

**Merger of**  
**CALEDONIA MUTUAL FIRE INSURANCE COMPANY**  
**and**  
**COLUMBUS MUTUAL TOWN INSURANCE COMPANY**  
**with and into**  
**CENTRAL WISCONSIN MUTUAL INSURANCE COMPANY**

**PROPOSED POLICYHOLDER RESOLUTION BALLOTS – MAIL – CENTRAL  
WISCONSIN**

*Filed with the Wisconsin Office of the Commissioner of Insurance  
August 25, 2023*

**MERGER OF  
COLUMBUS MUTUAL TOWN INSURANCE COMPANY  
AND  
CALEDONIA MUTUAL FIRE INSURANCE COMPANY  
WITH AND INTO  
CENTRAL WISCONSIN MUTUAL INSURANCE COMPANY**

**OCTOBER 11, 2023, SPECIAL POLICYHOLDER MEETING –  
POLICYHOLDER RESOLUTION MAIL BALLOT**

**WHEREAS**, Central Wisconsin Mutual Insurance Company, a Wisconsin town mutual insurance corporation (“Central Wisconsin”), desires to effectuate a merger with Columbus Mutual Town Insurance Company, a Wisconsin town mutual insurance corporation (“Columbus”), and Caledonia Mutual Fire Insurance Company, a Wisconsin town mutual insurance corporation (“Caledonia”), in accordance with Section 612.21 of the Wisconsin Statutes and pursuant to the Agreement and Plan of Merger, by and among Columbus, Caledonia and Central Wisconsin (the “Agreement and Plan of Merger”), in the form presented to the members of Central Wisconsin in connection with this Special Meeting of the members, whereby the separate existence of Caledonia and Columbus shall cease and Central Wisconsin shall continue as the surviving company.

**RESOLVED**, that after review of the Summary of the Plan of Merger and the Agreement and Plan of Merger, and the ability to inquire of the Board of Directors regarding the same, the members of Central Wisconsin hereby adopt and approve the Agreement and Plan of Merger and authorize its Board of Directors to take any remaining actions necessary to effectuate such merger.

**Should this policyholder resolution be approved?**

*(Select only one)*

YES

NO

I plan to attend the Special Meeting and will vote in person.

**Questions/Comments:**

Central Wisconsin Mutual Insurance Company Policy #: \_\_\_\_\_

Member: \_\_\_\_\_

(Print Name)

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: This ballot must be received by October 11, 2023 at 10:00 a.m., for your vote to be counted. Ballots can be returned via email to [denisf@cwmutual.com](mailto:denisf@cwmutual.com) or via mail in the envelope enclosed. You may also attend the meeting and vote in person.**