

WISCONSIN STATE
LEGISLATURE
COMMITTEE HEARING
RECORDS

2005-06

(session year)

Senate

(Assembly, Senate or Joint)

Committee on
Agriculture and
Insurance
(SC-AI)

File Naming Example:

- Record of Comm. Proceedings ... RCP
> 05hr_AC-Ed_RCP_pt01a
> 05hr_AC-Ed_RCP_pt01b
> 05hr_AC-Ed_RCP_pt02

COMMITTEE NOTICES ...

- > Committee Hearings ... CH (Public Hearing Announcements)

> **

- > Committee Reports ... CR

> **

- > Executive Sessions ... ES

> **

- > Record of Comm. Proceedings ... RCP

> **

INFORMATION COLLECTED BY COMMITTEE
CLERK FOR AND AGAINST PROPOSAL

- > Appointments ... Appt

- > **05hr_SC-AI_Appt_pt03**

Name: W. Rice

- > Clearinghouse Rules ... CRule

> **

- > Hearing Records ... HR (bills and resolutions)

> **

- > Miscellaneous ... Misc

> **

Vote Record Committee on Agriculture and Insurance

Date: 3-6-06

Moved by: Kedzie

Seconded by: Olsen

Attachments

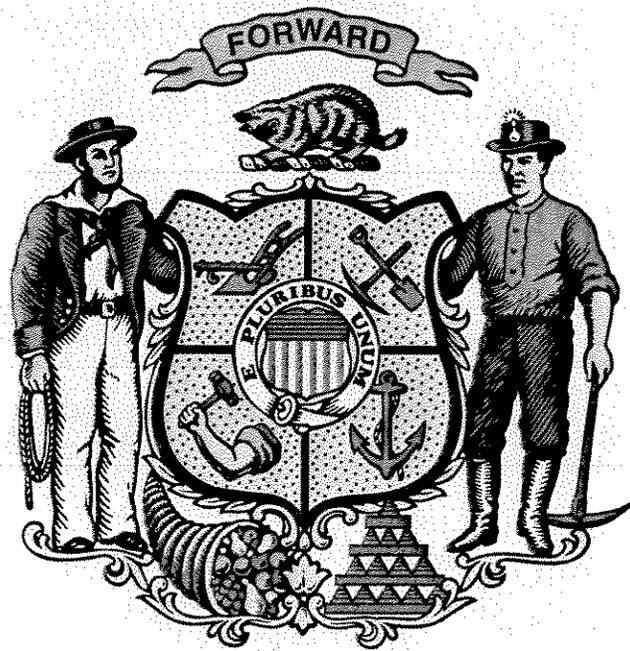
AB _____ SB _____ Clearinghouse Rule _____
 AJR _____ SJR _____ Appointment William Rice
 AR _____ SR _____ Other _____

A/S Amdt _____
 A/S Amdt _____ to A/S Amdt _____
 A/S Sub Amdt _____
 A/S Amdt _____ to A/S Sub Amdt _____
 A/S Amdt _____ to A/S Amdt _____ to A/S Sub Amdt _____

Be recommended for:
 Passage Adoption Confirmation Concurrence Indefinite Postponement
 Introduction Rejection Tabling Nonconcurrence

Committee Member	Aye	No	Absent	Not Voting
Senator Dan Kapanke, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Neal Kedzie	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Ronald Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Luther Olsen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Jon Erpenbach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator David Hansen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Mark Miller	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:	<u>7</u>	<u>0</u>	_____	_____

Motion Carried Motion Failed





JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

RICEW

August 31, 2005

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint William Rice to be a Veterinarian on the Veterinary Examining Board to serve a term expiring July 1, 2009.

Dr. Rice will be available to the Senate for hearings and my staff will assist in any way they can.

Respectfully submitted,

A handwritten signature in cursive script that reads "Jim Doyle".

