

**STATE OF WISCONSIN  
NOTICE OF INJURY AND CLAIM**

Pursuant to Wis. Stat. Section 893.82

**This notice must be served upon the Attorney General by certified mail within 120 days (180 days for medical malpractice claims) of the event giving rise to the claim for such injury, damage or death at 114 East, State Capitol, Post Office Box 7857, Madison, Wisconsin 53707-7857.**

<b>Claimant's Name :</b> Advocacy Benefits and Counseling for Health, Inc.	
<b>Address:</b> 32 North Bassett Street, Madison, WI 53703	<b>Phone:</b> (608) 261-6939
<b>Time and Date of Occurrence:</b> February 9, 2011	<b>Location:</b> Office of the Commissioner of Insurance 125 South Webster Street, PO Box 7873 Madison, WI 53707
<b>Statement of Circumstances Giving Rise to the Claim for Such Injury, Damage or Death and Names of Persons Involved, Including Name(s) of State Officer(s), Agent(s) or Employee(s).</b>	
<p>This Claim regards the termination of a contract between the State of Wisconsin Office of the Commissioner of Insurance (OCI) and ABC for Health, Inc. (dated November 17, 2010) pertaining to a health insurance consumer assistance grant. Based on information and belief, the state officers involved are Commissioner of Insurance Theodore K. Nickel, Deputy Commissioner Daniel Schwartz, Department of Health Services Secretary Dennis Smith, Department of Health Services Deputy Secretary Kitty Rhoades, and Office of the Governor Deputy Chief of Staff Eric Schutt. The representative from ABC for Health, Inc. is Robert A. Peterson, Jr. On February 9, 2011, Theodore Nickel served notice that the OCI will be terminating the November 17, 2010 contract between OCI and ABC for Health, Inc. regarding a consumer assistance grant. Based on information and belief, ABC for Health, Inc. contends that this agreement was wrongfully terminated by OCI Commissioner Nickel and Deputy Commissioner Schwartz at the direction of individuals in Governor Walker's office and the Wisconsin Department of Health Services.</p>	
(If additional space is needed, continue on backside of this notice form.)	

I certify that the above-described injury, damage or death actually occurred, that I have read the above foregoing notice of injury and claim, and that the same is true to my own knowledge except as to those matters stated upon information and belief and as to those matters, I believe the same to be true.

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

Signature of Claimant: ABC for Health, Inc. by:  
Robert A. Peterson, Jr.

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Wisconsin

My Commission: \_\_\_\_\_