

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input checked="" type="checkbox"/>                                                                                                                                                                                                       |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|-------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                         | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>WAUSAU PAPER CORP. PENSION PLAN</u>                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>06/01/1963</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>41-2218500</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Sponsor's telephone number<br/><u>715-693-4470</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>322100</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan<br><u>06/01/1963</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>41-2218500</u> |  | <b>2c</b> Sponsor's telephone number<br><u>715-693-4470</u> |  | <b>2d</b> Business code (see instructions)<br><u>322100</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                               | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>06/01/1963</u>                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>41-2218500</u>                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>715-693-4470</u>                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>322100</u>                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>WAUSAU PAPER MILLS, LLC</u><br><br><u>100 PAPER PLACE</u><br><u>MOSINEE, WI 54455-6000</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.

|                                                                                                            |                                                                                      |                    |                                                                        |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature.<br>Signature of plan administrator | 10/15/2014<br>Date | CURT SCHMIDT<br>Enter name of individual signing as plan administrator |
| <b>SIGN HERE</b>                                                                                           | Signature of employer/plan sponsor                                                   | Date               | Enter name of individual signing as employer or plan sponsor           |
| <b>SIGN HERE</b>                                                                                           | Signature of DFE                                                                     | Date               | Enter name of individual signing as DFE                                |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                                                      |                    | Preparer's telephone number (optional)                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address<br><br>WAUSAU PAPER CORP. EMPLOYEE BENEFITS COMMITTEE<br><br>100 PAPER PLACE<br>MOSINEE, WI 54455-6000                                                                                                                                                                       |           | <b>3b</b> Administrator's EIN<br>39-0690900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | <b>3c</b> Administrator's telephone number<br>715-693-4470                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                     |           | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |           | <b>5</b> 730                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                                                                                                                                                                    | <b>6a</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                   | <b>6b</b> | 294                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b> | 365                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                              | <b>6d</b> | 659                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                                                                                                                                                            | <b>6e</b> | 59                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               | <b>6f</b> | 718                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       | <b>6g</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                           | <b>6h</b> | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |           | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B 1D 3H                                                                                                                                                                                                                                                              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |           | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |           | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                            |                                         |     |
|--------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 |                                         |     |
| <b>A</b> Name of plan<br>WAUSAU PAPER CORP. PENSION PLAN                                   | <b>B</b> Three-digit plan number (PN) ▶ | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>WAUSAU PAPER MILLS, LLC   |                                         |     |
| <b>D</b> Employer Identification Number (EIN)<br>41-2218500                                |                                         |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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  
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY 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     |
| 06-1050034 | 93629         | IN-17183B                             | 718                                                                         | 01/01/2013              | 12/31/2013 |

**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 |
| 0                                    | 0                             |

**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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |          |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 42359526 |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> Balance at the end of the previous year .....                                                  | <b>7b</b>    |  |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |  |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |  |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> |  |
| (4) Transferred from separate account .....                                                             | <b>7c(4)</b> |  |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> |  |
| ▶                                                                                                       |              |  |
| (6) Total additions .....                                                                               | <b>7c(6)</b> |  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    |  |
| <b>e</b> Deductions:                                                                                    |              |  |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> |  |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> |  |
| (3) Transferred to separate account .....                                                               | <b>7e(3)</b> |  |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |  |
| ▶                                                                                                       |              |  |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> |  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    |  |

**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:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>WAUSAU PAPER CORP. PENSION PLAN</u>                                                                           | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>WAUSAU PAPER MILLS, LLC</u>                                | <b>D</b> Employer Identification Number (EIN)<br><u>41-2218500</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|               |                                                                                                                                                                                                                 |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                                        |
| <b>1</b>      | Enter the valuation date: Month _____ Day _____ Year _____                                                                                                                                                      |
| <b>2</b>      | Assets:                                                                                                                                                                                                         |
| <b>a</b>      | Market value ..... <b>2a</b> <u>39986919</u>                                                                                                                                                                    |
| <b>b</b>      | Actuarial value ..... <b>2b</b> <u>39778225</u>                                                                                                                                                                 |
| <b>3</b>      | Funding target/participant count breakdown:                                                                                                                                                                     |
| <b>a</b>      | For retired participants and beneficiaries receiving payment..... <b>3a</b> <u>319</u> <u>23461898</u>                                                                                                          |
| <b>b</b>      | For terminated vested participants..... <b>3b</b> <u>411</u> <u>18579988</u>                                                                                                                                    |
| <b>c</b>      | For active participants:                                                                                                                                                                                        |
| <b>(1)</b>    | Non-vested benefits ..... <b>3c(1)</b> <u>0</u>                                                                                                                                                                 |
| <b>(2)</b>    | Vested benefits ..... <b>3c(2)</b> <u>0</u>                                                                                                                                                                     |
| <b>(3)</b>    | Total active..... <b>3c(3)</b> <u>0</u> <u>0</u>                                                                                                                                                                |
| <b>d</b>      | Total..... <b>3d</b> <u>730</u> <u>42041886</u>                                                                                                                                                                 |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                                    |
| <b>a</b>      | Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>                                                                                                                                      |
| <b>b</b>      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... <b>4b</b> |
| <b>5</b>      | Effective interest rate ..... <b>5</b> <u>6.30</u> %                                                                                                                                                            |
| <b>6</b>      | Target normal cost..... <b>6</b> <u>90000</u>                                                                                                                                                                   |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                         |                               |                                        |
|---------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                        |                               | <u>09/26/2014</u>                      |
|                                                         | Signature of actuary          | Date                                   |
| <u>JASON GAY</u>                                        | Type or print name of actuary | <u>14-06540</u>                        |
|                                                         |                               | Most recent enrollment number          |
| <u>PRIAC</u>                                            | Firm name                     | <u>860-534-3564</u>                    |
|                                                         |                               | Telephone number (including area code) |
| <u>280 TRUMBULL STREET</u><br><u>HARTFORD, CT 06103</u> | Address of the firm           |                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2013**  
**v. 130118**

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                         |                       |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 0                     | 966236                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                      | 0                     | 966236                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>12.19</u> % .....                                                      |                       | 117784                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 257885                 |
| <b>b</b> Interest on (a) using prior year's effective interest rate of <u>7.02</u> % except as otherwise provided (see instructions) ..... |                       | 18104                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 275989                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                          | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                               | 0                     | 1084020                |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 92.03 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 92.03 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 92.92 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 08/25/2014                                                                               | 5000000                           |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ▶</b>          | <b>18(b)</b>                      | 5000000                         |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                                             |            |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                        |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                                                                        | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                          | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                     | <b>19c</b> | 4521484 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                             |            |         |

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.94% | 2nd segment:<br>6.15% | 3rd segment:<br>6.76 %                              |
|                                                                                                                                                                                              |                       |                       | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       | <b>22</b>                                           |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b> |                                                                     |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            |                   | <b>31a</b>          | 90000         |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 |                   | 3347681             | 805851        |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                   | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          |                   | <b>34</b>           | 895851        |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                 | 895851              | 895851        |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   |                   | <b>36</b>           | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                   | <b>37</b>           | 4521484       |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                   | <b>38a</b>          | 4521484       |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 4521484       |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                   | <b>40</b>           | 0             |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |  |                                         |                                                                                           |
|------------------------------------------------------------------------------------------------|--|-----------------------------------------|-------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |  |                                         |                                                                                           |
| <b>a</b> Schedule elected .....                                                                |  | <input type="checkbox"/> 2 plus 7 years | <input type="checkbox"/> 15 years                                                         |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               |  | <input type="checkbox"/> 2008           | <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |
| <b>42</b> Amount of acceleration adjustment .....                                              |  | <b>42</b>                               |                                                                                           |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... |  | <b>43</b>                               |                                                                                           |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2013</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

|                                                                                                 |                                                                    |            |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>WAUSAU PAPER CORP. PENSION PLAN</u>                                 | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
|                                                                                                 |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>WAUSAU PAPER MILLS, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>41-2218500</u> |            |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br><u>PRUDENTIAL RETIREMENT INS &amp; ANNUITY</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

06-1050034

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</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

---

---

**(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

---

---

**(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

---

---

**(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

---

---

**(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)

PRUDENTIAL RETIREMENT INS & ANNUITY

06-1050034

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     | NONE                                                                                              | 37396                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

WIPFLI LLP

39-0758449

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 5666                                                                   | 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)

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

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

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

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

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

|                                                                 |                                  |
|-----------------------------------------------------------------|----------------------------------|
| <b>a</b> Name: WIPFLI LLP                                       | <b>b</b> EIN: 39-0758449         |
| <b>c</b> Position: AUDITOR                                      |                                  |
| <b>d</b> Address: 11 SCOTT STREET SUITE 400<br>WAUSAU, WI 54403 | <b>e</b> Telephone: 715-845-3111 |
|                                                                 |                                  |

Explanation: TERMINATION WAS DONE TO RECOGNIZE A SAVINGS ON AUDIT FEES ? BY ENGAGING A DIFFERENT FIRM. ?

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE D</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> | <p style="text-align: center;"><b>DFE/Participating Plan Information</b></p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p> | <p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2013</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

|                                                                                                                |                                                                            |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <p><b>A</b> Name of plan<br/><u>WAUSAU PAPER CORP. PENSION PLAN</u></p>                                        | <p><b>B</b> Three-digit plan number (PN) ▶ <u>001</u></p>                  |
| <p><b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br/><u>WAUSAU PAPER MILLS, LLC</u></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><u>41-2218500</u></p> |

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

|                                                                                      |                               |                                                                                                                    |
|--------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE BOND ENHANCED INDEX/PIM</u>   |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>  |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>06-1050034-036</u>                                                | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7620230</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE PLUS BOND/PIMCO FUND</u>      |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>  |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>06-1050034-299</u>                                                | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7636172</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DRYDEN S&amp;P 500 INDEX</u>       |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>  |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>06-1050034-123</u>                                                | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5159068</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL BLEND/THORNBURG</u>  |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>  |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>06-1050034-719</u>                                                | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2659687</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP GROWTH/MFS FUND</u>      |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>  |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>06-1050034-350</u>                                                | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5667525</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP VALUE/BARROW HANLEY</u>  |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>  |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>06-1050034-312</u>                                                | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5524559</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP GROWTH/ARTISAN PARTNER</u> |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>  |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>06-1050034-185</u>                                                | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1125387</u> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE/WELLINGTON**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-187 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1180003 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL SHORT-TERM**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-041 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 857078 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH/COLUMBUS**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-650 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1110339 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE/TBCAM**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-410 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1158364 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: QMA EMERGING MARKETS**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-030 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1290257 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTL GROWTH/ARTISAN**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-259 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1370857 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <b>01/01/2013</b> and ending <b>12/31/2013</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>WAUSAU PAPER CORP. PENSION PLAN</b>                                          | <b>B</b> Three-digit plan number (PN) ►                                | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>WAUSAU PAPER MILLS, LLC</b>          | <b>D</b> Employer Identification Number (EIN)<br><br><b>41-2218500</b> |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                              |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|------------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |                              |                        |
| <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                              |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                              |                        |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                              | 5000000                |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                              |                        |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                              |                        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                              |                        |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                              |                        |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                              |                        |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                              |                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                              |                        |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                              |                        |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                              |                        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                              |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 38789547                     | 42359526               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 1197371                      | 1450487                |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 |                              |                        |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |                              |                        |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 39986918              | 48810013        |

**Liabilities**

|                                                                           |           |      |      |
|---------------------------------------------------------------------------|-----------|------|------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |      |      |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 2664 | 7542 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |      |      |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |      |      |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 2664 | 7542 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 39984254 | 48802471 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 5000000    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 5000000   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 6240646   |
| (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) |            | 253116    |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 11493762  |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 2527402 |         |
| (2) To insurance carriers for the provision of benefits.....                        | 2e(2) |         |         |
| (3) Other.....                                                                      | 2e(3) |         |         |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |         | 2527402 |
| f Corrective distributions (see instructions).....                                  | 2f    |         |         |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |         |         |
| h Interest expense.....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees.....                               | 2i(1) |         |         |
| (2) Contract administrator fees.....                                                | 2i(2) |         |         |
| (3) Investment advisory and management fees.....                                    | 2i(3) |         |         |
| (4) Other.....                                                                      | 2i(4) | 148143  |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 148143  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 2675545 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 8818217 |
| 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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: SCHENCK SC

(2) EIN: 39-1173131

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**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.).....

**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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> 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  |          |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>d</b> 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  |          |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 15000000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 15000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>g</b> 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  |          |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>h</b> 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  |          |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |          |
| <b>j</b> 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   |    |          |
| <b>4j</b>                                                                                                                                                                                                                     | X   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |          |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |          |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |          |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>n</b> 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. ....                                      |     | X  |          |
| <b>4n</b>                                                                                                                                                                                                                     |     | X  |          |

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

**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** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .... ☒ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

|                                                                                                 |                                                                    |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>WAUSAU PAPER CORP. PENSION PLAN</u>                                 | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>WAUSAU PAPER MILLS, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>41-2218500</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>22-1211670</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>0</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                                        |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                                        |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                                        |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                               | <b>6a</b>                    |                                        |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                   | <b>6b</b>                    |                                        |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                            | <b>6c</b>                    |                                        |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                                        |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

## INDEPENDENT AUDITORS' REPORT

To the Employee Benefits Committee and Participants  
of the Wausau Paper Corp. Pension Plan  
Wausau, Wisconsin

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Wausau Paper Corp. Pension Plan, which comprise the statement of net assets available for benefits as of December 31, 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As 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 plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information identified in Note 9, which was certified by Prudential Retirement Insurance and Annuity, the trustee of the Plan, except for comparing such information with the related information included in the 2013 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee, as of and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2013 financial statements. Accordingly, we do not express an opinion on the 2013 financial statements.

