

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>WISCONSIN MANUFACTURERS & COMMERCE, INC. LIFE & AD&D PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WISCONSIN MANUFACTURES & COMMERCE, INC. INC.</u></p> <p><u>501 E WASHINGTON AVENUE</u> <u>MADISON, WI 53703</u></p>	<p>1c Effective date of plan <u>08/15/1957</u></p> <p>2b Employer Identification Number (EIN) <u>39-1233219</u></p> <p>2c Plan Sponsor's telephone number <u>608-258-3400</u></p> <p>2d Business code (see instructions) <u>541990</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/22/2025	KURT BAUER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor WMC SERVICE CORPORATION 501 E WASHINGTON AVENUE MADISON, WI 53703-2914	3b Administrator's EIN 39-1413901 3c Administrator's telephone number 608-258-3400
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 21057
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 21057 6a(2) 0 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4B 4F

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<p>A Name of plan WISCONSIN MANUFACTURERS & COMMERCE, INC. LIFE & AD&D PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 WISCONSIN MANUFACTURES & COMMERCE, INC. INC.</p>	<p>D Employer Identification Number (EIN) 39-1233219</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	TS05381331	23327	10/01/2023	09/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid 175272</p>	<p>(b) Total amount of fees paid 6731</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
R & R INSURANCE SERVICES INC. N14W23900 STONE RIDGE DR WAUKESHA, WI 53186

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
44935			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ACRISURE LLC D/B/A HNI RISK SERVICE 16805 W CLEVELAND AVE NEW BERLIN, WI 53151

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14589			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HUB INTERNATIONAL MIDWEST LIMITED 2120 PEWAUKEE RD STE 202
WAUKESHA, WI 53188

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14529			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WMC SERVICE CORP 501 E WASHINGTON AVE
MADISON, WI 53703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13654			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BENECO OF WISCONSIN INC 250 N PATRICK BLVD STE 100
BROOKFIELD, WI 53045

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12126	8		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MARSH & MCLENNON AGENCY LLC PO BOX 510925
NEW BERLIN, WI 53151

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10021			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

USI INS SERVICES LLC PO BOX 62817
VIRGINIA BEACH, VA 62817

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8653	945		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HAYS COMPANIES INC

1200 N MAYFAIR RD STE 100
MILWAUKEE, WI 53226

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6650	748		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WILLIS TOWERS WATSON MIDWEST INC

93033 NETWORK PL
CHICAGO, IL 60673

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6390			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JAMES R NELLIGAN & ASSOCIATES LLC

1933 STATE ROUTE 35 STE 368
WALL, NJ 07719

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4327	492		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ROBERTSON RYAN & ASSOCIATES

330 E KILBOURN AVE STE 650
MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4793			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

TIC INC

701 SAND LAKE RD
ONALASKA, WI 54650

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4618			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ANSAY & ASSOCIATES LLC

2901 W BELTLINE HWY STE 202
MADISON, WI 53713

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4472			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

M3 INSURANCE SOLUTIONS INC.

828 JOHN NOLEN DRIVE
MADISON, WI 53713

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3816			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KLINNER INSURANCE INC.

738 E PERKINS STREET
MEDFORD, WI 54451

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3505			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

VIZANCE INC.

1320 WALNUT RIDGE DR STE 200
HARTLAND, WI 53029

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3229			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JA COUNTER ASSOCIATES INC

PO BOX 387
NEW RICHMOND, WI 54017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2103	169		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DARRELL ZALESKI D/B/A SPECTRUM BENE 318 N BRIDGE ST
CHIPPEWA FALLS, WI 54729

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2258			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DIGITAL INS INC 250 N PATRICK BLVD STE 100
ATLANTA, GA 30342

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2043	185		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ACRISURE LLC D/B/A GARCEAU INSURANC PO BOX 1788
GRAND RAPIDS, MI 49501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1598		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RSC INSURANCE BROKERAGE 1103 HUNTER DR STE 100
MOUNT PLEASANT, WI 53406

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1404	12		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ACRISURE LLC DBA THE STARR GROUP 5005 W LOOMIS RD
GREENFIELD, WI 53220

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1318			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BENEFITS INC. 250 N PATRICK BLVD
BROOKFIELD, WI 53045

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1173			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HORTON GROUP INC 10320 ORLAND PKWY
ORLAND PARK, IL 60467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1048			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HUB INTERNATIONAL 16253 COLLECTION CENTER DR
CHICAGO, IL 60693

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	983		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

STANLEY MCDONALD AGENCY OF ILLINOIS 3167 BERLIN DR
LACROSSE, WI 54601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
962			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WILLIS OF OHIO INC 775 YARD ST STE 200
COLUMBUS, OH 43212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	814		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MARSH & MCLENNAN

250 PEHLE AVE STE 400
SADDLE BROOK, NJ 07663

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	765		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOHANNESSEN-FARRAR INC.