Jim Doyle
Governor



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

August 31, 2005

Dr. William Rice
Lakeside Animal Hospital
211 W. Bender Rd
Glendale, Wisconsin 53217

Dear Dr. Rice:

I am pleased to appoint you to the Veterinary Examining Board, effective August 31, 2005. Your experience, knowledge, and dedication will be a true asset to my administration and a great benefit to the people of Wisconsin.

I look forward to working with you to find creative ways of delivering services and implementing positive change for the citizens of our state.

Sincerely,

A handwritten signature in cursive script that reads "Jim Doyle".

Jim Doyle
Governor



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

GOVERNOR'S APPOINTMENT

NAME: William Rice

MAILING ADDRESS: Lakeside Animal Hospital
211 W. Bender Rd
Glendale, WI 53217

E-MAIL ADDRESS: swrice@execpc.com

RESIDES IN: Whitefish Bay, WI

TELEPHONE: (414) 962-8040 (w)

OCCUPATION: Veterinarian, Lakeside Animal Hospital

APPOINTED TO: Veterinary Examining Board
Veterinarian

TERM: A term to expire July 1, 2009

SUCCEEDS: Dr. James Johnson

SENATE CONFIRMATION: Yes

DATE OF APPOINTMENT: August 31, 2005

DATE OF NOMINATION: August 31, 2005

William S. Rice, DVM

Clinic Address

Lakeside Animal Hospital, Ltd.
211 W. Bender Rd.
Glendale, WI 53217
Telephone 414-962-8040
Fax 414-962-9441

Home Address

1012 E. Hampton Rd.
Whitefish Bay, WI 53217
Telephone 414-963-0311
E-mail swrice@execpc.com

Education

Whitefish Bay High School Whitefish Bay, WI
Graduated 1973

University of Wisconsin Madison, WI
Graduated with honors 1977
BS Secondary Science Education

University of Minnesota St. Paul, MN
College of Veterinary Medicine
Graduated 1986
Doctor of Veterinary Medicine 1986

Work Experience

Thomas Jefferson Middle School Menomonee Falls, WI
Seventh Grade Science Teacher 1977-78

Menomonee Falls East High School Menomonee Falls, WI
Coach of the Boys JV Swim Team 1977-78

Washington High School Germantown, WI
Physical Science (Ninth Grade) Teacher 1978-82
Chemistry Teacher 1980-82
Coach of the Boys JV Swim Team 1978-80

Minnesota Veterinary Diagnostic Laboratory St. Paul, MN
Leptospirosis Laboratory
Laboratory Assistant 1982-85

Lakeside Animal Hospital, Ltd. Glendale, WI
Staff Veterinarian 1986-present
Partner 1992-present
Medical Director 2004-present

**Professional
Memberships**

American Animal Hospital Association

Member 1986-present
Hospital Member 1976-present

American Veterinary Medical Association

Member 1986-present

American Veterinary Dental Society

Member 1988-present

Wisconsin Veterinary Medical Association

Member 1986-present

Milwaukee Veterinary Medical Association

Member 1986-present
Board Member 1988-92
Secretary/Treasurer 1990
Vice-president 1991
President 1992

DVM Coalition

Member 2004-present

The DVM Coalition is a loosely organized group of veterinarians who came together in opposition to the University of Wisconsin School of Veterinary Medicine (UWSVM) entering into an exclusive affiliation with an as of yet unbuilt specialty hospital in Metropolitan Milwaukee. Advertising of this affiliation would provide said private specialty hospital an unfair and unearned competitive advantage over already existing clinics. Such competition between the UWSVM is contrary to the University of Wisconsin's own Resolution 89-1. Currently, the UWSVM has put those plans on hold. Our most recent efforts involve trying to work through the Wisconsin Veterinary Medical Association to help the UWSVM address its needs on the Madison Campus. Members come primarily from Southeast Wisconsin, but the DVM Coalition enjoys the support of veterinarians from around the entire state, including members of the UWSVM faculty and student body.

