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:
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FELIX SCHOELLER NORTH AMERICA INC WELFARE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 04/01/1986

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)

FELIX SCHOELLER NORTH AMERICA INC

PO BOX 250
PULASKI, NY 13142-0250

2b Employer Identification Number (EIN)
38-1685745

2c Plan Sponsor's telephone number
315-298-5133

2d Business code (see instructions)
322100

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.	09/09/2016	STEPHEN EVANS
	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)

KRISTIN MOHAT

ENV INSURANCE AGENCY

7789 OSWEGO ROAD
LIVERPOOL, NY 13090

Preparer's telephone number

315-641-5848

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	265
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)**	100
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	100
b	Retired or separated participants receiving benefits	**6b**	147
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	247
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	247
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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[ ] Trust	**(3)**	[ ] Trust
(4)	[X] General assets of the sponsor	**(4)**	[X] 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)** [ ] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 5 **A** (Insurance Information)
- **(4)** [ ] **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
FELIX SCHOELLER NORTH AMERICA INC WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
FELIX SCHOELLER NORTH AMERICA INC

D Employer Identification Number (EIN)
38-1685745

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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	61396	247	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
4966	

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

ENV INSURANCY AGENCY
7789 OSWEGO ROAD
LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4966			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	

(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** [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** [X] Other (specify) ▶ ACCIDENTAL DEATH & DISMEMBERMENT

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(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**	47606
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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
FELIX SCHOELLER NORTH AMERICA INC WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
FELIX SCHOELLER NORTH AMERICA INC

D Employer Identification Number (EIN)
38-1685745

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
EXCELLUS BLUE CROSS BLUE SHIELD

(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
15-0329043	55107	00007740	100	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
37500	

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

ENV INSURANCY AGENCY
7789 OSWEGO ROAD
LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
37500			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		
	(c) Amount	(d) Purpose	(e) Organization code

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

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

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

(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** [X] 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** [X] 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)**	1102952		
(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)**	1102952
b Benefit charges (1) Claims paid	**9b(1)**	678866		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	678866
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	37500		
(B) Administrative service or other fees	**9c(1)(B)**	227674		
(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)**	265174
(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**	
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
FELIX SCHOELLER NORTH AMERICA INC WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
FELIX SCHOELLER NORTH AMERICA INC

D Employer Identification Number (EIN)
38-1685745

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
HARTFORD 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
06-0974148	88072	ADD008542	20	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
390	

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

ENV INSURANCY AGENCY
7789 OSWEGO ROAD
LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
390	21	BONUS	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	

(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) ▶ ACCIDENTAL DEATH AND DISMEMBERMENT

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**	2605
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
FELIX SCHOELLER NORTH AMERICA INC WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
FELIX SCHOELLER NORTH AMERICA INC

D Employer Identification Number (EIN)
38-1685745

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 GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(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
13-5123390	64246	407080	100	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
3094	

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

ENV INSURANCY AGENCY
7789 OSWEGO ROAD
LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
3094	3414		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		
	(c) Amount	(d) Purpose	(e) Organization code

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

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

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

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
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**	72995
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
FELIX SCHOELLER NORTH AMERICA INC WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
FELIX SCHOELLER NORTH AMERICA INC

D Employer Identification Number (EIN)
38-1685745

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
EXCELLUS BLUE CROSS BLUE SHIELD

(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
15-0329043	55107	1	1	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
0	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

(b) 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** [X] 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**	3499
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. ▶

Excellus

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Data Information for Schedule A 5500
Insurance Information

Name of Carrier EXCELLUS BLUE CROSS BLUE SHIELD **EIN** 150329043 **NAIC Code** 55107

Group Name Felix Schoeller Technical Papers
Group Address 179 Co Rte 2A, PO Box 250 , Pulaski, NY 13142

Plan Year 01/01/2015 - 12/31/2015 **Funding Arrangement** Community - Medicare Risk