512 E WALWORTH AVE
DELAVAN, WI 53115

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
652			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SYMPHONY RISK SOLUTIONS INSURANCE

101 MONTGOMERY ST STE 800
SAN FRANCISCO, CA 94104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
501			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BROWN & BROWN INSURANCE SERVICES IN

901 MARQUETTE AVE STE 1800
MINNEAPOLIS, MN 55402

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
373			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SPECTRUM BENEFIT SOLUTIONS

903 GRAND AVE STE A-1
ROTHSCHILD, WI 54474

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
302			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BUSINESS BENEFIT SOLUTIONS, INC. PO BOX 158
CENTER CITY, MN 55012

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
291			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WOLLER ANGER COMPANY LLC 930 ELM GROVE RD
ELM GROVE, WI 53122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
159			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MEYER INSURANCE AGENCY 511 PHILLIPS BLVD
SAUK CITY, WI 53583

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
122			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CYGANIAK PLANNING, INC. 3515 N 124TH ST
BROOKFIELD, WI 53005

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
111			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

THE MCCLONE AGENCY INC PO BOX 389
MENASHA, WI 54952

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
91	12		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOHNSON INSURANCE SERVICES, LLC

1103 HUNTER DRIVE
MOUNT PLEASANT, WI 53406

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
54			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶ AD&D

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	1330863
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan WISCONSIN MANUFACTURERS & COMMERCE, INC. LIFE & AD&D PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 WISCONSIN MANUFACTURES & COMMERCE, INC. INC.	D Employer Identification Number (EIN) 39-1233219	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WMC SERVICE CORPORATION

501 E WASHINGTON AVE
MADISON, WI 53703-2914

39-1413901

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN SPONSOR	162006	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

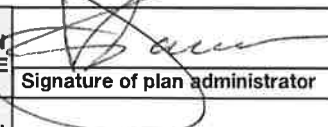
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
- the first return/report the final return/report
- an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan WISCONSIN MANUFACTURERS & COMMERCE, INC. LIFE & AD&D PLAN		1b Three-digit plan number (PN) ▶	501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WISCONSIN MANUFACTURES & COMMERCE, INC. INC. 501 E WASHINGTON AVENUE MADISON WI 53703		1c Effective date of plan	08/15/1957
		2b Employer Identification Number (EIN)	39-1233219
		2c Plan Sponsor's telephone number	(608) 258-3400
		2d Business code (see instructions)	541990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		4, 22, 25	KURT BAUER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023)
v. 230728

Employer TIN: WMC 39-1233219	Group Name
39-0778827	A & E INCORPORATED
26-0103327	AIM TRANSFER & STORAGE, INC.
39-0890906	ALADDIN ENGINEERING & MFG., IN
39-1588466	ALLIANCE PLASTICS CORPORATION
39-1402341	ALMON, INC.
39-1633320	AMALGA COMPOSITES, INC.
39-1565352	APPLEWOOD DRYWALL SERVICE, INC
39-0959492	AYERS FURNITURE COMPANY
39-0144550	BADGER TAG & LABEL CORPORATION
39-1628642	BENTLEY WORLD-PACKAGING, LTD.
39-1610540	BERENZ PACKAGING CORP.
39-1038170	BERNTSEN BRASS & ALUMINUM FOUN
39-0181590	C.G. BRETTING MANUFACTURING CO., INC.
30-0111995	CARL STAHL AMERICAN LIFTING, LLC
39-0973406	CARLSON TOOL & MANUFACTURING CORP.
39-1568263	CARNES COMPANY, INC.
36-3567918	CENTRISYS CORPORATION
39-1500886	CHANEY SYSTEMS, INC.
39-1039812	COMET, INC.
39-1417808	CRAFTED PLASTICS INC.
39-1694673	CRAMER COIL & TRANSFORMER CO., INC.
39-0874695	DAVY ENGINEERING COMPANY, INC.
39-1568252	DINGS COMPANY
39-1128300	DUAL FOODS D.B.A. NED'S PIZZA
39-1824972	EXPER TEES, INC.
39-1092124	FELDMANN ENGINEERING & MFG. CO. INC.
39-1076978	FLEET SERVICES, INC.
39-1248133	FOX CITIES CHAMBER OF COMMERCE & INDUSTRY, INC.
39-1593017	GENERAL PLASTICS, INC.
39-1081537	GILSON, INC.
39-1147571	GOODWILL INDUSTRIES OF SOUTH CENTRAL WISCONSIN, INC.
39-1198099	GRANDVIEW MANAGEMENT, INC.
39-1869341	H & H INSURANCE SERVICES, INC.
39-1284886	HARTMANN CONTROLS, INC.
36-4751051	HC ACQUISITION CORP.
39-0714410	HENTZEN COATINGS, INC.
39-1950751	HOUSEMAN & FEIND, L.L.P.
39-1533534	HY-TEST SAFETY SHOE SERVICE
39-1860978	IMPERIAL TECHNOLOGY, INC.
20-4397792	INTEGRITY GRADING & EXCAVATING, INC.
20-4976907	ITASCA AUTOMATION SYSTEMS, LLC