### ***Other Matter - Supplemental Schedules***

The supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended December 31, 2013 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

### ***Other Matter - 2012 Financial Statements***

The financial statements of the plan as of December 31, 2012, were audited by predecessor auditors. As 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 7, 2013, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

### ***Report on Form and Content in Compliance With DOL Rules and Regulations 2013***

The form and content of the information included in the 2013 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Certified Public Accountants

Green Bay, Wisconsin  
October 13, 2014

## Actuarial Cost Method

### I. ACTUARIAL COST METHOD

Costs have been computed in accordance with the Unit Credit Actuarial Cost Method and reflect the actuarial assumptions described in "Plan Assumptions" of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

#### Target Normal Cost

The Target Normal Cost is the present value of benefits expected to accrue during the plan year for all Participants plus an estimate of the expenses to be paid from the plan assets during the plan year.

#### Target Liability and Funding Shortfall

As of January 1, 2008, a Target Liability is established which represents the present value of accrued benefits. This Target Liability is offset by adjusted assets, and the remainder (i.e. Funding Shortfall), if any, is amortized over seven years.

Subsequent changes in the Funding Shortfall due to asset experience, liability experience, plan amendments, and/or actuarial assumption changes will be amortized over a seven year period from their valuation dates.

#### Discount Rate

The plan sponsor has elected to use the Segment Rate approach for discount rate purposes, with an applicable month that is 4 months prior to the valuation date.

In addition, beginning with the 2012 plan year, solely for purposes of determining the minimum required contribution level, applicability of benefit restrictions, and for the at-risk determination, the adjusted 24-month average segment rates established by MAP-21 have been incorporated.

The adjusted 24-month average segment rates are generated by taking the unadjusted 24-month average segment rates for the sponsor-chosen lookback month and adjusting them so that each individual segment rate is not outside of the stipulated corridor around the corresponding 25-year average segment rate for the given plan year. For the 2013 plan year, the stipulated corridor is 85% - 115% of these 25-year average segment rates.

### II. ASSET VALUATION METHOD

Assets have been valued in accordance with generally accepted procedures as described below.

All funds invested are valued in the following manner:

#### Definitions

|        |                                                                                                                                               |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| i(t)   | assumed growth rate, set equal to the lesser of the expected return on assets or the applicable 3 <sup>rd</sup> segment rate for Plan Year t. |
| C(t)   | sum of contributions and other additions to the fund from all sources other than investment transactions in Plan Year t                       |
| W(t)   | sum of all withdrawals and other decreases to the fund from all sources other than investment transactions in Plan Year t                     |
| AV(t)  | Actuarial Value of Assets as of Plan Year t                                                                                                   |
| MV(t)  | Market Value of Assets as of Plan Year t                                                                                                      |
| EV(t)  | Expected Value of Assets as of Plan Year t                                                                                                    |
| G/L(t) | Gain or Loss for Plan Year t                                                                                                                  |

## Actuarial Cost Method

### Method

A description of the method used to determine the current year's Actuarial Value of Assets {AV(t)} is below.

For the preceding 2 years, G/L(t) is determined as follows:

$$EV(t) = MV(t-1) * (1 + i(t-1)) + [C(t-1) - W(t-1)] * (1 + i(t-1) * m)$$

Where m represents a proportionate yield consistent with the portion of the year for which C and W are invested

$$G/L(t-1) = EV(t) - MV(t)$$

For the current year, AV(t) is determined as follows:

$$AV(t) = MV(t) + 2/3 * G/L(t-1) + 1/3 * G/L(t-2)$$

### Corridor Limits

The Actuarial Value of Assets may not be less than 90% or more than 110% of the current market value of plan assets as of the applicable valuation date [as required by IRC Section 430(g)(3)(B)(iii)].

Please note, as highlighted above, the assumed asset growth rate for each year is limited to the applicable 3<sup>rd</sup> segment rate by law. As a result, if the plan's expected rate of return is greater than this applicable rate, this method is expected to produce an actuarial value of assets that can be expected to be slightly less than the market value of assets, on average.

## Actuarial Assumptions

### Demographic Assumptions

|                                                             |                                                                                                                                                                                                                                        |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Retirement Age                                              | <p>For Terminated Vested Employees not eligible to retire prior to Normal Retirement Age – Age 65.</p> <p>For Terminated Vested Employees eligible for unreduced benefits at Age 62 – Immediate.</p> <p>All others - See Table II.</p> |
| Mortality for Disabled and Nondisabled Lives<br>PPA Funding | The IRS 2013 Static Mortality Table                                                                                                                                                                                                    |
| ASC 960                                                     | The IRS 2013 Static Mortality Table                                                                                                                                                                                                    |
| Withdrawal Rates                                            | N/A                                                                                                                                                                                                                                    |
| Disability Rates                                            | N/A                                                                                                                                                                                                                                    |
| Spouse's Benefit                                            | 85% percent of males and 85% of females are assumed to be married. Females are assumed to be three years younger than their spouses.                                                                                                   |

### Economic Assumptions

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Investment Return Rate             | 7.50% per year.                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ASC 960 Interest Rate              | 7.50% per year, net of investment expenses and administrative fees paid out of the trust.                                                                                                                                                                                                                                                                                                                                                                      |
| PPA Funding Interest Rates         | <p><i>For minimum required contribution level, applicability of benefit restrictions, and at risk determination only:</i></p> <p>Segment Rates with a 4 month lookback, as adjusted by the 85% - 115% corridor around the 25-year average segment rates (4.94%, 6.15%, and 6.76% for the 2013 plan year).</p> <p><i>For all other purposes:</i></p> <p>Segment Rates with a 4 month lookback, unadjusted (1.75%, 4.62%, and 5.72% for the 2013 plan year).</p> |
| Loading for Expenses (PPA Funding) | \$90,000                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Future Compensation Increases      | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Social Security Benefits           | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                |

## Actuarial Assumptions

**Table II – Probability of Retirement  
Terminated Vested Employees**

| Age | Probability |
|-----|-------------|
| 55  | .25         |
| 56  | .00         |
| 57  | .00         |
| 58  | .00         |
| 59  | .00         |
| 60  | .00         |
| 61  | .00         |
| 62  | .75         |
| 63  | .00         |
| 64  | .00         |
| 65+ | 1.00        |

## Plan Provisions

### Brokaw Hourly

#### Effective Date

June 1, 1963. Amended and restated September 1, 1984. Last amended June, 2001.

#### Employees Covered by Plan

All employees of the Wausau Paper Mills Company who are covered by a Joint Labor Agreement between the Union and Company.

### Normal Retirement

#### Eligibility

Age 65 or age 62 with 30 years of service (age 62 with 15 years of service, effective June 1, 2005).

#### Benefit

A monthly benefit of \$30.50 for each year of benefit service.

\$31.25 effective June 1, 2004

\$32.00 effective June 1, 2005

\$33.00 effective June 1, 2006

\$34.00 effective June 1, 2007

\$35.00 effective June 1, 2008

\$36.00 effective June 1, 2010

\$37.00 effective June 1, 2011

#### Minimum Benefit

None.

### Early Retirement

#### Eligibility

Age 60 with 15 years of vesting service or age 55 with company consent and 15 years of vesting service.

#### Benefit

A monthly benefit equal to the normal retirement benefit earned to the date of termination reduced by:

- (a) .42% for each month by which early retirement precedes age 65, for the first 36 months.
- (b) .50% for each of 24 additional months.
- (c) .40% for each of 60 additional months.

The benefit is unreduced at age 62 with 15 years of service.

### Disability Retirement

#### Eligibility

Permanent and total disability as defined under the provisions of the Social Security Act and 15 years of vesting service.

#### Benefit

A monthly benefit equal to the accrued normal retirement benefit earned to date of disability.

## Plan Provisions

### Vesting Benefit Eligibility

Five years of vesting service.

### Benefit

A monthly benefit equal to the accrued normal retirement benefit earned to date of termination computed as a normal retirement benefit payable at 65. If a participant has at least 15 years of service, he may elect to have his vested benefit commence at age 60 (the benefit is subject to the reduction for early retirement benefits).

### Preretirement Death Benefit Eligibility

A married participant (active or terminated) is eligible for a surviving spouse benefit after meeting the service requirements for vesting.

### Benefit

If a married participant dies after attaining his earliest retirement age, the monthly benefit is 50% of the reduced benefit he would have received had he retired on the day immediately preceding his date of death and elected a 50% joint and survivor annuity. If a married participant dies on or before his earliest retirement age, the monthly benefit is 50% of the benefit he would have received had he separated from service on his date of death, survived to and retired at the earliest retirement age, and elected a 50% joint and survivor annuity.

This coverage may be waived only with the written consent of the spouse.

All participants who elect coverage for this benefit are charged as follows:

| <b>Ages of Death<br/>Coverage</b> | <b>Reduction Charge per Month of<br/>Coverage Applies to Vested<br/>Benefit Otherwise Payable</b> |
|-----------------------------------|---------------------------------------------------------------------------------------------------|
| 60 to 64                          | .08%                                                                                              |
| 55 to 59                          | .05%                                                                                              |
| 45 to 54                          | .02%                                                                                              |
| Less than 45                      | .01%                                                                                              |

## Plan Provisions

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dependent Child Death Benefit<br>Eligibility | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Benefit                                      | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Normal Form of Annuity<br>Without Spouse     | Life annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| With Spouse                                  | Joint and survivor annuity reduced to 85% of the benefit otherwise payable if participant and spouse have same calendar year of birth, payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.                                                                                                                                                                                                                                                                                                         |
| Optional Form of Annuity                     | 100%, 66% or 50% joint and survivor annuity, or a 10-year certain and life annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Compensation Definition                      | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Service Definitions<br>Vesting Service       | For each 1,000 or more hours of work in a plan year, one year of vesting service is acquired.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Benefit Service                              | Prior to September 1, 1976, benefit service for determination of benefit amounts will equal credited service. After August 31, 1976 and before June 1, 1988 a participant accrues 1/12 of a year of benefit service for each 173 hours of work up to a maximum of one year of benefit service in any 12 month plan year. After May 31, 1988, a participant accrues 1/12 of a year of benefit for each 156 hours of work up to a maximum of one year of benefit service in any 12 month plan year. Benefit service includes only periods of employment that a participant accrues while a member of the Joint Labor Board. |
| Actuarial Equivalent Definition              | A benefit of equivalent value when computed on the basis of the UP-1984 Mortality Table and an assumed 6% rate of interest.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Cost-of-Living Increase                      | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Social Security Definition                   | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Transfers<br>Transfers In                    | Benefit otherwise calculated is reduced by the amount of benefit payable under any other plan. The amount of reduction is determined as if the other benefit is payable in the form of a single life annuity at the date of termination (actuarially adjusted if the payment form is other than a single life annuity).                                                                                                                                                                                                                                                                                                   |

## Plan Provisions

### Transfer Out

If transferred to employment status no longer covered by Labor Agreement, vesting service will continue to accrue so long as employment is maintained within the Company or subsidiary. The benefit payable is determined using the benefit service up to date of transfer and using the benefit amount in effect upon termination.

## Section I

## Summary of Valuation Results (continued)

### **Changes Since Last Year's Valuation**

#### **Changes in Pension Plan Provisions**

There were no changes in the pension plan provisions recognized with this actuarial valuation.

#### **New Legislation**

There were no legislative changes recognized with this actuarial valuation .

#### **Changes in Actuarial Assumptions**

The ASC 960 mortality assumption was changed from the IRS 2012 Static Mortality Table to the IRS 2013 Static Mortality Table. The ASC 960 interest rate was changed from 7.75% to 7.50%.

The expense load assumption for PPA funding was changed from \$75,000 to \$90,000.

The assumed retirement age for terminated vested former employees has been changed to reflect benefit commencement at various ages. Please see the Actuarial Assumptions section of this report for more details.

There were no other changes in the non-prescribed Actuarial Assumptions recognized with this actuarial valuation.

#### **Changes in Actuarial Cost Method**

There were no changes to the actuarial cost method recognized with this actuarial valuation.

### **Benefit Restrictions and "At Risk" Status**

There are no benefit restrictions associated with the current plan year.

The plan is not considered "At Risk" for the current plan year.

## Section IV

## Minimum Contribution Amortization

The prior year amortization values and the development of the amortization for the 2013 plan year are shown below.