**Volunteer
Experience**

WVMA State Fair Spay/Neuter Demonstration Milwaukee, WI
Moderator 1988-1995 (estimation)

North Shore Presbyterian Church Shorewood, WI

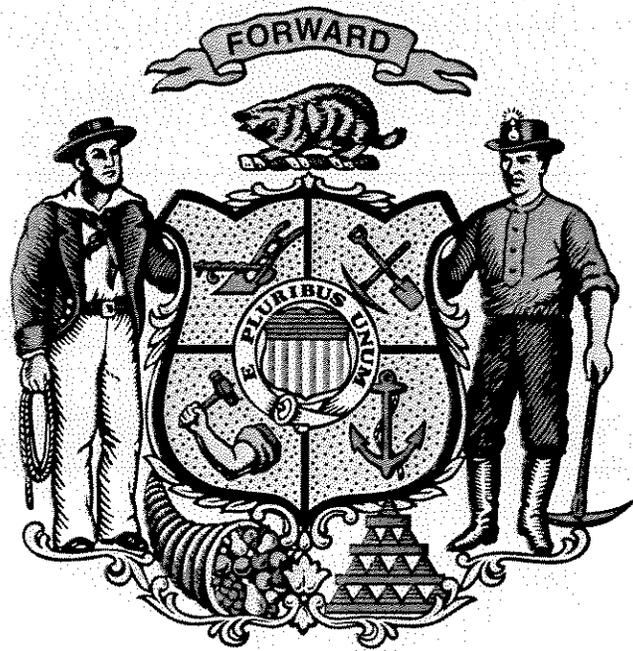
Deacon 1989-92

Sunday School Teacher 1990-2002 (estimation), 2005

Adult Education Committee, Chairperson 1990-94 (estimation)
Confirmation Mentor 1998-99 and 2002-03
Prayers for the People (Intercessory Prayers) 1989-present

Little League Whitefish Bay, WI
Assistant Coach 2000

Rec. Department Girls Basketball League Whitefish Bay, WI
Assistant Coach 1997-99





STATE OF WISCONSIN
ETHICS BOARD

James R. Morgan
Chairman
Paul M. Holzem
Dorothy C. Johnson
Richard Warch
Courtney L. Hunt

Ag
RICEW
On the capitol square at:
44 EAST MIFFLIN STREET, STE 601
MADISON, WISCONSIN 53703-2800
phone: 608/266-8123
fax: 608/264-9319
ethics@ethics.state.wi.us
http://ethics.state.wi.us

Roth Judd
Director

Senate Committee Members:

The attached Statement of Economic Interests is provided with regard to the individual's nomination to a State Public Office by Governor Jim Doyle.

Sincerely,
STATE OF WISCONSIN ETHICS BOARD

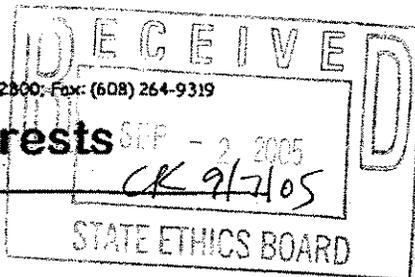
Nominee: William Rice
Date: September 7, 2005

Aug. 23. 2005 1:30PM

Mail or fax to: Wisconsin Ethics Board, 44 E. Mifflin St., Suite 601, Madison, WI 53703-2800; Fax: (608) 264-9319

Statement of Economic Interests

Filed in 2005 for calendar year 2004



Name: RICE, DVM, WILLIAM S.
(last name, first name & initial)

State position: DEPARTMENT OF REGULATION + LICENSING
VETERINARY EXAMINING BOARD
(held or sought) (include agency, division, branch or district, if applicable)

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT <http://ethics.state.wi.us>.
SUI have questions? For priority service send an e-mail to: ethics@ethics.state.wi.us; otherwise leave a detailed message at (608) 266-8115.
Attach additional pages as needed.

Part A Information current as of 7/10/05

1. List STOCKS, BONDS, limited partnerships, Wisconsin governmental securities, and mutual and money market funds you or your family held (minimum \$5,000).

