

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>WISCONSIN PUBLIC SERVICE CORPORATION NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN</u>	1b Three-digit plan number (PN) ▶ <u>512</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WISCONSIN PUBLIC SERVICE CORPORATION (WPSC)</u> <u>231 W. MICHIGAN STREET, P409</u> <u>MILWAUKEE, WI 53203</u>	1c Effective date of plan <u>01/01/1986</u> 2b Employer Identification Number (EIN) <u>39-0715160</u> 2c Plan Sponsor's telephone number <u>414-221-3131</u> 2d Business code (see instructions) <u>221100</u>

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.	08/06/2025	LISA R. GEORGE
	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 WEC ENERGY GROUP, INC. 231 W. MICHIGAN STREET, P409 MILWAUKEE, WI 53203	3b Administrator's EIN 39-1391525 3c Administrator's telephone number 414-221-3131																				
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	5 992																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">0</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">0</td></tr> <tr><td>6b</td><td style="text-align: right;">982</td></tr> <tr><td>6c</td><td style="text-align: right;">0</td></tr> <tr><td>6d</td><td style="text-align: right;">982</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	0	6a(2)	0	6b	982	6c	0	6d	982	6e		6f		6g(1)		6g(2)		6h	
6a(1)	0																				
6a(2)	0																				
6b	982																				
6c	0																				
6d	982																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

(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

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	(c) Amount	(d) Purpose	

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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	0
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)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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)		
	(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)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(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		8681
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan WISCONSIN PUBLIC SERVICE CORPORATION NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>512</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 WISCONSIN PUBLIC SERVICE CORPORATION (WPSC)</p>	<p>D Employer Identification Number (EIN) 39-0715160</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

(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
94-0734860	71420	H2001	1201	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
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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

(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

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	(c) Amount	(d) Purpose	

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

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	(c) Amount	(d) Purpose	

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(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. **6d**
 Specify nature of costs ▶

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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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)		
	(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)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(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		1393358
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan WISCONSIN PUBLIC SERVICE CORPORATION NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>512</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 WISCONSIN PUBLIC SERVICE CORPORATION (WPSC)</p>	<p>D Employer Identification Number (EIN) 39-0715160</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
FIDELITY SECURITY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0949844	71870	1007104	731	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.

<p>(a) Total amount of commissions paid 5085</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ONE DIGITAL - ATLANTA, GA 200 GALLERIA PKWY SE STE 1950 ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5085	0	COMMISSIONS	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

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	(c) Amount	(d) Purpose	

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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. **6d**
 Specify nature of costs ▶

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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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)	
(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)	0
b Benefit charges (1) Claims paid		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(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	81301
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 WISCONSIN PUBLIC SERVICE CORPORATION NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 WISCONSIN PUBLIC SERVICE CORPORATION (WPSC)	D Employer Identification Number (EIN) 39-0715160	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

UNITEDHEALTH GROUP, INC.

41-1321939

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	189700	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BSWIFT, LLC

36-4391310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 14 15 38	NONE	99257	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLARION PARTNERS, LLC

13-3379970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	53262	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 19 28	TRUSTEE	49792	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NUVEEN ASSET MANAGEMENT

27-4357327

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	47336	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROBERT W. BAIRD & CO

39-6037917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 31 49 70	ADVISOR	45004	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WILLIS TOWERS WATSON

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 49	NONE	29997	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELTA DENTAL OF WI

39-6094742

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	29937	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EXPRESS SCRIPTS

22-3461740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	28241	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WCM INVESTMENT MANAGEMENT

95-3046237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	19984	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLIFTONLARSONALLEN

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	19406	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 <u>WISCONSIN PUBLIC SERVICE CORPORATION NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN</u>	B Three-digit plan number (PN)	<u>512</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WISCONSIN PUBLIC SERVICE CORPORATION (WPSC)</u>	D Employer Identification Number (EIN) <u>39-0715160</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFB NTGI COMMON DAILY AGGREGATE BON</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-029</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19071820</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI-QM COM DAILY RUSSELL 1000 VALU</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13560570</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI COMMON DAILY S&P 500 EQUITY IN</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54629146</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 WISCONSIN PUBLIC SERVICE CORPORATION NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">512</td> </tr> </table>	B Three-digit plan number (PN) ▶	512
B Three-digit plan number (PN) ▶	512		
C Plan sponsor's name as shown on line 2a of Form 5500 WISCONSIN PUBLIC SERVICE CORPORATION (WPSC)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 39-0715160</td> </tr> </table>	D Employer Identification Number (EIN) 39-0715160	
D Employer Identification Number (EIN) 39-0715160			

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1576244	1970691
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	36765524	37216469
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1096582	795940
(B) All other	1c(3)(B)	27402372	30051154
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4561298	4678675
(5) Partnership/joint venture interests	1c(5)	23418967	22818628
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	84139289	87261536
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	98868295	104394355
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	277828571	289187448
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	1534677	701706
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	1189163
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1534677	1890869
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	276293894	287296579

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	290406	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		290406
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	1476337	
(C) Corporate debt instruments.....	2b(1)(C)	1505191	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	11655	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2993183
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	23816	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2887509	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2911325
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	144840919	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	145769324	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-928405
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-3761825	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-3761825

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		14628233
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2644931
c Other income	2c		505385
d Total income. Add all income amounts in column (b) and enter total	2d		19283233

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6180292	
(2) To insurance carriers for the provision of benefits	2e(2)	1483340	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7663632
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	347135	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	19406	
(5) Investment advisory and investment management fees	2i(5)	171573	
(6) Bank or trust company trustee/custodial fees	2i(6)	43805	
(7) Actuarial fees	2i(7)	29997	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	5000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		616916
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8280548

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11002685
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**WISCONSIN PUBLIC SERVICE CORPORATION
NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

