Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
BLISTEX INC. EMPLOYEE BENEFIT PLAN & TRUST

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 12/31/1982

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

BLISTEX INC.

1800 SWIFT DRIVE
OAK BROOK, IL 60523

2b Employer Identification Number (EIN)
36-2094164

2c Plan Sponsor's telephone number
630-571-2870

2d Business code (see instructions)
325410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2016	JUSTIN D. ARCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

ANTHONY J. PAGLIUCO JR

PAGLIUCO OPALACZ & ASSOCIATES, P.C.

1000 JORIE BLVD SUITE 375
OAK BROOK, IL 60523

Preparer's telephone number

630-571-4522

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BLISTEX INC.

1800 SWIFT DRIVE
OAK BROOK, IL 60523

3b Administrator's EIN
36-2094164

3c Administrator's telephone number
630-571-2870

4 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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	223
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	187
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	198
b	Retired or separated participants receiving benefits	**6b**	31
c	Other retired or separated participants entitled to future benefits	**6c**	3
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	232
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B 4D 4H 4L 4Q

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 5 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
BLISTEX INC. EMPLOYEE BENEFIT PLAN & TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BLISTEX INC.

D Employer Identification Number (EIN)
36-2094164

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

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	000010122990	217	01/01/2015	12/31/2015

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
2210	214

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
HUB INTRNTL MIDWEST LTD
55 E JACKSON STE 600
CHICAGO, IL 60604-9300

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1100	214	BROKER BONUS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CORPORATE BENEFITS CONSULTANT INC
2800 S RIVER RD 130
DES PLAINES, IL 60018

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1110			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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** [X] Other (specify) ▶ AD&D

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	22099
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
BLISTEX INC. EMPLOYEE BENEFIT PLAN & TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BLISTEX INC.

D Employer Identification Number (EIN)
36-2094164

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	000010122991	217	01/01/2015	12/31/2015

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
4853	468

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
HUB INTRNTL MIDWEST LTD
55 E JACKSON STE 600
CHICAGO, IL 60604-9300

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2533	468	BROKER BONUS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CORPORATE BENEFITS CONSULTANT INC
2800 S RIVER RD 130
DES PLAINES, IL 60018

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2320			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [X] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	48527
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
BLISTEX INC. EMPLOYEE BENEFIT PLAN & TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BLISTEX INC.

D Employer Identification Number (EIN)
36-2094164

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	000010122992	134	01/01/2015	12/31/2015

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
7106	617

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
HUB INTRNTL MIDWEST LTD
55 E JACKSON STE 600
CHICAGO, IL 60604-9300

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3771	617	BROKER BONUS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CORPORATE BENEFITS CONSULTANT INC
2800 S RIVER RD 130
DES PLAINES, IL 60018

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3335			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ WEEKLY INCOME

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	71059
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
BLISTEX INC. EMPLOYEE BENEFIT PLAN & TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BLISTEX INC.

D Employer Identification Number (EIN)
36-2094164

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

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	400001000 11016	168	01/01/2015	12/31/2015

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
4392	397

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
HUB INTRNTL MIDWEST LTD
55 E JACKSON STE 600
CHICAGO, IL 60604-9300

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2026	397	BROKER BONUS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CORPORATE BENEFITS CONSULTANT INC
2800 S RIVER RD 130
DES PLAINES, IL 60018

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2366			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ VOL-LIFE, CHILD LIFE, SPOUSE LIFE

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	43921
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
BLISTEX INC. EMPLOYEE BENEFIT PLAN & TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BLISTEX INC.

D Employer Identification Number (EIN)
36-2094164

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	403001177 00000	116	01/01/2015	12/31/2015

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
456	102

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
HUB INTRNTL MIDWEST LTD
55 E JACKSON STE 600
CHICAGO, IL 60604-9300

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
247	102	BROKER BONUS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CORPORATE BENEFITS CONSULTANT INC
2800 S RIVER RD 130
DES PLAINES, IL 60018

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
209			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ VOL CHILD LIFE,VOL AD&D-SELF&SPOUSE

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	4558
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan BLISTEX INC. EMPLOYEE BENEFIT PLAN & TRUST	**B** Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BLISTEX INC.	**D** Employer Identification Number (EIN) 36-2094164

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(b) Enter name and EIN or address of person who provided you disclosure 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

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

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

(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)

HEALTH CARE SERVICE CORPORATION

300 E RANDOLPH STREET
CHICAGO, IL 60601

36-1236610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	NONE		Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] No [ ]

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

CORPORATE BENEFIT CONSULTANTS INC.

2800 S RIVER RD SUITE 130
DES PLAINES, IL 60018

36-4024403

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

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

HUB INTRNTL MIDWEST LTD

55 E JACKSON STE 600
CHICAGO, IL 60604-9300

35-0672425

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
BLISTEX INC. EMPLOYEE BENEFIT PLAN & TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BLISTEX INC.

D Employer Identification Number (EIN)
36-2094164

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	10245	100032
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	127301	38031
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	137546	138063
	Liabilities			
g	Benefit claims payable	1g	5101	43962
h	Operating payables	1h	48023	51366
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	53124	95328
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	84422	42735

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2841115	
	(B) Participants	2a(1)(B)	1159734	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4000849
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	99	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		99
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(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)		
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4000948
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3089282	
(2) To insurance carriers for the provision of benefits	2e(2)	953353	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4042635
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)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4042635
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-41687
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) [X] 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 [X] No

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

(1) Name: PAGLIUCO OPALACZ & ASSOCIATES, P.C. **(2)** EIN: 75-3079509

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:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

		Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	X			2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p		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

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

FINANCIAL STATEMENTS

Years Ended December 31, 2015 and 2014

pagliuco| opalacz

1000 Jorie Blvd., Suite 375, Oak Brook, Illinois 60523 Phone (630) 571-4522 Facsimile (630) 571-4584

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NOTE: Supplemental schedules required by the Employee Retirement Income Security Act of 1974 that have not been included herein are not applicable to the Blistex Inc. Employee Benefit Plan and Trust.

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INDEPENDENT AUDITOR'S REPORT

TO THE PLAN TRUSTEES OF
BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

We have audited the accompanying financial statements of Blistex Inc. Employee Benefit Plan and Trust (the Plan), which comprise the statements of net assets available for benefits and of plan's benefit obligations as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits and of changes in plan's benefit obligations for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the Unites States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Blistex Inc. Employee Benefit Plan and Trust as of December 31, 2015 and 2014, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of reportable transactions that are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The accompanying supplemental five-year summary of operations is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Pagliuco Ozalas & Associates, P.C.

