



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning

12/01, 2008, and ending

11/30, 2009

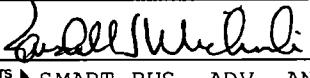
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ILLINOIS FAIR PLAN ASSOCIATION Doing Business As			D Employer identification number 36-2688813	
	Number and street (or P O box if mail is not delivered to street address)			Room/suite	
	130 EAST RANDOLPH			(312) 861-0385	
	City or town, state or country, and ZIP + 4				
	CHICAGO, IL 60601				
	F Name and address of principal officer SAME AS C ABOVE			G Gross receipts \$ 5,433,582.	
I Tax-exempt status X 501(c)(6) (insert no.)		4947(a)(1) or 527		H(a) Is this a group return for affiliates? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
J Website: ► WWW.ILLINOISFAIRPLAN.COM				H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
K Type of organization Corporation Trust <input checked="" type="checkbox"/> Association Other ►		L Year of formation 1968		H(c) Group exemption number ►	
M State of legal domicile IL					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE BASIC AND AFFORDABLE PROPERTY INSURANCE TO APPLICANTS IN THE STATE OF ILLINOIS WHO ARE UNABLE TO PURCHASE COVERAGE THROUGH THE STANDARD INSURANCE MARKET FOR REASONS BEYOND THEIR CONTROL.					
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets					
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10			
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10			
	5 Total number of employees (Part V, line 2a)	5	16			
	6 Total number of volunteers (estimate if necessary)	6				
	7a Total gross unrelated business revenue from Part VIII, line 12, column C	7a	194,356.			
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-28,555.			
		RECEIVED	3	10		
		OCT 13 2010	4	10		
		RECEIVED	5	16		
		OCT 13 2010	6			
	RECEIVED	7a	194,356.			
	OCT 13 2010	7b	-28,555.			
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year				
	9 Program service revenue (Part VIII, line 2g)	Current Year				
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,737,908.	5,188,005.			
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,957.	8,079.			
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,531.	237,498.			
		5,975,396.	5,433,582.			
		30,500.	25,500.			
		NONE	NONE			
		1,807,182.	2,172,278.			
		NONE	NONE			
		5,095,943.	3,707,359.			
		6,933,625.	5,905,137.			
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Beginning of Year				
	14 Benefits paid to or for members (Part IX, column (A), line 4)	End of Year				
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,422,528.	5,246,645.			
	16a Professional fundraising fees (Part IX, column (A), line 11e)	8,402,093.	8,631,239.			
	b Total fundraising expenses, Part IX, column (D), line 25	-958,229.	-471,555.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)					
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)					
	19 Revenue less expenses Subtract line 18 from line 12					
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year				
	21 Total liabilities (Part X, line 26)	End of Year				
	22 Net assets or fund balances Subtract line 21 from line 20	8,979,565.	-3,384,594.			

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	Signature of officer DOUGLAS A. JENSEN, PRESIDENT Type or print name and title				
Date 10/13/10					G-12

Paid Preparer's Use Only	Preparer's signature ► 	Date 10-11-10	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) P00965995
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► SMART BUS. ADV. AND CONSULTING, LLC 33 W. MONROE, SUITE 3200 CHICAGO, IL 60603	EIN ► 20-8994268	Phone no ► 312-267-8200	

May the IRS discuss this return with the preparer shown above? (See instructions) X Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Form 990 (2008)

JSA
8E1010 2 000

33139X T650

4

P

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO PROVIDE BASIC AND AFFORDABLE PROPERTY INSURANCE TO APPLICANTS IN THE STATE OF ILLINOIS WHO ARE UNABLE TO PURCHASE COVERAGE THROUGH THE STANDARD INSURANCE MARKET FOR REASONS BEYOND THEIR CONTROL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

UNDER ILLINOIS STATE STATUTE, THE ASSOCIATION PROVIDES FIRE, HOMEOWNER'S, EXTENDED COVERAGE, VANDALISM, AND MALICIOUS MISCHIEF INSURANCE FOR STATE RESIDENTS WHO HAVE BEEN UNABLE TO OBTAIN THESE TYPES OF INSURANCE COVERAGES IN THE VOLUNTARY INSURANCE MARKET.

