

## Gilardi, Mary Sue - OCI

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**From:** Gingerich, Lisa M (12710) <lmgingerich@michaelbest.com>  
**Sent:** Thursday, April 11, 2019 2:58 PM  
**To:** Mancusi-Ungaro, Michael - OCI  
**Subject:** RE: Trilogy - My Choice

Will do.

Michael, thank you for the call regarding the IPN Network Agreement. I reviewed it after we spoke. The redaction is sufficient. The fee terms were the only sensitive information that the client wanted kept confidential.

### Lisa M. Gingerich

Partner

Leader, Healthcare

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**From:** Mancusi-Ungaro, Michael - OCI <Michael.MancusiUngaro@wisconsin.gov>  
**Sent:** Thursday, April 11, 2019 2:24 PM  
**To:** Gingerich, Lisa M (12710) <lmgingerich@michaelbest.com>  
**Subject:** RE: Trilogy - My Choice

Yes please, I thought I caught that one.

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**From:** Gingerich, Lisa M (12710) [<mailto:lmgingerich@michaelbest.com>]  
**Sent:** Thursday, April 11, 2019 2:23 PM  
**To:** Mancusi-Ungaro, Michael - OCI  
**Subject:** RE: Trilogy - My Choice

Michael, do you want me to remove the redline in the case number before we have My Choice sign?

### Lisa M. Gingerich

Partner

Leader, Healthcare

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**From:** Mancusi-Ungaro, Michael - OCI <[Michael.MancusiUngaro@wisconsin.gov](mailto:Michael.MancusiUngaro@wisconsin.gov)>  
**Sent:** Thursday, April 11, 2019 1:08 PM  
**To:** Gingerich, Lisa M (12710) <[lmgingerich@michaelbest.com](mailto:lmgingerich@michaelbest.com)>  
**Cc:** Junior, Steve J - OCI <[Steve.Junior@wisconsin.gov](mailto:Steve.Junior@wisconsin.gov)>  
**Subject:** Trilogy - My Choice

Dear Ms. Gingerich,

Attached is a proposed stipulation and order we would like both My Choice Family Care Inc. and Trilogy Health Insurance to sign as a condition subsequent to our approval of the change in control. I've attached a word version of the document for your convenience. If you have any questions, please let me or Mr. Junior know.

Sincerely,

Michael A. Mancusi-Ungaro

Email Disclaimer

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