



July 25, 2008

CIRCULAR LETTER TO ALL MEMBER INSURERS

Re: Meeting of Member Insurers
October 16, 2008

This is notice of a meeting of member insurers of the North Carolina Insurance Guaranty Association to be held at the Pinehurst Resort, Carolina Vista, Pinehurst, North Carolina on Thursday, October 16, 2008. The meeting will convene at 8:30 am.

Following is the meeting agenda:

1. Election of Board of Directors

The Plan of Operation provides that the Board of Directors consist of eight directors, seven of whom are member insurers and one non-voting director appointed by the Commissioner of Insurance. The election of directors is subject to approval of the Commissioner and one elected director must be a domestic insurer. The appointed director must be a property and casualty insurance agent authorized to write insurance for a member insurer. Directors shall serve for three-year terms or until their successors have been elected and qualified.

The Plan also provides that the elected Board be fairly representative of member insurers and shall be elected by a plurality of member insurers with each member company being entitled to one vote. Further, affiliated groups or companies under common ownership or control shall not hold more than one membership on the Board.

The current member insurers of the Board, elected in 2005, are:

Allstate Insurance Company
Integon Indemnity Corporation
Liberty Mutual Insurance Company
Nationwide Mutual Insurance Company
North Carolina Farm Bureau Mutual Insurance Company (Secretary-Treasurer)
State Farm Mutual Automobile Insurance Company (Chairperson)
The Travelers Indemnity Company

The appointed director is C. Delaine Bradsher of Raleigh.

All of the current directors have agreed to continue serving if members so decide.

Additionally, the following company wishes to be considered for the Board:

Farmers Insurance Exchange

We expect the Commissioner's appointment for the non-voting director will be announced at the meeting.

2. Any other Business That Might Properly Come Before the Meeting

We encourage you to have a representative of your company attend this meeting. For directions, or help with reservations or other arrangements, call Lois Murphey at (919) 783-9790.

For companies that cannot be represented in person, the Plan allows voting by proxy. A proxy form is attached and we appreciate your completing this form and returning by August 25, 2008, whether or not your company plans to attend. If you do attend the proxy will not be used.

It is suggested that member companies consider naming as proxy one of the current member insurers of the Board of Directors.

Sincerely,

Raymond F. Evans, Jr., CPCU

Managing Secretary

RFE:lm

IGA-08-2

NORTH CAROLINA INSURANCE GUARANTY ASSOCIATION

APPOINTMENT OF PROXY

The undersigned member company of the North Carolina Insurance Guaranty Association hereby constitutes and appoints the member company designated below as its proxy with full power of substitution to act and vote for and on behalf of the undersigned company at the upcoming members meeting to be held on the sixteenth (16th) day of October, 2008 and/or such other date or dates to which such meeting may be adjourned as fully as the undersigned company would be entitled to act and vote if personally present. Any appointment of proxy heretofore made by the undersigned company for such meeting is hereby revoked.

DESIGNATE ONE OF THE FOLLOWING BY PLACING A CHECK MARK IN THE BOX TO THE RIGHT OF THE COMPANY NAME (these are current Board of Director members and are anticipated to be present at the meeting).	
Allstate Insurance Company	
Integon Indemnity Corporation	
Liberty Mutual Insurance Company	
Nationwide Mutual Insurance Company	
North Carolina Farm Bureau Mutual Insurance Company	
State Farm Mutual Automobile Insurance Company	
Travelers Indemnity Company	
OR DESIGNATE ANOTHER MEMBER COMPANY WHICH YOU ANTICIPATE WILL BE PRESENT AT THE MEETING BY WRITING THE COMPANY NAME IN THE SPACE PROVIDED BELOW.	

Date: _____

_____ (Type or Print Name of Company)

By signing this Appointment of Proxy, the signer certifies that he/she is duly authorized by the named company to execute this Appointment of Proxy on behalf of and as the act of the named company.

_____ (Type or Print Group Name & NAIC Group Number)

By: _____ (Signature)

_____ (Type or Print Name of Signer)

_____ (Type or Print Title of Signer)

Return to:
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Or FAX to (919) 783-0754
Or Email to flh@ncrb.org