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock option/ fund	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
<u>SAVINGS BONDS (E) IN CHILDREN'S NAME</u> <u>I WAS UNCLEAR ABOUT WHICH INFO YOU</u> <u>NEEDED SO I INCLUDED DATA SHEETS ON</u> <u>MY SARSEPT + SIMPLE IRA, AND MY WIFE'S</u> <u>401(K)</u>						<input checked="" type="checkbox"/>	

2. List BUSINESSES and INCOME-PRODUCING REAL ESTATE in which you or your family had a 10% or greater ownership interest.

Name of business (if any) or business activity, or address of real estate	Municipality	State	If real estate, list County	Describe nature of business
<u>LAKESIDE ANIMAL HOSPITAL</u>	<u>LTD. UICHADE WI</u>			<u>VETERINARY HOSPITAL (35%)</u>

a) For each general partnership, or entity not doing business in Wisconsin, that you listed in Item #2, list the GENERAL PARTNERS or the OFFICERS and DIRECTORS.

Business	Partners, or officers and directors	City	State

b) For each enterprise you listed in Item #2 that is an unincorporated business, a subchapter S corporation, a service corporation (SC), a limited liability company (LLC), a partnership, or income-producing real estate, list BUSINESSES, ORGANIZATIONS, and any LOBBYISTS that were CUSTOMERS, CLIENTS, or TENANTS that paid the enterprise \$1,000 or more in calendar year 2004.

Businesses, organizations, lobbyists that were customers, clients, or tenants	City	State

3. List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you listed in item 2).

LOCATION OF PROPERTY			NATURE OF INTEREST (own, lease, option, easement, land contract)
Street address or fire number	Municipality	County	
<u>11531 WEST SHORE DRIVE.</u>	<u>ELCHO</u>	<u>LANGLADE</u>	<u>COTTAGE (25%)</u>

Aug. 23. 2005 1:30PM

4. List ORGANIZATIONS of which you or a family member was an OFFICER or DIRECTOR.

Business or organization	City	State	Position
MILWAUKEE VET. MED ASSOCIATION	MILWAUKEE	WI	BOARD SECRETARY, PRES. (1988-92)

5. List ORGANIZATIONS THAT AUTHORIZED YOU OR A FAMILY MEMBER TO REPRESENT THEM in their dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless listed in item 4 or 7).

Business or organization	City	State

6. List CREDITORS to which you or your family owed \$5,000 or more.

Creditor	City	State	Amount	
			\$50,000 or less	More than \$50,000
LAKESIDE ANIMAL HOSPITAL HAS NO CORPORATE DEBT AT THIS TIME. WE ARE IN NEGOTIATIONS TO BUY-OUT CREDITORS RETIRED PARTNER - WAYNE HUPPE OF CITY BROWN DEPT. WI. IT WILL BE MORE THAN \$50,000.				
TCF - HOME EQUITY LOAN (PAID OFF)	MILWAUKEE	WI	✓	
MUTUAL HOME EQUITY (PAID OFF)	MILWAUKEE	WI	✓	
BANK AMERICA - MORT. (PAID OFF)	GREENSBORO	NC		✓
WE CURRENTLY (FOR ABOUT A YEAR) HAVE NO FAMILY DEBT.				

Part B For calendar year 2004

7. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2004.

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
WSR - LAKESIDE ANIMAL HOSP, LTD	GLENDALE	WI	VET. HOSPITAL
SIR - CTL, INC (WIFE)	WAUKESHA	WI	MEDICAL TESTING KIT MANUFACTURING

8. List OTHER SOURCES from which you or your family received INCOME of \$1,000 or more in 2004.

Source of income	City	State

9. List individuals and organizations that provided you with ENTERTAINMENT or GIFTS (more than \$50) in 2004.

Name of provider	City	State

10. List, for 2004, sources of HONORARIA and payment of EXPENSES related to your state government duties (more than \$50) not previously reported to the Ethics Board.

Payer	Approximate value of expense	Amount of honorarium	Circumstances of receipt

I certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. In the event this Statement of Economic Interests is filed prior my nomination or appointment, I certify that I will amend it within ten days of my nomination or appointment date if amendment is necessary to bring it into conformity with the true statement of my economic interests as of the date of my nomination or appointment. If any part has been left blank, I have done so intentionally because there is nothing to report.

