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.

Applic	ant Name (Comr	nanv):	RLI INSURANC	E COMPANY	N	IAIC No.	13056	
пррис	ant Hane (som				F	EIN:	37-0915	434
				RAPHICAL A			•	
To the	extent permitted	by law,	his affidavit will be	e kept confidenti	al by the state	insurance	regulatory	authority.
				(Print or Ty	pe)			
Full na require	ame, address and ed (Do Not Use (	telephor Froup Na	ne number of the pr mes). RLI I	esent or propose NSURANCE CO	ed entity under			ical statement is being
			9025	N. LINDBERGI	H DRIVE	<del></del> , <del></del>		
_			PEO	RIA, IL 61615			·····	
			(309	692-1000				
hereina	nection with the after set forth. (A ER IS "NO" OR	Attach ad	dendum or separat	erewith make re te sheet if space	epresentations hereon is ins	and supp ufficient t	oly information of answer a	ation about myself as any question fully.) If
1.	Affiant's Full	Name (Ir	itials Not Acceptab	ole): First: <u>Jo</u>	mathan_Middl	e: <u>Edw</u>	ard_Las	t: <u>Michael</u>
2.	a. Are y	ou a citiz	en of the United St	ates?				
	Yes [	х	No					
	b. Are y	ou a citiz	en of any other cou	intry?				
	Yes [		No x					
	If yes	, what co	untry? <u>N/A</u>					
3.	Affiant's occup	pation or	profession: Chai	rman & CEO			·	
4.	Affiant's busin	iess addro	ess: 9025 N. Lindb	ergh Drive, Peor	ia, IL 61615			
	Business telepl	none:	309 692-1000	Busin	ess Email:	jonatha	n.michael	@rlicorp.com
5.	Education and	training:						
College	e/University		City/State		Dates Atte	nded (MM	<u>(/YY)</u>	Degree Obtained
Ohio D	ominican Colleg	e	Columbus, OH				B.A. – Bu	siness Adm. (1977)
Gradua	te Studies	Colle	ge/University	City/State	Dates Atte	nded (MM	I/YY)	Degree Obtained
N/A								
Other 1	Training: Name	<u>C</u>	ity/State	Dates Attender	d (MM/YY)		Degree/C	Certification Obtained
N/A								
Note:		vide the	foreign student Ide					e college/university. If Biographical Affidavit

Applica	ant Name (Company): _	RLI INSURA	NCE COMPAN		13056 37-0915434
,	List of memberships i	n nrofessional soc	rieties and associ		31-0713-13-1
6.	List of membersmps	n professional soc	Actics and associ	anons.	
	Name of Society/Association	Conta	ct Name	Address of Society/Association 1211 Ave of the America	<u>Telephone Number</u> of Society/Association
	AICPA			New York, NY 10036	
		<del></del>			
7.	Present or proposed p	osition with the a	pplicant entity: <u>C</u>	hairman & CEO	
8.	including present job	s, positions, partn	erships, owner o	f an entity, administrator, i	pensated or otherwise (up to and manager, operator, directorates or provided is insufficient. It is only
Beginn	nched Schedule 1	•		information for the past te	
Dates (	MM/YY):	Emp	loyer's Name:		
Address	s:	Cit	y:	State/Prov	ince:
Country	y: Pos	stal Code:	Phone:	Offices/Positio	ns Held:
Type of	f Business:		Supervise	or/Contact:	
Beginni Dates (	ing/Ending MM/YY):	Emp	loyer's Name:		
Address	s:	Cit	y:	State/Prov	ince:
Country	y: Pos	stal Code:	Phone:	Offices/Position	ns Held:
Type of	f Business:		Supervise	or/Contact:	<del></del>
Beginni Dates (	ing/Ending MM/YY):	Empl	oyer's Name:		
Address	s:	Cit	y:	State/Provi	nce:
Country	y: Pos	stal Code:	Phone:	Offices/Position	ns Held:
Type of	Business:		Superviso	or/Contact:	
Beginni Dates (	ing/Ending MM/YY):	Empl	oyer's Name:	·	
Address	s:	Cit	y:	State/Provi	nce:
Country	/: Pos	tal Code:	Phone:	Offices/Position	os Held:
Type of	Rusiness.		Superviso	or/Contact:	

Applica	nt Name	(Company):	RLI INSURANCE (	COMPANY	NAIC No.	
			_		FEIN:	37-0915434
9.	a.	Have you ever	been in a position wh	ich required a fideli	ty bond?	
		Yes	No x			
		If any claims	were made on the bond	, give details: <u>N/A</u>	•	
	b.	Have you ever	r been denied an indi	vidual or position	schedule fidelity l	oond, or had a bond canceled or
		Yes	No x			
		If yes, give de	tails: <u>N/A</u>			
10.	or gove in the pa the lices number are reas represes	rnmental licens ast. For any nor using authority is your Social conably identificated by your S	ing agency or regulatory in-insurance regulatory or regulatory body have Security Number (SSN able as your SSN, ther SN. (For example, "Sided is insufficient.	ry authority or licer issuer, identify and ring jurisdiction over ) or embeds your S a write SSN for tha SN", "12-SSN-345"	nsing authority that provide the name, er the license (s) is SN or any sequence to portion of the province or "1234-SSN"	Il securities) issued by any public t you presently hold or have held address and telephone number of sued. If your professional license ce of more than five numbers that ofessional license number that is (last 6 digits)). Attach additional
Organiz	zation/Iss	uer of License:	State of Ohio	Address:_		
City: _	<u>-</u>	State	:/Province:	Country:_		Postal Code:
License	Type:_C	PA	License #: 13779	D	ate Issued (MM/Y	Y):1980
Date Ex	pired (M	M/YY): 1982	Reason fo	or Termination: Mo	ved from OH; no l	onger needed
Non-Ins	surance R	egulatory Phon	e Number (if known):			
Organiz	ation/Iss	uer of License:		Address:_		<u> </u>
City:		State	/Province:	Country:		_ Postal Code:
License	Туре:	····	License #:	D	ate Issued (MM/Y	Y):
Date Ex	pired (M	M/YY):	Reason fo	or Termination:	<del> </del>	
Non-Ins	urance R	egulatory Phon	e Number (if known):	<del></del>	<del></del>	
11.			llowing, if the record h			ffiant has personally verified that ve you ever:
	a.		an occupational, profes			it by any regulatory authority, or
		Yes	No x			
	b.		pational, professional, dministrative, regulator			old or have held, been subject to

ant Name (Co	ompany):	RLI INSURANCE COMPANY	NAJC No.	
			FEIN:	37-0915434
Ye	es	No x		
		probation or had a fine levied against it in any judicial, administrative, regul		
Ye	es	No x		
d. B	een charged v	with, or indicted for, any criminal offen	se(s) other than civi	traffic offenses?
Ye	es	No x		
	led guilty, or fenses?	nolo contendere, or been convicted	of, any criminal of	offense(s) other than civil traff
Ye	es	No x		
su	ad adjudication spended, or in affic offenses	on of guilt withheld, had a sentence impleed pardoned, fined, or placed on pro?	posed or suspended, robation, for any cr	had pronouncement of a senten- iminal offense(s) other than civ
Ye	es	No x		
admin regula	istrative, regu ting the busi	ease and desist letter or order, or enjoin tlatory, or disciplinary action, from vio ness of insurance, securities or bank rse of the business of insurance, securit	lating any federal, si ing, or from carryi	tate law or law of another count
Ye	es	No x		
	within the la	ast ten (10) years, a party to any civ	il action involving	dishonesty, breach of trust, or
Ye	es	No x		
provis	ions of small	e by the Comptroller of any state or loan laws, banking or trust company on lawfully made by the Comptroller of	laws, or credit unio	n laws, or that you have violate
Ye	es	No x		
	lien or forecle	osure action filed against you or any en	tity while you were	associated with that entity?
j. Had a				
•	es	No x		
Ye lf the	response to a	No x  ny question above is yes, please provie complaint and filed adjudication or se		

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,

Applica	ant Name	(Company):	RLI INSURANCE COMPA	INY	NAIC No			
					FEIN:	37-0915434		
						ore of the voting securities of any		
	If any o	of the stock is ple	•	way, give details.	N/A			
13.	or of re regulate directly	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 x						
	the outs	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 o		ock are pledged or hypotheca	ted in any way, g	ive details.			
14.	Have ye	ou ever been adj	udged a bankrupt?					
	Yes [	No [x						
	-		N/A					
	11 yes, į		VA_	· 				
15.	commit	r knowledge ha tee member, ke ou served in such	management employee or o	r which you we controlling stockh	re an officer holder, had an	or director, trustee, investment ny of the following events occur		
	a.	Been refused a		te of authority b	y any regula	tory authority, or governmental-		
		Yes	No x					
	b.	to any judicia	l, administrative, regulatory, onservatorship, federal bank	or disciplinary	action (inclu	celed, non-renewed, or subjected ading rehabilitation, liquidation, vency, supervision or any other		
		Yes x	No					
	c.		n probation or had a fine le			permit, license, or certificate of ction?		
		Yes	No x					

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.						
See attached Schedule	2 for explanation to Question 15 (b) abov	/e					
_	as any doubt about the accuracy of an ans	swer, the question s	hould be answered in the positive				
under penalty of perjury that I a of my knowledge and belief.	lay of JAU 20.14 at In acting on my own behalf and that the finant)	Peoria, IL foregoing statemer	. I hereby certify nts are true and correct to the best				
State of: IL  The foregoing instrument was a Michael  Xwho is personally known to	cknowledged before me this <u>31 st</u> day of _ _, and:	JAN ,20_	14_ by <u>Jonathan Edward</u>				
who produced the following		JEAN 01	Notary Public HENSON Printed Notary Name 19-15  Ty Commission Expires				

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

## BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

	(Print or Type)	
To the	e extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.	
	arne, address, and telephone number of the present or proposed entity under which this biographical statement ed (Do Not Use Group Names).	is being
	RLI INSURANCE COMPANY	
	9025 N. LINDBERGH DRIVE, PEORIA, IL 61615	
	(309) 692-1000	
1.	. Affiant's Full Name (Initials Not Acceptable): First: <u>Jonathan</u> Middle: <u>Edward</u> Last: <u>Michael</u> 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 x	
	If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.	
	nning/Ending Name(s) Reason (If none, indicate such)  (s) Used (MM/YY) Specify: First, Middle or Last Name	
-		
Note:	Dates provided in response to this question may be approximate. Parties using this form understand that there be an overlap of dates when transitioning from one name to another.	e could
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:	

Applicant Name (Company): RLI INSURANCE COMPANY					<u>13056</u> <u>37-0915434</u>	
7. Name of A	ffiant's Spouse (if ap	plicable) :_	_			
8. List your re	sidences for the last	ten (10) years starti	ng with your curre	nt address, g	iving:	
Beginning/Ending Dates (MM/YY)	Address	City	State/ Province		Country	Postal Code
05/94-Date		Dunlap	п	· · · · · · · · · · · · · · · · · · ·	USA	
understand	ded in response to the	n overlap of dates w	hen transitioning	from one add	ress to another.	•
	ledge and belief.	local	14 ata behalf and that ti	Peoria, he foregoing	IL statements are t	. I hereby rue and correct to
State of:	(Signature of Affiant	ntv of: Peoria				
The foregoing instru	ment was acknowled	ged before me this.	38 day of J	AN	, 20 <u>14</u> by	/ Jonathan
Edward Michel	, and:					
x who is personall	y known to me, or					
who produced th	ne following identific	ation:		·		
STANCE IN CONTRACT OF THE CONT	"OFFICIAL SEAL" EAN M STEPHENS MMISSION EXPIRES 01,	ON		JEA1	Notary Publ Printed Notary 19-15 My Commission	

Applicant Name (Company):	RLI INSURANCE COMPANY	NAIC No	<u> 13056</u>
		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, Dunlap, IL	
Printed Full Name and Res (Signature)	idence Address)  O1-31-14 (Date)
State of: IL County of: Peoria  The foregoing instrument was acknowledged before me thi	3/5th or of TAN 1 20 14 14
Jonathan Edward Michael	
Xwho is personally known to me, or  who produced the following identification:	
"OFFICIAL SEAL"  NOTATION JEAN M STEPHENSON  OFFICIAL SEAL"  OFFICIAL SEAL"	Notary Public  Printed Notary Name  My Commission Expires

Applicant Name (Company):	RLI INSURANCE COMPANY	NAIC No.	<u> 13056</u>
••		FEIN:	37-0915434

#### JONATHAN EDWARD MICHAEL

## SCHEDULE 1 (PAGE 1) - QUESTION #9

DATES	EMPLOYER & ADDRESS	TITLE
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 ILINOIS 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 (Comp.	any): RLI INSURANCE COMPANY	NAIC No13056
Applicant Name (comp	· ·	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.	<u> 13056</u>
		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- 5-025

pplicant Name (Company):	RLI INSURANCE COMPANY
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NAIC No. 13056 FEIN: 37-09156

#### **BIOGRAPHICAL AFFIDAVIT**

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

(Print or Type)

		9025 N. LINDBERG	H DRIVE	
		PEORIA, IL 61615		
		(309) 692-1000		
set forth	the above-named entit (Attach addendum or OR "NONE," SO STAT	y, I herewith make ro separate sheet if space	epresentations and supply info hereon is insufficient to answ	rmation about myself a
fiant's Fu	ill Name (Initials Not A	cceptable): First: <u>Mich</u>	ael Middle: Joseph Last:	Stone
Ar	e you a citizen of the Un	nited States?		
Ye	x No			
Ar	e you a citizen of any ot	her country?		
Ye	No x			
If	ves, what country?	N/A		
fiant's oc	cupation or profession:	President & COO	· · · · · · · · · · · · · · · · ·	
fiant's bu	siness address: 9025 N	Lindbergh Drive, Peor	ria, 1L 61615	
siness tel	ephone:309 692-1	000 Busin	ness Email: <u>mike.stone@rlicor</u>	p.com
ucation a	nd training:			
iversity	City	/State	Dates Attended (MM/YY)	Degree Obtained
College	Louisvi	lle, KY	09/66-06/70	Political Science
<u>udies</u>	College/Universit	y <u>City/State</u>	Dates Attended (MM/YY)	Degree Obtained
	University of Louisvi	lle Louisville, KY	_09/73-06/77	J.D
ing: Nam	e <u>City/State</u>	Dates Attende	d (MM/YY) Degre	ee/Certification Obtained
ing: Nam		· ·		ee/C

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.

Applic	ant Name (Company):	<u>RLI INSURA</u>	<u>NCE COMPANY</u>	NAIC No.	<u>13056</u>
				FEIN:	37-0915434
6.	List of memberships	in professional soc	ieties and associa	tions: None	
	Name of			Address of	Telephone Number
	Society/Association	Contac	ct Name	Society/Association	of Society/Association
7.	Present or proposed	position with the ap	oplicant entity: P	resident & COO/Director	
	including present jo officerships). Please necessary to provide ached Schedule 1	bs, positions, partners list the most recent telephone numbers	erships, owner of t first. Attach add and supervisory	an entity, administrator,	
Dates	(MM/YY):	Empl	oyer's Name:		·
Addres	ss:	City	/:	State/Prov	ince:
Count	ry: P	ostal Code:	Phone:	Offices/Positio	ns Held:
Туре	of Business:		Supervisor	r/Contact:	
Beginr Dates	ning/Ending (MM/YY):	Empl	oyer's Name:		
Addres	ss:	Cit	y:	State/Prov	ince:
Countr	y: P	ostal Code:	Phone:	Offices/Position	ns Held:
Туре о	of Business:		Supervisor	/Contact:	· · · · · · · · · · · · · · · · · · ·
Beginn Dates	ning/Ending (MM/YY):	Empl	oyer's Name:		
Addres	ss:	City	<i>"</i> :	State/Provi	nce:
Countr	y: P	ostal Code:	Phone:	Offices/Position	ns Held:
Туре о	f Business:		Supervisor	-/Contact:	
Beginn Dates	ning/Ending (MM/YY):	Empl	oyer's Name:		
Addres	ss:	City	r:	State/Provi	nce:
Countr	y: Pe	ostal Code:	Phone:	Offices/Position	ns Held:
Tura	f Ruciness		Supervisor	-/Contact·	

Applica	ınt Name	(Company):	<u>RLI INSURANCE</u>	COMPANY	NAIC No	13056
v.					FEIN:	37-0915434
9.	a.	Have you eve	r been in a position wl	nich required a fidel	ity bond?	
		Yes x	No			
		If any claims	were made on the bon	_		
	b.	Have you ever		lividual or position		oond, or had a bond canceled or
		Yes	No x			
		If yes, give de	etails: N/A			
10.	or gove in the p the lice number are reas represen	rnmental licens ast. For any non ning authority is your Social conably identificated by your Social the space provents.	sing agency or regulation- insurance regulatory or regulatory body ha Security Number (SSI able as your SSN, the SN. (For example, "S ided is insufficient.	ory authority or lice issuer, identify and ving jurisdiction ov N) or embeds your Sen write SSN for the SSN", "12-SSN-345	ensing authority that provide the name, wer the license (s) is SSN or any sequence at portion of the providence or "1234-SSN" (	Il securities) issued by any public t you presently hold or have held address and telephone number of sued. If your professional license ce of more than five numbers that ofessional license number that is (last 6 digits)). Attach additional
Organia	ration/Iss	uer of License:	State of Kentucky	Address:		
•						Postal Code:
						Y): 10/77
•						Postal Code:
						Y):
11.			llowing, if the record			ffiant has personally verified that ve you ever:
	a.		an occupational, profeministrative, or govern			it by any regulatory authority, or
		Yes	No x			
	b.		pational, professional			old or have held, been subject to

Applicant N	ame (Company): _	RLI INSURANCE COM	MPANY	NAIC No. FEIN:	13056 37-0915434
	Yes	No x		•	
c.		on probation or had a fine ke mit in any judicial, adminis			ional, professional, or vocational action?
	Yes	No x			
d.	Been charged	with, or indicted for, any c	riminal offense(s) oth	her than civi	traffic offenses?
	Yes	No x			
e.	Pled guilty, offenses?	or nolo contendere, or be	en convicted of, any	y criminal c	ffense(s) other than civil traffic
	Yes	No x			
f.		r been pardoned, fined, or			had pronouncement of a sentence iminal offense(s) other than civil
	Yes	No x		•	
g.	administrative, regulating the bu	gulatory, or disciplinary act	ion, from violating as ties or banking, or	ny federal, s from carryii	ly or permanently, in any judicial, ate law or law of another country og out any particular practice or
	Yes	No x			
h.	Been, within the financial dispute?	last ten (10) years, a part	y to any civil action	n involving	dishonesty, breach of trust, or a
	Yes	No x			
i.	provisions of sma		ust company laws, or	r credit unio	ment that you have violated any n laws, or that you have violated leral Government?
	Yes	No x			
j.	Had a lien or fore	closure action filed against	you or any entity whi	ile you were	associated with that entity?
	Yes	No x			
		any question above is yes, he complaint and filed adju			dates, locations, disposition, etc. ate.
	<u>N/A</u>				
			<del> </del>		

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 N	ame (Company): RLI INSURANCE COMPANY	NAIC No FEIN:	13056 37-0915434
	lds with the power to vote, or holds proxies representing, ten person. None	percent (10%) or m	ore of the voting securities of any
If a	any of the stock is pledged or hypothecated in any way, give o		
or reg dir	[Will] you or members of your immediate family individual of record, 10% or more of the outstanding shares of stock pulatory authority, or its affiliates? An "affiliate" of, or person ectly, or indirectly through one or more intermediaries, contract, the person specified.	of any entity subje n "affiliated" with,	ect to regulation by an insurance a specific person, is a person that
If y	yes, please identify the company or companies in which the coutstanding voting securities.		
	any of the shares of stock are pledged or hypothecated in any	way, give details.	
— 14. Ha	ve you ever been adjudged a bankrupt?		
Ye	No x		
Ify	ves, provide details: N/A		
cor	your knowledge has any company or entity for which your nmittee member, key management employee or controlling ile you served in such capacity?	stockholder, had an	ny of the following events occur
a.	Been refused a permit, license, or certificate of authorities agency?	ority by any regula	tory authority, or governmental-
	Yes No x		
b.	Had its permit, license, or certificate of authority suspet to any judicial, administrative, regulatory, or discip receivership, conservatorship, federal bankruptcy procesimilar proceeding)?	linary action (inch	uding rehabilitation, liquidation,
	Yes No x		
c.	Been placed on probation or had a fine levied again authority in any civil, criminal, administrative, regulato		
	Yes No x		

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, t	his affidavit will be kept confidential by th	e state insurance regulatory authority.
	ame, address, and telephor ed (Do Not Use Group Na		y under which this biographical statement is being
	<del></del>	RLI INSURANCE COMPANY	
		9025 N. LINDBERGH DRIVE, PE	ORIA, IL 61615
		(309) 692-1000	
1.		itials Not Acceptable): First: <u>Michael</u> Mi IONE," SO STATE.	ddle: <u>Joseph</u> Last: <u>Stone</u>
2.	Have you ever used any	other name, including first, middle or last	name, nickname, maiden name or aliases?
	Yes No x		
	If yes, give the reason it	fany, if none indicate such, and provide the	e full name(s) and date(s) used.
	nning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)
			<del></del>
		<del></del>	
 Note:		nse to this question may be approximate. P hen transitioning from one name to anothe	arties using this form understand that there could r.
3.	Affiant's Social Security	Number:	
4.	Government Identificati	on 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, Ci	ity

Applicant Name (Company): RLI INSURANCE COMPANY				13056 37-0915434		
7. Name of Affi	ant's Spouse (if app	plicable) : <u>Elizabeth '</u>	T. Stone			
8. List your resi	dences for the last t	ten (10) years starting	with your curre	ent address, gi	ving:	
Beginning/Ending <u>Dates (MM/YY)</u>	<u>Address</u>	City	State/ Province	<u>(</u>	Country	Postal Code
06/06-Date		Peoria_	<u>IL</u>		<u>USA</u>	
09/98-06/06		Peoria	<u> </u>		_USA	
	<u> </u>		<del>-</del>			
						<del></del>
	at there could be ar  day of  f perjury that I am	is question may be ap n overlap of dates whe , 20 n acting on my own b	n transitioning	from one addi	ess to anothe	er.
(S	ignature of Affiant	)				
State of:IL_	Cour	nty of: <u>Peoria</u>				
The foregoing instrume		ged before me this	day of		, 20 <u>14</u>	by Michael Joseph
<b>X</b> who is personally	known to me, or					
who produced the	following identific	ation:		<del></del>		
[SEAL]					Notary P	ublic
[SERE]					Printed Nota	
						<u>.</u>
				M	ly Commission	on Expires

Applicant Name (Company): RLI	INSURANCE COMPANY	_ NAIC No	<del></del>
		FEIN:	37-0915434
DISCLOSURE AND AUTHORIZ (All state	LATION CONCERNING BACKO tes except California, Minnesota at		<del>-</del> <del>-</del>
This Disclosure and Authorization is p Company ("Company") for licensure of states within the United States. Company ("Background Reports") regarding Company pursues an Application during board of directors or other management Company ("Term of Affiliation") for ward Application. Background Reports requestionately, general reputation, personal Reports will be to evaluate the Application Background Reports procured under this	r a permit to organize ("Application") ompany desires to procure a consumption of the procure of	with a departrumer or involved department of the	ment of insurance in one or more estigative consumer report (or of insurance in any state where tion as, an officer, member of the business entities affiliated with ment of insurance reviewing any tain information bearing on your The purpose of such Background the extent required by law, the
You may obtain copies of any Backgrothem. You may also request more information Company. To obtain contact information. Stephenson, AVP, Corporate Secretary	mation about the nature and scope of son regarding CRA or to submit a written	such reports b en request for	y submitting a written request to more information, contact Jean
Attached for your information is a "Sun	nmary of Your Rights Under the Fair C	redit Reportin	g Act."
AUTHORIZATION: I am currently Disclosure and by my signature below, state where Company files or intends to	I consent to the release of Background file an Application, and to the Compar	d Reports to a ny, for purpose	a department of insurance in any es of investigating and reviewing

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. Peoria, IL (Printed Full Name and Residence	ce Address)
(Signature)	(Date)
State of: IL County of: Peoria	
The foregoing instrument was acknowledged before me this da  da , and:	y of, 20 <u>14</u> by <u>Michael</u>
X who is personally known to me, or	
who produced the following identification:	
[SEAL]	Notary Public
	Printed Notary Name
	My Commission Expires

#### MICHAEL JOSEPH STONE SCHEDULE I – QUESTION #8

	DULE I – QUESTION #8  Dates	Employer & Address	<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. <u>13056</u> FEIN: <u>37-0915434</u>
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.

DOIL

Applicant Name (Company):	RLI INSURANCE COMPANY	NAIC No.		<del></del>
		FEIN:	37-0915434	

#### BIOGRAPHICAL AFFIDAVIT

nitted by law, this affidavit will be kent confidential by the state insurance regulatory authority.

10 ш	e extent perimuet	by law, this attituavit will	_	ar by the same insurance regards	ory addressing.
			(Print or Ty	pe)	
		i telephone number of the Group Names)RLI		ed entity under which this biogr DMPANY	aphical statement is being
	<del>_</del>	902	5 N. LINDBERG	H DRIVE	
		PE	ORIA, IL 61615		
	<u></u>	(30	9) 692-1000		
hereir	nafter set forth. (	ne above-named entity, I Attach addendum or separ R "NONE," SO STATE.	herewith make rate sheet if space	epresentations and supply info hereon is insufficient to answ	rmation about myself as er any question fully.) IF
1.	Affiant's Full	Name (Initials Not Accept	able): First: <u>Cra</u>	g Middle: William Last:	Kliethermes
2.	a. Are	ou a citizen of the United	States?		
	Yes	x No			
	b. Are	ou a citizen of any other c	ountry?		
	Yes	No x			
	If ye	s, what country? <u>N/A</u>			
3.	Affiant's occu	pation or profession: <u>Ins</u>	urance Executive		
4.	Affiant's busi	ness address: 9025 N. Ling	lbergh Drive, Peo	ria, IL 61615	
	Business teler	shone: <u>309 692-1000</u>	Busi	ness Email: <u>craig.klietherme</u>	s@rlicorp.com
5.	Education and				
Mary Misso	ge/University ville University ouri State Univers College	<u>City/State</u> St. Louis, Moity Springfield, I Kansas City,	O MO	Dates Attended (MM/YY) 09/86-08/87 09/85-05/86 09/83-05/85	Degree Obtained B.S.
<u>Gradu</u>	nate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>N/A</u> _			<del></del>		
	Training: Name	City/State	Dates Attende	d (MM/YY) Degre	ee/Certification Obtained
<u>N/A</u> _					
Note:		ovide the foreign student I		dress and telephone number of the in the space provided in the	

Supplemental Information.

Applica	int Name (Company):	RLI INSURANCE COMPA	<u>NY</u> NAIC No1.	3056
••	· · · · —			7-0915434
6.	List of memberships in p	professional societies and asso	ciations:	•
	Name of		Address of	Telephone Number
	Society/Association	Contact Name	Society/Association	of Society/Association
	Casualty Actuarial Society	Cynthia Ziegler, Exec. Dir	4350 N. Fairfax Dr, Ste. 250 Arlington, VA 22203	(703) 276-3100
	American Academy of Actuaries		1850 M Street, NW, Ste. 300	(202) 223-8196
		Mary Downs, Exec. Dir.	Washington, DC 20036	·
	Chartered Property & Casualty Underwriters Society	Kevin Brown, Exec. Dir	720 Providence Road Malvern, PA 19355	(800) 932-2728
7.	Present or proposed posi	tion with the applicant entity:	EVP, Operations/Director	
Beginni	including present jobs, p officerships). Please list necessary to provide tele ached Schedule 1 ng/Ending	ositions, partnerships, owner the most recent first. Attach a phone numbers and supervisor	y (20) years, whether compens of an entity, administrator, man additional pages if the space pro- ry information for the past ten (1	ager, operator, directorates or vided is insufficient. It is only 10) years.
Dates (1	VIIVI/ 1 );	Employer's Name		_ <del></del> _
Address	:	City:	State/Province	2:
Country	: Postal	Code: Phone: _	Offices/Positions F	Teld:
Type of	Business:	Supervi	sor/Contact:	· · · · · ·
	ng/Ending MM/YY):	Employer's Name:_		
Address	:	City:	State/Province	
Country	:Postal	Code: Phone: _	Offices/Positions H	eld:
Type of	Business:	Supervi	sor/Contact:	
Beginnis Dates (N	ng/Ending MM/YY):	Employer's Name:_		
Address:		City:	State/Province:	
Country:	Postal	Code:Phone:	Offices/Positions H	eld:
Type of	Business:	Supervi	sor/Contact:	·
Beginnir Dates (N	ng/Ending /IM/YY):	Employer's Name:		<del> </del>
Address:		City:	State/Province:	
Country:	Postal	Code:Phone:	Offices/Positions H	eld:

Appl	icant Name	(Company):	RLI INSURANCE	COMPANY	NAIC No.	
					FEIN:	37-0915434
Туре	of Busines	s:	<u></u>	Supervisor/Contact:	<u> </u>	
9.	a.	Have you ever	been in a position wi	nich required a fidelity b	bond?	
		Yes	No x			
		If any claims	were made on the bon	d, give details: <u>N/A</u>		
	b.	Have you everevoked?	r been denied an ind	ividual or position sch	edule fidelity b	oond, or had a bond canceled or
		Yes	No x			
		If yes, give de	tails: N/A			<u> </u>
			<u> </u>	· · · · · · · · · · · · · · · · · · ·		<del></del>
	the lice number are reas represen	nsing authority is your Social Sonably identifianted by your Social State of the space provi	or regulatory body has Security Number (SSN ible as your SSN, the SN. (For example, "S ded is insufficient. N	ving jurisdiction over the street over the str	or any sequence or any sequence ortion of the pro- "1234-SSN" (	address and telephone number of sued. If your professional license se of more than five numbers that ofessional license number that is last 6 digits). Attach additional
Organ	ization/Iss	uer of License:_		Address:		
City:		State	/Province:	Country:		Postal Code:
Licen	se Туре:	Licens	se #:_	Date	Issued (MM/Y	Y):
Date I	Expired (M	M/YY):	Reason f	or Termination:		
Non-I	nsurance R	egulatory Phone	e Number (if known):		<del>_</del>	
Organ	ization/Iss	uer of License:	· · · · · · · · · · · · · · · · · · ·	Address:	···	
						Postal Code:
Licens	е Туре:		License #:	Date	Issued (MM/Y	Y):
Date I	Expired (M	M/YY):	Reason f	or Termination:		
Non-L	asurance R	egulatory Phone	Number (if known):			<u> </u>
11.				as been sealed or expur may respond "no" to the		fiant has personally verified that re you ever:
	<b>a.</b>			ssional, or vocational li mental licensing agency		t by any regulatory authority, or
		Yes	No x			

ant Nar	ne (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 x
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 x
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No x
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No x
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 x
a	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, dministrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country egulating the business of insurance, securities or banking, or from carrying out any particular practice or ractices in the course of the business of insurance, securities or banking?
	Yes No x
	seen, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a inancial dispute?
	Yes No x
р	lad a finding made by the Comptroller of any state or the Federal Government that you have violated any rovisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated ny rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No x
j. H	and a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No x
	f 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.

