

**COPY**  
2008 JUL 6 AM 8:50  
DANE COUNTY  
CIRCUIT COURT

STATE OF WISCONSIN

CIRCUIT COURT  
BRANCH 13

WISCONSIN MEDICAL SOCIETY, INC.,  
and DAVID M. HOFFMANN, M.D.

Plaintiffs,

vs.

Case No.: 07-CV-4035

MICHAEL L. MORGAN,

Defendant.

**AFFIDAVIT OF DAVID M. HOFFMANN, M.D. IN SUPPORT OF  
PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT**

STATE OF WISCONSIN    )  
                                  ) ss.  
COUNTY OF JUNEAU    )

DAVID M. HOFFMANN, M.D., first being duly sworn, states as follows:

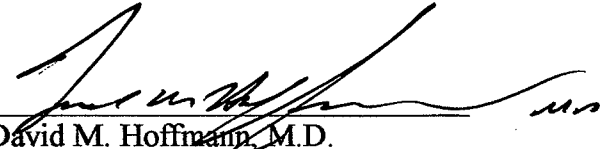
1. I am a Wisconsin licensed physician practicing at the Mile Bluff Clinic, LLP in Mauston, Wisconsin. I am a member of the Wisconsin Medical Society, and an individual Plaintiff in this action.

2. As a full-time practicing physician, I obtain excess medical malpractice liability coverage from the State of Wisconsin by paying assessments to the Injured Patients and Families Compensation Fund (the "Fund").


3. Annually, I receive a bill (or assessment) from the Office of Commissioner of Insurance ("OCI") for the excess medical malpractice liability coverage. Attached hereto as Exhibit A is a true and correct copy of my September 13, 2007 excess medical malpractice liability coverage assessment received from OCI.

4. As set forth in Exhibit A, the assessment is payable directly to the Fund and must be sent to an OCI address in Milwaukee, Wisconsin.

Dated this 29 day of May, 2008.

  
David M. Hoffmann, M.D.

Subscribed and sworn to before me  
this 29<sup>th</sup> day of May, 2008.

  
Notary Public, State of Wisconsin  
My commission expires: April 5, 2009



INJURED PATIENTS AND FAMILIES COMPENSATION FUND  
ASSESSMENT (OR EXEMPTION ON REVERSE SIDE)

State of Wisconsin  
Office of the Commissioner of Insurance  
Drawer 478  
Milwaukee, WI 53293-0001

Account Number: \_\_\_\_\_  
Statement Date: 20132 1 DA  
Payment Must be Received By: 09/13/2007

Please Pay Total Due:  
or  
Minimum Payment Due:

Please Print Any Address  
Changes on Back

STATEMENT

DAVID M HOFFMANN  
MILE BLUFF CLINIC, L L P  
CAROL FRONK  
1040 DIVISION  
MAUSTON WI 53948

AMOUNT PAID

\$
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OCI 31-001 (R 09/2005)

DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT

INSTRUCTIONS: Pursuant to ch. 655, Wis. Stat., you must pay the amount due or complete reverse side to claim an exemption. You may pay the total due (with no interest) or the minimum payment due (with interest plus an administrative fee). Make your check payable to Injured Patients and Families Compensation Fund and send to Injured Patients and Families Compensation Fund, Drawer 478, Milwaukee, WI 53293-0001. Failure to pay your assessment will result in notice to your licensing board that you are in noncompliance as provided in s. 655.23 (7), Wis. Stat.

Accounting transactions for the past 90 days

Date	Transaction Description	Debits	Credits	Balance
06/13/2007	BALANCE FORWARD			2,047.00
07/10/2007	PAYMENT - THANK YOU	.00	2,047.00	.00
09/13/2007	TOTAL DUE			.00

Balance last statement date	06/13/2007	is:	2,047.00
Your charges and other increases (Debits) total:			.00+
Your payments and other decreases (Credits) total:			2,047.00-
Your ending total balance as of	09/13/2007	is:	.00

ZERO BALANCE, NO PAYMENT REQUIRED

C#8052 DAVID M HOFFMANN

OCI 31-001 (R 09/2005)

Exhibit A