June 14, 2016

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2015 AND 2014

	2015	2014
ASSETS:		
Cash	$100,032	$ 10,245
Investments, at fair value:		
Nonparticipant-directed investments	38,031	127,301
TOTAL ASSETS	138,063	137,546
LIABILITIES:		
Accrued expenses	51,366	48,023
NET ASSETS AVAILABLE FOR BENEFITS	$ 86,697	$ 89,523

The accompanying notes are an integral part of the financial statements.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2015 AND 2014

	2015	2014
ADDITIONS:		
Additions to net assets attributed to:		
Contributions		
Employer	$2,775,000	$2,375,000
Participants	872,240	835,059
Total contributions	3,647,240	3,210,059
Interest Income	99	93
Voluntary supplemental benefits	287,495	258,854
Employer provided life, long-term disability and AD&D benefits	66,116	56,409
TOTAL ADDITIONS TO NET ASSETS	4,000,950	3,525,415
DEDUCTIONS:		
Deductions from net assets attributed to:		
Claims paid, net of refunds	3,050,421	2,636,590
Group insurance premiums, net with fees	599,744	562,146
Voluntary supplemental benefits	287,495	258,854
Employer provided life, long-term disability and AD&D benefits	66,116	56,409
TOTAL DEDUCTIONS FROM NET ASSETS	4,003,776	3,513,999
NET INCREASE (DECREASE)	(2,826)	11,416
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	89,523	78,107
End of year	$ 86,697	$ 89,523

The accompanying notes are an integral part of the financial statements.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS

DECEMBER 31, 2015 AND 2014

	2015	2014
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS AND DEPENDENTS		
Health claims payable	$ 43,962	$ 5,101
OTHER OBLIGATIONS FOR CURRENT COVERAGE AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims incurred but not reported	158,143	128,435
Total obligations other than postretirement benefit obligations	202,105	133,536
POSTRETIREMENT BENEFIT OBLIGATIONS		
Current retirees	5,116,354	4,892,913
Other participants fully eligible for benefits	3,209,681	1,870,003
Other participants not yet fully eligible for benefits	10,896,398	11,943,051
Total postretirement benefit obligations	19,222,433	18,705,967
TOTAL PLAN'S BENEFIT OBLIGATIONS	$19,424,538	$18,839,503

The accompanying notes are an integral part of the financial statements.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2015 AND 2014

	2015	2014
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS AND DEPENDENTS		
Balance at beginning of year	$ 5,101	$ 23,647
Claims reported and approved for payment	3,089,282	2,618,044
Claims paid	(3,050,421)	(2,636,590)
Balance at end of year	43,962	5,101
OTHER OBLIGATIONS FOR CURRENT COVERAGE AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at beginning of year	128,435	129,432
Net changes during the year	29,708	(997)
Balance at end of year	158,143	128,435
Total obligations other than postretirement benefit obligations	202,105	133,536
ACTUARIAL PRESENT VALUE OF POSTRETIREMENT BENEFIT OBLIGATIONS		
Balance at beginning of year	18,705,967	15,620,681
Increase (decrease) during the year attributable to:		
Service cost	654,175	594,626
Interest cost	788,336	812,119
Participant contributions	101,152	103,216
Actuarial (gain) loss	(666,070)	1,935,458
Benefit payments	(361,127)	(360,133)
Net increase (decrease) during the year	516,466	3,085,286
Balance at end of year	19,222,433	18,705,967
TOTAL PLAN'S BENEFIT OBLIGATIONS AT END OF YEAR	$19,424,538	$18,839,503

The accompanying notes are an integral part of the financial statements.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2015 AND 2014

Note:

1. DESCRIPTION OF THE PLAN

The following description of the Blistex Inc. Employee Benefit Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan was established in 1982 to provide health care benefits for eligible Blistex Inc. (Employer) employees, their dependents and retired employees. The Plan also provides basic and voluntary life, long-term disability and accidental death, and disability to all employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Administration

Overall the responsibility for administering the Plan rests with the Plan committee and Trustees of the Plan. The Employer directly absorbs a majority of the costs related to the administration of the Plan.

Contributions

The Plan is funded through contributions by the Employer and employees. The Employer contributes amounts to the Plan that are necessary to fund claims and Plan expenses. Employees contribute specified amounts to the Plan, as determined by the Trustees of the Plan, through payroll deductions.

Benefits

The Plan provides health benefits (medical, hospital, surgical, major medical, prescription benefits, and dental), flexible spending accounts, life insurance, disability, and death benefits to all full-time Blistex Inc. employees with at least 30 days of service, and all permanent, part-time employees with at least 60 days of service, and to their eligible dependents. Retired employees who were hired prior to December 31, 2006, attained 62 years of age, and who have completed at least 10 years of continuous, active, full-time service immediately prior to retirement are eligible for participation in the medical, dental, and prescription programs. Retired employees who continue in these employer-sponsored programs must apply for Medicare at age 65. Employees who cease employment may also purchase group coverage under COBRA.

Benefits paid under the Plan are administered by Blue Cross Blue Shield of Illinois (BCBSIL) under a minimum premium group insurance contract. Terms of the agreement require the Plan to pay claims up to $80,000 per participant for the years ended December 31, 2015 and 2014, after which benefits are paid by BCBSIL.

Note:

1. DESCRIPTION OF THE PLAN (Continued):

Benefits (continued)

Other benefits including long-term disability, life and accidental death and dismemberment, and weekly disability income coverage are provided by the Plan and are fully insured through the purchase of coverage from a third party insurer. The Plan retains no risk of loss associated with these benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates in Preparing Financial Statements

The preparation of the Plan's financial statements in conformity with accounting standards generally accepted in the United State of America requires the Plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the actuarial present value of accumulated postretirement benefit obligations as of the benefit information date, the changes in net assets available for benefits during the reporting period, and when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Payment of Benefits

Insurance premiums, claims and administration of service fees for health care benefits are recorded when paid.

Health Claims Payable

Claims reported but not paid at year-end have been estimated based on claims payment data of the Plan.

