Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization HOME FARMERS MUTUAL INSURANCE COMPANY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) P.O. BOX 207 | Room/suite

City or town, state or country, and ZIP + 4 TEUTOPOLIS, IL 62467

D Employer identification no. 37-0910118

E Telephone number (217) 857-3278

G Gross receipts $ 403,255

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ N/A

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

L Year of formation 1881

M State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FIRE AND WIND COVERAGE IN THE SURROUNDING COUNTIES AS PRESCRIBED BY THE ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION

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	0
5	Total number of employees (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		0
	9	Program service revenue (Part VIII, line 2g)	326,370	329,397
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,120	72,463
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	495	1,395
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	404,985	403,255
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	199,846	197,261
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	45,814	45,574
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	135,769	144,926
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	381,429	387,761
	19	Revenue less expenses. Subtract line 18 from line 12	23,556	15,494

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,888,363	1,940,277
	21	Total liabilities (Part X, line 26)	220,743	192,265
	22	Net assets or fund balances. Subtract line 21 from line 20	1,667,620	1,748,012

RECEIVED
E2-603
FEB 16 2010
OGDEN, UT
IRS-OSC

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

Rebekah L Peters — 12-8-10
Signature of officer — Date

Rebekah L Peters Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 02-03-2010 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00112371

Firm's name (or yours if self-employed), address, and ZIP + 4: Patton & Company, PC, PO Box 458, Hillsboro, IL 62049

EIN ▶ 36-4167203

Phone no ▶ 217-532-3825

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

SCANNED MAR 02 2010

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

EEA Form 990 (2009)

912 9

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
TO PROVIDE FIRE AND WIND COVERAGE IN THE SURROUNDING COUNTIES AS PRESCRIBED BY THE ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses $ 387,761 including grants of $ _____) (Revenue $ _____)
THE COMPANY IS A MUTUAL INSURANCE COMPANY THAT PROVIDES FIRE AND WIND COVERAGE IN THE SURROUNDING COUNTIES THAT THEY ARE AUTHORIZED TO WRITE IN BY THE ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION.

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

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

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

4e Total program service expenses ▶ 387,761

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI • 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 • 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. • 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. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • 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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional — Yes: ; No: X	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than $15,000 of expenses for professional fundraising services on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total 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	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, directly or indirectly (see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	1a	8			
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		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country. ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	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?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**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		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a 7			
b	Enter the number of voting members that are independent	1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
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
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	11	X	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does 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? Describe the process in Schedule O. (see instructions)	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ REBEKAH DETERS (217)857-3278
PO BOX 207 TEUTOPOLIS, IL 62467

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
EDWARD NIEMERG PRESIDENT		X		X				17,286		
ROCH WESTENDORF VICE PRESIDENT		X		X				800		
REBEKAH DETERS SECRETARY/TREASURER	40.00	X		X				21,788		
ADOLPH ZERRUSEN DIRECTOR		X						150		
RONALD OVERBECK DIRECTOR		X						10,048		
KARL PRUEMER DIRECTOR		X						20,244		
MICHAEL DETERS DIRECTOR		X						22,267		
DENNIS BUHNERKEMPE DIRECTOR		X						150		

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Total ▶								92,733	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		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? If "Yes," complete Schedule J for such individual	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		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

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

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 Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: $					
	h Total. Add lines 1a-1f ▶					
Program Service Revenue		Business Code				
	2a NET PREMIUMS	524126	323,637	323,637		
	b SERVICE FEES	524126	5,760	5,760		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		329,397			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		72,463	72,463		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less. direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	524126	1,395	1,395		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d ▶		1,395			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		403,255	403,255	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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 Benefits paid to or for members	197,261	197,261		
5 Compensation of current officers, directors, trustees, and key employees	10,283	10,283		
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	32,417	32,417		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	2,874	2,874		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,400	8,400		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	17,873	17,873		
13 Office expenses	15,397	15,397		
14 Information technology	2,888	2,888		
15 Royalties				
16 Occupancy	13,241	13,241		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,163	4,163		
23 Insurance	2,260	2,260		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a COMMISSIONS	65,128	65,128		
b DUES 2195 FIRE TAX 1745	3,940	3,940		
c FILE FEE 200 ADJUSTING 10385	11,185	11,185		
d MISCELLANEOUS	170	170		
e INSPECTIONS	281	281		
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	387,761	387,761	0	0
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		39,564	1	50,367
	2	Savings and temporary cash investments		837,987	2	664,182
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		8,835	4	4,257
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 133,394			
	b	Less: accumulated depreciation	10b 76,224	61,332	10c	57,170
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11		938,145	13	1,160,801
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,500	15	3,500
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,888,363	16	1,940,277
Liabilities	17	Accounts payable and accrued expenses		8,743	17	8,265
	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	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. Complete Part X of Schedule D		212,000	25	184,000
	26	**Total liabilities.** Add lines 17 through 25		220,743	26	192,265
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ 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		1,667,620	32	1,748,012
	33	Total net assets or fund balances		1,667,620	33	1,748,012
	34	Total liabilities and net assets/fund balances		1,888,363	34	1,940,277

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:	2d		
	☐ separate basis ☐ consolidated basis ☐ both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: HOME FARMERS MUTUAL INSURANCE COMPANY

Employer identification number: 37-0910118

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a [•] Public exhibition
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 XIV.

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

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

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other STMD1E		133,394	76,224	57,170
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ▶				57,170

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
GOVERNMENTAL	721,680	COST
MUTUAL FUNDS	419,506	FMV
STOCKS	19,615	FMV
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶	1,160,801	

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

(a) Description	(b) Book value
NAMICO STOCK	1,500
PROFIT SHARING RECEIVABLE	2,000
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	3,500

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
LOSSES AND ADJUSTING PAYABLE	9,000
UNEARNED PREMIUMS	175,000
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	184,000

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

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

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

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

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

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

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

Part XIV Supplemental Information

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38b or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: HOME FARMERS MUTUAL INSURANCE COMPANY

Employer identification number: 37-0910118

Part I Excess Benefit Transactions (section (501(c)(3) and section 501(c)(4) organizations only).

Complete if organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total ▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
EDWARD NIEMERG	INSURANCE AGENT	16,286	COMMISSIONS		X

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

EEA

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: HOME FARMERS MUTUAL INSURANCE COMPANY

Employer identification number: 37-0910118

01. Members or stockholder classes and rights (Part VI, line 6)

THE COMPANY IS A MUTUAL INSURANCE COMPANY POLICYHOLDERS ARE MEMBERS.

02. Member election for additional members (Part VI, line 7a)

POLICYHOLDERS HAVE THE RIGHT TO ELECT OFFICERS AND DIRECTORS AT THE ANNUAL MEETING.

03. Governing body decisions (Part VI, line 7b)

POLICYHOLDERS HAVE THE RIGHT TO VOTE ON ACTIONS OF THE BOARD AT THE ANNUAL MEETING.

04. Form 990 governing body review (Part VI, line 11)

PATTON & COMPANY PREPAPRES THE 990. UPON COMPLETION A COPY IS PROVIDED TO THE COMPANY FOR THEM TO REVIEW, SIGN AND FILE WITH THE IRS.

05. Governing documents, etc, available to public (Part VI, line 19)

A COPY OF THE FINANCIAL STATEMENTS AND 990 IS KEPT BY THE COMPANY TO PROVIDE UPON REQUEST BY A MEMBER.