4b (Code: _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ _____ (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a	Did the organization maintain an office, employees, or agents outside of the U.S ?	14a	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable **1a** 214

1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable **1b** NONE

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? **1c** X

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 16

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2b** X

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? **3a** X

3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O **3b** X

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **4a** X

4b If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5a** X

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5b** X

5c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? **5c**

6a Did the organization solicit any contributions that were not tax deductible? **6a** X

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **6b**

7 **Organizations that may receive deductible contributions under section 170(c).**

7a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? **7a** X

7b If "Yes," did the organization notify the donor of the value of the goods or services provided? **7b**

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **7c** X

7d If "Yes," indicate the number of Forms 8282 filed during the year **7d**

7e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **7e** X

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7f** X

7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7g**

7h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? **7h**

8 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? **8**

9 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**

9a Did the organization make any taxable distributions under section 4966? **9a**

9b Did the organization make a distribution to a donor, donor advisor, or related person? **9b**

10 **Section 501(c)(7) organizations.** Enter

10a Initiation fees and capital contributions included on Part VIII, line 12 **10a**

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**

11 **Section 501(c)(12) organizations.** Enter

11a Gross income from members or shareholders **11a**

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **11b**

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? **12a**

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions		Yes	No
1a	Enter the number of voting members of the governing body	1a	10
1b	Enter the number of voting members that are independent	1b	10
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

12a Does the organization have a written conflict of interest policy? If "No," go to line 13		Yes	No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12b	X
13	Does the organization have a written whistleblower policy?	12c	X
14	Does the organization have a written document retention and destruction policy?	13	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	X
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization?	15b	X
	Describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► IL
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► JOSEPH A. HATHAWAY 130 EAST RANDOLPH ST. CHICAGO, IL 60601 312-861-0385

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
CHARLES M. HILL GOVERNING MEMBER	1.	X		X			3,400.	NONE	NONE
DAVID J. QUEIOR GOVERNING MEMBER	1.	X					2,800.	NONE	NONE
EMIL R. JOHNSON GOVERNING MEMBER	1.	X					2,600.	NONE	NONE
STEVEN TIPPINS GOVERNING MEMBER	1.	X					2,600.	NONE	NONE
REBECCA KORACH GOVERNING MEMBER	1.	X					1,000.	NONE	NONE
ROGER KELLER GOVERNING MEMBER	1.	X					NONE	NONE	NONE
FREDERICK M. STRAUSS GOVERNING MEMBER	1.	X	X				NONE	NONE	NONE
SUSAN SIBBERNSEN GOVERNING MEMBER	1.	X	X				NONE	NONE	NONE
BARRY ZALCMAN GOVERNING MEMBER	1.	X					NONE	NONE	NONE
RON DELONG GOVERNING MEMBER	1.	X					NONE	NONE	NONE
DOUGLAS JENSEN PRESIDENT	38.		X	X			189,770.	NONE	41,933.
NARDA AGUILERA MIS MANAGER	38.				X		125,379.	NONE	32,967.
GORDON BALSANO CLAIMS MANAGER	38.				X		115,292.	NONE	31,259.
JOSEPH HATHAWAY FINANCE OPERATIONS MANAGER	38.				X		111,127.	NONE	33,913.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 4

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ►

Part VIII Statement of Revenue

36-2688813

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	1b Membership dues	1b				
	1c Fundraising events	1c				
	1d Related organizations	1d				
	1e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		NONE			
Program Service Revenue	Business Code					
	2a INSURANCE PREMIUMS			5,188,005.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			5,188,005.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	STM. 1	8,079			
	4 Income from investment of tax-exempt bond proceeds		NONE			
	5 Royalties		NONE			
	6a Gross Rents	(i) Real	(ii) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)			NONE		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)			NONE			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events			NONE			
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities			NONE			
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory			NONE			
Miscellaneous Revenue	Business Code					
11a CEDING COMMISSIONS	524126	2,741				
b PREMIUM AND POLICY CHARGES	524126	7,849.				
c INSTALLMENT PLAN CHARGES	524126	32,552.				
d All other revenue	524126	194,356.		194,356.		
e Total. Add lines 11a-11d		237,498.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		5,433,582.		194,356.		

