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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the **2013** calendar year, or tax year beginning , **2013** , and ending , **20**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization **Wanamingo Mutual Insurance Company**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
209 Main Street P.O. Box 279
 City or town, state or province, country, and ZIP or foreign postal code
Wanamingo MN 55983-0279

D Employer identification number
41-0598930

E Telephone number
(507) 824-2912

F Name and address of principal officer **Dean Baker-President**
62997 430th Avenue, Mazeppa MN 55956

G Gross receipts \$ **388,195**

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
 Are all subordinates included? ☐ Yes ☒ No
 If "No," attach a list (see instructions)

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c)(15) (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: **None**

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation **1876**

M State of legal domicile **MN**

Part I Summary

1 Briefly describe the organization's mission or most significant activities **The organization writes fire and additional lines insurance coverages and pays claims on covered policyholder losses per IRC Section 501(c)(15)**

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3** **7**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **5**

5 Total number of individuals employed in calendar year **2013** (Part V, line 2a) **5** **3**

6 Total number of volunteers (estimate if necessary) **6** **0**

7 a Total unrelated business revenue from Part VIII, column (A), line 12 **7a** **0**

b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0
9 Program service revenue (Part VIII, line 2g)	268,454	260,135
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70,108	91,671
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,120	2,400
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	341,682	354,206
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	102,638	237,963
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	77,877	66,257
16 a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	87,149	111,877
18 Total expenses—Add lines 13-17 (must equal Part IX, column (A), line 25)	267,664	416,097
19 Revenue less expenses. Subtract line 18 from line 12	74,018	(61,891)

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,090,440	2,027,023
21 Total liabilities (Part X, line 26)	152,206	147,580
22 Net assets or fund balances. Subtract line 21 from line 20	1,938,234	1,879,443

Part II Signature Block

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.

Sign Here

Signature of officer **Bonnie Hermann** **Date** **March 27, 2014**

Type or print name and title **BONNIE HERMANN, SECRETARY**

Paid Preparer Use Only

Print/Type preparer's name **James R Williams CPA** **Preparer's signature** **James R Williams** **Date** **3/17/2014** **Check ☐ if self-employed** **PTIN** **P00737655**

Firm's name **Jim Barta CPA PA** **Firm's EIN** **20-1991134**

Firm's address **401 Sherman St, PO Box 1879, N Mankato, MN 56002-1879** **Phone no** **(507) 625-4245**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2013) 10

SCANNED APR 22 2014

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1** Briefly describe the organization's mission
 The Company provides fire and additional lines insurance coverages to policyholders/members and pays claims on covered policyholder losses.
- 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code _____) (Expenses \$ 111,877 including grants of \$ 0) (Revenue \$ 354,206)
 We have provided property insurance for our members per section 501(c)(15).
 Number of Members: 487
 Insurance in Force 231,656,588

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

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

4 d Other program services (Describe in Schedule O)
 (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4 e Total program service expenses **▶** 111,877

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 (see instructions)?	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability, 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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes" then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N/A

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	N/A	
24 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?	N/A	
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	N/A	
25 a 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? <i>If "Yes," complete Schedule L, Part I</i>	N/A	
25 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	N/A	
26 Did the organization report any amount on Part X, line 5, 6 or 22, for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28 a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28 b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28 c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and V, line 1</i>		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35 b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 5	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c N/A	
2 a	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 3	
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 (see instructions).	2b X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b N/A	
4 a	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: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	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 line 5a or 5b, did the organization file Form 8886-T?	5c N/A	
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	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 N/A	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a N/A	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b N/A	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c N/A	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e N/A	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f N/A	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h N/A	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8 N/A	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b N/A	
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	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a N/A	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a N/A	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b N/A	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒
Section A. Governing Body and Management

		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 7		
b Enter the number of voting members included in line 1a, above, who are independent.	1b 5		
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 governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	
9 Is there any officer, director, 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.	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a Does the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	N/A	
11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	X	
13 Did the organization have a written whistleblower policy?	13		X
14 Did the organization have a written document retention and destruction policy?	14		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.	15a	X	
b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
16 a 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	N/A	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed.	None
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	Bonnie Hermann, 209 Main Street P O Box 279, Wanamingo MN 55983-0279

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

 Check if Schedule O contains a response or note to any line in this Part VII ☐
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Dean Baker-President	Part-Time	X		X				500		
(2) Darrell Klevan-Vice-President	Part-Time	X		X				10,160		
(3) Bonnie Hermann-Secretary	Full-Time			X				38,024		
(4) Jerry Clemenson-Treasurer	Part-Time	X		X				900		
(5) Paul Finstuen-Director	Part-Time	X						250		
(6) Ron Kylo-Director	Part-Time	X						200		
(7) Lisa Overby-Director	Part-Time	X						150		
(8) Lloyd Cordes - Retired	Part-Time						X	100		
(9) Ordean Greseth - Retired	Part-Time						X	2,150		
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								52,434	0	0
d Total (add lines 1b and 1c)								52,434	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
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? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
None		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total Revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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		0			
Program Service Revenue	2 a Premium Income	Business Code 524126	260,135	260,135	0	0
	b		0			
	c		0			
	d		0			
	e		0			
	f All other program service revenue		0			
	g Total. Add lines 2a-2f		260,135			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		75,660	75,660	0
4 Income from investment of tax-exempt bond proceeds			0			
5 Royalties			0			
6 a Gross rents		(i) Real (ii) Personal 2,400				
b Less rental expenses						
c Rental income or (loss)		2,400				
d Net rental income or (loss)			2,400	0	0	0
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other 50,000				
b Less cost or other basis and sales expenses		33,989				
c Gain or (loss)		16,011				
d Net gain or (loss)			16,011	16,011	0	0
8 a 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			0			
9 a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities			0			
10 a 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		0				
Miscellaneous Revenue		Business Code				
11 a		0				
b		0				
c		0				
d All other revenue		0				
e Total. Add lines 11a-11d		0				
12 Total Revenue. See instructions		354,206	351,806	0	0	

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	237,963			
5	Compensation of current officers, directors, trustees, and key employees	52,434			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,104			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,562			
10	Payroll taxes	3,157			
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	8,387			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	6,795			
13	Office expenses	12,001			
14	Information technology				
15	Royalties				
16	Occupancy	3,291			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,212			
20	Interest	0			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,627			
23	Insurance	11,704			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	State Taxes & Fees	7,524			
b	Commissions	(4,249)			
c	Adjusting and Inspecting	11,619			
d	Reinsurance Premium	47,483			
e	All other expenses Change in UEP	3,483			
25	Total functional expenses. Add lines 1 through 24e	416,097			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	19,413	1	22,549
	2 Savings and temporary cash investments	890,147	2	673,589
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 106,514			
	b Less: accumulated depreciation 10b 51,945	56,012	10c	54,569
	11 Investments—publicly traded securities	1,104,873	11	1,241,547
	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	19,995	15	34,769
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,090,440	16	2,027,023	
Liabilities	17 Accounts payable and accrued expenses	7,261	17	22,615
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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 to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	144,945	25	124,965
	26 Total liabilities. Add lines 17 through 25	152,206	26	147,580
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), 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 (ASC 958), 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	1,938,234	32	1,879,443
	33 Total net assets or fund balances	1,938,234	33	1,879,443
34 Total liabilities and net assets/fund balances	2,090,440	34	2,027,023	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	354,206
2	Total expenses (must equal Part IX, column (A), line 25)	2	416,097
3	Revenue less expenses Subtract line 2 from line 1	3	(61,891)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,938,234
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,100
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,879,443

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>Statutory</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c X	
3 a 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	N/A
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	N/A

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Wanamingo Mutual Insurance Company

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

41-0598930

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax 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, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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 Escrow and Custodial Arrangements.

Complete if the 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,000		12,000
b Buildings		94,514	51,945	42,569
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **54,569**

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Unpaid Losses	10,000
(3) Unearned Premiums	113,475
(4) Reinsurance Premiums Payable	1,490
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	124,965

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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 XIII.)	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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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	Other losses	2c		
d	Other (Describe in Part XIII.)	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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII **Supplemental Information** *(continued)*

Area for supplemental information with horizontal dashed lines.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Wanamingo Mutual Insurance Company

Employer identification number

41-0598930

Part VI:

Line 6: The Company has policyholders who are also the owners of the Company. It is a mutual company.

Line 7a: The policyholders/owners elect the board members and officers.