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

licant Name (Company)	RLI INSURANCE COMPANY	NAIC No.	
		FEIN:	37-0915434
person, whether thr or non-managemen office held by the	or indirect, of the power to direct or cause ough the ownership of voting securities, by a services, or otherwise, unless the power is person. Control shall be presumed to exist it or to vote, or holds proxies representing, ten p	contract other than the result of an of any person, direct percent (10%) or m	a a commercial contract for good official position with or corporedly or indirectly, owns, contro ore of the voting securities of a
If any of the stock i	s pledged or hypothecated in any way, give do		<del>-</del>
or of record, 10% regulatory authority directly, or indirect with, the person specific specif	x  fy the company or companies in which the c	of any entity subject "affiliated" with, sols, or is controlled turnulative stock ho	ect to regulation by an insuran a specific person, is a person the d by, or is under common control
If any of the shares N/A	of stock are pledged or hypothecated in any w	way, give details.	
· ———	adjudged a bankrupt?		•
Yes No	x		
If yes, provide detai	ls: <u>N/A</u>		
committee member, while you served in		stockholder, had an	ny of the following events occ
licensing a		nty by any regula	tory authority, or government
to any jud	mit, license, or certificate of authority suspericial, administrative, regulatory, or disciplic, conservatorship, federal bankruptcy proceeding)?  No x	inary action (inclu	uding rehabilitation, liquidation
	d on probation or had a fine levied against		

Applicant Name (Company):	RLI INSURANCE COMPANY	NAIC No.	_13056
		FEIN:	37-0915434
Yes	No x	. ,	
	of the above is yes, please indicate and go		
arriant should also int	sidde any events within twelve (12) mont	ns ance ms of her de	partine nom me entry.
<u>N/A</u>			
·			
	has any doubt about the accuracy of an ar nation provided.	nswer, the question :	should be answered in the positive
-			
			. ·
	<b>7</b>	_	- ,
Dated and signed this	day of February 20 14 at am acting on my own behalf and that the	Peoria IL	. I hereby certify
of my knowledge and belief.	am acting on my own behalf and mat the	e foregoing statemen	its are true and correct to the nest
A			
linic W.K.	hit		
(Signature of A	Affiant)		
O ·			
State of:IL	County of: Peoria	_	
The foregoing instrument was	acknowledged before me this ///day of	February , 20	0_14_by <u>Craig William</u>
Kliethermes	. and:		
X who is personally known to	o me, or		
who produced the followin	: og identification:		
who produced the followin	ig identification.	···································	a (i)
		$\bigcirc$	Willey ( Xuelo)
[SEAL]		T - 7	Notary Public ()
<b>.</b>	"OFFICIAL SEAL"		Tean A Poniske
•	PREUE JEAN A PONISKE		Printed Notary Name
	MY COMMISSION EXPIRES 08/09/16		8 F1 [16.
		· - · N	ly Commission Expires

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

### BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

## (Print or Type)

Full na		number of the present or p	-		is biographical statement is being	
require	ed (Do Not Use Group Name	es).  RLI INSURANCE CO	AMD ANTV			
		9025 N. LINDBERGI	I DRIVE, PEORIA	L, IL 61615	<u></u>	
		(309) 692-1000				
1.	Affiant's Full Name (Initi IF ANSWER IS "NO	ials Not Acceptable): First: NE," SO STATE.	<u>Craig</u> Middle:	William	Last: Kliethermes	
2.	Have you ever used any o	ther name, including first,	middle or last name	e, nickname,	maiden name or aliases?	
	Yes No x					
	If yes, give the reason if a	my, if none indicate such, a	and provide the full	name(s) and	i date(s) used.	
	ning/Ending s) Used (MM/YY)	<u>Name(s)</u> Specify: First, Middle or La	st Name	Reason (If	none, indicate such)	
			<del></del>			
				_ <del></del> _		
	<u> </u>					
	. , ,		•	· 4.		
	,					
			* -			
Note:		se to this question may be a en transitioning from one r		s using this f	form understand that there could	
3.	Affiant's Social Security	Number:				
4.	Government Identification Number if not a U.S. Citizen: N/A					
5.	Foreign Student ID# (if a	oplicable) :N/A				
6.	Date of Birth: (MM/DD/) State/Province:	(Y): Pla				

Applicant Name (Company): RLI INSURANCE COMPANY					_ NAIC No. FEIN:	<u>13056</u> 37-0915434	
7.	Name of Affi	ant's Spouse (if app	olicable) :				
<b>8.</b>	List your resid	dences for the last to	en (10) years starting wi	ith your curre	ent address, gi	ving:	
	ning/Ending (MM/YY)	<u>Address</u>	<u>City</u>	State/ Province	<u> </u>	Country	Postal Code
08/00	6-current		Peoria	п		USA	
<u>05/98</u>	-08/06		Lees Summit	МО	<u>.</u>	USA	
		<del></del>			<u> </u>		
hereb	understand the and signed this y certify under p to the best of m	at there could be an day of		ransitioning	from one add	ress to another.	I
	rais W	ignature of Affiant)	)				
The fo	of:IL_	Countent was acknowledg	ty of: <u>Peoria</u>	<b>^_</b>	February	_, 20 <u>_14</u> t	oy <u>Craig William</u>
	• •	following identifica	ition:				
•	[SEAL]	HOTARY E PULIC STATE OF	"OFFICIAL SEAL" JEAN A PONISKE COMMISSION EXPIRES 08/09	/16		Notary Pub Jean H Printed Notary My Commission	Poriske Name

Applicant Name (Company):	RLI INSURANCE COMPANY	NAIC No.	13056
·		FEIN:	37-0915434
Craig William Kliethermes Schedule 1 Question #8			
<u>Dates</u>	Employer/Address	s/Phone #	Position Held
	RLI Insurance Company, Mt. H	awley Insura:	1CE
	Company, RLI Indemnity Comp		
	9025 N. Lindbergh Drive	J	
:	Peoria, IL 61615		
	(309) 692-1000		
05/13-DATE		`	Executive Vice President
05/09-DATE	•	D	irector
02/09-05/13			Senior Vice President
04/06-02/09			VP/Actuarial Services
	Contractors Bonding and Inst 9025 N. Lindbergh Drive Peoria, IL 61615 (309) 692-1000	urance Comp	any
05/13-DATE			Executive Vice President
04/11-05/13			Senior Vice President
04/11-DATE			Director
04/11-B/11B			24000
01/06-04/06	Lockton Companies 444 W. 47 <sup>th</sup> 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.	13 <b>056</b>
. , =		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	•
(Printed Full Name and Residence Addre	•
(Signature)	2-17-2014 (Date)
State of: IL County of: Peoria	
The foregoing instrument was acknowledged before me this 17 day of	February , 20 14 by <u>Craig</u>
William Kliethermes and:	
Xwho is personally known to me, or	
who produced the following identification:	OWA R. Le
[SEAL] "OFFICIAL SEAL"	Notary Public ) Tean of fon Ske
PARTIE JEAN A PONISKE _	Printed Notary Name 8 9 16 My Commission Expires
MY COMMISSION EXPIRES 08/09/16	, vommission pybros

Applicant Name (Comp	any): <u>RLI INSURA</u>	NCE COMPANY	NAIC No	13056
	., .		FEIN:	37-0915434
	DIO		A PERSON A STEP	
		GRAPHICAL		
o the extent permitted	by law, this affidavit will	be kept confident	tial by the state insurance i	regulatory authority.
		(Print or Ty	ype)	
	telephone number of the roup Names). RL			s biographical statement is being
	902	25 N. LINDBERG	H DRIVE	
· · · · · · · · · · · · · · · · · · ·	PF	ORIA, IL 61615		<del></del>
	(3	09) 692-1000	<del></del>	
ereinafter set forth. (A				ly information about myself as answer any question fully.) IF
. Affiant's Full N	Name (Initials Not Accept	table): First: <u>Thor</u>	nas Middle: <u>Lynn</u>	Last: Brown
a. Are yo	ou a citizen of the United	States?		
Yes	x No			
b. Are yo	ou a citizen of any other c	ountry?	·	
Yes		•		
_				
• •	what country? N/A			
Affiant's occup	ation or profession: Ac	countant		
Affiant's busine	ess address: 9025 N. Line	dbergh Drive, Peo	па, П. 61615	
Business teleph	one: <u>309 692-1000</u>	Busi	ness Email: thomas.b	rown@rlicorp.com
Education and t	raining:			
ollege/University inois Wesleyan Univer niversity of Iowa	<u>City/State</u> rsity Blooming Iowa City	ton, IL	<u>Dates Attended (MM</u> 09/75-05/76 09/76-05/77	<u>Degree Obtained</u>
inois Wesleyan Univer			09/77-05/79	B.S Accounting
raduate Studies	College/University	City/State	Dates Attended (MM/	<u>MYY</u> ) <u>Degree Obtained</u>
	Illinois State Universi	ity Normal, IL	09/79-05/81	None
	City/State	Dates Attende	ed (MM/YY)	Degree/Certification Obtained
ther Training: Name	City/State			

Applicant Name (Company):	RLI INSURANCE COMPA	ANY NAIC No	13056
••			37-0915434
6. List of memberships	in professional societies and asso	ociations:	
Name of Society/Association American Institute	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Certified Public Acc	<u>cts.</u>	1211 Avenue of Americas New York, NY 10036 550 W. Jackson, Ste. 900	(212) 596-6200
		Chicago, IL 60661	(312) 993-0407
Illinois Wesley			
Univ Bd of Truste	<u>====</u>	Bloomington, IL	
Chicago Shakespear	re Theater – Bd of Trustees	Chicago IL	
. Present or proposed p	position with the applicant entity:	: VP/CFO/Treasurer/Director	
including present job officerships). Please	yment record for the past twen s, positions, partnerships, owner list the most recent first. Attach telephone numbers and supervise	r of an entity, administrator, manadditional pages if the space pr	anager, operator, directorates or rovided is insufficient. It is only
See attached Schedule 1	, , , , , , , , , , , , , , , , , , ,	,	(10) ) 0 = 0.
Beginning/Ending	Employer's Name:		
Address:	City:	State/Province	ce:
Country: Po	stal Code: Phone:	Offices/Positions	Held:
Type of Business:	Superv	visor/Contact:	
Beginning/Ending Dates (MM/YY):	Employer's Name:		
Address:	City:	State/Province	ce:
Country: Pos	stal Code: Phone: _	Offices/Positions	Held:
Type of Business:	Superv	risor/Contact:	
Beginning/Ending Dates (MM/YY):	Employer's Name:	<del>-</del>	
Address:	City:	State/Provinc	e:
Country: Pos	stal Code:Phone: _	Offices/Positions	Held:
Type of Business:	Superv	risor/Contact:	
Beginning/Ending Dates (MM/YY):	Employer's Name:		
Address:	City:	State/Province	e;
			<del></del>

Applic	ant Name	(Company):	<u>RLI INSURAN</u> O	CE COMPANY	NAIC No				
					FEIN: _	37-0915434			
Туре о	f Busines	s:		_ Supervisor/Conta	ct:				
9.	a.	Have you ever	been in a position	which required a fidel	ity bond?				
		Yes No x							
		If any claims	were made on the b	ond, give details: <u>N/A</u>					
	b.	Have you everevoked?	r been denied an i	ndividual or position	schedule fidelity b	ond, or had a bond canceled or			
		Yes	No x						
		lf yes, give de	tails: <u>N/A</u>						
	the licer number are reas represer	nsing authority of is your Social Sonably identifianted by your SS	or regulatory body Security Number (S Ible as your SSN, t SN. (For example, ded is insufficient.	having jurisdiction over SN) or embeds your S hen write SSN for tha "SSN", "12-SSN-345"	er the license (s) iss SN or any sequence at portion of the pro or "1234-SSN" (l	address and telephone number of sued. If your professional license e of more than five numbers that of of sicense number that is last 6 digits). Attach additional			
Organia	zation/Issu	uer of License: ]	L Dept of Financia Professional Regula	l and Address:_	320 W. Washington	n Street			
City: S	pringfield				USA	Postal Code: <u>62786</u>			
License	Type:	CPA L	icense #: <u>065-0222</u>	. <u>67</u> D	ate Issued (MM/Y)	r):09/92			
Date Ex	mired (M	M/YY):	Reaso	n for Termination: <u>N//</u>	<u> </u>				
Non-Ins	surance R	egulatory Phone	e Number (if know	n):					
Organiz	zation/Issu	er of License:		Address:_	<del></del>				
City: _		State	Province:	Country:	-	Postal Code:			
License	Туре:	<u> </u>	License #:	D	eate Issued (MM/Y)	Y):			
Date Ex	pired (Mi	M/YY):	Reason	n for Termination:					
Non-Ins	surance R	egulatory Phone	Number (if know	):					
11.				d has been sealed or ex nt may respond "no" t		fiant has personally verified that e you ever:			
	<b>a</b> .			ofessional, or vocation rnmental licensing age		by any regulatory authority, or			
		Yes	No x						

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Applicant Na	me (Company):	RLI INSURANCE (	COMPANY	NAIC No.	<u>13056</u>
				FEIN:	37-0915434
b.		pational, professional, o dministrative, regulator			hold or have held, been subject t
	Yes	No x			
c.		n probation or had a fin nit in any judicial, admi			ional, professional, or vocational action?
	Yes	No x			
d.	Been charged	with, or indicted for, an	y criminal offense(s	s) other than civil	traffic offenses?
	Yes	No x			
e.	Pled guilty, o	r nolo contendere, or	been convicted of	any criminal o	offense(s) other than civil traffi
	Yes	No x			
f.		been pardoned, fined,			had pronouncement of a sentenc minal offense(s) other than civi
	Yes	No x			
a	dministrative, reg egulating the bus	ulatory, or disciplinary	action, from violation urities or banking,	ng any federal, st or from carryin	y or permanently, in any judicial ate law or law of another country ng out any particular practice o
	Yes	No x			
	Been, within the linancial dispute?	ast ten (10) years, a p	arty to any civil a	ction involving o	dishonesty, breach of trust, or a
	Yes	No x			
Р	rovisions of small		trust company law	s, or credit union	ment that you have violated any laws, or that you have violated eral Government?
	Yes	No x			
j. H	lad a lien or forecl	osure action filed again	st you or any entity	while you were a	associated with that entity?
	Yes	No x			
		ny question above is y e complaint and filed ad			dates, locations, disposition, etc.
<u>.</u>	<u>N/A</u>			<del> </del>	

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	t Name (Company):	RLI INSURANCE COMPANY	NAIC No	
			FEIN: _	37-0915434
	person, whether througor non-management se office held by the pers	ndirect, of the power to direct or cause the the ownership of voting securities, by ervices, or otherwise, unless the power son. Control shall be presumed to exist to vote, or holds proxies representing, ten	y contract other than is the result of an of if any person, direct percent (10%) or mo	a commercial contract for goods fficial position with or corporate tly or indirectly, owns, controls, ore of the voting securities of any
- 1	If any of the stock is pl	edged or hypothecated in any way, give	details. N/A	
c r d	or of record, 10% or regulatory authority, or indirectly, or indirectly twith, the person specification.		k of any entity subje on "affiliated" with, a trols, or is controlled	ct to regulation by an insurance a specific person, is a person that by, or is under common control
ť	he outstanding voting	securities.		idings represent 1070 or more or
ī	N/A			
	•	tock are pledged or hypothecated in any		
-  4.	Have you ever been ad			
3	Yes No 2	<u> </u>		
I	f yes, provide details:_	N/A		
c	To your knowledge he committee member, ke while you served in suc	as any company or entity for which y y management employee or controlling h capacity?	you were an officer g stockholder, had an	or director, trustee, investment by of the following events occur
a	Been refused licensing agen	a permit, license, or certificate of auth cy?	nority by any regulat	ory authority, or governmental-
	Yes	No x		
b	to any judicia	, license, or certificate of authority susp al, administrative, regulatory, or discip conservatorship, federal bankruptcy pro ding)?	plinary action (inclu	ding rehabilitation, liquidation,
	Yes	No x		
c		on probation or had a fine levied again		

Applicant Name (	Company):	RLI INSURANCE COMPANY	NAIC No.	13056
••			FEIN:	37-0915434
	Yes	No x		
	165	NO X		
		the above is yes, please indicate and giv de any events within twelve (12) months		
<u>N/A</u>				
	If an affiant ha and an explana	s any doubt about the accuracy of an ans tion provided.	wer, the question s	hould be answered in the positive
under penalty of p of my knowledge	perjury that I as and belief.	ny of <u>March</u> 20 <u>14</u> at <u>R</u> n acting on my own behalf and that the liant)	eoria IL foregoing statemen	. I hereby certify its are true and correct to the best
The foregoing ins		County of: <u>Peoria</u> knowledged before me this <u>/ /</u> day of _	March	, 20 <u>14</u> by <u>Thomas Lynn</u>
Xwho is person	ally known to	ne, or		
who produced	d the following	identification:	·	1. 0200
[SEAL]		"OFFICIAL SEAL"  NOTIAN DORIS MOBECK  BYATE OF  ALPROS MY COMMISSION EXPIRES 10/26/17		Notary Public  Notary Public  Notary Public  Notary Name  10 - 26 - 17  Iy Commission Expires

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

		(Print or Type)	
To the	extent permitted by law, t	this affidavit will be kept confidential by the	he state insurance regulatory authority.
	ame, address, and telephored (Do Not Use Group Na		ty under which this biographical statement is being
		RLI INSURANCE COMPANY	- <u> </u>
		9025 N. LINDBERGH DRIVE, PE	ORIA, IL 61615
		(309) 692-1000	
1.	Affiant's Full Name (In IF ANSWER IS "N	nitials Not Acceptable): First: <u>Thomas</u> NONE," SO STATE.	Middle: Lynn Last: Brown
2.	Have you ever used any	other name, including first, middle or last	t name, nickname, maiden name or aliases?
	Yes No x		
	If yes, give the reason in	f any, if none indicate such, and provide th	e full name(s) and date(s) used.
	ning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)
	-		
<del>_</del>	<u> </u>		
<del></del>			
Note:		nse to this question may be approximate. I	Parties using this form understand that there could er.
3.	Affiant's Social Security	y Number:	
4.	Government Identificati	on Number if not a U.S. Citizen: N/A	
5.	Foreign Student ID# (if	applicable) : <u>N/A</u>	
4	Date of Birth: (MM/DI)	/YY) · Place of Birth. C	Sitv:

State/Province:\_

Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY					. <u>13056</u> 	
7. Name of A	ffiant's Spouse (if ap	oplicable) :_				
8. List your re	esidences for the last	ten (10) years starting	with your current a	ddress, gi	iving:	
Beginning/Ending Dates (MM/YY)	<u>Address</u>	<u>City</u>	State/ Province		Country	Postal Code
08/95-current			IL		USA	
		·				
			- 1			
		• •	·	<del>_</del> _	<del>.</del>	
Dated and signed the certify under penalty the best of my know	that there could be a his 18 day of day of day of that I are ledge and belief.  (Signature of Affian	nis question may be apun overlap of dates who March_, 20_1 macting on my own but)	en transitioning from  4 at  behalf and that the f	one add	ress to another.	-
<del></del>		dged before me this _		rch, 20	<u>14</u> by	Thomas Lynn
Brown	and:					
x who is personal	ly known to me, or					
who produced the	ne following identifi	cation:				
[SEAL]	HOTARY PUBLIC STATE OF ILLINOIS	"OFFICIAL SEA DORIS MOBEC MY COMMISSION EXPIRES 1	K -	1/0	Notary Publi	<i>Pabeck</i> Name

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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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 (I2) 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, Glen Ellyn, IL  (Printed Full Name and Residence Addr	ress)
Signature)	3/18/2014 (Date)
State of: IL County of: Peoria	
The foregoing instrument was acknowledged before me this / b day of	March 20 14 by Thomas Lynn
Brown , and:	
X who is personally known to me, or	
who produced the following identification:	_/ m-
[SEAL]  "OFFICIAL SEAL"  PUBLIC DORIS MOBECK  ELLINOIS MY COMMISSION EXPIRES 10/26/17	Notary Public  Printed Notary Name  10-2(e-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>EMPL</u>	<u>OYER</u>	TITLE			
11/11 TO DAT	E	RLI Corp., RLI Insurance	Company, RLI Indemnity			
Company, Mt. Hawley		Company, Mt. Hawley In	y Insurance Company,			
		Data and Staff Service Co	o., Underwriters			
		Indemnity General Agend	cy, Inc.	Treasurer		
11/11 TO DATE	E	Contractors Bonding and	Insurance Company	Asst. Treasurer		
09/11 TO DATE	E	RLI Insurance Company,	RLI Indemnity Company,			
		Mt. Hawley Insurance Co	mpany, Contractors Bonding			
		and Insurance Company,	Data and Staff Service Co.,			
		RLI Underwriting Service	es, Inc.	VP, CFO/Director		
09/11 TO DATE	Ε	RLI Corp., RLI Insurance	Agency Ltd.	VP, CFO		
11/11 TO 12/11		Data and Staff Service Co	o. of Arizona .	Treasurer		
09/11 TO 02/12		RLI Insurance Ltd.		VP, CFO		
11/11 TO 06/12		Alaska Frontier Insurance	e, 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	o. of Arizona	VP,CFO		
09/11 TO DATE	3	RLI Insurance Agency Lt	d.	VP,CFO		
07/80 TO 08/I1		PricewaterhouseCoopers !	LLP			
		l North Wacker Drive				
		Chicago, IL 60601				
		(312) 298-2000		Partner		

Applicant Name (Company):	RLI INSURANCE COMPANY	NAIC No.	13056	•
Applicant (1000)		FEIN:	37-0915434	

#### **BIOGRAPHICAL AFFIDAVIT**

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

Full name,	address and tel	ephone number of the p	present or proposed	entity under which the		
required (D	o Not Use Gro	up Names). RLI	INSUKANCE COM	IPANY _		
		902	5 N. LINDBERGH	DRIVE		
		PE	ORIA, IL 61615	<del></del>		
		(30	9) 692-1000	<del></del>		
hereinafter	set forth. (Atta	bove-named entity, I hach addendum or separa NONE," SO STATE.				
·1. Af	fiant's Full Na	me (Initials Not Accepta	able): First: <u>Daniel</u>	Middle: <u>O'Connor</u> l	Last: Kenned	<u>v</u>
2. a.	Are you	a citizen of the United S	States?			
	Yes	x No				
b.	Are you	a citizen of any other co	ountry?			
	Yes [	No x				
	If yes, w	hat country?N/A_				
3. Af	fiant's occupati	ion or profession: Att	orney			
4. Af	fiant's business	address: 9025 N. Lind	bergh Drive, Peoria	, IL 61615		
Bu	siness telephon	e: <u>309 692-1000</u>	Busines	ss Email:	-	
5. Ed	ucation and tra	ining:				
College/Uni	iversity	City/State		Dates Attended (MM	4/YY)	Degree Obtained
Western Mi	chigan Univers	ity Kalamazoo,	MI	09/82-06/86		BBA
Graduate St	udies	College/University Wake Forest University School of Law	City/State Winston-Salem, NO	<u>Dates Attended (MN</u> 2 09/86-05/90	1/YY)	Degree Obtained  JD
Other Train	ing: Name	City/State	Dates Attended	(MM/YY)	Degree/Certi	fication Obtained
<u>N/A</u>	<del>-</del>					
Note: If	affiant attended	l a foreign school, plea	se provide full addr	ess and telephone nu	mber of the co	llege/university. If

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

Applica	nt Name (Compan	y): <u>RLI N</u>	SURAN	CE COMPA	NY	NAIC No1	3056	
		· · <del>_</del> · · · · ·				FEIN: 37	<u>'-0915434</u>	
6.	List of membersh	ips in professi	onal socie	eties and asso	ociations:			
	Name of				Add	ress of	<u>Telephone</u> N	umber
	Society/Associati	<u>on</u>	Contact	Name		Association .	of Society/Ass	ociation
	State Box of Go	ia	Clark		104 Marietta Atlanta, GA		(404) 527-8700	
	State Bar of Geo	orgia	Clerk		424 S. Second		(404) 327-8700	-
	IL State Bar Ass	soc.	Clerk		Springfield, I		(217) 525-1760	
						erson Ave., Ste.	(200) (21 (010	
	Peoria Co. Bar	Assoc.	Clerk		250, Peoria, I	L 61602	(309) 674-6049	
7.	Present or propos	ed position wit	th the app	licant entity:	Vice President	General Counse	el & Asst. Corp. Se	cretary
8.	including present	jobs, positions ase list the mos	s, partner st recent t	ships, owner first. Attach	of an entity, ad additional pages	ministrator, man	ated or otherwise ager, operator, dire vided is insufficien 0) years.	ectorates of
Beginnii Dates (N	ng/Ending MM/YY): <u>02/06</u>	<u>Date</u>	_ Employ	yer's Name:	RLI Insurance	Company and ir	surance affiliates	
Address	9025 N. Lindb	ergh Drive	City:	<u>Peoria</u>		_ State/Province	: <u>L</u>	
Country	: <u>USA</u>	Postal Code:	61615	Phone: <u>3</u>	09/692-1000 O	ffices/Positions I	leld: See Schedule	attached_
Type of	Business: <u>Insur</u>	rance		Superviso	r/Contact: Jonat	han E. Michael		
Beginnis Dates (N	ng/Ending MM/YY): <u>06/97</u>	02/06_	_ Employ	yer's Name:	Hunton & Willi	ams LLP		
Address	600 Peachtree S	t., Ste. 4100	City:	Atlanta		_ State/Province	:GA	
Country:		Postal Code:_	30308	Phone:	Of	fices/Positions H	eld: <u>Partner</u>	
Type of	Business: Attorne	ys		s	upervisor/Conta	ct: <u>Jo White</u>		
Beginnir Dates (M	ng/Ending /IM/YY): <u>04/93</u> _	06/97	_ Employ	yer's Name:	Minkin & Snyd	er		
Address:	3060 Peachtre	e Street	City:	Atlanta		_ State/Province:	<u>GA</u>	
Country:	<u>USA</u>	Postal Code:_	30327	Phone:_	Of	fices/Positions H	eld: Associate Atte	orney
Type of	Business: Attorne	yş	Super	visor/Contac	t:			
Beginnir Dates (N	ng/Ending AM/YY):		_ Employ	er's Name:				
Address:	·		City:			_ State/Province:		
							eld:	
Supervis	от/Contact:				<u> </u>	<del></del>		

Applic	ant Name	(Company):	RLI INSURANCE CO	MPANY	NAIC No. FEIN:	13056 37-0915434
9.	a.	Have you ever	been in a position which	required a fidelity bo	ond?	
		Yes	No x			
		If any claims v	vere made on the bond, gi	ve details: <u>N/A</u>		
	b.	Have you everevoked?	r been denied an individ	ual or position sched	dule fidelity	bond, or had a bond canceled or
		Yes	No x			
		If yes, give det	ails: <u>N/A</u>			· · · · · · · · · · · · · · · · · · ·
10.	or gove in the p the lice number are reas represer	rnmental licensi ast. For any non nsing authority of is your Social S sonably identifia nted by your SS	ng agency or regulatory a -insurance regulatory issue or regulatory body having Security Number (SSN) or ble as your SSN, then wo	authority or licensing ter, identify and provi jurisdiction over the rembeds your SSN o rite SSN for that por	authority that ide the name, license (s) is or any sequen- tion of the pi	ell securities) issued by any publicat you presently hold or have held address and telephone number of ssued. If your professional license ce of more than five numbers that rofessional license number that is (last 6 digits)). Attach additional
Organi	zation/Iss	uer of License: <u>s</u>	State Bar of Georgia	Address:_104 N	Marietta Stree	t
City:	Atlanta	State	Province: <u>GA</u>	Country: <u>USA</u>		Postal Code: 30303
License	: Type:_A	ttorney	License #: 414340	Date Is	ssued (MM/Y	Y):_06/90
Date E	kpired (M	M/YY): <u>N/A</u>	Reason for T	ermination: N/A		
Non-In	surance R	legulatory Phone	Number (if known): 40	04-527-8700		
Organia	zation/Iss	uer of License:_	ARDC - Illinois	Address: 3161	W. White Oa	ks Dr., Suite 301
City: S	pringfield	i State	Province: <u>IL</u>	Country: <u>US</u> /	<u>A</u>	Postal Code: 62704
License	: Туре: <u>(</u>	Corporate	License #: 6291254	Date Is	ssued (MM/Y	Y): <u>01/29/07</u>
Date Ex	cpired (M	M/YY): <u>N/A</u> _	Reason for T	ermination: <u>N/A</u>		
Non-In	surance R	egulatory Phone	: Number (if known): 21	7-522-6838		
11.			lowing, if the record has be expunged, an affiant may			ffiant has personally verified that ve you ever:
	a.		n occupational, profession inistrative, or government			it by any regulatory authority, or
		Yes	No x			

nt Na	ame (Company): RLI INSURANCE COMPANY NAIC No. 13056
	FEIN: <u>37-0915434</u>
ъ.	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 x
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 x
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No x
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No x
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 x
<b>.</b>	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 x
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 x
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 x
<b>i</b> -	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No x
	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.

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

Appli	cant Name (	(Company):	RLI INSURANCE COMPANY	NAIC No				
				FEIN: _	37-0915434			
	or non-n office he holds wi	nanagement seeld by the persent to	h the ownership of voting securities, rvices, or otherwise, unless the power on. Control shall be presumed to exit ovote, or holds proxies representing, to	er is the result of an o st if any person, direc en percent (10%) or mo	fficial position with or corporate thy or indirectly, owns, controls, ore of the voting securities of any			
	If any of	the stock is pl	edged or hypothecated in any way, give	ve details. N/A				
13.	or of rec regulator directly,	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 [						
	the outst	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		tock are pledged or hypothecated in a	• •				
14.	Have vo	 ı ever been adi	udged a bankrupt?		<del></del>			
	Yes _							
	If yes, pr	ovide details:_	<u>N/A</u>					
			<del></del>		<del></del>			
15.	committe	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?						
		Been refused a	a permit, license, or certificate of au	thority by any regulat	ory authority, or governmental-			
		Yes	No x					
	,	to any judicia	, license, or certificate of authority sur l, administrative, regulatory, or disc onservatorship, federal bankruptcy p ling)?	ciplinary action (inclu	ding rehabilitation, liquidation,			
		Yes	No x					
			n probation or had a fine levied aga y civil, criminal, administrative, regula					
		Yes	No x					

Applicant Name (Company): _	RLI INSURANCE COMPANY	NAIC No.	
		FEIN:	37-0915434
	f the above is yes, please indicate and give fude any events within twelve (12) months		
	nas any doubt about the accuracy of an answartion provided.	wer, the question s	hould be answered in the positive
Dated and signed this	day of February 20 14 at Pearn acting on my own behalf and that the f	eoria, IL foregoing statemen	. I hereby certify its are true and correct to the best
State of: IL  The foregoing instrument was a  Kennedy  Xwho is personally known to	acknowledged before me thisday of	( <i>feb.</i> , 20_	14 by <u>Daniel O'Connor</u>
who produced the followin	g identification:		
[SEAL]	OFFICIAL SEAL TRACY L FORMHALS OTARY PUBLIC - STATE OF ILLINOIS Y COMMISSION EXPIRES 04/06/15	Tracy April	Notary Public L Formhals Printed Notary Name L 2010 Ty Commission Expires

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

	(Print or Type)					
To the	extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.					
	ame, address, and telephone number of the present or proposed entity under which this biographical statement ed (Do Not Use Group Names).	s being				
	RLI INSURANCE COMPANY					
	9025 N. LINDBERGH DRIVE, PEORIA, IL 61615					
	(309) 692-1000	_				
1.	. Affiant's Full Name (Initials Not Acceptable): First: <u>Daniel</u> Middle: <u>O'Connor</u> Last: <u>Kennedy</u> 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 x					
	If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.					
	nning/Ending Name(s) Reason (If none, indicate such)  (s) Used (MM/YY) Specify: First, Middle or Last Name					
	<u>,                                     </u>					
Note:	Dates provided in response to this question may be approximate. Parties using this form understand that there be an overlap of dates when transitioning from one name to another.	could				
3.	Affiant's Social Security Number:					
4.	Government Identification Number if not a U.S. Citizen: N/A					
<b>5</b> .	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. FEIN:	13056 37-0915434	
7. Name of Aff	iant's Spouse (if app	licable) :				
8. List your resi	dences for the last te	en (10) years startin	g with your curren	it address, gi	ving:	
Beginning/Ending Dates (MM/YY)	<u>Address</u>	City	State/ Province	9	Country	Postal Code
08/06-Date		Dunlap	<u>IL</u>		USA	
01/95-08/06		Atlanta	GA		USA	
	- ,					
Dated and signed this certify under penalty the best of my knowle (State of: IL	dge and belief.  Signature of Affiant)  Coun	bruary, 20_acting on thy own	14 atbehalf and that the	Peoria, I e foregoing	L statements are t	
The foregoing instrum O'Connor Kennedy	ent was acknowledg	ged before me this _	day of <u>Fe</u>	bruary	[, 20 <u>14</u> b	y <u>Daniel</u>
who is personally						
who produced the	following identifica	tion:				
[SEAL]	NOTARY PUBLIC	CIAL SEAL FORMHALS - STATE OF ILLIN ON EXPIRES 04/0	IOIS 6/16	Iracion Apr	Notary Pub Form Printed Notary 1y Commission	nhals Name O/6

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. Lindbergb 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 Kenne	edy. Dunlap, IL 61525	
	(Printed Full Name and Residence	e Address)
<u>Dale</u>	ignature)	2/6/14 (Date)
State of:IL	County of: Peoria	
The foregoing instrume	ent was acknowledged before me this da	y of February 20 14 by Daniel
O'Connor Kennedy	, and:	J
Xwho is personally k	mown to me, or	
who produced the f	following identification:	
[SEAL]	OFFICIAL SEAL TRACY L FORMHALS NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 04/06/16	Notary Public  Treey L Formhals  Printed Notary Name  April 16, 2016  My Commission Expires

Ouestion #8

· Applicant Name (Company): NAIC No. 13056 RLI INSURANCE COMPANY 37-0915434 FEIN: Schedule #1 Title/Position Company Name Dates Contractors Bonding and Insurance Company VP, General Counsel/Asst Corp. Sec. 04/11-DATE RLI Insurance Company, RLI Indemnity Company 02/07-DATE Mt. Hawley Insurance Company Asst. Corporate Secretary Vice President, General Counsel Safe Fleet Insurance Company 02/07-DATE Corporate Secretary RLI Corp. 02/07-DATE

Vice President, General Counsel

RLI Corp., RLI Insurance Company, RLI

Company.

