------|----------------|--------------------|
| <u>07/02-date</u> | <u>[REDACTED]</u> | <u>Metamora</u> | <u>IL</u> | <u>USA</u> | <u>[REDACTED]</u> |
| | | | | | |
| | | | | | |
| | | | | | |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 3rd day of June, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 3rd day of June, 20 14 by Christopher David Randall, and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]

[Signature]
Notary Public
Jean A. Poniske
Printed Notary Name
8/9/16
My Commission Expires



Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of RLI Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Jean M. Stephenson, AVP, Corporate Secretary, 9025 N. Lindbergh Drive, Peoria, IL 61615 (309) 692-1000 x 5397.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Christopher David Randall Metamora, IL USA
(Printed Full Name and Residence Address)

Christopher David Randall
(Signature)

6.3.14
(Date)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 3rd day of June, 2014 by Christopher David Randall, and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]



Jean A. Poniske
Notary Public
Jean A. Poniske
Printed Notary Name
8/9/16
My Commission Expires

Applicant Name (Company) Contractors Bonding and Insurance Company
BIOGRAPHICAL AFFIDAVIT

NAIC No. 37206
FEIN: 91-1082952

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

Contractors Bonding and Insurance Company

3101 Western Avenue, Suite 300, Seattle, WA 98121

(206) 628-7255

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). Robert Michael Ogle
2. a. Are you a citizen of the United States? Yes
b. Are you a citizen of any other country, if so, what country? No
3. Affiant's Occupation or Profession. Vice President
4. Affiant's business address. 3101 Western Avenue, Suite 300, Seattle, WA 98121

Business telephone. 206-628-7233

5. Education and Training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|---------------------------|--------------------|-------------------------------|--------------------------|
| <u>Seattle University</u> | <u>Seattle, WA</u> | <u>Graduated 1986</u> | <u>B.A. - Accounting</u> |

| <u>Graduate Studies:</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|--------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| <u>None</u> | | | | |

Other Training:

| <u>Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-------------|-------------------|-------------------------------|--------------------------------------|
| <u>None</u> | | | |

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)



Applicant Name (Company) Contractors Bonding and Insurance Company
BIOGRAPHICAL AFFIDAVIT

NAIC No. 37206
FEIN: 91-1082952

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Contractors Bonding and Insurance Company
3101 Western Avenue, Suite 300, Seattle, WA 98121
(206) 628-7255

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). Robert Michael Ogle
2. a. Are you a citizen of the United States? Yes
b. Are you a citizen of any other country, if so, what country? No
3. Affiant's Occupation or Profession. Vice President
4. Affiant's business address. 3101 Western Avenue, Suite 300, Seattle, WA 98121

Business telephone. 206-628-7233

5. Education and Training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|---------------------------|--------------------|-------------------------------|--------------------------|
| <u>Seattle University</u> | <u>Seattle, WA</u> | <u>Graduated 1986</u> | <u>B.A. - Accounting</u> |

| <u>Graduate Studies:</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|--------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| <u>None</u> | | | | |

Other Training:

| <u>Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-------------|-------------------|-------------------------------|--------------------------------------|
| <u>None</u> | | | |

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Contractors Bonding and Insurance Company

NAIC No. 37206
FEIN: 91-1082952

6. List of memberships in professional societies and associations.

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
| None | | | |

7. Present or proposed position with the applicant entity. VP/Treasurer

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY) 04/11 - Date Employer's Name RLI Insurance Company
Address 9025 N. Lindbergh Dr City Peoria State/Province IL
(309)
Country USA Postal Code 61615 Phone 692-1000 Offices/Positions Held VP/Treasurer
Supervisor / Contact Jeffrey D. Fick

Beginning/Ending Dates (MM/YY) 12/88 - 04/11 Employer's Name Contractors Bonding and Insurance Co. Data and Staff Service Co.
Address 1213 Valley St. City Seattle State/Province WA
(206)
Country USA Postal Code 98109 Phone 628-7233 Offices/Positions Held Controller/Treasurer
Supervisor / Contact Donald Sirkin

