MEETING NOTICE FOR THE WEEK OF
MAY 20, 2018

<table>
<thead>
<tr>
<th>DATE AND TIME, AGENCY, LOCATION, CONTACT PERSON</th>
<th>SUBJECT</th>
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<tr>
<td><strong>DATE AND TIME:</strong> Thursday, May 24, 2018 10:00 a.m. to 12:00 p.m.</td>
<td>Injured Patients and Families Compensation Fund/Wisconsin Health Care Liability Insurance Plan Claims Committee Meeting</td>
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| **AGENCY:** Office of the Commissioner of Insurance | I. Minutes and Membership  
A. Review and Approval of the February 22, 2018, Open Session Minutes  
B. Recommend Committee Membership for Fiscal Year 2019 |
| **LOCATION:** American Family Insurance Company 6000 American Parkway Building A, Room A2141 Madison, WI 53783 | II. Closed Session Under s. 19.85 (1) (g), Wis. Stat., Discussion of Litigation Strategy Update  
A. Review and Approval of the February 22, 2018, Closed Session Minutes  
B. Current and Potential Litigation |
| **CONTACT PERSON:** DuWayne Kottwitz 608-266-0953 | III. Return to Open Session  
A. Report of Actions Taken in Closed Session |
| **TELECONFERENCE:** 1-888-291-0078 Pass Code: 9148 121# | IV. Report of the Fund Administrator  
A. Discussion and Approval of the Fund Administrator’s Report |
| | V. Report of WHCLIP Claims  
A. Discussion and Approval of WHCLIP Claims Report |
| | VI. Report of Claim Contractor  
A. Discussion and Approval of Claim Contractor’s Report |
| | VII. Report Old Business  
A. Closed Claim List  
B. Report of Outside Counsel Hires |
| | VIII. New Business |
| | IX. Any Other Business as Allowed By Law |
| | X. Schedule and Approve Next Meeting Date  
A. Approval for Next Meeting Date: Thursday, August 23, 2018 |
| | XI. Adjourn |