Indemnity Company, Mt. Hawley Insurance

02/06-DATE

Appii	cant Name (Com	pany). <u>Rei insoral</u>	CE COMPART	FEIN:	37-0915	3434
		вю	GRAPHICAL A	AFFIDAVIT		
To the	e extent permitted	l by law, this affidavit will	be kept confident	ial by the state insura	ınce regulatory	authority.
			(Print or Ty	pe)		
Full n	name, address and red (Do Not Use (	I telephone number of the Group Names)RLI	present or propos	ed entity under whic	h this biograph	nical statement is being
		902	5 N. LINDBERG	H DRIVE		
		PE	ORIA, IL 61615			
		(30	9) 692-1000			
herein	nafter set forth. (	e above-named entity, 1 Attach addendum or separ R "NONE," SO STATE.				
1.	Affiant's Full	Name (Initials Not Accept	able): First: <u>Jeff</u>	reyMiddle:_ <u>Dear</u>	n_Last:	<u>Fick</u>
2.	a. Are y	ou a citizen of the United	States?			
	Yes	x No				
	b. Are	ou a citizen of any other co	ountry?			
	Yes (	No x				
	lf yes	s, what country?N/A				
3.	Affiant's occu	pation or profession: Vic	ce President, Hum	an Resources		
4.	Affiant's busi	ness address: 9025 N. Lind	lbergh Drive, Peo	гіа, IL 61615		
	Business telep	hone: 309 692-1000	Busin	ness Email: <u>jeff.fic</u> l	@rlicorp.com	
5.	Education and	training:				
Colleg	ge/University	City/State	<u>.</u>	Dates Attended	(MM/YY)	Degree Obtained
	State University			1979-1980		
Gradu	ate Studies	College/University	City/State	Dates Attended	(MM/YY)	Degree Obtained
		University of Iowa	lowa City, IA	1980-1986		BBA/JD
Other	Training: Name	City/State	Dates Attende	ed (MM/YY)	Degree/C	Certification Obtained
N/A						
Note:		ded a foreign school, plea ovide the foreign student I Information.				

Applica	ant Name (Company):	RLI INSURANCE	COMPANY	NAIC No. 1	3056 7-0915434
_	List of memberships in	nrofessional societie	s and associati		(-0)15454
6.	Name of Society/Association	Contact Na		Address of Society/Association	Telephone Number of Society/Association
7.	Present or proposed po	osition with the applic	ant entity:V	ice President, Human Reson	urces/Director
	including present jobs officerships). Please li necessary to provide to ached Schedule 1	, positions, partnershi st the most recent firs	ps, owner of a it. Attach addit	n entity, administrator, ma	sated or otherwise (up to and nager, operator, directorates or ovided is insufficient. It is only 10) years.
Beginni Dates (	ing/Ending MM/YY):	Employer	's Name:		
					e:
Country	y: Pos	tal Code:	Phone:	Offices/Positions	Held:
Type of	f Business:		Supervisor	Contact:	
Beginni Dates (	ing/Ending MM/YY):	Employer	's Name:		<del></del>
Address	s:	City:		State/Provinc	e:
Country	/: Pos	tal Code:	Phone:	Offices/Positions I	Held:
Type of	f Business:		Supervisor/	/Contact:	
Beginni Dates (	ing/Ending MM/YY):	Employer	's Name:		
Address	s:	City:		State/Province	<b>:</b> :
			•		Held:
Type of	f Business:		Supervisor	/Contact:	
Beginni Dates (	ing/Ending MM/YY):	Employer	's Name:		
Address	s:	City:		State/Province	s:
					Held:
Type of	f Business:		Supervisor/	Contact:	

 A Company of the Comp		,			
No. of the second second					
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					•
					•
				4.	

Applicant Nar	ne (Company):	RLI INSURANCE COMPA	NY	NAIC No	
				FEIN:	37-0915434
9. a.	Have you ever	been in a position which requi	ired a fid	elity bond?	
	Yes	No x			
	If any claims v	vere made on the bond, give de	etails: <u>N/</u>	<u> </u>	
b.	Have you ever	been denied an individual o	r positio	n schedule fidelity b	ond, or had a bond canceled or
	Yes	No x			
	If yes, give det	ails: N/A			
or go in the the li numb are re repre	vernmental licensi past. For any non- censing authority of er is your Social Seasonably identifia sented by your SS	ng agency or regulatory author insurance regulatory issuer, id or regulatory body having juris security Number (SSN) or emb ble as your SSN, then write S	rity or lice lice tipe of the lice of the	censing authority that ad provide the name, over the license (s) iss SSN or any sequence that portion of the pro-	l securities) issued by any public you presently hold or have held address and telephone number of sued. If your professional license e of more than five numbers that ofessional license number that is last 6 digits)). Attach additional
Organization/I	ssuer of License	Supreme Court of Iowa	Address	State Capitol	<del></del>
·					-
City Des Mo	ines State	Province <u>IA</u>	Country	USA	Postal Code
License Type	Law	License #		Date Issued (MM/Y) Certificate of Exemp	
Date Expired (	MM/YY)	Reason for Termin	nation		
Non-insurance	Regulatory Phone	Number (if known			
Organization /	Issuer of License	Supreme Court of MN	Address	State Capitol	
City St. Pau	State	Province MN	Country	USA	Postal Code
License Type	Law	License #		Date Issued (MM/Y)	Y) <u>10/86</u>
Date Expired (	MM/YY) 1998 Regulatory Phone	Reason for Termin	nation _	No longer practicing Continuing education	n credits not filed after 1998
		owing, if the record has been s expunged, an affiant may resp			fiant has personally verified that we you ever:
a.		n occupational, professional, o inistrative, or governmental lic			t by any regulatory authority, or
	Yes	No x			
b.		ational, professional, or vocati ministrative, regulatory, or dis			old or have held, been subject to
	Yes	No x			

Applicant N	Jame (Company): <u>RLI INSURAN</u>	NCE COMPANY	NAIC No.	13056
	· · · · · —		FEIN:	37-0915434
c.	Been placed on probation or ha license or permit in any judicial			ional, professional, or vocational action?
	Yes No x	,		
d.	Been charged with, or indicted	for, any criminal offen	se(s) other than civi	traffic offenses?
	Yes No x		•	
e.	Pled guilty, or nolo contender offenses?	re, or been convicted	of, any criminal of	offense(s) other than civil traffic
	Yes No x			
f.				had pronouncement of a sentence iminal offense(s) other than civil
	Yes No x			
g.	Been subject to a cease and desist le administrative, regulatory, or discip regulating the business of insurance practices in the course of the business	linary action, from vio	ating any federal, sing, or from carrying	tate law or law of another country
	Yes No x		·.	
h.	Been, within the last ten (10) year financial dispute?	rs, a party to any civ	l action involving	dishonesty, breach of trust, or a
	Yes No x			
i.	Had a finding made by the Compt provisions of small loan laws, bank any rule or regulation lawfully made	ting or trust company	laws, or credit unio	n laws, or that you have violated
	Yes: No x			
j.	Had a lien or foreclosure action filed	d against you or any en	tity while you were	associated with that entity?
	Yes No x			
	If the response to any question abo Attach a copy of the complaint and			
	<u>N/A</u>			
		_		

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,

Applio	cant Name	e (Company):	<u>RLI INSURAN</u>	CE COMPANY	NAIC No FEIN:	13056 37-0915434
		with the power to person. <u>None</u>	<del>-</del>	xies representing, ten	percent (10%) or me	ore of the voting securities of any
	If any	of the stock is ple	edged or hypotheca	ated in any way, give	details. <u>N/A</u>	
13.	or of t regulat directly	ecord, 10% or notory authority, or	nore of the outstar its affiliates? An " rough one or more	nding shares of stock 'affiliate" of, or perso	of any entity subje n "affiliated" with, a	subscribe to or own, beneficially oct to regulation by an insurance a specific person, is a person that by, or is under common control
	the out	standing voting s	ne company or cor ecurities.	npanies in which the		oldings represent 10% or more of
	If any			r hypothecated in any	way, give details.	
14.	Have y	ou ever been adj	udged a bankrupt?			<del> </del>
	Yes [ If yes,	No x				
15.	commi		management em			or director, trustee, investment by of the following events occur
	<b>a</b> .	Been refused a		or certificate of author	ority by any regulat	tory authority, or governmental-
		Yes	No x			
	b.	to any judicia	l, administrative, onservatorship, fe	regulatory, or discip	linary action (inclu	celed, non-renewed, or subjected ding rehabilitation, liquidation, vency, supervision or any other
		Yes	No x			
	c.			d a fine levied again Iministrative, regulato		permit, license, or certificate of ction?
		Yes	No x			

Applicant Name (Company):	RLI INSURANCE COMPANY		
		FEIN:	37-0915434
	the above is yes, please indicate and g ide any events within twelve (12) mon		
<u>N/A</u>			· · · · · · · · · · · · · · · · · · ·
			·
	as any doubt about the accuracy of an a ation provided.	nswer, the question s	hould be answered in the positive
of my knowledge and belief.	ay of FEB 20_14 at m acting on my own behalf and that the fiant)	Peoria, IL ne foregoing statemen	. I hereby certify ats are true and correct to the best
State of: IL  The foregoing instrument was as	County of:Peoria	_ f_ <i>FEB</i> , 20_	14 by Jeffrey Dean
Fick,	and:		
Xwho is personally known to who produced the following		Yoru	n . Stepheruon
MOTARY F JEAN M ST STATE OF BLINDS COMMISSION E	EPHENSON	(	Notary Public PHEN (SON) Printed Notary Name  19-15  Ty Commission Expires

Applicant Name (Company):	RLI INSURANCE COMPANY	NAIC No	o. <u>13056</u>
		FEIN:	37-0915434

		Supplemental I ersonal injur	щаноп
		(Print or Type)	
To the e	xtent permitted by law, th	nis affidavit will be kept confidential by the	state insurance regulatory authority.
	ne, address, and telephon (Do Not Use Group Nan		under which this biographical statement is being
		RLI INSURANCE COMPANY	
		9025 N. LINDBERGH DRIVE, PEC	ORIA, IL 61615
		(309) 692-1000	
ī.	Affiant's Full Name (Ini IF ANSWER IS "N	tials Not Acceptable): First: <u>Jeffrey</u> MicONE," SO STATE.	ddle: <u>Dean</u> Last: <u>Fick</u>
2.	Have you ever used any	other name, including first, middle or last	name, nickname, maiden name or aliases?
	Yes No x		
	If yes, give the reason if	any, if none indicate such, and provide the	full name(s) and date(s) used.
	ning/Ending   Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)
	·	<del></del>	
Note:	Dates provided in response an overlap of dates w	nse to this question may be approximate. Pe hen transitioning from one name to another	arties using this form understand that there could
3.	Affiant's Social Security	Number	
4.	Government Identification	on Number if not a U.S. Citizen: N/A	
5.	Foreign Student ID# (if	applicable) : <u>N/A</u>	
6.	Date of Birth: (MM/DD/ State/Province:	YY) Place of Birth, Ci	ty:

Applicant Name (Con	ipany):RLI INSU	JRANCE COMPA	NY	_ NAIC No. FEIN:	<u>13056</u> 37-0915434	<del></del>
7. Name of Affi	ant's Spouse (if applic	able) :	<del></del>			
8. List your resi	dences for the last ten	(10) years starting	with your curre	ent address, gi	iving:	
Beginning/Ending Dates (MM/YY)	<u>Address</u>	<u>City</u>	State/ Province	<u>(</u>	Country	Postal Code
02/07-current		Dunlap	IL	<u> </u>	SA	
12/05-02/07		Dunlap	止	U	SA	
8/94-12/05		Muscatine	ĬA	US	SA	
State of: IL	dge and belief.    County   County	fick_ of:Peoria		·		
The foregoing instrum		before me this $\overline{Z}$	day of	TED	_, 20 <u>14</u> _ by	Jeffrey Dean
X who is personally	known to me, or					
who produced the	following identification	on:				
MODARY PUBLIC JEAN	FFICIAL SEAL" M STEPHENSON SION EXPIRES 01/19/15				Notary Publy Notary Publy Printed Notary 1 1-19-19	5

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  Dunlap, IL	
(Printed Full Name and Residence A	Address)
Gellen O Fick	02-03-14
(Signature)	(Date)
State of: IL County of: Peoria	
The foregoing instrument was acknowledged before me this Zmd day of _	FEB , 20 14 by Jeffrey Dean
Fick, and:	
Xwho is personally known to me, or	
who produced the following identification:	- A ). II.
	Storm. Stephenson
[SEAL]	JAN Notary Public DHAN SOL
"OFFICIAL SEAL"	Printed Notary Name
PUBLIC JEAN M STEPHENSON	01-19-15
COMMISSION EVENTER OF THE PARTY	My Commission Expires

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

Schedule 1 Question No. 8 - Employment Record

Date	Employer/Address	Phone Number	Office Held
04/11-date	Contractors Bonding and Ir	surance Company	V.P./Human Resources/Director
02/06-date	RLI Corp.		V.P./Human Resources
01/06-date	RLI Insurance Company, Mt. Hawley Insurance Com RLI Indemnity Company	pany,	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

Applicant Name (Company): RLI INSURA	NCE COMPANY	NAIC No.	
•		FEIN:	37-0915434
BIC	OGRAPHICAL A	FFIDAVIT	
To the extent permitted by law, this affidavit wil	ll be kept confidentia	al by the state insurance	regulatory authority.
	(Print or Ty	pe)·	
Full name, address and telephone number of the required (Do Not Use Group Names). RL			s biographical statement is being
90	25 N. LINDBERGI	1 DRIVE	
P	EORIA, IL 61615		
(3	809) 692-1000		<del>_</del>
In connection with the above-named entity, I hereinafter set forth. (Attach addendum or sepa ANSWER IS "NO" OR "NONE," SO STATE.  1. Affiant's Full Name (Initials Not Accept	arate sheet if space	hereon is insufficient to	
2. a. Are you a citizen of the United	· —	<u> </u>	Diefonalator
Yes x No	States:		
b. Are you a citizen of any other of	country?		
Yes No x			
If yes, what country?N/A	<u></u>	<u> </u>	
3. Affiant's occupation or profession: <u>In</u>	vestment Manager	<del></del>	
4. Affiant's business address: 9025 N. Lin	dbergh Drive, Peori	a, IL 61615	
Business telephone: <u>309 692-1000</u>	_ Busine	ess Email: <u>aaron.die</u> t	fenthaler@rlicorp.com
5. Education and training:			
College/University City/Stat	<u>ie</u>	Dates Attended (MM	VYY) 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	I (MM/YY)	Degree/Certification Obtained
<u>N/A</u>			
Note: If affiant attended a foreign school, ple applicable, provide the foreign student Supplemental Information.			

Applica	nt Name (Company)	: RLI INSUR	LANCE COMPA	NY NAIC No	13056
••	` ' ' ' '		<del></del>		37-0915434
6.	List of membership	s in professional s	ocieties and asso	ociations:	•
	Name of			Address of	Telephone Number
	Society/Association	<u>Con</u>	tact Name	Society/Association	of Society/Association
	CFA Institute	CFA		134 N. LaSalle Street	
	Society of Chicag	o Virginia l	Petrancosta	Chicago, IL 60602-1005	(312) 251-1301
ė					
7.	Present or proposed	position with the	applicant entity:	VP, Chief Investment Officer	
8.	including present jo officerships). Please	obs, positions, part e list the most rece	nerships, owner ent first. Attach a	ty (20) years, whether compen of an entity, administrator, ma additional pages if the space pro	nager, operator, directorates or ovided is insufficient. It is only
<b>.</b>		-	ers and superviso	ry information for the past ten (	(10) years.
-	tached Schedu	le l			
	ng/Ending MM/YY)	- Em	nlover's Name		
Address:		Ci	ity:	State/Provinc	e:
Country:	P	ostal Code:	Phone: _	Offices/Positions	Held:
Type of	Business:		Superv	isor/Contact:	
Beginnin	ng/Ending				
Dates (N	/IM/YY):	Emj	ployer's Name:_		· <u> </u>
Address:		с	ity:	State/Provinc	e:
Country:	P	ostal Code:	Phone:	Offices/Positions I	Held:
Type of 1	Business:		Supervi	sor/Contact:	·
_	ng/Ending /IM/YY):	- <u>Emp</u>	oloyer's Name:_		
Address:		Ci	ty:	State/Province	::
Country:	P	ostal Code:	Phone:	Offices/Positions I	Held:
Type of l	Business:		Supervi	sor/Contact:	
	g/Ending IM/YY):	Emp	oloyer's Name:_		
Address:	<u> </u>	Cit	ty:	State/Province	:
Country:	Po	ostal Code:	Phone:	Offices/Positions F	leld:
ume of F	Rucinoce:		Supandi	FOF/Contact:	

Applic	cant Nam	e (Company):	RLI INSURANCE	COMPANY	NAIC No FEIN: _	13056 37-0915434
9.		Uove von ever	heen in a nosition wi	nich required a fidelity	hond?	
у.	a.	<u> </u>		nen required a naciny	oona:	
		Yes	No x			
		If any claims	vere made on the bon	d, give details: <u>N/A</u>	· · · · · · · · · · · · · · · · · · ·	
	b.	Have you ever revoked?	r been dénied an ind	ividual or position sch	nedule fidelity b	oond, or had a bond canceled or
		Yes	No x			
		If yes, give de	ails: <u>N/A</u>	· .		
	in the the lic number are res repres pages	past. For any non ensing authority of er is your Social S asonably identifia ented by your SS if the space provi	insurance regulatory or regulatory body has security Number (SSI ble as your SSN, the SN. (For example, "Sded is insufficient.	issuer, identify and proving jurisdiction over the state of the state	by the name, the license (s) is a license (s) is a license (s) is a license (s) is a license or any sequence or tion of the property (1234-SSN" (	t you presently hold or have held address and telephone number of sued. If your professional license se of more than five numbers that ofessional license number that is (last 6 digits)). Attach additional
Organi	ization/Is	suer of License:		Address:		
City: _		State	Province:	Country:		Postal Code:
Licens	е Туре:_	Licen	se #:	Date	Issued (MM/Y	Y):
Date E	xpired (l	MM/YY):	Reason	for Termination:		
Non-Ir	surance	Regulatory Phone	Number (if known):			
Organi	ization/Is	suer of License:		Address:		
City: _		State	Province:	Country:		Postal Code:
Licens	е Туре: _	,	License #:	Date	Issued (MM/Y	Y):
Date E	xpired (I	MM/YY):	Reason i	for Termination:		
				·		
11.	In resp	onding to the fol ord was sealed or	lowing, if the record lexpunged, an affiant	nas been sealed or expu may respond "no" to the	inged, and the at he question. Hav	ffiant has personally verified that we you ever:
	a.			essional, or vocational limental licensing agenc		it by any regulatory authority, or
		Yes	No x		•	
	b.			or vocational license ory, or disciplinary action		old or have held, been subject to

•	ame (Company): RLI INSURANCE COMPANY NAIC No. 13056
	FEIN: <u>37-0915434</u>
	Yes No x
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 x
đ.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No x
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
•	Yes No x
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 x
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 x
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 x
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 x
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No x
	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.

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

licant Na	me (Company):	RLI INSURANCE COMPANY	NAIC No.	13056
			FEIN:	37-0915434
hold	s with the power to	son. Control shall be presumed to exist to vote, or holds proxies representing, ter	n percent (10%) or m	
			<del></del>	
If an	y of the stock is pl	edged or hypothecated in any way, give		
or of regul	f record, 10% or a	bers of your immediate family individumore of the outstanding shares of stoce its affiliates? An "affiliate" of, or pershrough one or more intermediaries, conied.	k of any entity subj on "affiliated" with,	ect to regulation by an insurance a specific person, is a person that
Yes	No [	x		
the o	utstanding voting	the company or companies in which the securities.		
If an	y of the shares of	stock are pledged or hypothecated in an	y way, give details.	
N/A	·			
			•	
Have	you ever been ad	judged a bankrupt?		,
Yes	No [	<u>x</u>		
If ve	s, provide details:	N/A		
			<u> </u>	<u> </u>
com	mittee member, ke e you served in suc		g stockholder, had a	ny of the following events occur
<b>a</b> .	Been refused licensing agen	a permit, license, or certificate of auticy?	hority by any regula	ttory authority, or governmental-
	Yes	No x		
b.	to any judici	t, license, or certificate of authority sus al, administrative, regulatory, or disci conservatorship, federal bankruptcy pr ding)?	iplinary action (incl	uding rehabilitation, liquidation,
	Yes	No x		
c.		on probation or had a fine levied againg civil, criminal, administrative, regular		
	Yes	No x		

Applicant Name (Company):	RLI INSURANCE COMPANY	NAIC No.	13056
		FEIN:	37-0915434
	the above is yes, please indicate and give ude any events within twelve (12) months		
N/A			
	as any doubt about the accuracy of an ansvation provided.	wer, the question s	hould be answered in the positive
Dated and signed this dunder penalty of perjury that I a of my knowledge and belief.	ay of <u>February</u> 20 <u>14</u> at <u>Pe</u> m acting on my own behalf and that the f	eoria, IL oregoing statemen	I hereby certify ts are true and correct to the best
(Signature of Af	fiant)		
State of: IL	County of: Peoria		
The foregoing instrument was ac	knowledged before me this day of _	February	, 20 <u>14</u> by <u> Aaron</u>
Paul Diefenthaler	, and:		
Xwho is personally known to	me, or		
who produced the following	identification:	·	
		Ylan	-m. Stephenson
PAL OFFICIAL SEA	<i>y</i>	To me	Notary Public
PUBLIC JEAN M STEPHER STATE OF JEAN M STEPHER BLANGE COMMISSION EXPIRES		SI-	Printed Notary Name
1		<u>۱۲۰</u> M	y Commission Expires

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

			(Print or Type)	
To the	extent permitted by law, thi	is affidavit will be	kept confidential by th	e state insurance regulatory authority.
	me, address, and telephone d (Do Not Use Group Name		esent or proposed entit	y under which this biographical statement is being
		RLI INSURA	NCE COMPANY	
		9025 N. LINI	DBERGH DRIVE, PE	ORIA, IL 61615
		(309) 692-10	00	
1.	Affiant's Full Name (Initial IF ANSWER IS "NO			ddle: <u>Paul</u> Last: <u>Diefenthaler</u>
2.	Have you ever used any o	other name, includi	ing first, middle or last	name, nickname, maiden name or aliases?
	Yes No x			
	If yes, give the reason if a	ny, if none indicat	te such, and provide th	e full name(s) and date(s) used.
	ning/Ending s) Used (MM/YY)	Name Specify: First, Mid	<del></del>	Reason (If none, indicate such)
		<u>i</u>		
			<del></del>	
			<u>.                                    </u>	
 Note:	Dates provided in respons be an overlap of dates wb	se to this question en transitioning fro	may be approximate. From one name to another	Parties using this form understand that there could er.
3.	Affiant's Social Security	Number		
4.	Government Identification	n Number if not a	U.S. Citizen: N/A	
5.	Foreign Student ID# (if a	pplicable): N/A		
6.	Date of Birth: (MM/DD/)	YY)	Place of Birth, C	ity:
	State/Province:		Country: USA	

State/Province:

Applicant Name (Comp	any): <u>RLI INSI</u>	JRANCE COMPAI	NY	NAIC No. FEIN:	13056 37-0915434	
7. Name of Affiar	nt's Spouse (if applie	cable) :_	_			
8. List your reside	ences for the last ten	(10) years starting	with your curren	t address, gi	ving:	
Beginning/Ending <u>Dates (MM/YY)</u>	<u>Address</u>	City	State/ Province	<u>C</u>	Country	Postal Code
01/13-Current		Dunlap	IL		USA	
04/05-01/13		Glen Ellyn	IL.		USA	_
08/03-04/05		Chicago	п		USA	_
Note: Dates provided understand that  Dated and signed this certify under penalty of the best of my knowledge	there could be an over the day of Figury that I am ac	verlap of dates wherebruary , 20 1	transitioning fro	om one addr Peoria, I	ress to another.	. I hereby
1. •	nature of Affiant)	<del></del>				
State of: IL  The foregoing instrumen  Diefenthaler , a	t was acknowledged	11	day of	February	_,20 <u>14</u> }	by <u>Aaron Paul</u>
x who is personally kn	own to me, or					
who produced the fo	llowing identification	on:				
S L DIONO	AL SEAL" EPHENSON EXPIRES 01/19/15			91-	Notary Public Managery Public	

Applicant Name (Company):	RLI INSURANCE COMPANY	_ NAIC No.	<u>13056</u>	
• • • • • • • • • • • • • • • • • • • •		FEIN:	37-0915434	

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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.

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.

Aaron Paul Diefenthaler	bunlap, IL
	ame and Residence Address)
	2/14/19
(Signature)	(Date)
State of: County of: Pec	<del></del>
The foregoing instrument was acknowledged before	me this 1477 day of <u>February</u> , 20 14 by
Aaron Paul Diefenthaler and:	
X who is personally known to me, or	
who produced the following identification:	Den M. Stephenson
"OFFICIAL SEAL"	
FIRM M STEPHENSON	JEAN M. SEPHENSON
COMMISSION EXPIRES 01/19/15	Printed Notary Name
	My Commission Fynires

# AARON P. DIEFENTHALER SCHEDULE 1 – QUESTION #8

<u>DATES</u>	EMPLOYER	TITLE
01/12 TO DATE	RL1 Corp., RLI Insurance Company, RLI Indemnity	
•	Company, Mt. Hawley Insurance Company,	٠.
. ,	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	Portfolio Mgr., Trader
• •	Supervisor: Darlene Richards	
04/98 TO 10/02	SS&C Technologies	
	80 Lamberton Road	
	Windsor, CT 06095	1.
	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

Applic	cant Name (Co	ompany):	KLI INSUKANC	E COMPANI_	NAIC NO FEIN:	. <u>13036                                   </u>	.424
					FEIN:	3/-0913	434
			BIQGI	RAPHICAL AI	FIDAVIT		
To the	extent permit	ted by law,	this affidavit will be	kept confidential	by the state insurance	e regulatory	authority.
				(Print or Type	e)		
			ne number of the promes). RLI I				ical statement is being
_			9025]	N. LINDBERGH	DRIVE		
		. <u></u>	PEOL	RIA, IL 61615		<del></del>	<del></del>
			(309)	692-1000			
herein	after set forth	. (Attach ad					ation about myself as any question fully.) IF
1.	Affiant's F	ıll Name (Ir	uitials Not Acceptab	le): First: <u>Aaron</u>	Middle:_ <u>Howar</u>	d_Last:_Jaco	oby
2.	a. Ar	e you a citiz	en of the United Sta	ntes?			
	Ye	s x	No				
	b. Ar	e you a citiz	en of any other cour	ntry?			
	Ye	s	No x				
	If	yes, what co	untry? <u>N/A</u>	<del>_</del>	<del> </del>		
3.	Affiant's oc	cupation or	profession: <u>Mana</u>	igement			<u>.</u>
4.	Affiant's bu	siness addro	ess: <u>9025 N. Lindbe</u>	ergh Drive, Peoria	L 61615		
	Business tel	ephone:	309 692-1000	Busine	ss Email: <u>aaron.</u>	jacoby@rlice	orp.com_
5.	Education a	nd training:					
Colleg	e/University		City/State		Dates Attended (M	M/YY)	Degree Obtained
Univer	rsity of Illinois		Champaign, IL		1988-1992	В	B.S Accountancy
	ate Studies		ge/University	City/State	Dates Attended (M	<u>M/YY)</u>	Degree Obtained
	western University Kellogg School		ement	Evansville, IL	1995-1998		MBA
Other <sup>*</sup> N/A	<u> Training: Nam</u>	<u>e                                    </u>	Sity/State	Dates Attended	(MM/YY)	Degree/C	Certification Obtained
	10.00						
Note:	If affiant at applicable, Supplement	provide the	foreign student Ide	provide full adding interest and provide full adding in the provided provided and p	ress and telephone meer in the space provi	umber of the ided in the E	college/university. I Biographical Affidav

Applica	nt Name (Company)	): <u> </u>	<u>SURANCE COMPAN</u>	<u>IY</u> NAIC No. <u>13056</u>
	, .			FEIN: <u>37-0915434</u>
6.	List of membership	os in profession	nal societies and assoc	iations:
			A 11	maked and Month of
	Name of	C	Address of	<u>Telephone Number</u> of
	Society/Associati	on Contact Name	Society/Association	Society/Association
	American	<del></del>		
	Institute	of		
	Certified Pub	lic		
	Accounts		1211 Avenue of	
	(AICPA)		the Americas, New	(000) 777 0777
			York, NY 10036	(888) 777-0777
7.	Present or propose	d position with	the applicant entity:	Vice President, Corporate Development
Beginni	officerships). Please necessary to provide ched Schedule 1 ng/Ending	se list the most le telephone n	t recent first. Attach ac umbers and supervisor	of an entity, administrator, manager, operator, directorates of ditional pages if the space provided is insufficient. It is only y information for the past ten (10) years.
Address	:		City:	State/Province:
Country	:	Postal Code: _	Phone:	Offices/Positions Held:
Type of	Business:		Supervis	sor/Contact:
	ng/Ending MM/YY):	- <del></del>	Employer's Name:	<del></del>
Address			City:	State/Province:
Country	:	Postal Code: _	Phone:	Offices/Positions Held:
Type of	Business:	<del></del>	Supervis	sor/Contact:
Beginni Dates (l	ng/Ending MM/YY):	- ·	Employer's Name:	
Address	:		City:	State/Province:
Country	:	Postal Code: _	Phone:	Offices/Positions Held:
Type of	Business:	_ <del>-</del> _	Supervis	sor/Contact:
Beginni	ng/Ending		Paralayeesta Maria	
Dates (1	VLM/YY):	. •	_ Employer's Name:	

Applica	nt Name	(Company): RLI INSURANCE COMPA	NAIC No.	
			FEIN:	37-0915434
Address	s:	City:	State/Provi	nce:
Country	<i>r</i> :	Phone:	Offices/Position	ns Held:
Type of	Business	s: Supervi	sor/Contact:	
9.	<b>a</b> .	Have you ever been in a position which require	red a fidelity bond?	
		Yes No x		
		If any claims were made on the bond, give de		
	b.	Have you ever been denied an individual or revoked?	position schedule fidelity	bond, or had a bond canceled or
		Yes No x		
		If yes, give details: N/A		
	in the pa the licer number are reas represer	rnmental licensing agency or regulatory author ast. For any non-insurance regulatory issuer, id asing authority or regulatory body having juris is your Social Security Number (SSN) or embounably identifiable as your SSN, then write Stated by your SSN. (For example, "SSN", "12 the space provided is insufficient.	entify and provide the name, diction over the license (s) is eds your SSN or any sequen SN for that portion of the pa	address and telephone number of ssued. If your professional license ce of more than five numbers that rofessional license number that is
		Illinois Department of Financial and		
Organiz	ation/Iss	uer of License: Professional Regulation		ton
City: S	pringfiel	d State/Province: Illinois	Country: USA	Postal Code: <u>62786</u>
License	Type: <u>R</u>	egistered CPA License #: 239000299	Date Issued (MM/Y	Y): <u>02/06</u>
Date Ex Organiz	pired (M ation/Isso	M/YY): N/A Reason for Terminuer of License:	nation: N/AAddress:	
City: _		State/Province:	Country:	Postal Code:
License	Туре:	License #:	Date Issued (MM/Y	Y):
Date Ex	pired (M	M/YY): Reason for Termin	nation:	
Non-lns	urance R	egulatory 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?

nt Na	me (Company):RLI	INSURANCE COMPANY	NAIC No.	<u> 13056</u>
			FEIN:	<u> 37-0915434</u>
	Yes No [	x		
b.		, professional, or vocational l rative, regulatory, or disciplin		hold or have held, been subject to
	Yes No	x		
C.		tion or had a fine levied again ny judicial, administrative, reg		ional, professional, or vocational action?
	Yes No	x		
	Been charged with, or	indicted for, any criminal off	ense(s) other than civi	l traffic offenses?
	Yes No	x		
	Pled guilty, or nolo offenses?	contendere, or been convict	ed of, any criminal o	offense(s) other than civil traffic
	Yes No	x		
f.				had pronouncement of a sentence iminal offense(s) other than civil
	Yes No	x		
g.	administrative, regulatory, regulating the business of	or disciplinary action, from v	riolating any federal, s nking, or from carryin	ly or permanently, in any judicial, tate law or law of another country ng out any particular practice or
	Yes No	x		
h.	Been, within the last ten financial dispute?	(10) years, a party to any o	civil action involving	dishonesty, breach of trust, or a
	Yes No	x		
i.	provisions of small loan la		y laws, or credit unio	ment that you have violated any n laws, or that you have violated deral Government?
	Yes No	x		
j.	Had a lien or foreclosure a	ction filed against you or any	entity while you were	associated with that entity?
	Yes No	x		
	If the response to any que	stion above is yes, please pro	ovide details including	dates, locations, disposition, etc.
	Attach a copy of the comp	laint and filed adjudication or	settlement as appropri	ate.

