

COMPENSATION ADVISORY ORGANIZATION OF MICHIGAN

P.O. BOX 3337 • LIVONIA, MI 48151-3337

PHONE: (734) 462-9600 • FAX: (734) 462-9721

Internet Web Site: www.caom.com • E-Mail: caom@caom.com

March 27, 2009

CIRCULAR LETTER NO. 231

**TO ALL MEMBERS OF THE
COMPENSATION ADVISORY ORGANIZATION OF MICHIGAN
NOTICE OF ANNUAL MEETING WITH PROXY**

Dear Member:

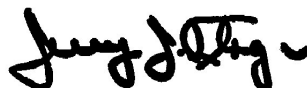
In accordance with Article IX of the Bylaws of the Compensation Advisory Organization of Michigan, the Annual Meeting is scheduled to be held at 10:00 AM on Tuesday, April 28, 2009 in the office of the Compensation Advisory Organization of Michigan, located at 17197 Laurel Park Drive North, Suite 311, in Livonia, Michigan.

Article IX Sub Section 4, of the Bylaws, requires that 51% of the participating members of C.A.O.M. either be present or have executed proxies in order to have a quorum for any meeting.

Please return an executed proxy or indicate that a representative from your company will be in attendance. Your proxy or notice of attendance should be emailed as a signed attachment to lterry@caom.com, faxed to (734) 462-9721 or mailed no later than Wednesday, April 15, 2009.

A packet containing Agenda, Annual Report and other pertinent information for this meeting will be released prior to the meeting.

Yours very truly,



Jerry J. Stage

Attachment: Proxy

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PROXY:

Know all persons by these presents that the Chair of the Board of Governors is hereby appointed and constituted my true and lawful attorney with full power of substitution and revocation to specifically vote for the member companies as indicated below and to further represent me on any other matter to come before the Annual Meeting of the members of the Compensation Advisory Organization of Michigan to be held at 10:00 AM on Tuesday, April 28, 2009 in the offices of C.A.O.M.

Name of Company / Group **

By _____ Title _____

PLAN TO ATTEND If unforeseen circumstances prevent me from attending, the above proxy applies to the chairperson who will vote in my absence.

Representative _____ Title _____

Name of Company / Group **

Please return this proxy either by email as a signed attachment to lterry@caom.com, fax to (734) 462-9721 or mailed no later than Wednesday, April 15, 2009.

**** If you are executing one proxy for a group of companies or representing more than one company, please list all member companies in the space below or by separate attachment.**