



State of Ohio

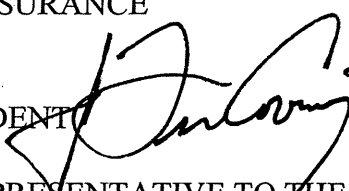
Department of Insurance

2100 Stella Court Columbus, Ohio 43215-1067
(614) 644-2658 www.state.oh.us/ins

Bob Taft
Governor

J. Lee Covington II
Director

TO: THE PRESIDENTS, ALL MEMBER INSURERS
OF THE OHIO MINE SUBSIDENCE INSURANCE
UNDERWRITING ASSOCIATION

FROM: J. LEE COVINGTON II, SUPERINTENDENT 

SUBJECT: ELECTION OF AN ASSOCIATION REPRESENTATIVE TO THE
OHIO MINE SUBSIDENCE INSURANCE GOVERNING BOARD

DATE: FEBRUARY 22, 2002

Pursuant to Ohio Revised Code Section 3929.51 (C), the Ohio Mine Subsidence Insurance Underwriting Association ("Association") will hold a meeting on Wednesday, March 27, 2002, at the Ohio Department of Insurance, 2100 Stella Court, Columbus, Ohio. The purpose of the meeting is to elect an Association representative to the Ohio Mine Subsidence Insurance Governing Board. The representative must be an Ohio domiciled Association member.

The current representative is Grange Mutual Casualty Company.

Please complete and return the enclosed voting questionnaire to Edward Corley at the Department.

If you have any questions, please call Edward Corley at (614) 644-2640.

OHIO MINE SUBSIDENCE INSURANCE
UNDERWRITING ASSOCIATION

VOTING QUESTIONNAIRE

The Ohio Mine Subsidence Insurance Underwriting Association ("Association") will hold a meeting on Wednesday, March 27, 2002 at 2:00 p.m., at the Ohio Department of Insurance, 2100 Stella Court, Columbus, Ohio. The purpose of the meeting is to elect an Association representative to the Ohio Mine Subsidence Insurance Governing Board. The representative must be an Ohio domiciled Association member.

Please complete and return this questionnaire to Edward Corley, at the Ohio Department of Insurance, 2100 Stella Court, Columbus, Ohio 43215, by Monday, March 18, 2002. If you have any questions, please call Mr. Corley at (614) 644-2640.

1. Name of insurer (s)

2. Will your company be represented at the March 27, 2002 meeting of the Ohio Mine Subsidence Insurance Underwriting Association? YES _____
NO _____

If the answer to question number two is YES, please provide the representative's Name, Title and Telephone Number.

Name _____

Title _____

Telephone number _____

This questionnaire was completed by (print name) _____

Title _____, date _____.

Signature