FLORIDA LEAGUE OF CITIES, INC.
SPONSOR OF THE
FLORIDA MUNICIPAL
INSURANCE TRUST

DATE: November 2, 2015

TO: Members
Florida Municipal Insurance Trust

FROM: The Administrator

RE: Trustee Nominations

The Florida Municipal Insurance Trust (FMIT) is a pooled self-insurance program, whose membership consists of local government entities. The FMIT's Board of Trustees oversees the FMIT's operations. The purpose of this letter is to solicit nominations for election to the Board.

The FMIT's governing documents provide the Board, at least annually, shall solicit nominations for Trustee candidates from governmental entities that are members that participate in the Trust and such nominees shall constitute the basis for election to the Board. There is one vacancy on the FMIT board that needs to be filled. Following the solicitation of nominations, Trustee vacancies are filled by the Board, by a majority vote, from the nominees offered by the members.

The FMIT's governing documents further provide that the Board of Trustees shall be composed of no more than fifteen (15) Trustees, all of whom shall be elected municipal officials of municipalities that participate as members of the Trust. No Trustee may be selected or continue to serve as a Trustee after becoming an owner, officers, employee or agent of a business entity having a contractual relationship or otherwise doing business with the Trust. A Trustee shall relinquish his office or may be removed when he no longer serves as an elected of appointed official of the member from which he was selected, or when the governmental entity from which he or she was selected ceases to participate as a member of the Trust.

As nominations must come from members of the Trust, your letter of nomination should reflect that your governmental entity's governing body has endorsed the nominee. In addition, please include a resume or a biographical sketch reflecting the nominee's background and qualifications to serve.

Should you wish to submit a nomination to the Board, please complete the enclosed nomination form, and return it to the Florida League of Cities, Inc., Orlando Office, to the attention of Melissa Solis, no later than **Monday, November 16, 2015**. Thank you.

FLORIDA MUNICIPAL INSURANCE TRUST

TRUSTEE NOMINATION

Please indicate the name, title, and agency of your nominee below, along with your name, title and agency. Nominations should be sent to the office of the Florida League of Cities, Inc. Attn: Melissa Solis, P.O. Box 530065, Orlando, Florida 32853-0065; or Fax to (407) 425-9378 Attn: Melissa Solis; or E-mail to msolis@flcities.com.

NOTE: NOMINATIONS MUST BE RECEIVED AT THE FLC OFFICE NO LATER THAN MONDAY, NOVEMBER 16, 2015.

Nominee: _____

(Nominee must be an elected official of the governmental entity participating in the Fund)

Title: _____

Agency: _____

Nominator: _____

Title: _____

Agency: _____

Has this person been informed of this nomination: ( ) Yes
( ) No

PLEASE RETURN THIS FORM, A LETTER OF NOMINATION BY YOUR GOVERNING BODY, AND A RESUME BY MONDAY, NOVEMBER 16, 2015:

Melissa Solis
Florida League of Cities, Inc.
P.O. Box 530065
Orlando, Florida 32853-0065
Fax: (407) 425-9378 x0000
E-mail: msolis@flcities.com