YEARS ENDED DECEMBER 31, 2024 AND 2023



CPAs | CONSULTANTS | WEALTH ADVISORS

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**WISCONSIN PUBLIC SERVICE CORPORATION
NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN
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YEARS ENDED DECEMBER 31, 2024 AND 2023**

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Wisconsin Public Service Corporation
Non-Administrative Employees' Health Care Plan
Milwaukee, Wisconsin

Report on the Audit of the Financial Statements

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Wisconsin Public Service Corporation Non-Administrative Employees' Health Care Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and statements of benefit obligations as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits and the statement of changes in benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Wisconsin Public Service Corporation Non-Administrative Employees' Health Care Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Wisconsin Public Service Corporation Non-Administrative Employees' Health Care Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Wisconsin Public Service Corporation Non-Administrative Employees' Health Care Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Plan Administrator
Wisconsin Public Service Corporation
Non-Administrative Employees' Health Care Plan

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Wisconsin Public Service Corporation Non-Administrative Employees' Health Care Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Wisconsin Public Service Corporation Non-Administrative Employees' Health Care Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Matter — Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended December 31, 2024, respectively, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



CliftonLarsonAllen LLP

Racine, Wisconsin
July 31, 2025

**WISCONSIN PUBLIC SERVICE CORPORATION
NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
INVESTMENTS (at Fair Value)		
U.S. Government Securities	\$ 37,216,469	\$ 36,765,524
Corporate Debt - Preferred	795,940	1,096,582
Corporate Debt - Other	30,051,154	27,402,372
Common Stock	4,678,675	4,561,298
Common Collective Trust Funds	87,261,536	84,139,289
Registered Investment Companies	104,394,355	98,868,295
Partnerships	22,818,628	23,418,967
Total Investments	287,216,757	276,252,327
RECEIVABLES		
Interest, Dividends, and Other Receivables	1,970,691	1,576,244
Total Assets	289,187,448	277,828,571
LIABILITIES		
ACCRUED EXPENSES	2,163	2,998
ACCRUED BENEFITS	699,543	662,404
PAYABLE FOR INVESTMENTS PURCHASED	1,189,163	869,275
Total Liabilities	1,890,869	1,534,677
NET ASSETS AVAILABLE FOR BENEFITS	\$ 287,296,579	\$ 276,293,894

See accompanying Notes to Financial Statements.

**WISCONSIN PUBLIC SERVICE CORPORATION
NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024**

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

INVESTMENT INCOME

Net Appreciation in Fair Value of Investments	\$ 10,812,585
Dividend, Interest, and Other Income	<u>8,180,242</u>
Total Investment Income	18,992,827

CONTRIBUTIONS

Participant	<u>290,406</u>
-------------	----------------

Total Additions	19,283,233
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

BENEFIT PAYMENTS

Medical and Dental Claims	6,180,292
Insurance Premiums	<u>1,483,340</u>
Total Benefit Payments	7,663,632

ADMINISTRATIVE EXPENSES

	<u>616,916</u>
--	----------------

Total Deductions	<u>8,280,548</u>
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NET INCREASE	11,002,685
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of Year	<u>276,293,894</u>
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End of Year	<u><u>\$ 287,296,579</u></u>
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See accompanying Notes to Financial Statements.

**WISCONSIN PUBLIC SERVICE CORPORATION
NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN
STATEMENTS OF BENEFIT OBLIGATIONS
DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
POSTRETIREMENT BENEFIT OBLIGATIONS		
Current Retirees	\$ 66,913,604	\$ 61,603,739
Other Participants Fully Eligible for Benefits	7,320,438	6,642,431
Participants Not Yet Fully Eligible for Benefits	<u>45,033,600</u>	<u>50,087,996</u>
Total Postretirement Benefit Obligations	<u><u>\$ 119,267,642</u></u>	<u><u>\$ 118,334,166</u></u>

See accompanying Notes to Financial Statements.

**WISCONSIN PUBLIC SERVICE CORPORATION
NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN
STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS
YEAR ENDED DECEMBER 31, 2024**

POSTRETIREMENT BENEFIT OBLIGATIONS

Balance - Beginning of Year	\$ 118,334,166
Increase (Decrease) During the Year Attributed To:	
Benefits Accumulated	2,707,218
Interest Due to the Decrease in Discount Period	6,051,527
Actuarial Loss	11,501,172
Changes in Actuarial Assumptions	(11,454,019)
Benefits Paid	<u>(7,872,422)</u>
TOTAL BENEFIT OBLIGATIONS - END OF YEAR	<u><u>\$ 119,267,642</u></u>

See accompanying Notes to Financial Statements.

**WISCONSIN PUBLIC SERVICE CORPORATION
NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF THE PLAN

The following description of the Wisconsin Public Service Corporation Non-Administrative Employees' Health Care Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established on January 1, 1986 to provide health, dental, and vision benefits subject to certain limitations as defined in the Plan document. The Plan was most recently restated effective January 1, 2016. Effective January 1, 2018, the Plan was amended and all active employees and their dependents and surviving spouses are covered under the WEC Energy Group Welfare Plan and only retirees and their dependents and surviving spouses are covered under the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is a contributory plan that provides retiree welfare benefits under designated benefit programs to retirees of the Company and participants' eligible family members. To receive postretirement benefits, employees must qualify for benefits. Specifics can be found in the individual summary plan description for each participant group.

Some retirees in this group have an opportunity to make a one-time election to defer entry into the Plan.

Plan Sponsor

Wisconsin Public Service Corporation, a subsidiary of WEC Energy Group, Inc. (WEC or the Company), is the Plan Sponsor.

