

Special Meeting Proxy Card

[Proxy Card Number]

Saucon Mutual Insurance Company
74 W. Broad Street
Suite 300
Bethlehem, PA 18018

Special Meeting of ~~Policyholders~~-Members
[November 25]DATE, 2014 2015
[LOCATION]

Mr. / Mrs. ~~Policyholder~~-Member
1234 Main Street
Anywhere, USA 12345

Upon arrival, please present this admission ticket and photo identification and any other required documents.

Please review the Special Meeting of ~~Policyholders~~-Members - Voting Instructions, which provide detailed instructions for completing this Proxy Card. Using a black ink pen, mark your votes with an X. You must complete Sections A (Voting Items) and C (Authorized Signature). You are urged to mail this Proxy Card in the accompanying envelope, whether or not you expect to attend the Special Meeting.

A. Voting Items

The Board of Directors recommend voting FOR items 1 and 2.

1. Adopt the Amended and Restated Plan of Conversion of Saucon Mutual Insurance Company, which was approved by the Board of Directors of Saucon Mutual on ~~August 27~~February 4, 2014 2015.

	For	Against	Abstain
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Amend Saucon Mutual Insurance Company's articles of incorporation as necessary to convert the company from a mutual insurance company to a stock insurance company.

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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B. Non-Voting Items

Change of Address

Please print your new address below.

[Empty rectangular box for address]

C. Authorized Signature

Please sign exactly as the name(s) appears. Joint policyholders should each sign. When signing as an attorney, executor, administrator corporate officer, trustee, guardian, or custodian, please give your full title.

Date (mm/dd/yy)

[Empty rectangular box for date]

Signature 1

[Empty rectangular box for signature 1]

Signature 2

[Empty rectangular box for signature 2]