Group Number	Subgroup Number	Erisa Plan Description	Contracts at End of Plan Year	Premium Amount Received	Claims Paid	Socialized Brokerage Commision	Administrative Service or Other Fees	Total Retention	RSR
00500509	0001	MEDICAL wRX	1	3,499.20	N/A	N/A	N/A	N/A	
		Totals:	**1**	**3,499.20**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Broker Name & Address	Commision Paid
ENV INSURANCE AGENCY, LLC, 7789 OSWEGO ROAD, LIVERPOOL, NY 13090	0.00
Totals:	**$0.00**

Note: This is not the actual IRS Form 5500 Schedule A. This is an informational data sheet only.

Excellus

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Data Information for Schedule A 5500
Insurance Information

Name of Carrier EXCELLUS BLUE CROSS BLUE SHIELD **EIN** 150329043 **NAIC Code** 55107

Group Name Felix Schoeller Technical Papers
Group Address 179 Co Rte 2A, PO Box 250 , Pulaski, NY 13142

Plan Year 01/01/2015 - 12/31/2015 **Funding Arrangement** Contingent Premium

Group Number	Subgroup Number	Erisa Plan Description	Contracts at End of Plan Year	Premium Amount Received	Claims Paid	Socialized Brokerage Commision	Administrative Service or Other Fees	Total Retention	RSR
00007740		Medical/Rx	100	$1,102,952	$678,866	$37,500	$227,674	$265,174	N/A
		Totals:	**100**	**1,102,951.61**	**678,865.98**	**37,500.35**	**227,673.65**	**265,174.00**	**0.00**

Broker Name & Address	Commision Paid
ENV INSURANCE AGENCY, LLC, 7789 OSWEGO ROAD, LIVERPOOL, NY 13090	37,500
Totals:	**$37,500.35**

Note: This is not the actual IRS Form 5500 Schedule A. This is an informational data sheet only.

GUARDIAN

STEPHEN EVANS
FELIX SCHOELLER TECHNICAL PAPERS, INC.
179 COUNTY ROUTE 2A
PULASKI, NY 13142

March 04, 2016

Plan Number : 00407080
Anniversary Date : 1/1/16

To help you with the preparation of your form 5500 (Annual Return / Report of Employee Benefit Plan ERISA) for filing with the Department of Labor, we are providing the following information.

You are required to transfer the information from this form to the appropriate schedule, forming Part of the 5500 form furnished by the United States Department of Labor. You will also need Guardian's Tax ID (EIN) and NAIC numbers, which are as follows :

EIC : 13-5123390

NAIC: 64246

A copy of this form should be retained for your records.

Certified to be correct

The Guardian Life Insurance Company of America.

Brent S. McCann

1-888-278-4542

GUARDIAN

Name of Plan : **FELIX SCHOELLER TECHNICAL PAPERS, INC.**

Plan Number : **00407080**

Data for Period From : **1/1/15** To : **12/31/15**

The approximate number of employees covered at the end of the plan year : 100

Group Insurance coverage(s) included under this Plan :

Dental (Insured)

The following figure represents commissions that are to be reported on Schedule A, Line 2, Element (b):

Contract Identification	Name and Address of Recipient of Commissions	Amount
000RV628	ENV INSURANCE AGENCY LLC 7789 OSWEGO RD LIVERPOOL NY 13090	$3,094.93
	Total Commission Paid	**$3,094.93**

The following figure represents fees that are to be reported on Schedule A, Line 2, Element (c):

Contract Identification	Name of Recipient of Fees	Amount
000B7492	ENV INSURANCE AGENCY LLC	$3,414.29
	Total Fees Paid	**$3,414.29**

However, the compensation listed above is not charged to your case in calculating new rates.