Beginning/Ending Dates (MM/YY) - Employer's Name
Address City State/Province
Country Postal Code Phone Offices/Positions Held
Supervisor / Contact

Beginning/Ending Dates (MM/YY) - Employer's Name
Address City State/Province
Country Postal Code Phone Offices/Positions Held
Supervisor / Contact

Applicant Name (Company) Contractors Bonding and Insurance Company

NAIC No. 37206
FEIN: 91-1082952

9. a. Have you ever been in a position which required a fidelity bond? Yes If any claims were made on the bond, give details. No claims

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. No

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

None

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? Yes

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes

Applicant Name (Company) Contractors Bonding and Insurance Company

NAIC No. 37206
FEIN: 91-1082952

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? Yes
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Possession of alcohol by a minor, 1980 - Seattle, WA

Possession of alcohol by a minor, 1980 - Cle Elum, WA

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. No

If any of the shares of stock are pledged or hypothecated in any way, give details. N/A

Applicant Name (Company) Contractors Bonding and Insurance Company

NAIC No. 37206
FEIN: 91-1082952

14. Have you ever been adjudged a bankrupt? No If yes, provide details N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? No
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
No
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 11th day of April 2012 at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Robert Ogle
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 11th day of April 2012 By Robert Michael Ogle

- who is personally known to me, or
- who produced the following identification: _____

KRISTI BROTHERTSON
 [SEAL] STATE OF WASHINGTON
 NOTARY PUBLIC
 MY COMMISSION EXPIRES
 11/19/13

Kristi Brothertson
 Notary Public
 KRISTI BROTHERTSON
 Printed Notary Name
4/19/13
 My Commission Expires

Applicant Name (Company) Contractors Bonding
and Insurance Company

NAIC No. 37206
FEIN: 91-1082952

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Contractors Bonding and Insurance Company
3101 Western Avenue, Suite 300, Seattle, WA 98121
(206) 628-7255

1. Affiant's Full Name (Initials Not Acceptable). Robert Michael Ogle
2. Have you ever used any other name including nickname, maiden name or aliases? No If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s)</u> | <u>Reason (If None, indicate such)</u> |
|--|----------------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number _____
4. Government Identification Number if not a U.S. Citizen N/A
5. Foreign Student ID# (if applicable) N/A
6. Date of Birth: (MM/DD/YY) _____ Place of Birth: City _____
State/Province _____ Country USA
7. Name of Affiant's Spouse (if applicable) _____

Applicant Name (Company) Contractors Bonding and Insurance Company

NAIC No. 37206
FEIN: 91-1082952

8. List your residences for the last ten (10) years starting with your current address, giving:

| Beginning/Ending Dates (MM/YY) | Address | City | State/Province Country | Postal Code |
|--------------------------------|---------|------|------------------------|-------------|
| 10/2011-date | | | Seattle, WA | 98199 |
| 1996-10/2011 | | | Auburn, WA USA | |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 11th day of April, 2012 at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

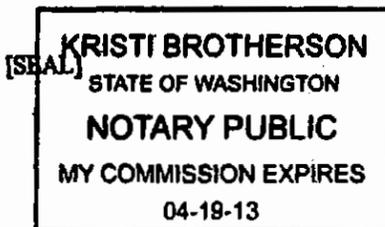
Robert Michael Ogle
(Signature of Affiant)

State of Washington county of King

The foregoing instrument was acknowledged before me this 11th day of April, 2012 By Robert Michael Ogle

who is personally known to me, or

who produced the following identification: _____



Kristi Brotherson
Notary Public
KRISTI BROTHERSON
Printed Notary Name
4/19/13
My Commission Expires

Applicant Name (Company) Contractors Bonding and Insurance Company

NAIC No. 37206
FEIN: 91-1082952

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [insert company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ [insert company's designated person, position, or department, address and phone].