Federal Supporting Statements	2009 PG01
Name(s) as shown on return	FEIN
HOME FARMERS MUTUAL INSURANCE COMPANY	37-0910118

CHANGE IN NET ASSETS

Statement #

Unformatted Statement

BEGINNING NET ASSETS	$1,667,620
NET INCOME	15,494
UNREALIZED GAIN	64,898
ENDING NET ASSETS	1,748,012

PG01
STATEMENT #D1E

FORM 990, SCHEDULE D, PART VI, LINE 1E
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR	BOOK VALUE
LAND, BUILD, & EQUIP	0	133,394	76,224	57,170
TOTAL	0	133,394	76,224	57,170

HOMEFARM Home Farmers Mutual

Tax Asset Detail 1/01/09 - 12/31/09

02/03/2010 9:06 AM

FYE: 12/31/2009

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Type: Building												
150		Building	10/01/92	65,054.62	0.00	0.00	32,682.77	2,065.23	34,748.00	30,306.62	S/L	31.5
160		Quatman Lumber	1/01/93	380.31	0.00	0.00	187.50	12.07	199.57	180.74	S/L	31 5
170		Weber Bros. Improvements	1/01/93	2,008.32	0.00	0.00	990.43	63.76	1,054.19	954.13	S/L	31.5
			Building	67,443.25	0.00c	0 00	33,860.70	2,141.06	36,001.76	31,441.49		
Type: Land												
140		Land	4/30/91	22,611.25	0.00	0.00	0.00	0.00	0.00	22,611.25	Memo	0.0
			Land	22,611.25	0.00c	0.00	0.00	0.00	0.00	22,611.25		
Type: Office Furniture												
10		Office Furniture	1/01/80	2,816.51	0.00	0.00	2,816.51	0.00	2,816.51	0.00	S/L	7.0
30		Calculator	2/28/91	181.94	0.00	0.00	181.94	0.00	181.94	0.00	200DB	5.0
40		Microwave	10/01/92	158.31	0 00	0.00	158.31	0.00	158.31	0.00	200DB	7.0
50		Sweeper	10/01/92	146.70	0.00	0.00	146.70	0.00	146.70	0.00	200DB	7.0
60		Chairs	10/01/92	1,009.37	0.00	0.00	1,009.37	0.00	1,009.37	0.00	200DB	7.0
70		Mats	10/01/92	148.61	0.00	0.00	148 61	0.00	148.61	0.00	200DB	7.0
80		Conference Table	12/01/92	366 56	0.00	0.00	366.56	0.00	366.56	0.00	200DB	7.0
90		Desk	12/01/92	717.19	0.00	0.00	717.19	0.00	717.19	0.00	200DB	7.0
100		Mats	12/01/92	72.25	0.00	0 00	72.25	0.00	72.25	0.00	200DB	7.0
110		Refrigerator	12/01/92	185.94	0.00	0.00	185.94	0.00	185.94	0.00	200DB	7.0
120		CAPPS Computer	9/27/93	4,166 09	0.00	0.00	4,166.09	0.00	4,166 09	0.00	200DB	5.0
130		Computer & Equipment	11/15/97	6,795 00	0 00	0.00	6,795.00	0.00	6,795.00	0.00	200DB	5.0
180		Computer and Equipment	4/02/99	1,338.09	0.00	0.00	1,338.09	0 00	1,338.09	0.00	200DB	5.0
190		Copier	2/15/99	1,273.93	0.00	0.00	1,273.93	0.00	1,273.93	0.00	200DB	7.0
191		Fire Safe Cabinet	1/03/02	1,029.56	0.00	308.87	997.40	32.16	1,029.56	0.00	200DB	7.0
192		Computer	8/19/02	3,654.45	0.00	1,096.33	3,654 45	0.00	3,654.45	0.00	200DB	5.0
193		Computer	12/29/03	4,995.00	0.00	0.00	4,995.00	0.00	4,995.00	0.00	200DB	5.0
194		Fire Proof Desk	8/12/04	1,646 87	0.00	0.00	1,279.41	146.98	1,426.39	220.48	200DB	7.0
195		Desk & Credenza	8/12/04	425.00	0.00	0.00	330.17	37.93	368.10	56.90	200DB	7.0
196		Xerox Work Centre	10/14/05	4,256.11	0 00	0.00	3,382 76	465.79	3,848.55	407.56	200DB	5 0
197		Desk and Furniture	9/18/07	2,235.00	0 00	0.00	752.60	423.54	1,176.14	1,058.86	200DB	7.0
198		Computer Equipment	3/08/07	5,721 13	0.00	0 00	3,432.68	915.38	4,348.06	1,373.07	200DB	5.0
			Office Furniture	43,339.61	0.00c	1,405 20	38,200.96	2,021.78	40,222.74	3,116 87		
			Grand Total	133,394.11	0.00c	1,405.20	72,061.66	4,162 84	76,224.50	57,169.61		

http //www idfpr com

Illinois Department of Financial and Professional Regulation
Division of Insurance
Farm Mutual Annual Statement

Year 2009

Home Farmers Mutual Insurance Company
(Company Name)

P.O. Box 207, Teutopolis, IL 62467
(Mailing Address) (City, State & Zip Code)

Organized or Incorporated November 28, 1879 **Commenced Business** February 1, 1881

217-857-3278 (Phone No.) 217-857-3606 (Fax No.) 37-0910118 (Federal Employer's Identification No.)

E-mail Address: homefar@frontiernet.net

Financial Statement as of December 31, 2009

Officers

	Name	Address	Term Expires
President	Edward Niemerg	Dieterich, IL	2010
Vice Pres.	Roch Westendorf	Dieterich, IL	2010
Secretary	Rebekah L Deters	Teutopolis, IL	2010
Treasurer	Rebekah L Deters	Teutopolis, IL	2010

Directors

1	Adolph Zerrusen	Teutopolis, IL	2012
2.	Roch Westendorf	Dieterich, IL	2012
3	Ronald Overbeck	Effingham, IL	2010
4.	Karl B Pruemer	Teutopolis, IL	2011
5.	Michael F Deters	Teutopolis, IL	2011
6.	Edward R. Niemerg	Dieterich, IL	2010
7.	Dennis Buhnerkempe	Sigel, IL	2012
8			
9			
10			
11.			
12			
13.			
14.			
15.			

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Year 2009

Home Farmers Mutual Insurance Company

1	Amount of total ledger assets, p. 5 col 1, line 18, December 31 of previous year			$ 1,990,099

Receipts of Ledger Assets

2	Premiums Received:			
	a. Fire and other perils	$ 275,330		
	b Wind	$ 168,996		
3	Gross survey, membership, and policy fees	$ 14,328		
4	Assumed reinsurance premiums received	$ -		
5	Total premiums and fees (lines 2 through 4)		$ 458,654	
	Deduct:			
6	Proportional or pro rata reinsurance			
	a. Fire and other perils	$ 62,801		
	b Wind	$ 62,801		
7	Excess loss, catastrophe, and facultative reinsurance			
	a. Fire and other perils	$ 3,506		
	b Wind	$ 2,087		
8	Returned on cancellations			
	a. Fire and other perils	$ -		
	b. Wind	$ -		
9	**Total deductions (lines 6 through 8)**		$ 131,195	
10	Net Premiums and fees (line 5 minus line 9)			$ 327,459
11	Interest received on bonds (p. 9, col 9)	$ 35,645 **		
12	Interest received on bank deposits (p. 8, col.5)	$ 25,856		
13	Dividends received or reinvested (p.11, line 23)	$ 14,504		
14	Rents (p 12, col 9)	$ -		
15	Borrowed money	$ -		
16	Cash received from sale or redemption of ledger assets	$ -		
17	Cash received from sale of non-ledger assets	$ -		
18	Commission on ceded reinsurance	$ 2,158		
19	Premiums collected on combination policies (p. 24, line 2 minus p 24, line 3)	$ 85,189		
20	Commissions on combination policies (p. 24, line 3)	$ 1,946		
21	Income taxes received (Sch. M, p. 20, line 1)	$ -		
22	*Aggregate write-ins (itemize)	$ 2,587		
23	Total other receipts (lines 11 thru 22)			$ 167,885
24	Total receipts (line 10 plus line 23)			$ 495,344
25	Amount carried forward (line 1 plus line 24)			$ 2,485,443