Daytime phone # 414-962-5040
 Signature of person filing: *William K. Swice* 8/24/05 Date
 E-mail address: swrice@execpc.com

The information sought in this form is required by §§19.43 and 19.44, Wisconsin Statutes. Failure to file a completed form may result in a forfeiture of up to \$500. Statements of Economic Interests are open for public inspection. The Ethics Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), Wisconsin Statutes, the Ethics Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.



Contract Information Report

Information as of: 08/23/2005

Contract #: 98921783

Product: AXA EQUITABLE'S SIMPLE GROUP IRA

Product: SIMPLE GROUP IRA
 Equivest Series: 400
 Contract Status: ACTIVE

Qualified Plan: Yes
 Income Fund Election Indicator: MAX FLEX
 Plan Name: LAKESIDE ANIMAL HOSPITAL LTD, SIMPLE IRA
 Plan ID: 779086-0000
 ERISA Indicator: N/A

Participation Date: 03/04/1998

Service Associate: THOMAS R BILITZ, CLU

Role	Name	Address	DOB	Status	Gender	Current Age	Issue Age
ANNUITANT	DR WILLIAM S RICE	1012 E HAMPTON RD, WHITEFISH BAY WI 53217-5955	09/23/1955		MALE	49	42

Name	Role	Relationship to Owner
SARA L RICE	BENEFICIARY-SPOUSE	

Total Contributions: \$53,313.98
 Contributions for Yr Ending: 03/03/2006
 Contract Year Contributions: \$5,999.89
 Initial Premium: \$150.00

Regular Contribution: \$5,999.89
 Last Regular Contribution: \$481.53
 Last Regular Contribution Date: 08/22/2005

Last Allocation Change Date: 03/04/1998

Information As Of: 08/23/2005
 Total Account Value: \$58,846.55

Total Withdrawals: 0.00
 Current Interest Rate: 3.00%
 Current Interest Rate Effective Date: 08/01/2005
 Current Interest Rate End Date: 08/31/2005

Guaranteed Death Benefit: \$53,736.26
 Optional Ratcheted Death Benefit: NO

Source	Investment Option	Account Value	Units	Unit Value	Contribution Allocation %
ALL SOURCES	EQ/Alliance Common Stock	\$23,565.54	92.5437	254.642353	40
ALL SOURCES	EQ/Equity 500 Index	\$5,654.98	21.2584	265.886608	10
ALL SOURCES	EQ/Alliance International	\$6,248.11	46.6635	133.897089	10
ALL SOURCES	EQ/Alliance Small Cap Growth	\$6,351.15	39.8759	159.272855	10
ALL SOURCES	AXA/Moderate Allocation Port	\$11,592.77	60.7050	190.968896	20
ALL SOURCES	AXA/Premier VIP Aggressive Eq	\$5,434.00	43.0523	126.218634	10
Total:		\$58,846.55			
EMPLOYEE SARSEP	EQ/Alliance Common Stock	\$17,225.84	67.5472	254.642353	
EMPLOYEE SARSEP	EQ/Equity 500 Index	\$4,146.18	15.5938	265.886608	

Date Printed: 8/24/2005

Requested by KATHLEEN ATKIELSKI

Contract Information Report



Information as of: 08/23/2005

Contract #: 98921783

Source	Investment Option	Account Value	Units	Unit Value	Contribution Allocation %
EMPLOYEE SARSEP	EQ/Alliance International	\$4,576.03	34.1757	133.897089	
EMPLOYEE SARSEP	EQ/Alliance Small Cap Growth	\$4,642.88	29.1505	159.272856	
EMPLOYEE SARSEP	AXAModerate Allocation Port	\$8,513.28	44.5794	190.968896	
EMPLOYEE SARSEP	AXAPremier VIP Aggressive Eq	\$3,977.98	31.5166	126.218634	
Total:		\$43,082.19			