Premium due and unpaid at the end of plan year	:	**$0.00**
List gross premium for each contract	:	**$72,995.56**

Name of Plan: *FELIX SCHOELLER TECHNICAL PAPERS, INC.*

Plan Number: 00407080

The following figure represents Indirect Compensation to be reported on Schedule C, Part 1, 3, Elements (a & c)

Contract Identification (a)	Name and Address of Recipient of Indirect Compensation (a)	Amount (c)
	Total Indirect Compensation Paid:	

The following is for Indirect Compensation information to be reported on Schedule C, Part 1, 3, Elements (b, d & e)

Service Code (b)	Name and Address (d)	Indirect Compensation (e)



March 15, 2016

SCHOELLER TECHNICAL PAPERS
MELISSA WOODS
179 COUNTY ROUTE 2A
PULASKI, NY-13142-0250

Dear Policyholder:

Attached is your certified Annual Statement of Premiums and Producer Compensation. This statement provides a concise summary of information related to your group benefits policy(ies) with The Hartford.[1] If you are required to complete and file Schedule A to IRS Form 5500, the information contained on the statement may assist you during this process. The Hartford certifies to the accuracy and completeness of the information provided.

To help you accurately read your statement, defined below are selected terms used in the report:

- **Premiums** – premium payments paid and applied during the policy year.
- **Commissions** – base commissions paid to your insurance producer on premiums received and applied during the policy year.
- **Fees** – fees are other compensation paid to your insurance producer for providing administrative or other services related to your policy. If you are filing Schedule A to IRS Form 5500, **Fees** should be recorded as "Fees" on Schedule A.
- **Bonus Paid** – an allocation related to your policy or policies of contingent compensation (cash or non-cash) payable to producers on all policies that were considered in determining the producer's eligibility for bonus payments and/or the actual calculation of any such bonus payment. If you are filing Schedule A to IRS Form 5500, **Bonus Paid** should be recorded as "Fees" on Schedule A.
- **Additional Compensation** - an allocation related to your policy or policies of non-contingent compensation (cash or non-cash) payable to producers on all policies that were considered in determining the producer's eligibility for additional compensation and/or the actual calculation of any such additional compensation. If you are filing Schedule A to IRS Form 5500, **Additional Compensation** should be recorded as "Fees" on Schedule A.

We appreciate your business and look forward to continuing to serve your group benefits needs. If you need additional information, please contact your Hartford representative or call Customer Service at (800) 523-2233 or via e-mail gbdcommissions@hartfordlife.com.

Sincerely,

David Kryzanski

David R. Kryzanski
Vice President
Client Operations
P.O. Box 2999
Hartford, CT 06104-2999

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

The Hartford
Group Benefits Division
Annual Statement of Premiums and Producer Compensation



For: SCHOELLER TECHNICAL PAPERS

Policyholder and Address

SCHOELLER TECHNICAL PAPERS
MELISSA WOODS
179 COUNTY ROUTE 2A
PULASKI, NY-13142-0250

Plan/Policy Year – 01/01/2015 to 12/31/2015

Name of Insurance Carrier	EIN	NAIC Code	Policy Number
HARTFORD LIFE AND ACCIDENT	06-0838648	70815	ADD008542

Premium was applied as follows during the Plan/Policy Year –

Policy Number	Type of Benefit	Premium Applied	Approximate # of Lives Covered
ADD008542	ACCIDENTAL DEATH & DISMEMBERMENT	$2,605.65	SEE POLICYHOLDER RECORDS
	Total	$2,605.65	

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The Hartford
Group Benefits Division
Annual Statement of Premiums and Producer Compensation



For: SCHOELLER TECHNICAL PAPERS

Insurer paid the following compensation during the Plan/Policy Year –

Producer and Address	Org Code	Policy Number	Commissions Paid	Fees Paid	(1)Bonus Paid	(2)Additional Compensation Paid
ENV FINANCIAL SERVICES 7789 OSWEGO ROAD LIVERPOOL, NY-13090	3	ADD008542	$ 390.85	$0.00	21.14	$0.00
		Total	$ 390.85	$0.00	21.14	$0.00

(1)Bonus Paid represents an allocation of contingent compensation (cash or non-cash) payable to the named producer on all policies that were considered in determining the producer's eligibility for and/or the actual calculation of any such bonus payment. These amounts are not directly charged to your policy premium rates but represent overhead expense incurred by The Hartford.

