

POWER OF ATTORNEY

The issuer of this power of attorney

Name / company, address and date of birth / register-number of the issuer

with the deposit account number

Deposit account number

at the account maintaining credit institution

Name, address or BIC

as shareholder of Vienna Insurance Group Wiener Städtische Versicherung AG hereby
grants power of attorney to

Name / company, address and date of birth / register-number of the representative

for representation at the
19th ordinary Annual General Meeting of Vienna Insurance Group Wiener Städtische
Versicherung AG on **Tuesday, 29 June 2010, at 11 am**, in Wiener Stadthalle, 1150 Vienna,
Hütteldorfer Straße 2F, Hall F.

The representative is **entitled** to attend, vote and execute all other shareholder's rights **for**
no-par shares.

Number of shares. If missing the POA is valid for all registered shares

The representative is entitled to grant **sub-power of attorney**.
[strike out if not applicable]

Please **send** this power of attorney by 28 June 2010 (15:00 hours CEST)
- via **fax** to +43 (0) 1 89 00 500-60
- or by **post or messenger** (effective date of arrival)

Vienna Insurance Group
Wiener Städtische Versicherung AG
Attn. Ms. Mag. Helene Kanta
Schottenring 30
1010 Vienna
Austria

The presentation of the power of attorney on the date of the Annual General Meeting at the
registration counter at the meeting place at the latest is also allowed.
Vienna Insurance Group Wiener Städtische Versicherung AG reserves the right to verify the
identity of the persons attending the meeting. We therefore ask the attendees to bring an
official identity document. Entry may be refused if a person's identity cannot be verified.

Place, Date, Signature / Company