

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_pt16**

Name: C. Peirick

➤ 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

Amendments

AB _____ SB _____

Clearinghouse Rule _____

AJR _____ SJR _____

Appointment Carol Pierick

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

Senator Dan Kapanke, Chair

Aye No Absent Not Voting

Senator Neal Kedzie

Senator Ronald Brown

Senator Luther Olsen

Senator Jon Erpenbach

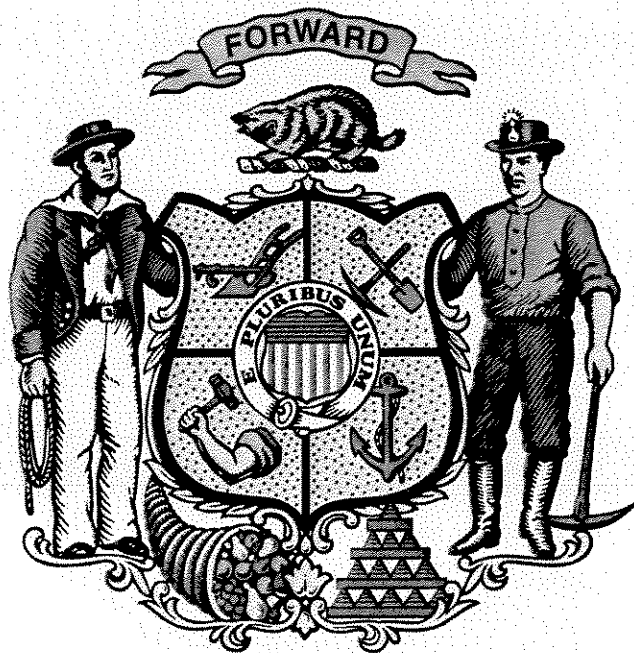
Senator David Hansen

Senator Mark Miller

Totals: 7 0 _____ _____

Motion Carried

Motion Failed





JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

February 17, 2006

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Carol Peirick to be an Insurer Representative on the Health Insurance Risk-Sharing Plan Authority to serve a term expiring May 1, 2008.

Ms. Peirick 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

February 17, 2006

Ms. Carol Peirick
WEA Trust
45 Nob Hill Road
Madison, WI 53713

Dear Ms. Peirick:

I am pleased to appoint you to the Health Insurance Risk-Sharing Plan Authority, effective February 16, 2006. 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: Carol Peirick

MAILING ADDRESS: WEA Trust
45 Nob Hill Road
Madison, WI 53713

E-MAIL ADDRESS: cpeirick@weatrust.com

RESIDES IN: Middleton, WI

TELEPHONE: (608) 661-6617 (w)

OCCUPATION: Chief Accounting Officer, WEA Trust

APPOINTED TO: Health Insurance Risk-Sharing Plan Authority
Insurer Representative

TERM: A term to expire May 1, 2008

SUCCEEDS: (Newly Created Authority)

SENATE CONFIRMATION: Yes

DATE OF APPOINTMENT: February 16, 2006

DATE OF NOMINATION: February 16, 2006

WEA Trust
45 Nob Hill Rd
Madison, W 53707

(608) 276-4000
CPeirick@weatrust.com

Carol Peirick

Education and Degrees

Certified Public Accountant, Wisconsin, 1982

National Association of Securities Dealers, series 7, 24, 27, and 63, registered securities agent

BBA Accounting, University of Wisconsin-Whitewater, 1979

Professional experience

Controller and Chief Accounting Officer, WEA Insurance Corporation (1989-present)

- Responsible for the general accounting, financial management, and regulatory compliance for the company and its related entities. Also participate in the budgeting process for all entities.

Accounting Manager, Fitzpatrick & Roberts, S.C. (1979-1989)

- Managed and performed numerous audit engagements serving primarily the insurance and not-for-profit industry. Also assisted with various accounting functions including monthly financial statement preparation, tax return preparation, and insurance company annual statement filings.