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	25,500.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	193,438.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,033,404.			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	580,409.			
9 Other employee benefits	279,952.			
10 Payroll taxes	85,075.			
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	13,903.			
c Accounting	44,000.			
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	NONE			
12 Advertising and promotion	NONE			
13 Office expenses	123,877.			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	324,176.			
17 Travel	24,910.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	42,309.			
23 Insurance	NONE			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a LOSS_AND LOSS_ADJUSTMENT_EXP	2,363,898.			
b COMMISSIONS	485,470.			
c INSPECTIONS_AND REPORTS	62,464.			
d INSURANCE	57,633.			
e PROFESSIONAL_FEES	51,339.			
f All other expenses	113,380.			
25 Total functional expenses Add lines 1 through 24f	5,905,137.			
26 Joint Costs Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	187,476.	1	815,795.
	2 Savings and temporary cash investments		2	2,200,000.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	977,348.	4	970,925.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost basis	10a		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b		10c
	11 Investments - publicly traded securities	1,850,000.	11	1,200,000.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
Liabilities	15 Other assets See Part IV, line 11	1,407,704.	15	59,925.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	4,422,528.	16	5,246,645.
	17 Accounts payable and accrued expenses	320,241.	17	326,108.
	18 Grants payable		18	
	19 Deferred revenue		19	
Net Assets or Fund Balances	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D	8,081,852.	25	8,305,131.
	26 Total liabilities. Add lines 17 through 25	8,402,093.	26	8,631,239.
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	-3,979,565.	32	-3,384,594.
	33 Total net assets or fund balances	-3,979,565.	33	-3,384,594.
	34 Total liabilities and net assets/fund balances.	4,422,528.	34	5,246,645.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees► Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

ILLINOIS FAIR PLAN ASSOCIATION

Employer identification number

36-2688813

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Tax indemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input type="checkbox"/>	Independent compensation consultant	<input type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

ILLINOIS FAIR PLAN ASSOCIATION

Employer identification number

36-2688813

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
1c		
1d		
1e		
1f		

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as.

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ►

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total (Column (b) should equal Form 990, Part X, col (B) line 12)

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total (Column (b) should equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. See Form 990, Part X, line 15.

Total. (Column (b) should equal Form 990, Part X, col (B) line 15)

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
LOSSES AND LOSS ADJUSTMENT EXP	915,173.	
UNEARNED PREMIUMS	2,687,164.	
MEMBER ASSESSMENTS REFUND PAYABLE	779,637.	
ACCRUED PENSION AND PBO	3,438,864.	
COMMISSIONS PAYABLE	31,108.	
ADVANCE PREMIUMS	69,019.	
OTHER LIABILITIES	384,166.	
Total (Column (b) should equal Form 990, Part X, col (B) line 25) ►	8,305,131.	

In Part XIV. provide the text of the footnote to the

tion's financial

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4-8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Part XIV Supplemental Information (continued)

