

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 766—JUNE 3, 2015**

#### 2015 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 Wednesday, July 29, 2015. The meeting will commence at 10:00 A.M. The agenda is as follows:

- 1. Attendance Report
- 2. Review of the 2014 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 One Pierce Place Itasca, IL 60143	State Farm Mutual Automobile Insurance One State Farm Plaza D-1 P & C Underwriting Services Dept. Bloomington, IL 61710-0001
Hanover Insurance Company 100 North Corporate Drive Suite 110 Brookfield, WI 53045	Travelers Indemnity Company Lake Center Executive Park Bldg #30 401 Route 73 N Suite 100 Marlton, NJ 08053

Cheryl A Korth Plan Administrator

# PLAN LETTER 766-SUPPLEMENT—JUNE 3, 2015

### WISCONSIN AUTOMOBILE INSURANCE PLAN

(PROXY FORM)

KNOW ALL MEN BY THESE PRESENT THAT I			
of the			
	(Insert Name of	f Your Company)	
do hereby constitute and	appoint		
		(Insert Name of Proxy Company)	
as my attorney and agen	nt for the said compar	ny, in my name, please and stead to vote a	
proxy at the meeting of tl	he Wisconsin Automo	obile Insurance Plan to be held on the 29th	
day of July, 2015, and/or	such other date or d	lates to which such meeting may be	
adjourned, hereby giving	to such attorney and	d agent power and authority to act	
conclusively for such cor	npany on all question	ns which may duly come before such meeti	
as fully as I could act if I	were personally pres	sent.	
IN WITNESS WHEREOF	=, I have hereunto sul	bscribed my name and title and the name o	
said company, this	day of	, 2015.	
(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.