Boards and Committees

Health Insurance Risk Sharing Plan, current Board member

WisconsinRx Cooperative, current Treasurer and Board member

Easter Seals Wisconsin, current Audit Committee Chair and member of Fiscal Personnel Committee

Big Brothers and Big Sisters of Dane County, past Treasurer and Board member

Combined Health Appeal of Wisconsin, past Treasurer and Board member

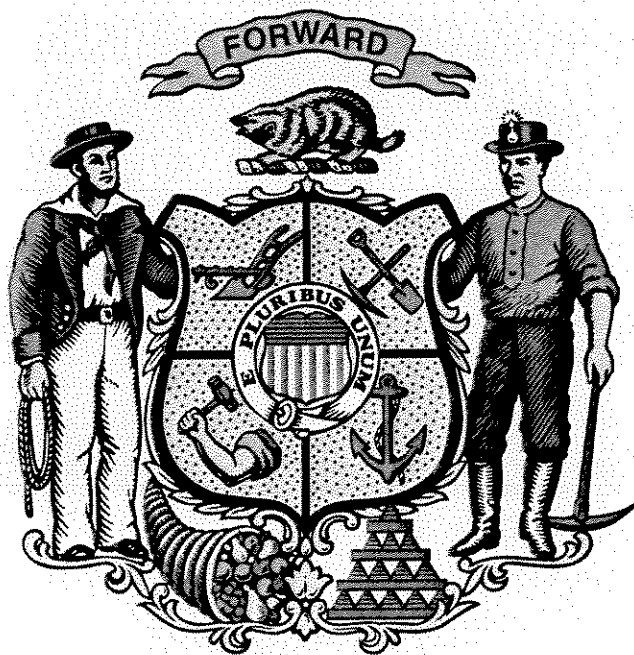
United Way of Dane County, past Allocation Committee Chair

Memberships

Insurance Accounting and Systems Association (IASA)

Wisconsin Institute of Certified Public Accountants (WICPA)

American Institute of Certified Public Accountants (AICPA)



Aj



STATE OF WISCONSIN
ETHICS BOARD

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

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: Carol Peirick
Date: February 23, 2006

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 2006 for calendar year 2005

Name: PEIRICK, CAROL F
(last name, first name & initial)

State position: HIRSP BOARD APPOINTMENT
(held or sought) (include agency, division, branch or district, if applicable)

21 2006

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT <http://ethics.state.wi.us>.
 Still 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 1/31/06
Insert nomination/appointment date here

1. INVESTMENTS. 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/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
SEE ATTACHED							

2. BUSINESS ACTIVITIES. List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.

a) Enterprise(s) operating under a business or trade name, list here.

Name of business	Municipality or Town	County	State	Describe nature of business
NONE				

b) Enterprise(s) NOT operating under a business or trade name, list here.

Street address or fire number	Municipality or Town	County	State	Describe nature of business
NONE				

3. COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS. For each unincorporated business, subchapter S corporation, service corporation (SC), limited liability company (LLC), partnership, or income-producing real estate reported in Item 2, list businesses, organizations, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2005.

Businesses, organizations, lobbyists that were customers, clients, or tenants	City	State
NONE		

4. BUSINESS PARTNERS. For each enterprise reported under Item 2, list its co-owners, partners, officers, and directors (other than yourself), unless the information is already registered with the Wisconsin Department of Financial Institutions.

Business	Partners, or officers and directors	City	State
NONE			

5. NON-COMMERCIAL REAL ESTATE. 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, assessment, land contract)
Street address or fire number	Municipality Or Town	County	
NONE			

6. OFFICERS AND DIRECTORS. List organizations of which you or a family member was an officer or director.

Business or organization	City	State	Position
WISCONSINRY	MADISON	WI	TREASURER
WISCONSIN HIRSP	MADISON	WI	BOARD MEMBER

7. AGENT, REPRESENTATIVE OR SPOKESPERSON. 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 6 or 9).

Business or organization	City	State
NONE		

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

Creditor	City	State	* / * one	
			\$50,000 or less	More than \$50,000
NONE				

Part B

For calendar year 2005

9. EMPLOYERS. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2005.

Name of employer (if State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
WEA INSURANCE CO. RD	MADISON	WI	INSURANCE

10. ADDITIONAL SOURCES OF INCOME. List other sources from which you or your family received income of \$1,000 or more in 2005.