Name of the organization

ILLINOIS FAIR PLAN ASSOCIATION

Employer identification number

36-2688813

- MEMBERS

- PART VI, SECTION A, LINE 6

- YES. THE ASSOCIATION IS AN UNINCORPORATED ASSOCIATION OF THOSE INSURANCE

- COMPANIES WRITING CERTAIN TYPES OF PROPERTY CASUALTY INSURANCE COVERAGE

- IN ILLINOIS, COLLECTIVELY REFERRED TO AS "MEMBER COMPANIES" OF THE

- ASSOCIATION. EACH MEMBER COMPANY SHARES IN THE ASSOCIATION'S RESULTS OF

- OPERATIONS, RECEIVING CASH EXCESSES AND PAYING FOR CASH SHORTFALLS WITH

- TIMING OF PAYMENTS OR ASSESSMENTS DETERMINED BY THE FINANCE AND AUDIT

- COMMITTEE. THE EXTENT OF A MEMBER COMPANY'S EQUITY PARTICIPATION IN THE

- RESULTS OF OPERATIONS IS DETERMINED ANNUALLY, AND IS A FUNCTION OF THE

- MEMBER COMPANY'S VOTING PARTICIPATION PERCENTAGE ADJUSTED FOR CERTAIN

- CREDITS. A MEMBER COMPANY'S VOTING PARTICIPATION PERCENTAGE FOR A GIVEN

- YEAR REPRESENTS THE PROPORTION THAT ITS PREMIUMS WRITTEN IN ILLINOIS BEAR

- TO THE TOTAL OF ALL MEMBERS' PREMIUMS WRITTEN IN ILLINOIS; PREMIUMS

- WRITTEN FOR THIS CALCULATION ARE FOR THOSE TYPES OF INSURANCE COVERAGE

- OFFERED BY THE ASSOCIATION.

Name of the organization

Employer identification number

ILLINOIS FAIR PLAN ASSOCIATION

36-2688813

ELECTING MEMBERS OF THE GOVERNING BODYPART VI, SECTION A, LINE 7A

YES. AS STATED IN THE ARTICLES OF ASSOCIATION, THE ASSOCIATION IS
ADMINISTERED BY AN ELEVEN MEMBER GOVERNING COMMITTEE COMPRISED OF SIX
INSURANCE INDUSTRY REPRESENTATIVES; FOUR PERSONS WHO ARE NOT EMPLOYEES OF
OR OTHERWISE AFFILIATED WITH THE INSURANCE INDUSTRY; AND, ONE PERSON WHO
IS AN ILLINOIS LICENSED INSURANCE PRODUCER. THE TERMS OF EACH MEMBER OF
THE GOVERNING COMMITTEE BEGIN ON THE DATE OF THE ASSOCIATION'S ANNUAL
MEETING. THE MEMBERS OF THE GOVERNING COMMITTEE SERVE FOR ONE YEAR OR
UNTIL THEIR SUCCESSORS ARE ELECTED, APPOINTED, OR OTHERWISE DESIGNATED.

ONE MEMBER OF THE GOVERNING COMMITTEE SHALL BE DESIGNATED OR ELECTED BY
EACH OF THE FOLLOWING: THE AMERICAN INSURANCE ASSOCIATION; THE PROPERTY
CASUALTY INSURERS ASSOCIATION OF AMERICA; THE GROUP COMPRISING ALL OTHER
STOCK INSURERS NOT MEMBERS OF THE ABOVE; AND, THE GROUP COMPRISING ALL
OTHER NON-STOCK INSURERS NOT MEMBERS OF THE ABOVE. TWO ADDITIONAL
DIRECTORS REPRESENTING THE INSURANCE INDUSTRY SHALL BE ELECTED, BY
MAJORITY VOTE OF THE FOUR INDUSTRY MEMBERS OF THE GOVERNING COMMITTEE.
THE FOUR NON-INSURANCE INDUSTRY AFFILIATED PERSONS AND THE ILLINOIS
LICENSED PRODUCER SHALL BE APPOINTED TO THE GOVERNING COMMITTEE BY THE
ILLINOIS DIRECTOR OF INSURANCE.

