

PLAN LETTER 793—July 22, 2020

2020 ANNUAL MEETING

TO MEMBERS OF THE PLAN:

The Annual Meeting of the Wisconsin Automobile Insurance Plan will be held via teleconference on Monday, July 27. The meeting will commence at 10:30 A.M. The agenda is as follows:

1. Attendance Report
2. Approval of the 2019 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. 6000 American Parkway Mailstop Q23D Madison, WI 53783	Liberty Mutual Insurance N19 W24130 River Wood Drive Waukesha, WI 53188
Employers Mutual Casualty Company 16445 West Bluemound Road Brookfield, WI 53005	Sentry Insurance, A Mutual Company 1800 North Point Drive 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	

Jaclyn de Medicci
Plan Administrator

PLAN LETTER 793–SUPPLEMENT—July 22, 2020

WISCONSIN AUTOMOBILE INSURANCE PLAN

(PROXY FORM)

KNOW ALL MEN BY THESE PRESENT THAT I _____,

of the _____ *

(Insert Name of Your Company)

do hereby constitute and appoint _____

(Insert Name of Proxy Company)

as my attorney and agent for the said company, in my name, please and stead to vote as proxy at the meeting of the Wisconsin Automobile Insurance Plan to be held on the 27th day of July, 2020, and/or such other date or dates to which such meeting may be adjourned, hereby giving to such attorney and agent power and authority to act conclusively for such company on all questions which may duly come before such meeting as fully as I could act if I were personally present.

IN WITNESS WHEREOF, I have hereunto subscribed my name and title and the name of said company, this _____ day of _____, 2020.

(Signature) (Title)

(Company)

*Voting by Group

This ballot is being executed on behalf of the following listed subscriber companies which are affiliates of the above company:

NOTE: Please keep one copy for your own records.