Estimated Liability for Claims Incurred but Not Reported

The estimated liability for claims incurred but not reported is calculated based on the Plan's claims experience. This estimated reserve totaled $158,143 and $128,435 at December 31, 2015 and 2014, respectively.

Note:

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Valuation of Investments and Income Recognition

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of investments are recorded on the trade-date basis. Interest income is recorded on the cash basis.

Actuarial Present Value of Accumulated Postretirement Benefits

The amount reported as the accumulated postretirement benefit obligation represents the actuarial present value of these estimated future benefits that are attributed by the terms of the Plan to the employees' service rendered to the date of the financial statements, reduced by the actuarial present value of the contributions expected to be received in the future from current Plan participants. Postretirement benefits include current and future benefits expected to be paid to or for: (1) currently retired employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the sponsor. Prior to an active employee's full eligibility date, the postretirement benefit option is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

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

For measurement purposes, the following significant assumptions were used in the valuations as of December 31, 2015 and 2014, respectively:

The annual rate of increase in the per capita health care cost is 10.00% and 9.50% for 2015 and 2014, respectively. The rate was assumed to decrease gradually to 4% by 2028.

	2015	2014
Weighted-average discount rate	4.50%	4.25%
Average retirement age	65	65

Note:

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Actuarial Present Value of Accumulated Postretirement Benefits (Continued)

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

The weighted-average health care cost trend assumptions have a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the accumulated postretirement benefit obligation as of December 31, 2015 and 2014 by $335,244 and $305,553, respectively. A one percentage point decrease in each year would decrease the accumulated postretirement benefit obligation as of December 31, 2015 and 2014 by $257,678 and $237,654, respectively.

In December 2003, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 was passed, which introduces into law a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. As the Employer, not the Plan itself, will receive the subsidy and is not legally required to use funds to help pay postretirement benefits, the Plan's accumulated postretirement benefit obligation (APBO) and changes in APBO do not reflect the amounts associated with the Medicare subsidy to the Employer for the prescription drug coverage.

3. FAIR VALUE MEASUREMENTS

The Plan measures, monitors, and discloses its assets on a fair value basis in accordance with Financial Accounting Standards Board Accounting Standards Codification 820 (ASC 820) Fair Value Measurements and Disclosures. ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 – Valuations based on quoted prices for identical assets or liabilities in active markets;
- Level 2 – Valuations based on quoted prices for similar assets or liabilities or identical assets or liabilities in less active markets, such as dealer or broker markets;
- Level 3 – Valuations derived from valuation techniques in which one or more significant inputs or significant value drivers are unobservable, such as pricing models, discounted cash flow models and similar techniques not based on market, exchange, dealer or broker-traded transactions.

Note:

3. FAIR VALUE MEASUREMENTS (Continued):

The following is a description of the valuation methodologies used for assets measured at fair value:

Money market funds are valued at a stable $1.00 net asset value, which is the value at which the fund is traded and approximates fair value of the underlying investments. Money market funds are considered Level 1 investments.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

	Value Measurements Using:			
	Quoted Prices in Active Markets For identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
December 31, 2015				
Money market fund	$ 38,301	$ -	$ -	$ 38,301
December 31, 2014				
Money market fund	$127,301	$ -	$ -	$127,301

The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

4. INVESTMENTS

The Plan's investments are held by a bank-administered trust fund. The fair value of individual investments that represent 5% or more of the Plan's net assets as of December 31, 2015 and 2014 is as follows:

	2015	2014
Wells Fargo Advantage Cash Investment Money Market Fund – Service Class	$ 38,031	$127,301

Interest income received from the money market fund totaled $99 and $93 in 2015 and 2014, respectively.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2015 AND 2014

Note:

5. PLAN BENEFIT OBLIGATIONS

The Plan's deficiency of net assets over benefit obligation at December 31, 2015 and 2014 relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate. It is expected that the deficiency will be funded on an as needed basis.

6. TAX STATUS

The Trust established under the Plan to hold the Plan's assets obtained its latest determination letter on January 17, 1984, in which the Internal Revenue Service stated that the Trust, as then designed, was in compliance with Section 501(c)(9) of the Internal Revenue Code (IRC), and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Trust is currently designed and being operated in compliance with the applicable requirements of the IRC.

7. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	2015	2014
Net assets available for benefits per the financial statements	$86,697	$89,523
Benefit obligations currently payable (health claims, death and disability benefits)	(43,962)	(5,101)
Net assets available for benefits per Form 5500	$42,735	$84,422

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Form 5500:

	2015	2014
Change in net assets available for benefits per the financial statements	($ 2,826)	$11,416
Change in amounts currently payable	(38,861)	18,546
Change in net assets available for benefits per Form 5500	($41,687)	$29,962

Amounts currently payable to or for participants, dependents and beneficiaries are recorded on Form 5500 for benefits claims that have been processed and approved for payments prior to December 31, but not yet paid as of that date.

Note:

8. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, in the event of termination, and in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved by the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan.

9. PARTY-IN-INTEREST TRANSACTIONS

BCBSIL, a party-in-interest to the Plan, received administrative and stop loss insurance fees from the Plan of $599,742 and $562,146 during the years ended December 31, 2015 and 2014, respectively. Amounts payable to BCBS for the aforementioned fees were $51,366 and $48,023 at December 31, 2015 and 2014, respectively

10. RISKS AND UNCERTAINITIES

Contributions to the Plan and the actuarial present value of accumulated postretirement benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

The Plan invests in a combination of investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

11. SUBSEQUENT EVENTS

Management has evaluated subsequent events through June 14, 2016, the date the financial statements were available to be issued. Based on our evaluation, no additional material events have occurred requiring disclosure.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

SUPPLEMENTARY FINANCIAL INFORMATION

DECEMBER 31, 2015

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4(i)
E.I.N. 36-2094164 PLAN NUMBER 501
DECEMBER 31, 2015

(a)	(b) Identity of Issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Cash Investment Money Market Fund – Service Class	$38,031	$38,031

* Represents party-in-interest

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST
SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, PART IV, LINE 4(j)
E.I.N. 36-2094164 PLAN NUMBER 501
DECEMBER 31, 2015

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Current cost of asset	(f) Current value of asset on transaction date
Wells Fargo Bank, N.A.	Money market fund:				
	Purchases	$3,647,240	$ -	$3,647,240	$3,647,240
	Sales	$ -	$3,736,608	$3,736,608	$3,736,608