### **I. Prior Year Amortization Amounts**

| <u>Plan Year</u> | <u>Installment</u> | <u>PV Factor</u> | <u>Present Value</u> |
|------------------|--------------------|------------------|----------------------|
| 2012             | (752,088)          | 5.292892         | (3,980,720)          |
| 2011             | 1,392,511          | 4.550898         | 6,337,176            |
| 2010             | 0                  | N/A              | 0                    |
| 2009             | 0                  | N/A              | 0                    |
| 2008             | 0                  | N/A              | 0                    |
| 2007             | 0                  | N/A              | 0                    |
|                  | <b>\$640,423</b>   |                  | <b>\$ 2,356,456</b>  |

### **II. Current Year Amortization**

|                                                              |             |
|--------------------------------------------------------------|-------------|
| Exemption from Current Year Amortization                     | No          |
| 1. Funding Shortfall to be amortized                         | \$3,347,681 |
| 2. Present Value of Prior Year Amortization Installments     | 2,356,456   |
| 3. Current Year Amortization Base<br>(1 - 2)                 | 991,225     |
| 4. Shortfall Amortization Factor                             | 5.991896    |
| 5. Current Year Amortization Installment<br>(3 divided by 4) | 165,428     |
| 6. Sum of Prior Year Amortization Installments               | 640,423     |
| 7. Net Shortfall Amortization Charge<br>(5 + 6)              | \$805,851   |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013                                                |                                                                                                                                                         |
| ▶ <b>Round off amounts to nearest dollar.</b>                                                                                             |                                                                                                                                                         |
| ▶ <b>Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                         |
| <b>A</b> Name of plan<br><br>WAUSAU PAPER CORP. PENSION PLAN                                                                              | <b>B</b> Three-digit plan number (PN) ▶ 001                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>WAUSAU PAPER MILLS, LLC                                   | <b>D</b> Employer Identification Number (EIN)<br><br>41-2218500                                                                                         |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |  |                            |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|--------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                |  |                            |                    |
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>                                                                                                                                |  |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                               |  |                            |                    |
| <b>a</b> Market value .....                                                                                                                                                                                    |  | <b>2a</b>                  | 39,986,919         |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 |  | <b>2b</b>                  | 39,778,225         |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                           |  |                            |                    |
|                                                                                                                                                                                                                |  | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                    |  | <b>3a</b>                  | 319 23,461,898     |
| <b>b</b> For terminated vested participants .....                                                                                                                                                              |  | <b>3b</b>                  | 411 18,579,988     |
| <b>c</b> For active participants:                                                                                                                                                                              |  |                            |                    |
| (1) Non-vested benefits .....                                                                                                                                                                                  |  | <b>3c(1)</b>               | 0                  |
| (2) Vested benefits .....                                                                                                                                                                                      |  | <b>3c(2)</b>               | 0                  |
| (3) Total active .....                                                                                                                                                                                         |  | <b>3c(3)</b>               | 0                  |
| <b>d</b> Total .....                                                                                                                                                                                           |  | <b>3d</b>                  | 730 42,041,886     |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |  |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      |  | <b>4a</b>                  |                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... |  | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         |  | <b>5</b>                   | 6.30 %             |
| <b>6</b> Target normal cost .....                                                                                                                                                                              |  | <b>6</b>                   | 90,000             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Statement by Enrolled Actuary</b><br>To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. |           |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | JASON GAY |
| Signature of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |
| JASON GAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |
| Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |
| PRIAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |
| Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |
| 280 TRUMBULL STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |
| HARTFORD CT 06103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| Address of the firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |
| Date 9/26/14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| 14-06540                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |
| Most recent enrollment number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |
| (860) 534-3564                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |
| Telephone number (including area code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |                                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                           | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                            | 0                     | 966,236                |
| <b>8</b>                                                           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                         | 0                     | 0                      |
| <b>9</b>                                                           | Amount remaining (line 7 minus line 8) .....                                                                                               | 0                     | 966,236                |
| <b>10</b>                                                          | Interest on line 9 using prior year's actual return of <u>12.19</u> % .....                                                                |                       | 117,784                |
| <b>11</b>                                                          | Prior year's excess contributions to be added to prefunding balance:                                                                       |                       |                        |
|                                                                    | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 257,885                |
|                                                                    | <b>b</b> Interest on (a) using prior year's effective interest rate of <u>7.02</u> % except as otherwise provided (see instructions) ..... |                       | 18,104                 |
|                                                                    | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 275,989                |
|                                                                    | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <b>12</b>                                                          | Other reductions in balances due to elections or deemed elections .....                                                                    | 0                     | 0                      |
| <b>13</b>                                                          | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                         | 0                     | 1,084,020              |

| <b>Part III Funding Percentages</b> |                                                                                                                                                                  |           |         |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b>                           | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 92.03 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 92.03 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 92.92 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                |                              |                          |                                |                              |
|------------------------------------------------------------------------------------------|--------------------------------|------------------------------|--------------------------|--------------------------------|------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                |                              |                          |                                |                              |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
| 08/25/2014                                                                               | 5,000,000                      |                              |                          |                                |                              |
|                                                                                          |                                |                              |                          |                                |                              |
|                                                                                          |                                |                              |                          |                                |                              |
|                                                                                          |                                |                              |                          |                                |                              |
|                                                                                          |                                |                              |                          |                                |                              |
|                                                                                          |                                |                              |                          |                                |                              |
| <b>Totals ►</b>                                                                          |                                |                              | <b>18(b)</b>             | 5,000,000                      | <b>18(c)</b>                 |
|                                                                                          |                                |                              |                          |                                | 0                            |

|                                                                                                                                                                                |                      |         |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                           |                      |         |         |
| a Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                                  | <b>19a</b> 0         |         |         |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                    | <b>19b</b> 0         |         |         |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                               | <b>19c</b> 4,521,484 |         |         |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                    |                      |         |         |
| a Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |                      |         |         |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                      |         |         |
| c If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                       |                      |         |         |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                     |                      |         |         |
| (1) 1st                                                                                                                                                                        | (2) 2nd              | (3) 3rd | (4) 4th |
| 0                                                                                                                                                                              | 0                    | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.94 % | 2nd segment:<br>6.15 % | 3rd segment:<br>6.76 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b>                                           |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 90,000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 3,347,681           | 805,851            |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            | <b>34</b>           | 895,851            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 895,851            | 895,851       |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 4,521,484          |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 4,521,484          |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 4,521,484          |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

## Actuarial Cost Method

### I. ACTUARIAL COST METHOD

Costs have been computed in accordance with the Unit Credit Actuarial Cost Method and reflect the actuarial assumptions described in "Plan Assumptions" of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

#### Target Normal Cost

The Target Normal Cost is the present value of benefits expected to accrue during the plan year for all Participants plus an estimate of the expenses to be paid from the plan assets during the plan year.

#### Target Liability and Funding Shortfall

As of January 1, 2008, a Target Liability is established which represents the present value of accrued benefits. This Target Liability is offset by adjusted assets, and the remainder (i.e. Funding Shortfall), if any, is amortized over seven years.

Subsequent changes in the Funding Shortfall due to asset experience, liability experience, plan amendments, and/or actuarial assumption changes will be amortized over a seven year period from their valuation dates.

#### Discount Rate

The plan sponsor has elected to use the Segment Rate approach for discount rate purposes, with an applicable month that is 4 months prior to the valuation date.

In addition, beginning with the 2012 plan year, solely for purposes of determining the minimum required contribution level, applicability of benefit restrictions, and for the at-risk determination, the adjusted 24-month average segment rates established by MAP-21 have been incorporated.

The adjusted 24-month average segment rates are generated by taking the unadjusted 24-month average segment rates for the sponsor-chosen lookback month and adjusting them so that each individual segment rate is not outside of the stipulated corridor around the corresponding 25-year average segment rate for the given plan year. For the 2013 plan year, the stipulated corridor is 85% - 115% of these 25-year average segment rates.

### II. ASSET VALUATION METHOD

Assets have been valued in accordance with generally accepted procedures as described below.

All funds invested are valued in the following manner:

#### Definitions

|        |                                                                                                                                               |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| i(t)   | assumed growth rate, set equal to the lesser of the expected return on assets or the applicable 3 <sup>rd</sup> segment rate for Plan Year t. |
| C(t)   | sum of contributions and other additions to the fund from all sources other than investment transactions in Plan Year t                       |
| W(t)   | sum of all withdrawals and other decreases to the fund from all sources other than investment transactions in Plan Year t                     |
| AV(t)  | Actuarial Value of Assets as of Plan Year t                                                                                                   |
| MV(t)  | Market Value of Assets as of Plan Year t                                                                                                      |
| EV(t)  | Expected Value of Assets as of Plan Year t                                                                                                    |
| G/L(t) | Gain or Loss for Plan Year t                                                                                                                  |

## Actuarial Cost Method

### Method

A description of the method used to determine the current year's Actuarial Value of Assets {AV(t)} is below.

For the preceding 2 years, G/L(t) is determined as follows:

$$EV(t) = MV(t-1) * (1 + i(t-1)) + [C(t-1) - W(t-1)] * (1 + i(t-1) * m)$$

Where m represents a proportionate yield consistent with the portion of the year for which C and W are invested

$$G/L(t-1) = EV(t) - MV(t)$$

For the current year, AV(t) is determined as follows:

$$AV(t) = MV(t) + 2/3 * G/L(t-1) + 1/3 * G/L(t-2)$$

### Corridor Limits

The Actuarial Value of Assets may not be less than 90% or more than 110% of the current market value of plan assets as of the applicable valuation date [as required by IRC Section 430(g)(3)(B)(iii)].

Please note, as highlighted above, the assumed asset growth rate for each year is limited to the applicable 3<sup>rd</sup> segment rate by law. As a result, if the plan's expected rate of return is greater than this applicable rate, this method is expected to produce an actuarial value of assets that can be expected to be slightly less than the market value of assets, on average.

## Actuarial Assumptions

### Demographic Assumptions

|                                                             |                                                                                                                                                                                                                                        |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Retirement Age                                              | <p>For Terminated Vested Employees not eligible to retire prior to Normal Retirement Age – Age 65.</p> <p>For Terminated Vested Employees eligible for unreduced benefits at Age 62 – Immediate.</p> <p>All others - See Table II.</p> |
| Mortality for Disabled and Nondisabled Lives<br>PPA Funding | The IRS 2013 Static Mortality Table                                                                                                                                                                                                    |
| ASC 960                                                     | The IRS 2013 Static Mortality Table                                                                                                                                                                                                    |
| Withdrawal Rates                                            | N/A                                                                                                                                                                                                                                    |
| Disability Rates                                            | N/A                                                                                                                                                                                                                                    |
| Spouse's Benefit                                            | 85% percent of males and 85% of females are assumed to be married. Females are assumed to be three years younger than their spouses.                                                                                                   |

### Economic Assumptions

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Investment Return Rate             | 7.50% per year.                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ASC 960 Interest Rate              | 7.50% per year, net of investment expenses and administrative fees paid out of the trust.                                                                                                                                                                                                                                                                                                                                                                      |
| PPA Funding Interest Rates         | <p><i>For minimum required contribution level, applicability of benefit restrictions, and at risk determination only:</i></p> <p>Segment Rates with a 4 month lookback, as adjusted by the 85% - 115% corridor around the 25-year average segment rates (4.94%, 6.15%, and 6.76% for the 2013 plan year).</p> <p><i>For all other purposes:</i></p> <p>Segment Rates with a 4 month lookback, unadjusted (1.75%, 4.62%, and 5.72% for the 2013 plan year).</p> |
| Loading for Expenses (PPA Funding) | \$90,000                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Future Compensation Increases      | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Social Security Benefits           | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                |

## Actuarial Assumptions

**Table II – Probability of Retirement  
Terminated Vested Employees**

| Age | Probability |
|-----|-------------|
| 55  | .25         |
| 56  | .00         |
| 57  | .00         |
| 58  | .00         |
| 59  | .00         |
| 60  | .00         |
| 61  | .00         |
| 62  | .75         |
| 63  | .00         |
| 64  | .00         |
| 65+ | 1.00        |

## Plan Provisions

### **Brokaw Hourly**

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                    | June 1, 1963. Amended and restated September 1, 1984. Last amended June, 2001.                                                                                                                                                                                                                                                                                                                                      |
| Employees Covered by Plan         | All employees of the Wausau Paper Mills Company who are covered by a Joint Labor Agreement between the Union and Company.                                                                                                                                                                                                                                                                                           |
| Normal Retirement Eligibility     | Age 65 or age 62 with 30 years of service (age 62 with 15 years of service, effective June 1, 2005).                                                                                                                                                                                                                                                                                                                |
| Benefit                           | <p>A monthly benefit of \$30.50 for each year of benefit service.</p> <p>           \$31.25 effective June 1, 2004<br/>           \$32.00 effective June 1, 2005<br/>           \$33.00 effective June 1, 2006<br/>           \$34.00 effective June 1, 2007<br/>           \$35.00 effective June 1, 2008<br/>           \$36.00 effective June 1, 2010<br/>           \$37.00 effective June 1, 2011         </p> |
| Minimum Benefit                   | None.                                                                                                                                                                                                                                                                                                                                                                                                               |
| Early Retirement Eligibility      | Age 60 with 15 years of vesting service or age 55 with company consent and 15 years of vesting service.                                                                                                                                                                                                                                                                                                             |
| Benefit                           | <p>A monthly benefit equal to the normal retirement benefit earned to the date of termination reduced by:</p> <p>(a) .42% for each month by which early retirement precedes age 65, for the first 36 months.</p> <p>(b) .50% for each of 24 additional months.</p> <p>(c) .40% for each of 60 additional months.</p> <p>The benefit is unreduced at age 62 with 15 years of service.</p>                            |
| Disability Retirement Eligibility | Permanent and total disability as defined under the provisions of the Social Security Act and 15 years of vesting service.                                                                                                                                                                                                                                                                                          |
| Benefit                           | A monthly benefit equal to the accrued normal retirement benefit earned to date of disability.                                                                                                                                                                                                                                                                                                                      |

## Plan Provisions

### Vesting Benefit Eligibility

Five years of vesting service.

### Benefit

A monthly benefit equal to the accrued normal retirement benefit earned to date of termination computed as a normal retirement benefit payable at 65. If a participant has at least 15 years of service, he may elect to have his vested benefit commence at age 60 (the benefit is subject to the reduction for early retirement benefits).

