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RLI CORP											
Form 4											
February 02									OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287	
Check th if no lon	der.					Expires:	January 31				
subject t Section Form 4 o	o SIAIEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES							Estimated a	stimated average urden hours per	
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	a) of the l	Public U	Itility Hol		pany	Act of	Act of 1934, 1935 or Sectior)	1		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Kliethermes Craig W			2. Issuer Name and Ticker or Trading Symbol RLI CORP [RLI]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (A	Middle)	3. Date c	of Earliest T	ransaction			(Check	an application	2)	
9025 N. LINDBERGH DRIVE			(Month/Day/Year) 01/30/2009					Director 10% Owner Officer (give title X_ Other (specify below) below) VP, Actuarial RLI Insurance Co			
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
PEORIA, I	L 61615							Person	ore than one R	porting	
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivative S	ecuri	ties Acqu	iired, Disposed of,	or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securitie onor Disposed (Instr. 3, 4 a Amount	l of (Ê))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	01/30/2009			J <u>(4)</u>	21.2014	A	\$ 57.06	2,017.3995 (1)	I	By Executive Deferred Comp	
Common Stock								2,503.149 <u>(1)</u>	D		
Common Stock								1,043.0579 (2)	I	By Esop	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivativ Securitie: Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pri Deriv Secur (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option	\$ 50.15					05/04/2007	05/04/2016	Common Stock	5,000	
Stock Option	\$ 56.09					05/03/2008	05/03/2017	Common Stock	9,000	
Stock Option	\$ 50					05/01/2009	05/01/2018	Common Stock	11,000	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Kliethermes Craig W 9025 N. LINDBERGH DRIVE PEORIA, IL 61615				VP, Actuarial RLI Insurance Co		

Signatures

/s/ Craig W. 02/02/2009 Kliethermes

**Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Ownership reflects dividend reinvestment.
- (2) Ownership reflects shares allocated to ESOP participant's account and dividend reinvestment.

(3)

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Pursuant to option schedule wherein 20% of the aggregate number of shares granted may be exercised commencing one year from grant date and each year thereafter in 20% increments.

(4) The securities herein were allocated to my account pursuant to the RLI Corp. Executive Deferred Compensation Agreement.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.