

EXHIBIT A

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF WISCONSIN

STATE OF WISCONSIN LOCAL)	
GOVERNMENT PROPERTY)	
INSURANCE FUND,)	
)	
Plaintiff,)	
)	
v.)	No. 2:15-cv-00142-JPS
)	
LEXINGTON INSURANCE COMPANY,)	
ET AL,)	
Defendants.)	

CONFIDENTIALITY AGREEMENT AND UNDERTAKING

I, _____, state the following:

1. I have read and understand the attached Protective Order (the “Order”), and I attest to my understanding that access to information designated as “Confidential” or “Attorneys’ Eyes Only” may be provided to me and that such access shall be pursuant to the terms and conditions and restrictions of the Order. I agree to be bound to the terms of the Order, both with respect to this Court’s powers of supervision of the litigation of the above-captioned case and to the party that produced the protected documents and information.

2. I shall not use or disclose to others, except in accordance with the Order, any “Confidential” or “Attorneys’ Eyes Only” documents or information. If I fail to abide by the terms of this Confidentiality Agreement or the Order, I understand that I shall be subject to sanctions by way of contempt of court and to separate legal and equitable recourse by the adversely affected party. I further consent to the exercise of personal jurisdiction by this Court and waive any objection as to venue in connection with any effort to enforce this Confidentiality Agreement.

Date

Signature

Printed Name

SUBSCRIBED AND SWORN
before me this ____ day of
_____, 2017.

Notary Public