Plan Administration

The WEC Employee Benefits Committee, which consists of Company employees, is responsible for administration of the Plan. The assets of the Plan are maintained in the Wisconsin Public Service Corporation Master Welfare Benefit Trust (the Trust) as a means of funding for some of the Plan's benefits. The Trust is administered by the WEC Investment Trust Policy Committee, which consists of Company employees. The Plan is the only participant in the Trust.

The Northern Trust Company serves as the Plan's qualified institution, also known as the Trustee.

Third-party administrators are engaged to process benefit claims. Payments are made by the third-party administrators directly to hospitals, doctors, other suppliers of medical service, or to the participants as approved. To be eligible for reimbursement, claims for covered services must be submitted to the third-party administrator within the period of time designated in the respective summary Plan description for the participant group.

**WISCONSIN PUBLIC SERVICE CORPORATION
NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Benefits

Health care benefits are provided through the Plan. The Plan provides medical, dental, and vision benefits to eligible retired employees and their dependents that elect to participate in the Plan.

Contributions

Company contributions to the Plan are based on a determination by the Plan's actuary and Plan funding requirements. The Company's funding policy is to contribute an amount not to exceed the maximum tax deductible amount allowed by the Internal Revenue Service (IRS). Most retirees, except certain Local 420 union retirees, provide contributions toward the cost of their health coverage. Participant contributions vary by subsidiary and when the participant retires.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, the qualified institution, and actuary. These expenses are reported on the statement of changes in net assets available for benefits as administrative expenses. All other administrative expenses, such as professional fees, are paid by the Company on behalf of the Plan.

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NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN
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NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as accrued benefits in the accompanying statements of net assets available for benefits.

Premiums paid are recorded as premium payments in the accompanying statement of changes in net assets available for benefits.

Subsequent Events

Plan management has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through July 31, 2025, the date the financial statements were available to be issued, and is not aware of any subsequent events that would require recognition or disclosure.

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The Northern Trust Company, the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the statement of changes in net assets available for benefits for the year ended December 31, 2024, the supplemental schedule of assets (held at end of year) as of December 31, 2024, and the schedule of reportable transactions for the year ended December 31, 2024.

NOTE 4 FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

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NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 – Inputs to the valuation methodology include inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

Common Collective Trust Funds and Partnerships: Valued at the net asset value (NAV) of shares held by the Plan at year-end. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund/partnership less its liability. This practical expedient is not used when it is determined to be probable that the fund/partnership will sell the investment for an amount different than the reported NAV. If the Plan initiates a full redemption, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Corporate and Government Debt: Investments in bonds are valued based on discounted cash flow approach that maximizes observable inputs (current yields of similar instruments), but includes adjustments for certain risks that may not be observable (credit and liquidity risks).

Common Stock: Valued at the closing price reported on the active market on which the individual securities are traded.

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NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Registered Investment Companies: Valued at the daily closing price as reported by the fund. Registered investment companies held by the Trust are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Trust are deemed to be actively traded. There is one Registered Investment Company where NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. If the Plan initiates a full redemption of the investment, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2024			
	Level 1	Level 2	Level 3	Total
U.S. Government Securities	\$ -	\$ 37,216,469	\$ -	\$ 37,216,469
Corporate Debt - Preferred	-	795,940	-	795,940
Corporate Debt - Other	-	30,051,154	-	30,051,154
Common Stock	4,678,675	-	-	4,678,675
Registered Investment Companies	98,980,512	-	-	98,980,512
Total Investments in the Fair Value Hierarchy	\$ 103,659,187	\$ 68,063,563	\$ -	171,722,750
Investments Measured at NAV				115,494,007
Total Investments at Fair Value				\$ 287,216,757

	2023			
	Level 1	Level 2	Level 3	Total
U.S. Government Securities	\$ -	\$ 36,765,524	\$ -	\$ 36,765,524
Corporate Debt - Preferred	-	1,096,582	-	1,096,582
Corporate Debt - Other	-	27,402,372	-	27,402,372
Common Stock	4,561,298	-	-	4,561,298
Registered Investment Companies	94,724,458	-	-	94,724,458
Total Investments in the Fair Value Hierarchy	\$ 99,285,756	\$ 65,264,478	\$ -	164,550,234
Investments Measured at NAV				111,702,093
Total Investments at Fair Value				\$ 276,252,327

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NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31.

Investment Type	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Common Collective					
Trust Funds	\$ 87,261,536	\$ 84,139,289	None	Daily	None
Registered Investment					
Companies	\$ 5,413,843	\$ 4,143,837	None	Daily	None
Partnerships	\$ 22,818,628	\$ 23,418,967	None	Quarterly	30-90 days

NOTE 5 POSTRETIREMENT BENEFITS

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (i) currently retired employees and their dependents and (ii) active employees and their dependents after retirement. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement obligation that is attributed to that employee's service rendered to the valuation date. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Company and from existing Plan assets.

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment and to reflect the portion of those costs expected to be borne by Medicare, the retired participants, and others.

The December 31, 2024 postretirement obligations were estimated using medical trend cost rates specific to pre-Medicare/post-Medicare benefits.

- Pre-Medicare Plan: Medical/Rx trend cost rates begin at 7.00%, reducing each year until reaching 5.00% in 2033.
- Post-Medicare Plan: Medical trend rate is a composite of:
 - Gross trend rate applied to estimated medical/Rx claims begins at 6.00%, reducing each year until reaching 5.00% in 2030; and
 - CMS/Pharma trend rate applied to third party funding begins at 5.60%, reducing each year until reaching 5.00% in 2030.
- Dental cost trend is 5.00% in all years.
- The annual discount rates used was 5.75% at December 31, 2024.

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NOTE 5 POSTRETIREMENT BENEFITS (CONTINUED)

The December 31, 2023 postretirement obligations were estimated using medical trend cost rates specific to pre-Medicare/post-Medicare benefits.

