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## **PROXY FORM**

KNOW ALL PERSONS BY	THESE PRESENT T	HAT I	(Name)
(Title)	OF	(Company)	do hereby constitute and appoi
(Name of proxy)	orin his/hera	absence the Ma	anager of the Plan as my attorney and
agent and attorney and ag	gent for said compa	any, in my name	e, place, and stead to vote as proxy at
the next Annual Meeting o	of the Ohio Automo	bile Insurance	Plan, to be held on the eighth(8th) Da
of September, 2020, and/	or such date or date	es to which suc	ch meeting may be adjourned, hereby
giving to such attorney ar	nd agent power and	l authority to ac	ct conclusively for such company on
questions which may duly	y come before such	n meeting as ful	ılly as I could act if I were personally
present.			
IN WITNESS WHEREOF, I	have hereunto sub	scribed my nan	me and title and the name of said
company, this	day of,	2020.	
SIGNATURE		TITLE	
SIGNATURE		IIILE	
COMPANY			
COMPAINT			
E-Mail Address:			