

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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	
1a	Name of plan SPECTRUM EMPLOYER BUSINESS COOPERATIVE HEALTH AND WELFARE PLAN	1b Three-digit plan number (PN) ▶ 501
		1c Effective date of plan 01/01/2019
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) SPECTRUM EMPLOYER BUSINESS COOPERATIVE SPECTRUM BENEFIT SOLUTIONS OF CENTRAL WI LLC 903 GRAND AVE STE A-1 ROTHSCHILD, WI 54474-1065	2b Employer Identification Number (EIN) 83-2243338 2c Plan Sponsor's telephone number 715-679-8325 2d Business code (see instructions) 524290
	903 GRAND AVE STE A-1 ROTHSCHILD, WI 54474-1065	

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.	06/27/2025	COREEN TOTH-LAPOINTE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/27/2025	COREEN TOTH-LAPOINTE
	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 ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
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	3736
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)	3736
		6a(2)	3736
		6b	
		6c	
		6d	3736
		6e	
		6f	3736
		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	198

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:

4A

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ 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) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☐ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☐ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan	B Three-digit plan number (PN)	501
SPECTRUM EMPLOYER BUSINESS COOPERATIVE HEALTH AND WELFARE PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
SPECTRUM EMPLOYER BUSINESS COOPERATIVE	83-2243338	

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.
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1 Coverage Information:

(a) Name of insurance carrier
SECURITY HEALTH PLAN

(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
39-1572880	96881		3736	01/01/2024	12/31/2024

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
642964	

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
SPECTRUM BENEFIT SOLUTIONS OF CENTR
901 N PACIFIC ST
PO BOX 161
SPENCER, WI 54479

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
642964			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	

(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.

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) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
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)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	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) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	24776547	
(2) Increase (decrease) in amount due but unpaid	9a(2)	5329939	
(3) Increase (decrease) in unearned premium reserve	9a(3)	89122	
(4) Earned ((1) + (2) - (3))	9a(4)		30017364
b Benefit charges (1) Claims paid	9b(1)	29841324	
(2) Increase (decrease) in claim reserves	9b(2)	-273582	
(3) Incurred claims (add (1) and (2))	9b(3)		29567742
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	642964	
(B) Administrative service or other fees	9c(1)(B)	1237415	
(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)	495230	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		2375609
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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)		2322179
(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	
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. Specify nature of costs.	10b	

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. ▶

Information for Schedule A (Form 5500)

AA SEAMLESS LLC-SEBC (EMP000000005001)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004574735

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 5
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$924.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$924.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (oooooooooooooooo) Premiums:

(1) Amount received	\$29,006.54
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$2,449.15

 (pppppppppppppppp) Benefit charges:

(1) Claims paid	\$403.62
(2) Increase (decrease) in claim reserves	\$0.00

 (qqqqqqqqqqqqqqqq) Remainder of premium:

(89) Retention charges (on an accrual basis)	
(A) Commissions	\$924.00
(B) Administrative services	\$1,450.33
(G) Other retention charges	\$580.13

 (rrrrrrrrrrrrrrrr) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

ALMOST HOME AGAIN LLC-SEBC (EMP000000005003)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004575150

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 2
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$784.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$784.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (iiiiiiiiiiiiii) Premiums:

(1) Amount received	\$28,080.20
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

 (jjjjjjjjjjjjjj) Benefit charges:

(1) Claims paid	\$291,712.85
(2) Increase (decrease) in claim reserves	-\$4,758.87

 (kkkkkkkkkkkkkk) Remainder of premium:

(94) Retention charges (on an accrual basis)	
(A) Commissions	\$784.00
(B) Administrative services	\$1,404.01
(G) Other retention charges	\$561.60

 (llllllllllllll) Status of policyholder reserves at end of year:

(2) Claim reserves	\$6,571.79
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Information for Schedule A (Form 5500)

AMERICAN SOCIETY FOR LASER MEDICINE & SURGERY INC-SEBC (EMP000000000298)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004551980

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 17
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,492.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$2,492.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(www) Premiums:

(1) Amount received	\$107,022.79
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$1,472.25

 (xxxxxxx) Benefit charges:

(1) Claims paid	\$136,440.68
(2) Increase (decrease) in claim reserves	-\$8,543.41

 (yyyyyyy) Remainder of premium:

(52) Retention charges (on an accrual basis)	
(A) Commissions	\$2,492.00
(B) Administrative services	\$5,351.14
(G) Other retention charges	\$2,140.46

 (zzzzzzzz) Status of policyholder reserves at end of year:

(2) Claim reserves	\$7,109.44
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Information for Schedule A (Form 5500)

APR LLC - SEBC (EMP000000004898)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: XHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004590230

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 6
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$672.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (www) Premiums:
 (1) Amount received \$15,640.68
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$0.00
 (xxxx) Benefit charges:
 (1) Claims paid \$1,937.62
 (2) Increase (decrease) in claim reserves \$0.00
 (yyyy) Remainder of premium:
 (104) Retention charges (on an accrual basis)
 (A) Commissions \$672.00
 (B) Administrative services \$782.03
 (G) Other retention charges \$312.81
 (zzzz) Status of policyholder reserves at end of year:
 (2) Claim reserves \$0.00

Information for Schedule A (Form 5500)

ASCENT CONSTRUCTION LLC-SEBC (EMP000000005028)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004591856

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 0
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$0.00
 (b) Total amount of fees paid: \$0.00

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (aaaaaaaaaaaaaaaaaaaaa) Premiums:
 (1) Amount received \$511.75
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve -\$388.22
 (bbbbbbbbbbbbbbbbbbbb) Benefit charges:
 (1) Claims paid \$0.00
 (2) Increase (decrease) in claim reserves \$0.00
 (cccccccccccccccccccc) Remainder of premium:
 (131) Retention charges (on an accrual basis)
 (A) Commissions \$0.00
 (B) Administrative services \$25.59
 (G) Other retention charges \$10.24
 (dddddddddddddddddddd) Status of policyholder reserves at end of year:
 (2) Claim reserves \$0.00

Information for Schedule A (Form 5500)

JACO TRUCKING-SEBC (EMP000000005029)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004591857

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 6
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$336.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(eeeeeeeeeeeeeeeeeeee) Premiums:

(1) Amount received	\$23,841.72
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$640.97

 (ffffffffffffffffffff) Benefit charges:

(1) Claims paid	\$87,929.72
(2) Increase (decrease) in claim reserves	\$2,692.91

 (gggggggggggggggggggg) Remainder of premium:

(132) Retention charges (on an accrual basis)	
(A) Commissions	\$336.00
(B) Administrative services	\$1,192.09
(G) Other retention charges	\$476.83

 (hhhhhhhhhhhhhhhhhhhh) Status of policyholder reserves at end of year:

(2) Claim reserves	\$3,765.19
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Information for Schedule A (Form 5500)

ATHENS VETERINARY SERVICE INC-SEBC (EMP000000004375)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: XHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004590925

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 9
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,352.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$2,352.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(eeeeeeeeeeeeeeeeeeee) Premiums:

(1) Amount received	\$59,068.80
(2) Increase (decrease) in amount due but unpaid	\$523.66
(3) Increase (decrease) in unearned premium reserve	-\$523.66

 (ffffffffffffffffffff) Benefit charges:

(1) Claims paid	\$32,594.28
(2) Increase (decrease) in claim reserves	-\$597.93

 (gggggggggggggggggggg) Remainder of premium:

(119) Retention charges (on an accrual basis)	
(A) Commissions	\$2,352.00
(B) Administrative services	\$2,953.44
(G) Other retention charges	\$1,181.38

 (hhhhhhhhhhhhhhhhhh) Status of policyholder reserves at end of year:

(2) Claim reserves	\$367.65
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Information for Schedule A (Form 5500)

ATHENS VETERINARY SERVICE INC-SEBC (EMP000000004375)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004517024

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 8
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,344.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,344.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(uuuuu) Premiums:

(1) Amount received	\$48,518.16
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$976.44

(vvvvv) Benefit charges:

(1) Claims paid	\$4,926.50
(2) Increase (decrease) in claim reserves	\$660.21

(wwwww) Remainder of premium:

(32) Retention charges (on an accrual basis)	
(A) Commissions	\$1,344.00
(B) Administrative services	\$2,425.91
(G) Other retention charges	\$970.36

(xxxxx) Status of policyholder reserves at end of year:

(2) Claim reserves	\$2,065.35
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Information for Schedule A (Form 5500)

B & B SPECIALTIES INC-SEBC (EMP000000000440)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004623206

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 10
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,344.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,344.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

- | | | |
|----|---|---|
| 8. | (a) Health | |
| | (h) Prescription Drug | |
| | (j) HMO Contract | |
| 9. | Experience-rated contracts | |
| | (ggggggggggggggggggggggggg) | Premiums: |
| | (1) Amount received | \$61,597.92 |
| | (2) Increase (decrease) in amount due but unpaid | \$0.00 |
| | (3) Increase (decrease) in unearned premium reserve | \$3,570.57 |
| | (hhhhhhhhhhhhhhhhhhhhhhh) | Benefit charges: |
| | (1) Claims paid | \$92,459.31 |
| | (2) Increase (decrease) in claim reserves | \$32,688.10 |
| | (iiiiiiiiiiiiiiiii) | Remainder of premium: |
| | (165) Retention charges (on an accrual basis) | |
| | (A) Commissions | \$1,344.00 |
| | (B) Administrative services | \$3,079.90 |
| | (G) Other retention charges | \$1,231.96 |
| | (jjjjjjjjjjjjjjjjjjjjjjj) | Status of policyholder reserves at end of year: |
| | (2) Claim reserves | \$38,868.50 |

Information for Schedule A (Form 5500)

BADGER PLASTICS & SUPPLY INC-SEBC (EMP000000004931)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: XHMO DBS EX - GROUP BILL 26 EOM Org. Policy ID: C0004533228

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 30
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$5,936.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$5,936.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (qqqqqq) Premiums:

(1) Amount received	\$199,972.11
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$14,259.87

 (rrrrrr) Benefit charges:

(1) Claims paid	\$225,411.78
(2) Increase (decrease) in claim reserves	-\$20,479.04

 (ssssss) Remainder of premium:

(44) Retention charges (on an accrual basis)	
(A) Commissions	\$5,936.00
(B) Administrative services	\$9,998.61
(G) Other retention charges	\$3,999.44

 (tttttt) Status of policyholder reserves at end of year:

(2) Claim reserves	\$4,303.19
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Information for Schedule A (Form 5500)

BANK A COUNT CORPORATION-SEBC (EMP000000000488)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004590235

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 30
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$8,680.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$8,680.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(aaaaaaaaaaaaaaaa) Premiums:

(1) Amount received	\$280,830.71
(2) Increase (decrease) in amount due but unpaid	\$3.00
(3) Increase (decrease) in unearned premium reserve	-\$5,191.89

 (bbbbbbbbbbbbbbbb) Benefit charges:

(1) Claims paid	\$224,471.53
(2) Increase (decrease) in claim reserves	\$18,960.06

 (cccccccccccccccc) Remainder of premium:

(105) Retention charges (on an accrual basis)	
(A) Commissions	\$8,680.00
(B) Administrative services	\$14,041.54
(G) Other retention charges	\$5,616.61

 (dddddddddddddddd) Status of policyholder reserves at end of year:

(2) Claim reserves	\$29,198.99
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Information for Schedule A (Form 5500)

BLACK RIVER RECYCLING-SEBC (EMP000000004952)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004552896

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 2
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(xxxxxxxxxx) Premiums:

(1) Amount received	\$12,282.00
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

 (xxxxxxxxxx) Benefit charges:

(1) Claims paid	\$12,770.64
(2) Increase (decrease) in claim reserves	-\$6,167.12

 (yyyyyyyyyy) Remainder of premium:

(65) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$614.10
(G) Other retention charges	\$245.64

 (zzzzzzzzzz) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

BOYS & GIRLS CLUB OF LAC COURTE OREILLES-SEBC (EMP000000001693)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004624894

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 1
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$336.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(cccccccccccccccccccccccccccccccc) Premiums:

(1) Amount received	\$8,387.62
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$485.04

 (dddddddddddddddddddddddddddddd) Benefit charges:

(1) Claims paid	\$37,156.00
(2) Increase (decrease) in claim reserves	\$0.00

 (eeeeeeeeeeeeeeeeeeeeeeeeeeeeeee) Remainder of premium:

(190) Retention charges (on an accrual basis)	
(A) Commissions	\$336.00
(B) Administrative services	\$419.38
(G) Other retention charges	\$167.75

 (ffffffffffffffffffffffffffff) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

BREWS BROTHERS PUB LLC-SEBC (EMP000000005157)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004625406

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 17
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,416.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$3,416.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee) Premiums:

(1) Amount received	\$105,065.65
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$1,822.86

(ffffffffffffffffffffffffffffffff) Benefit charges:	
(1) Claims paid	\$31,120.05
(2) Increase (decrease) in claim reserves	-\$756.60

(gggggggggggggggggggggggggggggggggggggggg) Remainder of premium:	
(197) Retention charges (on an accrual basis)	
(A) Commissions	\$3,416.00
(B) Administrative services	\$5,253.28
(G) Other retention charges	\$2,101.31

(hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh) Status of policyholder reserves at end of year:	
(2) Claim reserves	\$0.00

Information for Schedule A (Form 5500)

BRIAN PHILLIPS TRUCKING LLC-SEBC (EMP000000005080)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004607136

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 2
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(ssssssssssssssssssssssssssss) Premiums:

(1) Amount received	\$13,325.16
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$1,412.84

 (tttttttttttttttttttttttttttt) Benefit charges:

(1) Claims paid	\$20,709.92
(2) Increase (decrease) in claim reserves	\$0.00

 (uuuuuuuuuuuuuuuuuuuuuuuuuuuu) Remainder of premium:
 (155) Retention charges (on an accrual basis)

(A) Commissions	\$672.00
(B) Administrative services	\$666.26
(G) Other retention charges	\$266.50

 (vvvvvvvvvvvvvvvvvvvvvvvvvvvv) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

BRICKNER MOTORS INC ANTIGO-SEBC (EMP000000004029)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004483370

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 11
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,596.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,596.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(eee) Premiums:

(1) Amount received	\$48,456.97
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$2,702.36

 (fff) Benefit charges:

(1) Claims paid	\$8,679.21
(2) Increase (decrease) in claim reserves	\$666.93

 (ggg) Remainder of premium:

(15) Retention charges (on an accrual basis)	
(A) Commissions	\$1,596.00
(B) Administrative services	\$2,422.85
(G) Other retention charges	\$969.14

 (hhh) Status of policyholder reserves at end of year:

(2) Claim reserves	\$1,212.96
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Information for Schedule A (Form 5500)

BRICKNER MOTORS INC ANTIGO-SEBC (EMP000000004029)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EBC PR - GROUP BILL 26 EOM Org. Policy ID: C0004483371

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 14
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,128.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$2,128.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 - (iii) Premiums:

(1) Amount received	\$74,428.68
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$3,825.29
 - (jjj) Benefit charges:

(1) Claims paid	\$74,520.48
(2) Increase (decrease) in claim reserves	\$30.40
 - (kkk) Remainder of premium:

(16) Retention charges (on an accrual basis)	
(A) Commissions	\$2,128.00
(B) Administrative services	\$3,721.43
(G) Other retention charges	\$1,488.57
 - (lll) Status of policyholder reserves at end of year:

(2) Claim reserves	\$30.40
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Information for Schedule A (Form 5500)

BRICKNER MOTORS INC WAUSAU-SEBC (EMP000000004031)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004483373

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 13
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,464.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$2,464.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (mmm) Premiums:

(1) Amount received	\$114,166.48
(2) Increase (decrease) in amount due but unpaid	\$6,209.87
(3) Increase (decrease) in unearned premium reserve	-\$6,019.18

 (nnn) Benefit charges:

(1) Claims paid	\$39,754.74
(2) Increase (decrease) in claim reserves	-\$10,081.69

 (ooo) Remainder of premium:

(17) Retention charges (on an accrual basis)	
(A) Commissions	\$2,464.00
(B) Administrative services	\$5,708.32
(G) Other retention charges	\$2,283.33

 (ppp) Status of policyholder reserves at end of year:

(2) Claim reserves	\$638.38
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Information for Schedule A (Form 5500)

BRICKNER MOTORS INC WAUSAU-SEBC (EMP000000004031)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EBC PR - GROUP BILL 26 EOM Org. Policy ID: C0004483374

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 32
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$6,524.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$6,524.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(qqq) Premiums:

(1) Amount received	\$184,073.13
(2) Increase (decrease) in amount due but unpaid	\$1,517.64
(3) Increase (decrease) in unearned premium reserve	\$2,571.50

 (rrr) Benefit charges:

(1) Claims paid	\$356,142.66
(2) Increase (decrease) in claim reserves	\$19,982.87

 (sss) Remainder of premium:

(18) Retention charges (on an accrual basis)	
(A) Commissions	\$6,524.00
(B) Administrative services	\$9,203.66
(G) Other retention charges	\$3,681.46
- (ttt) Status of policyholder reserves at end of year:

(2) Claim reserves	\$30,215.25
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Information for Schedule A (Form 5500)

BRICKNER MOTORS INC BMI CORP-SEBC (EMP000000004028)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004483375

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 1
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$420.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$420.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts

(uuu) Premiums:	
(1) Amount received	\$10,988.88
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,301.20
(vvv) Benefit charges:	
(1) Claims paid	\$18,465.07
(2) Increase (decrease) in claim reserves	\$0.00
(www) Remainder of premium:	
(19) Retention charges (on an accrual basis)	
(A) Commissions	\$420.00
(B) Administrative services	\$549.44
(G) Other retention charges	\$219.78
(xxx) Status of policyholder reserves at end of year:	
(2) Claim reserves	\$0.00

Information for Schedule A (Form 5500)

BRICKNER MOTORS INC BMI CORP-SEBC (EMP000000004028)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EBC PR - GROUP BILL 26 EOM Org. Policy ID: C0004483376

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 14
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,976.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$3,976.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (yyy) Premiums:

(1) Amount received	\$100,296.56
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,296.87

 (zzz)Benefit charges:

(1) Claims paid	\$66,178.74
(2) Increase (decrease) in claim reserves	\$11,198.63

 (aaaa) Remainder of premium:

(20) Retention charges (on an accrual basis)	
(A) Commissions	\$3,976.00
(B) Administrative services	\$5,014.83
(G) Other retention charges	\$2,005.93

 (bbbb) Status of policyholder reserves at end of year:

(2) Claim reserves	\$11,727.93
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Information for Schedule A (Form 5500)

BROKAW CREDIT UNION-SEBC (EMP000000000297)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004482585

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 12
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,052.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$3,052.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts

(q) Premiums:	
(1) Amount received	\$87,172.89
(2) Increase (decrease) in amount due but unpaid	\$44.66
(3) Increase (decrease) in unearned premium reserve	\$613.06
(r) Benefit charges:	
(1) Claims paid	\$85,404.20
(2) Increase (decrease) in claim reserves	-\$14,216.46
(s) Remainder of premium:	
(5) Retention charges (on an accrual basis)	
(A) Commissions	\$3,052.00
(B) Administrative services	\$4,358.64
(G) Other retention charges	\$1,743.46
(t) Status of policyholder reserves at end of year:	
(2) Claim reserves	\$970.31