Line 11: The Company hires a CPA firm to complete the Form 990. When the firm is finished preparing the form,
it is reviewed by Company management and staff before filing. The form is then filed by Company management.

Line 12c: The Company requires disclosure of conflicts and potential conflicts annually.

Line 15 a&b: Compensation is determined by the number of meetings attended by the board member. The board
determines management and staff salaries based on experience and qualifications.

Line 19: Financial and governing documents are available to the public upon request.

Name of the organization

Wanamingo Mutual Insurance Company

Employer identification number

41-0598930

Part XI:**Line 9: Other Changes in Net Assets or Fund Balances**

The following assets (net of accumulated depreciation) are excluded from Part X as required by statutory accounting rules and Minnesota Statute 67A due to non-admitted classification.

Furniture, fixtures, computer equipment and automobiles	224
---	-----

Prepaid operating expenses	0
----------------------------	---

Fire safety equipment	0
-----------------------	---

Uncollected premiums greater than 90 days past due	2,018
--	-------

Other - General Agency	0
------------------------	---

Total Non-Admitted Assets at the End of the Year	2,242
---	--------------

Total Non-Admitted Assets at the Beginning of the Year	5,342
---	--------------

Change in Non-Admitted Assets and Net Unrealized Losses	3,100
--	--------------

Part XII:

Line 1: As a regulated entity, the organization is required to report using statutory accounting rules as codified in Minnesota Statute 67A and as promulgated by the Department of Commerce of the State of Minnesota.

The most significant item of this statutory basis of accounting is the exclusion of "non-admitted assets" (as described above) from the reported assets

Wanamingo Mutual Insurance Company

41-0598930

FORM 990-RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
MODIFICATION OF GROSS RECEIPTS PER IRS NOTICE 2006-42

December 31, 2013

The filing of this Form 990 has been prepared in accordance with guidance provided by IRS Notice 2006-42 (copy attached).

Gross Receipts as computed in accordance with the instructions to Form 990 (Page 1, Item G), has been modified pursuant to IRS Notice 2006-42 in determining the organizations status as exempt from corporate income taxes. The applicable computation of Gross Receipts is shown below:

Gross Receipts per Form 990, Page 1, Item G	388,195	
Premium Refunds	0	
Capital Losses	0	
Modification per IRS Notice 2006-42:		
Form 990, Page 9, Line 7A,	<u>(33,989)</u>	
Gross Receipts per IRS Notice 2006-42	<u>354,206</u>	
(Amount meets the \$600,000 limitation)		
Premium Income per Form 990, Page 1, Line 9	<u>260,135</u>	
Gross Receipts per IRS Notice 2006-42 From Above	<u>354,206</u>	= <u>73.4%</u>
(Amount meets the more than 50% premium income test)		

Attachment to Form 990

Schedule 1

FORM 990-RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

December 31, 2013

Internal Revenue Service Notice 2006-42

Part III - Administrative, Procedural, and Miscellaneous

Determination of Gross Receipts for Purposes of Section 501(c)(15)

Notice 2006-42

SECTION 1. PURPOSE

This notice provides guidance as to the meaning of "gross receipts" for purposes of § 501(c)(15)(A) of the Internal Revenue Code.

SECTION 2. BACKGROUND

Section 501(a) of the Code provides generally that an organization described in § 501(c) shall be exempt from federal income taxation. An insurance company (as defined in § 816(a)), other than a life insurance company, is described in § 501(c)(15), and is therefore exempt from income tax under § 501(a), if its gross receipts for the taxable year do not exceed \$600,000 and more than 50 percent of those gross receipts consist of premiums. Section 501(c)(15)(A)(i). A non-life mutual insurance company not meeting the requirements of the previous sentence is nonetheless described in § 501(c)(15) if its gross receipts for the taxable year do not exceed \$150,000 and more than 35 percent of those gross receipts consist of premiums. Section 501(c)(15)(A)(ii). Amounts received by all members of the insurance company's controlled group (as defined in section 501(c)(15)(C)) are taken into account for purposes of these tests.

Section 501(c)(15)(B).

The gross receipts and percentage of income from premium requirements described above were added to the Code in 2004 by § 206 of the Pension Funding Equity Act, Pub. L. No. 108-218 (the "Act"). The legislative history of the Act states that "it is intended that the provision not permit the use of small companies . . . to shelter investment income". H.R. Conf. Rep. 108-457, at 48 (2004).

FORM 990-RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

December 31, 2013

Internal Revenue Service Notice 2006-42

SECTION 3. DETERMINATION OF GROSS RECEIPTS

This notice advises taxpayers that the Service will include amounts received from the following sources during the taxable year in "gross receipts" for purposes of § 501(c)(15)(A):

- A. Premiums (including deposits and assessments), without reduction for return premiums or premiums paid for reinsurance;
- B. Items described in § 834(b) (gross investment income of a non-life insurance company); and
- C. Other items that are properly included in the taxpayer's gross income under subchapter B of chapter 1, subtitle A, of the Code.

Thus, gross receipts include both tax-free interest and the gain (but not the entire amount realized) from the sale or exchange of capital assets, because those items are described in § 834(b). Gross receipts do not, however, include amounts other than premium income or gross investment income unless those amounts are otherwise included in gross income. Accordingly, the term gross receipts does not include contributions to capital excluded from gross income under § 118, or salvage or reinsurance recovered accounted for as offsets to losses incurred under § 832(b)(5)(A)(i).

SECTION 4. DRAFTING INFORMATION

The principal author of this notice is Sarah R. Katz of TE/GE Division, Exempt Organizations. For further information regarding this notice, contact Ms. Katz at (202) 283-8934 (not a toll-free call).

Annual Statement
For the Year Ended December 31, 2013
Of The Financial Condition and Affairs Of The

Wanamingo Mutual Insurance Company
(Corporate Name of Insurer)

Filed with the Minnesota Department of Commerce pursuant to Minnesota Statutes Chapter 67-A

Incorporated 05/27/1876 Commenced Business 05/27/1876 Date of Annual Meeting 2/15/2014

Main Administrative Office 209 Main Street P O Box 279, Wanamingo MN 55983-0279

Business Telephone (507) 824-2912
(Area Code) Telephone #

Fax Telephone (507) 824-2181
(Area Code) Telephone #

E-Mail Address wanmut@yahoo.com

Officers

President	<u>Dean Baker</u>	Vice-President	<u>Darrell Klevan</u>
Secretary	<u>Bonnie Hermann</u>	Manager or Administrative	
Treasurer	<u>Jerry Clemenson</u>	Executive	<u>Bonnie Hermann</u>

Directors

Name	(Street, City, State, Zip)	From (Mo./Yr)	To (Mo./Yr)
<u>Dean Baker</u>	<u>62997 430th Avenue, Mazeppa MN 55956</u>	<u>Feb-11</u>	<u>Feb-14</u>
<u>Darrell Klevan</u>	<u>17124 400th Street, Goodhue MN 55027</u>	<u>Feb-13</u>	<u>Feb-16</u>
<u>Bonnie Hermann</u>	<u>10938 County 30 Boulevard, Wanamingo MN 55983</u>	<u>Feb-12</u>	<u>Feb-15</u>
<u>Jerry Clemenson</u>	<u>42569 Hwy 58 Boulevard, Zumbrota MN 55992</u>	<u>Feb-13</u>	<u>Feb-16</u>
<u>Paul Finstuen</u>	<u>531 5th Street NE, Wanamingo MN 55983</u>	<u>Feb-12</u>	<u>Feb-15</u>
<u>Lisa Overby</u>	<u>8500 County 12 Blvd, Kenyon, MN 55946</u>	<u>Feb-13</u>	<u>Feb-16</u>
<u>Ron Kytlo</u>	<u>13464 400th St, Goodhue, MN 55027</u>	<u>Feb-13</u>	<u>Feb-14</u>

State of Minnesota
County of Goodhue

Pursuant to the laws of Minnesota, and the rules and regulations amendatory thereto, the President, Secretary, and Treasurer or Chief Financial Officer of this Company, being duly sworn, each deposes and says that they are the above described officers of the said Insurer, and that on the thirty-first day of December last, all of the herein described assets were the absolute property of the said Insurer, free and clear from any liens or claims thereon except as herein stated, and that this annual statement, together with the related exhibits, schedules, and explanations therein contained, annexed or referred to are a full and true statement of all the assets and liabilities of the condition and affairs of the said Insurer as of the thirty-first day of December last, and of its income and deductions therefrom for the year ended on that date, according to the best of their information, knowledge, and belief, respectively

