
PROXY



The insured Member ("Member") of the West Virginia Mutual Insurance Company (the "Mutual"), whose signature appears on this Proxy, hereby appoints and constitutes John W. Neville, Jr., M.D., to act as proxy of the Member, with the power of substitution for and in the name and place of the Member, to vote at the Annual Meeting of Members of the Mutual to be held on May 1, 2019, at 10:00 a.m., at the corporate offices of the Mutual at 500 Virginia Street, East, Suite 1200, Charleston, West Virginia, or any adjournment thereof, for the purposes listed on this Proxy and upon any other matters that may come before the meeting or any adjournment thereof, with all the powers the Member would possess if personally present, hereby revoking all previous proxies. This is a Directed Proxy. That means Dr. Neville, as proxyholder, may only cast your vote for a Nominee for election as you direct.

The Member acknowledges receipt of the Notice of Annual Meeting dated March 27 2019, and hereby revokes all proxies heretofore given by the undersigned for said meeting.

THIS PROXY CONFERS AUTHORITY TO VOTE "FOR" THE NOMINEES LISTED ON THIS PROXY UNLESS OTHERWISE INDICATED. The Proxy Committee and Board recommend a vote "for" these nominations. If any other matters shall properly come before the meeting, or any adjournment thereof, this Proxy will be voted on such matters in accordance with the judgment of the proxyholder, John W. Neville, Jr., M.D.

This Proxy is solicited on behalf of the Mutual's Proxy Committee and may be revoked prior to its exercise.

CONTINUE TO OTHER SIDE



This Proxy, when properly executed, will be voted in the manner directed herein by the undersigned Member. All insured Members of the West Virginia Mutual Insurance Company as of March 15, 2019, are eligible to vote. If no direction is made, this Proxy will be voted "FOR" the Nominees below.

To elect four persons to serve as Directors of the Mutual as nominated by the Nominating Committee and designated below to serve terms as described below, please mark the appropriate box for your proxy vote.

| NOMINEES | CLASS OF DIRECTOR | VOTE | |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------|
| Tamara D. Huffman, CPCU | This Director is one of the Directors who must be a person with general knowledge and experience in business management who is responsible for the daily management of the Company. The term will be July 1, 2019, through June 30, 2023. | <input type="checkbox"/> FOR | <input type="checkbox"/> AGAINST |
| Steven C. Lochow, M.D. | This Director is one of the six Directors who must be a physician member licensed to practice in West Virginia by the Board of Medicine or Board of Osteopathy, including at least one general practitioner and one specialist. The term will be July 1, 2019, through June 30, 2023. | <input type="checkbox"/> FOR | <input type="checkbox"/> AGAINST |
| R. Austin Wallace, M.D. | This Director is one of the Directors who must be a person with general knowledge and experience in business management who is responsible for the daily management of the Company. The term will be July 1, 2019, through June 30, 2023. | <input type="checkbox"/> FOR | <input type="checkbox"/> AGAINST |
| Dara P. Aliff, D.O. | This Director will complete the unexpired term for one of the six Directors who must be a physician member licensed to practice in West Virginia by the Board of Medicine or Board of Osteopathy, including at least one general practitioner and one specialist. The term will be through June 30, 2021. | <input type="checkbox"/> FOR | <input type="checkbox"/> AGAINST |

{ Please date and sign exactly as name(s) appears on the policy. }

Dated this _____ day of _____, 2019.

Signature _____ Print Name _____

Office Address _____