Information for Schedule A (Form 5500)

BRUNER FINANCIAL SERVICES INC-SEBC (EMP000000005127)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004624562

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 3
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(ssssssssssssssssssssssssssssssss) Premiums:

(1) Amount received	\$22,649.64
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$76.92

 (tttttttttttttttttttttttttttttttt) Benefit charges:

(1) Claims paid	\$131,700.76
(2) Increase (decrease) in claim reserves	-\$828.22

 (uuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuu) Remainder of premium:

(181) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$1,132.48
(G) Other retention charges	\$452.99

 (vvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv) Status of policyholder reserves at end of year:

(2) Claim reserves	\$3,253.53
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Information for Schedule A (Form 5500)

BRUNNER WELL DRILLING LLC-SEBC (EMP000000004961)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004553198

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 6
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$980.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$980.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(ccccccccccc) Premiums:

(1) Amount received	\$30,193.25
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$1,129.40

 (ddddddddddd) Benefit charges:

(1) Claims paid	\$76,711.64
(2) Increase (decrease) in claim reserves	\$14,169.74

 (eeeeeeeeeee) Remainder of premium:

(73) Retention charges (on an accrual basis)	
(A) Commissions	\$980.00
(B) Administrative services	\$1,509.66
(G) Other retention charges	\$603.87

 (fffffffffff) Status of policyholder reserves at end of year:

(2) Claim reserves	\$15,491.59
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Information for Schedule A (Form 5500)

C & N COMPACT EXCAVATING LLC-SEBC (EMP000000004888)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004590830

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 0
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$84.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$84.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(xxxxxxxxxxxxxxxxxxxxxx) Premiums:

(1) Amount received	\$1,775.55
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$591.85

 (xxxxxxxxxxxxxxxxxxxxxx) Benefit charges:

(1) Claims paid	\$491.34
(2) Increase (decrease) in claim reserves	\$0.00

 (yyyyyyyyyyyyyyyyyyyy) Remainder of premium:
 (117) Retention charges (on an accrual basis)

(A) Commissions	\$84.00
(B) Administrative services	\$88.78
(G) Other retention charges	\$35.51

 (zzzzzzzzzzzzzzzzzzzz) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

CHEREK PUCCI & QUICK SC-SEBC (EMP000000000027)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004537258

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 3
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$756.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$756.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(kkkkkkkk) Premiums:

(1) Amount received	\$33,620.13
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$735.69

(llllllll) Benefit charges:

(1) Claims paid	\$12,294.61
(2) Increase (decrease) in claim reserves	\$0.00

(mmmmmmmm) Remainder of premium:

(49) Retention charges (on an accrual basis)	
(A) Commissions	\$756.00
(B) Administrative services	\$1,681.01
(G) Other retention charges	\$672.40

(nnnnnnnn) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

CHRISTENSEN SALES CORP INC-SEBC (EMP000000004899)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004516670

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 5
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,344.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,344.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts

(gggg) Premiums:	
(1) Amount received	\$38,544.12
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00
(hhhh) Benefit charges:	
(1) Claims paid	\$17,814.78
(2) Increase (decrease) in claim reserves	-\$9,097.43
(iiii) Remainder of premium:	
(22) Retention charges (on an accrual basis)	
(A) Commissions	\$1,344.00
(B) Administrative services	\$1,927.21
(G) Other retention charges	\$770.88
(jjjj) Status of policyholder reserves at end of year:	
(2) Claim reserves	\$1,226.68

Information for Schedule A (Form 5500)

CITY OF ABBOTSFORD-SEBC (EMP000000004951)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004552840

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 5
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$700.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$700.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (kkkkkkkkkk) Premiums:

(1) Amount received	\$43,327.56
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

 (llllllllll) Benefit charges:

(1) Claims paid	\$68.87
(2) Increase (decrease) in claim reserves	\$0.00

 (mmmmmmmmmm) Remainder of premium:

(62) Retention charges (on an accrual basis)	
(A) Commissions	\$700.00
(B) Administrative services	\$2,166.38
(G) Other retention charges	\$866.55

 (nnnnnnnnnn) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

CITY OF COLBY-SEBC (EMP000000000234)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EBC PR - GROUP BILL 26 EOM Org. Policy ID: C0004482501

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 22
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,716.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$2,716.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 - (e) Premiums:

(1) Amount received	\$135,128.66
(2) Increase (decrease) in amount due but unpaid	\$1,818.60
(3) Increase (decrease) in unearned premium reserve	-\$626.50
 - (f) Benefit charges:

(1) Claims paid	\$107,166.81
(2) Increase (decrease) in claim reserves	-\$12,338.15
 - (g) Remainder of premium:

(2) Retention charges (on an accrual basis)	
(A) Commissions	\$2,716.00
(B) Administrative services	\$6,756.43
(G) Other retention charges	\$2,702.57
 - (h) Status of policyholder reserves at end of year:

(2) Claim reserves	\$1,192.38
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Information for Schedule A (Form 5500)

CITY OF GREENWOOD-SEBC (EMP000000000254)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: XHMO EBC SO - GROUP BILL 26 EOM Org. Policy ID: C0004590844

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 18
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,688.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$2,688.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (aaaaaaaaaaaaaaaaaaaaa) Premiums:
 (1) Amount received \$101,264.88
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$0.00
 (bbbbbbbbbbbbbbbbbbbb) Benefit charges:
 (1) Claims paid \$16,266.30
 (2) Increase (decrease) in claim reserves \$440.41
 (cccccccccccccccccccc) Remainder of premium:
 (118) Retention charges (on an accrual basis)
 (A) Commissions \$2,688.00
 (B) Administrative services \$5,063.24
 (G) Other retention charges \$2,025.30
 (ddddddddddddddddddd) Status of policyholder reserves at end of year:
 (2) Claim reserves \$830.16

Information for Schedule A (Form 5500)

CITY OF HAYWARD-SEBC (EMP000000000416)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004624832

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 33
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$5,348.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$5,348.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq) Premiums:
 (1) Amount received \$206,269.26
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve -\$2,167.02
 (rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr) Benefit charges:
 (1) Claims paid \$204,936.03
 (2) Increase (decrease) in claim reserves -\$6,070.06
 (ssssssssssssssssssssssssssssss) Remainder of premium:
 (187) Retention charges (on an accrual basis)
 (A) Commissions \$5,348.00
 (B) Administrative services \$10,313.46
 (G) Other retention charges \$4,125.39
 (tttttttttttttttttttttttttttttt) Status of policyholder reserves at end of year:
 (2) Claim reserves \$11,571.03

Information for Schedule A (Form 5500)

CITY OF HURLEY-SEBC (EMP000000004224)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004482987

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 24
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$4,200.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$4,200.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
 - (y) Premiums:

(1) Amount received	\$228,744.00
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$297.34
 - (z) Benefit charges:

(1) Claims paid	\$289,031.01
(2) Increase (decrease) in claim reserves	-\$56,356.56
 - (aa) Remainder of premium:

(7) Retention charges (on an accrual basis)	
(A) Commissions	\$4,200.00
(B) Administrative services	\$11,437.20
(G) Other retention charges	\$4,574.88
 - (bb) Status of policyholder reserves at end of year:

(2) Claim reserves	\$9,927.97
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Information for Schedule A (Form 5500)

CITY OF MEDFORD-SEBC (EMP000000000231)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004517187

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 97
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$11,620.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$11,620.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (ccccc) Premiums:

(1) Amount received	\$597,167.42
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$10,357.16

 (dddddd) Benefit charges:

(1) Claims paid	\$722,013.66
(2) Increase (decrease) in claim reserves	-\$30,129.76

 (eeeeee) Remainder of premium:

(34) Retention charges (on an accrual basis)	
(A) Commissions	\$11,620.00
(B) Administrative services	\$29,858.37
(G) Other retention charges	\$11,943.35

 (ffffff) Status of policyholder reserves at end of year:

(2) Claim reserves	\$27,076.62
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Information for Schedule A (Form 5500)

CITY OF PHILLIPS-SEBC (EMP000000004887)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004516974

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 38
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$4,844.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$4,844.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(qqqqq) Premiums:

(1) Amount received	\$222,842.22
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$6,445.91

 (rrrrr) Benefit charges:

(1) Claims paid	\$332,899.02
(2) Increase (decrease) in claim reserves	\$11,469.96

 (sssss) Remainder of premium:

(31) Retention charges (on an accrual basis)	
(A) Commissions	\$4,844.00
(B) Administrative services	\$11,142.11
(G) Other retention charges	\$4,456.84

 (ttttt) Status of policyholder reserves at end of year:

(2) Claim reserves	\$44,101.62
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Information for Schedule A (Form 5500)

CITY OF PITTSVILLE-SEBC (EMP000000000132)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004589876

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 2
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$336.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (uuuuuuuuuuuuuuuu) Premiums:

(1) Amount received	\$16,574.12
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$2,619.30

 (vvvvvvvvvvvvvv) Benefit charges:

(1) Claims paid	\$70,369.98
(2) Increase (decrease) in claim reserves	\$1,728.37

 (wwwwwwwwwwwwwwww) Remainder of premium:

(97) Retention charges (on an accrual basis)	
(A) Commissions	\$336.00
(B) Administrative services	\$828.71
(G) Other retention charges	\$331.48

 (xxxxxx) Status of policyholder reserves at end of year:

(2) Claim reserves	\$1,728.37
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Information for Schedule A (Form 5500)

CITY OF PITTSVILLE-SEBC (EMP000000000132)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004549995

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 0
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$196.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$196.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (ssssssss) Premiums:

(1) Amount received	\$10,869.23
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$876.78

 (tttttttt) Benefit charges:

(1) Claims paid	\$29,249.01
(2) Increase (decrease) in claim reserves	-\$3,576.50

 (uuuuuuuu) Remainder of premium:

(51) Retention charges (on an accrual basis)	
(A) Commissions	\$196.00
(B) Administrative services	\$543.46
(G) Other retention charges	\$217.38

 (vvvvvvvv) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

CITY OF SHELL LAKE-SEBC (EMP000000004219)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO DBS PR - GROUP BILL 26 EOM Org. Policy ID: C0004549638

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 26
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,164.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$3,164.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(ooooooo) Premiums:

(1) Amount received	\$164,426.81
(2) Increase (decrease) in amount due but unpaid	\$0.02
(3) Increase (decrease) in unearned premium reserve	\$1,810.48

(pppppppp) Benefit charges:

(1) Claims paid	\$182,237.04
(2) Increase (decrease) in claim reserves	\$215.62

(qqqqqqqq) Remainder of premium:

(50) Retention charges (on an accrual basis)	
(A) Commissions	\$3,164.00
(B) Administrative services	\$8,221.34
(G) Other retention charges	\$3,288.54

(rrrrrrrr) Status of policyholder reserves at end of year:

(2) Claim reserves	\$16,579.09
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Information for Schedule A (Form 5500)

CITY OF THORP-SEBC (EMP000000000140)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004552894

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 28
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,248.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$3,248.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (oooooooo) Premiums:

(1) Amount received	\$170,543.87
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,357.65

 (pppppppppp) Benefit charges:

(1) Claims paid	\$30,088.44
(2) Increase (decrease) in claim reserves	\$2,290.15

 (qqqqqqqqqq) Remainder of premium:

(63) Retention charges (on an accrual basis)	
(A) Commissions	\$3,248.00
(B) Administrative services	\$8,527.19
(G) Other retention charges	\$3,410.88

 (rrrrrrrrrr) Status of policyholder reserves at end of year:

(2) Claim reserves	\$2,441.41
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Information for Schedule A (Form 5500)

COLBY ABBOTSFORD POLICE COMMISSION-SEBC (EMP000000000277)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EBC PR - GROUP BILL 26 EOM Org. Policy ID: C0004552895

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 26
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,352.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$2,352.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (sssssssss) Premiums:
 (1) Amount received \$105,099.62
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$899.68
 (ttttttttt) Benefit charges:
 (1) Claims paid \$176,317.56
 (2) Increase (decrease) in claim reserves -\$39,446.84
 (uuuuuuuuu) Remainder of premium:
 (64) Retention charges (on an accrual basis)
 (A) Commissions \$2,352.00
 (B) Administrative services \$5,254.98
 (G) Other retention charges \$2,101.99
 (vvvvvvvvv) Status of policyholder reserves at end of year:
 (2) Claim reserves \$31.72

Information for Schedule A (Form 5500)

COLOR VISION LTD-SEBC (EMP000000004967)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004553736

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 10
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,360.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$3,360.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (wwwwwwwwwwww) Premiums:
 (1) Amount received \$76,845.23
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$2,063.11
 (xxxxxxxxxxxx) Benefit charges:
 (1) Claims paid \$22,129.92
 (2) Increase (decrease) in claim reserves \$2,165.63
 (yyyyyyyyyyyy) Remainder of premium:
 (78) Retention charges (on an accrual basis)
 (A) Commissions \$3,360.00
 (B) Administrative services \$3,842.26
 (G) Other retention charges \$1,536.90
 (zzzzzzzzzzzz) Status of policyholder reserves at end of year:
 (2) Claim reserves \$2,888.76

Information for Schedule A (Form 5500)

COMBAT PARTS-SEBC (EMP000000004965)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004553731

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 5
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(oooooooooooo) Premiums:

(1) Amount received	\$37,351.92
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,715.04

(pppppppppppp) Benefit charges:

(1) Claims paid	\$27,325.64
(2) Increase (decrease) in claim reserves	\$28,471.31

(qqqqqqqqqqqq) Remainder of premium:

(76) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$1,867.60
(G) Other retention charges	\$747.04

(rrrrrrrrrrrr) Status of policyholder reserves at end of year:

(2) Claim reserves	\$33,562.34
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Information for Schedule A (Form 5500)

COMMUNITY FIRST BANK-SEBC (EMP000000000498)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO DBS PR - GROUP BILL 26 EOM Org. Policy ID: C0004555357

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 33
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,836.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$3,836.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (qqqqqqqqqqqq) Premiums:
 (1) Amount received \$165,141.75
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve -\$997.91
 (rrrrrrrrrrrr) Benefit charges:
 (1) Claims paid \$306,134.72
 (2) Increase (decrease) in claim reserves \$13,735.87
 (ssssssssssss) Remainder of premium:
 (83) Retention charges (on an accrual basis)
 (A) Commissions \$3,836.00
 (B) Administrative services \$8,257.09
 (G) Other retention charges \$3,302.83
 (tttttttttttt) Status of policyholder reserves at end of year:
 (2) Claim reserves \$32,542.41

Information for Schedule A (Form 5500)

COMMUNITY FIRST BANK-SEBC (EMP000000000498)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO DBS EX - GROUP BILL 26 EOM Org. Policy ID: C0004555358

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 5
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$336.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (uuuuuuuuuuuuuu) Premiums:
 (1) Amount received \$19,238.40
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$0.00
 (vvvvvvvvvvvv) Benefit charges:
 (1) Claims paid \$2,221.99
 (2) Increase (decrease) in claim reserves -\$535.59
 (wwwwwwwwwwww) Remainder of premium:
 (84) Retention charges (on an accrual basis)
 (A) Commissions \$336.00
 (B) Administrative services \$961.92
 (G) Other retention charges \$384.77
 (xxxxxxxxxxxxxx) Status of policyholder reserves at end of year:
 (2) Claim reserves \$0.00

Information for Schedule A (Form 5500)

COUNTY LAND & TITLE LLC-SEBC (EMP000000000316)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004483248

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 0
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,136.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$3,136.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (gg) Premiums:

(1) Amount received	\$87,494.64
(2) Increase (decrease) in amount due but unpaid	\$19,307.50
(3) Increase (decrease) in unearned premium reserve	-\$27,580.56

 (hh) Benefit charges:

(1) Claims paid	\$156,173.29
(2) Increase (decrease) in claim reserves	-\$1,109.66

 (ii) Remainder of premium:

(9) Retention charges (on an accrual basis)	
(A) Commissions	\$3,136.00
(B) Administrative services	\$4,374.73
(G) Other retention charges	\$1,749.89

 (jj) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

CREATIVE AUTOMATION INC-SEBC (EMP000000001554)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004483281

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 79
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$10,136.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$10,136.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(oo) Premiums:

(1) Amount received	\$539,484.98
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$7,955.83

(pp) Benefit charges:

(1) Claims paid	\$371,836.38
(2) Increase (decrease) in claim reserves	\$9,098.25

(qq) Remainder of premium:

(11) Retention charges (on an accrual basis)	
(A) Commissions	\$10,136.00
(B) Administrative services	\$26,974.25
(G) Other retention charges	\$10,789.70

(rr) Status of policyholder reserves at end of year:

(2) Claim reserves	\$30,436.01
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Information for Schedule A (Form 5500)

CREATIVE AUTOMATION INC-SEBC (EMP000000001554)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: POS PR - GROUP BILL 26 EOM

Org. Policy ID: C0004483282

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 3
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$336.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(ss) Premiums:

(1) Amount received	\$24,470.64
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$509.82

(tt) Benefit charges:

(1) Claims paid	\$7,839.99
(2) Increase (decrease) in claim reserves	-\$1,760.18

(uu) Remainder of premium:

(12) Retention charges (on an accrual basis)	
(A) Commissions	\$336.00
(B) Administrative services	\$1,223.53
(G) Other retention charges	\$489.41

(vv) Status of policyholder reserves at end of year:

(2) Claim reserves	\$422.01
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Information for Schedule A (Form 5500)

CROSSBRIDGE COMMUNITY BANK-SEBC (EMP000000000800)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004482560

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 45
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$7,644.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$7,644.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
 - (i) Premiums:

(1) Amount received	\$287,116.62
(2) Increase (decrease) in amount due but unpaid	\$797.02
(3) Increase (decrease) in unearned premium reserve	\$4,477.23
 - (j) Benefit charges:

(1) Claims paid	\$874,166.12
(2) Increase (decrease) in claim reserves	-\$269,024.97
 - (k) Remainder of premium:

(3) Retention charges (on an accrual basis)	
(A) Commissions	\$7,644.00
(B) Administrative services	\$14,355.83
(G) Other retention charges	\$5,742.33
 - (l) Status of policyholder reserves at end of year:

(2) Claim reserves	\$34,081.09
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Information for Schedule A (Form 5500)

CROSSBRIDGE COMMUNITY BANK-SEBC (EMP000000000800)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxPOS PR - GROUP BILL 26 EOM

Org. Policy ID: C0004482561

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 0
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$224.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$224.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(m) Premiums:

(1) Amount received	\$7,171.26
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,257.52

(n) Benefit charges:

(1) Claims paid	\$1,439.30
(2) Increase (decrease) in claim reserves	-\$63.60

(o) Remainder of premium:

(4) Retention charges (on an accrual basis)	
(A) Commissions	\$224.00
(B) Administrative services	\$358.56
(G) Other retention charges	\$143.43