Subscribed and sworn to before me this
____ day of _____

President

NOTARY PUBLIC SEAL

Secretary

Treasurer

Print name, business address, and telephone number of person who prepared this statement

Name	Address	City, State, Zip Code	(Area Code) Telephone #
<u>James R Williams CPA, PO Box 1879, North Mankato MN 56002-1879</u>			<u>(507) 625-4245</u>
Firm Name and Address	<u>Jim Barta CPA 401 Sherman Street, PO Box 1879 North Mankato MN 56002-1879</u>		

1/29/2014

Signature of Person Preparing Statement / Date

Wanamingo Mutual Insurance Company

Admitted Assets

		1	2
		Current Year	Prior Year
1	Cash in company's office Exh 9, Ln 1, Col 4	-	-
2	Cash deposited in checking account Exh 9, Ln 2, Col 4	22,549	19,411
3	Cash deposited at interest Exh 9, Ln 3, Col 4	673,589	890,147
4	Guarantee fund certificates Exh 9, Ln 4, Col 4	40,000	40,000
5	Bonds (at amortized cost) Exh 9, Ln 5, Col 4	1,159,307	1,050,842
6	Investment company shares Exh 9, Ln 6, Col 4	40,740	12,532
7	Common stock Exh 9, Ln 7, Col 4	1,500	1,500
8	Mortgage loans on real estate Exh 9, Ln 8, Col 4	-	-
9	Real Estate (cost less accumulated depreciation and encumbrances) Exh 9, Ln 9, Col 4	54,569	56,012
10	Agents' balances or uncollected premiums Exh 9, Ln 10, Col 4	10,800	5,381
11	Investment income due or accrued Exh 9, Ln 11, Col 4	14,904	14,616
12	Unpaid assessments receivable (under 90 days past due) Exh 9, Ln 12, Col 4	-	-
13	Reinsurance recoverable on paid losses Exh 9, Ln 13, Col 4	8,978	-
14	Electronic data processing equipment-excluding software - (cost less accumulated depreciation) - Exh 9, Ln 14, Col 4	-	-
15	Funds due from reinsurance (other than losses) Exh 9, Ln 15, Col 4	-	-
16	Federal tax refund receivable Exh 9, Ln 16, Col 4	-	-
17	Premium tax refund receivable Exh 9, Ln 17, Col 4	87	-
18	Accounts receivable	-	-
19			
20	Rounding		(1)
21			
22			
23	Total Admitted Assets (Must agree with Pg 3, Ln 18)	2,027,023	2,090,440

Liabilities and Policyholders' Surplus

	¹ Current Year	² Prior Year
¹ Net losses unpaid - Exh. 5	10,000	33,510
² Net expenses unpaid - Exh. 8	2,971	2,494
³ Unearned premiums - Exh. 3	113,475	109,992
⁴ Borrowed money unpaid		
⁵ Funds payable on reinsurance (other than losses)	1,490	1,443
⁶ Federal income taxes payable	-	-
⁷ Amounts withheld for the account of others	1,707	1,857
⁸ Accounts payable-agency	17,936	2,910
⁹ Rounding	1	-
¹⁰		
¹¹		
¹²		
¹³		
¹⁴		
¹⁵		
¹⁶ Total Liabilities	147,580	152,206
¹⁷ Total Policyholders' Surplus	1,879,443	1,938,234
¹⁸ Total liabilities and policyholders' surplus	2,027,023	2,090,440

Statement of Income

<u>Underwriting Income</u>		1	2
		<u>Current Year</u>	<u>Prior Year</u>
1	Net premiums earned - Exh. 3, Col 9	209,169	213,973
2	Net assessments earned - Exh. 4, Col 9	-	-
3	Total premiums and assessments (Ln 1 + Ln. 2)	209,169	213,973
<u>Deductions</u>			
4	Net losses incurred - Exh 5, Col 9	237,963	102,638
5	Operating expenses incurred - Exh 8, Ln 25, Col. 4	121,264	105,684
6	Total losses and expenses (Ln 4 + Ln. 5)	359,227	208,322
	Net Underwriting Gain (loss)(Ln 3 minus Ln. 6) (A)	(150,058)	5,651
<u>Investment Income</u>			
7	Net investment income earned - Exh. 1, Ln 10, Col 5	72,156	68,368
8	Net realized capital gains or (losses) - Exh 2, Ln 8, Col. 3	16,011	-
9	Net Investment Gain or (loss) (Ln 7 + Ln 8) (B)	88,167	68,368
<u>Other Income</u>			
10			
11			
12			
13	Rounding	-	(1)
14	Total Other Income or (loss) (C)	-	(1)
15	Net income (loss) before income taxes (A + B + C)	(61,891)	74,018
16	Federal income taxes incurred*	-	-
17	Net Income (to Ln. 19)	(61,891)	74,018

*Federal income tax paid in the current year plus federal income tax payable (Pg 3, Ln 6, Col 1) minus federal income tax payable previous year (Pg 3, Ln 6, Col 2)

Policyholders' Surplus Account

18	Policyholders' surplus, December 31, previous year	1,938,234	1,863,335
<u>Gains and (Losses) in Surplus</u>			
19	Net income (from Ln. 17)	(61,891)	74,018
20	Change in non-admitted assets Exh. 10, Ln 18, Col. 3	3,100	881
21	Net unrealized capital gains or losses Exh. 2, Ln. 8, Col 4	-	-
22			
23			
24			
25	Change in policyholders' surplus for the year	(58,791)	74,899
26	Policyholders' surplus, December 31, current year	1,879,443	1,938,234

Exhibit 1

Investment Income Earned

	1	2	3	4	5
	Received During Year Less Paid for Accrued on Purchases	Amortization(-) of Bond Premium or Accrual (+) of Bond Discount	Income Due and Accrued December 31 Current Year	Income Due and Accrued December 31 Prior Year	Investment Income Earned (Col. 1 + or - Col. 2 + Col. 3 Less Col. 4)
1 Cash on deposit Schedule B	15,443		1,563	2,345	14,661
2 Guarantee fund certificates Schedule C	6,833		-	-	6,833
3 Bonds Schedule D, Part 1 + Part 2	56,402	(3,306)	13,341	12,271	54,166
4 Investment company shares Schedule E, Part 1 + Part 2	-		-	-	-
5 Common stock Schedule F, Part 1 + Part 2	-		-	-	-
6 Mortgage loans Schedule G	-		-	-	-
7 Real estate Schedule H	2,400				2,400
8 Totals	81,078	(3,306)	14,904	14,616	78,060

Exh 9, Ln 11, Col 2

Pg 2, Ln 11, Col 2

9 Total investment expense incurred (Exh. 8, Ln. 31, Col. 4)

10 Net investment income earned (Ln. 8 minus Ln. 9)

Pg 4, Ln 7, Col 1

Exhibit 2
Capital Gains and Losses on Investments

	1	2	3	4
	Profit on Sales or Maturity	Losses on Sales or Maturity	Net Gain or Loss[-] (Col. 1 minus Col. 2)	Net Gain or Loss [-] From Change in or Difference Between Book Value or Admitted Assets
1 Bonds	16,011	-	16,011	-
2 Guarantee fund certificates			-	
3 Mortgage loans			-	
4 Real estate	-	-	-	
5 Investment company shares	-	-	-	-
6 Common stock	-	-	-	-
7 Other gains and losses - explain			-	
8 Totals	16,011	-	16,011	-

Pg 4, Ln 8, Col 1

Pg 4, Ln 21, Col 1

PREMIUM AND LOSS EXHIBITS

Exhibit 3

Written and Earned Premiums

1	2	3	4	5	6	7	8	9
Line of Business	Direct Written Premiums	Reinsurance Assumed	Paid Dividends	Reinsurance Ceded	Net Written Premiums	Unearned Premiums Dec 31, Prior Year	Unearned Premiums Dec 31, Current Year	Premiums Earned (Col 6 + 7 - 8)
Fire & other lines	260,135			47,483	212,652	109,992	113,475	209,169
Assumed reins.					-			-
Total all lines	260,135	-	-	47,483	212,652	109,992	113,475	209,169

Col. 1 If no breakdown is made enter all under "Fire and other lines"

Col. 2 Direct and written premiums include policy and survey fees minus return premiums. Do not deduct agents' commissions - see instructions

Col. 5 Include all reinsurance premiums paid plus or minus reinsurance adjustment-see instructions

Col. 6 equals Col. 2 plus Col. 3 minus Col. 4 minus Col. 5

Col. 8 See instructions-State pro-rata method used (50%, monthly, etc.)