(2)Additional Compensation represents an allocation of non-contingent compensation (cash or non-cash) payable to the named producer on all policies that were considered in determining the producer's eligibility for and/or the actual calculation of any such additional compensation. These amounts are not directly charged to your policy premium rates but represent overhead expense incurred by The Hartford.

The Hartford compensates producers for the sale and service of our products. In most cases, producers are paid a commission, which is fixed or based on a percentage of the premium. In addition, producers may be eligible for various forms of incentive compensation, including contingent commission and other non-cash awards. Incentive compensation is based upon a variety of factors that may include the level of premium written, retention and growth of premium, overall profitability, or other performance measures. Some of our producers elect not to accept some or all forms of compensation from The Hartford. Please direct specific questions about your insurance producer's compensation to your producer.

Prudential

The Prudential Insurance Company of America
Group Insurance
Client Operations Service Center
P.O. Box 7827
Philadelphia, PA 19176

July 05, 2016

ENV INSURANCE AGENCY LLC
7789 OSWEGO ROAD
LIVERPOOL,NY 13090

RE: ERISA for Felix Schoeller North America, Inc.
Control Number: 61396

Dear Valued Broker:

The annual financial review of Felix Schoeller North America, Inc. has been completed and sent to Melissa Woods.

Enclosed is a copy of this data for your records. This information may be needed when they complete their annual ERISA reporting.

Also enclosed is the Statement Regarding Producer Compensation that reflects the compensation to be paid to you in connection with your client's policy.

Our toll free number, which can be accessed between 8:00 AM and 8:00 PM EST, Monday through Friday, is 888-598-5671. Please feel free to call this number should you need any assistance.

Sincerely,

Client Operations Service Center
The Prudential Insurance Company of America

Prudential

REPORT AS OF - 6/30/2016

EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 ANNUAL REPORT
Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

Felix Schoeller North America, Inc. **Contributory**

(Item numbers shown correspond to those on Schedule A) 1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification: 61396		
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Life Insurance	6	4/1/2015	3/31/2016	SEE FORM GRP 27722
Long-Term Disability	47	4/1/2015	3/31/2016	

* The date liability ended for this benefit.

8	Experience rated contracts:		
a.	Premiums		
(1)	Amount received	$ 0	
(2)	increase (decrease) in amount due but unpaid	0	
(3)	increase (decrease) in unearned premium reserve	0	
(4)	Premiums earned, (1) plus (2), minus (3)		0
b.	Benefit charges:		
(1)	Claims paid	$ 0	
(2)	increase (decrease) in claim reserve	0	
(3)	Incurred claims, (1) plus (2)		0
(4)	Claims charged		0
c.	Remainder of premium:		
(1)	Retention charges (on accrual basis)		
	(A) Commissions	$ 0	
	(B) Administrative service or other fees	0	
	(C) Other specific acquisition costs	0	
	(D) Other expenses	0	
	(E) Taxes	0	
	(F) Charges for risk or contingencies	0	
	(G) Other retention charges	0	
	(H) Total retention		0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED		0
d.	Status or policyholder reserves at end of year:		
(1)	Amount held to provide benefits after retirement		0
(2)	Claim reserves		0
(3)	Other reserves		0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))		0
9	Non experience rated contracts:		
a.	Total premiums or subscription charges paid to carrier	$	9,609
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 2 above, report amount	$	0

Specify nature of costs.....

The fees and commissions reported are those paid to third party agents, brokers and others. The amounts reported do not include compensation to Prudential employees under various compensation arrangements.

