

P.O. Box 3080 Milwaukee, WI 53201-3080

Located at 20700 Swenson Drive, Suite 100, Waukesha, WI 53186

e-mail: auto.plan@wcrb.org

### **PLAN LETTER 759—MAY 8, 2014**

#### 2014 ANNUAL MEETING

### TO MEMBERS OF THE PLAN:

The Annual Meeting of the Wisconsin Automobile Insurance Plan will be held in the office of the Wisconsin Automobile Insurance Plan, 20700 Swenson Drive, Waukesha, WI 53186 on Thursday, July 10, 2014. The meeting will commence at 10:00 A.M. The agenda is as follows:

- 1. Attendance Report
- 2. Review of the 2013 Annual Meeting minutes.
- 3. General statements covering the activities of the Plan during the past year.
- 4. Election of offices in accordance with Appendix Item 1. Administration, "Annually, on a date fixed by the Committee, each respective class of companies heretofore described shall elect its representatives to the Committee to service for a period of one year or until a successor is elected."
  - Appendix Item 1. Administration provides that one company acting as representative of all "servicing carrier" as defined in the Commercial Auto Manual in paragraph 4 of the Appendix, and who is not otherwise representing any of the four classes of companies may also be appointed by the Committee to be a member of the Committee.
- 5. Any other matters agreeable to a majority of the members present and voting. For those members unable to attend, attached is a proxy to provide representation. In establishing a quorum, please identify your company name when mailing such proxy to your company representative.

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Your present Governing Committee addresses are:

American Family Mutual Insurance Co.	Liberty Mutual Insurance
6000 American Parkway Mailstop Q23D	N19 W24130 River Wood Drive
Madison, WI 53783	Waukesha, WI 53188
Employers Mutual Casualty Company	Sentry Insurance, A Mutual Company
16445 West Bluemound Road	1800 North Point Drive
Brookfield, WI 53005	Stevens Point, WI 54481
General Casualty Company	State Farm Mutual Automobile Insurance
One General Drive	245 South Executive Drive, Suite 200
Sun Prairie, WI 53596	Brookfield, WI 53005
Hanover Insurance Company 333 West Pierce Road #300 Itasca, IL 60134	Travelers Indemnity Company Lake Center Executive Park Bldg #30 401 Route 73 N Suite 100 Marlton, NJ 08053

Donna Knepper Executive Secretary

## PLAN LETTER 759-SUPPLEMENT-MAY 8, 2014

### WISCONSIN AUTOMOBILE INSURANCE PLAN

(PROXY FORM)

KNOW ALL MEN BY TH	ESE PRESENT THA	AII,
of the		*
	(Insert Name of	of Your Company)
do hereby constitute and	appoint	(leased News of During Octoors)
		(Insert Name of Proxy Company)
as my attorney and agen	t for the said compar	ny, in my name, please and stead to vote as
proxy at the meeting of the	ne Wisconsin Automo	obile Insurance Plan to be held on the 10th
day of July, 2014, and/or	such other date or d	dates to which such meeting may be
adjourned, hereby giving	to such attorney and	d agent power and authority to act
conclusively for such con	npany on all questior	ns which may duly come before such meeting
as fully as I could act if I	were personally pres	sent.
IN WITNESS WHEREOF	-, I have hereunto su	ubscribed my name and title and the name of
said company, this	day of	, 2014.
(Signature)		(Title)
	(Compa	any)
*Voting by Group		
This ballot is being execuare affiliates of the above		following listed subscriber companies which

NOTE: Please keep one copy for your own records.