



COOPERATIVE OF  
AMERICAN PHYSICIANS

CAP Membership #

Print Name

**INSTRUCTIONS**

Vote **online** by logging in at [www.CAPphysicians.com](http://www.CAPphysicians.com).

You may also choose to return your two-page Ballot and Proxy by **fax** or **mail**. Complete both sides of this sheet, and remember to **sign and date the reverse side**. Then:

1. Fax both sides of your completed Ballot and Proxy to 213-576-8574; or
2. Return your completed Ballot and Proxy by mail using the enclosed postage-paid envelope.

**BALLOT FOR COOPERATIVE OF AMERICAN PHYSICIANS**

I hereby vote for members of the Board of Directors of the Cooperative of American Physicians, Inc. as set forth below: (please check the box of your choice)

- FOR** all nominees listed below (except as marked to the contrary below)
- AGAINST** all nominees listed below

**NOMINEES**

- Sheilah Clayton, MD
- Amir Moradi, MD
- Béla S. Kenessey, MD
- Graham Purcell, MD
- Wayne Kleinman, MD
- Paul Weber, MD
- Gregory Lizer, MD

**AMENDMENTS TO THE CAP BYLAWS**

The CAP Board of Directors recommends a vote **FOR** the proposal below:

I hereby vote on the following amendment to the CAP Bylaws:	<b>FOR</b>	<b>AGAINST</b>
<b>Article 4.2.2</b>		
<b>Board Service Term Limits</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>An affirmative vote of a majority of members voting is required for passage of this amendment.</i>		

**PLEASE COMPLETE PROXY FOR MEETING OF MPT MEMBERS ON NEXT PAGE →**



## PROXY FOR MEETING OF MUTUAL PROTECTION TRUST MEMBERS

I hereby authorize Charles Steinmann, MD and Phillip Unger, MD, and each of them, with power of substitution, to represent me and to vote all of my interests arising from my participating membership in MPT at the meeting of members on July 27, 2017, and at any and all adjournments thereof, with respect to the election of members of the Board of Trustees and the Amendments to the MPT Agreement as set forth below, and upon other matters properly coming before the meeting. All proxies signed and returned which are not marked either for or against the nominees and/or proposals will be voted FOR the nominees and all proposals. This proxy expires at the close of the annual meeting on July 27, 2017.

NOMINEES	FOR	WITHHOLD AUTHORITY
• Stewart Shanfield, MD	<input type="checkbox"/>	<input type="checkbox"/>
• Charles Steinmann, MD	<input type="checkbox"/>	<input type="checkbox"/>
• Lisa Thomsen, MD	<input type="checkbox"/>	<input type="checkbox"/>
• Phillip Unger, MD	<input type="checkbox"/>	<input type="checkbox"/>
• Bruce Weimer, MD	<input type="checkbox"/>	<input type="checkbox"/>

## AMENDMENTS TO THE MPT AGREEMENT

The Board of Trustees recommends a vote **FOR** each of the proposals set forth below:

MPT Agreement	FOR	AGAINST
1. <b>Part 2, Section 1.B and 1.G.1(a)</b> <b>Board Service Term Limits</b> <i>An affirmative vote of two-thirds of members voting is required for passage of this amendment.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Part 1, Section 1</b> <b>Notifying MPT of a Claim</b> <i>An affirmative vote of 75 percent of members voting, and an affirmative vote of 50 percent of all members, is required for passage of this amendment.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Part 2, Section 7.J</b> <b>HIPAA Compliance</b> <i>An affirmative vote of two-thirds of members voting is required for passage of this amendment.</i>	<input type="checkbox"/>	<input type="checkbox"/>

This proxy is solicited on behalf of the Board of Trustees. Discretionary authority is hereby conferred as to all other matters that might come before the meeting. By my signature below, I authorize my MPT proxy for the meeting of members and my vote for the CAP Board of Directors ballot and CAP Bylaws amendment.

\_\_\_\_\_  
CAP Membership #

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date