

CONVERSION
of
CENTRAL WISCONSIN MUTUAL INSURANCE COMPANY
from a
CHAPTER 612 TOWN MUTUAL INSURANCE COMPANY
into a
CHAPTER 611 MUTUAL INSURANCE COMPANY

PROPOSED POLICYHOLDER RESOLUTION BALLOT

Filed with the Wisconsin Office of the Commissioner of Insurance

February 23, 2024

**CONVERSION OF
CENTRAL WISCONSIN MUTUAL INSURANCE COMPANY
INTO A
CHAPTER 611 MUTUAL INSURANCE CORPORATION**

APRIL 17, 2024, ANNUAL POLICYHOLDER MEETING

POLICYHOLDER RESOLUTION BALLOT

WHEREAS, Central Wisconsin Mutual Insurance Company, a Wisconsin town mutual insurance corporation (the “Company”), desires to effectuate a conversion (the “Conversion”), in accordance with Section 612.23 of the Wisconsin Statutes and pursuant to that certain Plan of Conversion (the “Plan of Conversion”), in the form made available to the members of the Company in connection with this special meeting of the members, whereby the Company shall convert from a town mutual insurance corporation organized under Chapter 612 of the Wisconsin Statutes into a mutual insurance corporation organized under Chapter 611 of the Wisconsin Statutes.

RESOLVED, that after review of the Summary of the Plan of Conversion and/or the Plan of Conversion (collectively, the “Conversion Documents”), and the ability to inquire of the Board of Directors of the Company regarding the same, the members of the Company hereby (i) adopt and approve, in all material respects, the Conversion pursuant to the Plan of Conversion, including (a) the proposed amended and restated articles of incorporation and bylaws of the Company, substantially in the form made available to members in the Conversion Documents and (b) the election of the proposed directors of the Board of Directors of the Company as set forth in the Conversion Documents and (ii) authorize its Board of Directors to take or to cause to be taken any and all remaining actions necessary to effectuate the Conversion.

Should this policyholder resolution be approved?

(Select only one)

YES

NO

Questions/Comments:

Central Wisconsin Mutual Insurance Company Policy #: _____

Member: _____
(Print Name)

Member's Signature: _____