(p) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

CROSSBRIDGE COMMUNITY BANK-SEBC (EMP000000000800)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004516826

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 0
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$0.00
 (b) Total amount of fees paid: \$0.00

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts

(ssss)	Premiums:	
(1)	Amount received	\$0.00
(2)	Increase (decrease) in amount due but unpaid	\$0.00
(3)	Increase (decrease) in unearned premium reserve	-\$691.60
(tttt)	Benefit charges:	
(1)	Claims paid	\$1,005.39
(2)	Increase (decrease) in claim reserves	-\$368.34
(uuuu)	Remainder of premium:	
(25)	Retention charges (on an accrual basis)	
(A)	Commissions	\$0.00
(B)	Administrative services	\$0.00
(G)	Other retention charges	\$0.00
(vvvv)	Status of policyholder reserves at end of year:	
(2)	Claim reserves	\$0.00

Information for Schedule A (Form 5500)

CROSSBRIDGE COMMUNITY BANK-SEBC (EMP000000000800)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: POS EX - GROUP BILL 26 EOM

Org. Policy ID: C0004516827

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 1
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$336.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (www) Premiums:

(1) Amount received	\$6,574.68
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$136.97

 (xxxx) Benefit charges:

(1) Claims paid	\$4,966.92
(2) Increase (decrease) in claim reserves	\$1,614.46

 (yyyy) Remainder of premium:

(26) Retention charges (on an accrual basis)	
(A) Commissions	\$336.00
(B) Administrative services	\$328.73
(G) Other retention charges	\$131.49

 (zzzz) Status of policyholder reserves at end of year:

(2) Claim reserves	\$1,614.46
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Information for Schedule A (Form 5500)

CROSSBRIDGE COMMUNITY BANK-SEBC (EMP000000000800)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004592356

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 6
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(iiiiiiiiiiiiiiii) Premiums:

(1) Amount received	\$37,770.48
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$1,371.99

 (jjjjjjjjjjjjjjjjjjjj) Benefit charges:

(1) Claims paid	\$14,626.83
(2) Increase (decrease) in claim reserves	-\$2,447.19

 (kkkkkkkkkkkkkkkkkkkk) Remainder of premium:

(146) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$1,888.52
(G) Other retention charges	\$755.41

 (iiiiiiiiiiiiiiii) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

DAVID J WANSERSKI DDS MS SC-SEBC (EMP000000000263)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004590790

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 7
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,344.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,344.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(cccccccccccccccc) Premiums:

(1) Amount received	\$42,721.57
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$531.73

 (dddddddddddddddd) Benefit charges:

(1) Claims paid	\$10,617.66
(2) Increase (decrease) in claim reserves	\$834.99

 (eeeeeeeeeeeeeeee) Remainder of premium:

(112) Retention charges (on an accrual basis)	
(A) Commissions	\$1,344.00
(B) Administrative services	\$2,136.08
(G) Other retention charges	\$854.43

 (ffffffffffffffff) Status of policyholder reserves at end of year:

(2) Claim reserves	\$930.74
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Information for Schedule A (Form 5500)

DENNIS OVYN TRUCKING-SEBC (EMP000000005126)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004623783

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 9
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,484.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$1,484.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (yyyyyyyyyyyyyyyyyyyyyyyyyyyyyy) Premiums:
 (1) Amount received \$41,451.75
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$2,135.27
 (zzzzzzzzzzzzzzzzzzzzzzzzzzzzzz) Benefit charges:
 (1) Claims paid \$5,693.61
 (2) Increase (decrease) in claim reserves -\$2,015.81
 (aaaaaaaaaaaaaaaaaaaaaaaaaaaaa) Remainder of premium:
 (176) Retention charges (on an accrual basis)
 (A) Commissions \$1,484.00
 (B) Administrative services \$2,072.59
 (G) Other retention charges \$829.04
 (bbbbbbbbbbbbbbbbbbbbbbbbbbbbbb) Status of policyholder reserves at end of year:
 (2) Claim reserves \$0.00

Information for Schedule A (Form 5500)

DFC HOLDINGS INC-SEBC (EMP000000000071)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004589934

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 3
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,008.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,008.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(yyyyyyyyyyyyyyyy) Premiums:

(1) Amount received	\$16,463.88
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

 (zzzzzzzzzzzzzzzz) Benefit charges:

(1) Claims paid	\$20,882.28
(2) Increase (decrease) in claim reserves	\$450.90

 (aaaaaaaaaaaaaaaa) Remainder of premium:
 (98) Retention charges (on an accrual basis)

(A) Commissions	\$1,008.00
(B) Administrative services	\$823.19
(G) Other retention charges	\$329.28

 (bbbbbbbbbbbbbbbb) Status of policyholder reserves at end of year:

(2) Claim reserves	\$495.01
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Information for Schedule A (Form 5500)

DFC HOLDINGS INC-SEBC (EMP000000000071)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004553285

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 2
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$672.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (kkkkkkkkkkkk) Premiums:
 (1) Amount received \$12,282.00
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$247.06
 (lllllllllll) Benefit charges:
 (1) Claims paid \$111,305.81
 (2) Increase (decrease) in claim reserves -\$64,032.35
 (mmmmmmmmmmmm) Remainder of premium:
 (75) Retention charges (on an accrual basis)
 (A) Commissions \$672.00
 (B) Administrative services \$614.10
 (G) Other retention charges \$245.64
 (nnnnnnnnnnnn) Status of policyholder reserves at end of year:
 (2) Claim reserves \$5,700.43

Information for Schedule A (Form 5500)

DRAXLER TRANSPORT INC-SEBC (EMP000000004441)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: XHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004624551

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 28
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$5,600.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$5,600.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(oooooooooooooooooooooooooooo) Premiums:

(1) Amount received	\$137,656.50
(2) Increase (decrease) in amount due but unpaid	\$914.66
(3) Increase (decrease) in unearned premium reserve	\$1,554.93

 (pppppppppppppppppppppppppppppp) Benefit charges:

(1) Claims paid	\$92,201.93
(2) Increase (decrease) in claim reserves	\$14,310.54

 (qqqqqqqqqqqqqqqqqqqqqqqqqqqq) Remainder of premium:

(180) Retention charges (on an accrual basis)	
(A) Commissions	\$5,600.00
(B) Administrative services	\$6,882.83
(G) Other retention charges	\$2,753.13

 (rrrrrrrrrrrrrrrrrrrrrrrrrrrrrr) Status of policyholder reserves at end of year:

(2) Claim reserves	\$18,483.81
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Information for Schedule A (Form 5500)

DUBAY CRANBERRY CO-SEBC (EMP000000004366)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO DBS PR - GROUP BILL 26 EOM Org. Policy ID: C0004552445

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 15
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,904.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$1,904.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (mmmmmmmmmm) Premiums:
 (1) Amount received \$77,348.04
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$3,456.03
 (nnnnnnnnnn) Benefit charges:
 (1) Claims paid \$119,790.89
 (2) Increase (decrease) in claim reserves \$809.97
 (ooooooooo) Remainder of premium:
 (56) Retention charges (on an accrual basis)
 (A) Commissions \$1,904.00
 (B) Administrative services \$3,867.40
 (G) Other retention charges \$1,546.96
 (pppppppppp) Status of policyholder reserves at end of year:
 (2) Claim reserves \$7,102.46

Information for Schedule A (Form 5500)

ELM LAKE CRANBERRY CO INC-SEBC (EMP000000004238)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004553732

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 14
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$840.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$840.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(ssssssssss) Premiums:

(1) Amount received	\$50,464.98
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$2,656.26

 (tttttttttt) Benefit charges:

(1) Claims paid	\$21,461.57
(2) Increase (decrease) in claim reserves	\$334.06

 (uuuuuuuuuu) Remainder of premium:

(77) Retention charges (on an accrual basis)	
(A) Commissions	\$840.00
(B) Administrative services	\$2,523.25
(G) Other retention charges	\$1,009.30

 (vvvvvvvvvv) Status of policyholder reserves at end of year:

(2) Claim reserves	\$334.06
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Information for Schedule A (Form 5500)

ESP GROUP INC-SEBC (EMP000000001365)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004591625

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 10
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,344.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$1,344.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (iiiiiiiiiiiiiiii) Premiums:

(1) Amount received	\$50,627.76
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$1,163.38

 (jjjjjjjjjjjjjjjjjjjj) Benefit charges:

(1) Claims paid	\$103,174.40
(2) Increase (decrease) in claim reserves	-\$1,874.24

 (kkkkkkkkkkkkkkkkkkkk) Remainder of premium:

(120) Retention charges (on an accrual basis)	
(A) Commissions	\$1,344.00
(B) Administrative services	\$2,531.39
(G) Other retention charges	\$1,012.56

 (llllllllllllllllllll) Status of policyholder reserves at end of year:

(2) Claim reserves	\$55.29
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Information for Schedule A (Form 5500)

ETCO ELECTRIC SUPPLY INC-SEBC (EMP000000001366)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004623700

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 38
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$5,208.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$5,208.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

- [illegible]

Information for Schedule A (Form 5500)

FEATHERSTONE MANUFACTURING CO INC-SEBC (EMP000000004962)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004553236

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 8
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,036.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,036.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(ggggggggggg) Premiums:

(1) Amount received	\$60,398.94
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,272.45

 (hhhhhhhhhhh) Benefit charges:

(1) Claims paid	\$36,842.12
(2) Increase (decrease) in claim reserves	-\$5,133.03

 (iiiiiiiiiii) Remainder of premium:

(74) Retention charges (on an accrual basis)	
(A) Commissions	\$1,036.00
(B) Administrative services	\$3,019.95
(G) Other retention charges	\$1,207.98

 (jjjjjjjjjjj) Status of policyholder reserves at end of year:

(2) Claim reserves	\$212.57
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Information for Schedule A (Form 5500)

FIFIELD CRANBERRIES LLC-SEBC (EMP000000004324)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004552622

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 5
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(gggggggggg) Premiums:

(1) Amount received	\$53,012.52
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$1,086.23

 (hhhhhhhhh) Benefit charges:

(1) Claims paid	\$12,861.91
(2) Increase (decrease) in claim reserves	-\$237.37

 (iiiiiiiiii) Remainder of premium:

(61) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$2,650.63
(G) Other retention charges	\$1,060.25

 (jjjjjjjjjj) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

FIRST CITY HOLDINGS INC-SEBC (EMP000000005022)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004591749

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 26
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$7,448.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$7,448.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (yyyyyyyyyyyyyyyyyyyy) Premiums:
 (1) Amount received \$212,795.32
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$2,558.88
 (zzzzzzzzzzzzzzzzzzzz) Benefit charges:
 (1) Claims paid \$370,436.18
 (2) Increase (decrease) in claim reserves \$32,434.63
 (aaaaaaaaaaaaaaaaaaaa) Remainder of premium:
 (124) Retention charges (on an accrual basis)
 (A) Commissions \$7,448.00
 (B) Administrative services \$10,639.77
 (G) Other retention charges \$4,255.91
 (bbbbbbbbbbbbbbbbbbbb) Status of policyholder reserves at end of year:
 (2) Claim reserves \$41,036.35

Information for Schedule A (Form 5500)

FIRST CITY HOLDINGS INC-SEBC (EMP000000005022)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004591750

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 4
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$840.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$840.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (cccccccccccccccccccc) Premiums:
 (1) Amount received \$17,054.47
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$4,838.71
 (dddddddddddddddddddd) Benefit charges:
 (1) Claims paid \$52,662.04
 (2) Increase (decrease) in claim reserves \$6.07
 (eeeeeeeeeeeeeeeeeeee) Remainder of premium:
 (125) Retention charges (on an accrual basis)
 (A) Commissions \$840.00
 (B) Administrative services \$852.72
 (G) Other retention charges \$341.09
 (ffffffffffffffffffff) Status of policyholder reserves at end of year:
 (2) Claim reserves \$6.07

Information for Schedule A (Form 5500)

FLYING DOLLAR CRANBERRY INC-SEBC (EMP000000004428)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004627033

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 13
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,568.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,568.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww) Premiums:

(1) Amount received	\$91,175.19
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$368.16

 (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx) Benefit charges:

(1) Claims paid	\$175,548.80
(2) Increase (decrease) in claim reserves	-\$102,200.04

 (yyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyy) Remainder of premium:

(208) Retention charges (on an accrual basis)	
(A) Commissions	\$1,568.00
(B) Administrative services	\$4,558.76
(G) Other retention charges	\$1,823.50

 (zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzz) Status of policyholder reserves at end of year:

(2) Claim reserves	\$3,833.43
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Information for Schedule A (Form 5500)

FRANCIS MELVIN INC-SEBC (EMP000000000153)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004483257

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 9
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,072.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$2,072.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(kk) Premiums:

(1) Amount received	\$53,222.00
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,284.64

 (ll) Benefit charges:

(1) Claims paid	\$54,938.70
(2) Increase (decrease) in claim reserves	\$6,028.37

 (mm) Remainder of premium:

(10) Retention charges (on an accrual basis)	
(A) Commissions	\$2,072.00
(B) Administrative services	\$2,661.10
(G) Other retention charges	\$1,064.44

 (nn) Status of policyholder reserves at end of year:

(2) Claim reserves	\$7,268.72
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Information for Schedule A (Form 5500)

GARAGE SALON SC-SEBC (EMP000000005194)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004643208

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 4
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$336.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

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|----|--|-------------|
| 8. | (a) Health | |
| | (h) Prescription Drug | |
| | (j) HMO Contract | |
| 9. | Experience-rated contracts | |
| | ((((((((((((((((((((((Premiums: | |
| | (1) Amount received | \$20,577.60 |
| | (2) Increase (decrease) in amount due but unpaid | \$0.00 |
| | (3) Increase (decrease) in unearned premium reserve | \$0.00 |
| | ((((((((((((((((((((((Benefit charges: | |
| | (1) Claims paid | \$6,575.40 |
| | (2) Increase (decrease) in claim reserves | -\$2,471.22 |
| | (kkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkk) Remainder of premium: | |
| | (211) Retention charges (on an accrual basis) | |
| | (A) Commissions | \$336.00 |
| | (B) Administrative services | \$1,028.88 |
| | (G) Other retention charges | \$411.55 |
| | ((((((((((((((((((((((Status of policyholder reserves at end of year: | |
| | (2) Claim reserves | \$776.53 |

Information for Schedule A (Form 5500)

GASSNER COMPANY SC-SEBC (EMP000000000310)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004574982

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 9
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,016.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$2,016.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (eeeeeeeeeeeeeeee) Premiums:

(1) Amount received	\$78,412.64
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$1,019.14

 (ffffffffffffffff) Benefit charges:

(1) Claims paid	\$202,078.58
(2) Increase (decrease) in claim reserves	\$11,543.31

 (gggggggggggggggg) Remainder of premium:

(93) Retention charges (on an accrual basis)	
(A) Commissions	\$2,016.00
(B) Administrative services	\$3,920.63
(G) Other retention charges	\$1,568.25

 (hhhhhhhhhhhhhhhh) Status of policyholder reserves at end of year:

(2) Claim reserves	\$12,895.18
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Information for Schedule A (Form 5500)

GAYNOR CRANBERRY COMPANY-SEBC (EMP000000004193)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004624782

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 13
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,680.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$1,680.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (aaaaaaaaaaaaaaaaaaaaaaaaaaaaa) Premiums:
 (1) Amount received \$79,818.60
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$1,608.88
 (bbbbbbbbbbbbbbbbbbbbbbbbbbbbbb)Benefit charges:
 (1) Claims paid \$43,185.77
 (2) Increase (decrease) in claim reserves -\$475.24
 (ccccccccccccccccccccccccccccccc) Remainder of premium:
 (183) Retention charges (on an accrual basis)
 (A) Commissions \$1,680.00
 (B) Administrative services \$3,990.93
 (G) Other retention charges \$1,596.37
 (ddddddddddddddddddddddddddddddd)Status of policyholder reserves at end of year:
 (2) Claim reserves \$924.25

Information for Schedule A (Form 5500)

GENERAL FARM SUPPLY INC-SEBC (EMP000000000381)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004592212

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 16
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,136.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$3,136.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (eeeeeeeeeeeeeeeeeeee) Premiums:

(1) Amount received	\$119,075.96
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$2,569.54

 (ffffffffffffffffffffff) Benefit charges:

(1) Claims paid	\$297,167.47
(2) Increase (decrease) in claim reserves	\$62,778.87

 (gggggggggggggggggggg) Remainder of premium:

(145) Retention charges (on an accrual basis)	
(A) Commissions	\$3,136.00
(B) Administrative services	\$5,953.80
(G) Other retention charges	\$2,381.52

 (hhhhhhhhhhhhhhhhhhhh) Status of policyholder reserves at end of year:

(2) Claim reserves	\$63,971.22
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Information for Schedule A (Form 5500)

GOETSCH'S WELDING & MACHINE-SEBC (EMP000000001628)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004658211

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 131
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$22,400.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$22,400.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa) Premiums:

(1) Amount received	\$854,670.42
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$85,274.86

 (bbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbb) Benefit charges:

(1) Claims paid	\$739,470.37
(2) Increase (decrease) in claim reserves	\$204,275.39

 (cccccccccccccccccccccccccccccccccccc) Remainder of premium:
 (222) Retention charges (on an accrual basis)

(A) Commissions	\$22,400.00
(B) Administrative services	\$42,733.52
(G) Other retention charges	\$17,093.41

 (dddddddddddddddddddddddddddddddddddd) Status of policyholder reserves at end of year:

(2) Claim reserves	\$204,275.39
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Information for Schedule A (Form 5500)

GREAT LAKES TIMBER PROFESSIONALS ASSOCIATION-SEBC (EMP000000005150)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004625024

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 1
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$336.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

- | | | |
|----|--|-------------|
| 8. | (a) Health | |
| | (h) Prescription Drug | |
| | (j) HMO Contract | |
| 9. | Experience-rated contracts | |
| | (ggggggggggggggggggggggggggggggggg) Premiums: | |
| | (1) Amount received | \$15,272.92 |
| | (2) Increase (decrease) in amount due but unpaid | \$0.00 |
| | (3) Increase (decrease) in unearned premium reserve | -\$722.13 |
| | (hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh) Benefit charges: | |
| | (1) Claims paid | \$2,817.85 |
| | (2) Increase (decrease) in claim reserves | \$0.00 |
| | (iiiiiiiiiiiiiiiiii) Remainder of premium: | |
| | (191) Retention charges (on an accrual basis) | |
| | (A) Commissions | \$336.00 |
| | (B) Administrative services | \$763.65 |
| | (G) Other retention charges | \$305.46 |
| | (jjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjj) Status of policyholder reserves at end of year: | |
| | (2) Claim reserves | \$0.00 |

Information for Schedule A (Form 5500)

GREAT NORTH TIMBER SERVICES LLC-SEBC (EMP000000004560)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004590593

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 1
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$336.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (iiiiiiiiiiiiii) Premiums:

(1) Amount received	\$6,641.37
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$460.83