Applio	cant Name (Company): _	RLI INSURANCE COMPANY	MAIC No. FEIN:	13056 37-0915434				
12.	term "control" (inclu- possession, direct or person, whether throu- or non-management s office held by the per-	to regulation by an insurance regulatory ding the terms "controlling," "controlled indirect, of the power to direct or cause gh the ownership of voting securities, by ervices, or otherwise, unless the power i rson. Control shall be presumed to exist to vote, or holds proxies representing, ten	by" and "under contract other than is the result of an o if any person, direct	ommon control with") means the management and policies of a a commercial contract for goods official position with or corporate ty or indirectly, owns, controls,				
	If any of the stock is p	eledged or hypothecated in any way, give	details. <u>N/A</u>					
13.	or of record, 10% or regulatory authority, or	nbers of your immediate family individual more of the outstanding shares of stock or its affiliates? An "affiliate" of, or perso through one or more intermediaries, contied.	of any entity subject on "affiliated" with,	ect to regulation by an insurance a specific person, is a person that				
	Yes No [	Yes No x						
	If yes, please identify the outstanding voting N/A	the company or companies in which the securities.		oldings represent 10% or more of				
	•	stock are pledged or hypothecated in any						
14.	Have you ever been ac	ljudged a bankrupt?	<del> </del>					
	Yes No [	x						
	If yes, provide details:	<u>N/A</u>						
15.		nas any company or entity for which y ey management employee or controlling ch capacity?						
	a. Been refused licensing age	a permit, license, or certificate of authoricy?	ority by any regula	tory authority, or governmental-				
	Yes	No x						
	to any judic:	it, license, or certificate of authority suspensel, administrative, regulatory, or discip conservatorship, federal bankruptcy proeding)?	linary action (inclu	uding rehabilitation, liquidation,				
	Yes	No x						

Applicant Name	(Company):	RLI INSURANCE COM	PANY	NAIC No.	
				FEIN:	37-0915434
c.		probation or had a fine civil, criminal, administra			permit, license, or certificate of action?
	Yes	No x			
					sponding to questions (b) and (c), parture from the entity.
_N/A					
		<del></del>	<del></del>		<del></del>
Note:	If an affiant has and an explanat		acy of an answer, th	e question s	hould be answered in the positive
under penalty of of my knowledge	perjury that I am	acting on my own behalf	20 <u>14</u> at <u>Peoria,</u> and that the foregoi	IL ing statemen	I hereby certify ts are true and correct to the best
State of:	<u>IL</u>	County of: Peor	ia Jea		
The foregoing in	strument was ack	nowledged before me this	31 Sday of JAT	<u>ل</u> 20	14 by <u>Aaron Howard</u>
Jacoby		and:			
Xwho is perso	nally known to n	ne, or			
who produce	ed the following i	dentification:			
Will process				$\overline{\mathcal{N}}_{0}$ .	Do Atom
NEALT	WARTINIAL CEA	111		Juan	Notary Public
3471	"OFFICIAL SEA	T		JEAN	M. STEPHENSON
STATE OF JEA	AN M STEPHEN MISSION EXPIRES O	1/19/15		01-	Printed Notary Name
The Committee of the Co	Intradict of the second			M	y Commission Expires

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

# BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

		Supplemental Personal Info	rmation
		(Print or Type)	
To the	extent permitted by law, this aff	idavit will be kept confidential by th	e state insurance regulatory authority.
	ame, address, and telephone numed (Do Not Use Group Names).	nber of the present or proposed entity	y under which this biographical statement is bein
		RLI INSURANCE COMPANY	
		9025 N. LINDBERGH DRIVE, PE	ORIA, IL 61615
		(309) 692-1000	
1.	Affiant's Full Name (Initials ) IF ANSWER IS "NONE,	Not Acceptable): First: <u>Aaron</u> Mic " SO STATE.	ddle: <u>Howard</u> Last: <u>Jacoby</u>
2.	Have you ever used any other	name, including first, middle or last	name, nickname, maiden name or aliases?
	Yes No x		
	If yes, give the reason if any,	if none indicate such, and provide the	e full name(s) and date(s) used.
Begin Date(	uning/Ending s) Used (MM/YY) Spe	Name(s) ecify: First, Middle or Last Name	Reason (If none, indicate such)
		· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	
Note:		this question may be approximate. F	Parties using this form understand that there could er.
3.	Affiant's Social Security Num	nbe	
4.	Government Identification Nu	umber if not a U.S. Citizen: N/A	
5.	Foreign Student ID# (if applic	cable) : <u>N/A</u>	
6.	Date of Birth: (MM/DD/\) State/Province: 1	Place of Birth, C	ity:

Applicant Name (Company): RLI INSURANCE COMPANY				13056		
				FEIN:	<u>37-0915434</u>	
7. Name of Affi	ant's Spouse (if app	olicable) : <u>Lori Sim</u>	enauer			
8. List your resi	dences for the last t	en (10) years startin	g with your curre	ent address, g	iving:	
Beginning/Ending			State/			
Dates (MM/YY)	<u>Address</u>	<u>City</u>	<u>Province</u>	!	Country	Postal Code
04/02-date		Dunlap	_IL	·	USA	
<del></del>				<u></u>		<del></del>
		<del></del>	_ <del></del>	<del></del>		
					<del></del>	<del></del>
Dated and signed this certify under penalty of the best of my knowle (S)  State of:IL	dge and belief.	ty of Peoria	-			
		ged before me this <u>c</u>	day of	2 /T/U	_, 20 <u>14</u> b	y A <u>aron Howard</u>
Jacoby	, and:					
X who is personally	known to me, or					
who produced the	following identification	ation:				
NOTARY E				$\overline{\wedge}$	m-Stephe	

Applicant Name (Company):	RLI INSURANCE COMPANY	NAIC No	<u> 13056</u>
••		FEIN:	37-0915434

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.

Aaron Howard Jacoby,	Dunlap, IL
(Pr	inted Full Name and Residence Address)
(Signature)	1/3b/14 (Date)
State of: IL County	
The foregoing instrument was acknowledge	d before me this <u>31</u> 8 <sup>8</sup> day of <u>JAN</u> , 20 <u>14</u> by <u>Aaron Howard</u>
Jacoby , and:	
Xwho is personally known to me, or	
who produced the following identificati	On: Xeon M. Stephenson
"OFFICIAL SEAL"  NOTARY FUELCE JEAN M STEPHENSON COMMISSION EXPIRES 01/19/1	JEAN M. SEPHENSON  Printed Notary Name  0/- 19-15
	My Commission Expires

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

#### UESTION 8. - SCHEDULE 1

Dates	Emplo	oyer	Title	
	05/11-DATE	MAUI JIM, INC.	DIF	ECTOR
	04/11-DATE	CONTRACTORS BONDING AND INSURANCE COMPANY	V. F	./CORPORATE DEVELOPMENT
	08/04-DATE	RLI CORP. RLI INSURANCE COMPANY RLI INDEMNITY COMPANY MT. HAWLEY INSURANCE COMPAN	Y V.E	./CORPORATE DEVELOPMENT
	12/05-05/09 09/05-05/09	RLI INSURANCE COMPANY RLI INDEMNITY COMPANY, MT. HAWLEY INSURANCE COMPAN		ECTOR
	01/05-01/07	TAYLOR, BEAN & WHITAKER MORTGAGE CORP.	DIF	ECTOR
	08/03-08/04	RLI CORP. RLI INSURANCE COMPANY RLI INDEMNITY COMPANY MT. HAWLEY INSURANCE COMPAN	( TRE	ASURER
	11/01-08/03	RLI INSURANCE COMPANY	DIR	ECTOR, CORPORATE DEVELOPMENT
	03/01-11/01	PRICEWATERHOUSECOOPERS	DIR	ECTOR
	02/00-10/00	INLIGHT, INC.	DIR	ECTOR, CORPORATE DEVELOPMENT
	01/98-02/00	PRICEWATERHOUSECOOPERS	MAN	AGER
	09/94-01/98	IBM	FIN	ANCIAL ANALYST
	09/92-09/94	ERNST & YOUNG	AUD	ITOR

2014

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

#### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitte	ed by law, this affidavit will b	e kept confidentia	l by the state insurance regulatory	authority.
		(Print or Typ	e)	
Full name, address ar required (Do Not Use	nd telephone number of the p Group Names). RLI	resent or proposed INSURANCE CO	l entity under which this biograph MPANY	nical statement is being
	9025	N. LINDBERGH	DRIVE	
	PEC	ORIA, IL 61615		
	(309	9) 692-1000		
hereinafter set forth.	the above-named entity, 1 in (Attach addendum or separate or "NONE," SO STATE.	nerewith make re- ute sheet if space	presentations and supply inform hereon is insufficient to answer	ation about myself as any question fully.) IF
1. Affiant's Ful	l Name (Initials Not Accepta	ble): Fi <del>rs</del> t: <u>Donal</u>	dMiddle: <u>John</u> Last:	<u>Driscoll</u>
2. a. Are	you a citizen of the United S	tates?		
Yes	x No			
b. Are	you a citizen of any other co	untry?		
Yes	No x			
If y	es, what country? N/A			
3. Affiant's occ	upation or profession: <u>Inst</u>	rance - Claims		
4. Affiant's bus	iness address: 9025 N. Lind	bergh Drive, Peori	a, IL 61615	
Business tele	phone: 309 692-1000	Busine	ess Email: <u>don.driscoll@rlicorp</u>	.com
5. Education an	d training:			
College/University	City/State		Dates Attended (MM/YY)	Degree Ohtained
Valparaiso University	Valparaiso, IN		08/78-05/82	В.А.
Graduate Studies	College/University University of Illinois	City/State	Dates Attended (MM/YY)	Degree Obtained
	College of Law	Champaign, IL	08/82-05/85	J.D.
Other Training: Name	City/State	Dates Attended	(MM/YY) Degree/G	Certification Obtained
N/A				
Note: If affiant atte	ended a foreign school, pleas	e provide full add	iress and telephone number of th	e college/university. If

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.

Applica	nt Name (Company): _	RLI INSURANCE COMP	ANY NAIC No. FEIN:	13056 37-0915434
6.	List of memberships in	professional societies and ass	sociations: See Attached Scheo	lule 1
	Name of Society/Association	Contact Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association
7.	Present or proposed p	osition with the applicant entity	y: Vice President, Claim/Dire	ector
8.	including present jobs officerships). Please 1	, positions, partnerships, own	er of an entity, administrator, a additional pages if the space	pensated or otherwise (up to and manager, operator, directorates or provided is insufficient. It is only en (10) years.
Beginni	ing/Ending			
Dates (	MM/YY):	Employer's Name	:	
Address	s:	City:	State/Prov	rince:
Country	/: Pos	tal Code: Phone:	Offices/Position	ns Held:
Type of	Business:	Super	rvisor/Contact:	
Beginni Dates (1	ing/Ending MM/YY):	Employer's Name	:	
Address	<b>3:</b>	City:	State/Prov	ince:
Country	/: Pos	tal Code: Phone:	Offices/Position	ns Held:
Type of	Business:	Super	rvisor/Contact:	
Beginni	ng/Ending	,		
				nce:
				ns Held:
Type of	Business:	Super	rvisor/Contact:	
Beginni Dates (1	ng/Ending MM/YY):	Employer's Name	:	
Address	×	City:	State/Provi	nce:
Country	?: Pos	tal Code:Phone:	Offices/Position	ns Held:
Type of	Rusiness	Suner	rvisor/Contact:	

Applica	nt Name	(Company): _	RLI INSURANCE	COMPANY	NAIC No	
					FEIN:	37-0915434
9.	a.	Have you eve	er been in a position wh	ich required a fidelit	y bond?	
		Yes	No x			
		If any claims	were made on the bond	l, give details: <u>N/A</u>		
	b.	Have you ev	er been denied an ind	vidual or position s	chedule fidelity l	oond, or had a bond canceled or
		Yes	No x			
		If yes, give d	etails: N/A			
10.	or gover in the pa the licer number are reas represer pages if	rnmental licen ast. For any no asing authority is your Social onably identifi ated by your S the space prov	sing agency or regulatory in-insurance regulatory or regulatory body has Security Number (SSN iable as your SSN, the iSN. (For example, "Syded is insufficient.	ry authority or licensissuer, identify and pring jurisdiction over (f) or embeds your SS on write SSN for that SN", "12-SSN-345"	sing authority that provide the name, if the license (s) is No rany sequence portion of the pror "1234-SSN" (	Il securities) issued by any public t you presently hold or have held address and telephone number of sued. If your professional license ce of more than five numbers that ofessional license number that is (last 6 digits)). Attach additional
Organiz	ation/Iss	er of License:		Address:		<u> </u>
_						Postal Code:
						Y):
	-				•	
						<del></del>
						Postal Code:
License	Туре:		License #:	Da	te Issued (MM/Y	Y):
Date Ex	pired (M	M/YY):	Reason f	or Termination:	<u> </u>	
Non-Ins	urance R	egulatory Pho	ne Number (if known):		<u> </u>	
11.			llowing, if the record h or expunged, an affiant			ffiant has personally verified that we you ever:
	<b>a</b> .		an occupational, profe ministrative, or govern			it by any regulatory authority, or
		Yes	No x			
	b.		pational, professional, dministrative, regulato			old or have held, been subject to

	ame (Company):	RLI INSURANCE COMPANY	NAIC No FEIN:	13056 37-0915434
	Yes	No x		
C.		n probation or had a fine levied against y nit in any judicial, administrative, regula		
	Yes	No x		
d.	Been charged	with, or indicted for, any criminal offens	e(s) other than civil	traffic offenses?
	Yes	No x		
e.	Pled guilty, o	or nolo contendere, or been convicted	of, any criminal o	ffense(s) other than civil traff
	Yes	No x		
f.		ion of guilt withheld, had a sentence imposeen pardoned, fined, or placed on pros?		
	Yes	No x		
g.	administrative, reg	ease and desist letter or order, or enjoine ulatory, or disciplinary action, from viola iness of insurance, securities or bankin arse of the business of insurance, securities	ating any federal, st ng, or from carryir	ate law or law of another count
	•		•	
	Yes	No x	-	
h.		No x		dishonesty, breach of trust, or
h.	Been, within the			dishonesty, breach of trust, or
h. i.	Been, within the financial dispute?  Yes  Had a finding man provisions of smal	last ten (10) years, a party to any civil	action involving  the Federal Govern  aws, or credit union	ment that you have violated an n laws, or that you have violate
	Been, within the financial dispute?  Yes  Had a finding man provisions of smal	last ten (10) years, a party to any civil  No x  de by the Comptroller of any state or the loan laws, banking or trust company life ion lawfully made by the Comptroller of	action involving  the Federal Govern  aws, or credit union	ment that you have violated an n laws, or that you have violate
	Been, within the financial dispute?  Yes  Had a finding maprovisions of smal any rule or regulation.  Yes	last ten (10) years, a party to any civil  No x  de by the Comptroller of any state or the loan laws, banking or trust company life ion lawfully made by the Comptroller of	action involving  the Federal Govern  aws, or credit union  any state or the Fed	ment that you have violated an n laws, or that you have violate eral Government?
i.	Been, within the financial dispute?  Yes  Had a finding maprovisions of smal any rule or regulation.  Yes	No x  de by the Comptroller of any state or the loan laws, banking or trust company light in lawfully made by the Comptroller of No x  losure action filed against you or any ent	action involving  the Federal Govern  aws, or credit union  any state or the Fed	ment that you have violated an n laws, or that you have violate eral Government?
i.	Been, within the financial dispute?  Yes	No x  de by the Comptroller of any state or the loan laws, banking or trust company light in lawfully made by the Comptroller of No x  losure action filed against you or any ent	action involving the Federal Govern the Sederal Gov	ment that you have violated and laws, or that you have violate eral Government?  associated with that entity?

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,

Applic	ant Name	(Company):	RLI INSURANC	CE COMPANY	NAIC No FEIN:	<u>13056</u> 37-0915434
					rein: _	37-0913434
		vith the power to erson. None	· -	kies representing, ten	• •	ore of the voting securities of any
	If any	-		<del>-</del>		
13.	or of r regulat directly	ecord, 10% or a ory authority, or	nore of the outstand its affiliates? An " prough one or more	ding shares of stock affiliate" of, or perso	of any entity subje n "affiliated" with, a	subscribe to or own, beneficially of to regulation by an insurance a specific person, is a person that by, or is under common control
	Yes [	No [				
	the out	standing voting	securities.	npanies in which the		oldings represent 10% or more of
	•					
14.	Have y	ou ever been adj	udged a bankrupt?			
	Yes [	No [				
	If yes,	provide details:_	<u>N/A</u>	<del></del>		
15.	commi	r knowledge hatee member, ke ou served in suc	y management emj	r entity for which y	ou were an officer stockholder, had an	or director, trustee, investment by of the following events occur
	a.	Been refused licensing agen		or certificate of author	ority by any regulat	ory authority, or governmental-
		Yes	No x			
	b.	to any judicia	l, administrative, onservatorship, fe	regulatory, or discip	linary action (inclu	celed, non-renewed, or subjected ding rehabilitation, liquidation, vency, supervision or any other
		Yes	No x			
	c.			i a fine levied again ministrative, regulate		permit, license, or certificate of ction?
		Yes	No x			

Applicant Name (Company):	RLI INSURANCE COMPANY	NAIC No.	13056
••		FEIN:	37-0915434
	of the above is yes, please indicate and giv clude any events within twelve (12) months		
<u>N/A</u>	·		
	has any doubt about the accuracy of an ans	wer, the question s	should be answered in the positive
Dated and signed this 3/12 under penalty of perjury that of my knowledge and belief.  (Signature of	day of 20_14 at _F I am acting on my own behalf and that the 	Peoria, IL foregoing statemer	. I hereby certify nts are true and correct to the best
	County of: Peoria	· ·	
The foregoing instrument was Driscoll	acknowledged before me this <u>31</u> day of <u>4</u>	- an_, 20_	14 by <u>Donald John</u>
Xwho is personally known	to me, or		
who produced the followi	ng identification:		0.
[SEAL]	"OFFICIAL SEAL"  JACQUELINE SWEETER  ATE OF MY COMMISSION EXPIRES 07/24/15	Jac 500	Notary Public Suee for Printed Notary Name  7 3 4 30/5  Ty Commission Expires

Applicant Name (Company):	RLI INSURANCE COMPANY	NAIC No FEIN:	13056 37-0915434
		12114	<u> </u>
	BIOGRAPHICAL AFFIDA Supplemental Personal Infor		
	(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 telepho required (Do Not Use Group Na	ne number of the present or proposed entity mes).	under which thi	s biographical statement is being
	RLI INSURANCE COMPANY		
	9025 N. LINDBERGH DRIVE, PEC	DRIA, IL 61615	
	(309) 692-1000		
	nitials Not Acceptable): First: <u>Donald</u> Mi NONE," SO STATE.	ddle: <u>John</u>	Last: <u>Driscoll</u>
2. Have you ever used any	y other name, including first, middle or last	name, nickname,	maiden name or aliases?
Yes No [			
If yes, give the reason i	f any, if none indicate such, and provide the	full name(s) and	date(s) used.
Beginning/Ending Date(s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	<u>Reason (If</u>	none, indicate such)

- 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)
  State/Province:

_	Place of Birth,	City:
	Country: US	

Appl	licant Name (Company):	RLI INSURA)	ICE COMPAN	<u>Y</u>	NAIC No. FEIN:	13056 37-0915434	
7.	Name of Affiant's Sp	oouse (if applicable)	:_Sharon Fran	klin Driscoll			<u> </u>
8.	List your residences	for the last ten (10)	years starting w	rith your curre	nt address, gi	ving:	
	nning/Ending	•	۵.	State/		_	
<u>Date</u>	s (MM/YY) Ad	<u>dress</u>	City	<u>Province</u>	9	Country	Postal Code
06/0	04-date		Peoria	<u>IL</u>		USA	_
01/	97-06/04		Metamora	IL		USA	
Note	<ul> <li>Dates provided in res understand that there</li> </ul>						ising this form
Doto	d and signed this <u>3/57</u> 0	lay of Tank	n). 20 14	at	Paoria I	T	Lharahy
the b	of:IL	belief.  County of:	Peoria				
The f	foregoing instrument was	acknowledged befo	re me this <u>3 (</u>	_day of _	<u></u>	, 20 <u>14</u> by	<u>Donald</u>
	Driscoll, and:			V			
<b>X</b> '	who is personally known	to me, or					
,	who produced the followi	ng identification: _					_
	[SEAL]	OTARY F JACQUELII	IAL SEAL" NE SWEETER N EXPIRES 07/24/1	5		Notary Public Notary Public Printed Notary N	Sweeter ame US

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

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.

Donald John Driscoll,	Peoria	<u>п</u>		
Derfo	(Printed Full Name a	nd Residence Address)	Janay (Date	31,2014
(Signature)			(Date	•)
State of:IL	County of: Peoria			
The foregoing instrument was ack	nowledged before me this	3 1 day of ( ) a	, 20 <u>14</u> by_	Donald John
Driscoll	, and:	,		
Xwho is personally known to m	e, or			
who produced the following is	lentification:		_	٨
		<u> </u>	reoruelii	Level
[SEAL]		~~ <b>(</b> /¬	Notary Public	C
	YOFFICIAL SEAL"	, , , , , , , , , , , , , , , , , , ,	Frinted Notary No	Stopp 12
PUBLIC	JACQUELINE SWEET	R	7/20/1/201	
LUBION TO THE PARTY OF THE PART	MY COMMISSION EXPIRES 07/2	4/15 [	My Commission Ex	xpires

Applicant Name (Company):	RLI INSURANCE COMPANY	NAIC No.	<u> 13056</u>
	-	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. 56<sup>th</sup> 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

DATES	EMPLOYER & ADDRESS	TITLE
04/11 - DATE 09/15/05 - DATE 04/05 - DATE 05/02/03 - DATE 04/08/03 - DATE 04/08/03-07/01/03 03/13/00 - DATE 03/09/00 - DATE	CONTRACTORS BONDING AND INSURANCE COMPANY RLI INSURANCE COMPANY RLI INDEMNITY COMPANY MT. HAWLEY INSURANCE COMPANY RLI INDEMNITY COMPANY LEXON INSURANCE COMPANY RLI INSURANCE COMPANY MT. HAWLEY INSURANCE COMPANY	V.P./CLAIM; DIRECTOR DIRECTOR V.P./CLAIM DIRECTOR DIRECTOR DIRECTOR V.P./CLAIM V.P./CLAIM
01/98 - 03/13/00 06/96 - 01/98	RLI INSURANCE COMPANY RLI INSURANCE COMPANY	ASST. V.P. 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	14
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Applic	ant Name (C	сотралу):	RLI INSURANC	E COMPANY	NAIC No FEIN: _	13056 37-091543	34
			BIOGE	RAPHICAL AF	FIDAVIT		
To the	extent perm	itted by law, t	his affidavit will be	kept confidential	by the state insurance	regulatory au	ıthority.
				(Print or Type	2)		
			e number of the premes). RLIN		entity under which thi APANY	s biographic	al statement is being
		_	9025 ]	N. LINDBERGH	DRIVE		
			PEOI	RIA, IL 61615	<del></del>		
			(309)	692-1000			<del></del>
hereina	after set fort ER IS "NO"	h. (Attach ad 'OR "NONE	dendum or separate," SO STATE.	sheet if space h	resentations and supp ereon is insufficient to	ly informati o answer any	on about myself as y question fully.) IF
1.	Affiant's I	Full Name (In	itials Not Acceptable	le): First: <u>Todd</u>	Middle: <u>Wayne</u>	Last:	Bryant
2.	a. A	re you a citiz	en of the United Sta	ites?			
	Y	es x	No				
	b. A	re you a citiz	en of any other cou	ntry?			
	Y	es	No x				
	Ií	yes, what co	untry? N/A				
3.	Affiant's o	occupation or	profession: <u>Acco</u>	untant			
4.	Affiant's b	usiness addre	ess: <u>9025 N. Lindbe</u>	ergh Drive, Peoria	IL 61615_		
	Business to	elephone:	309 692-1000	Busine	ss Email:todd.brya	nt@rlicorp.c	om
5.	Education	and training:					
College	/University		City/State		Dates Attended (MM	<u>/YY)</u>	Degree Obtained
МасМі	штау College	e	Jacksonville, IL		09/86-05/90		B.S Accounting
Gradua	te Studies	Colleg	ge/University	City/State	Dates Attended (MM	<u>/YY)</u>	Degree Obtained
<u>N/A</u>		_					
Other 1	Training: Na	ne <u>C</u>	ity/State	Dates Attended	( <u>MM/YY)</u>	Degree/Cer	rtification Obtained
N/A			<del> </del>				
Note:	applicable,		foreign student Ide		ess and telephone num er in the space provide		

Applicant Name (Cor	mpany): RLI IN	SURANCE COMPANY	Y NAIC No	<u> 13056                                     </u>
,			FEIN:	37-0915434
6. List of mem	berships in professio	nal societies and associa	ations:	
Name Society/Ass		Contact Name	Address of Society/Association	Telephone Number of Society/Association
•	Property Underwriter		720 Providence Rd. # 100 Malvern, PA 19355	
7. Present or p	roposed position with	the applicant entity: _\	Vice President, Controller a	nd Asst. Treasurer/Director
including profficerships necessary to See attached Schedul Beginning/Ending	esent jobs, positions  Please list the most provide telephone nue l	, partnerships, owner of t recent first. Attach add umbers and supervisory	an entity, administrator, m	
Address:		City:	State/Provi	nce:
				s Held:
Type of Business:		Superviso	or/Contact:	
Beginning/Ending Dates (MM/YY):		Employer's Name:		
Address:	<u>,                                      </u>	City:	State/Provi	nce:
Country:	Postal Code: _	Phone:	Offices/Positions	s Held:
Type of Business: _		Superviso	or/Contact:	
Beginning/Ending Dates (MM/YY):		Employer's Name:		
Address:		City:	State/Provin	ce:
Country:	Postal Code: _	Phone:	Offices/Positions	s Held:
Type of Business: _		Superviso	or/Contact:	
Beginning/Ending Dates (MM/YY):		Employer's Name:		
Address:		City:	State/Provin	ce:
Country:	Postal Code: _	Phone:	Offices/Positions	Held:
Type of Business:		Superviso	or/Contact:	

Applicant Na	ame (Company):RLI INSURANCE CO	)MPANY	_ NAIC No. FEIN:	<u>13056</u> 37-0915434
			FEIN.	37-0913434
9. a.	Have you ever been in a position which	a required a fidelity b	ond?	
	Yes No x			
	If any claims were made on the bond, g	give details: <u>N/A</u>	·	
b.	Have you ever been denied an individual revoked?	dual or position sche	dule fidelity	bond, or had a bond canceled o
	Yes No x		•	
	If yes, give details: N/A		<u> </u>	
		<del></del>		
in ti the num are repr	covernmental licensing agency or regulatory the past. For any non-insurance regulatory issulicensing authority or regulatory body having the result of the space provided is insufficient.	suer, identify and proving jurisdiction over the or embeds your SSN ovrite SSN for that por portion or "12-SSN-345" or	vide the name e license (s) is or any sequention of the p "1234-SSN"	, address and telephone number of ssued. If your professional license are of more than five numbers that the rofessional license number that is
Organization	IL Dept. of Financial ar /Issuer of License: <u>Professional Regulation</u>		West Washin	gton
City: Springs	field State/Province: IL	Country: USA	<u></u>	Postal Code: 62786
License Type	e: Registered CPA License #: 239.008484	Date I	ssued (MM/)	(Y): <u>02/95</u>
Date Expired	(MM/YY): <u>N/A</u> Reason for	Termination: <u>N/A</u>	<del></del>	
Non-Insuran	ce Regulatory Phone Number (if known):			
Organization	Assuer of License:	Address:		
	State/Province:			
License Type	: License #:	Date I	ssued (MM/Y	YY):
Date Expired	(MM/YY): Reason for	Termination:		
Non-Insurance	ce Regulatory Phone Number (if known):			
	esponding to the following, if the record has record was sealed or expunged, an affiant ma			
<b>a</b> .	Been refused an occupational, professional any public administrative, or government			nit by any regulatory authority, or
	Yes No x	•		

ant 14	ame (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 x
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 x
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No x
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No x
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 x
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 x
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 x
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 x
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No x
	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.