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

FIVE-YEAR SUMMARY OF OPERATIONS

	Years Ended December 31				
	2015	2014	2013	2012	2011
ADDITIONS:					
Contributions					
Employer	$2,775,000	$2,375,000	$2,265,000	$2,303,370	$2,250,000
Employee	872,240	835,059	730,399	703,720	656,186
Interest Income	99	93	92	88	96
Voluntary supplemental benefits	287,495	258,854	252,399	-	-
Employer provided life, long-term disability and AD&D benefits	66,116	56,409	57,799	60,766	19,469
Total additions	4,000,950	3,525,415	3,305,689	3,350,358	2,925,751
DEDUCTIONS:					
Claims paid, net of refunds	3,050,421	2,636,590	2,528,169	2,402,457	2,383,890
Group insurance premiums, net with fees	599,744	562,146	523,843	549,146	561,740
Voluntary supplemental benefits	287,495	258,854	252,399	282,414	-
Employer provided life, long-term disability and AD&D benefits	66,116	56,409	57,799	60,766	19,469
Total deductions	4,003,776	3,513,999	3,362,210	3,294,783	2,965,099
NET INCREASE (DECREASE)	(2,826)	11,416	(56,521)	55,575	(39,348)
NET ASSETS AVAILABLE FOR BENEIFTS, BEGINNING OF YEAR	89,523	78,107	134,628	79,053	18,401
NET ASSETS AVAILABLE FOR BENEIFTS, END OF YEAR	$ 86,697	$ 89,523	$ 78,107	$ 134,628	$ 79,053
NUMBER OF ACTIVE PARTICIPANTS AT YEAR-END	201	190	193	188	186

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

FINANCIAL STATEMENTS

Years Ended December 31, 2015 and 2014

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NOTE: Supplemental schedules required by the Employee Retirement Income Security Act of 1974 that have not been included herein are not applicable to the Blistex Inc. Employee Benefit Plan and Trust.

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INDEPENDENT AUDITOR'S REPORT

TO THE PLAN TRUSTEES OF
BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

We have audited the accompanying financial statements of Blistex Inc. Employee Benefit Plan and Trust (the Plan), which comprise the statements of net assets available for benefits and of plan's benefit obligations as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits and of changes in plan's benefit obligations for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the Unites States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Blistex Inc. Employee Benefit Plan and Trust as of December 31, 2015 and 2014, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of reportable transactions that are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The accompanying supplemental five-year summary of operations is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Pagliuco Ozalas & Associates, P.C.

June 14, 2016

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2015 AND 2014

	2015	2014
ASSETS:		
Cash	$100,032	$ 10,245
Investments, at fair value:		
Nonparticipant-directed investments	38,031	127,301
TOTAL ASSETS	138,063	137,546
LIABILITIES:		
Accrued expenses	51,366	48,023
NET ASSETS AVAILABLE FOR BENEFITS	$ 86,697	$ 89,523

The accompanying notes are an integral part of the financial statements.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2015 AND 2014

	2015	2014
ADDITIONS:		
Additions to net assets attributed to:		
Contributions		
Employer	$2,775,000	$2,375,000
Participants	872,240	835,059
Total contributions	3,647,240	3,210,059
Interest Income	99	93
Voluntary supplemental benefits	287,495	258,854
Employer provided life, long-term disability and AD&D benefits	66,116	56,409
TOTAL ADDITIONS TO NET ASSETS	4,000,950	3,525,415
DEDUCTIONS:		
Deductions from net assets attributed to:		
Claims paid, net of refunds	3,050,421	2,636,590
Group insurance premiums, net with fees	599,744	562,146
Voluntary supplemental benefits	287,495	258,854
Employer provided life, long-term disability and AD&D benefits	66,116	56,409
TOTAL DEDUCTIONS FROM NET ASSETS	4,003,776	3,513,999
NET INCREASE (DECREASE)	(2,826)	11,416
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	89,523	78,107
End of year	$ 86,697	$ 89,523

The accompanying notes are an integral part of the financial statements.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS

DECEMBER 31, 2015 AND 2014

	2015	2014
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS AND DEPENDENTS		
Health claims payable	$ 43,962	$ 5,101
OTHER OBLIGATIONS FOR CURRENT COVERAGE AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims incurred but not reported	158,143	128,435
Total obligations other than postretirement benefit obligations	202,105	133,536
POSTRETIREMENT BENEFIT OBLIGATIONS		
Current retirees	5,116,354	4,892,913
Other participants fully eligible for benefits	3,209,681	1,870,003
Other participants not yet fully eligible for benefits	10,896,398	11,943,051
Total postretirement benefit obligations	19,222,433	18,705,967
TOTAL PLAN'S BENEFIT OBLIGATIONS	$19,424,538	$18,839,503

The accompanying notes are an integral part of the financial statements.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2015 AND 2014

	2015	2014
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS AND DEPENDENTS		
Balance at beginning of year	$ 5,101	$ 23,647
Claims reported and approved for payment	3,089,282	2,618,044
Claims paid	(3,050,421)	(2,636,590)
Balance at end of year	43,962	5,101
OTHER OBLIGATIONS FOR CURRENT COVERAGE AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at beginning of year	128,435	129,432
Net changes during the year	29,708	(997)
Balance at end of year	158,143	128,435
Total obligations other than postretirement benefit obligations	202,105	133,536
ACTUARIAL PRESENT VALUE OF POSTRETIREMENT BENEFIT OBLIGATIONS		
Balance at beginning of year	18,705,967	15,620,681
Increase (decrease) during the year attributable to:		
Service cost	654,175	594,626
Interest cost	788,336	812,119
Participant contributions	101,152	103,216
Actuarial (gain) loss	(666,070)	1,935,458
Benefit payments	(361,127)	(360,133)
Net increase (decrease) during the year	516,466	3,085,286
Balance at end of year	19,222,433	18,705,967
TOTAL PLAN'S BENEFIT OBLIGATIONS AT END OF YEAR	$19,424,538	$18,839,503

The accompanying notes are an integral part of the financial statements.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2015 AND 2014

Note:

1. DESCRIPTION OF THE PLAN

The following description of the Blistex Inc. Employee Benefit Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

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Administration

Overall the responsibility for administering the Plan rests with the Plan committee and Trustees of the Plan. The Employer directly absorbs a majority of the costs related to the administration of the Plan.