Source of income	City	State
NONE		

11. ENTERTAINMENT AND GIFTS. List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2005.

Name of provider	City	State
NONE		

12. HONORARIA AND EXPENSES. List, for 2005, 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 expenses	Amount of honorarium	Circumstances of receipt
NONE			

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.**

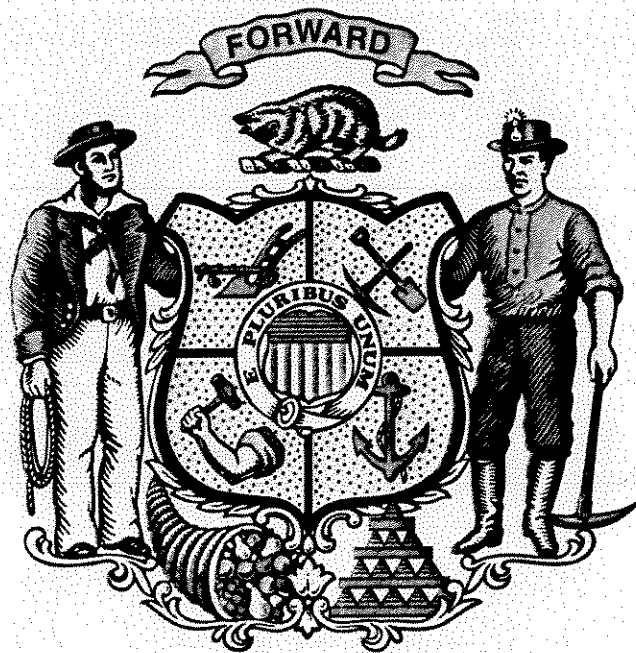
Signature of person filing: Carol F. Peiner Date: 2/15/06 Daytime phone #: (608) 661-6617
 E-mail address: CPEINER@WETAUST.COM

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.

Carol Peirick
HIRSP Board Appointment

1. INVESTMENTS. 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					Amount	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
JPMorgan Investor Growth Fund					X		X
Vanguard 500 Index Fund					X		X
Vanguard Small-Cap Index Fund					X	X	
Vanguard Mid-Cap Index Fund					X	X	
Morgan Stanley Internatl Value Equity Fund					X	X	
Gabelli Equity					X	X	
RS Partners Fund					X	X	
Janus Mid Cap Value					X	X	
AIM Intl Growth					X	X	
Oppenheimer Developing Mkts					X	X	
PIMCO Low Duration Fund					X	X	
Fidelity Advisors Mid Cap .					X	X	
AXA Enterprise Growth					X	X	
Templeton Foreign Fund					X	X	
Target Stores CBOE S&P 500	X					X	
Alcoa, Inc	X					X	
Wells Fargo & Co	X					X	
World Fuel Services Corp	X					X	



Wisconsin Association of Health Plans

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

Dear Senator ~~Kapanke~~ ^{Dan}:

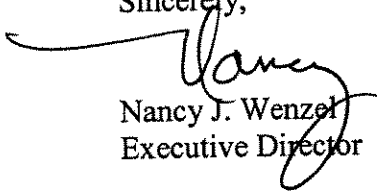
Thank you for taking the time to hold a public hearing on Governor Doyle's 13 appointments to the newly created Health Insurance Risk Sharing Plan (HIRSP) Authority Board. Each appointee will bring a great deal of expertise to the HIRSP Authority Board and will help ensure that all HIRSP stakeholders 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