Jean Stephenson, Corp. Sec. 9025 N. Lindbergh Dr., Peoria, IL 61615 (309) 692-1000
Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Robert Michael Ogle, _____ Seattle, WA _____
(Address)

Robert Michael Ogle
(Signature)

4/11/12
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this

11th day of April 2012 By

Robert Michael Ogle, and

who is personally known to me, or

who produced the following identification: _____

KRISTI BROTHERRSON
STATE OF WASHINGTON
NOTARY PUBLIC
MY COMMISSION EXPIRES
04-19-13

Kristi Brotherson
KRISTI BROTHERRSON
Printed Notary Name
4/19/12
My Commission Expires

Applicant Name (Company): Contractors Bonding and Insurance Company

NAIC No. 37206

FEIN: 91-1082952

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Contractors Bonding and Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

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AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

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A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Robert Michael Ogle, [redacted] Seattle, WA [redacted]
(Printed Full Name and Residence Address)

Robert M. Ogle
(Signature)

September 10, 2014
(Date)

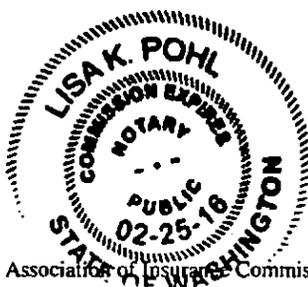
State of: WA County of: King

The foregoing instrument was acknowledged before me this 10th day of September, 2014 by Robert M. Ogle, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Lisa K. Pohl
Notary Public
Printed Notary Name
2/25/16
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): RLI INSURANCE COMPANY

9025 N. LINDBERGH DRIVE

PEORIA, IL 61615

(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Carol Jeanne Denzer

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Vice President, Underwriting

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309 692-1000

Business Email: _____

5. Education and training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|----------------------------|---------------------|-------------------------------|-------------------------|
| <u>St Cloud University</u> | <u>St Cloud, MN</u> | <u>1981-1985</u> | <u>B.S.- Accounting</u> |

| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| <u>N/A</u> | | | | |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|---------------------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>Insurance Institute of America</u> | | | |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
|------------------------------------|---------------------|---------------------------------------|--|

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

7. Present or proposed position with the applicant entity: Vice President, Chief Information Officer/Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.
See attached Schedule I

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 10th day of September, 2014 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Carol Jeanne Denzer
(Signature of Affiant)

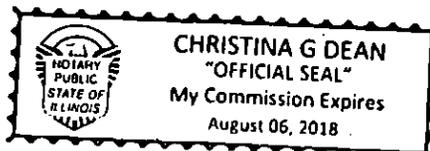
State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 10th day of September, 2014 by Carol Jeanne Denzer, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Christina G. Dean
Notary Public
Christina G. Dean

Revised 04/16/13
FORM 11

Applicant Name (Company): RLI INSURANCE COMPANY

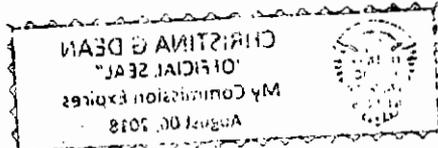
NAIC No. 13056

FEIN: 37-0915434

Printed Notary Name

August 6, 2018

My Commission Expires



Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): Carol Jeanne Denzer
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s) Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| | <u>Carol Jeanne Wold</u> | <u>maiden name</u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- 3. Affiant's Social Security Num: _____
- 4. Government Identification Number if not a U.S. Citizen: N/A
- 5. Foreign Student ID# (if applicable): N/A
- 6. Date of Birth: (MM/DD/YY) _____ Place of Birth, City: _____
State/Province: _____ Country: USA
- 7. Name of Affiant's Spouse (if applicable): _____

