



Your proxy

We appreciate your interest in our company and your involvement in our voting process.

As the primary policyholder of the following policy of Sentry Insurance a Mutual Company (Sentry), you have the right to vote on any agenda items that are proposed at a meeting of the members.

Policyholder name: _____ **Insurance Policy Number:** _____

1. REVIEW Read the enclosed proxy material carefully.
2. SIGN Authorize your vote by selecting For or Against, signing your name, and dating this document.
3. RETURN Mail this proxy form in the postage-paid envelope provided
OR follow the instructions for telephonic or electronic submission of the proxy form.

SENTRY INSURANCE A MUTUAL COMPANY

Proxy for a Special Meeting of Members to be held on [date]

The proxy form must be marked with a vote either “For” approval of the Mutual Holding Company Plan and the transactions contemplated thereby or “Against” approval of the Mutual Holding Company Plan and the transactions contemplated thereby. If the box labeled “For” is marked, the proxy will be voted for approval of the Mutual Holding Company Plan and the transactions contemplated thereby. If the box labeled “Against” is marked, the proxy will be voted against approval of the Mutual Holding Company Plan and the transactions contemplated thereby. If a proxy form contains a vote both “For” and “Against” the Mutual Holding Company Plan and the transactions contemplated thereby, it will not be cast or counted. If the proxy form is executed but no choice is indicated for the Mutual Holding Company Plan and the transactions contemplated thereby, the proxy will be voted “For.” In their discretion, the members of the Proxy Committee are authorized to vote on any other business as may properly, in accordance with applicable law and Sentry’s Articles of Incorporation and Bylaws, come before the Special Meeting, in such manner as the Proxy Committee deems in the best interest of Sentry.

PROPOSAL: To approve the Mutual Holding Company Plan, dated as of [DATE], and the transactions contemplated thereby, including the amendment and restatement of the Articles of Incorporation of Sentry.

FOR **AGAINST**

YOUR VOTE IS VERY IMPORTANT. Please sign exactly as name appears above. If the policyholder is a corporation, limited liability company, or partnership, this proxy should be signed by an authorized officer, member, partner or other agent, as applicable. When signing as attorney, personal representative, executor, administrator, trustee, or guardian, please give full title as such.

Signature of Policyholder: _____ **Date:** _____

Title: _____

SENTRY INSURANCE A MUTUAL COMPANY

Proxy for a special meeting of members to be held on [date]

Important Notice Regarding the Availability of Proxy Materials for the Special Meeting to be Held on [DATE]:

The Notice of Special Meeting of members, the Policyholder Information Statement, the Mutual Holding Company Plan including all exhibits thereto and additional information are available online at [www.sentryconversionplan.com].

The Policyholder named on the reverse side and therefore a member of SENTRY INSURANCE A MUTUAL COMPANY (Sentry), hereby constitutes and appoints the Proxy Committee of Sentry, as designated by the Board of Directors of Sentry, and each of them, as the member's Proxy, with full power of substitution and revocation, to vote for and in the name of the above Policyholder at the Special Meeting of members to be held on [DATE], at [TIME], Central Time, at Sentry's offices at 1800 North Point Drive, Stevens Point, Wisconsin, or any adjournments, postponements, reschedulings or continuations thereof, upon the matters set forth on the reverse side of this proxy form and described in the Policyholder Information Statement dated [DATE] and upon such other business as may properly, in accordance with applicable law and Sentry's Articles of Incorporation and Bylaws, come before the Special Meeting. Each member is entitled to one vote, even if the member has multiple policies from Sentry. If multiple insureds are named in a policy or on this proxy form, only the primary insured is the member and is therefore entitled to vote at meetings of Sentry's members.

You may vote by proxy by any of these methods:

- **By mail:** Please complete, sign, date and promptly return the proxy card in the postage-paid envelope provided with this proxy card and the Policyholder Information Statement.
- **Electronically:** Go to [www.sentry.com/proxy], and enter [policyholder name/policy type/policy number/access code] to submit your proxy.
- **Telephonically:** Call [phone number] to submit your proxy.

All proxies must be received by the Proxy Agent by 12:00 a.m., Central Standard Time, [DATE] in order to be valid.

If you should have a question about the proxy material, this proxy form, or how to complete or submit your written, electronic or telephonic proxy, please call [phone number] Monday through Friday between the hours of 8:00 a.m. and [TIME] p.m. Central Time.

YOUR CONSIDERATION AND PARTICIPATION IN THIS VOTING PROCESS IS GREATLY APPRECIATED.

You can sign, date, and vote on the reverse side.