Prudential hereby certifies that the foregoing is complete and accurate:

Keith Krelovich, Director, Treasury
The Prudential Insurance Company of America

****PAID PREMIUM MAY EXCLUDE ANY AMOUNT DUE BUT NOT RECEIVED AS OF 6/30/2016**

Prudential

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7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Basic Dep Life Spouse/Fam		4/1/2015	3/31/2016	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:		
a.	Premiums		
(1)	Amount received	$ 0	
(2)	increase (decrease) in amount due but unpaid	0	
(3)	increase (decrease) in unearned premium reserve	0	
(4)	Premiums earned, (1) plus (2), minus (3)		0
b.	Benefit charges:		
(1)	Claims paid	$ 0	
(2)	increase (decrease) in claim reserve	0	
(3)	Incurred claims, (1) plus (2)		0
(4)	Claims charged		0
c.	Remainder of premium:		
(1)	Retention charges (on accrual basis)		
(A)	Commissions	$ 0	
(B)	Administrative service or other fees	0	
(C)	Other specific acquisition costs	0	
(D)	Other expenses	0	
(E)	Taxes	0	
(F)	Charges for risk or contingencies	0	
(G)	Other retention charges	0	
(H)	Total retention		0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED		0
d.	Status or policyholder reserves at end of year:		
(1)	Amount held to provide benefits after retirement		0
(2)	Claim reserves		0
(3)	Other reserves		0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))		0
9	Non experience rated contracts:		
a.	Total premiums or subscription charges paid to carrier	$ 247.20	
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 2 above, report amount	$ 0	

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7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Basic Dep Life Child		4/1/2015	3/31/2016	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
(A)	Commissions	$ 0		
(B)	Administrative service or other fees	0		
(C)	Other specific acquisition costs	0		
(D)	Other expenses	0		
(E)	Taxes	0		
(F)	Charges for risk or contingencies	0		
(G)	Other retention charges	0		
(H)	Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	50.00
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 2 above, report amount		$	0

Specify nature of costs.....

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Felix Schoeller North America, Inc. **Non-Contributory**

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1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification:		61396
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Basic Life Insurance	247	4/1/2015	3/31/2016	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
(A)	Commissions	$ 0		
(B)	Administrative service or other fees	0		
(C)	Other specific acquisition costs	0		
(D)	Other expenses	0		
(E)	Taxes	0		
(F)	Charges for risk or contingencies	0		
(G)	Other retention charges	0		
(H)	Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	37,575.56
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 2 above, report amount		$	0

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1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification: 61396		
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Basic AD&D Insurance	109	4/1/2015	3/31/2016	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
(A)	Commissions	$ 0		
(B)	Administrative service or other fees	0		
(C)	Other specific acquisition costs	0		
(D)	Other expenses	0		
(E)	Taxes	0		
(F)	Charges for risk or contingencies	0		
(G)	Other retention charges	0		
(H)	Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	421.88
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 2 above, report amount		$	0

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7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Life Insurance	247	4/1/2015	3/31/2016	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
	(A) Commissions	$ 0		
	(B) Administrative service or other fees	0		
	(C) Other specific acquisition costs	0		
	(D) Other expenses	0		
	(E) Taxes	0		
	(F) Charges for risk or contingencies	0		
	(G) Other retention charges	0		
	(H) Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	37,997
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 2 above, report amount		$	0

