NORTH CAROLINA REINSURANCE FACILITY

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JOHN W. WATKINS General Manager

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ROBERT M. GREER Audit Manager

F. TIMOTHY LUCAS Automobile Manager

ROBERT M. NEWTON Claims Manager

DAVID E. SINK, JR. Accounting Manager

September 1, 1998

CIRCULAR LETTER TO ALL MEMBER COMPANIES

A PROMPT RESPONSE IS URGENTLY NEEDED

Re: Twenty-Fifth Annual Meeting October 21, 1998

The Twenty-Fifth Annual Meeting of the North Carolina Reinsurance Facility will convene at 8:30 a.m. on Wednesday, October 21, 1998. The meeting will be held in the Conference Center, Mid Pines Inn and Golf Club, 1010 Midland Road, Southern Pines, North Carolina.

A meeting of the Board of Governors will convene immediately following adjournment of the Twenty-Fifth Annual Meeting.

The following constitutes the agenda:

1. The Annual Report

The Facility's Annual Report will be presented.

2. Any other business which might properly come before the meeting.

We urge that a representative of your Company attend this meeting. For those companies which cannot be so represented at the meeting, voting by proxy will be permitted. A proxy form is enclosed which we request that you complete and forward to this Office AS SOON AS POSSIBLE, but no later than October 1, 1998, whether or not your Company expects to be represented in person. This will help to assure that a quorum will be present. If a representative of your Company is present at the meeting, the proxy will not be used.

It is suggested that our member companies consider naming as proxy the current Board of Governors member representing the appropriate group of companies as indicated below:

Alliance of American Insurers - Unisun Insurance Company

American Insurance Association - Royal Insurance Co. of America

National Ass=n of Independent Insurers -Allstate Insurance Company

N	Jon-Affiliated	l Stock Insurers - South Carolina Insurance Company						
N	Ion-Affiliated	Non-Sto	ck Insur	ers - 1	Nationwide	Mutual	Ins.	Company
Very	truly yours,							
John	W. Watkins							
Gener	al Manager							
JWW:h Enclo RF-98	sure							

NORTH CAROLINA REINSURANCE FACILITY

(PROXY FORM)

KNO	W ALL	MEN B	THESE	PRE	SENTS	THA'	TI_							
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	(Inse	rt Tit	le)						(Insert	. Nai	me of	f Comp	any)	
do	hereby	const	titute	and		_								
					(Inse	rt Na	.me	of Comp	any	Appo	inted	as	Proxy)

as my attorney and agent for the said Company, in my name, place and stead to vote as proxy at the Twenty-Fifth Annual Meeting of the NORTH CAROLINA REINSURANCE FACILITY to be held on the Twenty-First (21st) day of October, 1998 and/or such other date or dates to which such meeting may be adjourned, hereby giving to such attorney and agent power and authority to act conclusively for said Company on all questions which may duly come before such meeting as fully as I could act if I were personally present.

IN WITNESS WHEREOF I have her of said Company, this do			and	the
(Signature)	(Title)			
(Company)				
This Company votes as (check of	one):			
() Member of Alliance of Ame	rican Insurers			
() Member of American Insura	nce Association			
() Member of National Associ	ation of Independent	Insurers		
() Non-Affiliated stock insur	rer			
() Non-Affiliated non-stock	insurer			
Return to:				
North Carolina Reinsurance Fac	cility			

P. O. Box 176010

Raleigh, North Carolina 27619-6010

name