

INSTRUCTIONS: To participate in the Dividend Reinvestment Plan, print out this form, fill in the necessary information and sign. Mail this form to:

Wells FargoShareowner ServicesSM
P.O. Box 64856
St. Paul, MN 55164-0856

AUTHORIZATION FOR AUTOMATIC DIVIDEND REINVESTMENT SERVICE

I authorize RLI Corp. to pay Wells Fargo Bank, N.A. for my account all cash dividends payable to me on shares of RLI Corp. registered in my name.

I hereby appoint Wells Fargo Bank, N.A. as my agent, subject to the Terms and Conditions of Authorization for Automatic Dividend Reinvestment Service set forth in the Dividend Reinvestment Plan, and authorize Wells Fargo Bank, N.A. as Purchasing Agent, to apply all such cash dividends and voluntary cash payments received by it under said Terms and Conditions to the purchase of securities of RLI Corp.

This authorization and appointment is given with the understanding that I may terminate it at any time by so notifying Wells Fargo Bank, N.A.

Social Security Number or Taxpayer
Identification Number Must Be Entered Here

IMPORTANT — All registered owners must sign

Shareholder
Signature _____

Shareholder
Signature _____

Date _____

THIS IS NOT A PROXY