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7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Long-Term Disability	47	4/1/2015	3/31/2016	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:		
a.	Premiums		
(1)	Amount received	$ 0	
(2)	increase (decrease) in amount due but unpaid	0	
(3)	increase (decrease) in unearned premium reserve	0	
(4)	Premiums earned, (1) plus (2), minus (3)		0
b.	Benefit charges:		
(1)	Claims paid	$ 0	
(2)	increase (decrease) in claim reserve	0	
(3)	Incurred claims, (1) plus (2)		0
(4)	Claims charged		0
c.	Remainder of premium:		
(1)	Retention charges (on accrual basis)		
(A)	Commissions	$ 0	
(B)	Administrative service or other fees	0	
(C)	Other specific acquisition costs	0	
(D)	Other expenses	0	
(E)	Taxes	0	
(F)	Charges for risk or contingencies	0	
(G)	Other retention charges	0	
(H)	Total retention		0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED		0
d.	Status or policyholder reserves at end of year:		
(1)	Amount held to provide benefits after retirement		0
(2)	Claim reserves		0
(3)	Other reserves		0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))		0
9	Non experience rated contracts:		
a.	Total premiums or subscription charges paid to carrier	$ 7,335.74	
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 2 above, report amount	$ 0	

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Prudential

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1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification: 61396		
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Voluntary Life Insurance	6	4/1/2015	3/31/2016	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
	(A) Commissions	$ 0		
	(B) Administrative service or other fees	0		
	(C) Other specific acquisition costs	0		
	(D) Other expenses	0		
	(E) Taxes	0		
	(F) Charges for risk or contingencies	0		
	(G) Other retention charges	0		
	(H) Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	1,579.50
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 2 above, report amount		$	0

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GRP 32064 - Rev 1999

Prudential

REPORT AS OF - 6/30/2016

EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 ANNUAL REPORT
Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

Felix Schoeller North America, Inc. **Contributory**

(Item numbers shown correspond to those on Schedule A) 1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification: 61396		
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Voluntary Dep Life Spouse/Fam		4/1/2015	3/31/2016	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:		
a.	Premiums		
(1)	Amount received	$ 0	
(2)	increase (decrease) in amount due but unpaid	0	
(3)	increase (decrease) in unearned premium reserve	0	
(4)	Premiums earned, (1) plus (2), minus (3)		0
b.	Benefit charges:		
(1)	Claims paid	$ 0	
(2)	increase (decrease) in claim reserve	0	
(3)	Incurred claims, (1) plus (2)		0
(4)	Claims charged		0
c.	Remainder of premium:		
(1)	Retention charges (on accrual basis)		
	(A) Commissions	$ 0	
	(B) Administrative service or other fees	0	
	(C) Other specific acquisition costs	0	
	(D) Other expenses	0	
	(E) Taxes	0	
	(F) Charges for risk or contingencies	0	
	(G) Other retention charges	0	
	(H) Total retention		0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED		0
d.	Status or policyholder reserves at end of year:		
(1)	Amount held to provide benefits after retirement		0
(2)	Claim reserves		0
(3)	Other reserves		0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))		0
9	Non experience rated contracts:		
a.	Total premiums or subscription charges paid to carrier	$ 385.55	
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 2 above, report amount	$ 0	

Specify nature of costs.....

The fees and commissions reported are those paid to third party agents, brokers and others. The amounts reported do not include compensation to Prudential employees under various compensation arrangements.

Prudential hereby certifies that the foregoing is complete and accurate:

Keith Krelovich, Director, Treasury
The Prudential Insurance Company of America

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REPORT AS OF - 6/30/2016

EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 ANNUAL REPORT
Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

Felix Schoeller North America, Inc. **Contributory**

(Item numbers shown correspond to those on Schedule A) 1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification: 61396		
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Voluntary Dep Life Child		4/1/2015	3/31/2016	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:		
a.	Premiums		
(1)	Amount received	$ 0	
(2)	increase (decrease) in amount due but unpaid	0	
(3)	increase (decrease) in unearned premium reserve	0	
(4)	Premiums earned, (1) plus (2), minus (3)		0
b.	Benefit charges:		
(1)	Claims paid	$ 0	
(2)	increase (decrease) in claim reserve	0	
(3)	Incurred claims, (1) plus (2)		0
(4)	Claims charged		0
c.	Remainder of premium:		
(1)	Retention charges (on accrual basis)		
	(A) Commissions	$ 0	
	(B) Administrative service or other fees	0	
	(C) Other specific acquisition costs	0	
	(D) Other expenses	0	
	(E) Taxes	0	
	(F) Charges for risk or contingencies	0	
	(G) Other retention charges	0	
	(H) Total retention		0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED		0
d.	Status or policyholder reserves at end of year:		
(1)	Amount held to provide benefits after retirement		0
(2)	Claim reserves		0
(3)	Other reserves		0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))		0
9	Non experience rated contracts:		
a.	Total premiums or subscription charges paid to carrier	$	10.56
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 2 above, report amount	$	0