 (jjjjjjjjjjjjjjjj) Benefit charges:

(1) Claims paid	\$495.63
(2) Increase (decrease) in claim reserves	\$0.00

 (kkkkkkkkkkkkkkkk) Remainder of premium:

(107) Retention charges (on an accrual basis)	
(A) Commissions	\$336.00
(B) Administrative services	\$332.07
(G) Other retention charges	\$132.83

 (llllllllllllllll) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

GREAT NORTH TIMBER SERVICES LLC-SEBC (EMP000000004560)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004590592

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 3
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(eeeeeeeeeeeeeeee) Premiums:

(1) Amount received	\$18,278.64
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$794.72

 (ffffffffffffffff) Benefit charges:

(1) Claims paid	\$13,643.37
(2) Increase (decrease) in claim reserves	\$2,272.10

 (gggggggggggggggg) Remainder of premium:
 (106) Retention charges (on an accrual basis)

(A) Commissions	\$672.00
(B) Administrative services	\$913.93
(G) Other retention charges	\$365.57

 (hhhhhhhhhhhhhhhh) Status of policyholder reserves at end of year:

(2) Claim reserves	\$2,673.93
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Information for Schedule A (Form 5500)

GREENHECK RACING INC-SEBC (EMP000000000408)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004552001

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 1
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$336.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(aaaaaaaa) Premiums:

(1) Amount received	\$7,947.24
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

 (bbbbbbbb) Benefit charges:

(1) Claims paid	\$39,086.37
(2) Increase (decrease) in claim reserves	\$890.21

 (cccccccc) Remainder of premium:

(53) Retention charges (on an accrual basis)	
(A) Commissions	\$336.00
(B) Administrative services	\$397.36
(G) Other retention charges	\$158.94

 (dddddddd) Status of policyholder reserves at end of year:

(2) Claim reserves	\$890.21
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Information for Schedule A (Form 5500)

GREENHECK RACING INC-SEBC (EMP000000000408)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EBC PR - GROUP BILL 26 EOM Org. Policy ID: C0004552004

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 144
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$24,640.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$24,640.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (eeeeeeee) Premiums:

(1) Amount received	\$781,305.80
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$437.95

 (ffffff) Benefit charges:

(1) Claims paid	\$511,893.19
(2) Increase (decrease) in claim reserves	\$28,798.94

 (gggggggg) Remainder of premium:

(54) Retention charges (on an accrual basis)	
(A) Commissions	\$24,640.00
(B) Administrative services	\$39,065.29
(G) Other retention charges	\$15,626.12

 (hhhhhhhh) Status of policyholder reserves at end of year:

(2) Claim reserves	\$65,297.85
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Information for Schedule A (Form 5500)

H10 LLC-SEBC (EMP000000004939)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004641753

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 3
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$560.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$560.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa) Premiums:

(1) Amount received	\$19,651.20
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$511.75

 (bbbbbbbbbbbbbbbbbbbbbbbbbbbbbb) Benefit charges:

(1) Claims paid	\$19,687.74
(2) Increase (decrease) in claim reserves	\$8,935.63

 (cccccccccccccccccccccccccccccc) Remainder of premium:
 (209) Retention charges (on an accrual basis)

(A) Commissions	\$560.00
(B) Administrative services	\$982.56
(G) Other retention charges	\$393.02

 (dddddddddddddddddddddddddddddd) Status of policyholder reserves at end of year:

(2) Claim reserves	\$8,935.63
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Information for Schedule A (Form 5500)

HEALTHVIEW EYE CARE CENTER - MEDFORD SC- SEBC (EMP000000001650)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004516733

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 44
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$4,872.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$4,872.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(kkkk) Premiums:

(1) Amount received	\$240,057.71
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$17,226.51

(llll) Benefit charges:

(1) Claims paid	\$513,543.00
(2) Increase (decrease) in claim reserves	\$20,349.03

(mmmm) Remainder of premium:

(23) Retention charges (on an accrual basis)	
(A) Commissions	\$4,872.00
(B) Administrative services	\$12,002.89
(G) Other retention charges	\$4,801.15

(nnnn) Status of policyholder reserves at end of year:

(2) Claim reserves	\$59,009.47
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Information for Schedule A (Form 5500)

HORAK REFRIGERATION INC-SEBC (EMP000000004302)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004555304

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 7
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,344.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,344.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(iiiiiiiiiii) Premiums:

(1) Amount received	\$71,058.35
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$3,203.13

 (jjjjjjjjjj) Benefit charges:

(1) Claims paid	\$47,996.81
(2) Increase (decrease) in claim reserves	\$2,547.82

 (kkkkkkkkkkkk) Remainder of premium:

(81) Retention charges (on an accrual basis)	
(A) Commissions	\$1,344.00
(B) Administrative services	\$3,552.92
(G) Other retention charges	\$1,421.17

 (lllllllllll) Status of policyholder reserves at end of year:

(2) Claim reserves	\$2,547.82
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Information for Schedule A (Form 5500)

HORAK REFRIGERATION INC-SEBC (EMP000000004302)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: POS PR - GROUP BILL 26 EOM

Org. Policy ID: C0004555307

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 5
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$336.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (mmmmmmmmmmmmmmmm) Premiums:
 (1) Amount received \$31,396.68
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$654.09
 (nnnnnnnnnnnnnnnn) Benefit charges:
 (1) Claims paid \$91,859.85
 (2) Increase (decrease) in claim reserves -\$1,310.16
 (oooooooooooo) Remainder of premium:
 (82) Retention charges (on an accrual basis)
 (A) Commissions \$336.00
 (B) Administrative services \$1,569.83
 (G) Other retention charges \$627.93
 (pppppppppppppp) Status of policyholder reserves at end of year:
 (2) Claim reserves \$9,532.96

Information for Schedule A (Form 5500)

ICT ELECTRIC LLC-SEBC (EMP000000005248)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004676928

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 19
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$980.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$980.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa) Premiums:

(1) Amount received	\$42,517.72
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$9,304.89

 (bbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbb) Benefit charges:

(1) Claims paid	\$15,946.21
(2) Increase (decrease) in claim reserves	\$63,112.88

 (cccccccccccccccccccccccccccccccccccccc) Remainder of premium:

(261) Retention charges (on an accrual basis)	
(A) Commissions	\$980.00
(B) Administrative services	\$2,125.89
(G) Other retention charges	\$850.35

 (dddddddddddddddddddddddddddddddddddd) Status of policyholder reserves at end of year:

(2) Claim reserves	\$63,112.88
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Information for Schedule A (Form 5500)

INNOVATIVE COMPOSITE SPECIALISTS LLC-SEBC (EMP000000005031)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004591884

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 5
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(qqqqqqqqqqqqqqqqqqqqqq) Premiums:

(1) Amount received	\$31,788.96
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

(rrrrrrrrrrrrrrrrrrrrrr) Benefit charges:

(1) Claims paid	\$118,340.98
(2) Increase (decrease) in claim reserves	-\$27,134.28

(ssssssssssssssssssssss) Remainder of premium:

(135) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$1,589.45
(G) Other retention charges	\$635.78

(tttttttttttttttttttttt) Status of policyholder reserves at end of year:

(2) Claim reserves	\$4,019.54
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Information for Schedule A (Form 5500)

J&L HAWKEYE DAIRY STORE INC-SEBC (EMP000000004956)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004553047

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 1
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$336.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (eeeeeeeeeee) Premiums:
 (1) Amount received \$7,947.24
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$161.35
 (fffffffff) Benefit charges:
 (1) Claims paid \$0.00
 (2) Increase (decrease) in claim reserves \$0.00
 (ggggggggggg) Remainder of premium:
 (67) Retention charges (on an accrual basis)
 (A) Commissions \$336.00
 (B) Administrative services \$397.36
 (G) Other retention charges \$158.94
 (hhhhhhhhhhh) Status of policyholder reserves at end of year:
 (2) Claim reserves \$0.00

Information for Schedule A (Form 5500)

JACOBS TRUCKING LLC-SEBC (EMP000000004878)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004516972

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 5
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,428.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,428.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(mmmmm) Premiums:

(1) Amount received	\$36,532.34
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$278.79

 (nnnnn) Benefit charges:

(1) Claims paid	\$46,575.14
(2) Increase (decrease) in claim reserves	\$30.35

 (ooooo) Remainder of premium:

(30) Retention charges (on an accrual basis)	
(A) Commissions	\$1,428.00
(B) Administrative services	\$1,826.62
(G) Other retention charges	\$730.65

 (ppppp) Status of policyholder reserves at end of year:

(2) Claim reserves	\$188.25
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Information for Schedule A (Form 5500)

JAMES PETERSON SONS INC-SEBC (EMP000000004903)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004517267

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 44
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$5,432.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$5,432.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(oooooo) Premiums:

(1) Amount received	\$271,553.41
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$2,376.98

 (pppppp) Benefit charges:

(1) Claims paid	\$297,625.16
(2) Increase (decrease) in claim reserves	\$13,281.29

 (qqqqqq) Remainder of premium:

(37) Retention charges (on an accrual basis)	
(A) Commissions	\$5,432.00
(B) Administrative services	\$13,577.67
(G) Other retention charges	\$5,431.07

 (rrrrrr) Status of policyholder reserves at end of year:

(2) Claim reserves	\$19,378.63
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Information for Schedule A (Form 5500)

JAMES PETERSON SONS INC-SEBC (EMP000000004903)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004592011

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 4
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$336.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(ssssssssssssssssssssss) Premiums:

(1) Amount received	\$24,897.60
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$2,397.20

 (tttttttttttttttttttt) Benefit charges:

(1) Claims paid	\$89,883.45
(2) Increase (decrease) in claim reserves	-\$18,847.09

 (uuuuuuuuuuuuuuuuuuuuuu) Remainder of premium:

(142) Retention charges (on an accrual basis)	
(A) Commissions	\$336.00
(B) Administrative services	\$1,244.88
(G) Other retention charges	\$497.95

 (vvvvvvvvvvvvvvvvvvvv) Status of policyholder reserves at end of year:

(2) Claim reserves	\$1,856.44
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Information for Schedule A (Form 5500)

JOE'S REFRIGERATION INC-SEBC (EMP000000004947)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004552038

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 26
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,996.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$2,996.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts

(iiiiiii) Premiums:	
(1) Amount received	\$97,894.49
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$10,628.38
(jjjjjjjj) Benefit charges:	
(1) Claims paid	\$137,849.81
(2) Increase (decrease) in claim reserves	\$114.19
(kkkkkkkk) Remainder of premium:	
(55) Retention charges (on an accrual basis)	
(A) Commissions	\$2,996.00
(B) Administrative services	\$4,894.72
(G) Other retention charges	\$1,957.89
(llllllll) Status of policyholder reserves at end of year:	
(2) Claim reserves	\$545.81

Information for Schedule A (Form 5500)

K & A MANUFACTURING INC-SEBC (EMP000000001373)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004590597

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 20
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$4,872.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$4,872.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(mmmmmmmmmmmmmmmmmmmm) Premiums:

(1) Amount received	\$157,604.46
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$2,188.60

(nnnnnnnnnnnnnnnnnnn) Benefit charges:

(1) Claims paid	\$378,733.08
(2) Increase (decrease) in claim reserves	-\$15,478.04

(oooooooooooooooooooo) Remainder of premium:

(108) Retention charges (on an accrual basis)	
(A) Commissions	\$4,872.00
(B) Administrative services	\$7,880.22
(G) Other retention charges	\$3,152.09

(pppppppppppppppppppp) Status of policyholder reserves at end of year:

(2) Claim reserves	\$655.25
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Information for Schedule A (Form 5500)

K3 MANUFACTURING LLC-SEBC (EMP000000004764)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004623319

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 0
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$0.00
(b) Total amount of fees paid: \$0.00

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(oooooooooooooooooooooooooooo) Premiums:

(1) Amount received	\$0.00
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$823.62

(pppppppppppppppppppppppppppppp) Benefit charges:

(1) Claims paid	\$547.78
(2) Increase (decrease) in claim reserves	-\$459.19

(qqqqqqqqqqqqqqqqqqqqqqqqqqqq) Remainder of premium:

(167) Retention charges (on an accrual basis)	
(A) Commissions	\$0.00
(B) Administrative services	\$0.00
(G) Other retention charges	\$0.00

(rrrrrrrrrrrrrrrrrrrrrrrrrrrrrr) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

K3 MANUFACTURING LLC-SEBC (EMP000000004764)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004589936

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 3
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,092.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,092.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(cccccccccccccccc) Premiums:

(1) Amount received	\$23,082.15
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$591.85

 (ddddddddddddddddd) Benefit charges:

(1) Claims paid	\$7,173.86
(2) Increase (decrease) in claim reserves	\$1,329.18

 (eeeeeeeeeeeeeeee) Remainder of premium:

(99) Retention charges (on an accrual basis)	
(A) Commissions	\$1,092.00
(B) Administrative services	\$1,154.11
(G) Other retention charges	\$461.64

 (ffffffffffffffff) Status of policyholder reserves at end of year:

(2) Claim reserves	\$2,260.03
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Information for Schedule A (Form 5500)

KEN REZIN CRANBERRY CORP-SEBC (EMP000000000066)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004623205

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 5
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(cccccccccccccccccccccccccccc) Premiums:

(1) Amount received	\$31,788.96
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$645.40

 (dddddddddddddddddddddddddd) Benefit charges:

(1) Claims paid	\$245,151.50
(2) Increase (decrease) in claim reserves	-\$148.74

 (eeeeeeeeeeeeeeeeeeee) Remainder of premium:

(164) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$1,589.45
(G) Other retention charges	\$635.78

 (ffffffffffffffffffffffff) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

KEY CARE TRANSPORTATION-SEBC (EMP000000005124)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004623685

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 2
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$672.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (qqqqqqqqqqqqqqqqqqqqqqqqqqqqqq) Premiums:
 (1) Amount received \$12,282.00
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$247.06
 (rrrrrrrrrrrrrrrrrrrrrrrrrrrrrr) Benefit charges:
 (1) Claims paid \$0.00
 (2) Increase (decrease) in claim reserves \$0.00
 (ssssssssssssssssssssssssssssss) Remainder of premium:
 (174) Retention charges (on an accrual basis)
 (A) Commissions \$672.00
 (B) Administrative services \$614.10
 (G) Other retention charges \$245.64
 (tttttttttttttttttttttttttttttt) Status of policyholder reserves at end of year:
 (2) Claim reserves \$0.00

Information for Schedule A (Form 5500)

KLEMME SALES INC-SEBC (EMP000000000448)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EBC PR - GROUP BILL 26 EOM Org. Policy ID: C0004591850

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 7
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,344.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$1,344.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (xxxxxxxxxxxxxxxxxxxxxxxxxx) Premiums:
 (1) Amount received \$36,898.75
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$451.99
 (xxxxxxxxxxxxxxxxxxxxxxxxxx) Benefit charges:
 (1) Claims paid \$97,145.68
 (2) Increase (decrease) in claim reserves -\$11,487.47
 (yyyyyyyyyyyyyyyyyyyy) Remainder of premium:
 (130) Retention charges (on an accrual basis)
 (A) Commissions \$1,344.00
 (B) Administrative services \$1,844.94
 (G) Other retention charges \$737.98
 (zzzzzzzzzzzzzzzzzzzzzz) Status of policyholder reserves at end of year:
 (2) Claim reserves \$735.29

Information for Schedule A (Form 5500)

KOLAR OPTOMETRIC LLC-SEBC (EMP000000005073)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004606879

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 7
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(qqqqqqqqqqqqqqqqqqqqqqqq) Premiums:

(1) Amount received	\$28,126.56
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$566.04

(rrrrrrrrrrrrrrrrrrrrrrrr) Benefit charges:

(1) Claims paid	\$2,149.17
(2) Increase (decrease) in claim reserves	\$0.00

(ssssssssssssssssssssssss) Remainder of premium:

(148) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$1,406.33
(G) Other retention charges	\$562.53

(tttttttttttttttttttttttt) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

LAKE MANOR LLC-SEBC (EMP000000005030)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004591870

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 2
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(iiiiiiiiiiiiiiii) Premiums:

(1) Amount received	\$12,282.00
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

 (jjjjjjjjjjjjjjjjjjjj) Benefit charges:

(1) Claims paid	\$3,124.23
(2) Increase (decrease) in claim reserves	\$441.32

 (kkkkkkkkkkkkkkkkkkkk) Remainder of premium:

(133) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$614.10
(G) Other retention charges	\$245.64

 (llllllllllllllllllll) Status of policyholder reserves at end of year:

(2) Claim reserves	\$441.32
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Information for Schedule A (Form 5500)

LAKELAND SANITARY DISTRICT #1-SEBC (EMP000000004832)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: XHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004590812

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 10
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,680.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$1,680.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (ssssssssssssssssss) Premiums:
 (1) Amount received \$51,792.26
 (2) Increase (decrease) in amount due but unpaid \$1,183.70
 (3) Increase (decrease) in unearned premium reserve \$0.00
 (tttttttttttttttttt) Benefit charges:
 (1) Claims paid \$7,040.18
 (2) Increase (decrease) in claim reserves -\$19.46
 (uuuuuuuuuuuuuuuuuu) Remainder of premium:
 (116) Retention charges (on an accrual basis)
 (A) Commissions \$1,680.00
 (B) Administrative services \$2,589.61
 (G) Other retention charges \$1,035.85
 (vvvvvvvvvvvvvvvvvv) Status of policyholder reserves at end of year:
 (2) Claim reserves \$68.78

Information for Schedule A (Form 5500)

LAKEWOOD CREDIT UNION-SEBC (EMP000000005135)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004623203

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 6
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$672.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (yyyyyyyyyyyyyyyyyyyyyyyyyyyyyy) Premiums:

(1) Amount received	\$22,649.64
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

 (zzzzzzzzzzzzzzzzzzzzzzzzzzzzzz) Benefit charges:

(1) Claims paid	\$34,076.96
(2) Increase (decrease) in claim reserves	\$13,731.88

 (aaaaaaaaaaaaaaaaaaaaaaaaaaaaa) Remainder of premium:

(163) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$1,132.48
(G) Other retention charges	\$452.99

 (bbbbbbbbbbbbbbbbbbbbbbbbbbbbbb) Status of policyholder reserves at end of year:

(2) Claim reserves	\$14,188.38
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Information for Schedule A (Form 5500)

LANG FURNITURE INC-SEBC (EMP000000000241)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004518648

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 24
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$4,536.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$4,536.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(wwwwww) Premiums:

(1) Amount received	\$133,695.04
(2) Increase (decrease) in amount due but unpaid	\$585.91
(3) Increase (decrease) in unearned premium reserve	-\$649.13

 (xxxxxx) Benefit charges:

(1) Claims paid	\$151,936.20
(2) Increase (decrease) in claim reserves	\$11,345.76

 (yyyyyy) Remainder of premium:

(39) Retention charges (on an accrual basis)	
(A) Commissions	\$4,536.00
(B) Administrative services	\$6,684.75
(G) Other retention charges	\$2,673.90