*** List of write-ins on page 22**

**	Gross	34,799
	Premium	(1,006)
	Discount	1,852
	Total	35,645

Year 2009

Home Farmers Mutual Insurance Company

Disbursements of Ledger Assets

1	Amount brought forward (page 1, line 25)			$ 2,485,443
2	Gross losses paid to policyholders	$ 286,544		
3	Reinsurance losses paid (on assumed business)	$ -		
4	Total losses paid (line 2 plus line 3)		$ 286,544	
5	Salvage and subrogation (p 18, col. 3)	$ -		
6	Recovered from reinsurance (p 18, col. 4 plus p 19, col. 3)	$ 67,283		
7	Total loss reduction (line 5 plus line 6)		$ 67,283	
8	**Net losses paid (line 4 less line 7)**			$ 219,261
9	Adjusting expense (p. 19, col. 2)		$ 10,385	
10	Legal and auditing expense		$ 8,100	
11	Payments to agents including commissions and fees retained by agents		$ 66,028	
12	Salaries and expenses of directors, officers, and committees		$ 33,671	
13	Salaries of office employees		$ 9,029	
14	Premium on officers' bonds and insurance		$ 2,260	
15	General office expense including rent		$ 15,569	
16	Taxes and repairs on real estate		$ 10,262	
17	Insurance department licenses and fees		$ 800	
18	Payroll taxes		$ 2,874	
19	Advertising, printing, and stationery		$ 17,873	
20	Telegraph, telephone, express, and postage		$ 2,979	
21	National and state association dues		$ 2,195	
22	Fire department fees		$ -	
23	Agents' balances charged off		$ -	
24	Borrowed money repaid		$ -	
25	Interest on borrowed money		$ -	
26	Book value of ledger asset sold or redeemed		$ -	
27	Purchase of non-ledger asset		$ -	
28	Annual depreciation expense (p. 12, col. 7)		$ 2,141	
29	Combination policy premiums remitted (p. 24, line 4a)		$ 80,771	
30	Combination policy commissions paid (p. 24, line 4b)		$ 12,159	
31	Combination policy returns and cancellations (p. 24, line 4c)		$ 1,059	
32	Income taxes paid (Sch. M, p. 20, line 4)		$ -	
33	*Aggregate write-ins (itemize)		$ 5,314	
34	Total other disbursements (lines 9 through 33)			$ 283,469
35	Total disbursements (line 8 plus line 34)			$ 502,730
36	**Ledger assets** (line 1 minus line 35) (p. 5, col.1, line 18)			$ 1,982,713

***List of write-ins on page 22.**

Year 2009

Home Farmers Mutual Insurance Company

Admitted Assets

		(1) Admitted Assets Current Year	(2) Admitted Assets Prior Year
1	Cash in company's office	$ -	$ -
2	Cash on deposit in checking account (p. 7, col 4)	$ 164,549	$ 227,551
3	Other cash deposits (p. 8, col.4)	$ 550,000	$ 650,000
4	Bonds (at amortized cost) (p. 9, col 6)	$ 721,680	$ 577,[illegible]3
5	Mutual funds (at market value) (p. 10, col. 6, line 8)	$ 419,506	$ 341,952
6	Preferred stock (at market value) (p 10, col. 6, line 16)	$ -	$ -
7	Common stock (at market value) (p.10, col 6, line 24)	$ 19,615	$ 18,810
7a	Total invested assets (line 1+2+3+4+5+6+7)	$ 1,875,350	$ 1,815,696
8	Real Estate (net of accumulated depreciation and encumbrances) (p. 12, col. 10)	$ 54,053	$ 56,194
9	Agents' balances/uncollected premiums	$ 1,500	$ 2,000
10	Invested income due and accrued	$ 2,454	$ 5,996
11	Dividends declared but unpaid (p.10, col 11, line 25)	$ -	$ -
12	Unpaid special assessments receivable	$ -	$ -
13	Reinsurance recoverable on paid losses and on paid loss adj. expense (p 18, col 5 plus p. 19, col. 4)	$ -	$ -
14	Income tax refund due (Sch. M, p 20, line 2)	$ -	$ -
15	Reinsurance commission receivable	$ 303	$ 839
16	*Aggregate write-ins	$ 2,000	$ 1,000
17	**Total Admitted Assets** (total lines 7a through 16) (p. 5, col. 4, line 18)	$ 1,935,660	$ 1,881,725

***List of write-ins on page 22**

Year 2009

Home Farmers Mutual Insurance Company

Liabilities & Surplus

		(1) Current Year	(2) Prior Year
1	Net unpaid losses (p 15, line 1)	$ 8,000	$ 30,000
2	Net unpaid loss adjustment expense (p 15, line 2)	$ 1,000	$ 1,000
3	Unpaid salaries	$ -	$ -
4	Unpaid commissions	$ 5,600	$ 5,500
5	Balance due on borrowed money	$ -	$ -
6	Interest due on borrowed money	$ -	$ -
7	Net unearned premium reserve (p.16, col 6)	$ 175,000	$ 181,000
8	Funds held but not yet remitted on combination policies (p 24, line 6)	$ 5,200	$ 14,000
9	Reinsurance premium payable	$ (11,485)	$ (20,807)
10	Income taxes payable (Sch. M, p 20, line 5)	$ -	$ -
11	Payroll taxes owed by company	$ -	$ -
	Write-ins:		
12	Accrued Expenses	$ 8,950	$ 9,050
13		$ -	$ -
14	*Aggregate write-ins	$ -	$ -
15	**Total Liabilites**	$ 192,265	$ 220,743
16	**Surplus** (assets less liabilities)	$ 1,743,395	$ 1,660,982
17	**Total** (line 15 plus line 16) (p 5, col 4, line 18) (should equal admitted assets)	$ 1,935,660	$ 1,881,725

***List of remaining write-ins on page 22**

Year 2009

Home Farmers Mutual Insurance Company

Analysis of Assets

	(1) Ledger Assets	(2) Non-Ledger Assets (b)	(3) Assets not Admitted (c)	(4) Admitted Assets Col. 1+2-3
1 Cash in company's office	$ -	$ -	$ -	$ -
2 Cash deposited in checking account	$ 164,549	$ -	$ -	$ 164,549
3 Other cash deposits	$ 550,000	$ -	$ -	$ 550,000
4 Bonds	$ 721,680	$ -	$ -	$ 721,680
5 Mutual Funds	$ 460,183	$ -	$ 40,677	$ 419,506
6 Preferred Stock	$ -	$ -	$ -	$ -
7 Common Stock	$ 32,248	$ -	$ 12,633	$ 19,615
8 Real Estate	$ 54,053	$ -	$ -	$ 54,053
9 Agents' balance/ uncollected premiums (a)	$ -	$ 1,500	$ -	$ 1,500
10 Due and accrued investment income	$ -	$ 2,454	$ -	$ 2,454
11 Dividends declared but unpaid	$ -	$ -	$ -	$ -
12 Reinsurance recoverable on paid losses and on paid loss adj. expense	$ -	$ -	$ -	$ -
13 Income tax refund due	$ -	$ -	$ -	$ -
14 Reinsurance commission receivable	$ -	$ 303	$ -	$ 303
15 Furniture and fixtures	$ -	$ 3,117	$ 3,117	$ -
16 EDP equipment	$ -	$ -	$ -	$ -
17 Write-ins *	$ -	$ 3,500	$ 1,500	$ 2,000
18 **Totals**	$ 1,982,713	$ 10,874	$ 57,927	$ 1,935,660
	P2, L36			P3,C1,L17

*List of write-ins on page 23

NAMICO and NAMICO bank stock may be shown as either ledger or non-ledger, but must be non-admitted

(a) Traditionally, companies have treated agents' balances as ledger (col 1) and uncolledted premiums due from policyholders as non-legder (col 2)

(b) Non-ledger assets should include excess of amortized over book value and the increase in market value of mutual funds, common stock and preferred stock over actual cost to company.

(c) Asset not admitted shall include excess of book value over amortized value of bonds and the excess of actual cost over market value of mutual funds, common stock and preferred stock

Statement of Income

		(1) Current year	(2) Prior Year
	Underwriting Income		
1	Net Premiums Earned (P 17, Col. 8)	$ 323,637	$ 313,493
	Deductions		
2	Net Losses Incurred (P 18, Col. 12)	$ 197,261	$ 182,142
3	Net Loss Adjustment Expense Incurred (P 19, Col. 11)	$ 10,385	$ 17,704
4	Net Commission Expense (Sch L on P 20, L 6)	$ 63,506	$ 55,700
5	Other Underwriting Expense Incurred (P 21, L 18, Col 4)	$ 112,967	$ 115,426
6	Total Underwriting Deductions (Lines 2+3+4+5)	$ 384,119	$ 370,972
7	Net Underwriting Gain or (Loss) (Lines 1-6)	$ (60,482)	$ (57,479)
	Investment Income		
8	Net Investment Income Earned (P. 14, Col 6)	$ 72,463	$ 85,062
9	Net Realized Capital Gains or (Losses)(P 13, Col 5)	$ -	$ (6,940)
10	Net Investment Gains or (Losses) (Lines 8+9)	$ 72,463	$ 78,122
	Other Income		
11	Rental Income (P 12, Col 9)	$ -	$ -
12	Commissions on Combination Policies (P 1, L 20)	$ 1,946	$ 1,418
13	Miscellaneous Income or (Losses) (a)	$ 3,587	$ 1,495
14	Total Other Income (Lines 11+12+13)	$ 5,533	$ 2,913
15	Net Income Before Income Taxes (Lines 7+10+14)	$ 17,514	$ 23,556
16	Income Taxes Incurred (Sch M on P 20, L 7)	$ -	$ -
17	**Net Income (Loss) (Lines 15-16)**	$ 17,514	$ 23,556

