

**INSTRUCTIONS**

1. Complete fillable fields.
2. Save document.
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**Email to: [slauer@utmck.edu](mailto:slauer@utmck.edu) -or-  
 FAX TO: 865-670-6198 (NO COVER SHEET REQUIRED)**

**PROXY**

University Physicians' Association Incorporated  
 2121 Medical Center Way; Suite 100, Knoxville, Tennessee 37920

The undersigned appoints Crystal Gue, MD or in the alternative, \_\_\_\_\_, MD (who is a Shareholder of this Corporation) with full power of substitution and revocation as Proxy to vote the share of stock standing in my name on the books of University Physicians' Association Incorporated (the Company) **by 4:00 p.m. on September 18, 2018** which I would be entitled to vote if personally present at the Annual Shareholders' Meeting of the Company to be held at the UT Morrisons Conference Room on **September 20, 2018, at 5:30 p.m.**, local time, and at any and all adjournments, upon the matters set forth in the notice of said meeting. The Proxy is further authorized to vote in their discretion as to any other matters which may come before the meeting. The Board of Directors presently knows of no business to come before the meeting other than the election of Directors.

THE SHARE COVERED BY THIS PROXY WILL BE VOTED IN ACCORDANCE WITH THE INSTRUCTIONS GIVEN BELOW AND WHEN NO INSTRUCTIONS ARE GIVEN WILL BE VOTED AS DETERMINED BY THE PROXY HOLDER.

**ELECTION OF THE FOLLOWING PERSONS  
 AS MEMBERS OF THE 2019 - 2021 BOARD OF DIRECTORS:**

**Vote for only ONE (1) in each of the following specialties OR make a nomination:**

Family Medicine:

Amy Stevens, MD  
 Michael Hood, MD

\_\_\_\_\_

General Internal Medicine:

Crystal Gue, MD  
 Nathaniel Piel, MD

\_\_\_\_\_

Medical & Pediatric Specialties:

Paul Branca, MD  
 Bret Rogers, MD

\_\_\_\_\_

Surgical Specialties:

Larry Kilgore, MD  
 Melissa LaPinska, MD

\_\_\_\_\_

Dentistry

Michael McCoy, DDS

\_\_\_\_\_

**AGAINST** all nominees listed above.  
**ABSTAIN**

The undersigned hereby acknowledges receipt of notice of said meeting and the related Proxy Statement.

Date: \_\_\_\_\_

**Number of Shares: ONE**

**NAME:** \_\_\_\_\_

**DEADLINE for return is: September 18, 2018 @ 4:00 p.m.**

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