

SAMPLE ONLY

Actual form carries the mutual's particular company name (logo optional), address (city, state minimum), annual meeting information and any other state-specific language, Officers signatures of both mutual and Grinnell Mutual Reinsurance Company are required.

Your Mutual Insurance Company

YourMutualCity, YourMutualState

You, the Named Policyholder, are a member of both Companies while this Policy is in force and are entitled to vote and participate in the distribution of any dividends. The Annual Meetings are held at the locations and times given below.

Property Insurer

Your Mutual Insurance Company
YourMutualCity, YourMutualState

Your mutual annual meeting Day and Month,
commencing at your annual meeting time.

President _____

Secretary _____

Liability Insurer

Grinnell Mutual Reinsurance Company
Grinnell, Iowa

The Annual Meeting is held in the city of Grinnell,
Poweshiek County, Iowa, on the Wednesday
before the last Thursday in June of each year
commencing at 2 P.M.

President _____

Secretary _____

**THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US.
READ YOUR POLICY CAREFULLY.**