- Pre-Medicare Plan: Medical/Rx trend cost rates begin at 6.25%, reducing each year until reaching 5.00% in 2031.
- Post-Medicare Plan: Medical trend rate is a composite of:
 - Gross trend rate applied to estimated medical/Rx claims begins at 6.25%, reducing each year until reaching 5.00% in 2030; and
 - CMS/Pharma trend rate applied to third party funding begins at 5.75%, reducing each year until reaching 5.00% in 2030.
- Dental cost trend is 5.00% in all years.
- The annual discount rates used was 5.15% at December 31, 2023.

The health care cost trend rate assumption has a significant effect on the amounts reported in the statements of benefit obligations and statement of changes in benefit obligations. Increasing both the medical and dental cost trend rates by 1% would increase the total postretirement benefit obligations as of December 31, 2024 and 2023 by approximately \$12.3 million and \$11.5 million, respectively.

For December 31, 2024 and 2023 measurements, the mortality assumption for healthy lives was based on the Pri-2012 headcount weighted healthy annuitant (retiree and contingent) and non-annuitant mortality tables (with blue collar adjustment). The mortality assumption for disabled lives was based on the Pri-2012 headcount weighted disabled mortality table. Mortality rates were projected using a generational projection scale that uses MP-2020 rates in 2012 and converges to a long-term improvement rate similar to that of the Social Security Administration with separate improvement tables for males and females.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of postretirement benefit obligations.

NOTE 6 TAX STATUS

The Trust funding certain benefits of the Plan received an exemption letter from the IRS dated August 2, 1988, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC). However, as a result of the Plan's funding policy, from time to time the Trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 for unrelated business taxable income.

In addition, the Plan and Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related Trust is tax-exempt.

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NOTE 6 TAX STATUS (CONTINUED)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to modify benefits to participants, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain assets were invested in collective trust funds managed by the qualified institution of the Plan. As described in Note 1 and 2, the Plan has several arrangements with service providers. These transactions are party in interest transactions under ERISA.

Certain benefit payments that are paid by WEC Business Services, LLC and reimbursed by the Plan qualify as exempt party-in-interest transactions.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are not, however, considered prohibited transactions under Section 408(b) of the ERISA regulations.

NOTE 9 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, healthcare inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**WISCONSIN PUBLIC SERVICE CORPORATION
NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN
E.I.N. 39-0715160 PLAN NO. 512
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

Identity of Issue	Cost	Current Value
<u>U.S. Government Securities:</u>		
UNITED STATES OF AMER TREAS BILLS 0% 03-11-2025	\$ 972,954	\$ 977,205
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 03-20-2025	455,350	455,891
UNITED STATES OF AMER TREAS BONDS 2.875% 05-15-2052	3,208,541	2,781,171
UNITED STATES OF AMER TREAS NOTES 4.25% 05-31-2025	3,505,897	3,534,102
UNITED STATES OF AMER TREAS NOTES 4.25% 11-15-2034	273,894	267,910
UNITED STATES OF AMER TREAS NOTES 5% DUE 10-31-2025	934,057	935,362
UNITED STATES OF AMER TREAS NOTES DTD 07/31/2023 4.75%	1,280,632	1,288,539
UNITED STATES TREAS BDS 2.875% DUE 11-15-2046	988,946	887,455
UNITED STATES TREAS BDS 1.25% DUE 05-15-2050	599,621	520,125
UNITED STATES TREAS BDS 3% DUE 05-15-2047 REG	684,492	610,468
UNITED STATES TREAS BDS 3.0% 02-15-2047	995,961	890,344
UNITED STATES TREAS BDS 3.0% DUE 08-15-2048	642,249	566,840
UNITED STATES TREAS BDS 4.625% 11-15-2044	5,241,311	4,984,159
UNITED STATES TREAS BDS DTD 3.125% 05-15-2048	449,444	397,562
UNITED STATES TREAS BDS DTD 2.75% 08-15-2047	1,068,311	950,695
UNITED STATES TREAS NTS 4.0% 12-15-2027	3,299,487	3,294,063
UNITED STATES TREAS NTS 4.25% 11-30-2026	3,773,698	3,768,969
UNITED STS TREAS BILLS 0% T-BILL 01-09-2025	1,287,493	1,298,937
US TREASURY N/B 4.125% 11-30-2029	1,392,335	1,374,037
US TREASURY N/B 4.25% 08-15-2054	7,179,611	6,989,406
PVTPL NBN CO LTD GLOBAL MEDIUM TERM NTS 1.45%	115,259	109,994
OMERFT 4 04/19/52 4% DUE 04-19-2052/04-19-2022 BEO	347,863	333,235
	<hr/>	<hr/>
Total U.S. Government Securities	38,697,406	37,216,469
<u>Corporate Debt:</u>		
DTE ELEC CO 2.95% DUE 03-01-2050	304,500	292,815
DUKE ENERGY 3.7% DUE 10-15-2046	156,916	152,079
PECO ENERGY CO 3% DUE 09-15-2049	206,523	195,939
PUB SVC ELEC GAS FIXED 2.05% DUE 08-01-2050	70,726	66,167
PUB SVC ELEC GAS FIXED 2.7% DUE 05-01-2050	29,705	27,498
PUBLIC SVC ELEC GAS CO SECD MEDIUM TERM 3.2%	65,397	61,442
ANHEUSER-BUSCH 4.95% DUE 01-15-2042	111,346	106,994
ANHEUSER-BUSCH COS LLC CORP 4.9% 02-01-2046	307,725	299,436
ENBRIDGE INC 6.0% 11-15-2028	119,427	119,069
ENBRIDGE INC SR NT 2.5% 02-14-2025	59,277	59,823
NUTRIEN LTD 4.9% DUE 03-27-2028	34,604	34,987
PVTPL 6297782 LLC 4.911% 09-01-2027	119,638	119,587
PVTPL 6297782 LLC 6.176% 10-01-2054	457,813	445,850
PVTPL FEDERATION DES CAISSES DESJARDINS DU QUE 0%	87,048	86,652
TORONTO DOMINION BK SR MEDIUM TERM BK NTS BOOK ENTRY	244,633	244,818
AERCAP IRELAND CAP DESIGNATED ACTIVITY C6.1% 01-15-2027	79,672	81,824
STATOIL ASA 5.1 DUE 08-17-2040	219,369	212,088
PVTPL UBS GROUP AG 6.301% 09-22-2034	242,001	240,619