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

Appli	cant Name (Compan	y): RLI INSURANCE COMPANY	NAIC No. FEIN:	13056 37-0915434					
	or non-managem office held by th	hrough the ownership of voting securities, ent services, or otherwise, unless the power to person. Control shall be presumed to exist wer to vote, or holds proxies representing, the	er is the result of an of ist if any person, direct	official position with or corporate ortly or indirectly, owns, controls,					
	If any of the stock	k is pledged or hypothecated in any way, giv	ve details. N/A						
13.	or of record, 10% regulatory author directly, or indire	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 yes, please identhe outstanding ve	No x ntify the company or companies in which the toting securities.		oldings represent 10% or more of					
	If any of the share	es of stock are pledged or hypothecated in a							
14.	Have you ever be	Have you ever been adjudged a bankrupt?							
	Yes No x								
	If yes, provide de	tails: N/A							
15.		lge has any company or entity for which er, key management employee or controlli in such capacity?							
		used a permit, license, or certificate of au agency?	thority by any regula	tory authority, or governmental-					
	Yes	No x							
	to any j receivers	permit, license, or certificate of authority su udicial, administrative, regulatory, or dis- hip, conservatorship, federal bankruptcy p roceeding)?	ciplinary action (inclu	ding rehabilitation, liquidation,					
	Yes	No x							
		ced on probation or had a fine levied age in any civil, criminal, administrative, regul							
	Yes	No x							

Applicant Name (Company): RLI INSURANCE CO	OMPANY	NAIC No.	
		FEIN:	37-0915434
If the answer to any of the above is yes, please affiant should also include any events within tw	velve (12) months	after his or her de	sponding to questions (b) and (c), parture from the entity.
Note: If an affiant has any doubt about the acand an explanation provided.	ccuracy of an ansv	ver, the question s	should be answered in the positive
Dated and signed this 3rd day of FEB under penalty of perjury that I am acting on my own be of my knowledge and belief.  (Signature of Affiant)	20 14 at Pond that the f	eoria, IL oregoing statemer	I hereby certify nts are true and correct to the best
State of: IL County of:  The foregoing instrument was acknowledged before me Bryant, and:  Xwho is personally known to me, or	Peoria this day of _	FEB_, 20_	14_ by <u>Todd Wayne</u>
"OFFICIAL SEAL"  PUBLIC STATE OF ALMOST COMMISSION EXPIRES 01/19/15		JEAN DE ANI	Notary Public Printed Notary Name - 14 - 15  Ty Commission Expires

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

		Personal Information
	<u>(Pr</u>	int or Type)
To the	e extent permitted by law, this affidavit will be kept o	confidential by the state insurance regulatory authority.
	name, address, and telephone number of the present red (Do Not Use Group Names).	or proposed entity under which this biographical statement is bein
	RLI INSURANCE	COMPANY
	9025 N. LINDBER	RGH DRIVE, PEORIA, IL 61615
	(309) 692-1000	
1.	. Affiant's Full Name (Initials Not Acceptable): Fi IF ANSWER IS "NONE," SO STATE.	rst: Todd Middle: Wayne Last: Bryant
2.	Have you ever used any other name, including fir	rst, middle or last name, nickname, maiden name or aliases?
	Yes No x	·
	If yes, give the reason if any, if none indicate suc	h, and provide the full name(s) and date(s) used.
	inning/Ending Name(s)  e(s) Used (MM/YY) Specify: First, Middle or	Reason (If none, indicate such)  Last Name
_		
		,
Note:	Dates provided in response to this question may be an overlap of dates when transitioning from or	be approximate. Parties using this form understand that there could be name to another.
3.	Affiant's Social Security Number	
4.	Government Identification Number if not a U.S.	Citizen: N/A
<b>5</b> .	Foreign Student ID# (if applicable) : N/A	· · · · · · · · · · · · · · · · · · ·
6.		Place of Birth, City:

Applicant Name (C	Company):RLI INS				
				FEIN: <u>37-0915434</u>	
7. Name of A	Affiant's Spouse (if appl	icable)			
8. List your	residences for the last te	n (10) years starting wi	th your curre	ent address, giving:	
Beginning/Ending Dates (MM/YY)	Address	<u>City</u>	State/ Province	Country	Postal Code
03/12-Date		Brimfield	IL	USA	
04/00-03/12	-	Brimfield	IL	USA	
		<del></del>			<del></del>
	<del></del>		<del></del>		
					<del></del>
				pt for current address. Partie from one address to another.	
Dated and signed the certify under penalthe best of any know	ty of perjury that I am a	20 14 acting on my own behave	atalf and that the	Peoria, II.  he foregoing statements are	. I hereby true and correct to
	IL Count			223	
<del>-</del> -		ed before me this	day of	EB, 20 <u>_14</u> b	y <u>Todd Wayne</u>
Bryant	, and:				
▼ who is persona	lly known to me, or				
who produced	the following identificat	ion:			
SEALO	"OFFICIAL SEAL	P		Year h. A. Notary Puts Printed Notary	Lephenson DEPLENSON Name
STATE OF RLINOIS	COMMISSION EXPIRES 01	<b>b</b>		My Commission	<u>(S</u>

<ul> <li>Applicant Name (Company):</li> </ul>	RLI INSURANCE COMPANY	NAIC No	13056
		FEIN:	37-0915434

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.

Toda Wayne Bryant	Brimfield, IL	
(Signati	(Printed Full Name and Residure)	dence Address)
State of:IL	County of: Peoria	— — — — — — — — — — — — — — — — — — —
The foregoing instrument wa	s acknowledged before me this 🕺 da	y of FEB , 20 14 by Todd Wayne
Bryant	, and:	
Xwho is personally known	to me, or	
who produced the follow	ring identification:	Jan M. Stephenson TEAN Notary Public DHEN (SW)
NOTARY E JEAN MS	AL SEAL" TEPHENSON EXPIRES 01/19/15	Printed Notary Name
		My Commission Expires

Applicant Name (	Company): RLI INSURANCE COMPANY	NAIC No.	13056
· · · · · · · · · · · · · · · · · · ·		FEIN:	37-0915434
Todd Wayne B	Bryant - Schedule 1		
Question No. 8	3.		
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.	' <b>,</b>	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 INSURA	NCE COMPANY	NAIC No FEIN:	13056 37-0915434
` ,			
BIO	GRAPHICAL A	FFIDAVIT	
To the extent permitted by law, this affidavit wil	l be kept confidentia	by the state insurance i	regulatory authority.
	(Print or Typ	e)	
Full name, address and telephone number of the required (Do Not Use Group Names). RI			s biographical statement is heing
90	25 N. LINDBERGH	DRIVE	·
p	EORIA, IL 61615_		
	809) 692-1000		
In connection with the above-named entity, I hereinafter set forth. (Attach addendum or sepa ANSWER IS "NO" OR "NONE," SO STATE.			
1. Affiant's Full Name (Initials Not Accep	otable): First: <u>Jenni</u>	fer Middle: <u>Leigh</u>	Last: <u>Klobnak</u>
2. a. Are you a citizen of the United	States?		
Yes x No			
b. Are you a citizen of any other	country?		
Yes No x			
If yes, what country?N/A			
3. Affiant's occupation or profession: R	isk Manager		
4. Affiant's business address: 9025 N. Lin	ndbergh Drive, Peori	a, IL 61615	
Business telephone:309 692-1000	Busine	ss Email:	
5. Education and training:			
College/University City/Star	<u>te</u>	Dates Attended (MM	/YY) Degree Obtained
Bradley University Peoria,	īL	08/89-08/94	B.S Accounting
Graduate Studies College/University	City/State	Dates Attended (MM	/YY) Degree Obtained
<u>N/A</u>	-		
Other Training: Name City/State	Dates Attended	(MM/YY)	Degree/Certification Obtained
<u>N/A</u>			
Note: If affiant attended a foreign school, ple applicable, provide the foreign student Supplemental Information.			

Applic	ant Name (Company):	RLI INSURANCE COMPAN	Y NAIC No.	<u> 13056</u>
7 pp. 10	,			37-0915434
<b>6</b> .	List of memberships in	n professional societies and associ	ations:	
	Name of		Address of	Tolonhone Number
	Name of Society/Association	Contact Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association
	<u>None</u>			
7.	Present or proposed po	osition with the applicant entity: _S	Sr. Vice President, Risk Se	ervices
Regint	including present jobs officerships). Please li necessary to provide to ttached Schedule 1	, positions, partnerships, owner of st the most recent first. Attach ad elephone numbers and supervisory	of an entity, administrator, ditional pages if the space of information for the past to	
Dates	(MM/YY):	Employer's Name:		
Addre	ss:	City:	State/Prov	vince:
Counti	ry: Pos	tal Code: Phone:	Offices/Position	ons Held:
Туре	of Business:	Supervis	or/Contact:	<del></del>
Beginr Dates	ning/Ending (MM/YY):	Employer's Name:		
Addres	ss:	City:	State/Prov	rince:
Count	ry: Pos	tal Code: Phone:	Offices/Positio	ns Held:
Туре	of Business:	Supervis	or/Contact:	
Beginn Dates	ning/Ending (MM/YY):	Employer's Name:		
Addres	ss:	City:	State/Prov	ince:
Countr	ry: Pos	tal Code:Phone:	Offices/Positio	ns Held:
Туре	of Business:	Supervis	or/Contact:	
Beginn Dates	ning/Ending (MM/YY):	Employer's Name:		
Addres	ss:	City:	State/Prov	ince:
Countr	ry: Pos	tal Code:Phone:	Offices/Positio	ns Held:
Type o	of Business	Superviso	or/Contact:	

Applica	ant Name	(Company):	RLI INSURANCE	<u>COMPANY</u>	NAIC No.	13056	
	•				FEIN:	37-0915434	
9.	a.	Have you eve	r been in a position wh	ich required a fid	elity bond?		
		Yes	No x				
		If any claims	were made on the bond	l, give details: <u>N/</u>	A		
	b.	Have you everevoked?	er been denied an ind	ividual or positio	n schedule fidelity	bond, or had a bond canceled or	
		Yes	No x				
٠		If yes, give de	etails: <u>N/A</u>				
10.	or gover in the pa the licer number are reas represer pages if	rnmental licens ast. For any nor asing authority is your Social onably identifi- ated by your S the space prov	ing agency or regulatory in-insurance regulatory or regulatory body have Security Number (SSN able as your SSN, ther SN. (For example, "Sided is insufficient.	ory authority or licissuer, identify an ving jurisdiction of licing jurisdiction of licing write SSN for the SSN, "12-SSN-34	censing authority that deprovide the name, over the license (s) is SSN or any sequen hat portion of the p. 15" or "1234-SSN"	ell securities) issued by any public at you presently hold or have held address and telephone number of ssued. If your professional license ce of more than five numbers that rofessional license number that is (last 6 digits)). Attach additional	
Organia	 zation/Issi	er of License:		Address	<del></del> :		
						Postal Code:	
						~Y):	
_						Postal Code:	
						Y):	
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.						
		Yes	No x				
	b.		oational, professional, Iministrative, regulator			old or have held, been subject to	

	RLI INSURANCE COMPANY	NAIC No.	
•		FEIN:	37-0915434
Yes	No x		
	l on probation or had a fine levied against ermit in any judicial, administrative, regul		
Yes	No x		
d. Been charg	ed with, or indicted for, any criminal offer	se(s) other than civil	traffic offenses?
Yes	No x		
e. Pled guilty offenses?	, or nolo contendere, or been convicted	of, any criminal o	ffense(s) other than civil traffic
Yes	No x		
	cation of guilt withheld, had a sentence im or been pardoned, fined, or placed on p uses?		
Yes	No x		
administrative, regulating the l	a cease and desist letter or order, or enjoin regulatory, or disciplinary action, from vio business of insurance, securities or bank course of the business of insurance, securit	lating any federal, st ing, or from carryir	rate law or law of another country
Yes	No x		
h. Been, within th	e last ten (10) years, a party to any civ	il action involving	dishonesty, breach of trust, or a
Yes	No x		
provisions of sn	nade by the Comptroller of any state or nall loan laws, banking or trust company ation lawfully made by the Comptroller of	laws, or credit union	n laws, or that you have violated
Yes	No x		
j. Had a lien or for	eclosure action filed against you or any en	tity while you were	associated with that entity?
Yes	No x		
	o any question above is yes, please provi the complaint and filed adjudication or se		
Aluen a copy of			

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,

Applica	nt Name	(Company): _	RLI INSURANCE	COMPANY	NAIC No	
					FEIN: _	37-0915434
			vote, or holds proxies			ore of the voting securities of any
	If any o	f the stock is pl	edged or hypothecated	in any way, give	•	
13.	or of regulated	ecord, 10% or a	nore of the outstandin its affiliates? An "affi hrough one or more in	ng shares of stock iliate" of, or perso	of any entity subje on "affiliated" with, a	subscribe to or own, beneficially of to regulation by an insurance a specific person, is a person that by, or is under common control
	Yes [	No	<u> </u>			
	the outs	tanding voting				ldings represent 10% or more of
	If any o		stock are pledged or hy	•		
14.	Have ye	ou ever been ad	judged a bankrupt?			
	Yes [	No [				
	Ifves r	rovide details:	N/A			
15.	commit		y management emplo			or director, trustee, investment by of the following events occur
	a.	Been refused licensing ager		certificate of auth	ority by any regula	tory authority, or governmental-
		Yes	No x			
	b.	to any judici	al, administrative, reg conservatorship, feder	gulatory, or discip	olinary action (inclu	celed, non-renewed, or subjected ading rehabilitation, liquidation, vency, supervision or any other
		Yes	No x			
	c.		on probation or had a ny civil, criminal, admi			permit, license, or certificate of ction?
		Yes	No x			

Applicant Name (Company):	RLI INSURANCE COMPANY	NAIC No.	<u>13056</u> 37-0915434
	the above is yes, please indicate and given the any events within twelve (12) months		
N/A			<del></del>
	as any doubt about the accuracy of an anation provided.	wer, the question s	should be answered in the positive
374	. 20 14 - 1	3	I bender and Co
under penalty of perjury that I a of my knowledge and belief.	ay of May 20 14 at 1 m acting on my own behalf and that the	foregoing statemen	nts are true and correct to the best
Jenefa Z. 9 Signature of A	Hiant)		
		•	
		:	
	County of:Peoria	-	
• •	cknowledged before me this 23 day of	<u>May</u> , 20_	14 by Jennifer Leigh
Klobnak			
Xwho is personally known to	me, or		
who produced the following	g identification:		S 1
MOTATO F JEAN M STEP	HENSON	01/19/15	Notary Public Stephenson Printed Notary Name  My Commission Expires

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

		(Print or Type)	
To the	extent permitted by law, th	his affidavit will be kept confidential	by the state insurance regulatory authority.
	me, address, and telephon d (Do Not Use Group Nan		entity under which this biographical statement is being
		RLI INSURANCE COMPANY	<u></u>
		9025 N. LINDBERGH DRIVE	, PEORIA, IL 61615
		(309) 692-1000	
1.	Affiant's Full Name (Ini IF ANSWER IS "N		Middle: <u>Leigh</u> Last: <u>Klobnak</u>
2.	Have you ever used any	other name, including first, middle or	r last name, nickname, maiden name or aliases?
	Yes x No		
	If yes, give the reason if	any, if none indicate such, and provide	de the full name(s) and date(s) used.
	ning/Ending 3) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)
10/71	08/98	Weissmann (Last)	Maiden Name
		·	
		<del></del>	
Note:	Dates provided in response an overlap of dates w	nse to this question may be approximathen transitioning from one name to a	ate. Parties using this form understand that there could nother.
3.	Affiant's Social Security	y Number:	·
4.	Government Identification	on Number if not a U.S. Citizen: <u>N/A</u>	1
5.	Foreign Student ID# (if	applicable): N/A	
6.	Date of Birth: (MM/DD	/Y) Place of Bir	

Applicant Name (Company): RLI INSURANCE COMPANY				<u>13056</u> 37-0915434			
7. Name of	Affiant's Spouse (if ap	plicable) :		ream.	_37-071545	<u> </u>	<del></del> -
	•		_				
8. List your	residences for the last	ten (10) years starting	g with your curn	ent address, g	giving:		
Beginning/Ending			State/				
Dates (MM/YY)	<u>Address</u>	City	<u>Province</u>		Country	<u>Postal</u>	<u>Code</u>
05/98-current		Metamora	<u>IL</u>	<u>.</u>	USA		
	<del></del>			<u>:</u>			
understan	vided in response to the distance of the dista	n overlap of dates wh	en transitioning	from one ad	dress to anoth	er.	
hereby certify und	ler penalty of perjury of my knowledge and	that I am acting on a	ny own behalf	and that the	foregoing sta	tements are tr	ue and
	•			1			
yent	2. Kloud (Signature of Affian	t)	•	:			
	IL Cour						
The foregoing inst	rument was acknowled	lged before me this	3' day of	May	, 201	4 by Jen	<u>mifer</u>
Leigh Klobnak	, and:			•			
X who is persona	ally known to me, or			;			
who produced	the following identific	cation:		·			
PUBLIC JE	"OFFICIAL SEAL" AN M STEPHENSON	- <b>L</b>		Jean M.	Notary F		<u>sa</u>
COM	MISSION EXPIRES 01/19/	15 }	•	01/19/15	Printed Nota	ary Name	
					My Commissi	on 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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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.

5/23/14
5/23/14
(Date)
•
of <u>May</u> , 20 14 by
;
Notary Public  Jean M. Stephenson  Printed Notary Name  01/19/1'5  My Commission Expires

Applicant Name (Company):		AIC No. <u>13056</u> EIN: <u>37-0915434</u>
SCHEDULE I – QUESTION #8 JENNIFER LEIGH KLOBNAK		
<u>DATES</u>	EMPLOYER/ADDRESS	POSITION HELD
05/14-date	RLI INSURANCE COMPANY, RLI INDEMNITY COMPANY, MT. HAWLEY INSURANCE COMPANY CONTRACTORS BONDING AND INSURA 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 INSURA	VP, RISK SERVICES

06/98-06/00 FOSTER & GALLAGHER, INC. SR. INTERNAL AUDITOR 6523 N. GALENA ROAD PEORIA, IL 61614 PRICE WATERHOUSE SR. AUDITOR

9025 N. LINDBERGH DRIVE, PEORIA, IL

411 HAMILTON BLVD., STE. 1100 PEORIA, IL 61602

**COMPANY** 

08/94-06/98

2014

Applicant Name (Compar	y): <u>RLI INSURANC</u>	E COMPANY	NAIC No. FEIN:	13056 37-0915434
			1 Lii4.	
	BIOGE	RAPHICAL A	FFIDAVIT	
To the extent permitted by	y law, this affidavit will be	kept confidentia	al by the state insurance	regulatory authority.
		(Print or Ty	pe)	
				is biographical statement is being
	9025	N. LINDBERGI	H DRIVE	
	PEOI	RIA, IL 61615		
	(309)	692-1000		
	tach addendum or separate			ply information about myself as to answer any question fully.) IF
1. Affiant's Full No	ame (Initials Not Acceptab	le): First: <u>Mura</u>	liMiddle:La	ast: <u>Natarajan</u>
2. a. Are you	a citizen of the United Sta	ates?		
Yes	x No			
b. Are you	a citizen of any other cou	ntry?		
Yes _	No x			
If yes, v	what country? <u>N/A</u>			
3. Affiant's occupa	ation or profession: <u>IT Pr</u>	ofessional		
4. Affiant's busines	ss address: 9025 N. Lindbo	ergh Drive, Peor	ria, IL 61615	
Business telepho	one: <u>309 692-1000</u>	Busir	ness Email: <u>murali.n</u>	atarajan@rlicorp.com
<ol> <li>Education and tr</li> </ol>	aining:			,
College/University	City/State		Dates Attended (M)	M/YY) Degree Obtained
Birla Ins. Of Technology	and Science Pilani, Ind	ia	08/89-12/92	M.Sc(Tech)Science/Tech Dev.
Graduate Studies	College/University Bradley University Bradley University	City/State Peoria, IL Peoria, IL	Dates Attended (MI 01/98-09/99 09/01-09/05	M/YY) Degree Obtained Computer Info Systems M.B.A.
Other Training: Name	City/State	Dates Attende	d (MM/YY)	Degree/Certification Obtained
N/A				······································
				mber of the college/university. If ded in the Biographical Affidavit

Davidson .

Supplemental Information.

Applica	nt Name (Company): _	RLI INSURA	NCE COMPAN	Y NAIC No.	13056	
	` . , _			FEIN:	37-0915434	
4	List of memberships in	n professional soc	ieties and associ	istions		
6.	List of memberships i	i professional soc	ictics and assoc	iauous.		
	Name of			Address of	Telephone Number	
	Society/Association	Contac	t Name	Society/Association	of Society/Association	
				720 Providence Road	/AAAN / AAAA	
	AICPCU	<del></del>		Malvern, PA 19355	(800) 644-2101	
	<del> </del>					
<b>7.</b> ·	Present or proposed p	osition with the ap	oplicant entity: \	/ice President, IT		
8. See att	including present jobs officerships). Please l	, positions, partnerst the most recent	erships, owner o	of an entity, administrator,	pensated or otherwise (up to and manager, operator, directorates or provided is insufficient. It is only en (10) years.	
Beginni	ng/Ending		·			
Dates (	MM/YY):	Empl	oyer's Name:			
Address:		City:		State/Province:		
Country	v: Pos	tal Code:	Phone:	Offices/Positio	ns Held:	
Type of	Business:	<del></del>	Supervis	or/Contact:	·	
Beginni Dates (l	ng/Ending MM/YY):	Empl	oyer's Name:		<del> </del>	
Address	: <u>* · · · · · · · · · · · · · · · · · · </u>	Cit	y:	State/Prov	ince:	
Country	: Pos	tal Code:	Phone:	Offices/Position	ns Held:	
Type of	Business:	·	Supervis	or/Contact:		
Racinai	ng/Ending					
Dates (1	MM/YY):	Empl	oyer's Name:	<del></del>		
Address	:	City	:	State/Provi	ince:	
Country	: Pos	tal Code:	Phone:	Offices/Position	ns Held:	
Type of	Business:		Supervis	or/Contact:		
Beginni	ng/Ending					
Dates (I	MM/YY):	Emple	oyer's Name:			
Address	:	City	:	State/Provi	nce:	
Country	: Pos	al Code:	Phone:	Offices/Position	ns Held:	
Type of	Business:		Supervis	or/Contact:		

Applica	ant Name	(Company):	RLI INSURAN	CE COMPANY	NAIC No	
					FEIN:	37-0915434
				oxies representing, ten p		ore of the voting securities of any
					etails. N/A	
13.	Do [Wi or of re regulate directly	ill] you or mem ecord, 10% or a ory authority, or	bers of your imme nore of the outsta its affiliates? An arough one or mo	ediate family individual inding shares of stock "affiliate" of, or person	ly or cumulatively of any entity subjet a "affiliated" with, a	subscribe to or own, beneficially ct to regulation by an insurance a specific person, is a person that by, or is under common control
	Yes [	No [				
	the outs	standing voting	securities.	•		ldings represent 10% or more of
	lf any c	fthe chares of	tock are pledged (	or hypothecated in any v		
	•				• • •	
	_11/10		<u>-</u>			
14.	Have y	ou ever been ad	judged a bankrupt	?		
	Yes [	No [				
	If yes, p	orovide details:	N/A	<del></del>		
15.	commit		y management en			or director, trustee, investment by of the following events occur
	ā.	Been refused licensing agen	•	or certificate of author	ority by any regulat	ory authority, or governmental-
		Yes	No x			
	b.	to any judici	al, administrative, conservatorship, f	regulatory, or discipl	linary action (inclu	celed, non-renewed, or subjected ding rehabilitation, liquidation, wency, supervision or any other
		Yes	No x			
	c.			ad a fine levied again: administrative, regulato		permit, license, or certificate of ction?
		Yes	No x			

Applicant Name (Company)	:RLI INSURANCE COMPANY	NAIC No.	13056
		FEIN:	37-0915434
affiant should also	y of the above is yes, please indicate and ginclude any events within twelve (12) month		
<u>N/A</u>		<del></del>	
	nt has any doubt about the accuracy of an an alanation provided.	swer, the question s	hould be answered in the positive
Dated and signed this 17 under penalty of perjury that of my knowledge and belief (Signature of		Peoria, IL, foregoing statemer	. I hereby certify nts are true and correct to the best
State of: IL  The foregoing instrument was  Natarajan  who is personally know		February	, 20 <u>14</u> by <u>Murali</u>
PUBLIC F JEAN M	CIAL SEAL" STEPHENSON N EXPIRES 01/19/15		Notary Public PHEN SOL Printed Notary Name 1-19-15

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

		(Print or Type	)
To the	extent permitted by law, the	his affidavit will be kept confidential	by the state insurance regulatory authority.
	ame, address, and telephon ed (Do Not Use Group Nan		entity under which this biographical statement is being
		RLI INSURANCE COMPAN	<u> </u>
		9025 N. LINDBERGH DRIVE	, PEORIA, IL 61615
		(309) 692-1000	
1.	Affiant's Full Name (Ini IF ANSWER IS "N		_ Middle: Last: <u>Natarajan</u>
2.	Have you ever used any	other name, including first, middle o	r last name, nickname, maiden name or aliases?
	Yes x No		
	If yes, give the reason if	any, if none indicate such, and provi	de the full name(s) and date(s) used.
	ning/Ending s) Used (MM/YY)	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	Reason (If none, indicate such)
04/72	2-02/10	Muralidharan (first)	I became a US citizen and changed (shortened) my name.
Note:		nse to this question may be approxim hen transitioning from one name to a	ate. Parties using this form understand that there could nother.
3.	Affiant's Social Security	Numbe.	
4.	Government Identification	on Number if not a U.S. Citizen: N/A	1
5.	Foreign Student ID# (if	applicable) : <u>N/A</u>	
6.	Date of Birth: (MM/DD/ State/Province:		th, City:

Applicant Name (Con	npany): <u>RLI IN</u>	SURANCE COMPA	NY	NAIC No	<u>13056</u> <u>37-0915434</u>	
7. Name of Aff	iant's Spouse (if app	olicable) :				
. List your res	idences for the last t	en (10) years starting	with your curre	nt address, g	iving:	
Beginning/Ending Dates (MM/YY)	<u>Address</u>	City	State/ Province		Country	Postal Code
11/06 - current		dwards	<u>IL</u>	· · · · · · · · · · · · · · · · · · ·	USA	
08/02-11/06		Peoria	<u>IL</u>		USA	
		<del></del>		<del></del>		<del></del>
eated and signed this hereby certify under orrect to the best of r	penalty of perjury	February that I am acting on n elief.	ny own behalf	and that the	foregoing states	nents are true and
(!	Signature of Affiant)	)				
tate of: <u>IL</u>	Coun	ty of: <u>Peoria</u>	<del></del>			
he foregoing instrum	ent was acknowledg	ged before me this 1	7 12 day of	February	, 20	<u>14</u> by
Murali Natarajan	, and:					
who is personally	known to me, or					
who produced the	following identification	ation:				
who produced the		ation:	···-	Dean	m. Step	henson
POLITICAL PROPERTY OF THE PROP		AL"		Stan	Notary Public Stringery	ZPHENS

Applicant Name (Company): _	RLI INSURANCE COMPANY	NAIC No.	
		FEIN:	_37-0915434
murali natarajan – S	chedule 1		
Question No. 8.			
Dates	Employers' Name		Position
01/12 <b>-d</b> ate	RLI Insurance Company, RLI Indemnity Com 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	Variou	s IT positions
07/00-07/01	Knapp Consulting, Inc. 1555 Merlynn Crescent North Vancouver, BC, Canada V7J2X9 604-987-3313	Software	e Products Developer
09/97-07/00	RLI Insurance Company	Vario	us IT positions
08/95-09/97	SkyTech Consulting 10851 Olsen Dr., #226 Rancho Cordova, CA 95670 408-868-0700	S	r. 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	Seni	or Systems Analyst

2014

Applic	ant Name (Company):	RLI INSURANC	E COMPANY		-	<u> 13056</u>	
				FE	EIN: _	<u>37-0915</u>	<u> </u>
	•	BIOGI	RAPHICAL A	FFIDAVIT			
To the	extent permitted by la	w, this affidavit will be			nsurance i	reonlatory	authority
TO LIC	exem permitted by an	w, and arrawit will be	-			-cearmory	addioiny.
		1 64	(Print or Typ	•		••	
	ame, address and telep ed (Do Not Use Group	hone number of the pro Names). RLI II	esent or propose NSURANCE CC		which thi	s biographi	cal statement is bein
		9025	N. LINDBERGE	I DRIVE			<del></del>
		PEOI	RIA, IL 61615	<del></del>			
		(309)	692-1000				
hereina		ve-named entity, I he addendum or separate NE," SO STATE.					
1.	Affiant's Full Name	(Initials Not Acceptab	le): First: <u>Jean</u>	Middle: <u>N</u>	<u> larie</u> La	ast:Ste	phenson
2.	a. Are you a c	itizen of the United Sta	ites?				,
	Yes x	No					
	b. Are you a c	itizen of any other cou	ntry?				
	Yes	No x					
	If yes, what	country? N/A	<del></del>				
3.	Affiant's occupation	or profession: Asst.	Vice President/0	Corporate Secre	etary		
4.	. Affiant's business as	ldress: 9025 N. Lindbe	ergh Drive, Peor	ia, IL 61615			
	Business telephone:	309 692-1000	Busin	ess Email: <u>je</u>	an.stephe	nson@rlice	orp.com
5.	Education and training	ng:					
College	e/University	City/State		Dates Atten	ded (MM	/ <u>/YY)</u>	Degree Obtained
Easterr	Illinois University	Charleston, IL		1974-19	75		-
Gradua	te Studies Co	ollege/University	City/State	Dates Atten	ded (MM	/YY)	Degree Obtained
N/A							
Other 1	Training: Name	City/State	Dates Attended	(MM/YY)		Degree/C	ertification Obtained
<u>N/A</u> _	· · · · · · · · · · · · · · · · · · ·	<del></del>					
Note:	If affiant attended a applicable, provide t Supplemental Inform	foreign school, please the foreign student Idenation.	provide full add ntification Num	dress and telephore in the space	hone nun e provide	nber of the ed in the B	college/university. It iographical Affidavi