(a) Miscellaneous Income and (Losses)

	Aggregate Write-ins from Page 1, Line 22	$ 2,587
+	Aggregate Write-ins from Page 3, Line 16(CY)	$ 2,000
-	Aggregate Write-ins from Page 3, Line 16(PY)	$ 1,000
	Miscellaneous Income	$ 3,587

P 6, L 13

Schedule A Part One
Year 2009

Home Farmers Mutual Insurance Company

Cash in Banks or Savings and Loans

Name of Institution and Location (list institution alphabetically)	(1) Interest Rate	(2) Account Balance 12/31/CY	(3) Checks issued but not Cashed 12/31/CY	(4) Net Balance (Col. 2-3)	(5) Interest Received on Deposits during CY (a)	(6) Interest Accrued 12/31/CY (b)	(7) Interest Accrued 12/31/PY
Checking Accounts:		$ -	$ -	$ -	$ -	$ -	$ -
Teutopolis State Bank, Teutopolis, IL		$ 51,575	$ 8,758	$ 42,817	$ -	$ -	$ -
Teutopolis State Bank, Teutopolis, IL		$ 7,563	$ 13	$ 7,550	$ -	$ -	$ -
Teutopolis State Bank, Teutopolis, IL	1 81%	$ 64,663	$ -	$ 64,663	$ 2,036	$ -	$ -
Illinois National Bank, Springfield, IL	0 50%	$ 22,125	$ -	$ 22,125	$ 110	$ -	$ -
Waterfield Bank, Carmel, IN	Var	$ 27,394	$ -	$ 27,394	$ 407	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
Subtotal		$ 173,320	$ 8,771	$ 164,549	$ 2,553	$ -	$ -

P3, L2

(a) Include both interest actually received and interest added to account balance during current year.

(b) Do not include interest already reflected in account balance of column 1.

Schedule A
Part Two

Year 2009

Home Farmers Mutual Insurance Company

Cash in Banks or Savings and Loans
(certificates of deposit/other)

Name of institution and Location (list institution alphabetically and designate type of account)	(1) Interest Rate	(2) Account Balance 12/31/CY	(3) Checks Issued but not Cashed 12/31/CY	(4) Net Balance (Col. 2-3)	(5) Interest Received on Deposits during CY (a)	(6) Interest Accrued 12/31/CY (b)	(7) Interest Accrued 12/31/PY
Other Cash Deposits:		$ -	$ -	$ -	$ -	$ -	$ -
Schedule Attached		$ 550,000	$ -	$ 550,000	$ 23,303	$ 1,264	$ 4,894
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
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		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
Subtotal		$ 550,000	$ -	$ 550,000	$ 23,303	$ 1,264	$ 4,894
Total (Parts One and Two)		$ 723,320	$ 8,771	XXXX	$ 25,856	$ 1,264	$ 4,894
				P3, L3	Sch. F, Col. 1 (page 1, line 12)	Sch. F, Col. 4	Sch. F, Col. 4

(a) Include both interest actually received and interest added to account balance during current year.
(b) Do not include interest already reflected in account balance of column 1.

Home Farmers Mutual Insurance Company
Schedule A, Part Two
Cash in Banks of Savings and Loans
(certificates of deposit/other)
2009

Name of Institution	Interest Rate	Acct Balance 12/31/CY	Checks Issued	Net Balance	Interest Received	Interest Accd 12/31/CY	Interest Accd 12/31/PY
Bank Hapoalim, New York, New York	6 00%	$ -		$ -	$ 1,512	$ -	$ 1,258
Fifth Third Bank, Effingham, IL	2 33%	$ 50,000		$ 50,000	$ 2,039	$ 322	$ 705
First National Bank, Dieterich, IL	2 05%	$ 100,000		$ 100,000	$ 2,374	$ 404	$ 533
First Neighbor Bank, Toledo, IL	2 75%	$ 100,000		$ 100,000	$ 3,061	$ 113	$ 666
First State Bank of Beecher City, IL	1.90%	$ 50,000		$ 50,000	$ 1,380	$ 190	$ 275
JP Morgan Chase Bank	10 50%	$ -		$ -	$ 6,118	$ -	$ 561
JP Morgan Chase Bank	0 00%	$ 50,000		$ 50,000	$ -	$ -	$ -
Prairie National Bank, Stewardson, IL	2.30%	$ 100,000		$ 100,000	$ 2,574	$ 139	$ 203
Washington Savings Bank, Effingham, IL	1 74, 2 33%	$ 100,000		$ 100,000	$ 4,245	$ 96	$ 693
Totals		**$ 550,000**	**$ -**	**$ 550,000**	**$ 23,303**	**$ 1,264**	**$ 4,894**

Schedule B

Year 2009

Home Farmers Mutual Insurance Company

Bonds

(1) Description (be complete and accurate)	(2) Interest Rate	(3) Interest Payment Dates day/mo.	(4) Mat. Date mo./year	(5) Date of Purchase mo./year	(6) Amortized Value	(7) Face Value	(8) Actual Cost	(9) Interest gross amount received	(10) Interest accrued 12/31 CY	(11) Interest accrued 12/31 PY	(12) Change In Amortized Value During Year Increase (+)	(13) Change In Amortized Value During Year Decrease (-)
Schedule Attached					$ 721,680	$ 721,912	$ 721,680	$ 32,919	$ 1,190	$ 950	$ 1,852	$ 1,006
					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pd For Accrued Interest					$ -	$ -	$ -	$ (270)	$ -	$ -	$ -	$ -
Interest on Bonds Sold					$ -	$ -	$ -	$ 2,150	$ -	$ 152	$ -	$ -
Total					$ 721,680	$ 721,912	$ 721,680	$ 34,799	$ 1,190	$ 1,102	$ 1,852	$ 1,006
					P3, L4			P1,L11	Sch. F Col. 4	Sch. F Col. 5	Sch. F Col. 2	Sch. F Col. 3

Home Farmers Mutual Insurance Company

Schedule B

Bonds

2009

Description	Interest Rate	Pmt Dates day/mo	Mat Date Mo/Yr	Pur Date Mo/Yr	Amortized Value	Face Value	Actual Cost	Gross Amt Received	Interest Accrued 12/31/CY	Interest Accrued 12/31/PY	Change In Amortized Value Increase (+)	Change In Amortized Value Decrease (-)
FNMA #2003-76	5 00%	Mo	08/2033	04/2004	$ 21,586	$ 21,586	$ 21,586	$ 1,079	$ 18	$ 18	$ -	$ -
FNMA #2004-31	5 50%	Mo	04/2034	04/2004	$ 1,729	$ 1,729	$ 1,729	$ 227	$ 2	$ 5	$ -	$ -
GNMA #2002-13	6 00%	Mo	02/2032	03/2002	$100,000	$100,000	$100,000	$ 6,000	$ 250	$ 250	$ -	$ -
GNMA #2004-93	5 00%	Mo	11/2034	12/2004	$ 50,000	$ 50,000	$ 50,000	$ 2,500	$ 104	$ 104	$ -	$ -
FHLM #2933	5 50%	Mo	02/2035	03/2005	$ 21,467	$ 21,467	$ 21,467	$ 1,181	$ 52	$ 52	$ -	$ -
FHLM #3013	5 50%	Mo	08/2035	09/2005	$ 30,000	$ 30,000	$ 30,000	$ 1,650	$ 73	$ 73	$ -	$ -
GNMA #2008-42	5 50%	Mo	05/2038	06/2008	$ 20,000	$ 20,000	$ 20,000	$ 1,100	$ 33	$ 33	$ -	$ -
GNMA #2005-101	5 50%	Mo	01/2035	12/2005	$ 60,000	$ 60,000	$ 60,000	$ 3,300	$ 55	$ 55	$ -	$ -
FHLM #3067	5 50%	Mo	11/2035	12/2005	$ 40,000	$ 40,000	$ 40,000	$ 2,200	$ 98	$ 98	$ -	$ -
FHLM #3041	5 50%	Mo	09/2035	03/2006	$ 49,000	$ 49,000	$ 49,000	$ 2,695	$ 120	$ 120	$ -	$ -
FNMA #2006-46	6 00%	Mo	06/2036	02/2007	$ 23,280	$ 23,280	$ 23,280	$ 1,440	$ 23	$ 24	$ -	$ -
FNMA #2006-40	6 00%	Mo	05/2036	03/2007	$ 39,901	$ 39,901	$ 39,901	$ 2,458	$ 40	$ 41	$ -	$ -
FNMA #2007-14	5 75%	Mo	09/2036	06/2008	$ 25,000	$ 25,000	$ 25,000	$ 1,437	$ 24	$ 24	$ -	$ -
GNMA #2008-65	5 75%	Mo	08/2038	11/2008	$ 30,000	$ 30,000	$ 30,000	$ 1,725	$ 53	$ 53	$ -	$ 45
GNMA #2003-058	5 00%	Mo	07/2033	02/2009	$ 61,961	$ 60,000	$ 61,961	$ 2,542	$ 93	$ -	$ -	$ 961
GNMA #2009-023	4 00%	Mo	04/2039	06/2009	$ 23,969	$ 25,000	$ 23,969	$ 500	$ 42	$ -	$ 1,031	$ -
GNMA #2009-58	4 50%	Mo	07/2039	08/2009	$ 39,838	$ 41,000	$ 39,838	$ 615	$ 77	$ -	$ 581	$ -
GNMA #2009-40	4 50%	Mo	06/2039	09/2009	$ 24,000	$ 24,000	$ 24,000	$ 270	$ 33	$ -	$ 240	$ -
GNMA Advantage	0 00%	Mo	07/2039	12/2009	$ 59,949	$ 59,949	$ 59,949	$ -	$ -	$ -	$ -	$ -
Pd For Accrued Interest												
Interest on Bonds Sold												
Totals					$721,680	$721,912	$721,680	$ 32,919	$ 1,190	$ 950	$ 1,852	$ 1,006

