

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

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

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### PLAN LETTER 797—August 03, 2021

#### 2021 ANNUAL MEETING

### TO MEMBERS OF THE PLAN:

The Annual Meeting of the Wisconsin Automobile Insurance Plan will be held via teleconference on Tuesday, August 17, 2021. The meeting will commence at 10:00 A.M. The agenda is as follows:

- 1. Attendance Report
- 2. Approval of the 2020 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.

# PLAN LETTER 797—August 03, 2021—PAGE 2

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

Jaclyn Medicci-Bruneau Plan Administrator

## PLAN LETTER 793-SUPPLEMENT—July 22, 2020

### WISCONSIN AUTOMOBILE INSURANCE PLAN

(PROXY FORM)

KNOW ALL MEN BY TH	ESE PRESENT THA	AT I,	
of the		*	
	(Insert Name of	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			
proxy at the meeting of the	ne Wisconsin Autom	nobile 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 an	nd agent power and authority to act	
conclusively for such company on all questions which may duly come before such meetin			
as fully as I could act if I	were personally pre	sent.	
IN WITNESS WHEREOF	, I have hereunto s	ubscribed my name and title and the name of	
said company, this	day of	, 2020.	
(Signature)		(Title)	
	(Comp	any)	
*Voting by Group			
This ballot is being execuare affiliates of the above		e following listed subscriber companies which	

NOTE: Please keep one copy for your own records.