### Preretirement Death Benefit Eligibility

A married participant (active or terminated) is eligible for a surviving spouse benefit after meeting the service requirements for vesting.

### Benefit

If a married participant dies after attaining his earliest retirement age, the monthly benefit is 50% of the reduced benefit he would have received had he retired on the day immediately preceding his date of death and elected a 50% joint and survivor annuity. If a married participant dies on or before his earliest retirement age, the monthly benefit is 50% of the benefit he would have received had he separated from service on his date of death, survived to and retired at the earliest retirement age, and elected a 50% joint and survivor annuity.

This coverage may be waived only with the written consent of the spouse.

All participants who elect coverage for this benefit are charged as follows:

| <b>Ages of Death<br/>Coverage</b> | <b>Reduction Charge per Month of<br/>Coverage Applies to Vested<br/>Benefit Otherwise Payable</b> |
|-----------------------------------|---------------------------------------------------------------------------------------------------|
| 60 to 64                          | .08%                                                                                              |
| 55 to 59                          | .05%                                                                                              |
| 45 to 54                          | .02%                                                                                              |
| Less than 45                      | .01%                                                                                              |

## Plan Provisions

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dependent Child Death Benefit<br>Eligibility | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Benefit                                      | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Normal Form of Annuity<br>Without Spouse     | Life annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| With Spouse                                  | Joint and survivor annuity reduced to 85% of the benefit otherwise payable if participant and spouse have same calendar year of birth, payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.                                                                                                                                                                                                                                                                                                         |
| Optional Form of Annuity                     | 100%, 66% or 50% joint and survivor annuity, or a 10-year certain and life annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Compensation Definition                      | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Service Definitions<br>Vesting Service       | For each 1,000 or more hours of work in a plan year, one year of vesting service is acquired.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Benefit Service                              | Prior to September 1, 1976, benefit service for determination of benefit amounts will equal credited service. After August 31, 1976 and before June 1, 1988 a participant accrues 1/12 of a year of benefit service for each 173 hours of work up to a maximum of one year of benefit service in any 12 month plan year. After May 31, 1988, a participant accrues 1/12 of a year of benefit for each 156 hours of work up to a maximum of one year of benefit service in any 12 month plan year. Benefit service includes only periods of employment that a participant accrues while a member of the Joint Labor Board. |
| Actuarial Equivalent Definition              | A benefit of equivalent value when computed on the basis of the UP-1984 Mortality Table and an assumed 6% rate of interest.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Cost-of-Living Increase                      | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Social Security Definition                   | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Transfers<br>Transfers In                    | Benefit otherwise calculated is reduced by the amount of benefit payable under any other plan. The amount of reduction is determined as if the other benefit is payable in the form of a single life annuity at the date of termination (actuarially adjusted if the payment form is other than a single life annuity).                                                                                                                                                                                                                                                                                                   |

## Plan Provisions

### Transfer Out

If transferred to employment status no longer covered by Labor Agreement, vesting service will continue to accrue so long as employment is maintained within the Company or subsidiary. The benefit payable is determined using the benefit service up to date of transfer and using the benefit amount in effect upon termination.

## Section I

## Summary of Valuation Results (continued)

### **Changes Since Last Year's Valuation**

#### **Changes in Pension Plan Provisions**

There were no changes in the pension plan provisions recognized with this actuarial valuation.

#### **New Legislation**

There were no legislative changes recognized with this actuarial valuation .

#### **Changes in Actuarial Assumptions**

The ASC 960 mortality assumption was changed from the IRS 2012 Static Mortality Table to the IRS 2013 Static Mortality Table. The ASC 960 interest rate was changed from 7.75% to 7.50%.

The expense load assumption for PPA funding was changed from \$75,000 to \$90,000.

The assumed retirement age for terminated vested former employees has been changed to reflect benefit commencement at various ages. Please see the Actuarial Assumptions section of this report for more details.

There were no other changes in the non-prescribed Actuarial Assumptions recognized with this actuarial valuation.

#### **Changes in Actuarial Cost Method**

There were no changes to the actuarial cost method recognized with this actuarial valuation.

### **Benefit Restrictions and "At Risk" Status**

There are no benefit restrictions associated with the current plan year.

The plan is not considered "At Risk" for the current plan year.

## Section IV

## Minimum Contribution Amortization

The prior year amortization values and the development of the amortization for the 2013 plan year are shown below.

### **I. Prior Year Amortization Amounts**

| <u>Plan Year</u> | <u>Installment</u> | <u>PV Factor</u> | <u>Present Value</u> |
|------------------|--------------------|------------------|----------------------|
| 2012             | (752,088)          | 5.292892         | (3,980,720)          |
| 2011             | 1,392,511          | 4.550898         | 6,337,176            |
| 2010             | 0                  | N/A              | 0                    |
| 2009             | 0                  | N/A              | 0                    |
| 2008             | 0                  | N/A              | 0                    |
| 2007             | 0                  | N/A              | 0                    |
|                  | <b>\$640,423</b>   |                  | <b>\$ 2,356,456</b>  |

### **II. Current Year Amortization**

|                                                              |             |
|--------------------------------------------------------------|-------------|
| Exemption from Current Year Amortization                     | No          |
| 1. Funding Shortfall to be amortized                         | \$3,347,681 |
| 2. Present Value of Prior Year Amortization Installments     | 2,356,456   |
| 3. Current Year Amortization Base<br>(1 - 2)                 | 991,225     |
| 4. Shortfall Amortization Factor                             | 5.991896    |
| 5. Current Year Amortization Installment<br>(3 divided by 4) | 165,428     |
| 6. Sum of Prior Year Amortization Installments               | 640,423     |
| 7. Net Shortfall Amortization Charge<br>(5 + 6)              | \$805,851   |

***Wausau Paper Corp.***  
***Pension Plan***

*Financial Statements as of December 31, 2013 and 2012,  
and for the Year Ended December 31, 2013, Supplemental  
Schedules as of and for the Year Ended December 31,  
2013, and Independent Auditors' Report*

# **WAUSAU PAPER CORP. PENSION PLAN**

## **TABLE OF CONTENTS**

---

|                                                                                                                                                                                                                                                                 | <b>Page</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| INDEPENDENT AUDITORS' REPORT                                                                                                                                                                                                                                    | 1–2         |
| FINANCIAL STATEMENTS—                                                                                                                                                                                                                                           |             |
| Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012                                                                                                                                                                                | 3           |
| Statement of Changes in Net Assets Available for Benefits for the<br>Year Ended December 31, 2013                                                                                                                                                               | 4           |
| Notes to Financial Statements                                                                                                                                                                                                                                   | 5–13        |
| SUPPLEMENTAL SCHEDULES—                                                                                                                                                                                                                                         | 14          |
| Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year)<br>as of December 31, 2013                                                                                                                                                     | 15          |
| Form 5500, Schedule H, Part IV, Line 4j—Schedule of Reportable Transactions<br>for the Year Ended December 31, 2013                                                                                                                                             | 16          |
| NOTE: All other schedules required by Section 2520.103–10 of the Department of<br>Labor's Rules and Regulations for Reporting and Disclosure under the Employee<br>Retirement Income Security Act of 1974 have been omitted because they are not<br>applicable. |             |

## INDEPENDENT AUDITORS' REPORT

To the Employee Benefits Committee and Participants  
of the Wausau Paper Corp. Pension Plan  
Wausau, Wisconsin

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Wausau Paper Corp. Pension Plan, which comprise the statement of net assets available for benefits as of December 31, 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As 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 plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing such information with the related information included in the 2013 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2013 financial statements. Accordingly, we do not express an opinion on these 2013 financial statements.

### ***Other Matter – Supplemental Schedules***

The supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended December 31, 2013 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

### ***Other Matter - 2012 Financial Statements***

The financial statements of the plan as of December 31, 2012, were audited by predecessor auditors. As 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 7, 2013, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

### ***Report on Form and Content in Compliance With DOL Rules and Regulations 2013***

The form and content of the information included in the 2013 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Certified Public Accountants

Green Bay, Wisconsin  
October 13, 2014

**WAUSAU PAPER CORP.  
PENSION PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2013 AND 2012**

---

|                                        | 2013                 | 2012                 |
|----------------------------------------|----------------------|----------------------|
| Assets:                                |                      |                      |
| Investments – at estimated fair value: |                      |                      |
| Pooled separate accounts               | \$ 42,359,526        | \$ 38,789,547        |
| Mutual fund                            | <u>1,450,487</u>     | <u>1,197,371</u>     |
|                                        | 43,810,013           | 39,986,918           |
| Receivables:                           |                      |                      |
| Contributions receivable from employer | <u>5,000,000</u>     | <u>-</u>             |
| Total assets                           | 48,810,013           | 39,986,918           |
| Liabilities:                           |                      |                      |
| Accrued administrative expenses        | <u>7,542</u>         | <u>2,664</u>         |
| Net assets available for benefits      | <u>\$ 48,802,471</u> | <u>\$ 39,984,254</u> |

See notes to financial statements.

**WAUSAU PAPER CORP.  
PENSION PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2013**

---

|                                               |                      |
|-----------------------------------------------|----------------------|
| Investment income:                            |                      |
| Net appreciation in fair value of investments | \$ 6,727,906         |
| Less investment expenses                      | <u>(234,144)</u>     |
| Net investment income                         | 6,493,762            |
| Employer contributions                        | <u>5,000,000</u>     |
| Total additions                               | <u>11,493,762</u>    |
| Deductions from net assets attributed to:     |                      |
| Benefits paid directly to participants        | 2,527,402            |
| Administrative expenses                       | <u>148,143</u>       |
| Total deductions                              | <u>2,675,545</u>     |
| Net increase                                  | 8,818,217            |
| Net assets available for benefits:            |                      |
| Beginning of year                             | <u>39,984,254</u>    |
| End of year                                   | <u>\$ 48,802,471</u> |

See notes to financial statements.

# **WAUSAU PAPER CORP. PENSION PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

**AS OF DECEMBER 31, 2013 AND 2012, AND FOR THE YEAR ENDED DECEMBER 31, 2013**

---

### **1. DESCRIPTION OF PLAN**

The following brief description of the Wausau Paper Corp. Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General**—The Plan is a defined benefit plan covering all regular full-time employees of Wausau Paper Mills, LLC (the "Company") who were covered by a Joint Labor Agreement between the union at the Brokaw mill and the Company. An employee became eligible to participate in the Plan on either (1) their date of hire if expected to be credited with 1,000 hours of work during the first 12 consecutive months of employment, or (2) the first day of any plan year in which the employee performed 1,000 hours of work. The Employee Benefits Committee of the Company controls and manages the operation and administration of the Plan. Prudential Retirement Insurance and Annuity Company ("Prudential") serves as the trustee of the Plan and manages the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

**Pension Benefits**—Participants with five or more years of service are entitled to annual pension benefits beginning at normal retirement age, as defined in the Plan. The Plan permits early retirement at age 55 with 15 years of vesting service and a reduced pension benefit. The form of pension payment is a monthly income for participants for their lifetime with payments terminating at death. There are, however, alternative optional payment methods available. The amount of monthly pension payment is dependent upon years of credited service with the Company.

**Death and Disability Benefits**—If a married participant (active or terminated) dies prior to retirement and has met the service requirements for vesting, their spouse is eligible for a surviving spouse benefit. Active participants who become totally disabled and have rendered 15 years of vesting service are eligible for a monthly benefit equal to the accrued normal retirement benefit earned to date of disability.

### **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**—The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**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 and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment adviser, custodians and insurance company. See Note 4 for a discussion of fair value measurements.

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

**Payment of Benefits**—Benefit payments to participants are recorded upon distribution.

**Expenses**—The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

**Reclassifications**—Certain amounts in the 2012 financial statements have been reclassified to conform to the 2013 presentation with no impact on previously reported net assets or changes in net assets.

**Subsequent Events**— Subsequent events have been evaluated through October 13, 2014, the date that the financial statements were available to be issued, and noted no events occurring during such period that would require recognition or disclosure in the financial statements.

### 3. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

### 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.

Level 2 Inputs to the valuation methodology include:

- 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 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 maximize the use of relevant 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 methodologies used at December 31, 2013 and 2012.

