



April 2017

Notice is hereby given to the members of the Orange County Association of Health Underwriters.

The election of the Board of Directors for fiscal year July 1, 2017 – June 30, 2018 will take place at the **Annual Meeting** of the membership on **Tuesday, May 16, 2017**. This meeting will be held at the Radisson Hotel Newport Beach, 4545 MacArthur Boulevard, Newport Beach, 92660 at 11:30 a.m.

In accordance with the Bylaws, we are pleased to announce the following nominees:

Name of Nominee:	Board Position:
Juan R. Lopez Colonial Life Applied General Agency, Inc.	President
Ryan Dorigan Applied General Agency, Inc.	President-Elect
Margaret (Maggie) Stedt, CSA, LPRT Stedt Insurance Services	Immediate Past-President
Dorothy M. Cociu, RHU, REBC Advanced Benefit Consulting & Insurance	VP of Communications
Barbara A. Salvi, LPRT Invensure Insurance Brokers	VP of Finance
Robert Semrow, CBC, CSA Premier Access	VP of Legislation
Nolan Warriner Advanced Benefit Consulting, Inc.	VP of Media Relations Social Media
Tracy Hanson Blue Shield of California	VP of Membership
Joe Partise, CLU Joe Partise, CLU & Associates	VP of Political Action (PAC)
MaryAnn Trutanich, RHU Kaiser Permanente	VP of Professional Development

Nominees as General Board Member: As Called for by the OCAHU Bylaws and by Presidential Appointment

David P.B. Ethington <i>Corporate Sponsorships</i> Calhoun & Associates Insurance Svcs. dba Integrity Advisors	Patricia Stiffler <i>Public Service</i> Options in Insurance
Sarah Knapp <i>Awards Historian</i> Colonial Life	Lynn Wischmeyer <i>Member Retention</i> Blue Shield of California

Voting Ballot

If you are unable to attend the May 16th meeting, please cast your vote and sign / date at the bottom of the ballot. Ballot must be received in the Association office no later than the close of business on Monday, May 15, 2017. Please fax or email to: (858) 408-2671 or orangecountyahu@yahoo.com.

Vote to Accept Slate of Officers: _____ Approve _____ Reject _____ Date: _____

If you are proposing a nomination by proxy, please indicate name of person and office:

Name: _____
(Print Name) (Signature)