Contributions

The Plan is funded through contributions by the Employer and employees. The Employer contributes amounts to the Plan that are necessary to fund claims and Plan expenses. Employees contribute specified amounts to the Plan, as determined by the Trustees of the Plan, through payroll deductions.

Benefits

The Plan provides health benefits (medical, hospital, surgical, major medical, prescription benefits, and dental), flexible spending accounts, life insurance, disability, and death benefits to all full-time Blistex Inc. employees with at least 30 days of service, and all permanent, part-time employees with at least 60 days of service, and to their eligible dependents. Retired employees who were hired prior to December 31, 2006, attained 62 years of age, and who have completed at least 10 years of continuous, active, full-time service immediately prior to retirement are eligible for participation in the medical, dental, and prescription programs. Retired employees who continue in these employer-sponsored programs must apply for Medicare at age 65. Employees who cease employment may also purchase group coverage under COBRA.

Benefits paid under the Plan are administered by Blue Cross Blue Shield of Illinois (BCBSIL) under a minimum premium group insurance contract. Terms of the agreement require the Plan to pay claims up to $80,000 per participant for the years ended December 31, 2015 and 2014, after which benefits are paid by BCBSIL.

Note:

1. DESCRIPTION OF THE PLAN (Continued):

Benefits (continued)

Other benefits including long-term disability, life and accidental death and dismemberment, and weekly disability income coverage are provided by the Plan and are fully insured through the purchase of coverage from a third party insurer. The Plan retains no risk of loss associated with these benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates in Preparing Financial Statements

The preparation of the Plan's financial statements in conformity with accounting standards generally accepted in the United State of America requires the Plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the actuarial present value of accumulated postretirement benefit obligations as of the benefit information date, the changes in net assets available for benefits during the reporting period, and when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Payment of Benefits

Insurance premiums, claims and administration of service fees for health care benefits are recorded when paid.

Health Claims Payable

Claims reported but not paid at year-end have been estimated based on claims payment data of the Plan.

Estimated Liability for Claims Incurred but Not Reported

The estimated liability for claims incurred but not reported is calculated based on the Plan's claims experience. This estimated reserve totaled $158,143 and $128,435 at December 31, 2015 and 2014, respectively.

Note:

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Valuation of Investments and Income Recognition

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of investments are recorded on the trade-date basis. Interest income is recorded on the cash basis.

Actuarial Present Value of Accumulated Postretirement Benefits

The amount reported as the accumulated postretirement benefit obligation represents the actuarial present value of these estimated future benefits that are attributed by the terms of the Plan to the employees' service rendered to the date of the financial statements, reduced by the actuarial present value of the contributions expected to be received in the future from current Plan participants. Postretirement benefits include current and future benefits expected to be paid to or for: (1) currently retired employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the sponsor. Prior to an active employee's full eligibility date, the postretirement benefit option is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

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

For measurement purposes, the following significant assumptions were used in the valuations as of December 31, 2015 and 2014, respectively:

The annual rate of increase in the per capita health care cost is 10.00% and 9.50% for 2015 and 2014, respectively. The rate was assumed to decrease gradually to 4% by 2028.

	2015	2014
Weighted-average discount rate	4.50%	4.25%
Average retirement age	65	65

Note:

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Actuarial Present Value of Accumulated Postretirement Benefits (Continued)

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

The weighted-average health care cost trend assumptions have a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the accumulated postretirement benefit obligation as of December 31, 2015 and 2014 by $335,244 and $305,553, respectively. A one percentage point decrease in each year would decrease the accumulated postretirement benefit obligation as of December 31, 2015 and 2014 by $257,678 and $237,654, respectively.

In December 2003, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 was passed, which introduces into law a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. As the Employer, not the Plan itself, will receive the subsidy and is not legally required to use funds to help pay postretirement benefits, the Plan's accumulated postretirement benefit obligation (APBO) and changes in APBO do not reflect the amounts associated with the Medicare subsidy to the Employer for the prescription drug coverage.

3. FAIR VALUE MEASUREMENTS

The Plan measures, monitors, and discloses its assets on a fair value basis in accordance with Financial Accounting Standards Board Accounting Standards Codification 820 (ASC 820) Fair Value Measurements and Disclosures. ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 – Valuations based on quoted prices for identical assets or liabilities in active markets;
- Level 2 – Valuations based on quoted prices for similar assets or liabilities or identical assets or liabilities in less active markets, such as dealer or broker markets;
- Level 3 – Valuations derived from valuation techniques in which one or more significant inputs or significant value drivers are unobservable, such as pricing models, discounted cash flow models and similar techniques not based on market, exchange, dealer or broker-traded transactions.

Note:

3. FAIR VALUE MEASUREMENTS (Continued):

The following is a description of the valuation methodologies used for assets measured at fair value:

Money market funds are valued at a stable $1.00 net asset value, which is the value at which the fund is traded and approximates fair value of the underlying investments. Money market funds are considered Level 1 investments.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

	Value Measurements Using:			
	Quoted Prices in Active Markets For identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
December 31, 2015				
Money market fund	$ 38,301	$ -	$ -	$ 38,301
December 31, 2014				
Money market fund	$127,301	$ -	$ -	$127,301

The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

4. INVESTMENTS

The Plan's investments are held by a bank-administered trust fund. The fair value of individual investments that represent 5% or more of the Plan's net assets as of December 31, 2015 and 2014 is as follows:

	2015	2014
Wells Fargo Advantage Cash Investment Money Market Fund – Service Class	$ 38,031	$127,301

Interest income received from the money market fund totaled $99 and $93 in 2015 and 2014, respectively.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2015 AND 2014

Note:

5. PLAN BENEFIT OBLIGATIONS

The Plan's deficiency of net assets over benefit obligation at December 31, 2015 and 2014 relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate. It is expected that the deficiency will be funded on an as needed basis.

6. TAX STATUS

The Trust established under the Plan to hold the Plan's assets obtained its latest determination letter on January 17, 1984, in which the Internal Revenue Service stated that the Trust, as then designed, was in compliance with Section 501(c)(9) of the Internal Revenue Code (IRC), and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Trust is currently designed and being operated in compliance with the applicable requirements of the IRC.

7. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	2015	2014
Net assets available for benefits per the financial statements	$86,697	$89,523
Benefit obligations currently payable (health claims, death and disability benefits)	(43,962)	(5,101)
Net assets available for benefits per Form 5500	$42,735	$84,422

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Form 5500:

	2015	2014
Change in net assets available for benefits per the financial statements	($ 2,826)	$11,416
Change in amounts currently payable	(38,861)	18,546
Change in net assets available for benefits per Form 5500	($41,687)	$29,962

Amounts currently payable to or for participants, dependents and beneficiaries are recorded on Form 5500 for benefits claims that have been processed and approved for payments prior to December 31, but not yet paid as of that date.

Note:

8. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, in the event of termination, and in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved by the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan.

9. PARTY-IN-INTEREST TRANSACTIONS

BCBSIL, a party-in-interest to the Plan, received administrative and stop loss insurance fees from the Plan of $599,742 and $562,146 during the years ended December 31, 2015 and 2014, respectively. Amounts payable to BCBS for the aforementioned fees were $51,366 and $48,023 at December 31, 2015 and 2014, respectively

10. RISKS AND UNCERTAINITIES

Contributions to the Plan and the actuarial present value of accumulated postretirement benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

The Plan invests in a combination of investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

11. SUBSEQUENT EVENTS

Management has evaluated subsequent events through June 14, 2016, the date the financial statements were available to be issued. Based on our evaluation, no additional material events have occurred requiring disclosure.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

SUPPLEMENTARY FINANCIAL INFORMATION

DECEMBER 31, 2015

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4(i)
E.I.N. 36-2094164 PLAN NUMBER 501
DECEMBER 31, 2015

(a)	(b) Identity of Issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Cash Investment Money Market Fund – Service Class	$38,031	$38,031

* Represents party-in-interest

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST
SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, PART IV, LINE 4(j)
E.I.N. 36-2094164 PLAN NUMBER 501
DECEMBER 31, 2015

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Current cost of asset	(f) Current value of asset on transaction date
Wells Fargo Bank, N.A.	Money market fund:				
	Purchases	$3,647,240	$ -	$3,647,240	$3,647,240
	Sales	$ -	$3,736,608	$3,736,608	$3,736,608

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

FIVE-YEAR SUMMARY OF OPERATIONS

	Years Ended December 31				
	2015	2014	2013	2012	2011
ADDITIONS:					
Contributions					
Employer	$2,775,000	$2,375,000	$2,265,000	$2,303,370	$2,250,000
Employee	872,240	835,059	730,399	703,720	656,186
Interest Income	99	93	92	88	96
Voluntary supplemental benefits	287,495	258,854	252,399	-	-
Employer provided life, long-term disability and AD&D benefits	66,116	56,409	57,799	60,766	19,469
Total additions	4,000,950	3,525,415	3,305,689	3,350,358	2,925,751
DEDUCTIONS:					
Claims paid, net of refunds	3,050,421	2,636,590	2,528,169	2,402,457	2,383,890
Group insurance premiums, net with fees	599,744	562,146	523,843	549,146	561,740
Voluntary supplemental benefits	287,495	258,854	252,399	282,414	-
Employer provided life, long-term disability and AD&D benefits	66,116	56,409	57,799	60,766	19,469
Total deductions	4,003,776	3,513,999	3,362,210	3,294,783	2,965,099
NET INCREASE (DECREASE)	(2,826)	11,416	(56,521)	55,575	(39,348)
NET ASSETS AVAILABLE FOR BENEIFTS, BEGINNING OF YEAR	89,523	78,107	134,628	79,053	18,401
NET ASSETS AVAILABLE FOR BENEIFTS, END OF YEAR	$ 86,697	$ 89,523	$ 78,107	$ 134,628	$ 79,053
NUMBER OF ACTIVE PARTICIPANTS AT YEAR-END	201	190	193	188	186

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

FINANCIAL STATEMENTS

Years Ended December 31, 2015 and 2014

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NOTE: Supplemental schedules required by the Employee Retirement Income Security Act of 1974 that have not been included herein are not applicable to the Blistex Inc. Employee Benefit Plan and Trust.

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INDEPENDENT AUDITOR'S REPORT

TO THE PLAN TRUSTEES OF
BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

We have audited the accompanying financial statements of Blistex Inc. Employee Benefit Plan and Trust (the Plan), which comprise the statements of net assets available for benefits and of plan's benefit obligations as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits and of changes in plan's benefit obligations for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the Unites States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Blistex Inc. Employee Benefit Plan and Trust as of December 31, 2015 and 2014, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of reportable transactions that are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The accompanying supplemental five-year summary of operations is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Pagliuco Ozalas & Associates, P.C.

June 14, 2016

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2015 AND 2014

	2015	2014
ASSETS:		
Cash	$100,032	$ 10,245
Investments, at fair value:		
Nonparticipant-directed investments	38,031	127,301
TOTAL ASSETS	138,063	137,546
LIABILITIES:		
Accrued expenses	51,366	48,023
NET ASSETS AVAILABLE FOR BENEFITS	$ 86,697	$ 89,523

The accompanying notes are an integral part of the financial statements.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2015 AND 2014

	2015	2014
ADDITIONS:		
Additions to net assets attributed to:		
Contributions		
Employer	$2,775,000	$2,375,000
Participants	872,240	835,059
Total contributions	3,647,240	3,210,059
Interest Income	99	93
Voluntary supplemental benefits	287,495	258,854
Employer provided life, long-term disability and AD&D benefits	66,116	56,409
TOTAL ADDITIONS TO NET ASSETS	4,000,950	3,525,415
DEDUCTIONS:		
Deductions from net assets attributed to:		
Claims paid, net of refunds	3,050,421	2,636,590
Group insurance premiums, net with fees	599,744	562,146
Voluntary supplemental benefits	287,495	258,854
Employer provided life, long-term disability and AD&D benefits	66,116	56,409
TOTAL DEDUCTIONS FROM NET ASSETS	4,003,776	3,513,999
NET INCREASE (DECREASE)	(2,826)	11,416
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	89,523	78,107
End of year	$ 86,697	$ 89,523

The accompanying notes are an integral part of the financial statements.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS

DECEMBER 31, 2015 AND 2014

	2015	2014
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS AND DEPENDENTS		
Health claims payable	$ 43,962	$ 5,101
OTHER OBLIGATIONS FOR CURRENT COVERAGE AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims incurred but not reported	158,143	128,435
Total obligations other than postretirement benefit obligations	202,105	133,536
POSTRETIREMENT BENEFIT OBLIGATIONS		
Current retirees	5,116,354	4,892,913
Other participants fully eligible for benefits	3,209,681	1,870,003
Other participants not yet fully eligible for benefits	10,896,398	11,943,051
Total postretirement benefit obligations	19,222,433	18,705,967
TOTAL PLAN'S BENEFIT OBLIGATIONS	$19,424,538	$18,839,503

The accompanying notes are an integral part of the financial statements.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2015 AND 2014

	2015	2014
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS AND DEPENDENTS		
Balance at beginning of year	$ 5,101	$ 23,647
Claims reported and approved for payment	3,089,282	2,618,044
Claims paid	(3,050,421)	(2,636,590)
Balance at end of year	43,962	5,101
OTHER OBLIGATIONS FOR CURRENT COVERAGE AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at beginning of year	128,435	129,432
Net changes during the year	29,708	(997)
Balance at end of year	158,143	128,435
Total obligations other than postretirement benefit obligations	202,105	133,536
ACTUARIAL PRESENT VALUE OF POSTRETIREMENT BENEFIT OBLIGATIONS		
Balance at beginning of year	18,705,967	15,620,681
Increase (decrease) during the year attributable to:		
Service cost	654,175	594,626
Interest cost	788,336	812,119
Participant contributions	101,152	103,216
Actuarial (gain) loss	(666,070)	1,935,458
Benefit payments	(361,127)	(360,133)
Net increase (decrease) during the year	516,466	3,085,286
Balance at end of year	19,222,433	18,705,967
TOTAL PLAN'S BENEFIT OBLIGATIONS AT END OF YEAR	$19,424,538	$18,839,503

The accompanying notes are an integral part of the financial statements.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2015 AND 2014

Note:

1. DESCRIPTION OF THE PLAN

The following description of the Blistex Inc. Employee Benefit Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan was established in 1982 to provide health care benefits for eligible Blistex Inc. (Employer) employees, their dependents and retired employees. The Plan also provides basic and voluntary life, long-term disability and accidental death, and disability to all employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Administration

Overall the responsibility for administering the Plan rests with the Plan committee and Trustees of the Plan. The Employer directly absorbs a majority of the costs related to the administration of the Plan.

Contributions

The Plan is funded through contributions by the Employer and employees. The Employer contributes amounts to the Plan that are necessary to fund claims and Plan expenses. Employees contribute specified amounts to the Plan, as determined by the Trustees of the Plan, through payroll deductions.

Benefits

The Plan provides health benefits (medical, hospital, surgical, major medical, prescription benefits, and dental), flexible spending accounts, life insurance, disability, and death benefits to all full-time Blistex Inc. employees with at least 30 days of service, and all permanent, part-time employees with at least 60 days of service, and to their eligible dependents. Retired employees who were hired prior to December 31, 2006, attained 62 years of age, and who have completed at least 10 years of continuous, active, full-time service immediately prior to retirement are eligible for participation in the medical, dental, and prescription programs. Retired employees who continue in these employer-sponsored programs must apply for Medicare at age 65. Employees who cease employment may also purchase group coverage under COBRA.

Benefits paid under the Plan are administered by Blue Cross Blue Shield of Illinois (BCBSIL) under a minimum premium group insurance contract. Terms of the agreement require the Plan to pay claims up to $80,000 per participant for the years ended December 31, 2015 and 2014, after which benefits are paid by BCBSIL.

Note:

1. DESCRIPTION OF THE PLAN (Continued):

Benefits (continued)

Other benefits including long-term disability, life and accidental death and dismemberment, and weekly disability income coverage are provided by the Plan and are fully insured through the purchase of coverage from a third party insurer. The Plan retains no risk of loss associated with these benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates in Preparing Financial Statements

The preparation of the Plan's financial statements in conformity with accounting standards generally accepted in the United State of America requires the Plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the actuarial present value of accumulated postretirement benefit obligations as of the benefit information date, the changes in net assets available for benefits during the reporting period, and when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Payment of Benefits

Insurance premiums, claims and administration of service fees for health care benefits are recorded when paid.

Health Claims Payable

Claims reported but not paid at year-end have been estimated based on claims payment data of the Plan.

Estimated Liability for Claims Incurred but Not Reported

The estimated liability for claims incurred but not reported is calculated based on the Plan's claims experience. This estimated reserve totaled $158,143 and $128,435 at December 31, 2015 and 2014, respectively.

Note:

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Valuation of Investments and Income Recognition

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of investments are recorded on the trade-date basis. Interest income is recorded on the cash basis.

Actuarial Present Value of Accumulated Postretirement Benefits

The amount reported as the accumulated postretirement benefit obligation represents the actuarial present value of these estimated future benefits that are attributed by the terms of the Plan to the employees' service rendered to the date of the financial statements, reduced by the actuarial present value of the contributions expected to be received in the future from current Plan participants. Postretirement benefits include current and future benefits expected to be paid to or for: (1) currently retired employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the sponsor. Prior to an active employee's full eligibility date, the postretirement benefit option is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

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

For measurement purposes, the following significant assumptions were used in the valuations as of December 31, 2015 and 2014, respectively:

The annual rate of increase in the per capita health care cost is 10.00% and 9.50% for 2015 and 2014, respectively. The rate was assumed to decrease gradually to 4% by 2028.

	2015	2014
Weighted-average discount rate	4.50%	4.25%
Average retirement age	65	65

Note:

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Actuarial Present Value of Accumulated Postretirement Benefits (Continued)

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

The weighted-average health care cost trend assumptions have a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the accumulated postretirement benefit obligation as of December 31, 2015 and 2014 by $335,244 and $305,553, respectively. A one percentage point decrease in each year would decrease the accumulated postretirement benefit obligation as of December 31, 2015 and 2014 by $257,678 and $237,654, respectively.

In December 2003, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 was passed, which introduces into law a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. As the Employer, not the Plan itself, will receive the subsidy and is not legally required to use funds to help pay postretirement benefits, the Plan's accumulated postretirement benefit obligation (APBO) and changes in APBO do not reflect the amounts associated with the Medicare subsidy to the Employer for the prescription drug coverage.