- Mutual fund – Valued at the daily closing price as reported by the fund. The mutual fund held by the plan is an open-end mutual fund that is registered with the Security and Exchange Commission. This fund is required to publish its daily NAV and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.
- Pooled separate accounts – Valued at the net asset value (NAV) of units held by the Plan at year-end. The NAV, as provided by the administrator of the fund, 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, minus its liabilities, and then divided by the number of units outstanding. 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.

| Fair Value Measurements at December 31, 2013 |                      |                                                                         |                                                        |                                                    |
|----------------------------------------------|----------------------|-------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
|                                              | Total                | Quoted Prices<br>in Active Markets<br>for Identical Assets<br>(Level 1) | Significant Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| Mutual fund                                  |                      |                                                                         |                                                        |                                                    |
| International funds                          | \$ 1,450,487         | \$ 1,450,487                                                            | \$ -                                                   | \$ -                                               |
| Pooled separate accounts:                    |                      |                                                                         |                                                        |                                                    |
| Small cap funds                              | 2,268,703            | -                                                                       | 2,268,703                                              | -                                                  |
| Mid cap funds                                | 2,305,390            | -                                                                       | 2,305,390                                              | -                                                  |
| Large cap funds                              | 11,192,084           | -                                                                       | 11,192,084                                             | -                                                  |
| International funds                          | 4,030,544            | -                                                                       | 4,030,544                                              | -                                                  |
| S&P 500 indexed fund                         | 5,159,068            | -                                                                       | 5,159,068                                              | -                                                  |
| U.S. bond funds                              | 15,256,402           | -                                                                       | 15,256,402                                             | -                                                  |
| Short-term bond fund                         | 857,078              | -                                                                       | 857,078                                                | -                                                  |
| Emerging markets fund                        | 1,290,257            | -                                                                       | 1,290,257                                              | -                                                  |
| Total pooled separate accounts               | 42,359,526           | -                                                                       | 42,359,526                                             | -                                                  |
| <b>Total assets at fair value</b>            | <b>\$ 43,810,013</b> | <b>\$1,450,487</b>                                                      | <b>\$ 42,359,526</b>                                   | <b>\$ -</b>                                        |

**Fair Value Measurements at December 31, 2012**

|                                   | <b>Total</b>         | <b>Quoted Prices<br/>in Active Markets<br/>for Identical Assets<br/>(Level 1)</b> | <b>Significant Other<br/>Observable<br/>Inputs<br/>(Level 2)</b> | <b>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</b> |
|-----------------------------------|----------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------|
| Mutual fund                       |                      |                                                                                   |                                                                  |                                                              |
| International funds               | \$ 1,197,371         | \$ 1,197,371                                                                      | \$                                                               | \$ -                                                         |
| Pooled separate accounts:         |                      |                                                                                   |                                                                  |                                                              |
| Small cap funds                   | 2,032,306            | -                                                                                 | 2,032,306                                                        | -                                                            |
| Mid cap funds                     | 2,084,740            | -                                                                                 | 2,084,740                                                        | -                                                            |
| Large cap funds                   | 9,548,953            | -                                                                                 | 9,548,953                                                        | -                                                            |
| International funds               | 3,843,407            | -                                                                                 | 3,843,407                                                        | -                                                            |
| S&P 500 indexed fund              | 4,417,583            | -                                                                                 | 4,417,583                                                        | -                                                            |
| U.S. bond funds                   | 14,597,148           | -                                                                                 | 14,597,148                                                       | -                                                            |
| Short-term bond fund              | 971,208              | -                                                                                 | 971,208                                                          | -                                                            |
| Emerging markets fund             | 1,294,202            | -                                                                                 | 1,294,202                                                        | -                                                            |
| Total pooled separate accounts    | 38,789,547           | -                                                                                 | 38,789,547                                                       |                                                              |
| <b>Total assets at fair value</b> | <b>\$ 39,986,918</b> | <b>\$1,197,371</b>                                                                | <b>\$ 38,789,547</b>                                             | <b>\$ -</b>                                                  |

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2013 and 2012:

|                          | <b>December 31, 2013</b> |                                 |                                 |                                     |
|--------------------------|--------------------------|---------------------------------|---------------------------------|-------------------------------------|
|                          | <b>Fair Value</b>        | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption<br/>Notice Period</b> |
| Pooled separate accounts | \$ 42,359,526            | N/A                             | Daily                           | Daily                               |

  

|                          | <b>December 31, 2012</b> |                                 |                                 |                                     |
|--------------------------|--------------------------|---------------------------------|---------------------------------|-------------------------------------|
|                          | <b>Fair Value</b>        | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption<br/>Notice Period</b> |
| Pooled separate accounts | \$ 38,789,547            | N/A                             | Daily                           | Daily                               |

## 5. MILL CLOSURE

In December 2011, the Company announced plans to permanently cease operations at the Brokaw, Wisconsin paper mill. Papermaking operations ceased in February 2012 and the paper mill was closed during the second quarter of 2012. The closure of the mill resulted in the immediate vesting of benefits for employees eligible to participate in the Plan as of the date of closure.

## 6. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2013, the Company accrued \$5,000,000 to meet the minimum funding requirement.

## 7. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of December 31, 2013 and 2012 is as follows:

|                                                                | <u>2013</u>          | <u>2012</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| Vested benefits:                                               |                      |                      |
| Participants and/or beneficiaries currently receiving benefits | \$ 23,895,687        | \$ 21,252,648        |
| Other participants                                             | <u>13,161,855</u>    | <u>15,944,181</u>    |
| Total vested benefits                                          | 37,057,542           | 37,196,829           |
| Nonvested benefits                                             | <u>-</u>             | <u>-</u>             |
| Total actuarial present value of accumulated plan benefits     | <u>\$ 37,057,542</u> | <u>\$ 37,196,829</u> |

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2013 are as follows:

|                                                                     |                      |
|---------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated benefits – beginning of year | <u>\$ 37,196,829</u> |
| Increase (decrease) during the year attributable to:                |                      |
| Benefits accumulated and actuarial gain                             | (378,567)            |
| Interest accreted                                                   | 2,696,698            |
| Changes in actuarial assumptions                                    | 69,984               |
| Benefits paid                                                       | <u>(2,527,402)</u>   |
| Net decrease                                                        | <u>(139,287)</u>     |
| Actuarial present value of accumulated benefits – end of year       | <u>\$ 37,057,542</u> |

The significant actuarial assumptions used in the December 31, 2013 valuations were:

- Mortality: The IRS Static Mortality Table Applicable for Minimum Funding Purposes
- Investment return: 7.50% per annum, net of investment expenses, and net of a 0.50% reduction to reflect administrative fees paid out of the Plan

Retirement age is not applicable as there are no active participants.

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 accumulated plan benefits.

## 8. INVESTMENTS

The Plan's investments that represented 5% or more of net assets available for benefits as of December 31 2013 and 2012 are as follows:

|                                   | <u>2013</u>  | <u>2012</u>  |
|-----------------------------------|--------------|--------------|
| Dryden S&P Index Fund             | \$ 5,159,068 | \$ 4,417,583 |
| Core Plus Bond/PIMCO Fund         | 7,636,172    | 7,326,646    |
| International Blend/Thornburg     | 2,659,687    | 2,567,406    |
| Large Cap Growth/MFS Fund         | 5,667,525    | -0-          |
| Large Cap Growth/NeubergerBerman  | -0-          | 4,698,378    |
| Large Cap Value/Barrow Hanley     | 5,524,559    | 4,850,575    |
| Core Bond Enhanced Index/PIM Fund | 7,620,230    | 7,270,503    |

During 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$6,727,906 as follows:

|                          |                     |
|--------------------------|---------------------|
| Pooled separate accounts | \$ 6,474,790        |
| Mutual fund              | <u>253,116</u>      |
|                          | <u>\$ 6,727,906</u> |

## 9. INFORMATION CERTIFIED BY PLAN TRUSTEE

The following is a summary of the information regarding the Plan as of December 31, 2013 and 2012 and for the year ended December 31, 2013, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by Prudential, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that such information is complete and accurate.

|                                                            | <u>2013</u>          | <u>2012</u>          |
|------------------------------------------------------------|----------------------|----------------------|
| Statements of Net Assets Available for Benefits:           |                      |                      |
| Investments:                                               |                      |                      |
| Pooled separate accounts                                   | <u>\$ 42,359,526</u> | <u>\$ 38,789,547</u> |
| Mutual fund                                                | <u>1,450,487</u>     | <u>1,197,371</u>     |
| Statement of Changes in Net Assets Available for Benefits: |                      |                      |
| Investment income:                                         |                      |                      |
| Net appreciation of investments                            | \$ 6,727,906         |                      |
| Less investment expenses                                   | <u>(234,144)</u>     |                      |
| Net investment income                                      | <u>\$ 6,493,762</u>  |                      |

Supplemental Schedules: All investment balances and information included in the schedules.

Note 8: All investment balances and investment information in the notes.

## 10. FEDERAL INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated November 25, 2013, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). The Company and the plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 (or asset) 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 process. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

## **11. PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

## **12. RELATED PARTY TRANSACTIONS**

Certain plan investments are units of pooled separate accounts managed by Prudential, the trustee of the Plan, and therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Prudential for investment services were \$234,144 for the year ended December 31, 2013. During 2013, the Plan also paid service charges of \$42,274 which are included in administrative expenses on the statement of changes in net assets. These are not considered prohibited transactions by statutory exemption under ERISA regulations.

## **13. SUBSEQUENT EVENT**

On July 30, 2014, Wausau Paper Corp. entered into a \$175 million secured term loan facility. Also, on July 30, 2014, Wausau Paper Corp. entered into a \$50 million secured revolving credit facility.

Coincident with the securitization of Wausau Paper Corp.'s debt obligations, a settlement agreement was entered into with the Pension Benefit Guaranty Corporation (the "PBGC") with respect to the Company's unfunded defined benefit pension obligations. Under the agreement, the Company has agreed to grant a lien on substantially all of its assets to the PBGC that is junior and subordinate to the lien security interest on assets pledged under the secured term loan and revolving credit agreements. The Company has also agreed to make contributions in excess of minimum funding requirements of up to \$36 million to its defined benefit pension plans through 2018, with the first contribution under this agreement of \$7.5 million due within 30 days following the close of the \$50 million secured revolver and \$175 million term loan facility.

In accordance with the settlement agreement "Wausau shall have full discretion with respect to which Plan(s) will have Excess Contributions or portions thereof made to them." As part of this agreement, \$5,000,000 of the \$7,500,000 in additional contributions were made to this Plan on August 25, 2014. This payment is included in the December 31, 2013 contributions receivable from employer.

\* \* \* \* \*

## **S U P P L E M E N T A R Y   I N F O R M A T I O N**

**WAUSAU PAPER CORP.****PENSION PLAN**

EIN: 41-2218500 PN: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2013

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment                          | (d)<br>Cost          | (e)<br>Current<br>Value |
|-----|-----------------------------------------------------------------|-----------------------------------------------------------|----------------------|-------------------------|
|     | Pooled separate accounts:                                       |                                                           |                      |                         |
| *   | Prudential Retirement Insurance and Annuity Company             | Dryden S&P Index Fund                                     | \$ 3,265,714         | \$ 5,159,068            |
| *   | Prudential Retirement Insurance and Annuity Company             | Core Plus Bond / PIMCO Fund                               | 6,944,255            | 7,636,172               |
| *   | Prudential Retirement Insurance and Annuity Company             | International Blend / Thornburg                           | 1,984,956            | 2,659,687               |
| *   | Prudential Retirement Insurance and Annuity Company             | International Growth / Artisan                            | 842,280              | 1,370,857               |
| *   | Prudential Retirement Insurance and Annuity Company             | Large Cap Growth / MFS Fund                               | 3,167,025            | 5,667,525               |
| *   | Prudential Retirement Insurance and Annuity Company             | Large Cap Value / Barrow Hanley                           | 3,749,841            | 5,524,559               |
| *   | Prudential Retirement Insurance and Annuity Company             | Mid Cap Growth / Artisan Partner                          | 454,624              | 1,125,387               |
| *   | Prudential Retirement Insurance and Annuity Company             | Mid Cap Value (sub-advised by Wellington Mgmt)            | 601,054              | 1,180,003               |
| *   | Prudential Retirement Insurance and Annuity Company             | Small Cap Growth / Columbus                               | 836,468              | 1,110,339               |
| *   | Prudential Retirement Insurance and Annuity Company             | Small Cap Value / The Boston Company Asset Mgmt           | 743,717              | 1,158,364               |
| *   | Prudential Retirement Insurance and Annuity Company             | QMA Emerging Markets Fund                                 | 1,178,314            | 1,290,257               |
| *   | Prudential Retirement Insurance and Annuity Company             | Core Bond Enhanced Index / PIM Fund                       | 7,235,726            | 7,620,230               |
| *   | Prudential Retirement Insurance and Annuity Company             | Prudential Short-Term Bond Fund                           | 857,072              | 857,078                 |
|     |                                                                 |                                                           | 31,861,046           | 42,359,526              |
|     | Mutual fund:                                                    |                                                           |                      |                         |
|     | Third Avenue Management                                         | Third Avenue International Value Institutional Class Fund | 1,045,579            | 1,450,487               |
|     | Total assets (held at end of year)                              |                                                           | <u>\$ 32,906,625</u> | <u>\$ 43,810,013</u>    |

\*Party-in-interest

**WAUSAU PAPER CORP.****PENSION PLAN**

EIN: 41-2218500 PN: 001

**FORM 5500, SCHEDULE H, PART IV, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2013**

| (a)<br>Identity of Party Involved                   | (b)<br>Description of Asset     | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|-----------------------------------------------------|---------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|---------------------------|
| Prudential Retirement Insurance and Annuity Company | Prudential Short Term Bond Fund | \$ 2,562,728             |                         | \$ 2,562,728            | \$ 2,562,728                                               |                           |
| Prudential Retirement Insurance and Annuity Company | Prudential Short Term Bond Fund |                          | \$ 2,677,058            | 2,677,048               | 2,677,058                                                  | \$10                      |

***Wausau Paper Corp.***  
***Pension Plan***

*Financial Statements as of December 31, 2013 and 2012,  
and for the Year Ended December 31, 2013, Supplemental  
Schedules as of and for the Year Ended December 31,  
2013, and Independent Auditors' Report*

# **WAUSAU PAPER CORP. PENSION PLAN**

## **TABLE OF CONTENTS**

---

|                                                                                                                                                                                                                                                                 | <b>Page</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| INDEPENDENT AUDITORS' REPORT                                                                                                                                                                                                                                    | 1–2         |
| FINANCIAL STATEMENTS—                                                                                                                                                                                                                                           |             |
| Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012                                                                                                                                                                                | 3           |
| Statement of Changes in Net Assets Available for Benefits for the<br>Year Ended December 31, 2013                                                                                                                                                               | 4           |
| Notes to Financial Statements                                                                                                                                                                                                                                   | 5–13        |
| SUPPLEMENTAL SCHEDULES—                                                                                                                                                                                                                                         | 14          |
| Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year)<br>as of December 31, 2013                                                                                                                                                     | 15          |
| Form 5500, Schedule H, Part IV, Line 4j—Schedule of Reportable Transactions<br>for the Year Ended December 31, 2013                                                                                                                                             | 16          |
| NOTE: All other schedules required by Section 2520.103–10 of the Department of<br>Labor's Rules and Regulations for Reporting and Disclosure under the Employee<br>Retirement Income Security Act of 1974 have been omitted because they are not<br>applicable. |             |

## INDEPENDENT AUDITORS' REPORT

To the Employee Benefits Committee and Participants  
of the Wausau Paper Corp. Pension Plan  
Wausau, Wisconsin

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Wausau Paper Corp. Pension Plan, which comprise the statement of net assets available for benefits as of December 31, 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As 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 plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing such information with the related information included in the 2013 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2013 financial statements. Accordingly, we do not express an opinion on these 2013 financial statements.