FINALLY, THE GOVERNING COMMITTEE ANNUALLY ELECTS A CHAIRMAN AND VICE
CHAIRMAN, AND MAY ELECT ADDITIONAL OFFICERS, INCLUDING A SECRETARY. ALL
SUCH OFFICERS ARE ELECTED BY MAJORITY VOTE OF THOSE MEMBERS PRESENT AT
THE MEETING AND THEY WILL BE MEMBERS OF THE GOVERNING COMMITTEE. SIX
MEMBERS OF THE GOVERNING COMMITTEE SHALL CONSTITUTE A QUORUM. EACH

Name of the organization

Employer identification number

36-2688813

ILLINOIS FAIR PLAN ASSOCIATION

MEMBER PRESENT AT THE MEETING SHALL BE ENTITLED TO ONE VOTE.

Name of the organization

ILLINOIS FAIR PLAN ASSOCIATION

Employer identification number

36-2688813

DECISIONS OF GOVERNING BODY SUBJECT TO APPROVALPART VI, SECTION A, LINE 7BYES. AS STATED IN THE ARTICLES OF ASSOCIATION, THE GOVERNING COMMITTEEHAS RESPONSIBILITY FOR THE ADMINISTRATION OF THE ASSOCIATION; IT MAYADOPT AND PROMULGATE SUCH RULES AND ESTABLISH SUCH COMMITTEES ANDSUBCOMMITTEES AS MAY BE NECESSARY TO CARRY OUT THE PURPOSES OF THEASSOCIATION. THE PRESIDENT AND OTHER MANAGEMENT EMPLOYEES DESIGNATED BYTHE GOVERNING COMMITTEE PERFORM THE DUTIES PROVIDED IN THE ARTICLES ANDSUCH OTHER DUTIES AS THE GOVERNING COMMITTEE MAY DESIGNATE.THERE WILL BE AN ANNUAL MEETING OF THE MEMBERS ON A DATE AND AT ALOCATION FIXED BY THE GOVERNING COMMITTEE. SPECIAL MEETINGS OF THEMEMBERS MAY ALSO BE CALLED BY THE GOVERNING COMMITTEE AND WILL BE CALLEDBY THE GOVERNING COMMITTEE UPON WRITTEN REQUEST TO THE GOVERNINGCOMMITTEE BY ANY TEN MEMBERS, NONE OF WHICH MAY BE IN A GROUP UNDER THESAME MANAGEMENT OR OWNERSHIP AS ANY OTHER. THE GOVERNING COMMITTEE WILLFIX THE TIME AND PLACE OF ANY SPECIAL MEETING.AT ANY REGULAR OR SPECIAL MEETING AT WHICH THE VOTE OF THE MEMBERS IS ORMAY BE REQUIRED ON ANY PROPOSAL, INCLUDING AMENDMENT OF THE ARTICLES, ORWITH RESPECT TO ANY VOTE OF THE MEMBERS WHICH MAY BE TAKEN BY MAIL ON ANYPROPOSAL, VOTES WILL BE WEIGHTED ACCORDING TO THE PERCENTAGE THAT EACHMEMBER'S PREMIUMS WRITTEN BEARS TO THE TOTAL OF ALL PREMIUMS WRITTEN BYALL MEMBERS. A PROPOSAL WILL BECOME EFFECTIVE WHEN APPROVED BY AT LEASTTWO-THIRDS OF THE VOTES, COMPUTED ON THE WEIGHTED BASIS. THE ARTICLES OFASSOCIATION MAY BE AMENDED BY THE MEMBERS, SUBJECT TO THE APPROVAL OF THEILLINOIS DIRECTOR OF INSURANCE.

Name of the organization

ILLINOIS FAIR PLAN ASSOCIATION

Employer identification number

36-2688813

ANY PERSON OR MEMBER OF THE ASSOCIATION AGGRIEVED BY ANY RULING,
DECISION, ACTION, OR REFUSAL TO ACT ON THE PART OF THE ASSOCIATION MAY
APPEAL TO THE GOVERNING COMMITTEE; HOWEVER, THIS RIGHT OF APPEAL DOES NOT
APPLY TO DISPUTES CONCERNING COVERAGES, AMOUNTS OF LOSS, OR RELATED
DEFENSES. FINALLY, THE GOVERNING COMMITTEE'S DECISION MAY BE APPEALED TO
THE ILLINOIS DIRECTOR OF INSURANCE WITHIN 35 DAYS AFTER THE DATE OF THE
GOVERNING COMMITTEE'S DECISION.