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E.I.N. 39-0715160 PLAN NO. 512
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024**

Identity of Issue	Cost	Current Value
<u>Corporate Debt (Continued):</u>		
UBS AG LONDON BRH 5.65% 09-11-2028	\$ 153,845	\$ 153,457
PVTPL NATWEST MKTS PLC 5.41% DUE 05-17-2029 BEO	86,492	86,099
VODAFONE GROUP PLC 4.25% DUE 09-17-2050 REG	161,602	151,648
ABBVIE INC 4.8% 03-15-2029	99,794	99,961
ABBVIE INC 5.4% 03-15-2054	382,862	365,897
AEP TRANSMISSION CO LLC 2.75% 08-15-2051	66,366	63,124
AEP TRANSMISSION CO LLC 5.4% DUE 03-15-2053	292,253	276,638
AIR LEASE CORP MED 5.85% DUE 12-15-2027	135,150	138,369
AMCOR FINANCIAL CORP 5.45% 05-23-2029	121,451	120,979
AMCOR FLEXIBLES NORTH AMER INC SR NT 4% 05-17-2025	40,101	39,852
AMERN HOMES 4 RENT 4.9% DUE 02-15-2029	33,795	34,717
AMGEN INC 5.6% DUE 03-01-2043	291,179	287,843
AMGEN INC 5.65% 03-02-2053	567,819	559,485
AMGEN INC FIXED 5.15% 03-02-2028	39,667	40,288
ANTHEM INC 3.6% DUE 03-15-2051	176,267	163,869
AON CORP FIXED 2.9% DUE 08-23-2051	89,611	85,147
APPLE INC 2.65% 02-08-2051	261,358	237,833
APPLE INC FIXED 2.95% 09-11-2049	120,364	110,129
AT&T INC 2.3% DUE 06-01-2027	31,383	33,029
AT&T INC 3.5% DUE 09-15-2053 REG	220,326	215,591
AT&T INC 3.8% 12-01-2057	674,292	636,034
ATMOS ENERGY CORP 5.0% 12-15-2054	190,503	180,751
BALTIMORE GAS & ELECTRIC CO 5.4% DUE 06-01-2053	79,843	76,306
BANK AMER CORP 5.518% 10-25-2035	877,492	859,103
BANK AMER CORP 5.819% 09-15-2029	469,037	466,315
BERKSHIRE HATHAWAY FIN CORP 2.85% DUE 10-15-2050	386,743	355,198
BOEING CO 3.25% DUE 02-01-2028	194,240	197,585
BOEING CO FIXED 2.196% DUE 02-04-2026	159,083	164,857
BOEING CO FIXED 5.805% DUE 05-01-2050	941,765	891,123
BRIXMOR OPER 4.125% DUE 06-15-2026	27,526	29,688
BRIXMOR OPERATING PARTNERSHIP LP 3.85% NTS 02-01-2025 USD1000	19,671	19,974
CAMPBELL SOUP CO 5.2% 03-21-2029	121,961	121,102
CHARTER 4.908% DUE 07-23-2025	39,305	39,953
CHARTER COMMUNICATIONS OPER LLC/CHARTE 4.8% DUE 03-01-2050	364,720	376,382
CHENIERE ENERGY FIXED 4.5% DUE 10-01-2029	49,023	48,409
CIGNA CORP NEW FIXED 3.4% DUE 03-15-2050	92,730	85,604
CITIBANK N A 4.929% 08-06-2026	330,015	331,553
CITIGROUP INC 5.174% 02-13-2030	91,780	89,914
CITIGROUP INC 6.174% DUE 05-25-2034	857,562	861,526
CLOROX CO 3.1% DUE 10-01-2027	47,349	47,960
COMCAST CORP NEW 3.45% DUE 02-01-2050	47,991	44,589
COMCAST CORP NEW FIXED 3.999% DUE 11-01-2049	733,536	689,239
CONSOLIDATED EDISON CO(N.Y) 6.15% DUE 11-15-2052 BEO	80,792	78,696
CVS HEALTH CORP 2.875% DUE 06-01-2026	107,832	111,665
CVS HEALTH CORP 5.05% DUE 03-25-2048	355,649	334,009
CVS HLTH CORP CDR FIXED 5% DUE 02-20-2026	14,949	14,986

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SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

