

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization MINNESOTA FAIR PLAN	Employer identification number 41-0950742
	Number, street, and room or suite no. If a P.O. box, see instructions. 1201 MARQUETTE AVENUE, SUITE 310	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55403-4425	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

The books are in the care of ▶ THE ORGANIZATION

Telephone No. ▶ 612 338-7584

FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until 08/15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2006 or
- ▶ tax year beginning _____, _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Privacy Act and Paperwork Reduction Act Notice, see Instructions.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2006, or fiscal year beginning _____, 2006, and ending _____, 20

Do not send to the IRS. Keep for your records. See instructions.

2006

Department of the Treasury Internal Revenue Service

Return ID (20-digit number) 41296320061234HPN0X3

Name of exempt organization

Employer identification number

MINNESOTA FAIR PLAN

41-0950742

Name and title of officer

DANIEL W. JOHNSON, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, etc.). Row 1a is checked with amount 7,649,146.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize OLSEN THIELEN & CO., LTD. to enter my PIN 97846 as my signature

on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Date 08/15/2006

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

41296397846 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4206, Information for Authorized IRS e-file Providers for Exempt Organization Filings.

ERO's signature Date 08/15/2006

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax

2006

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

For the 2006 calendar year, or tax year beginning **2006**, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MINNESOTA FAIR PLAN	D Employer identification number 41-0950742
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1201 MARQUETTE AVENUE, SUITE 310	E Telephone number (612) 338-7584
	City or town, state or country, and ZIP + 4 MINNEAPOLIS, MN 55403-4425	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.MNFAIRPLAN.ORG

J Organization type (check only one) 501(c)(6) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **7,649,146.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b		
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ noncash \$)	1e		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		7,128,958.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		486,857.
	5 Dividends and interest from securities	5		
6a Gross rents	6a			
b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	8a			
	b Less: cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11		33,331.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		7,649,146.	
Expenses	13 Program services (from line 44, column (B))	13		
	14 Management and general (from line 44, column (C))	14		
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		6,684,099.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		965,047.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		5,222,458.
	20 Other changes in net assets or fund balances (attach explanation) STMT 1	20		30,310.
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		6,217,815.

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

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a 107,514.			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 558,762.			
27 Pension plan contributions not included on lines 25a, b, and c	27 99,758.			
28 Employee benefits not included on lines 25a - 27	28 95,400.			
29 Payroll taxes	29 50,874.			
30 Professional fundraising fees	30			
31 Accounting fees	31 16,750.			
32 Legal fees	32 33,223.			
33 Supplies	33 23,151.			
34 Telephone	34 3,809.			
35 Postage and shipping	35 67,877.			
36 Occupancy	36 72,135.			
37 Equipment rental and maintenance	37 88,351.			
38 Printing and publications	38 11,826.			
39 Travel	39 8,045.			
40 Conferences, conventions, and meetings	40			
41 Interest . . . STATEMENT 10 . . .	41 8.			
42 Depreciation, depletion, etc. (attach schedule)	42 23,839.			
43 Other expenses not covered above (itemize):				
a STMF 2	43a 5,422,777.			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 6,684,099.			

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;
 (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented in its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 3**
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a MFP PROVIDES ESSENTIAL INSURANCE FOR ELIGIBLE PROPERTY OWNERS WHEN SUCH INSURANCE IS UNAVAILABLE THROUGH THE VOLUNTARY MARKET. AS OF DECEMBER 31, 2006 THERE WERE 9,148 ACTIVE POLICY HOLDERS.

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

b

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

c

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

d

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

e Other program services (attach schedule)
(Grants and allocations \$ _____) If this amount includes foreign grants, check here

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	7,632.	1,750.
	46 Savings and temporary cash investments	10,298,444.	10,483,409.
	47a Accounts receivable	47a	47c
	b Less: allowance for doubtful accounts	47b	
	48a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
	51a Other notes and loans receivable (attach schedule)	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55a Investments - land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation (attach schedule)	55b	
	56 Investments - other (attach schedule)		56
	57a Land, buildings, and equipment: basis	57a 660,780.	57c
	b Less: accumulated depreciation (attach schedule) STATEMENT 10	57b 658,619.	
58 Other assets, including program-related investments (describe ▶ STMT 4)		142,614.	335,852.
59 Total assets (must equal line 74). Add lines 45 through 58		10,453,983.	10,823,172.
Liabilities	60 Accounts payable and accrued expenses	232,018.	284,341.
	61 Grants payable		61
	62 Deferred revenue	2,836,474.	2,577,444.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule)		64b
	65 Other liabilities (describe ▶ STMT 5)		2,163,033.
66 Total liabilities. Add lines 60 through 65		5,231,525.	4,605,357.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		67
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds	5,222,458.	72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	5,222,458.	73	6,217,815.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	10,453,983.	74	10,823,172.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (9), 75b, 75c, and 75d.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b, 79, 80a, 80b, 81a, and 81b.

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82b "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85c Dues, assessments, and similar amounts from members 85d Section 162(e) lobbying and political expenditures 85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a b Gross receipts, included on line 12, for public use of club facilities 86b 87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b 88b At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX. 88a At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI. 88b 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction. 89b c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A d Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g 90a List the states with which a copy of this return is filed NONE b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 15 91a The books are in care of THE ORGANIZATION Telephone no. 612-338-7584 Located at 1201 MARQUETTE AV STE 310 MINNEAPOLIS, MN ZIP+4 55403-4425 b 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)? 91b Yes No X 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.