### ***Other Matter – Supplemental Schedules***

The supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended December 31, 2013 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

### ***Other Matter - 2012 Financial Statements***

The financial statements of the plan as of December 31, 2012, were audited by predecessor auditors. As 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 7, 2013, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

### ***Report on Form and Content in Compliance With DOL Rules and Regulations 2013***

The form and content of the information included in the 2013 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Certified Public Accountants

Green Bay, Wisconsin  
October 13, 2014

**WAUSAU PAPER CORP.  
PENSION PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2013 AND 2012**

---

|                                        | 2013                 | 2012                 |
|----------------------------------------|----------------------|----------------------|
| Assets:                                |                      |                      |
| Investments – at estimated fair value: |                      |                      |
| Pooled separate accounts               | \$ 42,359,526        | \$ 38,789,547        |
| Mutual fund                            | <u>1,450,487</u>     | <u>1,197,371</u>     |
|                                        | 43,810,013           | 39,986,918           |
| Receivables:                           |                      |                      |
| Contributions receivable from employer | <u>5,000,000</u>     | <u>-</u>             |
| Total assets                           | 48,810,013           | 39,986,918           |
| Liabilities:                           |                      |                      |
| Accrued administrative expenses        | <u>7,542</u>         | <u>2,664</u>         |
| Net assets available for benefits      | <u>\$ 48,802,471</u> | <u>\$ 39,984,254</u> |

See notes to financial statements.

**WAUSAU PAPER CORP.  
PENSION PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2013**

---

|                                               |                      |
|-----------------------------------------------|----------------------|
| Investment income:                            |                      |
| Net appreciation in fair value of investments | \$ 6,727,906         |
| Less investment expenses                      | <u>(234,144)</u>     |
| Net investment income                         | 6,493,762            |
| Employer contributions                        | <u>5,000,000</u>     |
| Total additions                               | <u>11,493,762</u>    |
| Deductions from net assets attributed to:     |                      |
| Benefits paid directly to participants        | 2,527,402            |
| Administrative expenses                       | <u>148,143</u>       |
| Total deductions                              | <u>2,675,545</u>     |
| Net increase                                  | 8,818,217            |
| Net assets available for benefits:            |                      |
| Beginning of year                             | <u>39,984,254</u>    |
| End of year                                   | <u>\$ 48,802,471</u> |

See notes to financial statements.

# WAUSAU PAPER CORP. PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2013 AND 2012, AND FOR THE YEAR ENDED DECEMBER 31, 2013

---

### 1. DESCRIPTION OF PLAN

The following brief description of the Wausau Paper Corp. Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General**—The Plan is a defined benefit plan covering all regular full-time employees of Wausau Paper Mills, LLC (the "Company") who were covered by a Joint Labor Agreement between the union at the Brokaw mill and the Company. An employee became eligible to participate in the Plan on either (1) their date of hire if expected to be credited with 1,000 hours of work during the first 12 consecutive months of employment, or (2) the first day of any plan year in which the employee performed 1,000 hours of work. The Employee Benefits Committee of the Company controls and manages the operation and administration of the Plan. Prudential Retirement Insurance and Annuity Company ("Prudential") serves as the trustee of the Plan and manages the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

**Pension Benefits**—Participants with five or more years of service are entitled to annual pension benefits beginning at normal retirement age, as defined in the Plan. The Plan permits early retirement at age 55 with 15 years of vesting service and a reduced pension benefit. The form of pension payment is a monthly income for participants for their lifetime with payments terminating at death. There are, however, alternative optional payment methods available. The amount of monthly pension payment is dependent upon years of credited service with the Company.

**Death and Disability Benefits**—If a married participant (active or terminated) dies prior to retirement and has met the service requirements for vesting, their spouse is eligible for a surviving spouse benefit. Active participants who become totally disabled and have rendered 15 years of vesting service are eligible for a monthly benefit equal to the accrued normal retirement benefit earned to date of disability.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting**—The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**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 and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment adviser, custodians and insurance company. See Note 4 for a discussion of fair value measurements.

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

**Payment of Benefits**—Benefit payments to participants are recorded upon distribution.

**Expenses**—The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

**Reclassifications**—Certain amounts in the 2012 financial statements have been reclassified to conform to the 2013 presentation with no impact on previously reported net assets or changes in net assets.

**Subsequent Events**— Subsequent events have been evaluated through October 13, 2014, the date that the financial statements were available to be issued, and noted no events occurring during such period that would require recognition or disclosure in the financial statements.

### 3. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

### 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.

Level 2 Inputs to the valuation methodology include:

- 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 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 maximize the use of relevant 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 methodologies used at December 31, 2013 and 2012.

- Mutual fund – Valued at the daily closing price as reported by the fund. The mutual fund held by the plan is an open-end mutual fund that is registered with the Security and Exchange Commission. This fund is required to publish its daily NAV and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.
- Pooled separate accounts – Valued at the net asset value (NAV) of units held by the Plan at year-end. The NAV, as provided by the administrator of the fund, 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, minus its liabilities, and then divided by the number of units outstanding. 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.

| Fair Value Measurements at December 31, 2013 |                      |                                                                         |                                                        |                                                    |
|----------------------------------------------|----------------------|-------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
|                                              | Total                | Quoted Prices<br>in Active Markets<br>for Identical Assets<br>(Level 1) | Significant Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| Mutual fund                                  |                      |                                                                         |                                                        |                                                    |
| International funds                          | \$ 1,450,487         | \$ 1,450,487                                                            | \$ -                                                   | \$ -                                               |
| Pooled separate accounts:                    |                      |                                                                         |                                                        |                                                    |
| Small cap funds                              | 2,268,703            | -                                                                       | 2,268,703                                              | -                                                  |
| Mid cap funds                                | 2,305,390            | -                                                                       | 2,305,390                                              | -                                                  |
| Large cap funds                              | 11,192,084           | -                                                                       | 11,192,084                                             | -                                                  |
| International funds                          | 4,030,544            | -                                                                       | 4,030,544                                              | -                                                  |
| S&P 500 indexed fund                         | 5,159,068            | -                                                                       | 5,159,068                                              | -                                                  |
| U.S. bond funds                              | 15,256,402           | -                                                                       | 15,256,402                                             | -                                                  |
| Short-term bond fund                         | 857,078              | -                                                                       | 857,078                                                | -                                                  |
| Emerging markets fund                        | 1,290,257            | -                                                                       | 1,290,257                                              | -                                                  |
| Total pooled separate accounts               | 42,359,526           | -                                                                       | 42,359,526                                             | -                                                  |
| <b>Total assets at fair value</b>            | <b>\$ 43,810,013</b> | <b>\$1,450,487</b>                                                      | <b>\$ 42,359,526</b>                                   | <b>\$ -</b>                                        |

**Fair Value Measurements at December 31, 2012**

|                                   | <b>Total</b>         | <b>Quoted Prices<br/>in Active Markets<br/>for Identical Assets<br/>(Level 1)</b> | <b>Significant Other<br/>Observable<br/>Inputs<br/>(Level 2)</b> | <b>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</b> |
|-----------------------------------|----------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------|
| Mutual fund                       |                      |                                                                                   |                                                                  |                                                              |
| International funds               | \$ 1,197,371         | \$ 1,197,371                                                                      | \$                                                               | \$ -                                                         |
| Pooled separate accounts:         |                      |                                                                                   |                                                                  |                                                              |
| Small cap funds                   | 2,032,306            | -                                                                                 | 2,032,306                                                        | -                                                            |
| Mid cap funds                     | 2,084,740            | -                                                                                 | 2,084,740                                                        | -                                                            |
| Large cap funds                   | 9,548,953            | -                                                                                 | 9,548,953                                                        | -                                                            |
| International funds               | 3,843,407            | -                                                                                 | 3,843,407                                                        | -                                                            |
| S&P 500 indexed fund              | 4,417,583            | -                                                                                 | 4,417,583                                                        | -                                                            |
| U.S. bond funds                   | 14,597,148           | -                                                                                 | 14,597,148                                                       | -                                                            |
| Short-term bond fund              | 971,208              | -                                                                                 | 971,208                                                          | -                                                            |
| Emerging markets fund             | 1,294,202            | -                                                                                 | 1,294,202                                                        | -                                                            |
| Total pooled separate accounts    | 38,789,547           | -                                                                                 | 38,789,547                                                       | -                                                            |
| <b>Total assets at fair value</b> | <b>\$ 39,986,918</b> | <b>\$1,197,371</b>                                                                | <b>\$ 38,789,547</b>                                             | <b>\$ -</b>                                                  |

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2013 and 2012:

|                          | <b>December 31, 2013</b> |                                 |                                 |                                     |
|--------------------------|--------------------------|---------------------------------|---------------------------------|-------------------------------------|
|                          | <b>Fair Value</b>        | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption<br/>Notice Period</b> |
| Pooled separate accounts | \$ 42,359,526            | N/A                             | Daily                           | Daily                               |

  

|                          | <b>December 31, 2012</b> |                                 |                                 |                                     |
|--------------------------|--------------------------|---------------------------------|---------------------------------|-------------------------------------|
|                          | <b>Fair Value</b>        | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption<br/>Notice Period</b> |
| Pooled separate accounts | \$ 38,789,547            | N/A                             | Daily                           | Daily                               |

## 5. MILL CLOSURE

In December 2011, the Company announced plans to permanently cease operations at the Brokaw, Wisconsin paper mill. Papermaking operations ceased in February 2012 and the paper mill was closed during the second quarter of 2012. The closure of the mill resulted in the immediate vesting of benefits for employees eligible to participate in the Plan as of the date of closure.

## 6. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2013, the Company accrued \$5,000,000 to meet the minimum funding requirement.

## 7. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of December 31, 2013 and 2012 is as follows:

|                                                                | <u>2013</u>          | <u>2012</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| Vested benefits:                                               |                      |                      |
| Participants and/or beneficiaries currently receiving benefits | \$ 23,895,687        | \$ 21,252,648        |
| Other participants                                             | <u>13,161,855</u>    | <u>15,944,181</u>    |
| Total vested benefits                                          | 37,057,542           | 37,196,829           |
| Nonvested benefits                                             | <u>-</u>             | <u>-</u>             |
| Total actuarial present value of accumulated plan benefits     | <u>\$ 37,057,542</u> | <u>\$ 37,196,829</u> |

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2013 are as follows:

|                                                                     |                      |
|---------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated benefits – beginning of year | \$ <u>37,196,829</u> |
| Increase (decrease) during the year attributable to:                |                      |
| Benefits accumulated and actuarial gain                             | (378,567)            |
| Interest accreted                                                   | 2,696,698            |
| Changes in actuarial assumptions                                    | 69,984               |
| Benefits paid                                                       | <u>(2,527,402)</u>   |
| Net decrease                                                        | <u>(139,287)</u>     |
| Actuarial present value of accumulated benefits – end of year       | \$ <u>37,057,542</u> |

The significant actuarial assumptions used in the December 31, 2013 valuations were:

- Mortality: The IRS Static Mortality Table Applicable for Minimum Funding Purposes
- Investment return: 7.50% per annum, net of investment expenses, and net of a 0.50% reduction to reflect administrative fees paid out of the Plan

Retirement age is not applicable as there are no active participants.

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 accumulated plan benefits.