Identity of Issue	Cost	Current Value
Corporate Debt (Continued):		
DUKE ENERGY 3.2% DUE 08-15-2049	\$ 49,305	\$ 46,698
DUKE ENERGY CAROLINAS LLC 5.35% DUE 01-15-2053	271,092	247,627
DUKE ENERGY PROGRESS LLC 3.45% 03-15-2029	37,612	37,901
DUKE ENERGY PROGRESS LLC 5.35% 03-15-2053/03-09-2023	116,270	118,304
ENERGY TRANSFER L P 6.05% 12-01-2026	65,975	66,392
ENTERPRISE PRODS 4.95% DUE 10-15-2054	159,009	148,696
ESSEX PORTFOLIO L FIXED 1.7% DUE 03-01-2028	25,922	27,121
EXXON MOBIL CORP 4.114% DUE 03-01-2046	168,587	158,336
FED RLTY INVT TR 1.25% DUE 02-15-2026	49,937	47,995
FLORIDA POWER & LIGHT COMPANY 5.05% DUE 04-01-2028	172,892	171,653
FLORIDA POWER & LIGHT COMPANY 5.6% 06-15-2054	609,658	609,894
FLORIDA PWR & LT CO 4.4% 05-15-2028	59,738	59,414
FORD MOTOR CREDIT CO LLC 5.85% 05-17-2027	115,328	116,204
GE HEALTHCARE HLDG LLC GTD SR NT 5.6% 11-15-2025	96,056	95,637
GENERAL MLS INC 4.875% 01-30-2030	59,725	59,621
GENERAL MOTORS FINANCIAL CO INC 6.1% 01-07-2034	237,113	233,440
GENERAL MOTORS FINL CO 4.9% 10-06-2029	70,002	68,960
GEORGIA PWR CO 3.7% 01-30-2050	214,539	209,577
GLP CAP L P / GLP 5.25% DUE 06-01-2025	144,977	144,967
GOLDMAN SACHS GROUP INC 5.016% 10-23-2035	400,000	383,063
GOLDMAN SACHS GROUP INC 5.798% 08-10-2026	240,161	241,328
GOLDMAN SACHS GROUP INC 6.484% DUE 10-24-2029	204,721	199,035
HACKENSACK MERIDIAN HEALTH INC 2.875% 09-01-2050	297,493	282,696
HALEON US CAPITAL LLC 3.375% 03-24-2027	137,192	140,769
HCA INC 5.625% DUE 09-01-2028	88,296	86,126
HEALTHCARE RLTY HLDGS L P SR NT 2.4% 03-15-2030	94,460	94,312
HONEYWELL INTERNATIONAL 4.65% 07-30-2027	59,998	60,214
HONEYWELL INTERNATIONAL 4.875% 09-01-2029	45,261	45,268
INGERSOLL-RAND 3.5% DUE 03-21-2026	25,029	24,652
INTERSTATE PWR & LT CO SR DEB 3.1% 11-30-2051	189,690	185,207
JPMORGAN CHASE & CO 4.603% 10-22-2030	365,036	358,375
JPMORGAN CHASE & CO 4.946% 10-22-2035	867,105	833,273
JPMORGAN CHASE & CO. 4.851% DUE 07-25-2028	110,014	109,991
KITE RLTY GROUP L 4% DUE 10-01-2026	189,230	192,014
KRAFT HEINZ FOODS CO GTD SR NT 4.875% 10-01-2049	345,727	333,865
KROGER CO 3.7% 08-01-2027	98,970	97,628
KROGER CO 5.5% 09-15-2054	497,952	466,815
L3HARRIS TECHNOLOGIES INC 5.4% 01-15-2027	70,646	70,856
LOCKHEED MARTIN 4.85 DUE 09-15-2041	108,512	106,270
LOWE'S COMPANIES INC 5.75% 07-01-2053	234,232	235,344
LOWES COS INC 4.25% 04-01-2052	297,527	293,236
MARATHON PETE CORP 4.75% DUE 09-15-2044	115,637	116,300
MERCK & CO INC NEW FIXED 2.45% DUE 06-24-2050	185,825	190,211
META PLATFORMS INC 5.4% 08-15-2054	119,521	116,284
MID-AMERICA APTS FIXED 2.875% DUE 09-15-2051	57,514	55,624
MIDAMERICAN ENERGY CO 3.65% 08-01-2048	144,833	137,312

**WISCONSIN PUBLIC SERVICE CORPORATION
NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN
E.I.N. 39-0715160 PLAN NO. 512
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024**

Identity of Issue	Cost	Current Value
Corporate Debt (Continued):		
MORGAN STANLEY 4.654% 10-18-2030	\$ 254,523	\$ 249,525
MORGAN STANLEY 5.32% 07-19-2035	854,752	841,291
MORGAN STANLEY BK N A SALT LAKE CITY UTAH 4.952% 01-14-2028	214,689	215,291
NEW YORK LIFE INS 6.75% DUE 11-15-2039	102,139	99,814
NORTHERN STS PWR CO MINN 2.6% DUE 06-01-2051 REG	98,859	93,243
NORTHN STS PWR CO 2.9% DUE 03-01-2050	98,657	92,924
O REILLY AUTOMOTIVE INC NEW 5.75% 11-20-2026	90,641	91,553
OHIO PWR CO CORP 4.0% 06-01-2049	195,371	183,975
ONEOK INC 5.7% 11-01-2054	896,170	847,247
ORACLE CORP 1.65% 03-25-2026	59,314	57,852
ORACLE CORP 3.6% DUE 04-01-2050 REG	127,297	129,726
ORACLE CORP 5.375% 09-27-2054	451,409	414,714
PAC GAS & ELEC CO 3.3% DUE 08-01-2040	74,000	82,410
PFIZER INC 4.45% 05-19-2028	118,254	118,934
PFIZER INVESTMENT ENTER 5.3% 05-19-2053	891,060	815,885
PHILIP MORRIS INTL 4.25% DUE 11-10-2044	169,323	172,085
PHILIP MORRIS INTL INC 4.625% 11-01-2029	98,828	98,621
PRAXAIR INC NT 2% 08-10-2050	57,452	57,353
PRIN FINL GROUP FIXED 5.5% 03-15-2053	187,293	181,694
PROLOGIS L P 5.25% 03-15-2054	88,168	84,078
PVTPL BG ENERGY CAP PLC GTD NT 144A 5.125% DUE 10-15-2041 BEO	84,076	83,981
PVTPL METROPOLITAN LIFE GLOBAL FDG I 5.05% DUE 01-06-2028 BEO	50,875	50,286
PVTPL NEW YORK LIFE GLOBAL FDG 5.0% 06-06-2029	60,091	60,437
PVTPL NEW YORK LIFE GLOBAL FDG MEDIUM TERM NTS 4.85%	54,863	55,164
PVTPL NEW YORK LIFE INS CO 3.75% DUE 05-15-2050	237,796	229,364
PVTPL PINE STREET TRUST III 6.223% 05-15-2054	150,539	151,592
PVTPL PROTECTIVE LIFE GLOBAL FDG 5.209% 04-14-2026	60,305	60,319
REGENCY CTRS L P 4.4% DUE 02-01-2047	68,233	70,041
REGENCY CTRS L P 4.65% DUE 03-15-2049	78,658	80,444
RTX CORP 4.875% 10-15-2040	51,751	50,686
RTX CORPORATION 2.82% 09-01-2051	360,034	334,163
RTX CORPORATION 4.125% 11-16-2028	24,526	24,331
SHELL INTL FIN B V 3.625% DUE 08-21-2042	114,489	109,105
SOUTHERN CALIF EDISON CO 4.65 DUE 10-01-2043	78,690	78,083
SOUTHN CAL EDISON 4% DUE 04-01-2047	305,742	300,479
SYSCO CORP 3.25% DUE 07-15-2027	52,575	53,051
SYSCO CORP 3.3% DUE 02-15-2050	197,703	191,962
SYSCO CORP FIXED 6.6% DUE 04-01-2050	113,448	115,258
T-MOBILE USA INC 4.8% DUE 07-15-2028	94,509	94,473
T-MOBILE USA INC TMUS 3.3% 02-15-2051	293,541	284,081
TAPESTRY INC 5.1% 03-11-2030	49,721	49,430
TAPESTRY INC 5.5% 03-11-2035	34,952	34,033
TOYOTA MTR CR CORP 5.6% DUE 09-11-2025	49,992	50,350
UNITEDHEALTH GROUP INC 5.05% 04-15-2053	373,995	378,810
VICI PROPERTIES LP 6.125% 04-01-2054	137,904	139,099
VIRGINIA ELEC & PWR CO 5.45% 04-01-2053	359,537	347,888