 (zzzzzz) Status of policyholder reserves at end of year:

(2) Claim reserves	\$28,292.44
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Information for Schedule A (Form 5500)

LAONA RESCUE UNIT INC-SEBC (EMP000000004650)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004553088

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 13
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,708.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,708.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(yyyyyyyyyy) Premiums:

(1) Amount received	\$97,618.55
(2) Increase (decrease) in amount due but unpaid	\$331.95
(3) Increase (decrease) in unearned premium reserve	\$1,324.54

 (zzzzzzzzzz) Benefit charges:

(1) Claims paid	\$217,110.71
(2) Increase (decrease) in claim reserves	-\$15,564.59

 (aaaaaaaaaa) Remainder of premium:

(72) Retention charges (on an accrual basis)	
(A) Commissions	\$1,708.00
(B) Administrative services	\$4,880.93
(G) Other retention charges	\$1,952.37

 (bbbbbbbbbbbb) Status of policyholder reserves at end of year:

(2) Claim reserves	\$622.97
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Information for Schedule A (Form 5500)

LAONA STATE BANK-SEBC (EMP000000001618)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004552446

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 57
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$10,332.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$10,332.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(qqqqqqqq) Premiums:

(1) Amount received	\$433,321.83
(2) Increase (decrease) in amount due but unpaid	\$662.27
(3) Increase (decrease) in unearned premium reserve	\$2,879.40

 (rrrrrrrr) Benefit charges:

(1) Claims paid	\$556,455.02
(2) Increase (decrease) in claim reserves	-\$27,148.63

 (ssssssss) Remainder of premium:

(57) Retention charges (on an accrual basis)	
(A) Commissions	\$10,332.00
(B) Administrative services	\$21,666.09
(G) Other retention charges	\$8,666.44

 (tttttttt) Status of policyholder reserves at end of year:

(2) Claim reserves	\$26,037.12
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Information for Schedule A (Form 5500)

LOKRE DEVELOPMENT-SEBC (EMP000000005076)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004606978

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 13
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,352.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$2,352.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(cccccccccccccccccccccccc) Premiums:

(1) Amount received	\$83,988.88
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$1,984.26

 (dddddddddddddddddddd) Benefit charges:

(1) Claims paid	\$3,454.82
(2) Increase (decrease) in claim reserves	-\$294.37

 (eeeeeeeeeeeeeeeeeeee) Remainder of premium:

(151) Retention charges (on an accrual basis)	
(A) Commissions	\$2,352.00
(B) Administrative services	\$4,199.44
(G) Other retention charges	\$1,679.78

 (ffffffffffffffffffff) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

MARSHFIELD STEEL HOLDING CO INC-SEBC (EMP000000000282)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004591883

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 10
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,708.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,708.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(mmmmmmmmmmmmmmmmmmmmmmmmmm) Premiums:

(1) Amount received	\$67,855.29
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,084.04

 (nnnnnnnnnnnnnnnnnnnnnnnnnnnn) Benefit charges:

(1) Claims paid	\$14,574.01
(2) Increase (decrease) in claim reserves	\$5,410.03

 (oooooooooooooooooooooooooooo) Remainder of premium:

(134) Retention charges (on an accrual basis)	
(A) Commissions	\$1,708.00
(B) Administrative services	\$3,392.76
(G) Other retention charges	\$1,357.11

 (pppppppppppppppppppppppppppp) Status of policyholder reserves at end of year:

(2) Claim reserves	\$5,189.79
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Information for Schedule A (Form 5500)

MARSHFIELD WILBERT VAULT WORKS INC-SEBC (EMP000000004958)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004553084

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 2
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$336.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (qqqqqqqqqq) Premiums:
 (1) Amount received \$22,428.36
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$459.56
 (rrrrrrrrrr) Benefit charges:
 (1) Claims paid \$8,771.56
 (2) Increase (decrease) in claim reserves \$21,473.07
 (ssssssssss) Remainder of premium:
 (70) Retention charges (on an accrual basis)
 (A) Commissions \$336.00
 (B) Administrative services \$1,121.42
 (G) Other retention charges \$448.57
 (tttttttttt) Status of policyholder reserves at end of year:
 (2) Claim reserves \$21,473.07

Information for Schedule A (Form 5500)

MARTINOVICH TRUCKING INC-SEBC (EMP000000001488)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004608700

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 10
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,436.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$2,436.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

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Information for Schedule A (Form 5500)

MARTIN FORD SALES INC-SEBC (EMP000000005026)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004591837

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 0
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$168.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$168.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(oooooooooooooooooooo) Premiums:

(1) Amount received	\$5,317.54
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$5,317.54

(pppppppppppppppppppp) Benefit charges:

(1) Claims paid	\$8,792.69
(2) Increase (decrease) in claim reserves	-\$627.07

(qqqqqqqqqqqqqqqqqqqq) Remainder of premium:

(128) Retention charges (on an accrual basis)	
(A) Commissions	\$168.00
(B) Administrative services	\$265.88
(G) Other retention charges	\$106.35

(rrrrrrrrrrrrrrrrrrrr) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

MCCUMBER FOREST PRODUCTS INC-SEBC (EMP000000005148)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004624813

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 1
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$336.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

- | | | |
|----|---|--------------|
| 8. | (a) Health | |
| | (h) Prescription Drug | |
| | (j) HMO Contract | |
| 9. | Experience-rated contracts | |
| | (mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm) | Premiums: |
| | (1) Amount received | \$7,031.64 |
| | (2) Increase (decrease) in amount due but unpaid | \$0.00 |
| | (3) Increase (decrease) in unearned premium reserve | \$141.51 |
| | (nnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnn)Benefit charges: | |
| | (1) Claims paid | \$9,703.53 |
| | (2) Increase (decrease) in claim reserves | -\$12,777.96 |
| | (ooooooooooooooooooooooooooooooooooooo)Remainder of premium: | |
| | (186) Retention charges (on an accrual basis) | |
| | (A) Commissions | \$336.00 |
| | (B) Administrative services | \$351.58 |
| | (G) Other retention charges | \$140.63 |
| | (pppppppppppppppppppppppppppppppppppppp)Status of policyholder reserves at end of year: | |
| | (2) Claim reserves | \$0.00 |

Information for Schedule A (Form 5500)

MEDFORD MOTORS INC-SEBC (EMP000000000884)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004518650

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 4
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$308.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$308.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (eeeeeee) Premiums:

(1) Amount received	\$19,238.40
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$1,990.17

 (ffffff) Benefit charges:

(1) Claims paid	\$10,252.97
(2) Increase (decrease) in claim reserves	-\$557.90

 (ggggggg) Remainder of premium:

(41) Retention charges (on an accrual basis)	
(A) Commissions	\$308.00
(B) Administrative services	\$961.92
(G) Other retention charges	\$384.77

 (hhhhhhh) Status of policyholder reserves at end of year:

(2) Claim reserves	\$141.85
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Information for Schedule A (Form 5500)

MEDFORD MOTORS INC-SEBC (EMP000000000884)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004518649

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 40
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$7,756.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$7,756.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (aaaaaaa) Premiums:
 (1) Amount received \$213,457.99
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve -\$6,582.97
 (bbbbbbb) Benefit charges:
 (1) Claims paid \$507,372.76
 (2) Increase (decrease) in claim reserves -\$29,772.74
 (ccccccc) Remainder of premium:
 (40) Retention charges (on an accrual basis)
 (A) Commissions \$7,756.00
 (B) Administrative services \$10,672.90
 (G) Other retention charges \$4,269.16
 (ddddddd) Status of policyholder reserves at end of year:
 (2) Claim reserves \$10,060.65

Information for Schedule A (Form 5500)

MEMBERS ADVANTAGE CREDIT UNION-SEBC (EMP000000000202)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004625655

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 38
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$5,572.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$5,572.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(cccccccccccccccccccccccccccccccccccc) Premiums:

(1) Amount received	\$251,050.05
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,357.27

 (dddddddddddddddddddddddddddddddddd) Benefit charges:

(1) Claims paid	\$105,939.05
(2) Increase (decrease) in claim reserves	-\$13,453.24

 (eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee) Remainder of premium:

(203) Retention charges (on an accrual basis)	
(A) Commissions	\$5,572.00
(B) Administrative services	\$12,552.50
(G) Other retention charges	\$5,021.00

 (ffffffffffffffffffffffffffffffffffff) Status of policyholder reserves at end of year:

(2) Claim reserves	\$5,536.18
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Information for Schedule A (Form 5500)

MEMBRANE SYSTEM SPECIALISTS INC-SEBC (EMP000000005191)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO EBC PR - GROUP BILL 26 EOM Org. Policy ID: C0004642178

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 27
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,072.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$2,072.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee) Premiums:
 (1) Amount received \$139,436.54
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve -\$7,306.22
 (ffffffffffffffffffffffffffffffff) Benefit charges:
 (1) Claims paid \$86,662.10
 (2) Increase (decrease) in claim reserves \$354.22
 (gggggggggggggggggggggggggggggggggggggg) Remainder of premium:
 (210) Retention charges (on an accrual basis)
 (A) Commissions \$2,072.00
 (B) Administrative services \$6,971.83
 (G) Other retention charges \$2,788.73
 (hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh) Status of policyholder reserves at end of year:
 (2) Claim reserves \$1,733.49

Information for Schedule A (Form 5500)

MERCER SCHOOL DISTRICT-SEBC (EMP000000001552)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO DBS PR - GROUP BILL 26 EOM Org. Policy ID: C0004535234

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 46
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$7,000.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$7,000.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (uuuuuuu) Premiums:
 (1) Amount received \$307,182.22
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$9,171.36
 (vvvvvvv) Benefit charges:
 (1) Claims paid \$358,935.23
 (2) Increase (decrease) in claim reserves -\$61,424.72
 (wwwwwww) Remainder of premium:
 (45) Retention charges (on an accrual basis)
 (A) Commissions \$7,000.00
 (B) Administrative services \$15,359.11
 (G) Other retention charges \$6,143.64
 (xxxxxxx) Status of policyholder reserves at end of year:
 (2) Claim reserves \$15,624.87

Information for Schedule A (Form 5500)

MERRILL MILLWORK INC-SEBC (EMP000000004536)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C000455399

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 6
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,212.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$2,212.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (yyyyyyyyyyyy) Premiums:
 (1) Amount received \$67,526.77
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve -\$4,358.74
 (zzzzzzzzzzzzzz) Benefit charges:
 (1) Claims paid \$52,453.52
 (2) Increase (decrease) in claim reserves \$466.01
 (aaaaaaaaaaaaa) Remainder of premium:
 (85) Retention charges (on an accrual basis)
 (A) Commissions \$2,212.00
 (B) Administrative services \$3,376.34
 (G) Other retention charges \$1,350.54
 (bbbbbbbbbbbbbbb) Status of policyholder reserves at end of year:
 (2) Claim reserves \$1,263.37

Information for Schedule A (Form 5500)

MERRILL MILLWORK INC-SEBC (EMP000000004536)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004590057

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 1
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$476.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$476.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (kkkkkkkkkkkkkkkkkkkk) Premiums:
 (1) Amount received \$14,533.38
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve -\$856.53
 (llllllllllllllllllll) Benefit charges:
 (1) Claims paid \$742.96
 (2) Increase (decrease) in claim reserves \$1,231.01
 (mmmmmmmmmmmmmmmmmmmm) Remainder of premium:
 (101) Retention charges (on an accrual basis)
 (A) Commissions \$476.00
 (B) Administrative services \$726.67
 (G) Other retention charges \$290.67
 (nnnnnnnnnnnnnnnnnnnn) Status of policyholder reserves at end of year:
 (2) Claim reserves \$1,231.01

Information for Schedule A (Form 5500)

MERRILL MILLWORK INC-SEBC (EMP000000004536)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004590056

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 6
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,960.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$1,960.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (gggggggggggggggggggg) Premiums:
 (1) Amount received \$52,515.46
 (2) Increase (decrease) in amount due but unpaid \$1,518.91
 (3) Increase (decrease) in unearned premium reserve -\$2,137.15
 (hhhhhhhhhhhhhhhhhh) Benefit charges:
 (1) Claims paid \$73,237.81
 (2) Increase (decrease) in claim reserves \$12,983.68
 (iiiiiiiiiiiiiiiiii) Remainder of premium:
 (100) Retention charges (on an accrual basis)
 (A) Commissions \$1,960.00
 (B) Administrative services \$2,625.77
 (G) Other retention charges \$1,050.31
 (jjjjjjjjjjjjjjjjjj) Status of policyholder reserves at end of year:
 (2) Claim reserves \$13,178.75

Information for Schedule A (Form 5500)

MEYER BUILDINGS INC-SEBC (EMP000000005155)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004625353

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 11
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,344.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,344.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa) Premiums:

(1) Amount received	\$49,435.08
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

(bbbbbbbbbbbbbbbbbbbbbbbbbbbbbb) Benefit charges:	
(1) Claims paid	\$97,805.51
(2) Increase (decrease) in claim reserves	\$176.71

(cccccccccccccccccccccccccccccc) Remainder of premium:	
(196) Retention charges (on an accrual basis)	
(A) Commissions	\$1,344.00
(B) Administrative services	\$2,471.75
(G) Other retention charges	\$988.70

(ddddddddddddddddddddddddddddd) Status of policyholder reserves at end of year:	
(2) Claim reserves	\$990.25

Information for Schedule A (Form 5500)

MIDWAY VENTURES INC-SEBC (EMP000000004935)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004535560

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 7
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,352.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$2,352.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(cccccccc) Premiums:

(1) Amount received	\$46,574.52
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$1,293.23

 (dddddddd) Benefit charges:

(1) Claims paid	\$3,750.95
(2) Increase (decrease) in claim reserves	\$439.32

 (eeeeeeee) Remainder of premium:

(47) Retention charges (on an accrual basis)	
(A) Commissions	\$2,352.00
(B) Administrative services	\$2,328.73
(G) Other retention charges	\$931.49

 (ffffff) Status of policyholder reserves at end of year:

(2) Claim reserves	\$439.32
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Information for Schedule A (Form 5500)

MIDWEST HARDWARE ASSOCIATION INC-SEBC (EMP000000004455)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004483285

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 35
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$7,868.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$7,868.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(ww) Premiums:

(1) Amount received	\$305,413.68
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,588.12

 (xx) Benefit charges:

(1) Claims paid	\$376,571.98
(2) Increase (decrease) in claim reserves	-\$85,880.48

 (yy) Remainder of premium:

(13) Retention charges (on an accrual basis)	
(A) Commissions	\$7,868.00
(B) Administrative services	\$15,270.68
(G) Other retention charges	\$6,108.27

 (zz) Status of policyholder reserves at end of year:

(2) Claim reserves	\$10,701.37
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Information for Schedule A (Form 5500)

MOODIE INC-SEBC (EMP000000000527)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004590792

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 7
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,624.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$1,624.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (kkkkkkkkkkkkkkkkkkkk) Premiums:
 (1) Amount received \$59,657.88
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$679.65
 (llllllllllllllllllll) Benefit charges:
 (1) Claims paid \$59,485.46
 (2) Increase (decrease) in claim reserves \$29,537.85
 (mmmmmmmmmmmmmmmmmmmm) Remainder of premium:
 (114) Retention charges (on an accrual basis)
 (A) Commissions \$1,624.00
 (B) Administrative services \$2,982.89
 (G) Other retention charges \$1,193.16
 (nnnnnnnnnnnnnnnnnnnn) Status of policyholder reserves at end of year:
 (2) Claim reserves \$2,537.07

Information for Schedule A (Form 5500)

MUZZY BROADCAST GROUP LLC-SEBC (EMP000000004419)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004589863

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 3
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,008.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$1,008.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (qqqqqqqqqqqqqqqq) Premiums:
 (1) Amount received \$20,059.56
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$0.00
 (rrrrrrrrrrrrrrrr) Benefit charges:
 (1) Claims paid \$11,814.61
 (2) Increase (decrease) in claim reserves -\$1,444.26
 (ssssssssssssssss) Remainder of premium:
 (96) Retention charges (on an accrual basis)
 (A) Commissions \$1,008.00
 (B) Administrative services \$1,002.98
 (G) Other retention charges \$401.19
 (tttttttttttttttt) Status of policyholder reserves at end of year:
 (2) Claim reserves \$356.26

Information for Schedule A (Form 5500)

MUZZY BROADCAST GROUP LLC-SEBC (EMP000000004419)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004537151

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 1
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$392.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$392.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(gggggggg) Premiums:

(1) Amount received	\$8,798.58
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$628.47

 (hhhhhhhh) Benefit charges:

(1) Claims paid	\$8,604.91
(2) Increase (decrease) in claim reserves	\$675.16

 (iiiiiii) Remainder of premium:

(48) Retention charges (on an accrual basis)	
(A) Commissions	\$392.00
(B) Administrative services	\$439.93
(G) Other retention charges	\$175.97

 (jjjjjjjj) Status of policyholder reserves at end of year:

(2) Claim reserves	\$675.16
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Information for Schedule A (Form 5500)

NASH-JACKAN FUNERAL HOMES INC-SEBC (EMP000000000116)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004590791

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 6
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(gggggggggggggggggggg) Premiums:

(1) Amount received	\$50,348.75
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$2,105.70

 (hhhhhhhhhhhhhhhhhh) Benefit charges:

(1) Claims paid	\$42,856.22
(2) Increase (decrease) in claim reserves	-\$5,503.44

 (iiiiiiiiiiiiiiiiii) Remainder of premium:

(113) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$2,517.44
(G) Other retention charges	\$1,006.98

 (jjjjjjjjjjjjjjjjjj) Status of policyholder reserves at end of year:

(2) Claim reserves	\$1,274.15
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Information for Schedule A (Form 5500)

NIEMUTH IMPLEMENT CO INC-SEBC (EMP000000000888)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004553087

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 0
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$224.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$224.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (uuuuuuuuuu) Premiums:
 (1) Amount received \$10,194.72
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve -\$5,097.36
 (vvvvvvvvvv) Benefit charges:
 (1) Claims paid \$6,814.52
 (2) Increase (decrease) in claim reserves -\$244.29
 (wwwwwwwwww) Remainder of premium:
 (71) Retention charges (on an accrual basis)
 (A) Commissions \$224.00
 (B) Administrative services \$509.74
 (G) Other retention charges \$203.89
 (xxxxxxx) Status of policyholder reserves at end of year:
 (2) Claim reserves \$0.00

Information for Schedule A (Form 5500)

NIMSGERN STEEL CORPORATION-SEBC (EMP000000004331)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004483317

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 47
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$7,084.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$7,084.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts

(aaa) Premiums:	
(1) Amount received	\$302,844.24
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$5,040.92
(bbb) Benefit charges:	
(1) Claims paid	\$369,516.01
(2) Increase (decrease) in claim reserves	-\$2,054.13
(ccc) Remainder of premium:	
(14) Retention charges (on an accrual basis)	
(A) Commissions	\$7,084.00
(B) Administrative services	\$15,142.21
(G) Other retention charges	\$6,056.88
(ddd) Status of policyholder reserves at end of year:	
(2) Claim reserves	\$6,855.72