Applicant Name (Company):	RLI INSURANCE COMPAI	<u>NY</u> NAIC No	13056
,			37-0915434
6. List of memberships in	professional societies and association	ciations:	
Name of		Address of	Telephone Number
Society/Association	Contact Name	Society/Association	of Society/Association
Member - Society o		Society/Association	Of Society/Association
Corporate Secretaries			
& Governance		240 W. 35th, Ste. 400 Nev	ır.
Professionals		York, NY 10001	
Member-Securities &		1016, 141 10001	(212) 081-2000
Insurance Licensing			
Association	5	P.O. Box 498	
Association		Zionsville, IN 46077	(800) 428-8329
		Zionsville, 114 40077	(800) 420-0327
7. Present or proposed pos	sition with the applicant entity:	Assistant Vice President/Corp	orate Secretary
including present jobs, officerships). Please list	positions, partnerships, owner the most recent first. Attach a	of an entity, administrator, m additional pages if the space p	nsated or otherwise (up to and anager, operator, directorates or rovided is insufficient. It is only
• •	ephone numbers and supervisor	ry information for the past ten	(10) years.
See attached Schedule 1			
Beginning/Ending	E-ralas rada Namas		
Dates (MM/YY):	Employer's Name:_		
Address:	City:	State/Provin	ce:
Country: Posta	al Code: Phone: _	Offices/Positions	s Held:
Type of Business:	Supervi	isor/Contact:	
Desirate of Fedina			
Beginning/Ending Dates (MM/YY):	Employer's Name:		
Dates (MIMO 1 1).	Eniployer's Name	<del></del>	
Address:	City:	State/Provin	ce:
Country: Posta	al Code: Phone: _	Offices/Positions	Held:
The Continues	Company	inne/Contact:	
Type of Business:	Supervi	isor/Contact:	<del></del>
Beginning/Ending			
Dates (MM/YY):	Employer's Name:	<u> </u>	
Address:	City:	State/Province	ce:
Country: Postz	ul Code:Phone:	Offices/Positions	Held:
Type of Business:	Supervi	isor/Contact:	
Beginning/Ending			
Dates (MM/YY):	Employer's Name:_		
Address:	City:	State/Province	ce:
Country: Posta	l Code:Phone:	Offices/Positions	Held:

Applic	cant Name	e (Company):	RLI INSURANCE	COMPANY	NAIC No.	
•					FEIN:	37-0915434
Туре	of Busine	ss:		Supervisor/Contact:		
9.	a.	Have you ever	been in a position wh	ich required a fidelity	bond?	
		Yes	No x	•		
		If any claims	were made on the bone	l, give details: <u>N/A</u>		
	b.	Have you eve	r been denied an ind	vidual or position sch	nedule fidelity l	bond, or had a bond canceled or
		Yes	No x			
		lf yes, give de	tails: <u>N/A</u>			
10.	or gove in the p the lice numbe are rea represe	ernmental licensing ast. For any non- ensing authority or is your Social Senably identifiaented by your Social Sented	ing agency or regulatory insurance regulatory or regulatory body has Security Number (SSN ble as your SSN, the SN. (For example, "S ded is insufficient.	ory authority or licensing issuer, identify and proving jurisdiction over the original of the original of the original of the original of the original origi	ng authority tha ovide the name, the license (s) is I or any sequence ortion of the pror "1234-SSN" (	Il securities) issued by any public t you presently hold or have held address and telephone number of sued. If your professional license ce of more than five numbers that ofessional license number that is (last 6 digits)). Attach additional
Organ	ization/Iss	suer of License:		Address:		
City:		State	/Province:	Country:		Postal Code:
Licens	е Туре:	Licen	se #:	Date	e Issued (MM/Y	Y):
Date E	Expired (N	/IM/YY):	Reason f	or Termination:		
Non-I	nsurance l	Regulatory Phon	e Number (if known):		···	
Organ	ization/Iss	suer of License:	<del> </del>	Address:		
City: _		State	/Province:	Country:		Postal Code:
Licens	е Туре: _		License #:	Date	Issued (MM/Y	Y):
Date E	expired (M	(M/YY):	Reason f	or Termination:	<del></del>	
Non-Ir	nsurance I	Regulatory Phon	e Number (if known):	- <del></del>	<del></del>	
11.				as been sealed or expu may respond "no" to the		ffiant has personally verified that we you ever:
	<b>a</b> .			ssional, or vocational linental licensing agenc		it by any regulatory authority, or
		Yes	No x			

nt Nam	ае (Сотралу): _	RLI INSURANCE COMPANY	NAIC No.	
			FEIN:	37-0915434
b.		upational, professional, or vocational administrative, regulatory, or disciplin		hold or have held, been subject to
	Yes	No x		
c.		on probation or had a fine levied again rmit in any judicial, administrative, reg		
	Yes	No x		
<b>i</b> .	Been charge	d with, or indicted for, any criminal of	fense(s) other than civi	l traffic offenses?
	Yes	No x		
г.	Pled guilty, offenses?	or nolo contendere, or been convict	ed of, any criminal o	offense(s) other than civil traffic
	Yes	No x		
f.		ation of guilt withheld, had a sentence in or been pardoned, fined, or placed on ses?		
	Yes	No x		
a re	dministrative, re egulating the bi	cease and desist letter or order, or enjoy egulatory, or disciplinary action, from varies of insurance, securities or bar ourse of the business of insurance, secu	violating any federal, s nking, or from carryi	tate law or law of another country
	Yes	No x		
	Been, within the inancial dispute?	e last ten (10) years, a party to any o	civil action involving	dishonesty, breach of trust, or a
	Yes	No x		
p	rovisions of sm	ade by the Comptroller of any state all loan laws, banking or trust comparation lawfully made by the Comptroller	ny laws, or credit unio	n laws, or that you have violated
	Yes	No x		
j. H	Iad a lien or fore	eclosure action filed against you or any	entity while you were	associated with that entity?
	Yes	No x		
		o any question above is yes, please pro the complaint and filed adjudication or		

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
person, or non- office h holds w	whether through management so neld by the per- rith the power to	ndirect, of the power to direct or cause the ownership of voting securities, by ervices, or otherwise, unless the power is son. Control shall be presumed to exist to vote, or holds proxies representing, ten	contract other than is the result of an o if any person, direc percent (10%) or m	a commercial contract for good fficial position with or corporate tely or indirectly, owns, controls
If any o	of the stock is p	edged or hypothecated in any way, give	details. <u>N/A</u>	
or of regulate directly	cord, 10% or authority, o		of any entity subject on "affiliated" with,	ect to regulation by an insurance a specific person, is a person that
If yes, p	please identify tanding voting	the company or companies in which the		oldings represent 10% or more o
If any o		stock are pledged or hypothecated in any	• • •	
4. Have yo	ou ever been ad	judged a bankrupt?		
Yes [	No [	<u> </u>		
lf yes, p	rovide details:	N/A		
commit		as any company or entity for which y y management employee or controlling th capacity?		
a.	Been refused licensing agen	a permit, license, or certificate of authory?	ority by any regular	tory authority, or governmental-
	Yes	No x		
b.	to any judicia	, license, or certificate of authority suspoil, administrative, regulatory, or disciptionservatorship, federal bankruptcy proding)?	linary action (inclu	iding rehabilitation, liquidation,
	Yes	No x		
c.		on probation or had a fine levied again		

Applicant Name	(Company):	RLI INSURANCE COMPANY	NAIC No.	13056
••			FEIN:	37-0915434
	Yes	No x		
		he above is yes, please indicate and g de any events within twelve (12) mont		
N/A				
		·		
Note:	If an affiant ha	s any doubt about the accuracy of an a tion provided.	nswer, the question s	hould be answered in the positive
under penalty of of my knowledge	perjury that I are and belief.	y of JAN 20 14 at a cating on my own behalf and that the	Peoria IL ne foregoing statemen	I hereby certify its are true and correct to the best
	M. Lley Signature of Afri	iant)		
State of:	Ц	County of: Peoria		
The foregoing in	strument was ac	cnowledged before me this 30th day of	F JAN 20_	14_ by J <u>ean Marie</u>
Stephenson		, and:		
Xwho is perso	nally known to	ne, or		
who produce	d the following	identification:		
[SEAL]	NOTARY PUBLIC STATE OF ILLINOIS	"OFFICIAL SEAL"  JACQUELINE SWEETER  MY COMMISSION EXPIRES 07/24/15	Jacq Jacq -7/	Notary Public Nucline Sweeter Printed Notary Name 34/2015
			· N	ly Commission Expires

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

		(Print or Type)	1
To the	extent permitted by law, the	nis affidavit will be kept confidential t	by the state insurance regulatory authority.
Full na	ame, address, and telephon ed (Do Not Use Group Nan	e number of the present or proposed ones).	entity under which this biographical statement is being
		RLI INSURANCE COMPANY	, -
		9025 N. LINDBERGH DRIVE	PEORIA, IL 61615
		(309) 692-1000	
1.	Affiant's Full Name (Ini IF ANSWER IS "N		Middle: <u>Marie</u> Last: <u>Stephenson</u>
2.	Have you ever used any	other name, including first, middle or	last name, nickname, maiden name or aliases?
	Yes x No		
	If yes, give the reason if	any, if none indicate such, and provid	e the full name(s) and date(s) used.
	nning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)
04/56	i-05/78	McCavitt (Last)	Maiden Name
Note:		se to this question may be approximation transitioning from one name to an	te. Parties using this form understand that there could nother.
3.	Affiant's Social Security	Number	
4.	Government Identification	on Number if not a U.S. Citizen: <u>N/A</u>	· · · · · · · · · · · · · · · · · · ·
5.	Foreign Student ID# (if a	pplicable) : <u>N/A</u>	
6.	Date of Birth: (MM/DD/ State/Province:	YY Place of Birtl Country:_ U	h, City:

Applicant Name (Company): RLI INSURANCE COMPANY					13056 37-0915434	
7. Name of Af	fiant's Spouse (if app	olicable) : <u>Kevin St</u>	ephenson			
8. List your res	sidences for the last t	en (10) years startin	g with your curre	nt address, gi	ving:	
Beginning/Ending Dates (MM/YY)	<u>Address</u>	<u>City</u>	State/ Province	<u>(</u>	Country	Postal Code
10/05-present		Peoria	<u>IL</u>	<u> </u>	USA	
06/97-10/05		Peoria	<u>IL</u> _		USA	
		<del></del>		<del></del>	<del></del>	
understand to	of perjury that I am edge and belief.  1. Atphen Signature of Affiant)	overlap of dates when the second section of the second section of the second se	nen transitioning f	rom one addi Peoria, I	ress to another. L	. I hereby
State of: II  The foregoing instrum	Coun	ty of: <u>Peoria</u>	- AL			
-		ged before me this $\subseteq$	$\frac{50^{\circ}}{\text{day of }}$	411_	, 20 <u>14</u> b	y <u>Jean Marie</u>
Stephenson				-		
x who is personally	known to me, or					
who produced the	e following identifica	ation:	<del></del>	· <del></del>		
[SEAL]	NOTARY FUBLIC JACO	OFFICIAL SEAL" QUELINE SWEETE	P	7/	Notary Pub Notary Pub OUCLINE Printed Notary A 4 20 Ty Commission	Name S

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 helow.