**WISCONSIN PUBLIC SERVICE CORPORATION
NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN
E.I.N. 39-0715160 PLAN NO. 512
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024**

Identity of Issue	Cost	Current Value
<u>Corporate Debt (Continued):</u>		
WALMART INC 2.5% DUE 09-22-2041 BEO	\$ 109,493	\$ 103,335
WALMART INC 4.5% DUE 04-15-2053	103,996	95,870
WARNERMEDIA HLDGS INC 5.141% 03-15-2052	240,605	227,694
WARNERMEDIA HLDGS INC SR NT 3.755% 03-15-2027	103,554	105,972
WELLS FARGO & COMPANY 5.574% 07-25-2029	228,680	228,473
WELLS FARGO AND COMPANY 5.211% 12-03-2035	300,000	291,957
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Total Corporate Debt	31,710,785	30,847,094
<u>Common Stock:</u>		
ENGIE EUR1 (PRIME FIDELIT)(REGD)	219,401	164,242
WNS HOLDINGS LTD ORD GBP0.1	75,050	55,588
ACI WORLDWIDE INC COM STK	49,628	83,367
APPLIED INDL TECHNOLOGIES INC COM	50,998	87,407
ATRICURE INC COM STK	68,348	31,080
AVIENT CORPORATION	82,600	79,677
AXSOME THERAPEUTICS INC. COM	22,453	45,436
BEACON ROOFING SUPPLY INC COM	76,941	89,797
BILL HOLDINGS INC COM USD0.00001	102,127	109,106
BIOHAVEN LTD COM NPV WI	24,108	17,106
BOOT BARN HLDGS INC COM	45,393	90,485
BRIDGEBIO PHARMA INC COM	21,041	32,818
CASELLA WASTE SYS INC CL A COM STK	80,255	92,795
CHART INDS INC COM PAR \$0.01 COM PAR \$0.01	69,959	70,038
CHEFS' WAREHOUSE HOLDINGS IN	74,411	85,126
CHURCHILL DOWNS INC COM	83,370	78,388
COGNEX CORP COM	69,222	55,224
COMMVAULT SYS INC COM STK	47,036	44,217
CREDO TECHNOLOGY GROUP HOLDING LTD	36,165	47,316
EVERCORE INC	37,248	79,831
FABRINET COM USD0.01	88,147	81,575
FIRST WATCH RESTAURANT GROUP INC COM	96,175	76,413
FIVE9 INC COM	124,992	91,440
FRESHPET INC COM	67,917	89,755
FTAI AVIATION LTD COM USD0.01	32,577	55,455
GLAUKOS CORP COM	53,151	66,723
GREEN BRICK PARTNERS INC COM	46,535	34,967
HALOZYME THERAPEUTICS INC COM	62,809	64,544
HURON CONSULTING GROUP INC COM STK	-	3,355
IAC INC COM NEW	101,832	69,326
IDEAYA BIOSCIENCES INC COM	35,560	29,786
IMMUNOVANT INC COM	32,174	19,915
INSMED INC COM PAR \$.01	30,540	50,744
INSPIRE MED SYS INC COM	49,835	48,013
INSTALLED BLDG PRODS INC COM	92,004	74,131
IRHYTHM TECHNOLOGIES INC COM	59,918	54,643

**WISCONSIN PUBLIC SERVICE CORPORATION
NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN
E.I.N. 39-0715160 PLAN NO. 512
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024**