Home Farmers Mutual Insurance Company

Schedule C

Stocks and Mutual Funds

Year 2009

Part I - Stocks and Mutual Funds Held at Year

(1) Name of Corporation	(2) Ticker Symbol	(3) Date Acquired	(4) Number of Shares	(5) Cost	(6) Market Value 12/31/CY	(7) Aggregate Unrealized Capital Gains (+) & Losses (-) (Col 6 minus Col. 5)	(8) Prior Year Aggregate Unrealized Capital Gains (+) & Losses (-)	(9) Cash Dividends Received During CY	(10) Dividends Reinvested During CY	(11) Dividends Declared but Unpaid CY	(12) Dividends Declared but Unpaid PY
Mutual Funds											
1 Schedule Attached				$ 460,183	$ 419,506	$ (40,677)	$ (105,222)	$ 3	$ 14,049	$ -	$ -
2				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8 Total Mutual Funds (a)				$ 460,183	$ 419,506	$ (40,677)	$ (105,222)	$ 3	$ 14,049	$ -	$ -
Preferred Stock											
9				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
14				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
15				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
16 Total Preferred Stock (b)				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Common Stock											
17 Cisco	CSCO	3/8/2000	150 000	$ 9,856	$ 3,591	$ (6,265)	$ (7,410)	$ -	$ -	$ -	$ -
18 General Electric	GE	3/8/2000	283 643	$ 11,323	$ 4,292	$ (7,031)	$ (6,794)	$ -	$ 223	$ -	$ -
19 Wal-Mart	WMT	3/8/2000	219 499	$ 11,069	$ 11,732	$ 663	$ 1,217	$ -	$ 229	$ -	$ -
20				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
21				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
22				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
23				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
24 Total Common Stock (b)				$ 32,248	$ 19,615	$ (12,633)	$ (12,987)	$ -	$ 452	$ -	$ -
25 Total Mutual Funds and Stocks (d)				$ 492,431	$ 439,121	$ (53,310)	$ (118,209)	$ 3	$ 14,501	$ -	$ -
										Sch. F, Col 4	Sch F, Col 5

(a) Page 3, Line 5 should equal the market value (col 6) of Total Mutual Funds
(b) Page 3, Line 6 should equal the market value (col 6) of Total Preferred Stock
(c) Page 3, Line 7 should equal the market value (col 6) of Total Common Stock
(d) Add Line 8+Line 16+Line 24

Home Farmers Mutual Insurance Company
Schedule C
Mutual Funds
2009

Name of Corporation	Ticker Symbol	Date Acquired	Number of Shares	Cost	Mkt Value 12/31/CY	Unrealized Cap G/L	Prior Yr Unreal G/L	Cash Dividends	Dividends Reinvested	Unpaid Div CY	Unpaid Div PY
Eagle Capital Apprec (formerly Heritage)	HRCCX	1999	1,342.585	$ 36,100	$ 29,685	$ (6,415)	$ (16,767)	$ -	$ -		
Janus Growth and Income	JAGIX	1999	1,030.603	$ 34,404	$ 29,321	$ (5,083)	$ (12,985)	$ -	$ 269		
Lord Abbett Affiliated	LAFCX	1999	2,834 189	$ 43,516	$ 28,937	$ (14,579)	$ (19,038)	$ -	$ 53		
Mainstay High Yield Corp	MYHCX	1999	15,678.910	$ 105,286	$ 88,272	$ (17,014)	$ (36,865)	$ -	$ 5,911		
PIMCO Low Duration	PTLCX	1999	4,742 820	$ 47,530	$ 48,804	$ 1,274	$ (2,805)	$ -	$ 1,368		
PIMCO Total Return	PTTCX	1999	8,423.227	$ 87,742	$ 90,971	$ 3,229	$ (2,150)	$ -	$ 4,855		
Van Kampen Equity & Income	ACERX	1999	5,443.846	$ 43,271	$ 41,809	$ (1,462)	$ (8,643)	$ -	$ 533		
Allianz	PNECX	2002	3,437.392	$ 35,905	$ 35,783	$ (122)	$ (3,243)	$ -	$ 749		
Treasury Fund MM	FDUXX			$ 7,796	$ 7,796	$ -	$ -	$ 3	$ -		
PIMCO Real Return	PRTCX	2005	1,680.033	$ 18,633	$ 18,128	$ (505)	$ (2,726)	$ -	$ 311		
Totals				**$ 460,183**	**$ 419,506**	**$ (40,677)**	**$ (105,222)**	**$ 3**	**$ 14,049**	**$ -**	**$ -**

Home Farmers Mutual | Insurance Company | Year 2009 | Schedule C

Stocks and Mutual Funds (continued)

Part II - Stocks and Mutual Funds Sold During

(1) Name of Corporation	(2) Date Disposed	(3) Number of Shares	(4) Cost	(5) Market Value 12/31/PY	(6) Unrealized Capital Gains (+) & Losses (-) (Col. 5 minus Col. 4)	(7) Cash Dividends Received and Reinvested During CY
1			$ -	$ -	$ -	$ -
2			$ -	$ -	$ -	$ -
3			$ -	$ -	$ -	$ -
4			$ -	$ -	$ -	$ -
5			$ -	$ -	$ -	$ -
6			$ -	$ -	$ -	$ -
7			$ -	$ -	$ -	$ -
8 Totals			$ -	$ -	$ -	$ -

Part III - Stocks and Mutual Funds Purchased and Sold During

(1) Name of Corporation	(2) Date Acquired	(3) Date Disposed	(4) Cash Dividends Received & Reinvested During CY
9			$ -
10			$ -
11			$ -
12			$ -
13			$ -
14			$ -
15 Totals			$ -

16 Unrealized Capital Gain or Loss on Securities Currently Held (P 10, L 25, Col 7 minus P 10, L 25, Col 8)	$ 64,899
17 Reversal of Previously Recognized Unrealized Capital Gain or Loss on Securities Sold During Current Year (P 11, L 8, Col 6)	$ -
18 Net Unrealized Capital Gain or Loss (P 11 L 16 minus P 11, L 17)	$ 64,899

Total Dividends Received or Reinvested During Current Year

19 P 10, L 25, Col 9	$ 3
20 +P 10, L 25, Col 10	$ 14,501
21 + P 11, L 8, Col 7	$ -
22 + P 11, L 15, Col 4	$ -
23 Total	$ 14,504

Schedule D

Year 2009

Home Farmers Mutual Insurance Company

Real Estate

(1) Description (a) (b)	(2) Date Acquired or Improvement Made	(3) Useful Life	(4) Actual Cost	(5) Encumbrances December 31 (CY)	(6) Encumbrances December 31 (PY)	(7) Depreciation (CY)	(8) Accumulated Depreciation	(9) Rental Income Received	(10) Admitted Value of Real Estate (col. 4-5-8)
Land	4/30/1991		$ 22,611	$ -	$ -	$ -	$ -	$ -	$ 22,611
Building	1/1/1992	31.5	$ 67,443	$ -	$ -	$ 2,141	$ 36,001	$ -	$ 31,442
			$ -	$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total			$ 90,054	$ -	$ -	$ 2,141	$ 36,001	$ -	$ 54,053
						P2,L28		P1,L14 P6,L11	P3,L8

(a) Capital Improvements should be shown on separate lines and depreciated over their useful life.