Col. 9 equals Col. 6 plus Col. 7 minus Col. 8

Daily

Exhibit 4

Assessment Income and Receivable

(Use only for post paid assessments or premiums)

1	2	3	4	5	6	7	8	9
Line of Business	Date When Assessment is Due	Rate	Amount of Base for Levied Assessment	Amount Levied (Col. 3 Times Col. 4)	Amount Received	Unpaid Balance Dec 31, Current Year	Unpaid Balance Dec 31, Prior Year	Net Assessment Income (Col. 6 + 7 - 8)
				-				-
				-				-
				-				-
Total all lines			-	-	-	-	-	-

Exh 9, Ln 12,
Col 1Pg 4, Ln 2
Col 1

Exhibit 5

Paid and Incurred Losses

1	2	3	4	5	6	7	8	9
Line of Business (type of loss)	Losses Paid Less Salvage and Subrogation	Losses Paid on Reinsurance Assumed	Reinsurance Recovered on Losses Paid	Reinsurance Recoverable on Losses Paid	Net Losses Paid (Col. 2 + 3 minus (4+5))	Net Losses Unpaid Dec 31, Current Year	Net Losses Unpaid Dec 31, Prior Year	Losses Incurred (Col. 6 + 7 - 8)
Fire & fire depart.	637,900		490,073	8,978	138,849	7,000	30,000	115,849
Lightning	3,911				3,911	2,000	3,510	2,401
Other lines	118,713				118,713	1,000	-	119,713
Assumed reins.		-	-	-	-	-	-	-
Total all lines	760,524	-	490,073	8,978	261,473	10,000	33,510	237,963

Exh 9, Ln 13,
Col 1Pg 3, Ln 1,
Col 1Pg 3, Ln 1,
Col 2Pg 4, Ln 4,
Col 1

Exhibit 6

Reinsurance Ceded

[illegible]

* Limit applies to the reinsurers liability for all member companies.

These totals agree with

Exh 3, Col 5

h 5, Col 5

Exh 3, Col 5

Interrogatories

1 Amount of commission received from reinsurer on reinsurance ceded

1,121

2 (a) Largest single risk insured by your company that may be destroyed in a single occurrence*

51.250

(b) Amount reinsured

01.250

(c) Net at risk (a minus b)

50,000

* Any structure or structures and personal property that could be destroyed in a single event or incident by fire, lightning, etc

Is this the total farmstead? (Y/N)

Yes

Exhibit 7

Exhibit 1 Reinsurance Assumed

1	2	3	4	5	6	7	8	9	10	11	12
Name and Address of Rinsurer /Pool	Type of Contract and Form Number	Premiums Received	Premiums Receivable	Total Premiums Assumed	Premiums Unearned	Expenses Paid and Payable	Losses Paid	Losses Payable	Salvage and Subrogation Received and Receivable	Percent of Participation	Total Liability of Your Company
None											-
											-
											-
											-
	Totals	Exh 3, Col 3	Exh 9, Ln 15, Col 1	-	-	-	Exh 5, Col 3	Exh 5, Col 7	-		-

Exhibit 8
Expenses

	1	2	3	4
Operating Expenses	Paid During Year	Unpaid Dec 31 Current Year	Unpaid Dec 31 Prior Year	Incurred Current Year Col 1+2-3
1 Advertising	6,815	241	261	6,795
2 Boards, bureaus and associations	3,271			3,271
3 Commissions	35,363	1,448	1,053	35,758
3a Less commissions on reinsurance	(1,121)			(1,121)
3b Less commissions on general agency	(20,653)			(20,653)
4 Contributions	-			-
5 Conventions, meetings and education	1,212			1,212
6 Directors fees	2,750			2,750
7 Employee benefits	5,562			5,562
8 Inspection and loss prevention	(18)			(18)
9 Insurance and bonding	11,704			11,704
10 Interest expense on borrowed money	-			-
11 Legal and auditing	8,387			8,387
12 Loss adjustment expense	11,707	-	-	11,707
13 Office equipment and maintenance	1,623	185	125	1,683
14 Payroll taxes	3,190	857	890	3,157
15 Postage, telephone and exchange	3,581	-	-	3,581
16 Printing and stationery	2,247	-	-	2,247
17 Rent and lease expense	-			-
18 Salaries	36,485			36,485
19 State taxes and fees	4,447	-	165	4,282
20 Travel and travel items	-			-
21 Utilities	3,051	240	-	3,291
22 Depreciation on furniture and fixtures	1,184			1,184
23 Computer	-			-
24	-			-
25 Total - Operating Expenses	120,787	2,971	2,494	121,264 *
Investment Expenses				
26 Interest on real estate encumbrances	-			-
27 Depreciation on real estate	1,443			1,443
28 Property tax on real estate	3,242			3,242
29 Miscellaneous real estate expenses	-			-
30 Miscellaneous investment expenses	1,219			1,219
31 Total Investment Expenses	5,904	-	-	5,904 **
32 Total Expenses	126,691	2,971	2,494	127,168

Pg 12, Exh 11,
Ln 13

Pg 3, Ln 2,
Col 1

Pg 3, Ln 2,
Col 2

* Total Operating Expenses Incurred Ln 25, Col 4 to Pg 4, Ln 5, Col 1

** Total Investment Expenses Incurred Ln 31, Col 4 to Exh 1, Ln 9, Col 5

Wanamingo Mutual Insurance Company

Exhibit 9
Analysis of Assets

	1	2	3	4
	Ledger Assets	Non-Ledger Assets	Assets Not Admitted	Net Admitted Assets (Col 1 + 2 - 3)
1 Cash in company's office	-	-	-	-
2 Cash deposited in checking accounts - Schedule A, Total, Col 6	22,549	-	-	22,549
3 Cash deposited at interest - Schedule B, Total, Col 8	673,589	-	-	673,589
4 Guarantee fund certificates - Schedule C, Total, Col 7	40,000	-	-	40,000
5 Bonds (at amortized cost) - Schedule D-Part 1, Total, Col 8	1,159,307	-	-	1,159,307
6 Investment company shares - Schedule E-Part 1, Total, Col 5	40,740	-	-	40,740
7 Common stock - Schedule F-Part 1, Total, Col 5	1,500	-	-	1,500
8 Mortgage loans on real estate - Schedule G, Total, Col 5	-	-	-	-
9 Real estate (cost less accumulated depreciation and encumbrances) Schedule H-Part 1, Total, Col 7	54,569	-	-	54,569
10 **Agents' balances or uncollected premiums	12,818	-	2,018	10,800
11 Investment income due and accrued - Exh. 1, Total, Col 3	-	14,904	-	14,904
12 **Unpaid assessments receivable - Exh 4, Total, Col 7	-	-	-	-
13 Reinsurance recoverable on losses paid - Exh. 5, Total, Col 5	8,978	-	-	8,978
14 *Electronic data processing equipment (cost less depreciation)	2	-	2	-
15 Funds due from reinsurance (other than losses) - Exh. 7, Total, Col. 4	-	-	-	-
16 Federal tax refund receivable	-	-	-	-
17 Premium tax refund receivable	87	-	-	87
18 Furniture, fixtures and automobiles	222	-	222	-
19 Accounts receivable	-	-	-	-
20	-	-	-	-
21 Fire extinguishers	-	-	-	-
22 Fire alarms	-	-	-	-
23 Prepaid expenses	-	-	-	-
24 Totals	2,014,361	14,904	2,242	2,027,023

Pg 2, Ln 23,

Col 1

Exh 11, Ln 24,

Col 1

* Computers and related equipment which exceeded \$25,000 initial cost.