## 8. INVESTMENTS

The Plan's investments that represented 5% or more of net assets available for benefits as of December 31 2013 and 2012 are as follows:

|                                   | <u>2013</u>  | <u>2012</u>  |
|-----------------------------------|--------------|--------------|
| Dryden S&P Index Fund             | \$ 5,159,068 | \$ 4,417,583 |
| Core Plus Bond/PIMCO Fund         | 7,636,172    | 7,326,646    |
| International Blend/Thornburg     | 2,659,687    | 2,567,406    |
| Large Cap Growth/MFS Fund         | 5,667,525    | -0-          |
| Large Cap Growth/NeubergerBerman  | -0-          | 4,698,378    |
| Large Cap Value/Barrow Hanley     | 5,524,559    | 4,850,575    |
| Core Bond Enhanced Index/PIM Fund | 7,620,230    | 7,270,503    |

During 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$6,727,906 as follows:

|                          |                     |
|--------------------------|---------------------|
| Pooled separate accounts | \$ 6,474,790        |
| Mutual fund              | <u>253,116</u>      |
|                          | <u>\$ 6,727,906</u> |

## 9. INFORMATION CERTIFIED BY PLAN TRUSTEE

The following is a summary of the information regarding the Plan as of December 31, 2013 and 2012 and for the year ended December 31, 2013, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by Prudential, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that such information is complete and accurate.

|                                                            | <u>2013</u>          | <u>2012</u>          |
|------------------------------------------------------------|----------------------|----------------------|
| Statements of Net Assets Available for Benefits:           |                      |                      |
| Investments:                                               |                      |                      |
| Pooled separate accounts                                   | <u>\$ 42,359,526</u> | <u>\$ 38,789,547</u> |
| Mutual fund                                                | <u>1,450,487</u>     | <u>1,197,371</u>     |
| Statement of Changes in Net Assets Available for Benefits: |                      |                      |
| Investment income:                                         |                      |                      |
| Net appreciation of investments                            | \$ 6,727,906         |                      |
| Less investment expenses                                   | <u>(234,144)</u>     |                      |
| Net investment income                                      | <u>\$ 6,493,762</u>  |                      |

Supplemental Schedules: All investment balances and information included in the schedules.

Note 8: All investment balances and investment information in the notes.

## 10. FEDERAL INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated November 25, 2013, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). The Company and the plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 (or asset) 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 process. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

## **11. PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

## **12. RELATED PARTY TRANSACTIONS**

Certain plan investments are units of pooled separate accounts managed by Prudential, the trustee of the Plan, and therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Prudential for investment services were \$234,144 for the year ended December 31, 2013. During 2013, the Plan also paid service charges of \$42,274 which are included in administrative expenses on the statement of changes in net assets. These are not considered prohibited transactions by statutory exemption under ERISA regulations.

## **13. SUBSEQUENT EVENT**

On July 30, 2014, Wausau Paper Corp. entered into a \$175 million secured term loan facility. Also, on July 30, 2014, Wausau Paper Corp. entered into a \$50 million secured revolving credit facility.

Coincident with the securitization of Wausau Paper Corp.'s debt obligations, a settlement agreement was entered into with the Pension Benefit Guaranty Corporation (the "PBGC") with respect to the Company's unfunded defined benefit pension obligations. Under the agreement, the Company has agreed to grant a lien on substantially all of its assets to the PBGC that is junior and subordinate to the lien security interest on assets pledged under the secured term loan and revolving credit agreements. The Company has also agreed to make contributions in excess of minimum funding requirements of up to \$36 million to its defined benefit pension plans through 2018, with the first contribution under this agreement of \$7.5 million due within 30 days following the close of the \$50 million secured revolver and \$175 million term loan facility.

In accordance with the settlement agreement "Wausau shall have full discretion with respect to which Plan(s) will have Excess Contributions or portions thereof made to them." As part of this agreement, \$5,000,000 of the \$7,500,000 in additional contributions were made to this Plan on August 25, 2014. This payment is included in the December 31, 2013 contributions receivable from employer.

\* \* \* \* \*

## **S U P P L E M E N T A R Y I N F O R M A T I O N**

**WAUSAU PAPER CORP.****PENSION PLAN**

EIN: 41-2218500 PN: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2013

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment                          | (d)<br>Cost          | (e)<br>Current<br>Value |
|-----|-----------------------------------------------------------------|-----------------------------------------------------------|----------------------|-------------------------|
|     | Pooled separate accounts:                                       |                                                           |                      |                         |
| *   | Prudential Retirement Insurance and Annuity Company             | Dryden S&P Index Fund                                     | \$ 3,265,714         | \$ 5,159,068            |
| *   | Prudential Retirement Insurance and Annuity Company             | Core Plus Bond / PIMCO Fund                               | 6,944,255            | 7,636,172               |
| *   | Prudential Retirement Insurance and Annuity Company             | International Blend / Thornburg                           | 1,984,956            | 2,659,687               |
| *   | Prudential Retirement Insurance and Annuity Company             | International Growth / Artisan                            | 842,280              | 1,370,857               |
| *   | Prudential Retirement Insurance and Annuity Company             | Large Cap Growth / MFS Fund                               | 3,167,025            | 5,667,525               |
| *   | Prudential Retirement Insurance and Annuity Company             | Large Cap Value / Barrow Hanley                           | 3,749,841            | 5,524,559               |
| *   | Prudential Retirement Insurance and Annuity Company             | Mid Cap Growth / Artisan Partner                          | 454,624              | 1,125,387               |
| *   | Prudential Retirement Insurance and Annuity Company             | Mid Cap Value (sub-advised by Wellington Mgmt)            | 601,054              | 1,180,003               |
| *   | Prudential Retirement Insurance and Annuity Company             | Small Cap Growth / Columbus                               | 836,468              | 1,110,339               |
| *   | Prudential Retirement Insurance and Annuity Company             | Small Cap Value / The Boston Company Asset Mgmt           | 743,717              | 1,158,364               |
| *   | Prudential Retirement Insurance and Annuity Company             | QMA Emerging Markets Fund                                 | 1,178,314            | 1,290,257               |
| *   | Prudential Retirement Insurance and Annuity Company             | Core Bond Enhanced Index / PIM Fund                       | 7,235,726            | 7,620,230               |
| *   | Prudential Retirement Insurance and Annuity Company             | Prudential Short-Term Bond Fund                           | 857,072              | 857,078                 |
|     |                                                                 |                                                           | 31,861,046           | 42,359,526              |
|     | Mutual fund:                                                    |                                                           |                      |                         |
|     | Third Avenue Management                                         | Third Avenue International Value Institutional Class Fund | 1,045,579            | 1,450,487               |
|     | Total assets (held at end of year)                              |                                                           | <u>\$ 32,906,625</u> | <u>\$ 43,810,013</u>    |

\*Party-in-interest

**WAUSAU PAPER CORP.****PENSION PLAN**

EIN: 41-2218500 PN: 001

**FORM 5500, SCHEDULE H, PART IV, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2013**

| (a)<br>Identity of Party Involved                   | (b)<br>Description of Asset     | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|-----------------------------------------------------|---------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|---------------------------|
| Prudential Retirement Insurance and Annuity Company | Prudential Short Term Bond Fund | \$ 2,562,728             |                         | \$ 2,562,728            | \$ 2,562,728                                               |                           |
| Prudential Retirement Insurance and Annuity Company | Prudential Short Term Bond Fund |                          | \$ 2,677,058            | 2,677,048               | 2,677,058                                                  | \$10                      |

***Wausau Paper Corp.***  
***Pension Plan***

*Financial Statements as of December 31, 2013 and 2012,  
and for the Year Ended December 31, 2013, Supplemental  
Schedules as of and for the Year Ended December 31,  
2013, and Independent Auditors' Report*

# **WAUSAU PAPER CORP. PENSION PLAN**

## **TABLE OF CONTENTS**

---

|                                                                                                                                                                                                                                                                 | <b>Page</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| INDEPENDENT AUDITORS' REPORT                                                                                                                                                                                                                                    | 1–2         |
| FINANCIAL STATEMENTS—                                                                                                                                                                                                                                           |             |
| Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012                                                                                                                                                                                | 3           |
| Statement of Changes in Net Assets Available for Benefits for the<br>Year Ended December 31, 2013                                                                                                                                                               | 4           |
| Notes to Financial Statements                                                                                                                                                                                                                                   | 5–13        |
| SUPPLEMENTAL SCHEDULES—                                                                                                                                                                                                                                         | 14          |
| Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year)<br>as of December 31, 2013                                                                                                                                                     | 15          |
| Form 5500, Schedule H, Part IV, Line 4j—Schedule of Reportable Transactions<br>for the Year Ended December 31, 2013                                                                                                                                             | 16          |
| NOTE: All other schedules required by Section 2520.103–10 of the Department of<br>Labor's Rules and Regulations for Reporting and Disclosure under the Employee<br>Retirement Income Security Act of 1974 have been omitted because they are not<br>applicable. |             |

## INDEPENDENT AUDITORS' REPORT

To the Employee Benefits Committee and Participants  
of the Wausau Paper Corp. Pension Plan  
Wausau, Wisconsin

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Wausau Paper Corp. Pension Plan, which comprise the statement of net assets available for benefits as of December 31, 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As 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 plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing such information with the related information included in the 2013 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2013 financial statements. Accordingly, we do not express an opinion on these 2013 financial statements.

***Other Matter – Supplemental Schedules***

The supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended December 31, 2013 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

***Other Matter - 2012 Financial Statements***

The financial statements of the plan as of December 31, 2012, were audited by predecessor auditors. As 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 7, 2013, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

***Report on Form and Content in Compliance With DOL Rules and Regulations 2013***

The form and content of the information included in the 2013 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Certified Public Accountants

Green Bay, Wisconsin  
October 13, 2014

**WAUSAU PAPER CORP.  
PENSION PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2013 AND 2012**

---

|                                        | 2013                 | 2012                 |
|----------------------------------------|----------------------|----------------------|
| Assets:                                |                      |                      |
| Investments – at estimated fair value: |                      |                      |
| Pooled separate accounts               | \$ 42,359,526        | \$ 38,789,547        |
| Mutual fund                            | <u>1,450,487</u>     | <u>1,197,371</u>     |
|                                        | 43,810,013           | 39,986,918           |
| Receivables:                           |                      |                      |
| Contributions receivable from employer | <u>5,000,000</u>     | <u>-</u>             |
| Total assets                           | 48,810,013           | 39,986,918           |
| Liabilities:                           |                      |                      |
| Accrued administrative expenses        | <u>7,542</u>         | <u>2,664</u>         |
| Net assets available for benefits      | <u>\$ 48,802,471</u> | <u>\$ 39,984,254</u> |

See notes to financial statements.

**WAUSAU PAPER CORP.  
PENSION PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2013**

---

|                                               |                      |
|-----------------------------------------------|----------------------|
| Investment income:                            |                      |
| Net appreciation in fair value of investments | \$ 6,727,906         |
| Less investment expenses                      | <u>(234,144)</u>     |
| Net investment income                         | 6,493,762            |
| Employer contributions                        | <u>5,000,000</u>     |
| Total additions                               | <u>11,493,762</u>    |
| Deductions from net assets attributed to:     |                      |
| Benefits paid directly to participants        | 2,527,402            |
| Administrative expenses                       | <u>148,143</u>       |
| Total deductions                              | <u>2,675,545</u>     |
| Net increase                                  | 8,818,217            |
| Net assets available for benefits:            |                      |
| Beginning of year                             | <u>39,984,254</u>    |
| End of year                                   | <u>\$ 48,802,471</u> |

See notes to financial statements.

# WAUSAU PAPER CORP. PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2013 AND 2012, AND FOR THE YEAR ENDED DECEMBER 31, 2013

---

### 1. DESCRIPTION OF PLAN

The following brief description of the Wausau Paper Corp. Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General**—The Plan is a defined benefit plan covering all regular full-time employees of Wausau Paper Mills, LLC (the "Company") who were covered by a Joint Labor Agreement between the union at the Brokaw mill and the Company. An employee became eligible to participate in the Plan on either (1) their date of hire if expected to be credited with 1,000 hours of work during the first 12 consecutive months of employment, or (2) the first day of any plan year in which the employee performed 1,000 hours of work. The Employee Benefits Committee of the Company controls and manages the operation and administration of the Plan. Prudential Retirement Insurance and Annuity Company ("Prudential") serves as the trustee of the Plan and manages the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

**Pension Benefits**—Participants with five or more years of service are entitled to annual pension benefits beginning at normal retirement age, as defined in the Plan. The Plan permits early retirement at age 55 with 15 years of vesting service and a reduced pension benefit. The form of pension payment is a monthly income for participants for their lifetime with payments terminating at death. There are, however, alternative optional payment methods available. The amount of monthly pension payment is dependent upon years of credited service with the Company.

**Death and Disability Benefits**—If a married participant (active or terminated) dies prior to retirement and has met the service requirements for vesting, their spouse is eligible for a surviving spouse benefit. Active participants who become totally disabled and have rendered 15 years of vesting service are eligible for a monthly benefit equal to the accrued normal retirement benefit earned to date of disability.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting**—The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**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 and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment adviser, custodians and insurance company. See Note 4 for a discussion of fair value measurements.

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

**Payment of Benefits**—Benefit payments to participants are recorded upon distribution.

**Expenses**—The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

**Reclassifications**—Certain amounts in the 2012 financial statements have been reclassified to conform to the 2013 presentation with no impact on previously reported net assets or changes in net assets.

**Subsequent Events**— Subsequent events have been evaluated through October 13, 2014, the date that the financial statements were available to be issued, and noted no events occurring during such period that would require recognition or disclosure in the financial statements.

### 3. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

### 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.

Level 2 Inputs to the valuation methodology include:

- 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 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 maximize the use of relevant 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 methodologies used at December 31, 2013 and 2012.

