

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

<p>1a Name of plan <u>STATE BAR OF WISCONSIN HEALTH PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>STATE BAR OF WISCONSIN</u> <u>STATE BAR OF WISCONSIN</u> <u>LARRY J. MARTIN</u> <u>5302 EASTPARK BLVD.</u> <u>MADISON, WI 53707</u></p>	<p>1c Effective date of plan <u>01/01/2020</u></p> <p>2b Employer Identification Number (EIN) <u>39-0807061</u></p> <p>2c Plan Sponsor's telephone number <u>608-257-3838</u></p> <p>2d Business code (see instructions) <u>541110</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/09/2025	LARRY MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor STATE BAR OF WISCONSIN LARRY J. MARTIN 5302 EASTPARK BLVD. MADISON, WI 53707		3b Administrator's EIN 39-0807061	
		3c Administrator's telephone number 608-257-3838	
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	334
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		6a(1)	334
a(2) Total number of active participants at the end of the plan year		6a(2)	340
b Retired or separated participants receiving benefits.....		6b	
c Other retired or separated participants entitled to future benefits		6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	340
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	340
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	

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

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

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>	(3) <input type="checkbox"/> C (Service Provider Information)	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4) <input type="checkbox"/> D (DFE/Participating Plan Information)	(4) <input type="checkbox"/> G (Financial Transaction Schedules)	(4) <input type="checkbox"/> C (Service Provider Information)
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(5) <input type="checkbox"/> G (Financial Transaction Schedules)		(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			(6) <input type="checkbox"/> 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 158301755

**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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan STATE BAR OF WISCONSIN HEALTH PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 STATE BAR OF WISCONSIN	D Employer Identification Number (EIN) 39-0807061

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

1 Coverage Information:

(a) Name of insurance carrier
WISCONSIN PHYSICIANS SERVICE INSURANCE CORPORATION

(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
39-1268299	53139	100000055	340	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 47555	(b) Total amount of fees paid 47555
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CHRISTINE NADOLSKI
6737 W WASHINGTON ST STE 2360
WEST ALLIS, WI 53214

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31700			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WENDY C BLOCK
6737 W WASHINGTON ST STE 2360
WEST ALLIS, WI 53214

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15855			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	

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) 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)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(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)	2014942	
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))	9a(4)		2014942
b	Benefit charges (1) Claims paid	9b(1)	2782315	
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		2782315
	(4) Claims charged	9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)	47555	
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention	9c(1)(H)		47555
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		
	(3) Other reserves	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
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. ▶

**Multiple-Employer Plan Participating Employer Information
State Bar of Wisconsin Health Plan
EIN: 39-0807061**

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Everson and Gibbs	13-4311682	TERMED 01/01/2022 50% EE, 0% Limited, 0% Family
Resnick Law SC	39-2012268	60% EE, 0% Limited, 0% Family
Davczyk & Varline LLC	36-4541188	100% EE, 100% Limited 100% Family
Ullenberg Law Offices SC	46-3411956	\$500 per EE, 0% Limit, 0% Family
Hart Law Office	39-1707993	0% EE, 0% Limited, 0% Family
Probst Law Offices SC	47-3966287	45% EE, 0% Limited, 0% Family
Ogden Glazer & Schaefer LLC	81-0971518	TERMINATED PLAN 3/1/2021 50% EE, 0% Limited, 0% Family
N2 Advantage Law Ltd	85-2305228	100% EE, 100% Limited, 100% Family
Bankruptcy Law Firm of Richard A. Check	39-1935879	TERMED 12/31/2022 50% EE, 50% Limited, 50% Family Joined again 01/01/2024
Culp Law Firm, LLC	85-1056662	100% EE, 50% Limited 0% Family
Gasparri & Joyce SC	39-1704155	100% EE, 100% Limited, 100% Family
Hammett, Bellin & Oswald	39-1905096	100% EE, 100% Limited, 100% Family
Affiliated Attorneys LLC	39-6743284	50% EE, 50% Limited, 50% Family
AVK Law LLC	45-3062065	40% EE, 40% Limited, 40% Family
Malm & La Fave SC	39-1616835	100% EE, 0% Limited Family, 0% Family
Dubin & Balistreri, Ltd	39-1273466	100% EE, 0% Limited Family, 0% Family
Cermele & Matthews SC	86-199411	TERMED 12/31/2022

