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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under 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

OMB No 1545-0047

2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning

12/01, 2008, and ending

11/30, 2009

B 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 Number and street (or P O box if mail is not delivered to street address) Room/suite 130 EAST RANDOLPH City or town, state or country, and ZIP + 4 CHICAGO, IL 60601	D Employer identification number 36-2688813
		E Telephone number (312) 861-0385
		G Gross receipts \$ 5,433,582.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ILLINOISFAIRPLAN.COM		
K Type of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation 1968		M State of legal domicile IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities		
	<u>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.</u>		
	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 (A)	7a	194,356.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-28,555.
Revenue	8 Contribution and grants (Part VIII, line 1h)	8	NONE
	9 Program service revenue (Part VIII, line 2g)	9	5,737,908.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	60,957.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	176,531.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	5,975,396.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	30,500.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	14	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	1,807,182.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	16a	NONE
	b Total fundraising expenses, Part IX, column (D), line 25	16b	NONE
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17	5,095,943.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	18	6,933,625.
	19 Revenue less expenses - Subtract line 18 from line 12	19	-958,229.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	20
21 Total liabilities (Part X, line 26)		21	8,402,093.
22 Net assets or fund balances - Subtract line 21 from line 20		22	-3,979,565.

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	Date 10/12/10	
Paid Preparer's Use Only	Preparer's signature [Signature]	Date 10-11-10	Check if self-employed <input type="checkbox"/>
	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	Preparer's identifying number (see instructions) P00965995
May the IRS discuss this return with the preparer shown above? (See instructions)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

Form 990 (2008)

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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)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
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
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	NONE
c	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
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	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
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	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
b	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).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	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.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	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	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2008)

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	10	
1b Enter the number of voting members that are independent	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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		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?		
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	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		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?	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?		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?		

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.
☒ Own website ☐ Another's website ☒ 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 employee	Former			
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 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				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	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	2a	INSURANCE PREMIUMS	Business Code	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) STMT. 1		8,079		
4		Income from investment of tax-exempt bond proceeds		NONE			
5		Royalties		NONE			
		(i) Real	(ii) Personal				
6a		Gross Rents					
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)		NONE			
		(i) Securities	(ii) Other				
7a		Gross amount from sales of assets other than inventory					
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 STMT 2	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	
	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.	
Liabilities	17 Accounts payable and accrued expenses	320,241.	17	326,108.
	18 Grants payable		18	
	19 Deferred revenue		19	
	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.
Net Assets or Fund Balances	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

2008

**Open 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
1b		
2		
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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Employer identification number

ILLINOIS FAIR PLAN ASSOCIATION

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	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 ▶ \$ _____

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 ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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

	Yes	No
3a(i)		
3a(ii)		
3b		

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.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Column (b) should equal Form 990, Part X, col (B) line 13)		

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

[illegible]

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 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

Employer identification number

ILLINOIS FAIR PLAN ASSOCIATION

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 BODY

PART 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

ILLINOIS FAIR PLAN ASSOCIATION

36-2688813

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

Name of the organization

Employer identification number

ILLINOIS FAIR PLAN ASSOCIATION

36-2688813

DECISIONS OF GOVERNING BODY SUBJECT TO APPROVAL

PART VI, SECTION A, LINE 7B

YES. AS STATED IN THE ARTICLES OF ASSOCIATION, THE GOVERNING COMMITTEE

HAS RESPONSIBILITY FOR THE ADMINISTRATION OF THE ASSOCIATION; IT MAY

ADOPT AND PROMULGATE SUCH RULES AND ESTABLISH SUCH COMMITTEES AND

SUBCOMMITTEES AS MAY BE NECESSARY TO CARRY OUT THE PURPOSES OF THE

ASSOCIATION. THE PRESIDENT AND OTHER MANAGEMENT EMPLOYEES DESIGNATED BY

THE GOVERNING COMMITTEE PERFORM THE DUTIES PROVIDED IN THE ARTICLES AND

SUCH OTHER DUTIES AS THE GOVERNING COMMITTEE MAY DESIGNATE.

THERE WILL BE AN ANNUAL MEETING OF THE MEMBERS ON A DATE AND AT A

LOCATION FIXED BY THE GOVERNING COMMITTEE. SPECIAL MEETINGS OF THE

MEMBERS MAY ALSO BE CALLED BY THE GOVERNING COMMITTEE AND WILL BE CALLED

BY THE GOVERNING COMMITTEE UPON WRITTEN REQUEST TO THE GOVERNING

COMMITTEE BY ANY TEN MEMBERS, NONE OF WHICH MAY BE IN A GROUP UNDER THE

SAME MANAGEMENT OR OWNERSHIP AS ANY OTHER. THE GOVERNING COMMITTEE WILL

FIX THE TIME AND PLACE OF ANY SPECIAL MEETING.