Plan Approval Transaction	Plan Approval Required Indicator	TOPS Change Permitted Under Plan
ALLOCATION CHANGES	NO	YES
LOANS	N/A	N/A
SURRENDERS	NO	N/A
TRANSFERS	NO	YES
WITHDRAWALS	NO	N/A
INCOME FUND ELECTION	NO	N/A
DCA	YES	N/A

Type	Maximum Withdrawal Amt	Remaining Withdrawal	Credits Withdrawn	Prior Yrs Withdrawals	Current Yrs Withdrawals
MAXIMUM AMOUNT W/O FMA FUNDS	\$55,864.84		\$0.00		\$0.00

Loan Payment Instalment Amount: 0

The annuity account value may be subject to charges if surrendered or withdrawn.

The information contained within this report reflects contract values as of the dates indicated. It is subject to updates and corrections. Please refer to your contract for specific details and contract provisions.

This report is not the official record of your contract. It is for informational purposes only. Your AXA-Equitable client statements are the official record of your contract. Therefore, if there are any discrepancies between this report and your client statements, you should rely on your client statements and call your financial professional with any questions.

Contract issued by AXA Equitable Life Insurance Company, 1290 Avenue of the Americas, New York, NY 10104-2702.

Contract Information Report



Information as of: 08/23/2005

Contract #: 94905517

Product: AXA EQUITABLE'S SAL DEFER SIMP EMPL PEN PLAN(POST DEMUT)

Product: SAL DEFER SIMP EMPL PEN PLAN(POST DEMUT)
 Equivest Series: 100
 Contract Status: ACTIVE

Qualified Plan: Yes
 Income Fund Election Indicator: MAX CHCE
 Plan Name: LAKESIDE ANIMAL HOSPITAL, PENSION SARSEP
 Plan ID: 749966-0001
 ERISA Indicator: N/A

Participation Date: 01/15/1994

Service Associate: THOMAS R BILITZ, CLU

Role	Name	Address	Gender	Current Age	Issue Age
ANNUITANT	DR WILLIAM S RICE	1012 E HAMPTON AVE, MILWAUKEE WI 53217-5955	MALE	49	38
DOB	Status				
09/23/1955					

Name	Role	Relationship to Owner
SARA L RICE	BENEFICIARY-SPOUSE	

Total Contributions: \$6,700.00
 Contributions for Yr Ending: 01/14/1998
 Contract Year Contributions: \$2,800.00

Regular Contribution: \$2,800.00

Information As Of: 08/23/2005	Total Withdrawals: 0.00
Total Account Value: \$12,033.75	Current Interest Rate: 3.00%
Guaranteed Death Benefit: \$11,785.94	Current Interest Rate Effective Date: 08/01/2005
Optional Ratcheted Death Benefit: NO	Current Interest Rate End Date: 08/31/2005

Source	Investment Option	Account Value	Units	Unit Value	Contribution Allocation %
ALL SOURCES	EQ/Alliance Common Stock	\$6,248.02	19.0608	327.793859	50
ALL SOURCES	AXA/Moderate Allocation Port	\$5,785.73	103.2944	56.011991	50
Total:		\$12,033.75			

EMPLOYEE SARSEP	EQ/Alliance Common Stock	\$3,509.43	10.7062	327.793859	
EMPLOYEE SARSEP	AXA/Moderate Allocation Port	\$3,512.48	62.7094	56.011991	
Total:		\$7,021.91			

Plan Approval Transaction	Plan Approval Required Indicator	TOPS Change Permitted Under Plan
ALLOCATION CHANGES	NO	YES
LOANS	N/A	N/A

Date Printed: 8/24/2005

Requested by KATHLEEN ATKIELSKI

Contract Information Report



Information as of: 08/23/2005

Contract #: 94905517

Plan Approval Transaction	Plan Approval Required Indicator	TOPS Change Permitted Under Plan
SURRENDERS	NO	N/A
TRANSFERS	NO	YES
WITHDRAWALS	NO	N/A
INCOME FUND ELECTION	NO	N/A
DCA	YES	N/A

Type	Maximum Withdrawal Amt	Remaining Withdrawal	Credits Withdrawn	Prior Yrs Withdrawals	Current Yrs Withdrawals
MAXIMUM AMOUNT W/O FMA FUNDS	\$11,430.45		\$0.00		\$0.00

Loan Payment Installment Amount: 0

The annuity account value may be subject to charges if surrendered or withdrawn.