Information for Schedule A (Form 5500)

NORTHERN LAKES AMUSEMENT INC-SEBC (EMP000000004227)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004554806

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 19
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$4,172.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$4,172.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (aaaaaaaaaaaa) Premiums:
 (1) Amount received \$139,028.01
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$4,224.11
 (bbbbbbbbbbbb) Benefit charges:
 (1) Claims paid \$359,018.13
 (2) Increase (decrease) in claim reserves \$36,946.22
 (cccccccccccc) Remainder of premium:
 (79) Retention charges (on an accrual basis)
 (A) Commissions \$4,172.00
 (B) Administrative services \$6,951.40
 (G) Other retention charges \$2,780.56
 (dddddddddddd) Status of policyholder reserves at end of year:
 (2) Claim reserves \$35,465.22

Information for Schedule A (Form 5500)

NORTHWEST TOOL & MFG CO INC-SEBC (EMP000000000748)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO DBS PR - GROUP BILL 26 EOM Org. Policy ID: C0004482596

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 52
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$8,176.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$8,176.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
 - (u) Premiums:

(1) Amount received	\$410,203.40
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$7,638.63
 - (v) Benefit charges:

(1) Claims paid	\$330,749.01
(2) Increase (decrease) in claim reserves	\$8,419.13
 - (w) Remainder of premium:

(6) Retention charges (on an accrual basis)	
(A) Commissions	\$8,176.00
(B) Administrative services	\$20,510.17
(G) Other retention charges	\$8,204.07
 - (x) Status of policyholder reserves at end of year:

(2) Claim reserves	\$24,904.07
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Information for Schedule A (Form 5500)

NORTHWEST TOOL & MFG CO INC-SEBC (EMP000000000748)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO DBS SO - GROUP BILL 26 EOM Org. Policy ID: C0004623320

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 1
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$336.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (ssssssssssssssssssssssssssssssss) Premiums:
 (1) Amount received \$7,102.20
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$0.00
 (tttttttttttttttttttttttttttttttt) Benefit charges:
 (1) Claims paid \$0.00
 (2) Increase (decrease) in claim reserves \$0.00
 (uuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuu) Remainder of premium:
 (168) Retention charges (on an accrual basis)
 (A) Commissions \$336.00
 (B) Administrative services \$355.11
 (G) Other retention charges \$142.04
 (vvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv) Status of policyholder reserves at end of year:
 (2) Claim reserves \$0.00

Information for Schedule A (Form 5500)

NUTZ DEEP II LLC-SEBC (EMP000000005046)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004592211

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 13
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,828.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$2,828.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(aaaaaaaaaaaaaaaaaaaaaa) Premiums:

(1) Amount received	\$87,219.60
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,775.55

(bbbbbbbbbbbbbbbbbbbb) Benefit charges:	
(1) Claims paid	\$110,692.74
(2) Increase (decrease) in claim reserves	-\$5,433.59

(cccccccccccccccccccc) Remainder of premium:	
(144) Retention charges (on an accrual basis)	
(A) Commissions	\$2,828.00
(B) Administrative services	\$4,360.98
(G) Other retention charges	\$1,744.39

(dddddddddddddddddddd) Status of policyholder reserves at end of year:	
(2) Claim reserves	\$3,597.07

Information for Schedule A (Form 5500)

OKRAY FAMILY FARMS CORPORATION-SEBC (EMP000000004858)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004516950

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 35
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$4,452.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$4,452.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(iiii) Premiums:

(1) Amount received	\$183,002.91
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$3,310.73

 (jjjj) Benefit charges:

(1) Claims paid	\$372,587.60
(2) Increase (decrease) in claim reserves	-\$596.35

 (kkkkk) Remainder of premium:

(29) Retention charges (on an accrual basis)	
(A) Commissions	\$4,452.00
(B) Administrative services	\$9,150.15
(G) Other retention charges	\$3,660.06

 (lllll) Status of policyholder reserves at end of year:

(2) Claim reserves	\$3,307.49
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Information for Schedule A (Form 5500)

OKRAY PRODUCE COMPANY-SEBC (EMP000000000230)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004516949

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 24
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$4,396.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$4,396.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts

(eeee)	Premiums:	
	(1) Amount received	\$153,992.76
	(2) Increase (decrease) in amount due but unpaid	\$0.00
	(3) Increase (decrease) in unearned premium reserve	-\$1,084.04
(ffff)	Benefit charges:	
	(1) Claims paid	\$249,970.68
	(2) Increase (decrease) in claim reserves	-\$38,640.23
(gggg)	Remainder of premium:	
	(28) Retention charges (on an accrual basis)	
	(A) Commissions	\$4,396.00
	(B) Administrative services	\$7,699.64
	(G) Other retention charges	\$3,079.86
(hhhh)	Status of policyholder reserves at end of year:	
	(2) Claim reserves	\$19,061.49

Information for Schedule A (Form 5500)

OLD RITTENHOUSE INN-SEBC (EMP000000000720)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: POS PR - GROUP BILL 26 EOM

Org. Policy ID: C0004574971

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 5
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,092.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,092.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(ssssssssssssss) Premiums:
(1) Amount received \$42,908.52
(2) Increase (decrease) in amount due but unpaid \$0.00
(3) Increase (decrease) in unearned premium reserve \$1,057.45
(ttttttttttttt) Benefit charges:
(1) Claims paid \$292,461.73
(2) Increase (decrease) in claim reserves -\$25,712.63
(uuuuuuuuuuuuuu) Remainder of premium:
(90) Retention charges (on an accrual basis)
(A) Commissions \$1,092.00
(B) Administrative services \$2,145.43
(G) Other retention charges \$858.17
(vvvvvvvvvvvvv) Status of policyholder reserves at end of year:
(2) Claim reserves \$16,074.96

Information for Schedule A (Form 5500)

O'MALLEY AUTOMOTIVE INC-SEBC (EMP000000004913)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxPOS EX - GROUP BILL 26 EOM

Org. Policy ID: C0004518706

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 22
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$4,788.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$4,788.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(mmmmmmm) Premiums:

(1) Amount received	\$162,371.53
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$314.59

(nnnnnnn) Benefit charges:

(1) Claims paid	\$114,790.82
(2) Increase (decrease) in claim reserves	\$7,212.85

(ooooooo) Remainder of premium:

(43) Retention charges (on an accrual basis)	
(A) Commissions	\$4,788.00
(B) Administrative services	\$8,118.58
(G) Other retention charges	\$3,247.43

(ppppppp) Status of policyholder reserves at end of year:

(2) Claim reserves	\$12,490.22
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Information for Schedule A (Form 5500)

O'MALLEY AUTOMOTIVE INC-SEBC (EMP000000004913)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004518705

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 15
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,024.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$3,024.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(iiiiiii) Premiums:

(1) Amount received	\$109,371.60
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$543.66

(jjjjjjj) Benefit charges:

(1) Claims paid	\$33,485.37
(2) Increase (decrease) in claim reserves	-\$842.62

(kkkkkkk) Remainder of premium:

(42) Retention charges (on an accrual basis)	
(A) Commissions	\$3,024.00
(B) Administrative services	\$5,468.58
(G) Other retention charges	\$2,187.43

(lllllll) Status of policyholder reserves at end of year:

(2) Claim reserves	\$1,715.16
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Information for Schedule A (Form 5500)

ON-Q COLLISION CENTER INC-SEBC (EMP000000005027)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004591840

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 3
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,008.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,008.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(ssssssssssssssssssssss) Premiums:

(1) Amount received	\$30,584.16
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$908.12

 (tttttttttttttttttttt) Benefit charges:

(1) Claims paid	\$14,124.90
(2) Increase (decrease) in claim reserves	\$191.82

 (uuuuuuuuuuuuuuuuuuuu) Remainder of premium:

(129) Retention charges (on an accrual basis)	
(A) Commissions	\$1,008.00
(B) Administrative services	\$1,529.21
(G) Other retention charges	\$611.68

 (vvvvvvvvvvvvvvvvvvvv) Status of policyholder reserves at end of year:

(2) Claim reserves	\$191.82
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Information for Schedule A (Form 5500)

PAMP'S OUTBOARD INC-SEBC (EMP000000005125)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004623584

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 2
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee) Premiums:

(1) Amount received	\$15,083.28
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$304.02

(ffffffffffffffffffffffffffffffff) Benefit charges:	
(1) Claims paid	\$23,509.86
(2) Increase (decrease) in claim reserves	\$0.00

(gggggggggggggggggggggggggggggg) Remainder of premium:	
(171) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$754.16
(G) Other retention charges	\$301.67

(hhhhhhhhhhhhhhhhhhhhhhhhhhhhhh) Status of policyholder reserves at end of year:	
(2) Claim reserves	\$0.00

Information for Schedule A (Form 5500)

PARADISE TRUCKING CORP-SEBC (EMP000000004325)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004517201

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 20
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$5,656.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$5,656.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(gggggg) Premiums:

(1) Amount received	\$206,179.39
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$2,131.62

 (hhhhhh) Benefit charges:

(1) Claims paid	\$427,685.21
(2) Increase (decrease) in claim reserves	\$58,552.81

 (iiiiii) Remainder of premium:

(35) Retention charges (on an accrual basis)	
(A) Commissions	\$5,656.00
(B) Administrative services	\$10,308.97
(G) Other retention charges	\$4,123.59

 (jjjjjj) Status of policyholder reserves at end of year:

(2) Claim reserves	\$60,235.16
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Information for Schedule A (Form 5500)

PAUL BUGAR TRUCKING INC-SEBC (EMP0000000000095)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004590058

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 9
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,024.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$3,024.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(oooooooooooooooooooo) Premiums:

(1) Amount received	\$101,947.20
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,699.12

(pppppppppppppppppp) Benefit charges:

(1) Claims paid	\$148,534.75
(2) Increase (decrease) in claim reserves	-\$24.96

(qqqqqqqqqqqqqqqqqq) Remainder of premium:

(102) Retention charges (on an accrual basis)	
(A) Commissions	\$3,024.00
(B) Administrative services	\$5,097.36
(G) Other retention charges	\$2,038.94

(rrrrrrrrrrrrrrrrrr) Status of policyholder reserves at end of year:

(2) Claim reserves	\$1,120.56
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Information for Schedule A (Form 5500)

PATRIOT K9S OF WISCONSIN INC-SEBC (EMP000000005217)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004658913

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 8
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,008.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,008.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa) Premiums:

(1) Amount received	\$39,736.20
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$806.75

(bbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbb) Benefit charges:

(1) Claims paid	\$61,427.11
(2) Increase (decrease) in claim reserves	\$3,628.03

(cccccccccccccccccccccccccccccccccccccc) Remainder of premium:

(235) Retention charges (on an accrual basis)	
(A) Commissions	\$1,008.00
(B) Administrative services	\$1,986.81
(G) Other retention charges	\$794.72

(dddddddddddddddddddddddddddddddddddddd) Status of policyholder reserves at end of year:

(2) Claim reserves	\$3,628.03
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Information for Schedule A (Form 5500)

PLATT & PLATT COMPANY LLC-SEBC (EMP000000004789)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004516929

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 1
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$336.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts

(aaaaa)	Premiums:	
	(1) Amount received	\$6,326.52
	(2) Increase (decrease) in amount due but unpaid	\$0.00
	(3) Increase (decrease) in unearned premium reserve	-\$61.99
(bbbbb)	Benefit charges:	
	(1) Claims paid	\$4,686.59
	(2) Increase (decrease) in claim reserves	\$3,132.87
(ccccc)	Remainder of premium:	
	(27) Retention charges (on an accrual basis)	
	(A) Commissions	\$336.00
	(B) Administrative services	\$316.33
	(G) Other retention charges	\$126.53
(ddddd)	Status of policyholder reserves at end of year:	
	(2) Claim reserves	\$3,132.87

Information for Schedule A (Form 5500)

PLOVER RIVER FARMS ALLIANCE INC-SEBC (EMP000000000459)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004658433

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 6
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,652.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$1,652.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (cccccccccccccccccccccccccccccccccccc) Premiums:
 (1) Amount received \$48,610.57
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$1,662.64
 (dddddddddddddddddddddddddddddddddddd) Benefit charges:
 (1) Claims paid \$6,049.45
 (2) Increase (decrease) in claim reserves \$237.69
 (eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee) Remainder of premium:
 (229) Retention charges (on an accrual basis)
 (A) Commissions \$1,652.00
 (B) Administrative services \$2,430.53
 (G) Other retention charges \$972.21
 (ffffffffffffffffffffffffffffffffffff) Status of policyholder reserves at end of year:
 (2) Claim reserves \$237.69

Information for Schedule A (Form 5500)

PROCESS PIPING SPECIALISTS INC-SEBC (EMP000000004225)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004657910

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 8
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$868.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$868.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (ssssssssssssssssssssssssssssssssssssss) Premiums:
 (1) Amount received \$41,775.33
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$601.95
 (tttttttttttttttttttttttttttttttttttttt) Benefit charges:
 (1) Claims paid \$8,512.40
 (2) Increase (decrease) in claim reserves \$10,235.32
 (uuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuu) Remainder of premium:
 (220) Retention charges (on an accrual basis)
 (A) Commissions \$868.00
 (B) Administrative services \$2,088.77
 (G) Other retention charges \$835.51
 (vvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv) Status of policyholder reserves at end of year:
 (2) Claim reserves \$10,235.32

Information for Schedule A (Form 5500)

PROGRESSIVE LANDSCAPING LLC-SEBC (EMP000000004905)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004517273

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 2
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$588.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$588.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(sssss) Premiums:

(1) Amount received	\$25,431.12
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

 (ttttt) Benefit charges:

(1) Claims paid	\$0.00
(2) Increase (decrease) in claim reserves	\$0.00

 (uuuuu) Remainder of premium:

(38) Retention charges (on an accrual basis)	
(A) Commissions	\$588.00
(B) Administrative services	\$1,271.56
(G) Other retention charges	\$508.62

 (vvvvv) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

PRIMARY CONNECTION HEALTH CARE INC-SEBC (EMP000000001409)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EBC PR - GROUP BILL 26 EOM Org. Policy ID: C0004591635

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 47
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$10,976.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$10,976.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (mmmmmmmmmmmmmmmmmmmmmm) Premiums:
 (1) Amount received \$349,167.35
 (2) Increase (decrease) in amount due but unpaid \$666.52
 (3) Increase (decrease) in unearned premium reserve \$13,909.44
 (nnnnnnnnnnnnnnnnnnnnnn) Benefit charges:
 (1) Claims paid \$307,169.46
 (2) Increase (decrease) in claim reserves \$9,369.16
 (oooooooooooooooooooo) Remainder of premium:
 (121) Retention charges (on an accrual basis)
 (A) Commissions \$10,976.00
 (B) Administrative services \$17,458.37
 (G) Other retention charges \$6,983.35
 (pppppppppppppppppppppp) Status of policyholder reserves at end of year:
 (2) Claim reserves \$17,580.93

Information for Schedule A (Form 5500)

PRIMARY CONNECTION HEALTH CARE INC-SEBC (EMP000000001409)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EBC EX - GROUP BILL 26 EOM Org. Policy ID: C0004591636

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 39
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$6,832.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$6,832.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (qqqqqqqqqqqqqqqqqqqq) Premiums:
 (1) Amount received \$282,750.41
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve -\$3,621.82
 (rrrrrrrrrrrrrrrrrrrr) Benefit charges:
 (1) Claims paid \$489,084.17
 (2) Increase (decrease) in claim reserves \$17,241.53
 (ssssssssssssssssssss) Remainder of premium:
 (122) Retention charges (on an accrual basis)
 (A) Commissions \$6,832.00
 (B) Administrative services \$14,137.52
 (G) Other retention charges \$5,655.01
 (tttttttttttttttttttt) Status of policyholder reserves at end of year:
 (2) Claim reserves \$44,558.69

Information for Schedule A (Form 5500)

RZ BUILDERS LLC-SEBC (EMP000000005024)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004591822

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 18
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,192.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$3,192.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(gggggggggggggggggggggg) Premiums:

(1) Amount received	\$97,952.24
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$5,785.49

 (hhhhhhhhhhhhhhhhhhhh) Benefit charges:

(1) Claims paid	\$68,587.57
(2) Increase (decrease) in claim reserves	\$25,487.13

 (iiiiiiiiiiiiiiii) Remainder of premium:

(126) Retention charges (on an accrual basis)	
(A) Commissions	\$3,192.00
(B) Administrative services	\$4,897.61
(G) Other retention charges	\$1,959.04

 (jjjjjjjjjjjjjjjjjjjj) Status of policyholder reserves at end of year:

(2) Claim reserves	\$26,396.85
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Information for Schedule A (Form 5500)

RAFLIK DRYWALL LLC-SEBC (EMP000000004994)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004571058

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 2
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$336.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(cccccccccccccc) Premiums:

(1) Amount received	\$14,305.00
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$794.72

 (dddddddddddddd) Benefit charges:

(1) Claims paid	\$11,020.12
(2) Increase (decrease) in claim reserves	\$12,792.35

 (eeeeeeeeeeeeee) Remainder of premium:
 (86) Retention charges (on an accrual basis)

(A) Commissions	\$336.00
(B) Administrative services	\$715.25
(G) Other retention charges	\$286.10

 (ffffffffffff) Status of policyholder reserves at end of year:

(2) Claim reserves	\$12,792.35
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Information for Schedule A (Form 5500)

REW MOTORS INC-SEBC (EMP000000000750)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004590795

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 14
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,688.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$2,688.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(oooooooooooooooooooo) Premiums:

(1) Amount received	\$108,082.32
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$5,108.34

(pppppppppppppppppppp) Benefit charges:

(1) Claims paid	\$441,240.02
(2) Increase (decrease) in claim reserves	\$16,661.97

(qqqqqqqqqqqqqqqqqq) Remainder of premium:

(115) Retention charges (on an accrual basis)	
(A) Commissions	\$2,688.00
(B) Administrative services	\$5,404.12
(G) Other retention charges	\$2,161.65

(rrrrrrrrrrrrrrrrrr) Status of policyholder reserves at end of year:

(2) Claim reserves	\$17,322.19
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Information for Schedule A (Form 5500)

RJB CONSTRUCTION INC-SEBC (EMP000000004823)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004482481

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 4
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
 - (a) Premiums:

(1) Amount received	\$24,564.00
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$494.12
 - (b) Benefit charges:

(1) Claims paid	\$6,459.29
(2) Increase (decrease) in claim reserves	\$0.00
 - (c) Remainder of premium:

(1) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$1,228.20
(G) Other retention charges	\$491.28
 - (d) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

ROMIG'S INC-SEBC (EMP000000000123)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004535243

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 9
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,344.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,344.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(yyyyyyy) Premiums:

(1) Amount received	\$50,627.76
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$873.38

 (zzzzzzz) Benefit charges:

(1) Claims paid	\$45,828.40
(2) Increase (decrease) in claim reserves	\$11,743.24

 (aaaaaaa) Remainder of premium:
 (46) Retention charges (on an accrual basis)