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country ▶ _____
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PREMIUMS EARNED					7,128,958.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	486,857.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b INSTALLMENT					
c SERVICE FEES					33,331.
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				486,857.	7,162,289.
105 Total (add line 104, columns (B), (D), and (E))					7,649,146.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	PREMIUMS FOR THE MINNESOTA FAIR PLAN PROVIDE INSURANCE FOR THOSE UNABLE TO OBTAIN SUCH COVERAGE THROUGH THE VOLUNTARY MARKET.
103B	FEES FOR PAYMENTS MADE ON AN INSTALLMENT BASIS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No
N/A

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.

Please Sign Here

▶ Signature of officer _____ Date _____
 ▶ Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature ▶ <i>Mark Mauthy CPA</i>	Date 8/8/07	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00020475
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ OLSEN THIELEN & CO., LTD. 223 LITTLE CANADA ROAD ST. PAUL, MN	EIN ▶ 41-1360831	Phone no. ▶ 651-483-4521	

55117-1376 Form 990 (2006)

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION

AMOUNT

CHANGE IN NONADMITTED ASSETS

30,310.

TOTAL

30,310.
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL
LOSSES & LOSS ADJ EXPENSE	3,733,203.
COMMISSIONS	468,834.
DUES AND FEES	19,331.
SURVEYS EXPENSE	44,274.
INSURANCE	15,668.
EDUCATION	82,631.
DIRECTOR FEES	6,800.
EMPLOYEE WELFARE & PARKING	18,845.
COMPUTER MAINTENANCE/PROGRAMS	720,659.
SUBSCRIPTIONS	999.
MISCELLANEOUS	47,759.
BANK CHARGES	12,461.
CONSULTING FEES	48,059.
ANTI-ARSON PROGRAM	10,000.
PREMIUM TAXES	153,197.
MJUA/MISC EXPENSES	36,000.
PENSION ADMINISTRATION EXPENSE	1,297.
PAYROLL SERVICES	2,760.
TOTALS	5,422,777.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE EXEMPT ORGANIZATION WAS ESTABLISHED BY THE LEGISLATURE OF THE STATE OF MINNESOTA IN ACCORDANCE WITH THE PROVISIONS OF THE MINNESOTA FAIR PLAN ACT OF 1969. IT'S PURPOSE IS TO PROVIDE BASIC INSURANCE COVERAGE FOR ELIGIBLE PROPERTY OWNERS WHEN SUCH INSURANCE IS NOT AVAILABLE THROUGH THE VOLUNTARY MARKET. THE FACILITY'S GOVERNING BOARD HAS THE AUTHORITY TO ASSESS ALL PROPERTY INSURANCE COMPANIES LICENSED AND WRITING PREMIUMS IN THE STATE OF MINNESOTA.

FORM 990, PART IV - OTHER ASSETS

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DESCRIPTION	ENDING BOOK VALUE
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ACCRUED INTEREST	335,852.
TOTALS	----- 335,852. =====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

ENDING
BOOK VALUE

UNPAID LOSS & LOSS ADJ EXPENSE

1,743,572.

TOTALS

1,743,572.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION

AMOUNT

INSTALLMENT SERVICE FEES

33,331.

TOTAL

33,331.

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION

AMOUNT

INSTALLMENT SERVICE FEES

33,331.

TOTAL

33,331.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DANIEL JOHNSON 1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	TREASURER 1.00	NONE	NONE	NONE
DANIEL JOHNSON 1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	EXECUTIVE DIRECTOR 37.50	100,714.	16,924.	NONE
VICKY RIZZOLO 1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	BOARD MEMBER 1.00	NONE	NONE	NONE
ALEXANDER MCKINNEY III 1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	VICE-CHAIRMAN 1.00	2,000.	NONE	NONE
DAN SCHNEEMAN 1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	BOARD MEMBER 1.00	1,400.	NONE	NONE
RENEE TOMATZ 1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	SECRETARY 1.00	1,800.	NONE	NONE
JAMES MELCHIOR	CHAIR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425				
ROBERT BOYCE	BOARD MEMBER	NONE	NONE	NONE
1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	1.00			
ROGER OOMS	BOARD MEMBER	NONE	NONE	NONE
1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	1.00			
GARY FRANSSSEN	BOARD MEMBER	NONE	NONE	NONE
1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	1.00			
JONATHAN FARRIS	BOARD MEMBER	1,600.	NONE	NONE
1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	1.00			
GRAND TOTALS		107,514.	16,924.	NONE

MINNESOTA PROPERTY INSURANCE PLACEMENT FACILITY
Part II, Line 42 - Depreciation Expense
Part IV, Line 57a and 57b - Land, Buildings, Equipment, and Accumulated Depreciation
December 31, 2006

Description	Assets		Accumulated Depreciation		Net Book Value
	Balance 12/31/05	Balance 12/31/06	Balance 12/31/05	Balance 12/31/06	
			Additions	Reductions	
Leasehold Imp.	\$ 55,391	\$ 55,391	\$ 30,556	\$ 8,358	\$ 38,913
Computer Equip.	\$ 660,780	\$ 660,780	\$ 655,488	\$ 3,131	\$ 658,619
Furn. & Fixtures	\$ 89,829	\$ 93,056	\$ 65,687	\$ 9,263	\$ 74,949
Office Equip.	\$ 20,516	\$ 22,454	\$ 11,139	\$ 3,087	\$ 14,227
Automobiles	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS	\$ 826,517	\$ 831,681	\$ 762,869	\$ 23,839	\$ 44,973
Total Customary Non-admitted Assets (Leasehold Imp, Furn & Fixtures, and Office Equipment)					\$ (42,811)
Value of Assets per Financial Statements					<u>\$ 2,161</u>