

IMPORTANT PRIVACY NOTICE TO POLICYHOLDERS

This notice is provided to you on behalf of Western Illinois Mutual Insurance Company, Carthage, IL. We appreciate the trust you place in us when you provide us with the personal information we need when you purchase insurance from us. We take our obligation to protect your information seriously. This notice provides you with an explanation of where we get information about you when we write your insurance policies and to whom we disclose that information.

In the course of issuing or processing a policy or handling a claim, we may collect information about you from:

- The insurance application or other forms (for example, your name, address, date of birth and social security number);
- Your transactions with us (such as payment and claims histories);
- Consumer reporting agencies (such as your credit history);
- Your insurance agent (such as updated information pertinent to your account or information about your policies with other insurers);
- Government agencies (such as a county recorder's office).

We treat your personal information with respect and concern for your privacy. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We do not sell any of your personal information to any third party. We maintain physical, electronic, and/or procedural safeguards that comply with federal regulations to guard the information we obtain from you. In the course of our normal insurance business transactions, we may disclose some information about you to non-affiliated third parties, but only as permitted by law. Examples of some organizations to whom we might give information are:

- Independent claims adjusters, appraisers, or attorneys who would need the information to handle your claims
- Your insurance agent, to allow for servicing of your policy
- Insurance rating organizations who require information for actuarial purposes
- Law enforcement or other governmental agencies in response to a subpoena or threat of one, or in connection with suspected fraudulent claims
- Our affiliated companies

If you have any questions about this privacy notice, you may write to the attention of "Personal Information Request" at our mailing address:

Western Illinois Mutual Insurance Company
618 Main Street
P O Box 495
Carthage, IL 62321