Specify nature of costs.....

The fees and commissions reported are those paid to third party agents, brokers and others. The amounts reported do not include compensation to Prudential employees under various compensation arrangements.

Prudential hereby certifies that the foregoing is complete and accurate:

Keith Krelovich, Director, Treasury
The Prudential Insurance Company of America

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Prudential

EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974
ANNUAL REPORT SCHEDULE A(Form 5500) -
Insurance Information
(Insured Welfare Plan Commission Information)

Name of plan **Felix Schoeller North America, Inc.**

For policy or contract year beginning **4/1/2015** and ending **3/31/2016**

1(d)Contract number or Identification	2 Insurance fees and commissions paid to general agents, brokers or other persons: (a) Name and address of each recipient of fees or commissions	(b) Amount of commissions paid	(c) Amount of fees paid	(d) Purpose for which paid	(e) Organization code
61396	ENV INSURANCE AGENCY LLC 7789 OSWEGO ROAD LIVERPOOL, NY 13090	$4,966		Sales and Service Compensation	3

Includes amounts paid to general agents, other agents, brokers, or other persons. Fees include administrative fees, service fees and payments other than commissions reported in (c), for services, expenses, or other reasons which are paid to a policyholder, agent, broker, or other individual or firm.

Prudential hereby certifies that the foregoing is complete and accurate:

Keith Krelovich, Director, Treasury
The Prudential Insurance Company of America

GRP 27722 - Rev 1999

FELIX SCHOELLER NORTH AMERICA, INC.
61396
JUNE 30, 2016

STATEMENT REGARDING PRODUCER COMPENSATION

Producers who place business with The Prudential Insurance Company of America (Prudential) may be eligible to receive commissions and supplemental compensation unless you advise us otherwise.

Commissions are payable to your producer(s) as a percentage of paid premium or a fixed dollar amount for as long as the producer is recognized as the Producer of Record on your policy.

The annual commission to be paid to the producer in connection with your policy is:

Product	Commission (% of premium or flat dollar amount)
Basic Life	9.60%
Accidental Death & Dismemberment	9.60%
Dependent Life	9.60%
Optional Life	9.60%
Optional Dependent Life	9.60%
Long Term Disability	15.00%

Under Prudential's Supplemental Commission Program (SCP), supplemental compensation ranges from 0% to 10% of group insurance premium on Critical Illness, Accident, and Voluntary AD&D products and 0% to 7% of group insurance premium on all other products. The actual percentage payable under Prudential's SCP is determined based on the aggregate annual premium due on eligible cases that your producer has inforce with Prudential. The cost of supplemental compensation is not charged directly to policies. As a result, your rates are unaffected whether or not your producer receives supplemental compensation.

Under Prudential's SCP, your producer is currently qualified to receive 0% of premium, which includes any eligible group premiums paid by you in connection with your insurance policy.

More information about eligibility criteria and payment calculation under the SCP is located on Prudential's website at www.prudential.com/scp. Questions regarding producer compensation may be e-mailed to GI_Producer_Licensing_&_Compensation@prudential.com. Or, if you would like to speak with someone about producer compensation, contact your Prudential representative or call (888) 598-5671 from 8am to 8pm Eastern Time.

cc: ENV INSURANCE AGENCY LLC

Prudential