** Agents' balances, uncollected premiums, and assessments over 90 days past due should be shown under Col 3, Assets Not Admitted

Exhibit 10
Analysis of Non-Admitted Assets

	1 December 31, Prior Year	2 December 31, Current year	3 Change for Year Col. 1 Less Col. 2
1 Deposits in suspended depositors, less estimated amounts recoverable			
2 Agents' balances or uncollected premium/assessments over 90 days past due	3,933	2,018	1,915
3 Bills receivable, past due, taken for premium/assessments			-
4 Furniture, fixtures, and automobiles	672	222	450
5 Fire extinguishers		-	-
6 Fire alarms		-	-
7 Prepaid expenses		-	-
8 EDP equipment	737	2	735
9* Agency			-
10			-
11			-
12 Investment company shares	-	-	-
13 Assurance partners bank stock		-	-
14 Bonds in default		-	-
15			-
16 Totals (including net unrealized gains and losses on invested assets)	5,342	2,242	3,100
17 Total of items in Col. 3 relating to invested asset write-in items (To Exh. 2, Col. 4)	<i>Exh 10, Col 2, Prior Year</i>	<i>Exh 9, Col 3</i>	
18 Non-admitted assets (Ln. 16 minus Ln. 17) (To Pg. 4, Ln. 20, Col. 1)			-
			3,100

*Itemize all other non-admitted assets including unrealized gains and losses on invested assets

Exhibit 11
Reconciliation of Ledger Assets

Increase in Ledger Assets

1	Net written premiums-Exh 3, Col. 6	212,652
2	Assessment income received-Exh. 4, Col 6	-
3	From sale or maturity of ledger assets-Exh 2, Ln 8, Col 1	16,011
4	Investment income received-Exh. 1, Ln 8, Col 1 and 2	77,772
5	Amounts withheld for the account of others	14,876
6	Borrowed money repaid [gross]	-
7	Funds payable on reinsurance	47
8	Federal taxes paid	-
9	Rounding	1
10		
11	Total (Items 1-10)	321,359

Decrease in Ledger Assets

12	Net losses paid-Exh. 5, Col. 6	261,473
13	Expense paid-Exh 8, Ln. 32, Col 1	126,691
14	From sale or maturity of ledger assets-Exh 2, Ln 8, Col 2	-
15	Amounts withheld for account of others	-
16	Borrowed money [gross]	-
17	Funds payable on reinsurance	-
18	Federal taxes paid	-
19	Rounding	-
20		
21	Total (Items 12-20)	388,164

Reconciliation Between Years

22	Total ledger assets at December 31 of prior year (Exh 9, Ln 22, Col. 1, Prior Year)	2,081,166
23	Increase or decrease in ledger assets during the year (Ln. 11 minus Ln. 21)	(66,805)
24	Total ledger assets at December 31 of current year (Exh 9, Ln 24, Col 1)	2,014,361

2013 Annual Statement of the

Wanamingo Mutual Insurance Company

Schedule A
Cash Deposited in Checking Accounts

1	2	3	4	5	6
Name of Financial Institution (followed by address)	Actual Balance on Bank Statement December 31	Deduct Checks Outstanding	Other Adjustment* Add	Other Adjustment* Deduct	Net Balance Per Books December 31
1 Security State Bank (Fire) 232 N Main St Wanamingo MN 55983	13,223	8,610			4,613
2 Security State Bank (Agency) 232 N Main St Wanamingo MN 55983	18,348	412			17,936
3					-
4					-
5					-
6					-
Total					22,549

Exh 9, Ln 2,
Col 1

*Please explain adjustments. (If deposit, give date deposit was made)

1. Does the Company have excess private deposit insurance for balances exceeding FDIC limits? (Y/N) No
2. Does the Company have an overnight repurchase agreement with the depository that handles the company's primary accounts per Minnesota Statute 67A 231(l)? (Y/N) No

Schedule B

Cash Deposited at Interest

Showing all banks, trust companies, savings and loan associations, etc., in which deposits were maintained by the Company at any time during the year and the balances, if any, on December 31 of the current year.

1	2	3	4	5	6	7	8	9	10
Name of Financial Institution (followed by address)	Certificate or Acct. #	*Type Account	Interest Rate	**Interest Payable	Date of Issue	Date of Maturity	Book Value December 31	Interest Amount Received During Year	Interest Amount Due and Accrued December 31
1 Bank of Zumbrota 70 West 3rd Street, Zumbrota MN 55992	33998	CD	2.900	Q	06/10/10	06/10/15	35,000	1,015	58
2 Bank of Zumbrota 70 West 3rd Street, Zumbrota MN 55992	36132	CD	1.100	Q	04/23/12	04/23/15	35,000	385	73
3 Bank of Zumbrota 70 West 3rd Street, Zumbrota MN 55992	36279	CD	0.950	Q	08/24/12	08/24/15	25,000	237	24
4 Community Resource Bank 31825 65th Avenue, PO Box 457, Cannon Falls MN 55009-0457	48815	CD	2.770	Q	12/31/09	10/31/14	45,000	936	208
5 Community Resource Bank 31825 65th Avenue, PO Box 457, Cannon Falls MN 55009-0457	50728	CD	2.000	Q	01/02/11	12/02/15	30,000	600	48
6 Community Resource Bank 31825 65th Avenue, PO Box 457, Cannon Falls MN 55009-0457	50894	CD	2.000	Q	02/14/11	01/14/16	15,000	300	64
7 Farmers State Bank PO Box 245 West Concord MN 55985	19203	CD	1.650	Q	11/14/10	11/14/14	35,000	578	74
8 Farmers State Bank PO Box 245 West Concord MN 55985	3152	CD	1.250	Q	08/28/12	08/28/17	30,000	375	34
9 Farmers State Bank PO Box 245 West Concord MN 55985	3157	CD	1.250	Q	09/29/12	09/29/17	10,000	125	1
10 Farmers State Bank PO Box 245 West Concord MN 55985	3257	CD	1.850	Q	10/30/10	10/30/14	17,000	315	53
11 First Farmers & Merchants 123 South 4th Street, Cannon Falls MN 55009	100243	CD	1.750	Q	06/23/11	11/23/14	58,000	1,015	106
12 First Farmers & Merchants 123 South 4th Street, Cannon Falls MN 55009	100247	CD	1.750	Q	07/03/11	12/03/14	30,000	525	40
13 First Farmers & Merchants 123 South 4th Street, Cannon Falls MN 55009	72465	CD	0.650	Q	12/07/11	10/07/13	-	59	-
14 First State Bank 3209 South Service Drive, Red Wing MN 55066	3323	CD	2.900	Q	10/16/09	10/16/13	-	727	-

Schedule B
Cash Deposited at Interest

Showing all banks, trust companies, savings and loan associations, etc., in which deposits were maintained by the Company at any time during the year and the balances, if any, on December 31 of the current year

1	2	3	4	5	6	7	8	9	10
Name of Financial Institution (followed by address)	Certificate or Acct. #	*Type Account	Interest Rate	**Interest Payable	Date of Issue	Date of Maturity	Book Value December 31	Interest Amount Received During Year	Interest Amount Due and Accrued December 31
15 First State Bank 3209 South Service Drive, Red Wing MN 55066	3521	CD	2.270	S	05/15/10	03/18/15	15,000	338	97
16 First State Bank 3209 South Service Drive, Red Wing MN 55066	4634	CD	1.450	Q	10/29/10	01/29/13	-	233	-
17 First State Bank 3209 South Service Drive, Red Wing MN 55066	5487	CD	3.050	Q	03/18/09	03/18/15	21,000	661	23
18 First State Bank 3209 South Service Drive, Red Wing MN 55066	916839	CD	2.450	Q	07/03/09	07/03/13	-	380	-
19 Merchants Bank 300 West Main, Cannon Falls MN 55009	85002147	CD	1.450	Q	03/01/12	04/01/14	90,000	1,305	325
20 Pine Island Bank 128 South Main Street, Pine Island MN 55963	23589	CD	1.550	Q	06/12/12	06/12/17	38,024	589	31
21 Pine Island Bank 128 South Main Street, Pine Island MN 55963	26884	CD	1.650	Q	01/31/12	01/31/17	60,000	990	165
22 Security State Bank 606 2nd Street Box G, Kenyon MN 55946	10106	CD	2.080	Q	08/28/10	08/28/13	-	700	-
23 Security State Bank 606 2nd Street Box G, Kenyon MN 55946	11261	CD	1.740	Q	12/25/10	12/25/13	-	261	-
24 Security State Bank 606 2nd Street Box G, Kenyon MN 55946	11530	CD	2.970	Q	01/25/09	01/25/13	-	187	-
25 Security State Bank 606 2nd Street Box G, Kenyon MN 55946	7095	CD	2.970	Q	06/14/09	06/14/13	-	148	-
26 Security State Bank 232 Main Street, Wanamingo MN 55983	956798-03	MM	V	M	XXXXXXX	XXXXXXXXXX	37,183	118	-
27 White Rock State Bank PO Box 548, Cannon Falls MN 55009	110382	CD	2.100	Q	05/10/11	05/10/16	47,382	995	139
28 White Rock State Bank PO Box 548, Cannon Falls MN 55009	110574	CD	4.000	Q	07/15/08	07/15/13	-	1,346	-
Totals							673,589	15,443	1,563
							Exh 9, Ln 3, Col 1	Exh 1, Ln 1, Col 1	Exh 1, Ln 1, Col 3

* Type S=Savings, M=Money Market, CD=Certificate of Deposit

** Payable M=Monthly, Q=Quarterly, S=Semi-Annual, A=Annual

Does the Company have excess private deposit insurance for balances exceeding FDIC limit? (Y/N) No

2013 Annual Statement of the

Wanamingo Mutual Insurance Company

Schedule C
Guarantee Fund Certificates

Showing all guarantee fund certificates owned by the Company at any time during the year and the balances, if any, on December 31 of the current year.