3. FAIR VALUE MEASUREMENTS

The Plan measures, monitors, and discloses its assets on a fair value basis in accordance with Financial Accounting Standards Board Accounting Standards Codification 820 (ASC 820) Fair Value Measurements and Disclosures. ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 – Valuations based on quoted prices for identical assets or liabilities in active markets;
- Level 2 – Valuations based on quoted prices for similar assets or liabilities or identical assets or liabilities in less active markets, such as dealer or broker markets;
- Level 3 – Valuations derived from valuation techniques in which one or more significant inputs or significant value drivers are unobservable, such as pricing models, discounted cash flow models and similar techniques not based on market, exchange, dealer or broker-traded transactions.

Note:

3. FAIR VALUE MEASUREMENTS (Continued):

The following is a description of the valuation methodologies used for assets measured at fair value:

Money market funds are valued at a stable $1.00 net asset value, which is the value at which the fund is traded and approximates fair value of the underlying investments. Money market funds are considered Level 1 investments.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

	Value Measurements Using:			
	Quoted Prices in Active Markets For identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
December 31, 2015				
Money market fund	$ 38,301	$ -	$ -	$ 38,301
December 31, 2014				
Money market fund	$127,301	$ -	$ -	$127,301

The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

4. INVESTMENTS

The Plan's investments are held by a bank-administered trust fund. The fair value of individual investments that represent 5% or more of the Plan's net assets as of December 31, 2015 and 2014 is as follows:

	2015	2014
Wells Fargo Advantage Cash Investment Money Market Fund – Service Class	$ 38,031	$127,301

Interest income received from the money market fund totaled $99 and $93 in 2015 and 2014, respectively.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2015 AND 2014

Note:

5. PLAN BENEFIT OBLIGATIONS

The Plan's deficiency of net assets over benefit obligation at December 31, 2015 and 2014 relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate. It is expected that the deficiency will be funded on an as needed basis.

6. TAX STATUS

The Trust established under the Plan to hold the Plan's assets obtained its latest determination letter on January 17, 1984, in which the Internal Revenue Service stated that the Trust, as then designed, was in compliance with Section 501(c)(9) of the Internal Revenue Code (IRC), and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Trust is currently designed and being operated in compliance with the applicable requirements of the IRC.

7. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	2015	2014
Net assets available for benefits per the financial statements	$86,697	$89,523
Benefit obligations currently payable (health claims, death and disability benefits)	(43,962)	(5,101)
Net assets available for benefits per Form 5500	$42,735	$84,422

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Form 5500:

	2015	2014
Change in net assets available for benefits per the financial statements	($ 2,826)	$11,416
Change in amounts currently payable	(38,861)	18,546
Change in net assets available for benefits per Form 5500	($41,687)	$29,962

Amounts currently payable to or for participants, dependents and beneficiaries are recorded on Form 5500 for benefits claims that have been processed and approved for payments prior to December 31, but not yet paid as of that date.

Note:

8. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, in the event of termination, and in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved by the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan.

9. PARTY-IN-INTEREST TRANSACTIONS

BCBSIL, a party-in-interest to the Plan, received administrative and stop loss insurance fees from the Plan of $599,742 and $562,146 during the years ended December 31, 2015 and 2014, respectively. Amounts payable to BCBS for the aforementioned fees were $51,366 and $48,023 at December 31, 2015 and 2014, respectively

10. RISKS AND UNCERTAINITIES

Contributions to the Plan and the actuarial present value of accumulated postretirement benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

The Plan invests in a combination of investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

11. SUBSEQUENT EVENTS

Management has evaluated subsequent events through June 14, 2016, the date the financial statements were available to be issued. Based on our evaluation, no additional material events have occurred requiring disclosure.

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

SUPPLEMENTARY FINANCIAL INFORMATION

DECEMBER 31, 2015

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4(i)
E.I.N. 36-2094164 PLAN NUMBER 501
DECEMBER 31, 2015

(a)	(b) Identity of Issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Cash Investment Money Market Fund – Service Class	$38,031	$38,031

* Represents party-in-interest

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST
SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, PART IV, LINE 4(j)
E.I.N. 36-2094164 PLAN NUMBER 501
DECEMBER 31, 2015

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Current cost of asset	(f) Current value of asset on transaction date
Wells Fargo Bank, N.A.	Money market fund:				
	Purchases	$3,647,240	$ -	$3,647,240	$3,647,240
	Sales	$ -	$3,736,608	$3,736,608	$3,736,608

BLISTEX INC. EMPLOYEE BENEFIT PLAN AND TRUST

FIVE-YEAR SUMMARY OF OPERATIONS

	Years Ended December 31				
	2015	2014	2013	2012	2011
ADDITIONS:					
Contributions					
Employer	$2,775,000	$2,375,000	$2,265,000	$2,303,370	$2,250,000
Employee	872,240	835,059	730,399	703,720	656,186
Interest Income	99	93	92	88	96
Voluntary supplemental benefits	287,495	258,854	252,399	-	-
Employer provided life, long-term disability and AD&D benefits	66,116	56,409	57,799	60,766	19,469
Total additions	4,000,950	3,525,415	3,305,689	3,350,358	2,925,751
DEDUCTIONS:					
Claims paid, net of refunds	3,050,421	2,636,590	2,528,169	2,402,457	2,383,890
Group insurance premiums, net with fees	599,744	562,146	523,843	549,146	561,740
Voluntary supplemental benefits	287,495	258,854	252,399	282,414	-
Employer provided life, long-term disability and AD&D benefits	66,116	56,409	57,799	60,766	19,469
Total deductions	4,003,776	3,513,999	3,362,210	3,294,783	2,965,099
NET INCREASE (DECREASE)	(2,826)	11,416	(56,521)	55,575	(39,348)
NET ASSETS AVAILABLE FOR BENEIFTS, BEGINNING OF YEAR	89,523	78,107	134,628	79,053	18,401
NET ASSETS AVAILABLE FOR BENEIFTS, END OF YEAR	$ 86,697	$ 89,523	$ 78,107	$ 134,628	$ 79,053
NUMBER OF ACTIVE PARTICIPANTS AT YEAR-END	201	190	193	188	186