39-0904881	JAMES PETERSON SONS, INC.
39-0377160	JOHANNESSEN-FARRAR, INC.
39-1311394	JOHNSON LITHO GRAPHICS OF EAU CLAIRE
39-1376839	JONCO INDUSTRIES, INC.
39-0384290	KAHLENBERG INDUSTRIES, INC.
39-1176457	KAPCO, INC.
39-1250937	KDV LABEL CO., INC.
39-1310547	KEEL MANUFACTURING, INC.
39-0994777	KENOSHA BEEF INTERNATIONAL, LTD.
36-2707870	KLEIN-DICKERT MILWAUKEE
37-1577945	KSM INDUSTRIES, INC.
45-3765821	KSP GROUP, INC.
39-0909981	LAKESHORE DISPLAY CO., INC.
39-0417440	Lakeside Bottling Company
39-0866468	LANGE BROS. WOODWORK CO., INC.
39-0972019	MACHINE INDUSTRIES, INC.
39-1093658	MANGOLD INSURANCE, INC.
39-1213322	Marchant Schmidt
39-1794310	MARTELL, INC.
39-1454734	MCADAMS GRAPHICS, INC.
39-0460220	McDonough Manufacturing Company
39-0461240	MCKAY NURSERY COMPANY
39-1081855	MELVIN COMPANIES
39-0988780	MERRILL IRON & STEEL, INC.
45-4194546	METRO MILWAUKEE MEDIATION SERVICES, INC.
39-1982857	MID-STATE CONTRACTING, LLC
39-0476050	MILWAUKEE COUNTRY CLUB
39-1023152	MITOTEC PRECISION
39-1990297	NDC LLC
20-4685072	NEUROTECH, LLC
39-0935824	NEW BERLIN REDI-MIX, INC.
39-1052724	NEW HOPE CENTER, INC.
39-1744955	NORTHERN STAINLESS CORPORATION
39-1134562	NORTHWEST BUILDERS, INC.
90-0669710	NOVA COIL, INC.
83-0736638	O'DONNELL'S TRUCK & BODY, INC.
39-1178876	PACKAGING SPECIALTIES, INC.
39-1191616	PRIMEX, INC.
39-1570779	PRO SAFETY, INC.
39-0910046	R & B WAGNER, INC.
39-1403335	RACINE AREA MANUFACTURERS & COMMERCE, INC.
39-1245558	RICHARD D. DAVENPORT M.D. & ASSOCIATES, S.C.
39-1195685	ROCKY ROCOCO CORPORATION

39-1023636	RYAN MANUFACTURING, INC.
39-1438368	Sauk Prairie Area Chamber of Commerce, Inc.
39-1222938	SEEK CAREERS/STAFFING, INC.
39-1706789	SHARP REFRACTORIES, INC.
39-0610910	SHEBOYGAN PAINT COMPANY
20-3131434	STELLANA U.S.
39-0885600	STURGEON BAY METAL PRODUCTS, INC.
39-0747950	SUN PRAIRIE CHAMBER OF COMMERCE
39-1482987	TELLURIAN, INC.
39-1132426	THE ELEGANT FARMER, INC.
39-1833397	THE RAUSER AGENCY, INC.
39-1413545	THERM-TECH OF WAUKESHA, INC.
39-1045976	TOEPFER SECURITY CORPORATION
39-1103834	TRACE-A-MATIC CORPORATION
39-1154596	TRANSPORTATION DEVELOPMENT ASSOCIATION OF WI
39-1713637	TTX HOLDINGS, INC.
39-1125465	ULTRA TOOL & MANUFACTURING
39-1092759	UROLOGY ASSOCIATES LTD., S.C.
39-1041199	USEMCO, INC.
39-1965476	VILLANI LANDSHAPERS LAWN & LANDSCAPE MAINTENANCE
39-1774588	VOGEL CONSULTING GROUP, S.C.
39-1734041	W. D. HOARD & SONS COMPANY
39-1077420	WATSON'S VENDING & FOODSERVICE, INC.
39-1936402	WAUKESHA AREA CONVENTION & VISITORS BUREAU, INC.
39-0689805	WAUKESHA COUNTY BUSINESS ALLIANCE, INC.
39-1273248	Waukesha Free Clinic
39-1597573	WEINBRENNER SHOE COMPANY, INC.
39-0696715	WENTHE-DAVIDSON ENGINEERING CO.
39-1554802	WEST GRAND FOODS, INC.
39-1589780	WILLMAN INDUSTRIES, INC.
39-1233219	WISCONSIN MANUFACTURERS & COMMERCE
39-1610956	WISCONSIN METAL PARTS, INC.
39-1416554	WOODS RUN FOREST PRODUCTS, INC.
39-1490462	XACT WIRE E.D.M. CORP.
39-1098769	ZARNOTH BRUSH WORKS, INC.
39-1175385	ZENAR CORPORATION
39-1964259	Zoomlion Heavy Industry
83-1597865	Phoenix Products LLC