The information contained within this report reflects contract values as of the dates indicated. It is subject to updates and corrections. Please refer to your contract for specific details and contract provisions.

This report is not the official record of your contract. It is for informational purposes only. Your AXA Equitable client statements are the official record of your contract. Therefore, if there are any discrepancies between this report and your client statements, you should rely on your client statements and call your financial professional with any questions.

Contract issued by AXA Equitable Life Insurance Company, 1290 Avenue of the Americas, New York, NY 10104-2702.

GTI Retirement Savings Pla..

Sara L. Rice

**Retirement Plan Account Statement
From 1/01/05 to 3/31/05**

Social Security Number xxx-xx-0976
Date Of Birth 06/24/1955
Date Of Hire 06/17/2002
Date Of Termination

YOUR ACCOUNT AT A GLANCE

Sara L. Rice
1012 E. Hamoton Road
Whitefish Bay, WI 53217

Beginning Balance 101,146.58
Change This Period 181.50
Ending Balance 101,328.08
Vested Balance 100,104.86

**ACTIVITY THIS PERIOD
BY INVESTMENT**

Investment	Beginning Balance	Contributions & Forfeitures	Withdrawals	Payments & Transfers	Gain or Loss	Ending Balance	Vested Percent	BALANCE AS OF 6/30/05
Allianz Renaissance A-PQNAX	10,092.83	372.41	0.00	0.00	-748.87	9,716.37		-0-
Am Fds Grwth R3-RGACX	14,891.65	558.64	0.00	0.00	-303.85	15,146.44		16415.96
Calamos Growth A-CVGRX	15,266.78	558.59	0.00	0.00	-918.29	14,907.08		15,921.11
Davis New York Venture A-NYVTX	19,770.74	744.83	0.00	0.00	-18.91	20,496.66		21,941.13
Dreyfus Prem Small Cal Value-DSVAX	5,218.03	186.23	0.00	0.00	-194.42	5,209.84		5,574.40
Fidelity Advisor Div. Intl.-FDVAX	10,271.91	372.35	0.00	0.00	-38.88	10,605.38		11,129.16
Fidelity Capital Appreciation-FDCAX	15,061.66	558.60	0.00	0.00	-727.27	14,892.99		15,880.00
Munder Micro-Cap Equity-MMEAX	10,572.98	372.49	0.00	0.00	-592.15	10,353.32		11,624.13
Total Balance	101,146.58	3,724.14	0.00	0.00	-3,542.64	101,328.08		104,355.11
<i>US MICRO CAP VALUE</i>								
								108,922.11

BY SOURCE OF MONEY

Source of Money	Beginning Balance	Contributions & Forfeitures	Withdrawals	Payments & Transfers	Gain or Loss	Ending Balance	Vested Percent
401(k)	19,649.25	3,385.56	0.00	0.00	-725.41	22,309.40	100%
Rollover	78,675.74	0.00	0.00	0.00	-2,715.01	75,960.73	100%
Match	2,821.59	338.58	0.00	0.00	-102.22	3,057.85	60%
Total Balance	101,146.58	3,724.14	0.00	0.00	-3,542.64	101,328.08	