AT ANY REGULAR OR SPECIAL MEETING AT WHICH THE VOTE OF THE MEMBERS IS OR

MAY BE REQUIRED ON ANY PROPOSAL, INCLUDING AMENDMENT OF THE ARTICLES, OR

WITH RESPECT TO ANY VOTE OF THE MEMBERS WHICH MAY BE TAKEN BY MAIL ON ANY

PROPOSAL, VOTES WILL BE WEIGHTED ACCORDING TO THE PERCENTAGE THAT EACH

MEMBER'S PREMIUMS WRITTEN BEARS TO THE TOTAL OF ALL PREMIUMS WRITTEN BY

ALL MEMBERS. A PROPOSAL WILL BECOME EFFECTIVE WHEN APPROVED BY AT LEAST

TWO-THIRDS OF THE VOTES, COMPUTED ON THE WEIGHTED BASIS. THE ARTICLES OF

ASSOCIATION MAY BE AMENDED BY THE MEMBERS, SUBJECT TO THE APPROVAL OF THE

ILLINOIS DIRECTOR OF INSURANCE.

Name of the organization

Employer identification number

ILLINOIS FAIR PLAN ASSOCIATION

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

Employer identification number

ILLINOIS FAIR PLAN ASSOCIATION

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

ILLINOIS FAIR PLAN ASSOCIATION

36-2688813

CONFLICT OF INTEREST POLICY, MONITORING & ENFORCEMENTPART VI, SECTION B, LINE 12CCONFLICT OF INTEREST STATEMENT IS COMPLETED ANNUALLY BY ALL COMMITTEEMEMBERS AND EMPLOYEES OF THE ASSOCIATION WITH ANY POTENTIAL CONFLICTSREVIEWED BY THE PRESIDENT, AND THE EXECUTIVE AND COMPENSATION COMMITTEES.

Name of the organization

Employer identification number

ILLINOIS FAIR PLAN ASSOCIATION

36-2688813

COMPENSATIONPART VI, SECTION B, LINE 15

COMPENSATION IS BASED ON A SALARY GRID WITH SPECIFIC SALARY RANGES FOR
ALL EMPLOYEES AT THE ASSOCIATION. SALARY RANGES IN PLACE FOR ALL
POSITIONS WITHIN THE ASSOCIATION WERE DEVELOPED BASED ON SIMILAR
POSITIONS WITHIN THE INDUSTRY AND ARE UPDATED ANNUALLY WITH COST OF
LIVING ADJUSTMENTS. A SALARY SURVEY WAS COMPLETED WITHIN THE PAST THREE
YEARS TO CONFIRM ACCURACY. ANNUAL ADJUSTMENTS IN COMPENSATION ARE
PROPOSED BY APPROPRIATE SUPERVISOR, BASED ON INDUSTRY AVERAGES AND
PERFORMANCE, AND APPROVED BY THE PRESIDENT AS WELL AS THE EXECUTIVE AND
COMPENSATION COMMITTEE. THE PRESIDENT'S ANNUAL SALARY IS DETERMINED BY
THE EXECUTIVE AND COMPENSATION COMMITTEES.

Name of the organization

Employer identification number

ILLINOIS FAIR PLAN ASSOCIATION

36-2688813

DOCUMENTS TO BE MADE PUBLIC

PART VI, SECTION C, LINE 19

ASSOCIATION FINANCIAL STATEMENTS ARE MADE AVAILABLE TO MEMBERS THROUGH A

PASSWORD PROTECTED WEBSITE WITH GOVERNING DOCUMENTS AND CONFLICT POLICY

AVAILABLE UPON REQUEST; AND, BY STATUTE THE FINANCIALS ARE PUBLISHED IN

TWO MAJOR ILLINOIS NEWSPAPERS ANNUALLY.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

Department of the Treasury
Internal Revenue Service
Name of the organization

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
 ► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

ILLINOIS FAIR PLAN ASSOCIATION

Part I	General Information on Grants and Assistance
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- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

- | | | | |
|---|--|-------|---|
| 1 | Enter total number of section 501(c)(3) and government organizations | | ▲ |
| 2 | Enter total number of other organizations | | ▲ |
| 3 | Enter total number of other organizations | | ▲ |

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

Schedule I (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

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.			

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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