(A) Commissions	\$1,344.00
(B) Administrative services	\$2,531.39
(G) Other retention charges	\$1,012.56

 (bbbbbbbbb) Status of policyholder reserves at end of year:

(2) Claim reserves	\$12,150.09
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Information for Schedule A (Form 5500)

ROSS-WELLS INC-SEBC (EMP000000000627)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004516779

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 30
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,696.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$3,696.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts

(oooo) Premiums:	
(1) Amount received	\$184,458.90
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$2,074.66
(pppp) Benefit charges:	
(1) Claims paid	\$99,533.35
(2) Increase (decrease) in claim reserves	-\$32,566.43
(qqqq) Remainder of premium:	
(24) Retention charges (on an accrual basis)	
(A) Commissions	\$3,696.00
(B) Administrative services	\$9,222.95
(G) Other retention charges	\$3,689.18
(rrrr) Status of policyholder reserves at end of year:	
(2) Claim reserves	-\$576.00

Information for Schedule A (Form 5500)

RYAN MANUFACTURING INC-SEBC (EMP000000000360)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004517041

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 47
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$5,712.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$5,712.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(yyyyy) Premiums:

(1) Amount received	\$282,715.85
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$1,353.21

 (zzzzz) Benefit charges:

(1) Claims paid	\$2,130,489.24
(2) Increase (decrease) in claim reserves	-\$80,028.69

 (aaaaaa) Remainder of premium:

(33) Retention charges (on an accrual basis)	
(A) Commissions	\$5,712.00
(B) Administrative services	\$14,135.79
(G) Other retention charges	\$5,654.32

 (bbbbbb) Status of policyholder reserves at end of year:

(2) Claim reserves	\$78,074.85
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Information for Schedule A (Form 5500)

HOUSING AUTHORITY COUNTY OF SAWYER-SEBC (EMP000000004204)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004623629

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 4
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,344.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,344.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(iiiiiiiiiiiiiiiiiiii) Premiums:

(1) Amount received	\$31,788.96
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

 (jjjjjjjjjjjjjjjjjjjjjj) Benefit charges:

(1) Claims paid	\$2,923.21
(2) Increase (decrease) in claim reserves	\$98.46

 (kkkkkkkkkkkkkkkkkkkkkkkk) Remainder of premium:

(172) Retention charges (on an accrual basis)	
(A) Commissions	\$1,344.00
(B) Administrative services	\$1,589.45
(G) Other retention charges	\$635.78

 (iiiiiiiiiiiiiiiiiiii) Status of policyholder reserves at end of year:

(2) Claim reserves	\$98.46
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Information for Schedule A (Form 5500)

SENIOR MANAGEMENT INC - LADYSMITH-SEBC (EMP000000004103)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004659743

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 58
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$14,868.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$14,868.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(#####) Premiums:

(1) Amount received	\$370,954.78
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$5,136.36

(#####) Benefit charges:	
(1) Claims paid	\$432,202.78
(2) Increase (decrease) in claim reserves	\$54,258.00

(#####) Remainder of premium:	
(243) Retention charges (on an accrual basis)	
(A) Commissions	\$14,868.00
(B) Administrative services	\$18,547.74
(G) Other retention charges	\$7,419.10

(#####) Status of policyholder reserves at end of year:	
(2) Claim reserves	\$54,258.00

Information for Schedule A (Form 5500)

SENIOR MANAGEMENT INC - OSTRANDER-SEBC (EMP000000004065)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004659732

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 9
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,492.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$2,492.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(cccccccccccccccccccccccccccccccccccccccc) Premiums:

(1) Amount received	\$73,837.26
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$346.26

 (dddddddddddddddddddddddddddddddddddddd) Benefit charges:

(1) Claims paid	\$30,305.17
(2) Increase (decrease) in claim reserves	\$487.50

 (eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee) Remainder of premium:

(242) Retention charges (on an accrual basis)	
(A) Commissions	\$2,492.00
(B) Administrative services	\$3,691.86
(G) Other retention charges	\$1,476.75

 (ffffffffffffffffffffffffffffffffffff) Status of policyholder reserves at end of year:

(2) Claim reserves	\$487.50
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Information for Schedule A (Form 5500)

SHELDONS INC-SEBC (EMP000000001379)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004517205

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 2
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(kkkkkk) Premiums:

(1) Amount received	\$14,685.84
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

 (llllll) Benefit charges:

(1) Claims paid	\$581.26
(2) Increase (decrease) in claim reserves	\$0.00

 (mmmmmm) Remainder of premium:

(36) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$734.29
(G) Other retention charges	\$293.72

 (nnnnnn) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

SHELDONS INC-SEBC (EMP000000001379)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004483237

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 19
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$5,096.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$5,096.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(cc) Premiums:

(1) Amount received	\$150,125.37
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,171.94

 (dd) Benefit charges:

(1) Claims paid	\$135,948.88
(2) Increase (decrease) in claim reserves	-\$3,397.81

 (ee) Remainder of premium:

(8) Retention charges (on an accrual basis)	
(A) Commissions	\$5,096.00
(B) Administrative services	\$7,506.27
(G) Other retention charges	\$3,002.51

 (ff) Status of policyholder reserves at end of year:

(2) Claim reserves	\$272.44
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Information for Schedule A (Form 5500)

SILVERTREE LLC-SEBC (EMP000000005128)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004623784

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 2
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(cccccccccccccccccccccccccccccccc) Premiums:

(1) Amount received	\$14,063.28
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

 (dddddddddddddddddddddddddddddd) Benefit charges:

(1) Claims paid	\$48,136.59
(2) Increase (decrease) in claim reserves	-\$3,990.69

 (eeeeeeeeeeeeeeeeeeeeeeeeeeeeee) Remainder of premium:

(177) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$703.16
(G) Other retention charges	\$281.27

 (ffffffffffffffffffffffffffff) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

SISTERS OF MERCY OF THE HOLY CROSS OF MERRILL WI INC-SEBC (EMP000000004897)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004516636

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 1
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$336.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (cccc) Premiums:
 (1) Amount received \$10,194.72
 (2) Increase (decrease) in amount due but unpaid \$2,548.68
 (3) Increase (decrease) in unearned premium reserve -\$235.86
 (dddd) Benefit charges:
 (1) Claims paid \$16,376.42
 (2) Increase (decrease) in claim reserves \$0.00
 (eeee) Remainder of premium:
 (21) Retention charges (on an accrual basis)
 (A) Commissions \$336.00
 (B) Administrative services \$509.74
 (G) Other retention charges \$203.89
 (ffff) Status of policyholder reserves at end of year:
 (2) Claim reserves \$0.00

Information for Schedule A (Form 5500)

SOCIETY OF ST VINCENT DE PAUL-ST JOHNS CONFERENCE INC-SEBC (EMP000000004334)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004590225

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 12
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,668.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$3,668.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(ssssssssssssssss) Premiums:

(1) Amount received	\$124,900.52
(2) Increase (decrease) in amount due but unpaid	\$4,555.38
(3) Increase (decrease) in unearned premium reserve	-\$4,555.38

 (tttttttttttttttt) Benefit charges:

(1) Claims paid	\$143,401.29
(2) Increase (decrease) in claim reserves	\$3,855.87

 (uuuuuuuuuuuuuuuu) Remainder of premium:
 (103) Retention charges (on an accrual basis)

(A) Commissions	\$3,668.00
(B) Administrative services	\$6,245.03
(G) Other retention charges	\$2,498.01

 (vvvvvvvvvvvvvvvv) Status of policyholder reserves at end of year:

(2) Claim reserves	\$8,385.18
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Information for Schedule A (Form 5500)

STETSON FOREST PRODUCTS INC-SEBC (EMP000000004998)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004572588

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 15
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,024.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$3,024.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(gggggggggggggggg) Premiums:

(1) Amount received	\$110,069.28
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$7,831.80

 (hhhhhhhhhhhhhh) Benefit charges:

(1) Claims paid	\$57,384.68
(2) Increase (decrease) in claim reserves	-\$236.25

 (iiiiiiiiiiiiii) Remainder of premium:

(87) Retention charges (on an accrual basis)	
(A) Commissions	\$3,024.00
(B) Administrative services	\$5,503.46
(G) Other retention charges	\$2,201.39

 (jjjjjjjjjjjjjj) Status of policyholder reserves at end of year:

(2) Claim reserves	\$564.97
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Information for Schedule A (Form 5500)

STETSON MLC INC-SEBC (EMP000000005232)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004661324

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 4
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$952.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$952.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(cccccccccccccccccccccccccccccccccccccccc) Premiums:

(1) Amount received	\$26,972.40
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$4,300.00

(dddddddddddddddddddddddddddddddddddddd) Benefit charges:

(1) Claims paid	\$181.10
(2) Increase (decrease) in claim reserves	\$0.00

(eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee) Remainder of premium:

(255) Retention charges (on an accrual basis)	
(A) Commissions	\$952.00
(B) Administrative services	\$1,348.62
(G) Other retention charges	\$539.45

(ffffffffffffffffffffffffffffffffffff) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Strek - O-Door

Information for Schedule A (Form 5500)

PROTECT DOOR-SEBC (EMP000000005230)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004660104

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 15
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$4,340.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$4,340.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa) Premiums:
(1) Amount received \$84,147.46
(2) Increase (decrease) in amount due but unpaid \$17.06
(3) Increase (decrease) in unearned premium reserve \$7,236.18
(vvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv) Benefit charges:
(1) Claims paid \$122,584.24
(2) Increase (decrease) in claim reserves \$31,850.37
(wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww) Remainder of premium:
(253) Retention charges (on an accrual basis)
(A) Commissions \$4,340.00
(B) Administrative services \$4,207.37
(G) Other retention charges \$1,682.95
(xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx) Status of policyholder reserves at end of year:
(2) Claim reserves \$31,850.37

Information for Schedule A (Form 5500)

SWS VENTURES LLC-SEBC (EMP000000005044)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004592182

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 3
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,008.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,008.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx) Premiums:

(1) Amount received	\$29,103.00
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,129.91

 (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx) Benefit charges:

(1) Claims paid	\$21,944.39
(2) Increase (decrease) in claim reserves	-\$822.47

 (yyyyyyyyyyyyyyyyyyyyyyyyyyyy) Remainder of premium:

(143) Retention charges (on an accrual basis)	
(A) Commissions	\$1,008.00
(B) Administrative services	\$1,455.15
(G) Other retention charges	\$582.06

 (zzzzzzzzzzzzzzzzzzzzzzzzzz) Status of policyholder reserves at end of year:

(2) Claim reserves	\$237.69
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Information for Schedule A (Form 5500)

T & T QUALITY CUTTING-SEBC (EMP000000000146)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004623582

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 15
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,092.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,092.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa) Premiums:

(1) Amount received	\$68,842.92
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,225.20

(bbbbbbbbbbbbbbbbbbbbbbbbbbbbbb) Benefit charges:

(1) Claims paid	\$35,806.70
(2) Increase (decrease) in claim reserves	\$8,508.21

(cccccccccccccccccccccccccccccc) Remainder of premium:

(170) Retention charges (on an accrual basis)	
(A) Commissions	\$1,092.00
(B) Administrative services	\$3,442.15
(G) Other retention charges	\$1,376.86

(ddddddddddddddddddddddddddddd) Status of policyholder reserves at end of year:

(2) Claim reserves	\$11,755.75
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Information for Schedule A (Form 5500)

TCR INC-SEBC (EMP000000001380)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004590732

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 11
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,680.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,680.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(uuuuuuuuuuuuuuuuuuuu) Premiums:

(1) Amount received	\$92,759.01
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

(vvvvvvvvvvvvvvvvvvvv) Benefit charges:

(1) Claims paid	\$39,467.26
(2) Increase (decrease) in claim reserves	-\$1,428.69

(wwwwwwwwwwwwwwwwwwww) Remainder of premium:

(110) Retention charges (on an accrual basis)	
(A) Commissions	\$1,680.00
(B) Administrative services	\$4,637.95
(G) Other retention charges	\$1,855.18

(xxxxxxxxxxxxxxxxxxxxxx) Status of policyholder reserves at end of year:

(2) Claim reserves	\$1,453.44
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Information for Schedule A (Form 5500)

TCR INC-SEBC (EMP000000001380)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004590731

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 45
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$5,320.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$5,320.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(qqqqqqqqqqqqqqqqqq) Premiums:

(1) Amount received	\$250,867.79
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$3,311.35

 (rrrrrrrrrrrrrrrrrr) Benefit charges:

(1) Claims paid	\$413,520.91
(2) Increase (decrease) in claim reserves	-\$1,381.91

 (ssssssssssssssssss) Remainder of premium:

(109) Retention charges (on an accrual basis)	
(A) Commissions	\$5,320.00
(B) Administrative services	\$12,543.39
(G) Other retention charges	\$5,017.36

 (tttttttttttttttttt) Status of policyholder reserves at end of year:

(2) Claim reserves	\$8,465.93
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Information for Schedule A (Form 5500)

THAD KLASINSKI DBA MICHELE'S RESTAURANT & CATERING-SEBC (EMP000000004970)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004555050

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 2
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(eeeeeeeeeeee) Premiums:

(1) Amount received	\$15,894.48
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

 (ffffffffffff) Benefit charges:

(1) Claims paid	\$8,425.46
(2) Increase (decrease) in claim reserves	\$631.28

 (gggggggggggg) Remainder of premium:
 (80) Retention charges (on an accrual basis)

(A) Commissions	\$672.00
(B) Administrative services	\$794.72
(G) Other retention charges	\$317.89

 (hhhhhhhhhhhh) Status of policyholder reserves at end of year:

(2) Claim reserves	\$1,520.03
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Information for Schedule A (Form 5500)

TOM'S SALES & SERVICE INC-SEBC (EMP000000004186)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004594531

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 3
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(mmmmmmmmmmmmmmmmmmmmmmmmmmmm) Premiums:

(1) Amount received	\$20,086.19
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$39.69

 (nnnnnnnnnnnnnnnnnnnnnnnnnnnnnn) Benefit charges:

(1) Claims paid	\$113,267.05
(2) Increase (decrease) in claim reserves	-\$1,357.03

 (oooooooooooooooooooooooooooo) Remainder of premium:

(147) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$1,004.31
(G) Other retention charges	\$401.72

 (pppppppppppppppppppppppppppp) Status of policyholder reserves at end of year:

(2) Claim reserves	\$171.74
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Information for Schedule A (Form 5500)

TOP BRASS INC-SEBC (EMP000000005165)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004625903

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 14
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,444.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$3,444.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(ssssssssssssssssssssssssssssssssssss) Premiums:

(1) Amount received	\$91,621.60
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$1,984.69

 (tttttttttttttttttttttttttttttttttttt) Benefit charges:

(1) Claims paid	\$59,560.35
(2) Increase (decrease) in claim reserves	-\$454.31

 (uuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuu) Remainder of premium:

(207) Retention charges (on an accrual basis)	
(A) Commissions	\$3,444.00
(B) Administrative services	\$4,581.08
(G) Other retention charges	\$1,832.43

 (vvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv) Status of policyholder reserves at end of year:

(2) Claim reserves	\$350.10
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Information for Schedule A (Form 5500)

TOWN OF MERCER-SEBC (EMP000000004542)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EBC PR - GROUP BILL 26 EOM Org. Policy ID: C0004553044

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 16
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,380.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$2,380.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (aaaaaaaaa) Premiums:
 (1) Amount received \$100,562.12
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve -\$1,171.94
 (bbbbbbbbbbb) Benefit charges:
 (1) Claims paid \$39,817.57
 (2) Increase (decrease) in claim reserves -\$10,491.66
 (ccccccccccc) Remainder of premium:
 (66) Retention charges (on an accrual basis)
 (A) Commissions \$2,380.00
 (B) Administrative services \$5,028.11
 (G) Other retention charges \$2,011.24
 (ddddddddddd) Status of policyholder reserves at end of year:
 (2) Claim reserves \$866.91

Information for Schedule A (Form 5500)

TOWN OF WOODRUFF-SEBC (EMP000000004333)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO EBC PR - GROUP BILL 26 EOM Org. Policy ID: C0004552454

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 32
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,304.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$3,304.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (uuuuuuuuu) Premiums:
 (1) Amount received \$195,738.56
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$562.93
 (vvvvvvvvv) Benefit charges:
 (1) Claims paid \$174,450.41
 (2) Increase (decrease) in claim reserves \$93,765.10
 (wwwwwwwww) Remainder of premium:
 (58) Retention charges (on an accrual basis)
 (A) Commissions \$3,304.00
 (B) Administrative services \$9,786.93
 (G) Other retention charges \$3,914.77
 (xxxxxxx) Status of policyholder reserves at end of year:
 (2) Claim reserves \$95,506.07

Information for Schedule A (Form 5500)

TOWN OF WORCESTER-SEBC (EMP000000005039)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004591990

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 4
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(oooooooooooooooooooo) Premiums:

(1) Amount received	\$27,020.40
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$543.54

(pppppppppppppppppppppp) Benefit charges:

(1) Claims paid	\$54,566.35
(2) Increase (decrease) in claim reserves	-\$1,723.71

(qqqqqqqqqqqqqqqqqqqq) Remainder of premium:

(141) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$1,351.02
(G) Other retention charges	\$540.41

(rrrrrrrrrrrrrrrrrrrrrr) Status of policyholder reserves at end of year:

(2) Claim reserves	\$1,149.81
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Information for Schedule A (Form 5500)

TRI-CITY REFRIGERATION INC-SEBC (EMP000000005081)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004607495

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 24
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,808.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$3,808.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(aaaaaaaaaaaaaaaaaaaaaaaaaaaaa) Premiums:

(1) Amount received	\$141,891.47
(2) Increase (decrease) in amount due but unpaid	\$1,456.99
(3) Increase (decrease) in unearned premium reserve	-\$39.52

(bbbbbbbbbbbbbbbbbbbbbbbbbbbbb) Benefit charges:	
(1) Claims paid	\$218,464.25
(2) Increase (decrease) in claim reserves	-\$12,385.28

(ccccccccccccccccccccccccccc) Remainder of premium:	
(157) Retention charges (on an accrual basis)	
(A) Commissions	\$3,808.00
(B) Administrative services	\$7,094.57
(G) Other retention charges	\$2,837.83

(ddddddddddddddddddddddddddd) Status of policyholder reserves at end of year:	
(2) Claim reserves	-\$3,736.40

Information for Schedule A (Form 5500)

UNITED WAY OF PORTAGE COUNTY-SEBC (EMP000000004950)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004552564

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 5
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,288.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,288.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(yyyyyyyyyy) Premiums:

(1) Amount received	\$45,829.04
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$2,132.76

 (zzzzzzzzzz) Benefit charges:

(1) Claims paid	\$37,822.91
(2) Increase (decrease) in claim reserves	\$11,081.09

 (aaaaaaaaaa) Remainder of premium:

(59) Retention charges (on an accrual basis)	
(A) Commissions	\$1,288.00
(B) Administrative services	\$2,291.45
(G) Other retention charges	\$916.58