(b) Land should be listed separately from the home office building, since it is not depreciable.

Schedule E

Year 2009

Home Farmers Mutual Insurance Company

Realized Capital Gains and Losses

Asset	(1) Date Purchased	(2) Date Sold	(3) Cost or Other Basis	(4) Consideration Received	(5) Net Realized Capital Gains (Loss) Col. 4-Col. 3
Bonds:					
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
Real Estate:			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
Mutual Funds:			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
Preferred Stocks:			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
Common Stocks:			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
Non-Admitted Investments:			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
Totals:			$ -	$ -	$ -

To be completed only if investments have been sold or have matured during the year.

P 6, L 9

Home Farmers Mutual Insurance Company

Investment Income Earned

Assets	(1) Interest & Dividends Received During Year(a)	(2) Accumulation of Bond Discount (Sch. B., Col. 12)	(3) Amortization of Bond Premium (Sch. B , Col.13)	(4) Interest & Dividends Due & Accrued: Current Year	(5) Interest & Dividends Due & Accrued: Prior Year	(6) Investment Income Earned (Columns 1+2-3+4-5)
Cash on Deposit	$ 25,856	$ -	$ -	$ 1,264	$ 4,894	$ 22,226
Bonds	$ 34,799	$ 1,852	$ 1,006	$ 1,190	$ 1,102	$ 35,733
Notes Receivable	$ -	$ -	$ -	$ -	$ -	$ -
Mutual Funds	$ 14,052	$ -	$ -	$ -	$ -	$ 14,052
Preferred Stocks	$ -	$ -	$ -	$ -	$ -	$ -
Common Stocks	$ 452	$ -	$ -	$ -	$ -	$ 452
Write-ins	$ -	$ -	$ -	$ -	$ -	$ -
Total	$ 75,159	$ 1,852	$ 1,006	$ 2,454	$ 5,996	$ 72,463

P. 6, L. 8

(a) Net of any accrued interest purchased.

(b) List of write-ins on page 22.

Schedule G

Year 2009

Home Farmers Mutual Insurance Company

Net Unpaid Losses & Adjusting Fees

1	Unpaid Losses		
	a. Reported and adjusted	$ -	
	b Reported but not adjusted	$ 6,000	
	c Incurred but not reported (at year end)	$ 2,000	
	d Reinsurance recoverable on unpaid reported losses	$ -	
	e. Reinsurance recoverable on incurred but not reported	$ -	
	Subtotal (a+b+c-d-e)		$ 8,000 **(Page 4, line 1)**
2	Unpaid Adjusting Fees		
	a. On reported and adjusted losses	$ -	
	b. On reported but not adjusted losses	$ 1,000	
	c. On incurred by not reported losses (estimate)	$ -	
	d Reinsurance recoverable on unpaid adjusting fees	$ -	
	Subtotal (a+b+c-d)		$ 1,000 **(Page 4, line 2)**
3	**Net unpaid losses & adjusting fees**		$ 9,000

Schedule H

Year 2009

Home Farmers Mutual Insurance Company

Unearned Premium Schedule

Line of Business	(1) Gross Premiums In Force	(2) Ceded Reinsurance Premium In Force	(3) Net Premiums In Force	(4) Gross Total Unearned	(5) Reinsurer's Unearned	(6) Net Unearned (b)
Fire	$ 274,973	$ 8,110	$ 266,863	$ 109,967	$ 3,467	$ 106,500
Other Peril(s)	$ -	$ -	$ -	$ -	$ -	$ -
Wind	$ 168,663	$ -	$ 168,663	$ 68,500	$ -	$ 68,500
Total	$ 443,636	$ 8,110	$ 435,526	$ 178,467	$ 3,467	$ 175,000

P4, L7

Complete either columns 1,2,3 and 6, or 1,4,5 and 6, depending on whether your reinsurer provides ceded reinsurance premiums in force or reinsurer's share of unearned premium.

(a) May be combined with fire.

(b) Amount is derived from company's own calculation.

Schedule I

Year 2009

Home Farmers Mutual Insurance Company

Net Premium Earned

(1) Line of Business	(2) Premiums Written (b)	(3) Reinsurance Ceded (c)	(4) Net Premiums Written Col. 2-3	(5) Net Unearned Premium PY	(6) Net Unearned Premium CY	(7) Policy Fees	(8) Net Premiums Earned Col. 4+5-6+7
Fire	$ 276,467	$ 70,259	$ 206,208	$ 112,000	$ 106,500	$ 14,328	$ 226,036
Other Peril(a)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Wind	$ 167,359	$ 70,258	$ 97,101	$ 69,000	$ 68,500	$ -	$ 97,601
Total	$ 443,826	$ 140,517	$ 303,309	$ 181,000	$ 175,000	$ 14,328	$ 323,637
				P4, Col. 2, L7	P4, Col. 1, L7	P1, L3	P6, L1

(a) May be included with Fire

Advance premium should be included in Columns 2 and 6

(b)

Page 1, Line 2(a+b)		$ 444,326
Uncollected Premium CY	+	$ 1,500
Uncollected Premium PY	-	$ 2,000
Returned on cancellations (Page 1, Line 8)	-	$ -
Assumed reinsurance premium (Page 1, Line 4)	+	$ -
Premiums written		$ 443,826

Please complete footnotes (b) and (c).

(c)

Current year reinsurance premium payable (Page 4, Col 1, Line 9)		$ (11,485)
Current year remittances		
a Proportional (Page 1, Line 6)	+	$ 125,602
b Excess, Catastrophe & Facultative (Page 1, Line 7)	+	$ 5,593
Prior year reinsurance premium payable (Page 4, Col 2, Line 9)	-	$ (20,807)
Net Reinsurance Ceded		$ 140,517

Schedule J.

Year 2009

Home Farmers Mutual Insurance Company

Losses Incurred

(1) Line of Business	(2) Losses Paid	(3) Salvage & Subrogation Received	(4) Reinsurance Recovered	(5) Reinsurance Recoverable on Paid Losses CY	(6) Reinsurance Recoverable on Paid Losses PY	(7) Net Losses Paid Col. 2-3-4-5+6	(8) Unpaid Losses Current Year (Gross)	(9) Unpaid Losses Prior Year(Gross)	(10) Reinsurance Recoverable on Unpaid Losses CY	(11) Reinsurance Recoverable on Unpaid Losses PY	(12) Net Losses Incurred Col. 7+8-9-10+11
Fire	$ 252,181	$ -	$ 67,283	$ -	$ -	$ 184,898	$ 1,000	$ 16,000	$ -	$ -	$ 169,898
Other Perils(a)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Wind	$ 34,363	$ -	$ -	$ -	$ -	$ 34,363	$ 7,000	$ 14,000	$ -	$ -	$ 27,363
Total	$ 286,544	$ -	$ 67,283	$ -	$ -	$ 219,261	$ 8,000	$ 30,000	$ -	$ -	$ 197,261
	P2, L2	P2, L5					(b)	(c)	(d)	(e)	P6, L2

(a) May be included with fire.
(b) Schedule G, Lines 1a+1b+1c from CY statement.
(c) Schedule G, Lines 1a+1b+1c from PY statement.
(d) Schedule G, Line 1d+1e from CY statement.
(e) Schedule G, Line 1d+1e from PY statement.