		73% of EE, Limited and Family Coverage
Erchull Legal Group	47-5168939	100% EE, 100% Limited, 100% Family
Salberg Tuffnell Law SC	83-3618550	TERMINATED PLAN 12/01/2022 100% EE, 100% LTD, 100% Family
Drach Elder Law Center	39-1330459	50% EE, 0% LTD, 0% Family
Millonzi Law	46-1382740	50% EE, 30% LTD, 25% Family
Ahmad & Associates	83-3493167	TERMED OUT 5/1/23 80% EE, 0% LTD, 0% Family
Edenhofer Law Offices	39-1633323	100% EE, 100% Limited, 100% Family
Godin Geraghty Puntillo Camilli & Hughes, SC	39-1799701	0% EE, 0% Limited, 0% Family
Levit-Jones Law Offices, LLC	90-0356182	50% EE, 0% Limited, 0% Family
Murrar,Oulahan,Rivas & Hochstatter	82-5370581	\$320 per EE, 0% Limited, 0% Family
Swid Law Offices	43-1981575	80% EE, 80% Limited, 80% Family
Muter Law Office LLC	27-4815243	0% EE, 0% Limited, 0% Family
Ahmad & Guerard, LLP	45-3775263	50% EE, 50% Limited, 50% Family
DeMark, Kolbe & Brodek, SC	39-1320368	\$250 per EE, \$600 per Attorney
Patton Law Office SC	85-3982804	50% EE, 0% LTD, 0% Family
McNally Law SC	39-1623266	TERMED OUT 6/1/23 100% EE, 100% LTD, 100% Family
Smith Keane LLP	47-4524547	\$2500 HDHP 100% EE, 100% Limited 100% Family
Reckmeyer Law LLC	80-0774726	\$5000 & \$7500 HDHP 50% for EE, LF Fam
Jody L Usow Atty at law SC	27-4344615	\$5000 20% Copay 100% EE, 50% LF, Fam
Dempsey Law firm LLP	39-0774454	CANCELLED 12/31/2023 80% EE, 0% LTD, 0% Family
Speer Law Office	47-1530365	\$7500 HDHP

Stuber Law LLC	81-3911384	\$5000 HDHP 100% EE, LF, Family 0% fee, LF & 100% Family
Injury & Disability Law Office of Wisconsin LLC	82-0891228	\$2500 Copay 50% EE, LF, Family
Yde Law Firm SC	39-1895766	\$2500 HDHP 50% EE, LF, Family
Schroeder & Lough SC	39-2005307	\$5000 HDHP 100% EE, LF, Family
Gallo Law, LLC	88-364544	\$750 80% copay 100% EE, 0% LF, Family
Gerke Law Office LLC	45-3137068	\$5000 Copay & \$6550 HDHP 50% EE, 0% LF, Family
Englund & Associates Law Office LLC	88-3457918	HDHP HSA \$5,000 Ded. 1 EE & 1 Family
Bankruptcy Law Office of Richard A. Check SC	39-1935879	HDHP \$5000 Ded. 1 Family
Judicare Legal Aid	39-1170880	HDHP HSA \$7500 Ded. 12 EE, 16 LF 10 Family
Welcenbach Law Offices SC	205549875	PPO Copay \$9450 Ded. 1 EE & 1 Family
Guttormsen & Hartley, LLP	39-1047363	PPO Copay Plan \$2500 Ded 1 Family
Pemberton Personal Injury Law Firm LLC	88-3499644	HDHP HAS \$2500 Ded, 0% coins 3 LF 1 Family
Curran, Hollenbeck & Orton SC	39-1456354	\$5000 Ded, 0% coins HDHP 5 EE, 1 LF 1 Family
Kissinger Law Office LLC	27-1798510	\$7500 HDHP 1 Limited Family 1 Family
O'Leary-Guth Law Office SC	39-1669344	\$5000 Ded, 100% coins HDHP 2 EE 1 Family
Bates Legal Group LLC	82-1970943	\$1500 Ded, 20% coins, \$5500 max 1 Family
Angela Olson Law LLC	46-2053871	\$8050 Ded, 0% coins 1 EE 1 Family
Soldon McCoy LLC	27-4757308	\$750 Ded, 20% coins \$3750 Ded 1 EE
Cade Law Group LLC	46-4338915	HDHP HAS \$2500 Ded, 20% Coins; HDHP HAS \$5,000 Ded, 0% Coins 2 family
Borns and Fellenz Family Law	56-2501022	Cancelled 04/30/2024 WPS PPO Copay Plan \$2500 Deductible
Schuchart Law Office	84-3368807	\$750 Copay, \$5000 Copay \$7500 Copay 2 EE

Phillip A. Tatlow Attorney at Law, LLC	99-0661818	\$2500 deductible 80% coinsurance Copay Plan 2 EE
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