 (bbbbbbbbbbb) Status of policyholder reserves at end of year:

(2) Claim reserves	\$11,081.09
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Information for Schedule A (Form 5500)

UNITED WAY OF PORTAGE COUNTY-SEBC (EMP000000004950)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004552592

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 0
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$252.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$252.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(ccccccccc) Premiums:

(1) Amount received	\$6,224.40
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$691.60

 (ddddddddd) Benefit charges:

(1) Claims paid	\$59,955.13
(2) Increase (decrease) in claim reserves	-\$353.29

 (eeeeeeeeee) Remainder of premium:

(60) Retention charges (on an accrual basis)	
(A) Commissions	\$252.00
(B) Administrative services	\$311.22
(G) Other retention charges	\$124.49

 (fffffffff) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

VILLAGE OF MINONG-SEBC (EMP000000004223)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004607360

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 7
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,036.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$1,036.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx) Premiums:
 (1) Amount received \$38,524.80
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$2,841.18
 (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx) Benefit charges:
 (1) Claims paid \$29,886.03
 (2) Increase (decrease) in claim reserves -\$858.40
 (yyyyyyyyyyyyyyyyyyyyyyyyyyyy) Remainder of premium:
 (156) Retention charges (on an accrual basis)
 (A) Commissions \$1,036.00
 (B) Administrative services \$1,926.24
 (G) Other retention charges \$770.50
 (zzzzzzzzzzzzzzzzzzzzzzzzzzzz) Status of policyholder reserves at end of year:
 (2) Claim reserves \$0.00

Information for Schedule A (Form 5500)

VILLAGE OF PLOVER-SEBC (EMP000000000321)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO EBC PR - GROUP BILL 26 EOM Org. Policy ID: C0004590742

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 183
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$20,692.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$20,692.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (yyyyyyyyyyyyyyyy) Premiums:

(1) Amount received	\$1,452,019.66
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$5,285.27

 (zzzzzzzzzzzzzzzzzz) Benefit charges:

(1) Claims paid	\$1,535,846.16
(2) Increase (decrease) in claim reserves	-\$72,347.46

 (aaaaaaaaaaaaaaaa) Remainder of premium:

(111) Retention charges (on an accrual basis)	
(A) Commissions	\$20,692.00
(B) Administrative services	\$72,600.98
(G) Other retention charges	\$29,040.39

 (bbbbbbbbbbbbbbbb) Status of policyholder reserves at end of year:

(2) Claim reserves	\$84,986.97
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Information for Schedule A (Form 5500)

VILLAGE OF WESTON-SEBC (EMP000000000659)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004553077

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 91
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$13,776.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$13,776.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts

(iiiiiiiiii) Premiums:	
(1) Amount received	\$743,286.70
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$28,881.69
(jjjjjjjjjj) Benefit charges:	
(1) Claims paid	\$410,090.82
(2) Increase (decrease) in claim reserves	-\$35,666.22
(kkkkkkkkkk) Remainder of premium:	
(68) Retention charges (on an accrual basis)	
(A) Commissions	\$13,776.00
(B) Administrative services	\$37,164.34
(G) Other retention charges	\$14,865.73
(llllllllll) Status of policyholder reserves at end of year:	
(2) Claim reserves	\$31,205.09

Information for Schedule A (Form 5500)

SOUTH AREA FIRE & EMERGENCY RESPONSE DISTRICT-SEBC (EMP000000004957)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004553079

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 29
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$3,976.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$3,976.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(mmmmmmmmmm) Premiums:

(1) Amount received	\$204,523.38
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$389.15

 (nnnnnnnnnn) Benefit charges:

(1) Claims paid	\$177,233.49
(2) Increase (decrease) in claim reserves	-\$23,094.75

 (oooooooooo) Remainder of premium:
 (69) Retention charges (on an accrual basis)

(A) Commissions	\$3,976.00
(B) Administrative services	\$10,226.17
(G) Other retention charges	\$4,090.47

 (pppppppppp) Status of policyholder reserves at end of year:

(2) Claim reserves	\$3,870.59
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Information for Schedule A (Form 5500)

WAUSAU CHEMICAL CORPORATION-SEBC (EMP000000000465)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO EBC SO - GROUP BILL 26 EOM Org. Policy ID: C0004659833

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 7
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,624.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$1,624.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa) Premiums:
 (1) Amount received \$34,525.00
 (2) Increase (decrease) in amount due but unpaid \$2,760.98
 (3) Increase (decrease) in unearned premium reserve -\$2,760.98
 (bbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbb) Benefit charges:
 (1) Claims paid \$12,781.61
 (2) Increase (decrease) in claim reserves \$338.54
 (cccccccccccccccccccccccccccccccccccccc) Remainder of premium:
 (248) Retention charges (on an accrual basis)
 (A) Commissions \$1,624.00
 (B) Administrative services \$1,726.25
 (G) Other retention charges \$690.50
 (dddddddddddddddddddddddddddddddddddddd) Status of policyholder reserves at end of year:
 (2) Claim reserves \$338.54

Information for Schedule A (Form 5500)

WAUSAU CHEMICAL CORPORATION-SEBC (EMP000000000465)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EBC EX - GROUP BILL 26 EOM Org. Policy ID: C0004659838

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 13
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,156.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$2,156.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee) Premiums:

(1) Amount received	\$72,898.77
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$1,547.32

(ffffffffffffffffffffffffffffffffffffffff) Benefit charges:	
(1) Claims paid	\$151,957.52
(2) Increase (decrease) in claim reserves	\$27,946.76

(gggggggggggggggggggggggggggggggggggggggggggggg) Remainder of premium:	
(249) Retention charges (on an accrual basis)	
(A) Commissions	\$2,156.00
(B) Administrative services	\$3,644.94
(G) Other retention charges	\$1,457.98

(hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh) Status of policyholder reserves at end of year:	
(2) Claim reserves	\$27,946.76

Information for Schedule A (Form 5500)

WEILER ENTERPRISES LLC-SEBC (EMP000000004332)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004608617

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 12
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,632.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$2,632.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(iiiiiiiiiiiiiiiiii) Premiums:

(1) Amount received	\$101,481.31
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,699.12

 (jjjjjjjjjjjjjjjjjjjj) Benefit charges:

(1) Claims paid	\$42,027.11
(2) Increase (decrease) in claim reserves	\$3,177.07

 (kkkkkkkkkkkkkkkkkkkk) Remainder of premium:

(159) Retention charges (on an accrual basis)	
(A) Commissions	\$2,632.00
(B) Administrative services	\$5,074.07
(G) Other retention charges	\$2,029.63

 (iiiiiiiiiiiiiiiiii) Status of policyholder reserves at end of year:

(2) Claim reserves	\$5,123.25
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Information for Schedule A (Form 5500)

WEILER ENTERPRISES LLC-SEBC (EMP000000004332)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: XHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004608618

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 1
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$224.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$224.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

- | | | |
|----|---|---|
| 8. | (a) Health | |
| | (h) Prescription Drug | |
| | (j) HMO Contract | |
| 9. | Experience-rated contracts | |
| | (mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm) | Premiums: |
| | (1) Amount received | \$0.00 |
| | (2) Increase (decrease) in amount due but unpaid | \$0.00 |
| | (3) Increase (decrease) in unearned premium reserve | -\$1,214.32 |
| | (nnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnn) | Benefit charges: |
| | (1) Claims paid | \$0.00 |
| | (2) Increase (decrease) in claim reserves | \$0.00 |
| | (ooooooooooooooooooooooooooooo) | Remainder of premium: |
| | (160) Retention charges (on an accrual basis) | |
| | (A) Commissions | \$224.00 |
| | (B) Administrative services | \$0.00 |
| | (G) Other retention charges | \$0.00 |
| | (pppppppppppppppppppppppppppppppp) | Status of policyholder reserves at end of year: |
| | (2) Claim reserves | \$0.00 |

Information for Schedule A (Form 5500)

WEILER TRANSPORTATION LLC-SEBC (EMP000000004876)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: XHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004608623

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 4
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$784.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$784.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(qqqqqqqqqqqqqqqqqqqqqqqqqqqq) Premiums:

(1) Amount received	\$20,358.54
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$523.66

(rrrrrrrrrrrrrrrrrrrrrrrrrrrrrr) Benefit charges:

(1) Claims paid	\$592.50
(2) Increase (decrease) in claim reserves	\$0.00

(ssssssssssssssssssssssssssss) Remainder of premium:

(161) Retention charges (on an accrual basis)	
(A) Commissions	\$784.00
(B) Administrative services	\$1,017.93
(G) Other retention charges	\$407.17

(tttttttttttttttttttttttttttttt) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

WEIS ELECTRIC INC-SEBC (EMP000000000270)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004589375

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 3
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$504.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$504.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(mmmmmmmmmmmmmmmmmm) Premiums:

(1) Amount received	\$24,695.82
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,371.99

 (nnnnnnnnnnnnnnnnnn) Benefit charges:

(1) Claims paid	\$25,582.22
(2) Increase (decrease) in claim reserves	-\$33,822.68

 (oooooooooooooooooooo) Remainder of premium:

(95) Retention charges (on an accrual basis)	
(A) Commissions	\$504.00
(B) Administrative services	\$1,234.79
(G) Other retention charges	\$493.92

 (pppppppppppppppppp) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

WHITE HAWK INVESTMENTS-SEBC (EMP000000005205)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004655388

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 20
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$2,408.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$2,408.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (cccccccccccccccccccccccccccccccccccc) Premiums:
 (1) Amount received \$124,904.08
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$6,523.36
 (dddddddddddddddddddddddddddddddddddd) Benefit charges:
 (1) Claims paid \$127,544.80
 (2) Increase (decrease) in claim reserves \$8,430.68
 (eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee) Remainder of premium:
 (216) Retention charges (on an accrual basis)
 (A) Commissions \$2,408.00
 (B) Administrative services \$6,245.20
 (G) Other retention charges \$2,498.08
 (ffffffffffffffffffffffffffffffffffff) Status of policyholder reserves at end of year:
 (2) Claim reserves \$8,430.68

Information for Schedule A (Form 5500)

WISCONSIN COATING SPECIALISTS LLC-SEBC (EMP000000005002)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004574981

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 1
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$336.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(aaaaaaaaaaaaaa) Premiums:

(1) Amount received	\$6,412.80
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

 (bbbbbbbbbbbbbb) Benefit charges:

(1) Claims paid	\$0.00
(2) Increase (decrease) in claim reserves	\$0.00

 (cccccccccccccc) Remainder of premium:
 (92) Retention charges (on an accrual basis)

(A) Commissions	\$336.00
(B) Administrative services	\$320.64
(G) Other retention charges	\$128.26

 (dddddddddddddd) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

WISCONSIN COATING SPECIALISTS LLC-SEBC (EMP000000005002)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004574980

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 2
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,288.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,288.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(xxxxxxxxxxxxxxxx) Premiums:

(1) Amount received	\$24,084.14
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$1,320.08

 (xxxxxxxxxxxxxxxx) Benefit charges:

(1) Claims paid	\$18,247.82
(2) Increase (decrease) in claim reserves	\$9.74

 (yyyyyyyyyyyyyy) Remainder of premium:

(91) Retention charges (on an accrual basis)	
(A) Commissions	\$1,288.00
(B) Administrative services	\$1,204.21
(G) Other retention charges	\$481.68

 (zzzzzzzzzzzzzz) Status of policyholder reserves at end of year:

(2) Claim reserves	\$498.03
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Information for Schedule A (Form 5500)

WILD RIVERS TRANSPORT LLC-SEBC (EMP000000005079)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004607022

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 2
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(oooooooooooooooooooooooooooo) Premiums:

(1) Amount received	\$22,407.84
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$493.12

(pppppppppppppppppppppppppppppp) Benefit charges:

(1) Claims paid	\$7,737.01
(2) Increase (decrease) in claim reserves	-\$5,174.97

(qqqqqqqqqqqqqqqqqqqqqqqqqqqq) Remainder of premium:

(154) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$1,120.39
(G) Other retention charges	\$448.16

(rrrrrrrrrrrrrrrrrrrrrrrrrrrrrr) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

WILLIAMS ENGINEERING SERVICES LLC-SEBC (EMP000000004157)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004624792

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 1
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$924.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$336.00
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$588.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee) Premiums:

(1) Amount received	\$29,802.15
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$7,349.06

 (ffffffffffffffffffffffffffffffff) Benefit charges:

(1) Claims paid	\$679.10
(2) Increase (decrease) in claim reserves	\$0.00

 (gggggggggggggggggggggggggggggggg) Remainder of premium:

(184) Retention charges (on an accrual basis)	
(A) Commissions	\$924.00
(B) Administrative services	\$1,490.11
(G) Other retention charges	\$596.04

 (hhhhhhhhhhhhhhhhhhhhhhhhhhhhhh) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

WISCO COOPERATIVE ASSOCIATION-SEBC (EMP000000005037)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO EX - GROUP BILL 26 EOM

Org. Policy ID: C0004659051

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 2
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$336.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee) Premiums:

(1) Amount received	\$18,258.24
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$0.00

 (ffffffffffffffffffffffffffffffff) Benefit charges:

(1) Claims paid	\$75,673.05
(2) Increase (decrease) in claim reserves	\$0.00

 (gggggggggggggggggggggggggggggggggggggggg) Remainder of premium:

(236) Retention charges (on an accrual basis)	
(A) Commissions	\$336.00
(B) Administrative services	\$912.91
(G) Other retention charges	\$365.16

 (hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

WISCO COOPERATIVE ASSOCIATION-SEBC (EMP000000005037)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO SO - GROUP BILL 26 EOM

Org. Policy ID: C0004591984

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
 (b) EIN: 39-1572880 (c) NAIC code: 96881
 (d) Contract or identification number:
 (e) Approximate number of persons covered at end of policy or contract year: 3
 Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$560.00
 (b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
 SPECTRUM BENEFITS SOLUTIONS OF CW LLC
 PO BOX 161
 SPENCER, WI 54479
 (b) Amount of commissions paid: \$560.00
 (c) Fees paid/ Amount: \$0.00
 (e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
 (h) Prescription Drug
 (j) HMO Contract
9. Experience-rated contracts
 (cccccccccccccccccccc) Premiums:
 (1) Amount received \$15,732.20
 (2) Increase (decrease) in amount due but unpaid \$0.00
 (3) Increase (decrease) in unearned premium reserve \$457.33
 (dddddddddddddddddddd) Benefit charges:
 (1) Claims paid \$19,396.47
 (2) Increase (decrease) in claim reserves -\$15.88
 (eeeeeeeeeeeeeeeeeeee) Remainder of premium:
 (138) Retention charges (on an accrual basis)
 (A) Commissions \$560.00
 (B) Administrative services \$786.61
 (G) Other retention charges \$314.64
 (ffffffffffffffffffff) Status of policyholder reserves at end of year:
 (2) Claim reserves -\$15.88

Information for Schedule A (Form 5500)

WISCONSIN CENTRAL FARMS INC-SEBC (EMP000000001700)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004573054

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 8
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$1,960.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$1,960.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(kkkkkkkkkkkkkkkk) Premiums:

(1) Amount received	\$71,019.46
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	-\$710.72

 (llllllllllllllll) Benefit charges:

(1) Claims paid	\$53,025.63
(2) Increase (decrease) in claim reserves	\$0.00

 (mmmmmmmmmmmmmmmm) Remainder of premium:

(88) Retention charges (on an accrual basis)	
(A) Commissions	\$1,960.00
(B) Administrative services	\$3,550.97
(G) Other retention charges	\$1,420.39

 (nnnnnnnnnnnnnnnn) Status of policyholder reserves at end of year:

(2) Claim reserves	\$0.00
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Information for Schedule A (Form 5500)

WOLFGAM GAMOKE HUTCHINSON SC-SEBC (EMP000000000256)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004608612

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 2
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$672.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$672.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
(eeeeeeeeeeeeeeeeeeee) Premiums:

(1) Amount received	\$20,389.44
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$417.78

 (ffffffffffffffffffff) Benefit charges:

(1) Claims paid	\$1,493.94
(2) Increase (decrease) in claim reserves	\$2,901.51

 (gggggggggggggggggggggggggggg) Remainder of premium:

(158) Retention charges (on an accrual basis)	
(A) Commissions	\$672.00
(B) Administrative services	\$1,019.47
(G) Other retention charges	\$407.79

 (hhhhhhhhhhhhhhhhhhhhhhhhhhhh) Status of policyholder reserves at end of year:

(2) Claim reserves	\$2,901.51
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Information for Schedule A (Form 5500)

GREGORY VAN DREEL-SEBC (EMP000000005251)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: xxHMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004677367

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 4
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$336.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
 - (a) Premiums:

(1) Amount received	\$14,324.06
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$2,572.78
 - (b) Benefit charges:

(1) Claims paid	\$24,484.72
(2) Increase (decrease) in claim reserves	\$1,473.12
 - (c) Remainder of premium:

(1) Retention charges (on an accrual basis)	
(A) Commissions	\$336.00
(B) Administrative services	\$716.20
(G) Other retention charges	\$286.48
 - (d) Status of policyholder reserves at end of year:

(2) Claim reserves	\$1,473.12
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Information for Schedule A (Form 5500)

ROLLING PAWS PET CARE LLC-SEBC (EMP000000005253)

The following information is for your use in completing parts I and III, required by the Employee Retirement Income Security Act of 1974 (ERISA). This information is submitted on a policy year-end basis.

Org Policy Name: HMO PR - GROUP BILL 26 EOM

Org. Policy ID: C0004678550

Part I - Information Concerning Insurance Contract Coverage, Fees and Commissions

1. (a) Name of insurance carrier: Security Health Plan of Wisconsin, Inc.
(b) EIN: 39-1572880 (c) NAIC code: 96881
(d) Contract or identification number:
(e) Approximate number of persons covered at end of policy or contract year: 2
Policy or contract year (f) From 01/01/2024 (g) To 12/31/2024
2. (a) Total amount of commissions paid: \$336.00
(b) Total amount of fees paid: \$0.00
3. (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
SPECTRUM BENEFITS SOLUTIONS OF CW LLC
PO BOX 161
SPENCER, WI 54479
(b) Amount of commissions paid: \$336.00
(c) Fees paid/ Amount: \$0.00
(e) Organization code: 3

Part III - Welfare Benefit Contract Information

8. (a) Health
(h) Prescription Drug
(j) HMO Contract
9. Experience-rated contracts
 - (a) Premiums:

(1) Amount received	\$7,947.24
(2) Increase (decrease) in amount due but unpaid	\$0.00
(3) Increase (decrease) in unearned premium reserve	\$1,324.54
 - (b) Benefit charges:

(1) Claims paid	\$9,249.69
(2) Increase (decrease) in claim reserves	\$1,985.06
 - (c) Remainder of premium:

(1) Retention charges (on an accrual basis)	
(A) Commissions	\$336.00
(B) Administrative services	\$397.36
(G) Other retention charges	\$158.94
 - (d) Status of policyholder reserves at end of year:

(2) Claim reserves	\$1,985.06
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