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|----------------|--------------------|-----------------------|----------------|--------------------|
| <u>02/07-date</u> | [REDACTED] | <u>Chillicothe</u> | <u>IL</u> | <u>USA</u> | [REDACTED] |
| <u>02/94-02/07</u> | [REDACTED] | <u>Chillicothe</u> | <u>IL</u> | <u>USA</u> | [REDACTED] |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 10th day of September, 2014 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Carolee Denzer
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 10th day of September, 2014 by Carolee Jeanne Denzer, and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]



Christina G. Dean
Notary Public
Christina G. Dean
Printed Notary Name
August 6, 2018
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

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A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)
Caralay Dean _____
(Signature) (Date)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 10th day of September, 2014 by _____, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Christina G. Dean
Notary Public
Christina G. Dean
Printed Notary Name
August 6, 2018
My Commission Expires

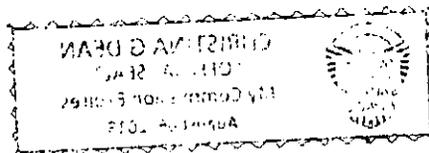
Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
 FEIN: 37-0915434

CAROL JEANNE DENZER

SCHEDULE 1 - QUESTION #8

| <u>Dates</u> | <u>Employer/Address</u> | <u>Position</u> |
|--------------|--|---|
| 02/12-date | Contractors Bonding and Insurance Company | V.P./Underwriting |
| 01/12-date | RLI Insurance Company, RLI Indemnity Company, Mt. Hawley Insurance Company | V.P./Underwriting |
| 04/11-01/12 | Contractors Bonding and Insurance Company | Director |
| 02/07-01/12 | RLI Insurance Company, RLI Indemnity Company, Mt. Hawley Insurance Company | Director |
| 01/06-01/12 | RLI Insurance Company, RLI Indemnity Company, Mt. Hawley Insurance Company | V.P./Chief Information Officer |
| 07/04-01/06 | RLI Insurance Company, RLI Indemnity Company, Mt. Hawley Insurance Company | V.P./Reinsurance and Catastrophe Management |
| 08/98-07/04 | RLI Insurance Company | Asst. V.P./Reinsurance |
| 02/99-07/04 | Mt. Hawley Insurance Company | Asst. V.P./Reinsurance |
| 01/03-07/04 | RLI Indemnity Company | Asst. V.P./Reinsurance |
| 01/00-07/03 | Lexon Insurance Company | Asst. V.P./Reinsurance |
| 12/94-08/98 | RLI Insurance Company | Reinsurance Acct. Mgr. |
| 01/94-12/94 | RLI Insurance Company | Chief Accountant |
| 1990-01/94 | RLI Insurance Company | P&C Collections Coord. |
| 1989-1990 | RLI Insurance Company | Reinsurance Analyst |
| 1987-1989 | RLI Insurance Company | Reinsurance Accountant |
| 1985-1987 | E.W. Blanch Company | Treaty Accountant |

** RLI Insurance Company, RLI Indemnity Company, and Mt. Hawley Insurance Company are all located at 9025 N. Lindbergh Drive, Peoria, IL 61615. Telephone: (309) 692-1000



Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE
PEORIA, IL 61615
(309) 692-1000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Seth Middle: Anthony Last: Davis

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Vice President, Internal Audit

4. Affiant's business address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Business telephone: 309 692-1000 Business Email: seth.davis@rlicorp.com

5. Education and training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> | |
|---------------------------|---------------------------|-------------------------------|-------------------------------|------------------------|
| Illinois State University | Normal, IL | 08/90-05/94 | B.S. | |
| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
| | University of Chicago | Chicago, IL | 09/99-05/02 | MBA |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u> | | | |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable; provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|--|---------------------|--|--|
| Chartered Property/Casualty Underwriters Society | | 720 Providence Road P.O. Box 3016 Malvern, PA 19355-0716 | (800) 644-2101 |
| Chartered Financial Analyst Institute | | 560 Ray C. Hunt Drive Charlottesville, VA 22903 | (800) 247-8132 |
| Institute of Internal Auditors | | 247 Maitland Avenue Altamonte Springs, FL 32701 | (407) 937-1100 |