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

_		_		
Jean Marie Stephens		eoria, IL		
	(Printed Ful	l Name armenin	ce Address)	
Jean m	Stephenson (Signature)	-	01	-30-14 (Date)
I!	(Dignatury)			(Daile)
State of IL	County of:	Peoria	-	
		≥\U	T 4 A 1	
The foregoing instru	nent was acknowledged before	me this <u>day</u>	of $\mathcal{A}(\mathcal{A}, 20)$	<u>14</u> by <u>Jean Marie</u>
	, and:			
Stephenson	,			
Xwho is personally	y known to me, or			
				·
who produced th	e following identification:			. 0 /
•			( haa	1 Xives ti
	~~~~~~~~~	Janan	Jucque	we swew
[SEAL]	"OFFICIAL	SEAL" 🖁	No. No.	otary Public C
	PUBLIC F JACQUELINES		_ Jacque	THE SWEET
			Printe	d Notary Name
	MY COMMISSION EX	PIRES 07/24/15	1/24	12015
	- A A MANAGE AND A STATE OF THE PARTY OF THE	*****	' My Con	mission Expires

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

### JEAN MARIE STEPHENSON Schedule 1 - Question #8

<u>Dates</u>	Employer & Address	<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	

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Applicant Name (Company):	RLI INSURANCE COMPANY	NAIC No. <u>13056</u> FEIN: <u>37-0915434</u>
	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)	): <u>RLI INSURANC</u>	E COMPANY_	NAIC FEIN	C No. <u>13056</u> I: <u>37-09</u>	15434
	BIOGI	RAPHICAL A	FFIDAVIT		
To the extent permitted by l	aw, this affidavit will be	kept confidentia	al by the state insu	rance regulator	y authority.
		(Print or Ty	pe)		
Full name, address and tele required (Do Not Use Group	phone number of the prop Names). RLI In	esent or propose NSURANCE CO	d entity under wh	ich this biograp	phical statement is being
	9025	N. LINDBERGI	I DRIVE		
	PEOI	RIA, IL 61615		<u></u>	
	(309)	692-1000	· · · · · · · · · · · · · · · · · · ·		
In connection with the ab hereinafter set forth. (Attac ANSWER IS "NO" OR "No	h addendum or separate	e sheet if space	hereon is insuffic	cient to answer	
	•		vid_iviiddie <u>Chai</u>	lesLast	Sandoz
	citizen of the United Sta	ites?			
Yes	x No				
b. Are you a	citizen of any other cou	ntry?			
Yes	No x				
If yes, wh	at country? <u>N/A</u>				
<ol> <li>Affiant's occupation</li> </ol>	on or profession: <u>Insur</u>	ance - Surety		<u> </u>	· .
4. Affiant's business	address: 9025 N. Lindbe	ergh Drive, Peor	ia, IL 61615	<u> </u>	
Business telephone	309 692-1000	Busin	ess Email: <u>dav</u>	ve.sandoz@rlice	orp.com
5. Education and train	ning:				
College/University	City/State		Dates Attende	d (MM/YY)	Degree Obtained
Augustana College	Sioux Falls, SI	<b>)</b>	1973-1977		B.A
Graduate Studies C	College/University	City/State	Dates Attende	d (MM/YY)	Degree Obtained
N/A	<del></del>	<del>-</del>		<u></u>	<u>.</u>
Other Training: Name	City/State	Dates Attended	I (MM/YY)	<u>Degree.</u>	/Certification Obtained
	a foreign school, please		dress and telepho	ne number of t	he college/university If
applicable, provide Supplemental Infor	the foreign student Ide	ntification Num	ber in the space	provided in the	Biographical Affidavit

Applica	ant Name (Compai	ıy): <u>RLI II</u>	<u>NSURANCE</u>	COMPANY	YNAIC N FEIN:	o. <u>13056</u> <u>37-0915434</u>
					FEIN.	37-0913434
6.	List of members	hips in professio	onal societie	s and associa	tions:	
	Name of Society/Associat National Asso of Inde		Contact Na	ame .	Address of Society/Association	<u>Telephone Number</u> of Society/Association
	National Ass	ociation				
	of Surety P <del>ro</del> ducers	Bond .				
	Surety Associa America	ition of				
7.	Present or propo	sed position wit	h the applica	ant entity: <u>V</u>	ice President	
8.	including present officerships). Ple	t jobs, positions ase list the mos	s, partnershi st recent firs	ps, owner of t. Attach add	an entity, administrator	mpensated or otherwise (up to and r, manager, operator, directorates or ce provided is insufficient. It is only
See atta	necessary to pro-	vide telephone i	iumbers and	supervisory	information for the past	tien (10) years.
Beginni	ing/Ending					
Dates (	MM/YY):	<del>_</del>	_ Employer	's Name:		
Address	s:		City:		State/Pr	ovince:
Country	y:	Postal Code:		Phone:	Offices/Posi	tions Held:
Type of	Business:			Superviso	r/Contact:	
Beginni Dates (	ing/Ending MM/YY):		_ Employer	's Name:		
Address	s:		City:		State/Pr	ovince:
Country	<i>y</i> :	Postal Code:		Phone:	Offices/Posit	ions Held:
Type of	Business:	·		Superviso	r/Contact:	·
Beginni Dates (	ing/Ending MM/YY):	<del>-</del>	_ Employer	's Name:		
Address	s:		City:		State/Pro	ovince:
Country	/;	Postal Code:	·	Phone:	Offices/Posit	ions Held:
Type of	Business:			Superviso	r/Contact:	
Beginni Dates (1	ng/Ending MM/YY):		_ Employer	's Name:		
Address	s:	<u>-</u>	City:	. <u> </u>	State/Pro	ovince:
Country	<i>"</i> :	Postal Code:		Phone:	Offices/Positi	ions Held:

11.

Applie	cant Name	e (Company):	<u>RLI INSURANC</u>	E COMPANY	NAIC No	
••					FEIN:	37-0915434
Туре	of Busines	ss:	<del></del>	_ Supervisor/Contact:_		
9.	a.	Have you ever	been in a position	which required a fidelity l	bond?	
		Yes x	No			
		If any claims v	ere made on the bo	ond, give details: N/A		
	b.	Have you ever revoked?	been denied an i	ndividual or position sch	edule fidelity t	oond, or had a bond canceled or
		Yes	No x			
		If yes, give det	ails: <u>N/A</u>			
	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					
Organ	ization/Is:	suer of License:_		Address:		
City:		State	Province:	Country:		_ Postal Code:
Licens	ве Туре:	Licens	e #:_	Date	Issued (MM/Y	Y):
Date I	Expired (N	/IM/YY):	Reason Reason	n for Termination:		<u> </u>
Non-I	nsurance l	Regulatory Phone	Number (if knowr	n):		
Organ	ization/Iss	suer of License:		Address:		
City:		State	Province:	Country:		Postal Code:
Licens	е Туре: _		_ License #:	Date	Issued (MM/Y	Y):
Date F	Expired (M	1M/YY):	Reason	n for Termination:		
Non-I	nsurance l	Regulatory Phone	Number (if knowr	ı):		
11.				d has been sealed or expu nt may respond "no" to the		ffiant has personally verified that we you ever:
	<b>a</b> .			ofessional, or vocational l	•	t by any regulatory authority, or
		Yes	No x			

ant Name	(Company): _	RLI INSURANCE COMPANY	NAIC No.	<u> 13056</u>
			FEIN:	37-0915434
b.		ipational, professional, or vocational administrative, regulatory, or discipli		nold or have held, been subject to
	Yes	No x		
c.		on probation or had a fine levied agai mit in any judicial, administrative, re		
	Yes	No x		
d.	Been charged	with, or indicted for, any criminal or	ffense(s) other than civi	traffic offenses?
	Yes	No x		
e.	Pled guilty, offenses?	or nolo contendere, or been convid	eted of, any criminal o	offense(s) other than civil traffic
	Yes	No x		
f.	Had adjudicate suspended, or traffic offense	tion of guilt withheld, had a sentence r been pardoned, fined, or placed o es?	imposed or suspended, n probation, for any cr	had pronouncement of a sentence iminal offense(s) other than civil
	Yes	No x		
adı reg	ministrative, regulating the bus	cease and desist letter or order, or engulatory, or disciplinary action, from siness of insurance, securities or burse of the business of insurance, securities	violating any federal, sanking, or from carrying	tate law or law of another country
	Yes	No x		
	en, within the ancial dispute?	last ten (10) years, a party to any	civil action involving	dishonesty, breach of trust, or a
	Yes	No x		
pro	visions of smal	de by the Comptroller of any state ll loan laws, banking or trust compa ion lawfully made by the Comptrolle	ny laws, or credit unio	n laws, or that you have violated
	Yes	No x		
j. Ha	d a lien or forec	closure action filed against you or any	entity while you were	associated with that entity?
	Yes	No x		
		any question above is yes, please price complaint and filed adjudication o		

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

Appli	icant Nan	ne (Company): <u>RLI INSURANCE COMPAI</u>	<u>IY</u> NAIC No. <u>13056</u>
			FEIN: <u>37-0915434</u>
	perso or no office holds	on, whether through the ownership of voting secur on-management services, or otherwise, unless the se held by the person. Control shall be presumed	or cause the direction of the management and policies of a ities, by contract other than a commercial contract for goods power is the result of an official position with or corporate to exist if any person, directly or indirectly, owns, controls, ting, ten percent (10%) or more of the voting securities of any
	If any	of the stock is pledged or hypothecated in any w	ay, give details. N/A
13.	or of regula	record, 10% or more of the outstanding shares atory authority, or its affiliates? An "affiliate" of,	ndividually or cumulatively subscribe to or own, beneficially of stock of any entity subject to regulation by an insurance or person "affiliated" with, a specific person, is a person that ies, controls, or is controlled by, or is under common control
	Yes	No x	
		s, please identify the company or companies in wutstanding voting securities.	nich the cumulative stock holdings represent 10% or more of
	If any	of the shares of stock are pledged or hypothecate	
14.	Have	you ever been adjudged a bankrupt?	
	Yes	No x	
	If yes	, provide details: <u>N/A</u>	
15.	comn		which you were an officer or director, trustee, investment atrolling stockholder, had any of the following events occur
	a.	Been refused a permit, license, or certificate licensing agency?	of authority by any regulatory authority, or governmental-
		Yes No x	
	b.	to any judicial, administrative, regulatory,	ity suspended, revoked, canceled, non-renewed, or subjected or disciplinary action (including rehabilitation, liquidation, otcy proceeding, state insolvency, supervision or any other
		Yes No x	
	c.	Been placed on probation or had a fine levi authority in any civil, criminal, administrative	ed against it or against its permit, license, or certificate of regulatory, or disciplinary action?

Applicant Name (Company):	RLI INSURANCE COMPANY	NAIC No	13056
		FEIN:	37-0915434
Yes	No x		
	the above is yes, please indicate a ude any events within twelve (12) r		
_N/A			
	as any doubt about the accuracy of ation provided.	an answer, the question s	hould be answered in the positive
Dated and signed this 3rd dunder penalty of perjury that I a of my knowledge and belief.  Awad Argonical Signature of Argonical Control of the control of th	ay of February 20_14 am acting on my own behalf and the finant)	at <u>Peoria, IL</u> at the foregoing statemen	I hereby certify ts are true and correct to the best
State of: <u>IL</u>	County of: Peoria	<del></del> -	
The foregoing instrument was a	cknowledged before me this <u>3rd</u> da	ay of teloruary, 20_	14 by David Charles
Sandoz	_, and:	1	
Xwho is personally known to	me, or		
who produced the following	identification: <u>ANVERS</u>	icense () la	1 b. 0 X Huntanna ba
[SEAL]		Chei	Notary Public Ontemer
A NOTARY PUBLIC OF	"OFFICIAL SEAL" CHERIE L MONTGOMERY AY COMMISSION EXPIRES 02/02/16	212	Printed Notary Name  Commission Expires

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

		(Print or Type)		
To the	extent permitted by law, this affi	davit will be kept confidential b	y the state insurance re	egulatory authority.
	ame, address, and telephone num ed (Do Not Use Group Names).	ber of the present or proposed e	entity under which this	biographical statement is being
		RLI INSURANCE COMPANY		
		9025 N. LINDBERGH DRIVE,	, PEORIA, IL 61615	
		(309) 692-1000	·····	
1.	Affiant's Full Name (Initials N IF ANSWER IS "NONE,"		_ Middle: _ <u>Charles</u> _	Last: <u>Sandoz</u>
2.	Have you ever used any other	name, including first, middle or	last name, nickname, r	naiden name or aliases?
	Yes No x			
	If yes, give the reason if any, it	f none indicate such, and provid	le the full name(s) and	date(s) used.
	nning/Ending (s) Used (MM/YY) Spec	Name(s) cify: First, Middle or Last Name	Reason (If r	none, indicate such)
		· ,		· · · · · · · · · · · · · · · · · · ·
	· .			
Note:		this question may be approximated		rm understand that there could
3.	Affiant's Social Security Numb	ber:		
4.	Government Identification Nur	nber if not a U.S. Citizen: N/A		
5.	Foreign Student ID# (if applica	able) : <u>N/A</u>		
6.	Date of Birth: (MM/DD/) State/Province:	Place of Birtl	h, City:	

Applicant Name (Company): RLI INSURANCE COMPANY				_ NAIC No.	13056	
7. Name of A	affiant's Spouse (if app	olicable):_			37-0713434	
8. List your	esidences for the last to	en (10) years starting	g with your curre	ent address, gi	ving:	
Beginning/Ending Dates (MM/YY)	Address	<u>City</u>	State/ Province	<u>9</u>	Country	Postal Code
10/92-date		Morton	ΪĹ		USA	
understand	vided in response to this I that there could be an	overlap of dates wh	en transitioning	from one add	ress to another.	
Dated and signed th	nis 3 <sup>22</sup> day of <u>feb</u> ty of perjury that I am	ruary 20_	<u>14</u> at <u> </u>	Peoria, I	<u>L</u>	I hereby
State of:	vledge and belief.  (Signature of Affiant)  IL County	Ja de ty of: Peoria				
The foregoing instr	ument was acknowledg	ged before me this	ad day of	bruary	_, 20 <u>_14</u> b	y David Charles
<u>Sandoz</u>				J		
	lly known to me, or the following identifica	ation: <u>driver</u>	s dicen	ce Chi	Li XHO	ntamores
[SEAL]				Che	Notary Pub	ontermery
NOTARY PUBLIC STATE OF ALEMONS	"OFFICIAL SEA CHERIE L MONTGO MY COMMISSION EXPIRES	MERY		N	12 11 1y 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,	ton, IL
	Name and Residence Address)
bown Charles fainly	_2- <b>3</b> -2014
(Signature)	(Date)
State of: IL County of: P	eoria
The foregoing instrument was acknowledged before me	e this 3rd day of February, 20 14 by David Charles
Sandoz , and:	•
Xwho is personally known to me, or	A = A
who produced the following identification:	Wers License ( )
	July 7 an somety
[SEAL]	Cherie L. Hontesmeru
X	Printed Notary Name)
"OFFICIAL SEAL"	
NOTANY CHERIE L MONTGOMER	My Commission Expires
MY COMMISSION EXPIRES 02/02	

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

Manager

RLI Mortgage Services, Inc.

10/98-04/04

Appli	cant Name	(Comp	any):	<u>RLI INSURAN</u>	CE COMPANY	NAIC N	o. <u>1305</u>	6
						FEIN:	37-09	915434
				BIOG	GRAPHICAL A	FFIDAVIT		
To the	e extent pe	rmitted (	by law, t	his affidavit will b	e kept confidentia	l by the state insuran	ce regulato	ory authority.
					(Print or Typ	e)		
				e number of the pmes). RLI			•	aphical statement is being
				9025	N. LINDBERGH	DRIVE		<del></del>
		<u></u>		PEC	ORIA, IL 61615			<del> </del>
			-	(309	9) 692-1000			
herein	after set f	orth. (A	ttach ad					rmation about myself as er any question fully.) IF
1.	Affiant	's Full N	läme (In	itials Not Accepta	ble): First: <u>Roy</u>	Middle: Conlin	Last:_	Die
2.	a.	Are yo	u a citiz	en of the United S	tates?			
		Yes [	х	No		•		
	b.	Are yo	u a citiz	en of any other co	untry?			
		Yes [		No x				
		If yes,	what co	untry? <u>N/A</u>	<del></del>		•	
3.	Affiant'	s occup	ation or	profession: <u>Ins</u> t	гапсе	<del></del>		·····
4.	Affiant'	s busine	ss addre	ss: 8 Greenway P	laza, Suite 400, H	ouston, TX 77046		··
	Busines	s teleph	оле:	713-961-1300	Busin	ess Email: <u>roy.die@</u>	@rlicorp.co	om
5.	Education	on and t	raining:					
Colleg	e/Universi	ity		City/State		Dates Attended (M	1M/YY)	Degree Obtained
Rice U	Iniversity	<b>S</b>		Houston, TX		1972-1976		B.A.
Gradus	ate Studies		Colleg	e/University	City/State	Dates Attended (M	IM/YY)	Degree Obtained
			Rice	University	Houston, TX	1976-1977		Masters - Accounting
Other 1	Training: N	<u>Vame</u>	<u>C</u>	ity/State	Dates Attended	(MM/YY)	Degree	e/Certification Obtained
N/A						<del></del>		
Note:		le, prov	ide the	foreign student Id				the college/university. If e Biographical Affidavit

Applica	nt Name (Company): _	RLI INSURA	NCE COMPANY	NAIC No.	13056
••				FEIN:	37-0915434
6.	List of memberships	in professional soc	ieties and associa	tions:	
	Name of			Address of	Telephone Number
	Society/Association	Contac	ct Name	Society/Association	of Society/Association
	None				
7.	Present or proposed p	osition with the ap	pplicant entity: <u>'S</u>	r. Vice President, Underw	riting
Beginni	including present job officerships). Please in necessary to provide a ched Schedule ing/Ending	s, positions, partne list the most recent telephone numbers	erships, owner of t first. Attach add a and supervisory	an entity, administrator, itional pages if the space information for the past to	
Dates (	MM/YY):	Empl	oyer's Name:		
Address	s:	City	/:	State/Prov	ince:
Country	r: Po	stal Code:	Phone:	Offices/Position	ns Held:
Type of	Business:		Supervisor	r/Contact:	
Beginni Dates (	ng/Ending MM/YY):	Empl	oyer's Name:		
Address	:	Cit	y:	State/Prov	ince:
Country	r: Pos	stal Code:	Phone:	Offices/Position	ns Held:
Type of	Business:	<u>.</u>	Supervisor	r/Contact:	
Beginni Dates (	ng/Ending MM/YY):	Empl	oyer's Name:		
Address	::	City	/:	State/Provi	nce:
Country	Pos	stal Code:	Phone:	Offices/Position	ns Held:
Type of	Business:		Supervisor	-/Contact:	
Beginni Dates (	ng/Ending MM/YY): -	Empl	oyer's Name:		
					nce:
					ns Held:
Type of	Business:		Supervisor	-/Contact:	

Applica	nt Name	(Company):	RLI INSURANCE	<u>COMPANY</u>	NAIC No.	
					FEIN:	37-0915434
9.	a.	Have you ever	been in a position wh	ich required a fid	elity bond?	
		Yes	No x		,	
		If any claims v	ere made on the bond	d, give details: <u>N/</u>	Α	
	b.	Have you ever	been denied an ind	ividual or position	n schedule fidelity	bond, or had a bond canceled or
		Yes	No x			
		If yes, give det	ails: N/A		<u></u>	
10.	or gover in the pa the licer number are reas represer	mmental licensing att. For any non using authority of is your Social Sonably identifianted by your SS	ng agency or regulatory or regulatory or regulatory body have curity Number (SSN ble as your SSN, the	ory authority or lice issuer, identify are ving jurisdiction of N) or embeds your or write SSN for t	censing authority that do provide the name, over the license (s) is SSN or any sequent that portion of the pro-	Il securities) issued by any public it you presently hold or have held address and telephone number of sued. If your professional license ce of more than five numbers that rofessional license number that is (last 6 digits)). Attach additional
Organiza	ation/Iss	uer of License:_	X State Bd of Public	Accts Address	: 333 Guadalupe To	wer 3, Ste. 900
City: A	ustin _	State	Province:TX	Country	USA	_ Postal Code: 01/81
License	Туре:	CPA L	icense #:		Date Issued (MM/Y	Y):
Date Exp	pired (M	M/YY):	Reason f	or Termination:_	N/A	
Non-Ins	urance R	egulatory Phone	Number (if known):			
Organiza	ation/Issı	ier of License:		Address		
City:		State	Province:	Country		_ Postal Code:
License	Туре:		License #:		Date Issued (MM/Y	Y):
Date Exp	pired (M	M/YY):	Reason f	or Termination: _		
Non-Ins	urance R	egulatory Phone	Number (if known):		<del></del>	
11.			owing, if the record he expunged, an affiant			ffiant has personally verified that ve you ever:
	a.		n occupational, profe inistrative, or governi			it by any regulatory authority, or
		Yes	No x			
	b.		ational, professional, ministrative, regulato			old or have held, been subject to

	ame (Company):	RLI INSURANCE COMPANY	NAIC No. FEIN:	13056 37-0915434
	Yes	No x		
c.		n probation or had a fine levied against y nit in any judicial, administrative, regula		
	Yes	No x		
d.	Been charged	with, or indicted for, any criminal offens	se(s) other than civi	traffic offenses?
	Yes	No x		
e.	Pled guilty, o offenses?	r nolo contendere, or been convicted	of, any criminal of	ffense(s) other than civil traff
	Yes	No x		
f.		on of guilt withheld, had a sentence imp been pardoned, fined, or placed on pr 3?		
	Yes	No x		
g.	administrative, reg regulating the bus	ease and desist letter or order, or enjoind ulatory, or disciplinary action, from viol iness of insurance, securities or banki	lating any federal, si ng, or from carryir	ate law or law of another countr
	practices in the cou	arse of the business of insurance, securiti	ies or banking?	
	Yes Yes	No x	ies or banking?	
h.	Yes			
h.	YesBeen, within the	No x		
h. i.	Yes  Been, within the financial dispute?  Yes  Had a finding made provisions of small	No x ast ten (10) years, a party to any civi	il action involving the Federal Govern laws, or credit unio	dishonesty, breach of trust, or ment that you have violated an laws, or that you have violate
	Yes  Been, within the financial dispute?  Yes  Had a finding made provisions of small	No x  ast ten (10) years, a party to any civi  No x  de by the Comptroller of any state or a loan laws, banking or trust company	il action involving the Federal Govern laws, or credit unio	dishonesty, breach of trust, or ment that you have violated an laws, or that you have violate
	Yes  Been, within the financial dispute?  Yes  Had a finding made provisions of small any rule or regulation.  Yes	No x  ast ten (10) years, a party to any civil  No x  de by the Comptroller of any state or a loan laws, banking or trust company on lawfully made by the Comptroller of	the Federal Govern laws, or credit unio any state or the Fed	dishonesty, breach of trust, or ment that you have violated an laws, or that you have violate eral Government?
i.	Yes  Been, within the financial dispute?  Yes  Had a finding made provisions of small any rule or regulation.  Yes	No x  ast ten (10) years, a party to any civi  No x  de by the Comptroller of any state or a loan laws, banking or trust company on lawfully made by the Comptroller of	the Federal Govern laws, or credit unio any state or the Fed	dishonesty, breach of trust, or ment that you have violated an laws, or that you have violate eral Government?
i.	Yes  Been, within the financial dispute?  Yes  Had a finding made provisions of small any rule or regulation.  Yes  Had a lien or forect yes	ast ten (10) years, a party to any civing No x  de by the Comptroller of any state or a loan laws, banking or trust company on lawfully made by the Comptroller of No x  losure action filed against you or any enterestimates.	the Federal Govern laws, or credit unio any state or the Fed tity while you were	ment that you have violated an laws, or that you have violate eral Government?  associated with that entity?

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,

Applic	ant Name	e (Company):	RLI INSURANCI	COMPANY	NAIC No FEIN: _	13056 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 pl	edged or hypothecate	ed in any way, give d						
13.	or of r regulat directly	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 [2								
	the out	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 o		tock are pledged or h	•						
14.	Have y	ave you ever been adjudged a bankrupt?								
	Yes [	No [x								
	If yes,	yes, provide details: N/A								
		·								
15.	commi	ir knowledge ha tee member, ke ou served in suc	management empl	entity for which you	ou were an officer stockholder, had an	or director, trustee, investment y of the following events occur				
	a.	Been refused licensing agend		certificate of autho	rity by any regulat	ory authority, or governmental-				
		Yes	No x							
	b.	to any judicia	l, administrative, re onservatorship, fede	gulatory, or discipl	inary action (inclu	celed, non-renewed, or subjected ding rehabilitation, liquidation, vency, supervision or any other				
		Yes	No x							
	c.		n probation or had γ civil, criminal, adπ			permit, license, or certificate of ction?				
		Yes	No x							

Applicant Name (Company): RLI INSURANCE COMPANY							
	FEIN: <u>37-0915434</u>						
	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 and an explanation provided.	an answer, the question should be answered in the positive						
Dated and signed this 5 th day of FEB 20 1 under penalty of perjury that I am acting on my own behalf and the of my knowledge and belief.	4atHOUSTON, TX I hereby certify nat the foregoing statements are true and correct to the best						
State of: 14as Harris County of: Harris							
The foregoing instrument was acknowledged before me this 5 d	lay of <b>February</b> 20 14 by Boy Conlin						
Die , and:	ay of						
Xwho is personally known to me, or							
who produced the following identification: イズ ひし 0746	<u>4754</u>						
	Nancy Crox						
[SEAL]	Notary Public						
MANCY CRUZ  Motary Public, State of Texas	Printed Notary Name 7-22-2017						
My Commission Expires Ady 22, 2017	My Commission Expires						

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

### BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

		Supplemental I elsonal la	Ιστιματιστι
		(Print or Type)	
To the	extent permitted by law, the	nis affidavit will be kept confidential by	the state insurance regulatory authority.
	ame, address, and telephoned (Do Not Use Group Nar		ntity under which this biographical statement is being
		RLI INSURANCE COMPANY	
		9025 N. LINDBERGH DRIVE.	PEORIA, IL 61615
		(309) 692-1000	· · · · · · · · · · · · · · · · · · ·
1.	Affiant's Full Name (Ini	itials Not Acceptable): First: Roy MONE," SO STATE.	iddle: <u>Conlin</u> Last: <u>Die</u>
2.	Have you ever used any	other name, including first, middle or l	ast name, nickname, maiden name or aliases?
	Yes No x		
	If yes, give the reason if	any, if none indicate such, and provide	the full name(s) and date(s) used.
	ning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)
_			
Note:		nse to this question may be approximate then transitioning from one name to and	e. Parties using this form understand that there could other.
3.	Affiant's Social Security	Numbi	
4.	Government Identification	on Number if not a U.S. Citizen: N/A	
5.	Foreign Student ID# (if	applicable) :N/A	
6.	Date of Birth: (MM/DD/ State/Province:	YY) Place of Birth Country: US	, City:

Applicant Name (Company): RLI INSURANCE COMPANY					. <u>13056</u> 37-0915434	
7. Name of Affi	ant's Spouse (if appl	icable) :_				
8. List your resi	dences for the last te	n (10) years starting	with your curre	nt address, g	giving:	
Beginning/Ending Dates (MM/YY)	Address	City	State/ Province		Country	Postal Code
12/00-date		Missouri City	TX		USA	
understand the Dated and signed this under penalty of perju of my knowledge and	ry that I am acting obelief.  ignature of Affiant)	overlap of dates whe	n transitioning f	from one add	dress to another.	. I hereby certify
State of: The foregoing instrum	ent was acknowledge			Oruovy V	.20 14 b	v Rov Conlin
Die, as		od obioic me ima	day or <u>_r.                                  </u>			, ico, comm
x who is personally who produced the	known to me, or following identificat	tion: <u>TX DL 07</u>	464754			
Notal My	NANCY CRUZ ry Public, State of Texas Commission Expires July 22, 2017			7-22-	Notary Pub Notary Pub ex Cruz Printed Notary 2017 My Commission	Name

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, Missouri City, TX	
(Printed Full Name and Re	sidence Address)
The same of the sa	2-5-14
(Signature)	(Date)
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: Tス りょ 0746	54154
Wild produced the following identification.	NangCo
NANCY CRUZ	Notary Public
Notary Public, State of Texas My Commission Expires July 22, 2017	Printed Notary Name 7-22-2017
- Antique - any and any and	My Commission Expires

- Applicant Name (Comp	any):RLI INSURANCE COMPANY	NAIC No. <u>13056</u>
•		FEIN: <u>37-0915434</u>
SCHEDULE 1 - ROY O	CONLIN DIE	
QUESTION NO. 8		
<u>DATES</u>	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	CE COMPANY	NAIC No	
		FEIN:	37-0915434
7700	D. D. D. C.		
	RAPHICAL AF	•	
To the extent permitted by law, this affidavit will b	e kept confidential l	by the state insurance	regulatory authority.
	(Print or Type)	,	
Full name, address and telephone number of the prequired (Do Not Use Group Names). RLI	resent or proposed of Insurance Company	entity under which thi	s biographical statement is being
9025	N. Lindbergh Driv	e	
Peor	ia, IL 61615		
(309	9) 692-1000		
In connection with the above-named entity, I hereinafter set forth. (Attach addendum or separa ANSWER IS "NO" OR "NONE," SO STATE.	nerewith make repr nte sheet if space he	esentations and suppereon is insufficient to	ly information about myself as answer any question fully.) IF
1. Affiant's Full Name (Initials Not Accepta	ble): First: <u>Christe</u>	opher_Middle:David	Last: Randall
2. a. Are you a citizen of the United S	tates?	•	
Yes x No			
b. Are you a citizen of any other co	untry?		
Yes No x	•		
If yes, what country? N/A			
3. Affiant's occupation or profession: Actua			
4. Affiant's business address: 9025 N. Lindb	ergh Drive, Peoria,	IL 61615	
Business telephone: _309/692-1000	Busines	s Email: chris.rar	ndall@rlicorp.com
5. Education and training:		•	
College/University City/State		Dates Attended (MM	(YYY) Degree Obtained
Bradley University Peoria, IL  Graduate Studies College/University	<u>City/State</u>	08/87-05/91 Dates Attended (MM	B.S, <u>Degree Obtained</u>
Math SIUE	Edwardsville, IL	09/92-05/94	M.S
Other Training: Name City/State  N/A	Dates Attended (	MM/YY)	Degree/Certification Obtained
			1 01 11 1
Note: If affiant attended a foreign school, pleas applicable, provide the foreign student to Supplemental Information.			

Applica	ant Name (Company	y): <u>RLI I</u> b	ISURANCE COMPA	NAIC No	13056
	-			FEIN: _3	37-0915434
6.	List of membersh	ips in profession	onal societies and asso	ociations:	
	Name of Society/Associati	<u>on</u>	Contact Name	Address of Society/Association	Telephone Number of Society/Association
		tuarial			
	Society			4350 N Fairfax Dr., Ste. 250 Arlington, VA 22203	703/276-3100
	American Acad	emy of		uno istro istro	
	<u>Actuaries</u>			1100 17 <sup>th</sup> St., 7 <sup>th</sup> Floor Washington, DC 20036	202/223-8196
				washington, DC 20030	202/225-6190
7.	Present or propos	ed position wit	h the applicant entity	: Vice President, Risk Services	
8.	including present officerships). Plea	jobs, positions ase list the mos	s, partnerships, owner st recent first. Attach	nty (20) years, whether comper r of an entity, administrator, ma additional pages if the space pr ory information for the past ten	mager, operator, directorates or ovided is insufficient. It is only
Beginn Dates (	ing/Ending (MM/YY): <u>05/02</u>	- date	_ Employer's Name:	RLI Insurance Company	
Addres	s: <u>9025 N. Lindber</u>	gh Drive	City: Peoria	State/Provinc	e: <u>IL</u>
Country	y:_USA	Postal Code:_	61615Phone: 3	09/692-1000 Offices/Positions	Held: VP, Risk Services
	f Business:ing/Ending	insurance	Sı	upervisor/Contact: <u>Jennifer Klo</u>	bnak
Dates (	MM/YY): <u>06/94</u>	<u>05/02</u>	_ Employer's Name:	Nationwide Insurance	
Addres	s: One Nationwide	Plaza	City:Columbus	State/Provinc	e:_ <u>OH</u>
	****	Daniel Cada	42215 Dhomo:		Actuarial P/L Pricing; Sr.
Country	y:_USA	Postal Code:_	43213Phone: _	Offices/Positions	Commercial Lines Reserving
Type of	f Business:	insurance	Sı	upervisor/Contact: Bill Cody	
Beginn	ing/Ending				
Dates (	(MM/YY):		_ Employer's Name:		
Addres	s:	<del></del>	City:	State/Provinc	e:
Country	y:	Postal Code:	Phone:	Offices/Positions	Held:
Type of	f Business:		Super	visor/Contact:	
Beginn Dates (	ing/Ending (MM/YY):		_ Employer's Name:		
Addres	s:		City:	State/Provinc	e:
Country	y:	Postal Code:	Phone:	Offices/Positions	Held:
Time	f Bucinecs:		Super	visor/Contact:	

Applicar	nt Name	(Company):	RLI INSURANCE (	COMPANY	NAIC No	
					FEIN: _	37-0915434
9.	a.	Have you ever	been in a position whi	ch required a fidel	ity bond?	
		Yes	No x			
		If any claims v	were made on the bond	_		
	b.	Have you ever	r been denied an indi			oond, or had a bond canceled or
		Yes	No x			
		If yes, give de	tails: N/A			
10.	in the pa the licer number are reas represer pages if	ast. For any non using authority is your Social S onably identifia uted by your SS the space provi	n-insurance regulatory is or regulatory body have Security Number (SSN able as your SSN, then SN. (For example, "Stided is insufficient.	ssuer, identify and ing jurisdiction ov ) or embeds your S write SSN for the SN", "12-SSN-345	provide the name, er the license (s) is SSN or any sequence at portion of the pr " or "1234-SSN"	t you presently hold or have held address and telephone number of sued. If your professional license see of more than five numbers that ofessional license number that is (last 6 digits)). Attach additional
Organiz	ation/Iss					
						Postal Code:
						Y):
Date Ex	pired (M	M/YY):	Reason fo	or Termination:		
Non-Ins	urance R	egulatory Phon	e Number (if known):			
Organiza	ation/Iss	ner of License:		Address:_		
City:		State	:/Province:	Country:		_Postal Code:
License	Туре:		License #:	[	Date Issued (MM/Y	Y):
Date Ex	pired (M	M/YY):	Reason fo	or Termination:		
Non-Ins	urance R	egulatory Phon	e Number (if known):			
11.			llowing, if the record h			ffiant has personally verified that ve you ever:
	a.		an occupational, profe- ninistrative, or govern			it by any regulatory authority, or
		Yes	No x			
	b.		pational, professional, dministrative, regulator			old or have held, been subject to

Applicant N	ame (Company):	RLI INSURANCE COMPANY	NAIC No. FEIN:	<u>13056</u> <u>37-0915434</u>		
	Yes	No x				
c.		n probation or had a fine levied age nit in any judicial, administrative, r				
	Yes	No x				
<u>.</u> . <b>d</b> .	Been charged	with, or indicted for, any criminal	offense(s) other than civi	traffic offenses?		
	Yes	No x				
e.	Pled guilty, o offenses?	or nolo contendere, or been conv	icted of, any criminal o	offense(s) other than civil traffic		
	Yes	No x				
f.		ion of guilt withheld, had a sentenc been pardoned, fined, or placed of s?				
	Yes	No x				
g.	administrative, reg regulating the bus	tease and desist letter or order, or e ulatory, or disciplinary action, from iness of insurance, securities or l urse of the business of insurance, se	n violating any federal, stanking, or from carrying	tate law or law of another country		
	Yes	No x				
h.	Been, within the linancial dispute?	last ten (10) years, a party to any	civil action involving	dishonesty, breach of trust, or a		
	Yes	No x				
i.	provisions of smal	de by the Comptroller of any stated loan laws, banking or trust comption lawfully made by the Comptrol	any laws, or credit unio	n laws, or that you have violated		
	Yes	No x				
j.	Had a lien or forec	losure action filed against you or a	ny entity while you were	associated with that entity?		
	Yes	No x				
		any question above is yes, please please in complaint and filed adjudication				
	<u>N/A</u>					

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,

icant Name	(Company): _	RLI INSURANCE COMPANY	NAIC No	13056
	•		FEIN:	<u> 37-0915434</u>
	ith the power terson. None	o vote, or holds proxies representing	•	more of the voting securities of any
	-	ledged or hypothecated in any way	-	
or of re regulate directly	scord, 10% or ory authority, o	more of the outstanding shares or its affiliates? An "affiliate" of, o through one or more intermediarie	f stock of any entity sub r person "affiliated" with	ly subscribe to or own, beneficially oject to regulation by an insurance a, a specific person, is a person that led by, or is under common control
Yes [	No [	x		
the outs	tanding voting			holdings represent 10% or more of
If any o	f the shares of	stock are pledged or hypothecated	in any way, give details	
•		Stock are processed or hypotheories		
<u> </u>				
Have yo	ou ever been ac	ljudged a bankrupt?		
Yes [	No [	<u>x</u> .		•
_				
If yes, p	rovide details:	_N/A		
commit	tee member, k ou served in su	ey management employee or cont ch capacity?  a permit, license, or certificate of	rolling stockholder, had	er or director, trustee, investment any of the following events occur alatory authority, or governmental-
	Yes	No x		
b.	to any judic	al, administrative, regulatory, or conservatorship, federal bankrupt	disciplinary action (in	anceled, non-renewed, or subjected cluding rehabilitation, liquidation, colvency, supervision or any other
	Yes	No x		
c.		on probation or had a fine levied ny civil, criminal, administrative, r		ts permit, license, or certificate of action?
	Yes [	No x		
		<del></del> .		

sponding to questions (b) and (c), parture from the entity.
hould be answered in the positive
. I hereby certify its are true and correct to the best
20 <u>14</u> by <u>Christopher</u>
Notary Public  Tean At. Physisko  Printed Notary Name  My Commission Expires



•.			
Applic	ant Name (Company): _	RLI INSURANCE COMPANY	NAIC No. <u>13056</u> FEIN: 37-0915434
			1 DIN
		BIOGRAPHICAL AFFID Supplemental Personal Info	
		(Print or Type)	
To the	extent permitted by law,	this affidavit will be kept confidential by t	he state insurance regulatory authority.
	me, address, and telephond (Do Not Use Group N		ty under which this biographical statement is being
		RLI INSURANCE COMPANY	
		9025 N. LINDBERGH DRIVE, PI	ORIA, IL 61615
		(309) 692-1000	
1.		nitials Not Acceptable): First: <u>Christophe</u> NONE," SO STATE.	er Middle: <u>David</u> Last: <u>Randall</u>
2.	Have you ever used an	y other name, including first, middle or las	nt name, nickname, maiden name or aliases?
	Yes No [	x	
	If yes, give the reason	if any, if none indicate such, and provide the	he full name(s) and date(s) used.
	nning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)
			·
	<u></u>	·	
Note:		onse to this question may be approximate. when transitioning from one name to anoth	Parties using this form understand that there could ner.
3.	Affiant's Social Secur	ity Number:	
4		ation Number if not a U.S. Citizen: N/A	

Date of Birth: (MM/DD/YY
State/Province:

Foreign Student ID# (if applicable): N/A

5.

6.

Place of Birth, City: Country: USA

Applicant Name (Company): RLI INSURANCE COMPANY					_ NAIC No.	<u>13056</u> <u>37-0915434</u>		
					rein:	<u>37-0915434</u>		
7.	Name of Affian	it's Spouse (if app	licable): <u>Toni Rand</u>	lall				
8.	List your reside	nces for the last te	en (10) years starting	with your curre	ent address, gi	ving:		
	nning/Ending	<b>.</b>		State/				
Dates	(MM/YY)	<u>Address</u>	City	<u>Province</u>	<u>(</u>	Country	Postal Code	
07/0	)2-date		Metamora	IL	<del></del>	USA		
			<del></del>					
		<del>,,,</del>		<u>-</u>	<del></del>			
Note:	Deter provided	in resnance to this	s question may be app	nrovimate exc	ent for current	address Partie	es using this form	
NOIC.			overlap of dates whe					
D-4	and standarbin 3	and day of	Tuna 2	n 14 ot	Peoria	ΣΤ	I harah	
Dated certif	of and signed this	periury that I am	June 2 acting on my own b	ehalf and that	the foregoing	statements are	true and correct t	
the b	est of my knowledg	e and belief						
	//_ k	relate						
_	(Sig	mature of Affiant)	)					
Ctata	of II	Count	ty of: <u>Peoria</u>					
Sizie	01		ged before me this <u>3</u>	-d	T	20.14	<b>.</b>	
	-			day of	june	, 20_14_	bу	
<u>c</u>	hristopher David R	andali	, and:					
Χv	who is personally k	nown to me, or						
v	who produced the fo	ollowing identifica	ation:					
						\n 0	$\bigcirc$ .	
						XXX (X	· Shull	
	[SEAL]					Notary Pu		
						Printed Notar	t Ponisk	
						Z	19116	
					У	My Commission	Expires	
	7	"OFFICIAL	SEAI"					
		OFFICIAL	J					



• ·	
Applicant Name (Company): RLI INSURANCE COMPANY	NAIC No 13056
(*************************************	FEIN: <u>37-0915434</u>
DISCLOSURE AND AUTHORIZATION CONCERNING BACKG (All states except California, Minnesota an	FEIN: <u>37-0915434</u>
Company ("Company") for licensure or a permit to organize ("Application") v	with a department of insurance in one or mor

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.

by
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# Applicant Name (Company) Contractors Bonding and Insurance Company BIOGRAPHICAL AFFIDAVIT

NAIC No. FEIN: 37206

91-1082952

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

(Print or 19pe)									
ull Name, Address and talephone number of the present or proposed entity under which this biographical statement is being equired (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:									
College/University City/State Dates Attended (MM/YY) Degree Obtained									
Seattle University Seattle, WA Graduated 1986 B.A Accounting									
Graduate Studies: College/University City/State Dates Attended (MM/YY) Degree Obtained									
None									
Other Training:									