Name of the organization

ILLINOIS FAIR

ILLINOIS FAIR PLAN ASSOCIATION

Employer identification number

36-2688813

FORM 990 REVIEW PROCESS

PART VI, SECTION A, LINE 10.

FORM 990 IS COMPLETED BY AN INDEPENDENT CPA AND IS THEN REVIEWED BY THE

FINANCE AND OPERATIONS MANAGER, THE PRESIDENT, AND THE EXECUTIVE

COMMITTEE BEFORE IT IS FILED.

Name of the organization

Employer identification number

36-2688813

-CONFLICT_OF_INTEREST_POLICY,_MONITORING_&_ENFORCEMENT

PART VI, SECTION B, LINE 12C

-CONFLICT_OF_INTEREST_STATEMENT_IS_COMPLETED_ANNUALLY_BY_ALL_COMMITTEE

MEMBERS AND EMPLOYEES OF THE ASSOCIATION WITH ANY POTENTIAL CONFLICTS

- REVIEWED BY THE PRESIDENT, AND THE EXECUTIVE AND COMPENSATION COMMITTEES.

Name of the organization

ILLINOIS FAIR PLAN ASSOCIATION

Employer identification number

36-2688813

COMPENSATIONPART VI, SECTION B, LINE 15COMPENSATION IS BASED ON A SALARY GRID WITH SPECIFIC SALARY RANGES FORALL EMPLOYEES AT THE ASSOCIATION. SALARY RANGES IN PLACE FOR ALLPOSITIONS WITHIN THE ASSOCIATION WERE DEVELOPED BASED ON SIMILARPOSITIONS WITHIN THE INDUSTRY AND ARE UPDATED ANNUALLY WITH COST OFLIVING ADJUSTMENTS. A SALARY SURVEY WAS COMPLETED WITHIN THE PAST THREEYEARS TO CONFIRM ACCURACY. ANNUAL ADJUSTMENTS IN COMPENSATION AREPROPOSED BY APPROPRIATE SUPERVISOR, BASED ON INDUSTRY AVERAGES ANDPERFORMANCE, AND APPROVED BY THE PRESIDENT AS WELL AS THE EXECUTIVE ANDCOMPENSATION COMMITTEE. THE PRESIDENT'S ANNUAL SALARY IS DETERMINED BYTHE EXECUTIVE AND COMPENSATION COMMITTEES.

Name of the organization

ILLINOIS FAIR PLAN ASSOCIATION

Employer identification number

36-2688813

DOCUMENTS TO BE MADE PUBLICPART VI, SECTION C, LINE 19ASSOCIATION FINANCIAL STATEMENTS ARE MADE AVAILABLE TO MEMBERS THROUGH APASSWORD PROTECTED WEBSITE WITH GOVERNING DOCUMENTS AND CONFLICT POLICYAVAILABLE UPON REQUEST; AND, BY STATUTE THE FINANCIALS ARE PUBLISHED INTWO MAJOR ILLINOIS NEWSPAPERS ANNUALLY.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

Use Schedule I-1 (Form 990) if additional space is needed.

Part IV

Supplementary Information Complete this box to provide the information required in Part 1 line 2 and any other additional information

Schedule I (Form 990) 2008

Part II Officers Di

Employees and Highest Compensated Employee

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

ILLINOIS FAIR PLAN ASSOCIATION

36-2688813

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	8,079.			
TOTALS		8,079.		

ILLINOIS FAIR PLAN ASSOCIATION

36-2688813

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE
TREASURY SECURITIES	1,200,000.
TOTALS	1,200,000.

STATEMENT 2

33139X T650

35