1	2	3	4	5	6	7	8	9
Name of Issuing Financial Institution	Certificate #	Interest Rate	**Interest Payable	Date of Issue	Date of Maturity or Redemption	Book value December 31	Interest Amount Received During Year	Interest Amount Due and Accrued December 31
1 RAM Mutual Insurance Company	1016	V	A	05/30/96	XXXXXXXXXX	20,000	3,600	
2 RAM Mutual Insurance Company	1056	V	A	12/31/97	XXXXXXXXXX	10,000	1,800	
3 RAM Mutual Insurance Company	2089	V	A	06/12/03	XXXXXXXXXX	10,000	1,200	
4 RAM Mutual Insurance Company *	0012	V	A	10/29/81	XXXXXXXXXX		117	
5 RAM Mutual Insurance Company *	0076	V	A	05/09/83	XXXXXXXXXX		116	
6								
7								
8								
9								
10								
11								
12								
13								
14								
Totals						40,000	6,833	-

Exh 9, Ln 4, Col 1
Exh 1, Ln 2, Col 1
Exh 1, Ln 2, Col 3

** Payable M=Monthly, Q=Quarterly, S=Semi-Annual, A=Annual
* This issue was paid out in 2010, but permission to pay interest was not received until 2013

Schedule D-Part 1
Showing all Bonds Owned December 31 of the Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Description (complete and accurate)	*Cusip # ID	** Type	Interest Rate	Interest Payable	Date of Purchase	Date of Maturity	Book Amortized Value	Par Value	Market Value	Actual Cost	**** Interest Amount Received	Interest Accrued Dec 31 Current Year	Increase by Adjustment in Book Value During Year	Decrease by Adjustment in Book Value During Year
1 Wells Fargo & Co 5% 11/15/14	949746CR0	C	5.000	S	02/23/09	11/15/14	34,719	35,000	36,322	34,719	1,750	221	279	-
2 Wells Fargo & Co Sen 5.625% 12/11/17	949746NX5	C	5.625	S	07/15/09	12/11/17	25,146	25,000	28,655	25,146	1,406	77	-	32
3 Credit Suisse NY 6% 2/15/18	22541HCC4	C	6.000	S	10/16/09	02/15/18	20,623	20,000	23,158	20,623	1,200	454	-	130
4 AT&T Inc 5.8% 2/15/19	00206RAR3	C	5.800	S	07/01/09	02/15/19	27,519	27,000	30,952	27,519	1,566	592	-	85
5 Du Pont E I De Nemours & Co 5.75% 3/15/19	263534BW8	C	5.750	S	03/19/09	03/15/19	30,000	30,000	34,151	30,000	1,725	506	-	-
6 JP Morgan Chase & Co 6.3% 4/23/19	46625HHL7	C	6.300	S	07/01/09	04/23/19	20,454	20,000	23,605	20,454	1,260	238	-	70
7 Goldman Sachs Group 5.375% 3/15/2020	38141EA58	C	5.375	S	03/29/11	03/15/20	10,253	10,000	11,121	10,253	538	161	-	34
8 Citigroup Inc 5.375% 8/9/2020	172967FF3	C	5.375	S	11/18/11	08/09/20	31,461	30,000	34,129	31,461	1,613	636	-	184
9 HSBC Hldgs 5.1% 4/5/2021	404280AK5	C	5.100	S	11/18/11	04/05/21	26,000	25,000	27,786	26,000	1,275	304	-	114
10 Goldman Sachs 5.25% 7/27/2021	38141GGQ0	C	5.250	S	10/25/11	07/27/21	30,052	30,000	32,845	30,052	1,575	677	-	6
11 Morgan Stanley Sr. Mt 5.5% 7/28/2021	61747WAL3	C	5.500	S	09/09/11	07/28/21	12,244	12,000	13,410	12,244	660	282	-	26
12 Goldman Sachs Group 5% 6/15/2023	38141E2F5	C	5.000	M	05/31/11	06/15/23	6,000	6,000	6,102	6,000	300	13	-	-
13 HSBC USA Inc 3.5% 7/28/23	4042K1KH5	C	3.500	S	06/25/12	07/28/23	30,456	30,000	30,078	30,456	1,050	449	-	279
14 Citigroup Funding Inc 5% 12/22/25	1730T0JW0	C	5.000	S	05/24/12	12/22/25	25,410	25,000	25,794	25,410	1,250	31	-	194
15 Bank of Nova Scotia BC 3% 6/1/27	064159AU0	C	3.000	S	05/25/12	06/01/27	25,000	25,000	24,024	25,000	750	62	-	-
16 JPMorgan Chase & Co 3% 11/30/27	48126DLN7	C	3.000	S	11/27/12	11/30/27	26,000	26,000	22,227	26,000	780	66	-	-
17 Citigroup Funding Inc 3% 12/14/27	1730T0ZQ5	C	3.000	Q	12/11/12	12/14/27	34,000	34,000	29,972	34,000	1,020	45	-	-
18 GTE Florida Inc 6.86% 2/1/28	362333AH9	C	6.860	S	02/13/13	02/01/28	25,103	21,000	22,074	25,103	648	592	-	156
19 Merrill Lynch & Co Inc 6.75% 6/1/28	590188JB5	C	6.750	S	10/28/13	06/01/28	47,979	40,000	45,118	47,979	225	222	-	70
20 IL State Ser 2 Build Amer 5.65% 3/1/20	452152DM0	GM	5.650	S	04/07/10	03/01/20	35,365	35,000	36,892	35,365	1,978	666	-	48

