

**MICHIGAN WORKERS' COMPENSATION PLACEMENT FACILITY**  
**P.O. BOX 3337 • LIVONIA, MI 48151-3337**  
**PHONE: (734) 462-9600 • FAX: (734) 462-9721**  
**Internet Web Site: [www.caom.com](http://www.caom.com) • E-Mail: [caom@caom.com](mailto:caom@caom.com)**

March 16, 2007

**CIRCULAR LETTER NO. 212**

**TO ALL MEMBERS OF THE  
MICHIGAN WORKERS' COMPENSATION PLACEMENT FACILITY  
NOTICE OF ANNUAL MEETING WITH PROXY**

Dear Member:

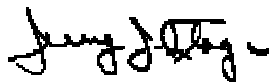
In accordance with Article VI of the Plan of Operation of the Michigan Workers' Compensation Placement Facility, the Annual Meeting is scheduled to be held at 10:00 AM on Tuesday, April 24, 2007 in the offices of the Facility, located at 17197 Laurel Park Drive North, Suite 311, in Livonia, Michigan.

Article VI Sub Section 4, of the Plan of Operation, requires the presence in person or by executed proxy of participating members who wrote at least 51% of the assessable premiums written by all members during the preceding calendar year in order to have a quorum for any meeting of the members.

**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](mailto:lterry@caom.com), faxed to (734) 462-9721 or mailed no later than Wednesday, April 11, 2007.**

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

Very truly yours,



Jerry J. Stage

Attachment: Proxy

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**PROXY:**

Know all persons by these presents that Mr. Robert Steinheiser, 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 Michigan Workers' Compensation Placement Facility to be held at 10:00 AM on Tuesday, April 24, 2007 in the offices of Facility.

\_\_\_\_\_  
Name of Company / Group \*\*

By \_\_\_\_\_ Title \_\_\_\_\_

**PLAN TO ATTEND**

Representative \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Name of Company / Group \*\*

**Please return this proxy either by email as a signed attachment to [lterry@caom.com](mailto:lterry@caom.com), faxed to (734) 462-9721 or mail no later than Wednesday, April 11, 2007.**

**\*\* 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.**