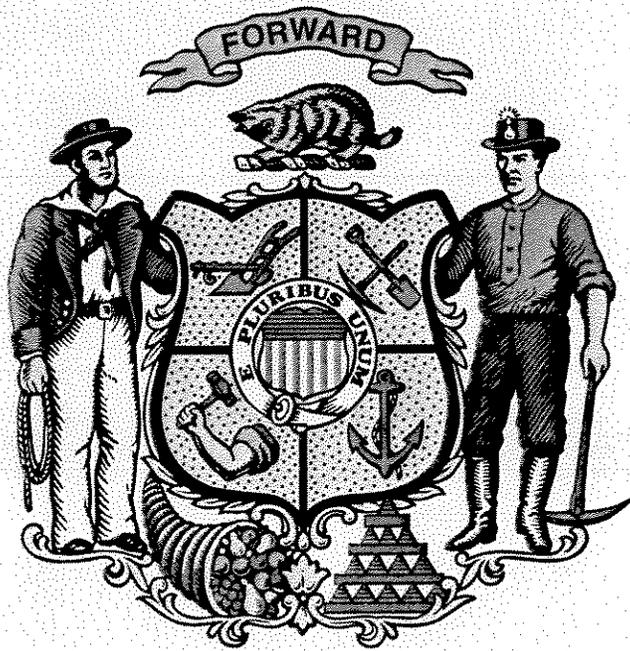
SHARE PRICES & INVESTMENT ALLOCATION AT END OF PERIOD

Investment	Shares	Price Per Share	Allocation Percentage
Allianz Renaissance A-PQNAX	393.375	24.70	10%
Am Fds Grwth R3-RGACX	569.629	26.59	15%
Calamos Growth A-CVGRX	298.739	49.90	15%
Davis New York Venture A-NYVTX	667.426	30.71	20%
Dreyfus Prem Small Cal Value-DSVAX	251.319	20.73	5%
Fidelity Advisor Div. Intl.-FDVAX	568.958	18.64	10%
Fidelity Capital Appreciation-FDCAX	600.040	24.82	15%
Munder Micro-Cap Equity-MMEAX	269.197	38.46	10%

The information shown on this statement is based upon the existing records of the Plan Administrator. The Plan Administrator reserves the right to correct any errors. If you have any questions contact your Third Party Administrator at Pension Inc.



Pension Inc. ~ 136 North Maple Avenue ~ Green Bay, WI 54303-2748
Phone (920) 432-7020 ~ Fax (920) 432-7101 ~ Internet www.PensionInc.net



Wisconsin Association of Health Plans

Senator Dan Kapanke
P.O. Box 7882
Madison, WI 53707-7882

Dear Senator ~~Kapanke~~ *Dan*:

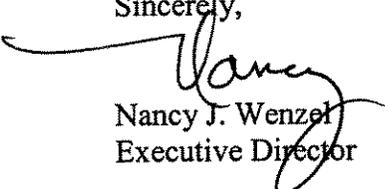
Thank you for taking the time to hold a public hearing on Governor Doyle's 13 appointments to the newly created Health Insurance Risk Sharing Plan (HIRSP) Authority Board. Each appointee will bring a great deal of expertise to the HIRSP Authority Board and will help ensure that all HIRSP stakeholders are well-represented when the new HIRSP Authority begins operation on July 1, 2006.

On behalf of the Wisconsin Association of Health Plans, I encourage you to vote to confirm all 13 of the Governor's HIRSP Authority Board appointments. I have had the good fortune of working with the majority of the appointees on a wide range of state issues and know they will each commit the time and energy necessary to make HIRSP more effective in responding to changes in health care delivery and health insurance.

Jay Fulkerson, CEO of UnitedHealthcare of Wisconsin, Inc., **Larry Zanoni**, Executive Director of Group Health Cooperative of South Central Wisconsin, **Pat Jerominski**, President/CEO of Independent Care, Inc., and **Michele Bachhuber**, M.D, Marshfield Clinic, **all have a great deal of experience in disease management programs for persons with chronic diseases** and will help the HIRSP Authority develop strategies to ensure appropriate access to evidence-based treatment for HIRSP participants.

Thank you again for holding a public hearing and quickly scheduling executive action. I encourage you to vote to confirm all 13 of the Governor's appointments to the HIRSP Authority Board and to recommend that the State Senate confirm the appointees en masse. Please feel free to contact me regarding any of the appointees. All good wishes.

Sincerely,


Nancy J. Wenzel
Executive Director