7. Present or proposed position with the applicant entity: Vice President, Internal Audit

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY): 01/04 - - Date Employer's Name: RLI Insurance Company

Address: 9025 N. Lindbergh Drive City: Peoria State/Province: IL

Country: USA Postal Code: 61615 Phone: (309) 692-1000 Offices/Positions Held: VP (Current)

Type of Business: Insurance Supervisor/Contact: Jonathan E. Michael

Beginning/Ending Dates (MM/YY): 12/00 - 01/04 Employer's Name: CNA

Address: 333 South Wabash City: Chicago State/Province: IL

Country: USA Postal Code: 60604 Phone: (312) 822-2000 Offices/Positions Held: Audit Project Lead and Audit Manager

Type of Business: Insurance Supervisor/Contact: Dave Smith, Vice President

Beginning/Ending Dates (MM/YY): 02/95 - 12/00 Employer's Name: State Farm Insurance

Address: 2702 Ireland Grove City: Bloomington State/Province: IL

Country: USA Postal Code: 61709 Phone: Offices/Positions Held: Underwriter, Manager Claim Representative

Type of Business: Insurance Supervisor/Contact: Lisa Spachman

Beginning/Ending Dates (MM/YY): 05/94 - 02/95 Employer's Name: First Chicago Bank (now JPMorgan Chase)

Address: 10 South Dearborn City: Chicago State/Province: IL

Country: USA Postal Code: 60670 Phone: Offices/Positions Held: Internal Auditor

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

Type of Business: Banking Supervisor/Contact: Mark Bagnoli

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a

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FEIN: 37-0915434

person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 11th day of September 2014 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Seth Davis

(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 11th day of September, 2014 by Seth Anthony Davis, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Christina G. Dean

Notary Public

Christina G. Dean

Printed Notary Name

August 6, 2018

My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056
FEIN: 37-0915434

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE, PEORIA, IL 61615
(309) 692-1000

1. Affiant's Full Name (Initials Not Acceptable): First: Seth Middle: Anthony Last: Davis
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s) Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number:
4. Government Identification Number if not a U.S. Citizen: N/A
5. Foreign Student ID# (if applicable): N/A
6. Date of Birth: (MM/DD/YY), _____ Place of Birth, City:
State/Province: Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY NAIC No. 13056

FEIN: 37-0915434

7. Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| Beginning/Ending Dates (MM/YY) | Address | City | State/Province | Country | Postal Code |
|--------------------------------|---------|------|----------------|---------|-------------|
|--------------------------------|---------|------|----------------|---------|-------------|

| | | | | | |
|------------|------------|--------|----|-----|------------|
| 01/04-date | [REDACTED] | Peoria | IL | USA | [REDACTED] |
|------------|------------|--------|----|-----|------------|

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 11th day of September, 20 14 at Peoria, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 11th day of September, 20 14 by Seth Anthony Davis, and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]



Christina G. Dean
Notary Public
Christina G. Dean
Printed Notary Name
August 6, 2018
My Commission Expires

Applicant Name (Company): RLI INSURANCE COMPANY

NAIC No. 13056

FEIN: 37-0915434

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of RLI Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact **Jean M. Stephenson, AVP, Corporate Secretary, 9025 N. Lindbergh Drive, Peoria, IL 61615 (309) 692-1000 x 5397.**

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Seth Anthony Davis, [Redacted] Peoria, IL [Redacted]
(Printed Full Name and Residence Address)

Seth Davis
(Signature)

(Date)

State of: IL County of: Peoria

The foregoing instrument was acknowledged before me this 11th day of September, 2014 by Seth Anthony Davis, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Christina G. Dean
Notary Public
Christina G. Dean
Printed Notary Name
August 6, 2018
My Commission Expires