Identity of Issue	Cost	Current Value
<u>Common Stock (Continued):</u>		
KLAVIYO INC COM SER A COM SER A	\$ 50,738	\$ 54,107
KNIGHT-SWIFT TRANSN HLDGS INC CL A CLASSA COMMON STOCK USD0.01	70,846	70,596
LANTHEUS HLDGS INC COM	45,361	49,650
MERCURY SYSTEMS INC	112,982	88,956
NOVANTA INC NOVANTA INC	71,713	66,149
PENUMBRA INC COM	48,051	58,183
PERFORMANCE FOOD GROUP CO COM	51,703	95,119
PLANET FITNESS INC CL A CL A	94,201	94,520
POWELL INDS INC COM	72,489	63,392
POWER INTEGRATIONS INC COM	84,685	74,040
PRIMERICA INC COM	45,607	92,554
RADNET INC COM STK	72,848	63,764
RAMBUS INC DEL COM	98,880	92,188
REGAL REXNORD CORPORATION COM STK USD0.01	55,120	71,515
REPLIGEN CORP COM STK USD0.01	48,144	39,871
REVOLUTION MEDICINES INC COM	38,043	33,680
RH COM	87,729	80,292
SAIA INC COM STK	53,308	81,120
SEMTECH CORP COM	72,443	70,076
SENTINELONE INC CL A COM CL A COM	56,629	52,836
SIMPSON MFG INC COM	57,665	49,749
SITEONE LANDSCAPE SUPPLY INC COM	76,068	65,621
SPS COMM INC COM	55,564	84,819
STERLING INFRASTRUCTURE INC COM STK USD0.01	70,712	78,161
STRIDE INC COM USD	97,186	91,978
SURGERY PARTNERS INC COM	83,125	49,241
TETRA TECH INC NEW COM	40,798	68,246
TEXAS ROADHOUSE INC COMMON STOCK	28,650	70,548
ULTRAGENYX PHARMACEUTICAL INC COM	42,957	25,536
VARONIS SYS INC COM	90,525	79,396
VAXCYTE INC COM	30,868	31,271
WESTERN ALLIANCE BANCORPORATION COM	62,001	91,476
WEX INC COM	92,460	86,959
EASTGROUP PPTYS INC REIT	66,343	63,237
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Total Common Stock	4,536,362	4,678,675
<u>Common Collective Trust Funds:</u>		
* MFB CF NTGI-QM COM DAILY RUSSELL 1000	10,563,768	13,560,570
* MFB NTGI COM DAILY S&P500 EQTY INDEX-LENDING	40,519,866	54,629,146
* MFB NTGI COMMON DAILY AGGREGATE BOND INDEX FUND	20,328,712	19,071,820
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Total Common Collective Trust Funds	71,412,346	87,261,536

**WISCONSIN PUBLIC SERVICE CORPORATION
NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN
E.I.N. 39-0715160 PLAN NO. 512
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024**

Identity of Issue	Cost	Current Value
<u>Registered Investment Companies:</u>		
MFO BAILLIE GIFFORD FDS EMERGING MKTS FDCL K	\$ 2,155,511	\$ 2,130,461
MFO BARON SELECT FDS EMERGING MARKETS FDINSTL SHS BARON SELE	1,869,448	2,041,916
MFO FIDELITY INVESTMENT TRUST ADV INTL SML Z	4,421,944	4,576,806
MFO INVESCO DEVELOPING MARKETS FUND	2,101,072	1,928,009
MFO ARTISAN FDS INC INTL VALUE FD INSTL SHS	9,235,015	9,694,446
MFO INVESTMENT MANAGERS SER TR WCM FOCUSED INTL GROWTH FD IN	5,464,801	6,818,225
MFO ROWE T PRICE INTL FDS INC INTL DISCIPLINED EQTY FD CL I INTRNL C	2,380,686	2,317,977
MFO VIRTUS OPPORTUNITIES TRUST KAR INTL SM-CAP FD CL R6	1,778,639	1,805,187
* MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A	5,413,843	5,413,843
MFO ALLSPRING FUNDS TRUST TOTAL RETURN BD FD CL R6	45,054,275	37,831,080
MFO FIDELITY SALEM STREET TRUST SPARTAN MID CAP INDEX FD FIDELIT'	13,456,812	20,822,401
MFO JPMORGAN TR I SMALL CAP EQUITY FD CLR6	4,804,213	4,732,353
MFO VICTORY PORTFOLIOS SYCAMRE SML R6	4,273,876	4,281,651
	<hr/>	<hr/>
Total Registered Investment Companies	102,410,135	104,394,355
<u>Partnerships:</u>		
CF BAILARD REAL ESTATE INVESTMENT TRUST FUND	8,633,783	7,299,157
CF CLARION LION PROPERTIES FUND	11,153,274	8,554,848
EVERWEST GWL USPF LP	9,001,569	6,964,623
	<hr/>	<hr/>
Total Partnerships	28,788,626	22,818,628
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Total Investments	\$ 277,555,660	\$ 287,216,757
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* Indicates Party-in-Interest

**WISCONSIN PUBLIC SERVICE CORPORATION
NON-ADMINISTRATIVE EMPLOYEES' HEALTH CARE PLAN
E.I.N. 39-0715160 PLAN NO. 512
SCHEDULE H, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(g)	(h)	(l)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
<u>Series of Transactions by Issue in Excess of 5%</u>						
* MFB NTHN INSTL FDS GOVT PORTFOLIO	Registered Investment Company	\$ 46,001,244	\$ -	\$ 46,001,244	\$ 46,001,244	\$ -
* MFB NTHN INSTL FDS GOVT PORTFOLIO	Registered Investment Company	-	44,731,239	44,731,239	44,731,239	-

* *Indicates Party-in-Interest*



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**Schedule H, Line 4j
Schedule of Reportable Transactions**

See the Supplemental Schedule, page 24, in the attached Financial Statement

**Schedule H, Line 4i
Schedule of Assets (Held at End of Year)**

See the Supplemental Schedule, pages 17-23, in the attached Financial Statement