



Wisconsin Compensation Rating Bureau

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

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

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

CIRCULAR LETTER 1246—March 31, 2021

PROCEEDINGS OF THE WISCONSIN GOVERNING BOARD

TO: MEMBERS OF THE BUREAU

FROM: Jaclyn Medicci-Bruneau

RE: WCRB 2021 Annual Meeting

The WCRB By-Laws require that the Annual Meeting of the Bureau be held in May of each year. Wisconsin’s Safer At Home directive from the Governor’s office prohibits the Annual Meeting from being held on the premises of the WCRB. Therefore, WCRB will conduct the Annual Meeting via teleconference on Thursday, May 20, 2021 at 9:30 A.M. CDT. If your company intends to participate in the meeting, please contact Jaclyn Medicci-Bruneau at Jaclyn.demedicci@wcrb.org for call-in information.

If your company is voting by proxy, please complete the attached proxy form and submit to the WCRB no later than May 15, 2021. Proxies or additional nominations for committee vacancies will not be considered after May 15.

The following terms on the indicated committees will expire on May 20, 2021:

GOVERNING BOARD

- American Home Assurance Co.
- Employers Insurance of Wausau
- SFM Mutual Insurance Co.
- West Bend Mutual Insurance Co

RATING COMMITTEE

- Employers Insurance of Wausau
- SFM Mutual Insurance Co.
- Sentry Insurance A Mutual Co.
- Travelers Indemnity Co.

The following member companies have expressed interest in filling a vacancy. Copies of company profiles are available upon request.

GOVERNING BOARD	STOCK	NON-STOCK
	American Home Assurance Co (I)	SFM Mutual Insurance Co (I)
	Employers Insurance of Wausau (I)	West Bend Mutual Insurance Co (I)
		Rural Mutual Insurance Co.

RATING COMMITTEE	STOCK	NON-STOCK
	Employers Insurance of Wausau (I)	SFM Mutual Insurance Co.(I)
	Travelers Indemnity Co. (I)	Sentry Insurance Company (I)
		Rural Mutual Insurance Co.

For any questions please contact Jaclyn Medicci-Bruneau at jaclyn.demedicci@wcrb.org.

Note: Proxy form attached. To complete and submit electronically select: [WCRB Proxy](#)



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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 20th of May, 2021, 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 _____, 2021.

(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.