- Mutual fund – Valued at the daily closing price as reported by the fund. The mutual fund held by the plan is an open-end mutual fund that is registered with the Security and Exchange Commission. This fund is required to publish its daily NAV and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.
- Pooled separate accounts – Valued at the net asset value (NAV) of units held by the Plan at year-end. The NAV, as provided by the administrator of the fund, 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, minus its liabilities, and then divided by the number of units outstanding. 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.

| Fair Value Measurements at December 31, 2013 |                      |                                                                         |                                                        |                                                    |
|----------------------------------------------|----------------------|-------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
|                                              | Total                | Quoted Prices<br>in Active Markets<br>for Identical Assets<br>(Level 1) | Significant Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| Mutual fund                                  |                      |                                                                         |                                                        |                                                    |
| International funds                          | \$ 1,450,487         | \$ 1,450,487                                                            | \$ -                                                   | \$ -                                               |
| Pooled separate accounts:                    |                      |                                                                         |                                                        |                                                    |
| Small cap funds                              | 2,268,703            | -                                                                       | 2,268,703                                              | -                                                  |
| Mid cap funds                                | 2,305,390            | -                                                                       | 2,305,390                                              | -                                                  |
| Large cap funds                              | 11,192,084           | -                                                                       | 11,192,084                                             | -                                                  |
| International funds                          | 4,030,544            | -                                                                       | 4,030,544                                              | -                                                  |
| S&P 500 indexed fund                         | 5,159,068            | -                                                                       | 5,159,068                                              | -                                                  |
| U.S. bond funds                              | 15,256,402           | -                                                                       | 15,256,402                                             | -                                                  |
| Short-term bond fund                         | 857,078              | -                                                                       | 857,078                                                | -                                                  |
| Emerging markets fund                        | 1,290,257            | -                                                                       | 1,290,257                                              | -                                                  |
| Total pooled separate accounts               | 42,359,526           | -                                                                       | 42,359,526                                             | -                                                  |
| <b>Total assets at fair value</b>            | <b>\$ 43,810,013</b> | <b>\$1,450,487</b>                                                      | <b>\$ 42,359,526</b>                                   | <b>\$ -</b>                                        |

**Fair Value Measurements at December 31, 2012**

|                                   | <b>Total</b>         | <b>Quoted Prices<br/>in Active Markets<br/>for Identical Assets<br/>(Level 1)</b> | <b>Significant Other<br/>Observable<br/>Inputs<br/>(Level 2)</b> | <b>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</b> |
|-----------------------------------|----------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------|
| Mutual fund                       |                      |                                                                                   |                                                                  |                                                              |
| International funds               | \$ 1,197,371         | \$ 1,197,371                                                                      | \$                                                               | \$ -                                                         |
| Pooled separate accounts:         |                      |                                                                                   |                                                                  |                                                              |
| Small cap funds                   | 2,032,306            | -                                                                                 | 2,032,306                                                        | -                                                            |
| Mid cap funds                     | 2,084,740            | -                                                                                 | 2,084,740                                                        | -                                                            |
| Large cap funds                   | 9,548,953            | -                                                                                 | 9,548,953                                                        | -                                                            |
| International funds               | 3,843,407            | -                                                                                 | 3,843,407                                                        | -                                                            |
| S&P 500 indexed fund              | 4,417,583            | -                                                                                 | 4,417,583                                                        | -                                                            |
| U.S. bond funds                   | 14,597,148           | -                                                                                 | 14,597,148                                                       | -                                                            |
| Short-term bond fund              | 971,208              | -                                                                                 | 971,208                                                          | -                                                            |
| Emerging markets fund             | 1,294,202            | -                                                                                 | 1,294,202                                                        | -                                                            |
| Total pooled separate accounts    | 38,789,547           | -                                                                                 | 38,789,547                                                       | -                                                            |
| <b>Total assets at fair value</b> | <b>\$ 39,986,918</b> | <b>\$1,197,371</b>                                                                | <b>\$ 38,789,547</b>                                             | <b>\$ -</b>                                                  |

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2013 and 2012:

|                          | <b>December 31, 2013</b> |                                 |                                 |                                     |
|--------------------------|--------------------------|---------------------------------|---------------------------------|-------------------------------------|
|                          | <b>Fair Value</b>        | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption<br/>Notice Period</b> |
| Pooled separate accounts | \$ 42,359,526            | N/A                             | Daily                           | Daily                               |

  

|                          | <b>December 31, 2012</b> |                                 |                                 |                                     |
|--------------------------|--------------------------|---------------------------------|---------------------------------|-------------------------------------|
|                          | <b>Fair Value</b>        | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption<br/>Notice Period</b> |
| Pooled separate accounts | \$ 38,789,547            | N/A                             | Daily                           | Daily                               |

## 5. MILL CLOSURE

In December 2011, the Company announced plans to permanently cease operations at the Brokaw, Wisconsin paper mill. Papermaking operations ceased in February 2012 and the paper mill was closed during the second quarter of 2012. The closure of the mill resulted in the immediate vesting of benefits for employees eligible to participate in the Plan as of the date of closure.

## 6. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2013, the Company accrued \$5,000,000 to meet the minimum funding requirement.

## 7. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of December 31, 2013 and 2012 is as follows:

|                                                                | <u>2013</u>          | <u>2012</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| Vested benefits:                                               |                      |                      |
| Participants and/or beneficiaries currently receiving benefits | \$ 23,895,687        | \$ 21,252,648        |
| Other participants                                             | <u>13,161,855</u>    | <u>15,944,181</u>    |
| Total vested benefits                                          | 37,057,542           | 37,196,829           |
| Nonvested benefits                                             | <u>-</u>             | <u>-</u>             |
| Total actuarial present value of accumulated plan benefits     | <u>\$ 37,057,542</u> | <u>\$ 37,196,829</u> |

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2013 are as follows:

|                                                                     |                      |
|---------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated benefits – beginning of year | <u>\$ 37,196,829</u> |
| Increase (decrease) during the year attributable to:                |                      |
| Benefits accumulated and actuarial gain                             | (378,567)            |
| Interest accreted                                                   | 2,696,698            |
| Changes in actuarial assumptions                                    | 69,984               |
| Benefits paid                                                       | <u>(2,527,402)</u>   |
| Net decrease                                                        | <u>(139,287)</u>     |
| Actuarial present value of accumulated benefits – end of year       | <u>\$ 37,057,542</u> |

The significant actuarial assumptions used in the December 31, 2013 valuations were:

- Mortality: The IRS Static Mortality Table Applicable for Minimum Funding Purposes
- Investment return: 7.50% per annum, net of investment expenses, and net of a 0.50% reduction to reflect administrative fees paid out of the Plan

Retirement age is not applicable as there are no active participants.

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 accumulated plan benefits.

## 8. INVESTMENTS

The Plan's investments that represented 5% or more of net assets available for benefits as of December 31 2013 and 2012 are as follows:

|                                   | <u>2013</u>  | <u>2012</u>  |
|-----------------------------------|--------------|--------------|
| Dryden S&P Index Fund             | \$ 5,159,068 | \$ 4,417,583 |
| Core Plus Bond/PIMCO Fund         | 7,636,172    | 7,326,646    |
| International Blend/Thornburg     | 2,659,687    | 2,567,406    |
| Large Cap Growth/MFS Fund         | 5,667,525    | -0-          |
| Large Cap Growth/NeubergerBerman  | -0-          | 4,698,378    |
| Large Cap Value/Barrow Hanley     | 5,524,559    | 4,850,575    |
| Core Bond Enhanced Index/PIM Fund | 7,620,230    | 7,270,503    |

During 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$6,727,906 as follows:

|                          |                     |
|--------------------------|---------------------|
| Pooled separate accounts | \$ 6,474,790        |
| Mutual fund              | <u>253,116</u>      |
|                          | <u>\$ 6,727,906</u> |

## 9. INFORMATION CERTIFIED BY PLAN TRUSTEE

The following is a summary of the information regarding the Plan as of December 31, 2013 and 2012 and for the year ended December 31, 2013, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by Prudential, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that such information is complete and accurate.

|                                                            | <u>2013</u>          | <u>2012</u>          |
|------------------------------------------------------------|----------------------|----------------------|
| Statements of Net Assets Available for Benefits:           |                      |                      |
| Investments:                                               |                      |                      |
| Pooled separate accounts                                   | <u>\$ 42,359,526</u> | <u>\$ 38,789,547</u> |
| Mutual fund                                                | <u>1,450,487</u>     | <u>1,197,371</u>     |
| Statement of Changes in Net Assets Available for Benefits: |                      |                      |
| Investment income:                                         |                      |                      |
| Net appreciation of investments                            | \$ 6,727,906         |                      |
| Less investment expenses                                   | <u>(234,144)</u>     |                      |
| Net investment income                                      | <u>\$ 6,493,762</u>  |                      |

Supplemental Schedules: All investment balances and information included in the schedules.

Note 8: All investment balances and investment information in the notes.

## 10. FEDERAL INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated November 25, 2013, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). The Company and the plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 (or asset) 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 process. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

## **11. PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

## **12. RELATED PARTY TRANSACTIONS**

Certain plan investments are units of pooled separate accounts managed by Prudential, the trustee of the Plan, and therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Prudential for investment services were \$234,144 for the year ended December 31, 2013. During 2013, the Plan also paid service charges of \$42,274 which are included in administrative expenses on the statement of changes in net assets. These are not considered prohibited transactions by statutory exemption under ERISA regulations.

## **13. SUBSEQUENT EVENT**

On July 30, 2014, Wausau Paper Corp. entered into a \$175 million secured term loan facility. Also, on July 30, 2014, Wausau Paper Corp. entered into a \$50 million secured revolving credit facility.

Coincident with the securitization of Wausau Paper Corp.'s debt obligations, a settlement agreement was entered into with the Pension Benefit Guaranty Corporation (the "PBGC") with respect to the Company's unfunded defined benefit pension obligations. Under the agreement, the Company has agreed to grant a lien on substantially all of its assets to the PBGC that is junior and subordinate to the lien security interest on assets pledged under the secured term loan and revolving credit agreements. The Company has also agreed to make contributions in excess of minimum funding requirements of up to \$36 million to its defined benefit pension plans through 2018, with the first contribution under this agreement of \$7.5 million due within 30 days following the close of the \$50 million secured revolver and \$175 million term loan facility.

In accordance with the settlement agreement "Wausau shall have full discretion with respect to which Plan(s) will have Excess Contributions or portions thereof made to them." As part of this agreement, \$5,000,000 of the \$7,500,000 in additional contributions were made to this Plan on August 25, 2014. This payment is included in the December 31, 2013 contributions receivable from employer.

\* \* \* \* \*

## **S U P P L E M E N T A R Y   I N F O R M A T I O N**

**WAUSAU PAPER CORP.****PENSION PLAN**

EIN: 41-2218500 PN: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2013

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment                          | (d)<br>Cost          | (e)<br>Current<br>Value |
|-----|-----------------------------------------------------------------|-----------------------------------------------------------|----------------------|-------------------------|
|     | Pooled separate accounts:                                       |                                                           |                      |                         |
| *   | Prudential Retirement Insurance and Annuity Company             | Dryden S&P Index Fund                                     | \$ 3,265,714         | \$ 5,159,068            |
| *   | Prudential Retirement Insurance and Annuity Company             | Core Plus Bond / PIMCO Fund                               | 6,944,255            | 7,636,172               |
| *   | Prudential Retirement Insurance and Annuity Company             | International Blend / Thornburg                           | 1,984,956            | 2,659,687               |
| *   | Prudential Retirement Insurance and Annuity Company             | International Growth / Artisan                            | 842,280              | 1,370,857               |
| *   | Prudential Retirement Insurance and Annuity Company             | Large Cap Growth / MFS Fund                               | 3,167,025            | 5,667,525               |
| *   | Prudential Retirement Insurance and Annuity Company             | Large Cap Value / Barrow Hanley                           | 3,749,841            | 5,524,559               |
| *   | Prudential Retirement Insurance and Annuity Company             | Mid Cap Growth / Artisan Partner                          | 454,624              | 1,125,387               |
| *   | Prudential Retirement Insurance and Annuity Company             | Mid Cap Value (sub-advised by Wellington Mgmt)            | 601,054              | 1,180,003               |
| *   | Prudential Retirement Insurance and Annuity Company             | Small Cap Growth / Columbus                               | 836,468              | 1,110,339               |
| *   | Prudential Retirement Insurance and Annuity Company             | Small Cap Value / The Boston Company Asset Mgmt           | 743,717              | 1,158,364               |
| *   | Prudential Retirement Insurance and Annuity Company             | QMA Emerging Markets Fund                                 | 1,178,314            | 1,290,257               |
| *   | Prudential Retirement Insurance and Annuity Company             | Core Bond Enhanced Index / PIM Fund                       | 7,235,726            | 7,620,230               |
| *   | Prudential Retirement Insurance and Annuity Company             | Prudential Short-Term Bond Fund                           | 857,072              | 857,078                 |
|     |                                                                 |                                                           | 31,861,046           | 42,359,526              |
|     | Mutual fund:                                                    |                                                           |                      |                         |
|     | Third Avenue Management                                         | Third Avenue International Value Institutional Class Fund | 1,045,579            | 1,450,487               |
|     | Total assets (held at end of year)                              |                                                           | <u>\$ 32,906,625</u> | <u>\$ 43,810,013</u>    |

\*Party-in-interest

**WAUSAU PAPER CORP.****PENSION PLAN**

EIN: 41-2218500 PN: 001

**FORM 5500, SCHEDULE H, PART IV, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2013**

| (a)<br>Identity of Party Involved                   | (b)<br>Description of Asset     | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|-----------------------------------------------------|---------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|---------------------------|
| Prudential Retirement Insurance and Annuity Company | Prudential Short Term Bond Fund | \$ 2,562,728             |                         | \$ 2,562,728            | \$ 2,562,728                                               |                           |
| Prudential Retirement Insurance and Annuity Company | Prudential Short Term Bond Fund |                          | \$ 2,677,058            | 2,677,048               | 2,677,058                                                  | \$10                      |