Schedule D-Part 1
Showing all Bonds Owned December 31 of the Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Description (complete and accurate)	*Cusip # ID	** Type	Interest Rate	*** Interest Payable	Date of Purchase	Date of Maturity	Book Amortized Value	Par Value	Market Value	Actual Cost	**** Interest Amount Received	Interest Accrued Dec 31 Current Year	Increase by Adjustment in Book Value During Year	Decrease by Adjustment in Book Value During Year
21 IL SI GO 4 7% 1/1/21	452152KG5	GM	4.700	S	02/10/12	01/01/21	10,215	10,000	9,853	10,215	470	233	-	26
22 Oxford MI Build Amer 5 5% 5/1/23	691610AN9	GM	5.500	S	04/07/10	05/01/23	20,245	20,000	19,454	20,245	1,100	187	-	31
23 Philadelphia PA Sch 5 909% 6/1/2023	717883KG6	GM	5.909	S	08/15/11	06/01/23	10,734	10,000	10,209	10,734	591	49	-	59
24 MI Fin Sch Ln Revolve 6 246% 9/1/23	59447PC16	GM	6.246	S	01/14/11	09/01/23	15,230	15,000	15,879	15,230	937	313	-	17
25 Mitchell Cnty KS 5 55% 3/1/24	606540CE0	GM	5.550	S	10/08/09	03/01/24	20,242	20,000	20,174	20,242	1,110	368	-	50
26 Redford UN Schs MI Bid Amer 7 75%	757402KQ4	GM	7.750	S	08/15/11	05/01/24	17,839	15,000	16,648	17,839	1,163	191	-	198
27 Northern Arizona Univ 5 84% 6/1/24	664754R75	GM	5.840	S	12/14/09	06/01/24	25,397	25,000	25,723	25,397	1,460	120	-	49
28 Philadelphia PA Sch 6 059% 6/1/2024	717883KH4	GM	6.059	S	08/15/11	06/01/24	5,439	5,000	5,139	5,439	303	25	-	31
29 Clark Cnty NV Sch GO 5 51% 6/15/2024	181059QF6	GM	5.510	S	09/09/11	06/15/24	26,590	25,000	25,347	26,590	1,378	60	-	114
30 Huntington Woods MI Build Amer 6%	448852FV2	GM	6.000	S	05/19/10	10/01/24	30,438	30,000	29,895	30,438	1,800	449	-	51
31 Lancaster TX Build Amer 5 761% 2/15/25	514444XG8	GM	5.761	S	03/24/10	02/15/25	50,790	50,000	50,983	50,790	2,881	1,081	-	105
32 Univ CA Revs LTD PJ 5 05% 5/15/2025	91412GDY8	GM	5.050	S	08/15/11	05/15/25	10,089	10,000	9,851	10,089	505	64	-	6
33 Passaic Cnty NJ Imp 5 61% 8/1/25	70275PAL9	GM	5.610	S	07/15/10	08/01/25	50,909	50,000	49,216	50,909	2,805	1,168	-	111
34 MI Fin Rev Sch 6 496% 9/1/2025	59447PCV1	GM	6.496	S	09/09/11	09/01/25	28,331	25,000	26,442	28,331	1,624	538	-	204
35 Bloom & Carroll OH Sch 5 8% 12/1/25	093707ET0	GM	5.800	S	04/07/10	12/01/25	20,336	20,000	20,420	20,336	1,160	95	-	19
36 Huber Heights OH 5 01% 12/1/25	443524UQ4	GM	5.010	S	10/19/10	12/01/25	20,461	20,000	20,698	20,461	1,002	82	-	55
37 Cuyahoga Cnty OH Pub Lib	232285AN6	GM	5.550	S	06/28/11	12/01/25	26,516	25,000	23,862	26,516	1,388	114	-	181
38 Madison & Jersey Cos. IL 5.5%	558547GR2	GM	5.500	S	07/07/11	12/01/25	25,000	25,000	24,851	25,000	1,375	113	-	-
39 Long Island Power 5 7% 5/1/26	542690W81	GM	5.700	S	02/10/12	05/01/26	16,657	15,000	15,059	16,657	855	141	-	97
40 Kane & Dekalb Cntys IL ISD #302	483782LF3	GM	6.000	S	02/10/12	02/01/27	5,360	5,000	5,226	5,360	300	123	-	61

Schedule D-Part 1
Showing all Bonds Owned December 31 of the Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Description (complete and accurate)	*CUSIP # ID	Type	Interest Rate	Interest Payable	Date of Purchase	Date of Maturity	Book Amortized Value	Par Value	Market Value	Actual Cost	**** Interest Amount Received	Interest Accrued Dec 31 Current Year	Increase by Adjustment in Book Value During Year	Decrease by Adjustment in Book Value During Year
41 American Mun Power OH 6% 2/15/27	02765UDA9	GM	6.000	S	10/05/12	02/15/27	10,896	10,000	10,077	10,896	600	224	-	124
42 W NY NJ Qual GO 4 3% 5/15/27	954685RY1	GM	4.300	S	09/05/13	05/15/27	47,819	50,000	45,865	47,819	388	271	37	-
43 Clark Cnty WA SD #114 5 52% 6/1/27	181234H24	GM	5.520	S	06/10/10	06/01/27	25,000	25,000	24,972	25,000	1,380	117	-	-
44 Cuyahoga Cnty OH Econ 6 2% 12/1/27	232263GG2	GM	6.200	S	12/13/10	12/01/27	30,360	30,000	29,903	30,360	1,860	153	-	41
45 Victoria TX 4 89% 8/15/28	926293XD9	GM	4.890	S	09/17/13	08/15/28	25,660	25,000	24,903	25,660	(78)	462	-	9
46 New Jersey St Transn 5 754% 12/15/28	646136XS5	GM	5.754	S	11/16/10	12/15/28	34,592	35,000	37,058	34,592	2,014	88	16	-
47 Univ Mass Bldg Auth 6 423% 5/1/29	914440KJ0	GM	6.423	S	10/19/09	05/01/29	20,378	20,000	21,777	20,378	1,285	211	-	58
48 FHLMC 1362-L	312911QP8	M	7.500	M	09/24/82	08/15/22	1,000	1,000	1,040	1,000	106	3	-	-
49 SMAT Ser 1992-5	863573JL6	M	8.100	M	05/26/92	06/25/23	3,000	3,000	2,670	3,000	243	4	-	-
50							-	-	-	-	-	-	-	-
51							-	-	-	-	-	-	-	-
52							-	-	-	-	-	-	-	-
53							-	-	-	-	-	-	-	-
54							-	-	-	-	-	-	-	-
55							-	-	-	-	-	-	-	-
56							-	-	-	-	-	-	-	-
57							-	-	-	-	-	-	-	-
58							-	-	-	-	-	-	-	-
59							-	-	-	-	-	-	-	-
60							-	-	-	-	-	-	-	-
Totals							1,159,307	1,125,000	1,161,609	1,159,307	54,574	13,341	332	3,125

* CUSIP # obtained from broker

**Type C=Corporate, CD=Broker CD (i.e. Tradable CD's), G=Municipal, Cty, State or Federal Bond M=Mortgage Backed Bond

*** Payable M=Monthly, Q=Quarterly, S=Semi-Annual, A=Annual, CS=Compound Semi-Annual

**** Gross amount of interest received during year less amount paid for accrual

Schedule D- Part 2
Showing all Bonds Sold, Redeemed, or Otherwise Disposed of During the Year

1	2	3	4	5	6	7	8	9	10	11	12
Description (complete and accurate)	Cusip # ID	Name of Purchaser	Disposal Date	Consideration Received	Book Value at Disposal Date	Par Value	Increase by Adjustment in Book Value During Year	Decrease by Adjustment in Value During Year	Profit on Disposal	Loss on Disposal	Interest Received During Year
1 GE Cap Corp 5% 2/15/20	36956RV86	Ed Jones	02/15/13	20,000	20,000	20,000	-	-	-	-	500
2 Univ Toledo OH Gen 7 1% 6/1/2026	915138KC4	Ed Jones	06/27/13	5,000	5,000	5,000	-	513	-	-	203
3 GMAC 6% 02/15/2019	3704A0GF3	Ed Jones	09/16/13	25,000	8,989	25,000	-	-	16,011	-	1,125
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
Totals				50,000	33,989	50,000	-	-	16,011	-	1,828

Exh 1, Ln 3, Col 2
Exh 1, Ln 3, Col 2
Exh 2, Ln 1, Exh 1, Ln 3, Col 1
Exh 2, Ln 1, Exh 1, Ln 3, Col 1

Schedule E-Part 1
Showing all Investment Company Shares Owned December 31 of the Current Year

1	2	3	4	5	6	7	8	9	10
Description (complete and accurate)	Cusip # ID	Number of Shares	Year First Acquired	*Actual Cost	Rate Per Share Used to Obtain Market Value	Market Value	Statement Value (lower of cost or market)	Dividends/ Amount Received During Year	Dividends/ Declared But Unpaid at December 31
1 EdJones Cash	None	40,739,620	01/01/09	40,740	1.00	40,740	40,740	-	-
2				-		-	-	-	-
3				-		-	-	-	-
4				-		-	-	-	-
5				-		-	-	-	-
6				-		-	-	-	-
7				-		-	-	-	-
8				-		-	-	-	-
9				-		-	-	-	-
10				-		-	-	-	-
11				-		-	-	-	-
12				-		-	-	-	-
13				-		-	-	-	-
14				-		-	-	-	-
15				-		-	-	-	-
16				-		-	-	-	-
17				-		-	-	-	-
18				-		-	-	-	-
19				-		-	-	-	-
20				-		-	-	-	-
Totals				40,740		40,740	40,740		

Exh 9, Ln 6,
Col 1

Exh 9, Ln 6,
Col 4

Exh 1, Ln 4,
Col 1

Exh 1, Ln 4,
Col 3

* Investment company shares shall not exceed 20 percent of the Company's surplus

Schedule E-Part 2
Showing all Investment Company Shares Sold, Redeemed, or Otherwise Disposed of During the Year

1	2	3	4	5	6	7	8	9	10
Description (complete and accurate)	Cusip # ID	Name of Purchaser	Disposal Date	Number of Shares	Consideration Received	Actual Cost	Profit on Disposal	Loss on Disposal	Dividends Received During Year
1 None									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
Totals									