Name City/State Dates Attended (MM/YY) Degree/Certification Obtained									
None									

W

(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. FEIN: 37206 91-1082952

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

		(Print or Ty	(pe)	
Full Name, Address and required (Do Not Use G	telephone number of the proup Names).	esent or propos	sed entity under which this biogra	aphical statement is being
	Contractor	s Bondin	g and Insurance Com	pany
	3101 WESTe	rn Avenue	Suite 300. Seatt	le. WA 98121
	(206) 628-	7255		<del></del>
In connection with the al hereinafter set forth. (A ANSWER IS "NO" OR	ttach addendum or separate	th make represe sheet if space	entations and supply information hereon is insufficient to answer	about myself as any question fully.) IF
1. Affiant's Full N	lame (Initials Not Acceptab	le). <u>Robe</u> l	ct Michael Oqle	
2. a. Are you a	citizen of the United States?	Yes		
b. Are you a	citizen of any other country,	if so, what cou	intry? No.	
3. Affiant's Occup	oation or Profession	ce Presid	lent	<del></del>
4. Affiant's busine	ess address. 3101 Wes	<u>tern Aver</u>	nue, Suite 300, Sea	ttle, WA 98121
Business telephone.	206-628-72	33		
5. Education and 7	Praining:			
College/University	City/State		Dates Attended (MM/YY)	Degree Obtained
Seattle Unive	rsity Seattle	, WA	Graduated 1986	B.A Accounting
Graduate Studies:	College/University	City/State	Dates Attended (MM/XX)	Degree Obtained
None				
Other Training:				
Name	City/State	Dates At	tended (MM/YY) Degree	Certification Obtained
None				

(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.)

Applica	nt Name (Compa	and Insu				NAIC : FEIN:	No		206 182952
6.	List of members	hips in professi	onal societ	ies and asso	ciations.				
	Name of Society/Associat	ion	Contact 1	<u>Vame</u>	<u>Address o</u> Society/Associ			ephone Nu ociety/Asso	
	None		<del></del> -	<del></del>	<del></del>			<del></del>	<del></del>
7.	Present or propo	sed position wi	th the appl	icant entity.	VP/Treasu	ırer			
8.	including present officerships). Pla	t jobs, position case list the mo	s, partners st recent fi	hips, owner rst. Attach s	y (20) y ears, whet he of an entity, adminis additional pages if the ory information for the	trator, mana space provi	ger, ope ded is i	rator, direct sufficient.	ctorates or
Beginnit Dates (N	ng/Ending /IM/YY) <u>n4/1</u>	1 - Date	Employe	er's Name	RLI Insuranc	e Compa	ny	<del>,</del>	
				(309)					
					692-1000 Offices/	Positions H	eld <u>VP</u>	/Treasi	urer
Beginnir	or / Contact ng/Ending 1 M/YY)1 2 /		_		Contractors Data and St	Bondin	g an	d Insu	rance Co
					le Stat				
Country	USA	_ Postal Code	98109		0 / 28 – 7233 Offices/I	Positions He	ld Cor	trolle	r/Treas
upervis	or / Contact	Donald S	irkin						
leginnir Oates (M	ng/Ending I M/YY)	- <del></del>	Employe	a's Name					
ddress		<del></del>	City _	·	State	/Province			
ountry	- <del></del>	Postal Code		_Phone _	Offices/F	ositions He	ld	<del> </del>	<del></del>
upervis	or / Contact	;		<del></del>		·			<del></del>
leginnin lates (M	g/Ending IM/YY)		Employe	n's Name	·		<del></del> -		·
ddress		i	City _		State	Province	·		<del></del>
		•			Offices/P				

Applic 9.	Τn	Name (Company) Contractors Bondin surance Company Have you ever been in a position which require bond, give details. No claims	ed a fidel		FEIN: If any claim	37206 91-1082952 ns were made on the
	ъ.	ve diadam No		·		<del></del>
10.	or in the lic nu nu	st any professional, occupational and vocational li- governmental licensing agency or regulatory auth- the past. For any non-insurance regulatory issuer, elicensing a uthority or regulatory body having j ense rumber is your Social Security Number (SS mbers that are reasonably identifiable as your SSI mber that is represented by your SSN. (For examplatech additional pages if the space provided is insur-	censes (in ority or li identify a urisdictio (N) or em N, then w ple, "SSN	cluding licenses to icensing authority nd provide the na- n over the license beds your SSN or rite SSN for that p	o sell securities that you present me, address and (s) issued. If or any sequence portion of the pr	) issued by any public only hold or have held I telephone number or your professional to of more than five rofessional license
	lon			<del></del>	·	
Organi	zatio	m/issuer of License	Address	·	<del> </del>	<del></del>
City _		State/Province	Country	<i>'</i>	Postal Co	de
License	е Туј	pe License #	<u> </u>	Date Issued (MN	MYY)	
Date E	xpire	ed (MM/YY) Reason for Term	ination _			
Non-in	शास	nce Regulatory Phone Number (if known				
Organi	zatio	n /Issuer of License	Address			
		State/Province				
		DeLicense#				
		d (MM/YY) Reason for Term				
	_	nce Regulatory Phone Number (if known)	_	•••		
11.	lo :	responding to the following, if the record has been record was sealed or expunged, an affiant may res Been refused an occupational, professional, or v	sealed or spond "no ocational	expunged, and the root on the contract of the	e affiant bas pe Have you ever:	ersonally verified that
•		public administrative, or governmental licensing	agency?			
	ъ.	Had any occupational, professional, or vocation judicial, administrative, regulatory, or disciplinar No	al license y action?	or permit you ho	ld or have held	, been subject to any
	Q.	Been placed on probation or had a fine levied agr license or permit in any judicial, administrative, p	inst you o egulatory	or your occupation, or disciplinary a	nal, professiona ction?	l, or vocational
	d.	Been charged with, or indicted for, any criminal of	offense(s)	other than civil tr	affic offenses?	Yes
	e.	Pled guilty, or nolo contendere, or been convicted	l of, any c	riminal offense(s)	other than civi	il traffic offenses?

	Name (Company) <u>Contractors</u> Bonding and Insurance Company	FEIN:	91-10829
£	Had adjudication of guilt withheld, had a sentence imposed or suspensed, or been pardoned, fined, or placed on probation, for any offenses? Yes	nded, had pronounce criminal offense(s)	ament of a sentence other than civil tra
g.	Been subject to a cease and desist letter or order, or enjoined, either administrative, regulatory, or disciplinary action, from violating any regulating the business of insurance, securities or banking, or from capractices in the course of the business of insurance, securities or bank	federal, state law or arrying out any partic	law of another cou
h.	Been, within the last ten (10) years, a party to any civil action involving mancial dispute?  No.	ving dishonesty, bre	ach of trust, or a
i.	Had a finding made by the Comptroller of any state or the Federal provisions of small loan laws, banking or trust company laws, or cany rule or regulation lawfully made by the Comptroller of any state	redit union laws, or	that you have viol
j.	Had a lien or foreclosure action filed against you or any entity while	you were associated	with that entity?
If t	he response to any question above is answered "Yes", please provide position, etc. Attach a copy of the complaint and filed adjudication or s	details including desettlement as appropri	ates, locations, riste.
Po	ossession of alcohol by a minor, 1980 - ossession of alcohol by a minor, 1980 -	Seattle, WA	7A
Po P	ossession of alcohol by a minor, 1980 -	Seattle, WA Cle Elum, W that you control din under common com on of the management other than a comment t of an official position, directly or indire	ectly or indirectly.  frol with") means ent and policies of a cial contract for go ion with or corpora ectly, owns, contro
Po P	ossession of alcohol by a minor, 1980 - ossession of alcohol by a minor, 1980 - t any entity subject to regulation by an insurance regulatory authority in "control" (including the terms "controlling," "controlled by" and " issession, direct or indirect, of the power to direct or cause the direction, whether through the ownership of voting securities, by contract of the con-management services, or otherwise, unless the power is the resultice held by the person. Control shall be presumed to exist if any persons with the power to vote, or holds proxies representing, ten percent (1 er person. None	Seattle, WA Cle Elum, W that you control din under common com on of the management other than a commer t of an official positi son, directly or indire 0%) or more of the v	ectly or indirectly.  frol with") means ent and policies of cial contract for go ion with or corpora ectly, owns, contro
Po P	cossession of alcohol by a minor, 1980 - cossession of alcohol by a minor, 1980 - t any entity subject to regulation by an insurance regulatory authority m "control" (including the terms "controlling," "controlled by" and " session, direct or indirect, of the power to direct or cause the direction, whether through the ownership of voting securities, by contract con-management services, or otherwise, unless the power is the resultice held by the person. Control shall be presumed to exist if any persons with the power to vote, or holds proxies representing, ten percent (1)	Seattle, WA Cle Elum, W that you control din under common com on of the management other than a commer t of an official positi son, directly or indire 0%) or more of the v	ectly or indirectly.  frol with") means ent and policies of a cial contract for go ion with or corpora ectly, owns, contro
Potential Post of the Control Post of the Cont	ossession of alcohol by a minor, 1980 - ossession of alcohol by a minor, 1980 - t any entity subject to regulation by an insurance regulatory authority in "control" (including the terms "controlling," "controlled by" and " issession, direct or indirect, of the power to direct or cause the direction, whether through the ownership of voting securities, by contract of the con-management services, or otherwise, unless the power is the resultice held by the person. Control shall be presumed to exist if any persons with the power to vote, or holds proxies representing, ten percent (1 er person. None	Seattle, WA Cle Elum, W that you control din "under common com on of the management other than a commer t of an official position, directly or indirectly or more of the w N/A nulatively subscribe to tity subject to regulated" with, a specific p controlled by, or is unany or companies	ectly or indirectly.  trol with") means ent and policies of cial contract for go ion with or corpora ectly, owns, contro roting securities of

Annlic	ant Name (Company)	Contractors Bon	ding and	NAIC No.	37206
		Insurance Comp	any	FEIN: N/A	91-1082952
14.	Have you ever been ac	ljudged a bankrupt? N	If yes, provide details	s	
15.	committee member, ke while you served in su	nas any company or entity by management employee o ich capacity? If yes, please lude any events within twel	or controlling stockholder, indicate and give details.	had any of the fol When responding	llowing events occur to questions (b) and (c)
	a. Been refused a p licensing agency?	ermit, license, or certificate	of authority by any reg	ulatory authority,	or Governmental-
	any judicial, admi	cense, or ce rtificate of auth inistrative, regulatory, or di rederal bankruptcy proceedi	sciplinary action (includin	g rehabilitation, li	iquidation, receivership,
	c. Been placed on pi in any civil, crimi	robation or had a fine levie nal, administrative, regulate	d against it or against its p	ermit, license, or	certificate of authority
	and an explan	uss any doubt about the accuration provided.	•		_
Dated:	and signed this // Th	day of Asi	$\frac{1}{2012_{at}}$	1	hereby certify under
penalty	of perjury that I am act	day of / // ing on my own behalf, and	that the foregoing stateme	nts are true and o	correct to the best of my
cnowle	edge and belief.				•
1	7,2181				
15	(Signature of A	ffiant)			
	11)	. /			
State o	e Washingter	County of Kung		• •	
The for	regning instrument was a	cknowledged before me th	1 / the day of AR	4/2012 3	By Robert Michael
1 110 101	rogonig nad unioni, was a	, and:	·	<u></u> ;	Ogle
¥ wt	no is personally known to	me, or			
□ wit	no produced the following	g identification:	<del></del>	<del>/</del> ` ,	10
	RISTI BROTHERS	1	\$	wite	Profession 2
-	NOTARY PUBLIC	1	$\mathcal{L}$	KISTI E	PROTUZRSON
M	Y COMENSION EXPI			4//99	d Netary Name
	: 10.13			My Co	mmission 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	e kept confidentia	by the state ins	rance regulatory s	uthority.
Full N	ame, Address, and telep	hone number of the p	-			·
requir	ed (Do Not Use Group I				. <b>.</b>	
		Contracto	rs Bonding	and Insu	rance Compa	ny
		3101 West	ern Avenue	, Suite 3	00, Seattle	, WA 98121
		(206) 628-	-7255			
ı.	Affiant's Pull Name (	(Initials Not Acceptal	ole). Rober	t Michael	Og1e	<del></del>
2.	Have you ever used a any, if none indicate				liases? <u>NO</u> If yo	es, give the reason it
	ning/Ending ) Used (MM/XX)	Name(s)		Reason (If)	lone, indicate such	1
		<del></del>	<del></del>	····		·
				<del></del>	·····	<del></del> _
			· · · · · · · · · · · · · · · · · · ·			
	•		:		<del></del>	
	•	<u> </u>				
						<del></del>
Note: be an o	Dates provided in responseries of dates when tre	conse to this question insitioning from one t	may be approxim	ate. Parties usin	g this form underst	and that there could
3.	Affignt's Social Secu	ity Number	<del></del>		<del></del>	
4.	Government Identifica	ation Number if not a	U.S. Citizen	N/A	·	
5.	Foreign Student ID# (	if applicable) N,	/A		·	
6.	Date of Birth: (MM/D State/Province	D/YY)	Place of Bir	th: City		
7	Name of Affiant's Spo	ouse (if applicable) _				

Applicant Name (Company) Contractors Bone Insurance Company		NAIC No. FEIN:	37206 91-1082952
8. List your residences for the last ten (10) years star	rting with your current addr	ess, giving:	
Beginning/Ending Dates (MM/XX) Address City	State/ Province Count	rv Pa	ostal Code
10/2011-date	Seattle, WA 981		
1996-10/2011	Auburn, WA	USA	
	<del></del>		<del></del>
Note: Dates provided in response to this question may be understand that there could be an overlap of dates when trade and signed this	ansitioning from one addres  , 20 / 2 at  If, and that the foregoing st	s to another.	I hereby certify and correct to the best
The foregoing instrument was acknowledged before me thi	day of Hill	20/2	By Robert Michael Ogle
who is personally known to me, or			
who produced the following identification:		<del></del>	
[SEAL] STATE OF WASHINGTON NOTARY PUBLIC		ut Bi	OLLUZO POLICZ KON d. Notary Name

MY COMMISSION EXPIRES 04-19-13

Applicant Name (Company) <u>Contractors B</u>onding and Insurance Company

NAIC No.	37206
FFIN.	91-1082952

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

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 Stephenson, Corp. Sec. 9025 N. Lindbergh Dr., Peoria, IL 61615 (309) 692-Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." 1000

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.

Seattle, When the Address of Waltury of County of

who is personally known to me, or

who produced the following identification:

KRISTI BROTHERSON SEAL OF WASHINGTON NOTARY PUBLIC

MY COMMISSION EXPIRES

04-19-13

KR 15+1 Boyer Name

NAIC No. 37206 FEIN: 91-1082952

### 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.

Robert Michael Ogle,	Seattle, WA	
	(Printed Full Name and Resider	ice Address)
Robert Or	4	September 10, 2014
(Signature)	,	<u>September 10, 2019</u> (Date)
State of: WH	County of: LUNG	14
	vas acknowledged before me this	10th day of Saplembor, 2014 by
who is personally known to	me, or	
who produced the following	<del></del>	asage Pla
[SEAL]	PON	Lisa k Notary Public
COMMUNITARIA COMPANIA	ON C.	Printed Notary Name  2   25   10  My Commission Expires
	NO	

Revised 04/16/13 FORM 11

Applicant Name (Company):	. DITINGUDANI	CE COMBANIV	NAICNo	12056	
Аррисан Мане (Сопрану).	KLI INSUKAN	CE COMPANI	NAIC No FEIN: _	37-09 <u>154</u>	34
	DIOC	OD A DITTOCAL A	ETEND A STEE		
	BIOG	RAPHICAL A	AFFIDAVII		
To the extent permitted by la	w, this affidavit will b	e kept confidenti	al by the state insurance	regulatory a	uthority.
		(Print or Ty	pe)		
Full name, address and teleprequired (Do Not Use Group				Ο.	cal statement is being
	9025	N. LINDBERG	H DRIVE		
	PEC	ORIA, IL 61615			
	(309	9) 692-1000			<del></del> -
In connection with the aboverinafter set forth. (Attack ANSWER IS "NO" OR "NO	n addendum or separa				
1. Affiant's Full Name	e (Initials Not Accepta	ble): Carol Jeann	e Denzer		
2. a. Are you a	citizen of the United S	tates?	٠		
Yes	No				
b. Are you a	citizen of any other co	untry?		,	
Yes	No x				
If yes, wha	nt country? <u>N/A</u>				
3. Affiant's occupation	n or profession: <u>Vice</u>	President, Unde	rwriting	,	
4. Affiant's business a	ddress: 9025 N. Lind	bergh Drive, Peor	ria, IL 61615		
Business telephone:	3 <u>09 692-1</u> 000	Busir	ness Email:		
<ol> <li>Education and train</li> </ol>	ing:		<del></del>	-	
College/University	City/State		Dates Attended (MM	<u>1/YY.)</u>	Degree Obtained
St Cloud University	St Cloud, M	īN	1981-1985		B.S Accounting
Graduate Studies C	ollege/University	City/State	Dates Attended (MM	(AVV)	Degree Obtained
	onege/ oniversity		Dates Attended (MIN	<u>u I I J</u>	Degree Optamed
1917				, <u> </u>	
Other Training: Name	City/State	Dates Attende	d (MM/YY)	Degree/Ce	ertification Obtained

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.

Insurance Institute of America

Applica	nt Name	(Company):	RLI INSURANCE COM	PANY	NAIC No. <u>13</u>	056
					FEIN: <u>37</u>	-0915434
6.	List of r	memberships in p	rofessional societies and a	ssociations:		
		ame of 'Association	Contact Name	Addre Society/As		Telephone Number of Society/Association
;						
7.	Present	or proposed posi	tion with the applicant enti	ity: Vice President, C	hief Informatic	on Officer/Director
8.	includin officers necessar	ng present jobs, p hips). Please list	ositions, partnerships, own the most recent first. Attac phone numbers and superv	ner of an entity, adm ch additional pages it	inistrator, man f the space prov	ated or otherwise (up to and ager, operator, directorates or vided is insufficient. It is only 0) years.
9.	a.	Have you ever b	peen in a position which re	quired a fidelity bond	<b>j</b> ?	
		Yes	No x			
		If any claims w	ere made on the bond, give	e details: <u>N/A</u>		
	b.	Have you ever revoked?	been denied an individua	ıl or position schedu	le fidelity bon-	d, or had a bond canceled or
		Yes If yes, give deta	No x			
10.	or gove in the pa the licer number are reas represer	mmental licensing ast. For any non- nsing authority of is your Social So	ing agency or regulatory au insurance regulatory issue regulatory body having jecurity Number (SSN) or eale as your SSN, then writh N. (For example, "SSN", led is insufficient.	thority or licensing a r, identify and provid urisdiction over the lembeds your SSN or the SSN for that portion "12-SSN-345" or "1	uthority that you e the name, add icense (s) issue any sequence of on of the profe 234-SSN" (las	ecurities) issued by any public ou presently hold or have held dress and telephone number of d. If your professional license of more than five numbers that ssional license number that is t 6 digits)). Attach additional
			·			
Organiz	ation/lss	uer of License:	·	Address:		
City: _		State/	Province:	Country:	I	Postal Code:
License	Туре:	Licens	e #:	Date Iss	ued (MM/YY):	
Date Ex	pired (M	IM/YY):	Reason for Te	rmination:_		
			Number (if known):			

Applica	nt N	ame (Company):	RLI INSURAN	CE COMPANY		NAIC No	13056 37-0915434
Organiz	atior	n/Issuer of License:		Add	ress:		
City:		State	/Province:	Соц	ntry:		_ Postal Code:
License	Тур	e:	License #:		Date	Issued (MM/Y	Y):
			-				,
11.		responding to the fol record was sealed o					ffiant has personally verified that ve you ever:
	a.		an occupational, p ninistrative, or gov				it by any regulatory authority, or
		Yes	No x				
	b.		pational, professio dministrative, regu				old or have held, been subject to
		Yes	No x				
	c.		n probation or had nit in any judicial,				onal, professional, or vocational action?
		Yes	No x				
	d.	Been charged	with, or indicted fo	or, any criminal c	ffense(s)	other than civil	traffic offenses?
		Yes	No x				
	e.	Pled guilty, o offenses?	r nolo contendere	e, or been convi	cted of, a	any criminal o	ffense(s) other than civil traffic
		Yes	No x				
	f.		been pardoned, f				had pronouncement of a sentence minal offense(s) other than civil
		Yes	No x				
	g.	administrative, reg	ulatory, or discipli iness of insurance	nary action, from e, securities or b	violating anking, o	any federal, stor from carryin	y or permanently, in any judicial, ate law or law of another country g out any particular practice or
		Yes	No x				
	h.	Been, within the I financial dispute?	ast ten (10) years	s, a party to any	civil act	ion involving o	lishonesty, breach of trust, or a
		Yes	No x				

ļF '

	ame (Company). <u>Ref insurance Company</u> NAIC No. 13036
	FEIN: <u>37-0915434</u>
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 x
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No x
	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.
	<u>N/A</u>
oos oer or off	"control" (including the terms "controlling," "controlled by" and "under common control with") means the session, direct or indirect, of the power to direct or cause the direction of the management and policies of a son, whether through the ownership of voting securities, by contract other than a commercial contract for goods non-management services, or otherwise, unless the power is the result of an official position with or corporate ce held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, ds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any er person. None
lf a	ny of the stock is pledged or hypothecated in any way, give details. N/A
or reg dire	[Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance ulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that ectly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control h, the person specified.
Ye	s No x
the	res, please identify the company or companies in which the cumulative stock holdings represent 10% or more of outstanding voting securities.
	<u> </u>
	ny of the shares of stock are pledged or hypothecated in any way, give details
	ny of the shares of stock are pledged or hypothecated in any way, give details.
N	'A
N Ha	ve you ever been adjudged a bankrupt?
N	ve you ever been adjudged a bankrupt?

Appli	cant ivami	c (Company)	KLIIIO	OKANCE CO	DIVITAINI	FEIN:	37-0915434		
15.	commi	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.	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?							
		Yes	No x						
	b.	to any judicia	al, adminis conservator	trative, regu <mark>l</mark>	atory, or discip	ended, revoked, car plinary action (incl oceeding, state inso	uding rehabilitatio	n, liquidation,	
		Yes	No x						
	C.					nst it or against its ory, or disciplinary a		· certificate of	
		Yes	No x						
	affiant					ve details. When res is after his or her de			
	<u>N/A</u> _				<u></u>	<del></del> .			
under	penalty o knowledg	and an explanated this _/o — d	ation provid	led.	ع 20 <u>14</u> at	swer, the question s  Peoria, IL  foregoing statemer	. І	hereby certify	
		IL	_ ′		Peoria	_ <b>.</b>			
		nstrument was a	_	d before me	this <u>ID t</u> ay of	September20	14 by Carol Jea	inne	
Denze		onally known to							
	•	ed the following		ion:					
,,	(SEAL		TARY & OLIC	HRISTINA G ( "OFFICIAL SEA	¥L" ∲	Chri	otina (1) Stina (2) Stina (2)	va.	

August 06, 2018

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Revised 04/16/13 FORM 11

•			
Applicant Name (Company):	RLI INSURANCE COMPANY	 NAIC No.	1305 <u>6</u>
	 <del>-</del>	FEIN	37-0915434

Printed Notary Name

ADIS

My Commission Expires

CHRISTINA G DEAN

OFFICIAL SEAL

My Commission Expires

August 06, 2018

Applicant Name (Company):	RLI INSURANCE COMPANY	N	NAIC No	13056	
			EIN: _	37-0915434	_

## **BIOGRAPHICAL AFFIDAVIT**Supplemental Personal Information

		Supplement	ai i Cisullai i	.uioi manon		
		<u>(F</u>	Print or Type	)		
To the ex	tent permitted by law, t	his affidavit will be kep	t confidential	by the state ir	isurance regul	atory authority.
	e, address, and telephon Do Not Use Group Nar		t or proposed	entity under v	which this bio	graphical statement is being
		RLI INSURANC	E COMPANY	<u> </u>		
		9025 N. LINDBE	ERGH DRIVE	, PEORIA, II	L 61615	
		(309) 692-1000			<u> </u>	
	IF ANSWER IS "N	itials Not Acceptable): (IONE," SO STATE.		والمراجع المواجد	ickname, mai	
	Yes No x		,		•	€
I	If yes, give the reason if	fany, if none indicate su	ich, and provi	de the full nar	me(s) and date	g(s) used.
	ng/ <u>Ending</u> Use <u>d (MM/YY)</u>	Name(s) Specify: First, Middle	or Last Name	<u>R</u>	eason (If none	e, indicate such)
		Carol Jeanne Wold		maiden nam	ne	
						_ <del></del>
	<u> </u>					
	· 	· · · · · · · · · · · · · · · · · · ·	MALO.	o <u>Algebrael</u> O AVECTADO PUNICORO SINCORO SINCORO	F. 111.18	<u>}</u>
	-	<del>11                                     </del>	1,400,400 galde. Co. 4, Sep	Comment of the Commen	A L. (3) Leaveston Comments	
		nse to this question may hen transitioning from			ing this form	understand that there could
3.	Affiant's Social Securit	y Numb				
4. (	Government Identificati	ion Number if not a U.S	. Citizen: N/A	<u> </u>		
5. I	Foreign Student ID# (if	applicable) : N/A				<u> </u>
6. I	Date of Birth: (MM/DD State/Province:	/YY) . <u></u>	_ Place of Bir _ Country:1	th, City:_ USA		
7. 1	Name of Affiant's Spou	se (if applicable) :				

Applicant Name (Con	npany): <u>RLI INS</u>	SURANCE COMPAN	<u>Y</u> · ·	_ NAIC No.		•
	•	·		FEIN:	<u>·37-0915434</u> _	
8. List your res	idences for the last te	n (10) years starting w	ith your curre	ent address, g	iving:	
Beginning/Ending			State/			
Dates (MM/YY)	<u>Address</u>	<u>City</u>	<u>Province</u>		Country	Postal Code
02/07-date		Chillicothe	IL		USA	
02/94-02/07		Chillicothe	IL		USA	
<del></del>						<del></del>
Dated and signed this certify under penalty the best of my knowled	day of of perjury that I am adge and belief.	en	J			I hereby rue and correct to
State of: IL The foregoing instrum		y of: <u>Peoria</u>	<del></del>	ا ما معام	<b>/</b> 20 14 h	. Carala Isanasi
Denzer		ed before the this U	_ day of	Chumo	<u>U</u> , 20 <u>14</u> by	_Carole Jeanne
X who is personally	<b>*</b>					
who produced the	following identifica	tion:				•
[SEAL]	HOIAHY E PUBLIC STATE OF ALMOIS	CHRISTINA G DEAN "OFFICIAL SEAL" My Commission Expires August 06, 2018	t	Chris Chris	Notary Publistina G. 1 Printed Notary  August Le	

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, 1L 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.

	(Printed Full Name and Residence	e Address)
Caral	y Sen	9/10/2014
9	Signature)	(Date)
State of: <u>IL</u>	County of: <u>Peoria</u>	
The foregoing instrum	nent was acknowledged before me this $\sqrt{\mathcal{D}^{\frac{1}{12}}}$ d	ay of September, 20 14 by
	, and:	·
Xwho is personally	known to me, or	
who produced the	following identification:	
		Christina G. Dean
[SEAL]	CHRISTINA G DEAN	Notary Public
	✓ Frushic F "OFFICIAL SEAL"	Printed Notary Name
	STATE OF My Commission Expires	Jugust 4,2018
	August 06, 2018	My Commission Expires

NAIC No. \_\_

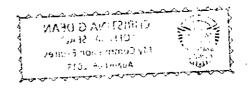
<u>13056</u>

#### CAROL JEANNE DENZER

#### SCHEDULE 1 - QUESTION #8

<u>Dates</u>	Employer/Address	<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

<sup>\*\*</sup> 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 (Com	pany): <u>RLI INSURA</u>	NCE COMPANY	NAIC No FEIN: _	13056 37-0915434
	вю	GRAPHICAL A	FFIDAVIT	
To the extent permitted	l by law, this affidavit will	be kept confidentia	al by the state insurance r	regulatory authority.
		(Print or Ty	pe)	
Full name, address and required (Do Not Use		present or propose I INSURANCE CO		s biographical statement is bein
	90	25 N. LINDBERGI	1 DRIVE	
	PI	EORIA, IL 61615		
	(3	09) 692-1000		
hereinafter set forth. (	ne above-named entity, I Attach addendum or sepa R "NONE," SO STATE.	herewith make re trate sheet if space	presentations and suppl hereon is insufficient to	ly information about myself a co answer any question fully.) I
l. Affiant's Full	Name (Initials Not Accep	table): First: <u>Seth</u>	Middle: Anthony	Last: <u>Davis</u>
2. a. Are	you a citizen of the United	States?		
Yes	x No			
b. Are	you a citizen of any other of	country?		
Yes	No x			
If ve	s, what country? N/A			
•	pation or profession: _V	ice President, Intern	nal Audit	
	ness address: 9025 N. Lin	•		
Business telep			ess Email: seth.davis@	Orlicorn com
			Cos Eman. <u>John Caviste</u>	<u>grineorp.eom</u>
5. Education and	-	-	D 1 1 - 1 - 0 - 0 - 0 - 0 - 0 - 0	ann Deere Obeier
College/University	City/Stat		Dates Attended (MM	
Illinois State Universit	y Normal, IL		08/90-05/94	B.S.
Graduate Studies	College/University	City/State	Dates Attended (MM	
	University of Chicago	Chicago, IL	09/99-05/02	MBA
Other Training: Name	City/State	Dates Attende	d (MM/YY)	Degree/Certification Obtained
N/A			<u> </u>	

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.

Applica 4 1	ınt Name (Company):	: <u>RLI INSU</u>	RANCE COMPAN	IY NAIC No.	<u> 13056</u>
				FEIN:	37-0915434
6.	List of memberships	s in professional	societies and assoc	iations:	
		1			
	Name of			<u>Address of</u>	Telephone Number
	Society/Association	Co	ntact Name	Society/Association	of Society/Association
	Chartered Property/			720 Providence Road	(800) 644-2101
	Casualty Underwrite			P.O. Box 3016	(000) 044-2101
	Society				
				Malvern, PA 19355-0716	(000) 045 0100
		ncial			(800) 247-8132
	Analyst Institute			560 Ray C. Hunt Drive	
				Charlottesville, VA 22903	
	Institute of Int	ernal		247 Maitland Avenue	(407) 937-1100
	Auditors			Altamonte Springs, FL	( )
				32701	
			<del></del>	32701	<del></del>
7.	Present or proposed	position with the	e applicant entity: _	Vice President, Internal Au	dit
8.	including present jo officerships). Please	obs, positions, pa	rtnerships, owner o cent first. Attach ad	of an entity, administrator, r	ensated or otherwise (up to and manager, operator, directorates of provided is insufficient. It is only in (10) years.
Beginni	ng/Ending				
Dates (	MM/YY): <u>01/04</u>	- Date Ei	mployer's Name:	RLI Insurance Company	
		D			
Address	: 9025 N. Lindbergh	<u>Drive</u> City: Po	eoria State/Provin	ice: <u>IL</u>	
Country	r: USA P	ostal Code: 616!	1 <u>5</u> Phone: <u>(3(</u>	09) 692-1000 Offices/Position	ons Held: <u>VP (Current)</u>
_			,		
Type of	· ·	<del>-</del>			
Beginni	ng/Ending				
Dates (	MM/YY): 12/00	- 01/04 Er	mplover's Name: Cl	<u>NA</u>	
Dutos (		<u></u>			<del></del>
Address	: 333 South Wabash		City: Chicago	State/Provi	nce: <u>IL</u>
		-			
Country	: USA P	ostal Code: 6060	<u>)4</u> Phone: <u>(3</u> ]	12) 822-2000 Offices/Position	ons Held: Audit Project Lead
•					and Audit Manager
Tyne of	Business: Insurance		Supervisor/(	Contact: Dave Smith, Vice:	President
1 ) po 01	D40111001 211111-110				
Doginai	ng/Ending				
Begunn	ng/Ending	12/00 E.	malayor'a Namay Ce	rata Ea Incorpora	
Dates (1	MIM/ Y Y ): <u>02/93</u>	- <u>12/00</u> EI	npioyei s Name: <u>Sp</u>	ate ram insurance	<del></del>
			o'	a	
Address	: <u>2702 Ireland Grove</u>		City: <u>Bloomington</u>	State/Provir	nce: <u>IL</u>
Country	: <u>USA</u> Po	ostal Code: <u>617(</u>	<u> </u>	Offices/Position	s Held: <u>Underwriter, Manager</u>
Type of	Business: Insurance	:	Supervisor/Contact:	Lisa Spachman	Claim Representative
	ng/Ending				
Dates (1	MM/YY): <u>05/94</u>	- <u>02/95</u> Er	nployer's Name: Fir	rst Chicago Bank (now JPM	lorgan Chase)
,					
Address	: 10 South Dearborn	(	City: Chicago	State/Provir	nce: <u>IL</u>
Country	: USA Po	ostal Code: 6067	0 Phone:	Offices/Position	s Held: Internal Auditor

Applicant	Name (Company):	RLIINSURANCE	COMPANY	_ NAIC No. FEIN:	
Type of B	usiness: Banking		Supervisor/Co	ontact: <u>Mark I</u>	Bagnoli
9. a	. Have you ever	been in a position wh	ich required a fidelity b	ond?	
	Yes	No x			
		ere made on the bond			
b	•			dule fidelity	bond, or had a bond canceled or
	Yes	No x			
	If yes, give deta	ails: N/A			
o ii ti n a r p	or governmental licensing the past. For any non- the licensing authority of	ng agency or regulatory insurance regulatory regulatory body have curity Number (SSN ble as your SSN, then N. (For example, "Steel is insufficient.	ory authority or licensing issuer, identify and proving jurisdiction over the street of the street o	g authority that vide the name, se license (s) is or any sequen- ortion of the pro- "1234-SSN"	ell securities) issued by any public at you presently hold or have held address and telephone number of ssued. If your professional license ce of more than five numbers that rofessional license number that is (last 6 digits)). Attach additional
Organizati			Address:		
City:	State/	Province:	Country:		Postal Code:
License T	ype:Licens	e #:	Date	Issued (MM/Y	YY):
Date Expi	red (MM/YY):	Reason f	or Termination:		
Non-Insur	rance Regulatory Phone	Number (if known):			
Organizati	ion/Issuer of License:		Address:		
City:	State/	Province:	Country:		Postal Code:
License T	уре:	License #:	Date	Issued (MM/Y	YY):
Date Expi	red (MM/YY):	Reason f	or Termination:		<del></del>
Non-Insur	ance Regulatory Phone	Number (if known):			
			nas been sealed or expu may respond "no" to th		affiant has personally verified that ave you ever:
a			essional, or vocational li mental licensing agency		nit by any regulatory authority, or
	Yes	No x			

Applicant Nan	ne (Сотрапу):	RLI INSURANCE (	COMPANY	NAIC No.	
				FEIN:	37-0915434
b.		oational, professional, Iministrative, regulator			nold or have held, been subject to
	Yes	No x			
c.		n probation or had a fu nit in any judicial, adm			ional, professional, or vocational action?
	Yes	No x			
d.	Been charged	with, or indicted for, a	ny criminal offense	(s) other than civil	traffic offenses?
	Yes	No x			
e.	Pled guilty, o offenses?	r nolo contendere, or	been convicted o	f, any criminal c	offense(s) other than civil traffic
	Yes	No x			
f.		been pardoned, fined			had pronouncement of a sentence iminal offense(s) other than civil
	Yes	No x			
a 1	idministrative, reg	ulatory, or disciplinary	action, from violat curities or banking	ting any federal, so g, or from carrying	ly or permanently, in any judicial, tate law or law of another country ng out any particular practice or
	Yes	No x			
	Been, within the linancial dispute?	ast ten (10) years, a	party to any civil	action involving	dishonesty, breach of trust, or a
	Yes	No x			
ī	provisions of smal		r trust company la	ws, or credit unio	ment that you have violated any n laws, or that you have violated leral Government?
	Yes	No x			
j. I	Had a lien or forec	losure action filed agai	nst you or any entit	y while you were	associated with that entity?
	Yes	No x			
		any question above is e complaint and filed a			dates, locations, disposition, etc.
-	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

ent Nar	ne (Company): <u>RLI INSUR</u>	ANCE COMPANY	NAIC No FEIN: _	13056 37-0915434
or no office holds	on, whether through the ownership on-management services, or other held by the person. Control ship with the power to vote, or holds person. None	rwise, unless the power i all be presumed to exist	s the result of an or if any person, direc percent (10%) or mo	fficial position with or corporat tly or indirectly, owns, controls
	of the stock is pledged or hypother	<del>-</del>		
or of regul	Will] you or members of your im record, 10% or more of the out atory authority, or its affiliates? Ally, or indirectly through one or the person specified.	mediate family individua standing shares of stock An "affiliate" of, or person	lly or cumulatively of any entity subje n "affiliated" with, a	subscribe to or own, beneficially ct to regulation by an insurance specific person, is a person that
	s, please identify the company or utstanding voting securities.	companies in which the		• .
Yes	you ever been adjudged a bankru  No x  provide details: N/A	ppt?		
comm	our knowledge has any compan hittee member, key management you served in such capacity?			
a.	Been refused a permit, licenticensing agency?	se, or certificate of author	ority by any regulat	ory authority, or governmental-
	Yes No x			
b.	to any judicial, administrative	ve, regulatory, or discip	linary action (inclu	celed, non-renewed, or subjected ding rehabilitation, liquidation vency, supervision or any other
	Yes No x			
c.	Been placed on probation or authority in any civil, crimina			permit, license, or certificate of ction?
	Yes No x			

Applicant Name (Compan	y): RLI INSURANCE COMPANY	NAIC No. FEIN:	13056 37-0915434
	any of the above is yes, please indicate and gives include any events within twelve (12) months		
<u>N/A</u>			
	fiant has any doubt about the accuracy of an ansexplanation provided.	swer, the question s	hould be answered in the positive
of my knowledge and beli	day of <u>September</u> 20_14 at	Peoria, IL foregoing statemen	. I hereby certify its are true and correct to the best
The foregoing instrument  Davis	<del></del>	_ September 20_	14 by <u>Seth Anthony</u>
Xwho is personally known who produced the following	own to me, or  lowing identification:	·	
[SEAL]	CHRISTINA G DEAN.  "OFFICIAL SEAL"  PUBLIC STATE OF ULINOIS  LUNDIN AUGUST 06, 2018	Christ Christ Qu	Notary Public Inach Dlan Printed Notary Name  Grand Lt, 2018 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, th	s affidavit will be kept confidential by t	the state insurance regulatory authority.
	me, address, and telephone d (Do Not Use Group Nam		ity under which this biographical statement is being
		RLI INSURANCE COMPANY	
		9025 N. LINDBERGH DRIVE, P	EORIA, IL 61615
·	· _ ·	(309) 692-1000	
,	1. Affiant's Full Nam IF ANSWER IS "NO	e (Initials Not Acceptable): First: <u>Seth</u> DNE," SO STATE.	Middle: Anthony Last: Davis_
2.	Have you ever used any	other name, including first, middle or la	st name, nickname, maiden name or aliases?
	Yes No x		
	If yes, give the reason if	any, if none indicate such, and provide t	he full name(s) and date(s) used.
Begins Date(s	ning/Ending ) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)
	······		
Note:		se to this question may be approximate. en transitioning from one name to anot	Parties using this form understand that there could her.
3.	Affiant's Social Security	Number:	
4.	Government Identificatio	n Number if not a U.S. Citizen: <u>N/A</u>	
5.	Foreign Student ID# (if a		
6.	Date of Birth: (MM/DD/		City:

Applicant Name (Compa	any): <u>RLI IN</u>	SURANCE COMP				· <u> </u>
				FEIN:	<u> 37-0915434</u> _	
7. Name of Affiar	nt's Spouse (if app	olicable) :				- <del></del>
8. List your reside	nces for the last to	en (10) years startin	g with your current	address, g	iving:	
Beginning/Ending Dates (MM/YY)	<u>Address</u>	City	State/ Province	9	Country	Postal Code
01/04-date		Peoria	IL	<u>.</u>	USA	
· <u></u>	· · · · · · · · · · · · · · · · · · ·					
					-	
		•	-			
understand that  Dated and signed this certify under penalty of the best of my knowledg  Suff ac (Sig	there could be an day of Sepo perjury that I am e and belief.  nature of Affiant)	ty of: <u>Peoria</u>	nen transitioning from 14 at behalf and that the	om one add Peoria, I foregoing	ress to another.  L statements are tr	I hereby ue and correct to
The foregoing instrumen	t was acknowledg	ged before me this _	day of lep	ember	_, 20 <u>14</u> by	Seth Anthony
Davis, a	nd:	•				
<b>X</b> who is personally kr	own to me, or					
who produced the fo	llowing identifica	àtion:	·			
[SEAL]	PUBLIC STATE OF LILINOIS	CHRISTINA G DE "OFFICIAL SEAL" My Commission Exp August 06, 2018		au	Notary Public Sting G. I. Printed Notary I. gust C. Il Commission I	Vame OUS

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,		a, IL Ill Name Reside	ence Address)	
Sitt OUN (Signation	ure)	_		(Date)
State of:IL	_ County of:	<u>Peoria</u>		
The foregoing instrument wa	s acknowledged before	me this <u>\</u>	or September 20_	14 by Seth Anthony
<u>Davis</u>	, and:			
Xwho is personally known	to me, or			
who produced the follow	ring identification:		Obsintin	(C) Dear
[SEAL]	STATE OF My Comm	INA G DEAN CIAL SEAL" nission Expires t 06, 2018	Christina Printe Lugar	otary Public  Con 19 a 10  In