Schedule K

Year 2009

Home Farmers Mutual Insurance Company

Loss Adjustement Expense (LAE) Incurred

(1) Line of Business	(2) LAE Paid (a)	(3) Reinsurance Recovered	(4) Reinsurance Recoverable on Paid LAE CY	(5) Reinsurance Recoverable on Paid LAE PY	(6) Net LAE Paid Col. 2-3-4+5	(7) Unpaid LAE Current Year (Gross)	(8) Unpaid LAE Prior Year (Gross)	(9) Reinsurance Recoverable on Unpaid LAE CY	(10) Reinsurance Recoverable on Unpaid LAE PY	(11) Net LAE Incurred Col. 6+7-8-9+10
Fire	$ 2,018	$ -	$ -	$ -	$ 2,018	$ 1,000	$ 1,000	$ -	$ -	$ 2,018
Other Perils(a)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Wind	$ 8,367	$ -	$ -	$ -	$ 8,367	$ -	$ -	$ -	$ -	$ 8,367
Total	$ 10,385	$ -	$ -	$ -	$ 10,385	$ 1,000	$ 1,000	$ -	$ -	$ 10,385
	P2, L9					(c)	(d)	(e)	(f)	P6, L3

(a) LAE should include the loss adjuster's salary as well as the claims division's salaries.
(b) May be combined with fire.
(c) Schedule G, Lines 2a+2b+2c from CY statement.
(d) Schedule G, Lines 2a+2b+2c from PY statement.
(e) Schedule G, Line 2d from CY statement.
(f) Schedule G, Line 2d from PY statement.

Net Commission Expense Year 2009

Schedule L

Commisions incurred on.

1. Direct (a)	$ 65,128
2 Reinsurance Assumed	$ -
3. Ceding reinsurance commission (b)	$ 1,622
4. Contingent-net	$ -
5. Policy and membership fees	$ -

Net commission expense (1+2-3+4+5) $ 63,506

P6, L4

(a) Commissions paid (or retained by agent)
+ Unpaid commissions (CY) (P4, L4, Col. 1)
- Unpaid commissions, prior year (PY) (P4, L4, Col 2)

(b) Ceding commissions received (or retained by company)
+ Ceding commissions receivable (CY) (P3, L15, Col.1)
- Ceding commissions receivable (PY) (P3, L15, Col 2)

Schedule M

Income Taxes Incurred

1. Income Tax Refund Received (P 1, L21)	$ -
2 Income Tax Refund Due (CY) (P3, L 14, Col. 1)	$ -
3 Income Tax Refund Due (PY) (P3, L 14, Col 2)	$ -
4 Income Taxes Paid (P2, L32)	$ -
5 Income Taxes Payable (CY) (P4, L10, Col 1)	$ -
6. Income Taxes Payable (PY) (P4, L10, Col 2)	$ -

7. Income Taxes Incurred (1+2-3-4-5+6) $ -

P6, L16

Home Farmers Mutual Insurance Company

Year 2009

Schedule N

Other Underwriting Expenses

Expense	(1) Expense Paid (a)	(2) Unpaid Expense (CY) (b)	(3) Unpaid Expense (PY) (c)	(4) Expense Incurred Col. (1+2-3)
1 Legal and Auditing Expense	$ 8,100	$ 2,800	$ 2,500	$ 8,400
2 Salaries and Expenses of Officers, Directors and Committees	$ 33,671	$ -	$ -	$ 33,671
3 Salaries of Offfice Employees	$ 9,029	$ -	$ -	$ 9,029
4 Premium on Officers' Bonds	$ 2,260	$ -	$ -	$ 2,260
5 General Office Expense including Rent	$ 15,569	$ 2,500	$ 2,500	$ 15,569
6 Taxes and Repairs on Real Estate	$ 10,262	$ -	$ -	$ 10,262
7 Insurance Department Licenses and Fees	$ 800	$ -	$ -	$ 800
8 Payroll Taxes	$ 2,874	$ -	$ -	$ 2,874
9 Advertising, Printing, and Stationery	$ 17,873	$ 700	$ 700	$ 17,873
10 Telegraph, Telephone, Express, and Postage	$ 2,979	$ 650	$ 650	$ 2,979
11 National and State Association Dues	$ 2,195	$ -	$ -	$ 2,195
12 Fire Department Fees	$ -	$ -	$ -	$ -
13 Agents' Balances Charged Off	$ -	$ -	$ -	$ -
14 Interest on Borrowed Money	$ -	$ -	$ -	$ -
15 Purchase of Non-ledger Asset	$ -	$ -	$ -	$ -
16 Annual Depreciation Expense	$ 2,141	$ -	$ -	$ 2,141
17 * Aggregate Write-ins (itemize)	$ 5,314	$ 2,300	$ 2,700	$ 4,914
18 Total Expenses	$ 113,067	$ 8,950	$ 9,050	$ 112,967
				P. 6, L. 5

(a) The amounts in this column come from Page 2, Lines 10 through 23, 25, 27, 28 and 32.
(b) The amounts in this column come from liabilities on Page 4 of current year's statement.
(c) The amounts in this column come from liabilities on Page 4 of the prior year's statement.

* List of write-ins on Page 23

Write-in Page Year 2009

Write-ins for **Receipt of Ledger Assets:**

1.	Miscellaneous	$	1,395
2	Profit Sharing	$	1,192
3.		$	-
4.		$	-
5.	**Total (P1,L22)**	$	2,587

Write-ins for **Disbursements:**

1.	Inspection	$	281
2	Fire Marshal Tax	$	2,145
3.	Computer	$	2,888
4.		$	-
5	**Total (P2,L33)**	$	5,314

Write-ins for **Assets:**

1.	Profit sharing receivable	$	2,000
2		$	-
3.		$	-
4		$	-
5	**Total (P3,L16)**	$	2,000

Write-ins for **Liabilities:**

1.		$	-
2.		$	-
3		$	-
4.		$	-
5	**Total (P4,L14)**	$	-

Write-in Page Year 2009

Write-ins for **Analysis of Assets:**

		1	2	3	4
1.	Profit sharing receivable	$ -	$ 2,000	$ -	$ 2,000
2.	NAMIC stock	$ -	$ 1,500	$ 1,500	$ -
3.		$ -	$ -	$ -	$ -
4.		$ -	$ -	$ -	$ -
5.	**Total (P5,L17)**	$ -	$ 3,500	$ 1,500	$ 2,000

Write-ins for **Investment Income:**

1.		$ -
2.		$ -
3.		$ -
4.		$ -
5.	**Total (Sch. F)**	$ -

Write-ins for **Expenses:**

		1	2	3	4
1	Inspection	$ 281	$ -	$ -	$ 281
2	Fire Marshal Tax	$ 2,145	$ 2,300	$ 2,700	$ 1,745
3	Computer	$ 2,888	$ -	$ -	$ 2,888
4		$ -	$ -	$ -	$ -
5	**Total (P21, L17)**	$ 5,314	$ 2,300	$ 2,700	$ 4,914

Year 2009

To be completed by those companies which write a combination policy with any other company and also collect premium on behalf of that company. This also applies to those companies which maintain receipts in a specially designated account.

1.	Total wind and/or liability premiums held on behalf of others but not yet remitted at the prior year end	$ 14,000
2.	Total amount of wind or liability premiums received by company (include handling fees, commisions, service fees, or other allowances).	$ 87,135
3.	Handling fees, service fees, commissions, or other allowances which your company is paid and/or entitled to retain (included in item 2 above)	
	a received directly from wind or liability carrier	$ -
	b retained from gross receipts	$ 1,946
4.	Total amounts remitted by company to	
	a wind/liability carrier	$ 80,771
	b agents	$ 12,159
	c policyholders on returns or cancellations	$ 1,059
5	Amount yet to be remitted at year end to	
	a wind/liability carrier	$ 5,200
	b agents	$ -
	c policyholders on returns or cancellations	$ -
6.	Total held on behalf of others, but not yet remitted at the current year end (line 5a + 5b + 5c) (P4,L8)	$ 5,200

General Interrogatories

Year 2009

1. Is the assessment liability of the members clearly defined in the bylaws? Yes

2 Do the members pay survey, membership, or policy fees at the time the policy is issued? If yes, what is the fee per policy? Yes - $20

3. Were any special assessments made during the year? No

4 Have all losses been adjusted in accordance with the provisions of the policy? Yes

Please provide, unless previously submitted, a complete copy of any reinsurance agreements that were in effect during the current year

5 What salaries were paid during the past year to the following officers?

Pres	$1,000		hours per week
V.P.	$600		hours per week
Sec	$21,788	40	hours per week
Treas.			hours per week