Exh 1, Ln 4, Col 1
Exh 2, Ln 5, Col 2
Exh 2, Ln 5, Col 1

Schedule F-Part 1
Showing all Common Stock Owned December 31 of the Current Year

1	2	3	4	5	6	7	8	9	10
Description (complete and accurate)	Cusp # ID	Number of Shares	Year First Acquired	Actual Cost	Rate Per Share Used to Obtain Market Value	Market Value	Statement Value (lower of cost or market)	Dividends/Amount Received During Year	Dividends/Declared But Unpaid at December 31
1 Namico Stock Certificate # 474	62989*105	30	1988	1,500	241 71	7,251	1,500		
2						-	-		
3						-	-		
4						-	-		
5						-	-		
6						-	-		
7						-	-		
8						-	-		
9						-	-		
10						-	-		
11						-	-		
12						-	-		
13						-	-		
14						-	-		
15						-	-		
16						-	-		
17						-	-		
18						-	-		
19						-	-		
Totals				1,500		7,251	1,500	-	-

Exh 9, Ln 7,
Col 1

Exh 9, Ln 7,
Col 4

Exh 1, Ln 5,
Col 1

Exh 1, Ln 5,
Col 3

Schedule F-Part 2
Showing all Common Stock Sold, Redeemed, or Otherwise Disposed of During the Year

1	2	3	4	5	6	7	8	9	10
Description (complete and accurate)	Cusip # ID	Name of Purchaser	Disposal Date	Number of Shares	Consideration Received	Actual Cost	Profit on Disposal	Loss on Disposal	Dividends Received During Year
1 None									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
Totals									

Exh 2, Ln 6, Col 1
Exh 2, Ln 6, Col 2
Exh 1, Ln 5, Col 1

Schedule G
Mortgage Loans Owned December 31 of the Current Year and all Mortgage Loans Made, Increased, Discharged, Reduced, or Disposed of During the Year

1	2	3	4	5	6	7	8	9	10	11	12
Mortgagor (followed by address of property)	Date Given	Date Due	Original Amount of Loan	Unpaid Balance Dec 31 Current Year	Interest Dates Due	Interest Rate	*Interest Amount Received	Interest Accrued Dec 31 Current Year	Value of Lands Mortgaged	Value of Buildings	Amount of Fire Insurance Held by Company on Building
None											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
Totals											

*Gross amount of interest received during year less amount paid for accrual

Schedule H-Part 1
Real Estate Owned December 31 of the Current Year

	1	2	3	4	5	6	7	8
Description of Property (include location and year acquired)	Actual Cost	Amount of Encumbrances	Improvements to Home Office	Current year Depreciation	Accumulated Depreciation	Book Value Dec 31 Prior Year Col 7	Book Value Dec 31 Current Year (Col 1 - 2 + 3) - 5	Rental Income Received
1 Bldg & Land Wanamingo MN Acq Various	106,514			1,443	51,945	56,012	54,569	2,400
2							-	
3							-	
4							-	
5							-	
6							-	
7							-	
8							-	
9							-	
10							-	
Totals	106,514	-	-	1,443	51,945	56,012	54,569	2,400

Exh 9, Ln 9, Col 1
 Exh 1, Ln 7, Col 1

Schedule H-Part 2
Real Estate Sold or Otherwise Disposed of During the Year

1	2	3	4	5	6	7	8
Description of Property (include location and year acquired)	Disposal Date	Name of Purchaser	Book Value at Date of Sale, Less Encumbrances	Amount Received	Profit on Sale	Loss on Sale	Gross Income
1 None							
2							
3							
4							
5							
6							
7							
8							
9							
Totals							

Exh 2, Exh 2, Exh 1,
Ln 4, Ln 4, Ln 7,
Col 1 Col 2 Col 1

General Interrogatories (continued)

10 Date of the last independent audit?		12/31/12
Name of accounting firm	Jim Barta CPA, PA	
Address of firm	401 Sherman Street, PO Box 1879, Mankato, MN 56002-1879	
Name of individual in charge of audit	Jim Barta CPA	
11 Are those with access to Company funds bonded?		Yes
Secretary?		Yes
Treasurer?		Yes
Other employees?		Yes
Amount?		100,000
Name of security?	St Paul Travelers (NAMIC)	
12 Is the Company a member of a state association?		Yes
If YES, state the name	Minnesota Association of Farm Mutual Insurance Companies (MAFMIC)	
Is the Company a member of a national association?		Yes
If YES, state the name	National Association of Mutual Insurance Companies (NAMIC)	
13 Are all applications and records stored in a fire retardant safe/files in the home office?		Yes
If NO, how are they safeguarded?	N/A	
Do you keep a duplicate set of important Company records stored off premises?		Yes
14 (a) For what terms are policies written?	One Year renewed every three years	
(b) Premium payment installments		
Annual?		Yes
Semi-Annual?		Yes
Quarterly?		Yes
Other?		Monthly
15 Does the Company have a written inspection program?		Yes
If YES, who inspects the properties?	Manager and Company Inspector	
How often?	On request	
16 By whom are losses adjusted?	Manager, Directors, Company Adjuster and Independent Adjusters	
17 Does the Company carry liability (E&O/D&O) insurance on its directors?		Yes
Officers?		Yes
Employees?		Yes
Name of insurer?	NAMIC Insurance Company	
18 (a) Has any officer or director of the Company received any commission, fee, or other thing of value in connection with any investment or loan made by the Company during the year of this statement?		No
If YES, give the particulars	N/A	
(b) Has the Company made any personal loan to any director, officer, agent, or employee?		No
If YES, give the particulars	N/A	
19 Have any dividends been declared during the year?		No
If YES, give basis for the distribution	N/A	
20 Any newly appointed agents during this year?		No
If YES, list names and addresses	N/A	
Are all agents licensed?		Yes
If NOT, explain.	N/A	
21 How are agents compensated?	Commissions	
Commission rate or rates	13%	
22 Does the Company have a written disaster recovery plan?		Yes
23 Does the Company have a written investment policy?		Yes
24 Are the agents that collect premium from policyholders required to be bonded?		N/A
If YES, is evidence provided to the company on an annual basis?		N/A

2013 Annual Statement of the
Wanamingo Mutual Insurance Company

General Interrogatories (continued)

25 Homeowners direct written premium	\$ 71,088
Homeowners direct losses paid	\$ 127,172
Homeowners direct loss ratio	179%
26 Cities With Population > 25,000 direct written premium	None
Cities With Population > 25,000 direct losses paid	None
Cities With Population > 25,000 direct loss ratio	0%

Number of Policyholders / Insurance in Force

1 December 31 of Prior year	Number of policyholders	474	Insurance in Force	218,775,950
2 Net addition or deduction for the year	Number of policyholders	13	Insurance in Force	12,880,638
3 December 31 of Current year	Number of policyholders	487	Insurance in Force	231,656,588

Jim Barta CPA, P.A.

401 Sherman St. PO Box 1879 N. Mankato MN 56002-1879
Phone 507-625-4245 FAX 507-625-9290

INDEPENDENT ACCOUNTANTS' COMPILATION REPORT

To the Board of Directors and Policyholders
Wanamingo Mutual Insurance Company
Wanamingo, Minnesota

I have compiled the statutory statements of admitted assets, liabilities, and policyholders' surplus of Wanamingo Mutual Insurance Company as of December 31, 2013 and 2012, and the related statutory statements of income for the years then ended, included in the accompanying prescribed form. I have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with the form prescribed by the Commerce Department of the State of Minnesota.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with requirements prescribed by the Commerce Department of the State of Minnesota and for designing, implementing, and maintaining internal controls relevant to the preparation and fair presentation of the financial statements.

My responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

The 2012 financial statements were compiled by me from financial statements that I previously audited, as indicated in my unqualified report dated June 28, 2013.

The supplementary information contained in Exhibits 1 through 11, Schedules A through H, Management Ratios, General Interrogatories, and the Supplemental Compensation and Expense Exhibit are presented for purposes of additional analysis and are not a required part of the basic financial statements. The supplementary information has been compiled from information that is the representation of management. I have not audited or reviewed the supplementary information and, accordingly, do not express an opinion or provide any assurance on such supplementary information.

These financial statements and Exhibits 1 through 11, Schedules A through H, Management Ratios, General Interrogatories and the Supplemental Compensation and Expense Exhibit are presented in accordance with the requirements of the Commerce Department of the State of Minnesota, which differ from accounting principles generally accepted in the United States of America. Accordingly, these financial statements are not designed for those who are not informed about such differences.



Jim Barta
Certified Public Accountant

January 29, 2014