



Wisconsin Compensation Rating Bureau

262-796-4540 s Fax 262-796-4400 s www.wcrb.org

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

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

## CIRCULAR LETTER 1116-APRIL 1, 2010

### PROCEEDINGS OF THE WISCONSIN GOVERNING BOARD

TO: MEMBERS OF THE BUREAU

In accordance with the requirements of the By-Laws, the Annual Meeting of the Bureau is being called to convene in the premises of the Wisconsin Compensation Rating Bureau, 20700 Swenson Drive, Waukesha, WI 53186 on Thursday, May 13, 2010 to commence at 10:30 A.M. The order of business will be as follows:

1. Roll Call
2. Approval of the minutes from the last Annual Meeting.
3. Presentation of the 2009 Annual Report on the operations of the Bureau by the President.
4. The election of companies to fill the vacancies of retiring Committee members on both the Governing Board and the Rating Committee. The member companies whose terms are expiring are as follows:

#### GOVERNING BOARD

Sentry Insurance A Mutual Company  
Travelers Insurance Company

#### RATING COMMITTEE

American Home Assurance Company  
Society Insurance Company

***Note: Proxy form attached***

5. The election of the Chairperson for the Governing Board and the Rating Committee in accordance with the By-Laws, Article VI, paragraph 4.

The non-stock companies will elect the Chairperson for the Governing Board. The stock companies will elect the Chairperson for the Rating Committee and a Vice-Chair to the Governing Board.

6. The discussion of any other matters of pertinent character as agreed upon by the unanimous consent of all members present.

Ralph Herrmann  
President



Wisconsin Compensation Rating Bureau

## WCRB VOTING PROCESS

The following terms on the indicated committees will expire on May 13, 2010. Each vacancy is for a four-year term.

### GOVERNING BOARD

Sentry Insurance A Mutual Company  
Travelers Insurance Company

### RATING COMMITTEE

American Home Assurance Company  
Society Insurance Company

Bureau By-Laws provide that:

“For the Annual Meeting, each member carrier shall be entitled to one vote. Voting by proxy shall be permitted at the Annual Meeting. A majority vote of the member carriers shall determine all issues brought before the Bureau membership. In case of a tie vote the Commissioner of Insurance shall decide the matter.”

Please provide the following information:

Member Company:

Will you be attending the Annual Meeting (5-13-10)?

If not attending, have you completed a proxy form?

Are you interested in filling a vacancy?

If yes, Rating Committee and/or Governing Board?

If elected, who will be the company representative\*?

If elected, who will be the alternate company representative\*?

*\*Provide a brief resume for the representatives.*

**PLEASE RESPOND BY MAY 3, 2010**



Wisconsin Compensation Rating Bureau

WISCONSIN COMPENSATION RATING BUREAU  
(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 agent for the said company, in my name, place and stead to vote as proxy at the meeting of the Wisconsin Compensation Rating Bureau to be held on the 13th of May, 2010, and/or such other date or dates to which such meeting may be adjourned, hereby giving to 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 \_\_\_\_\_, 2010.

\_\_\_\_\_  
(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.