6. What, if any, commissions were paid during the past year to each of the following officers in addition to salary?

Pres	
V.P	
Sec.	
Treas	

7. How often do Directors meet? Every two months
Amount of Directors' fees per meeting? $50
Mileage reimbursement per mile $0 40

8. Please provide a description, in the form of an attachment, of the property that each director has insured with the company, along with the amount of coverage on such property The attachment should include the following information director's name, description of property, and coverage amount

In order to keep the response to this question confidential, please provide the response in an attachment separate and apart from the annual statement As with all general interrogatories, the annual statement will not be considered filed with the Illinois Department of Financial and Professional Regulation, Division of Insurance until a response to this general interrogatory is received

9. How many employees does the company have? (Include only those employees whose salaries are included on Line 13 of Page 2)

Full time (32 hrs or more per week)	1
Part-time (less than 32 hrs per week)	1

10 Do the officers/employees furnish surety bonds? Yes
Please list

Name of Officer/Employee	Position	Amt of Bond at 12/31/CY
	Blanket Position	100,000

Name of insurance company (surety) issuing bond Western Surety Company
Is your bond a blanket bond? Yes
If yes, is it a commercial blanket or blanket position bond? Blanket Position
Does the above list of bonded employees include all employees who handle the company's funds? Yes

DIRECTORS INFORMATION

ITEM 8 PAGE 25

Name	Description of Property	Coverage amount
Adolph Zerrusen	Outbuilding	$ 48,000.00
Ron Overbeck	Home	$ 402,100.00
Roch Westendorf	Home	$ 373,600.00
Michael F. Deters	Farm/Home	$ 632,800.00
Karl Pruemer	Farm/Home	$ 295,500.00
Ed Niemerg	Home	$ 383,900.00
Dennis Buhnerkempe	Farm/Home	$ 1,251,400.00

General Interrogatories continued

	Does the surety bond coverage at December 31 of the current year on officers/employees meet the minimum required amount based on total admitted assets as shown on page 3 of this statement?	Yes
	If not, has the coverage been increased?	
	If yes, to what amount?	
	Please remit a copy of the rider effecting the increase in coverage as soon as available.	
11	Total number of policies-in-force at December 31 of the current year	716
12	Does your company insure more than 100 policyholders?	Yes
	Less than 200?	No
13	What is your company's gross insurance-in-force?	160,391,546
14	Are the checks issued by the company countersigned by one of the officers?	Yes
15.	Are the securities of the company kept in a safe, fireproof place as required by rules and regulations issued by the Illinois Department of Financial and Professional Regulation, Division of Insurance?	Yes
16	Does your company retain duplicate deposit slips covering all bank deposits?	Yes
	Are all checks listed in detail?	Yes
17	How many Directors are producing agents of your company?	4
	How many producing agents does your company retain that are not Directors?	1
18	Does the company share office space with an agent or agency?	No
	If yes, is there a written agreement?	
	Does this agreement include terms for sharing of office expenses?	
19	What percentage of your risks are written for — six months?	25%
	one year?	75%
	two years?	
	three years?	
	four years?	
	five years?	
20	What commission rate does your company pay during each year of the policy period? — first year?	15%
	second year?	15%
	third year?	15%
21	What types of property does your company insure?	Real and Personal
22	What type of risk does your company cover? (fire, extended coverage, windstorm, etc)	Fire, EC, MP
23	Do you write a combination policy with any other company?	Yes
	If yes, give name of company and complete page 24	Farmers Mutual
24	Does your company allow insureds to pay premiums on an installment basis?	Yes
	If yes, approximately what percentage of your business is billed on this basis?	20%
25	What is the lowest percent of the value of the property that the company insurers?	80%

General Interrogatories continued

26	How often does you company reassess the value of the property insured?	Every three years
27.	Has any change been made during the year of this statement in the policy, articles of incorporation and bylaws of your company? If not previously filed, furnish the Division of Insurance with this information	Yes
28	Do you have a formal agents agreement?	Yes
	If yes, does this agents agreement state that ownership of the renewals belongs to your company or to the agent?	Agent
29	*Are any of the risks written by your company reinsured by other companies?*	Yes
30	If company carries annual aggregate excess loss reinsurance, give name of the company assuming such liability.	Farmers Mutual
	What is the attachment or inception point?	378,309
	What percentage does the reinsurer pay once the maximum attachment or inception point has been reached?	100%
31	In what territory does your company have the authority to write? If county give name of counties If township company, give name of townships	Effingham, Clay, Fayette, Jasper, Cumberland, Shelby, Coles, Clark, Edgar, Douglas, Crawford, Richland, Moultire, Champaign, Montgomery, Lawrence, Macon, Marion, Jefferson, Bond, Pratt
32	Is your company writing outside this territory?	No
33.	Is the company audited annually or periodically by an outside Certified Public Accounting firm? If yes, give name, address, and phone number	No
34	Name, address and phone number of person who prepared statement	Patton & Company, P C P O Box 458 Hillsboro, IL 62049 217-532-3825

Section 10(2) states, "No Farm Mutual Insurance Company authorized to write the kinds of insurance enumerated in Section 5 of this act may expose itself to any loss of any one risk in an amount in excess of $20,000 00 plus 10% of its policyholders' surplus in excess of $20,000 00 This Section defines a single risk as "all real and personal property in one fixed location and not separated by 50 feet." Also, "A Farm Mutual Insurance Company insuring against the perils of wind or hail must have and maintain catastrophic reinsurance which limits the company's exposure to any one loss occurrence to 20% of its policyholders' surplus " Whereas, "as regards the peril of wind or hail, the term (loss occurrence) shall mean all losses occasioned by tornadoes, cyclones, wind storms, hurricanes, or hail stones arising from the same atmospheric disturbance and occuring during any continuous period of not less than 48 hours "

Is your company fully in compliance with the above provision s of the 1986 Farm Mutual Act as pertains to limitations of risk?
Yes X No_____ If no, please explain fully

Year 2009

State of Illinois

County of Effingham

Edward Niemerg President, and Rebekah L Deters

Secretary of the Home Farmers Mutual

Insurance Company, being duly sworn, each for himself deposes and says that they are the above described officers of the company, and that the foregoing Annual Statement, with the Schedules and explanations herein contained, annexed or referred to, are a full and correct Statement of all the Assets, Liabilities, Receipts, and Disbursements, and of the condtion and affairs of said Company on the said 31st day of December, and for the period ended on that day, as the same were in fact and as the same are shown by the books of the Company, and that the foregoing declaration and answers are true, according to the best of their information, knowledge and belief, respectively

_____, President

_____, Secretary

Suscribed in my presence and sword to before me, by

Edward Niemerg, as President

and Rebekah L Deters, as Secretary

of the above named Insurance Company, this _____ day of _____, _____

WITNESS my hand and seal

_____ Notary Public

_____ County, Illinois

Important Notice: Disclosure of this information is **required** under the Illinois Revised Statutes' insurance laws Failure to provide information could result in a fine

PATTON & COMPANY P.C.
CERTIFIED PUBLIC ACCOUNTANTS
240 Springfield Road, PO Box 458 Hillsboro, IL 62049
217 / 532-3825 Fax 217 / 532-9393 patton1@consolidated.net

R.M. Patton
Amy M. Hunt
Kyle L. Putnam

To the Board of Directors
Home Farmers Mutual Insurance Company
Teutopolis, Illinois:

We have compiled the accompanying Farm Mutual Annual Statement of admitted assets, liabilities and surplus and statement of income - statutory basis of Home Farmers Mutual Insurance Company as of December 31, 2009, and the related statement of receipts and disbursements of ledger assets for the year then ended in the format prescribed by the Illinois Department of Financial and Professional Regulation - Division of Insurance.

A compilation is limited to presenting in the form of financial statements and supplementary data information that is the representation of management. We have not audited or reviewed the financial statements referred to above and, accordingly, do not express an opinion or any other form of assurance on them.

These financial statements were prepared in conformity with accounting practices prescribed or permitted by the Illinois Department of Financial and Professional Regulation - Division of Insurance, which is a comprehensive basis of accounting other than generally accepted accounting principles.

This report is intended solely for the information and use of the Board of Directors and management of Home Farmers Mutual Insurance Company and for filing with the Illinois Department of Financial and Professional Regulation - Division of Insurance and should not be used for any other purpose.

January 19, 2010