

DEAN A. FADEL
Manager
PEG ISING
Associate Manager

Phone: 614.221.2596 Fax: 614.228.1678 assignedriskohio.com pising@ohioinsurance.org

172 East State Street • Suite 201 • Columbus, OH 43215

PROXY FORM

KNOW ALL PERSONS BY	I HESE PKES	CNI IHAI I	(Name)
			(Ivaille)
	OF		do hereby constitute and appoint
(Title)		(Company)	
(Name of proxy)	or in 1	his/her absence th	ne Manager of the Plan as my attorney and
agent and attorney and agent f	or said compar	ny, in my name, p	lace, and stead to vote as proxy at the next
Annual Meeting of the Ohio A	utomobile Ins	urance Plan, to be	e held on the twenty-ninth (29th) day of
October, 2021, and/or such da	te or dates to w	hich such meetin	g may be adjourned, hereby giving to such
attorney and agent power and	authority to ac	t conclusively for	such company on all questions which may
duly come before such meeting	ng as fully as l	I could act if I we	ere personally present.
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IN WITNESS WHEREOF. I	nave hereuntos	subscribed mv na	me and title and the name of said
		·	
company, thisd	ay of	, 2021.	
SIGNATURE		TITLE	
COMPANY			
E-MAIL ADDRESS:			