

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: IMPERIAL BAG & PAPER CO. LLC EMPLOYEE BENEFITS PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/2012
2a Plan sponsor's name (employer, if for a single-employer plan): IMPERIAL BAG & PAPER CO. LLC
2b Employer Identification Number (EIN): 20-5963953
2c Plan Sponsor's telephone number: 201-437-7440
2d Business code (see instructions): 424100

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name			
c Plan Name		4d PN	
5 Total number of participants at the beginning of the plan year		5	6659
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)	6653
a(2) Total number of active participants at the end of the plan year		6a(2)	5975
b Retired or separated participants receiving benefits.....		6b	6
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	5981
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who 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 4E 4F 4G 4H 4L 4Q

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust	(4) <input checked="" type="checkbox"/> General assets of the sponsor
(3) <input type="checkbox"/> Trust	(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" type="checkbox"/> 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		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>4</u>
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> C (Service Provider Information)	(4) <input type="checkbox"/> D (DFE/Participating Plan Information)	(6) <input type="checkbox"/> G (Financial Transaction Schedules)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		
(4) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

(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

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	(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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

- 8** Benefit and contract type (check all applicable boxes)
- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶ ACCIDENTAL DEATH AND DISMEMBERMENT, EMPLOYEE ASSISTANCE PROGRAM

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)	0
(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)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	2946168
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. ▶

CARRIER FAILED TO PROVIDE BREAKDOWN OF FEES BETWEEN PLANS OF PLAN SPONSOR.

(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	

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Part II Investment and Annuity Contract Information
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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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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)	0
	(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)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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		515424
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. ▶

(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

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	(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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

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)	0
(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)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	665346
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. Specify nature of costs.	10b	

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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan IMPERIAL BAG & PAPER CO. LLC EMPLOYEE BENEFITS PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 IMPERIAL BAG & PAPER CO. LLC.		D Employer Identification Number (EIN) 20-5963953

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
METROPOLITAN GENERAL 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
22-2342710	39950	9905868	235	10/01/2023	09/30/2024

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
---	--------------------------------------

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

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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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

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)	0
	(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)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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		45359
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. ▶

Carrier Information

Carrier Name : Continental American Insurance Company
 Carrier Address : Post Office Box 427, Columbia, SC 29202
 Carrier EIN : 57-0514130 Carrier NAIC Code : 71730

Group Information

Contract Number : 0000027771

Group Name : IMPERIAL BAG AND PAPER CO. LLC DBA IMPERIAL DADE

For the FY/CY Beginning : 10/1/2023

Ending : 9/30/2024

Estimated Number of Covered Employees @ Year End : 1091

Premium Information

Gross Premiums Paid : \$665,345.87

Commission Information

Total Commissions Paid : \$77,981.83

Agent Number	Agent Name	Address Line 1	Address Line 2	Address Line 3	Address City/State/Zip	Earned Commission Amount
099CT	LORI A VEILLETTE	48 ACADEMY HILL RD EXT			DERBY, CT 06418	\$51.06
653CT	KATHRYN P BAKER	15 MEADOWBROOK RD			MADISON, CT 06443	-\$5.47
667CT	JEANNETTE A COLE	23 CLIFF ST			EAST HAVEN, CT 06512	\$31.12
752CT	STEPHEN WEST	5 JANE ST			BEACON FALLS, CT 06403	-\$44.36
811CT	DENISE C POIRIER	41 BENZ STREET			ANSONIA, CT 06401	-\$47.85
9CT82	JEFFREY S SOCK	1036 NARRAGANSETT			CRANSTON, RI 02905	-\$17.40
AA1R4	IRMELA KASTRAT	9851 QUEENS BLVD APT 4E	APT B3		REGO PARK, NY 11374	\$32.29
AA2N9	JEAN M STEINMETZ	2725 S MOORLAND ROAD SUITE 301			NEW BERLIN, WI 53151	\$6.97
AA8RR	JACQUES DAVID	5 MONFORT DRIVE			HUNNINGTON, NY 11743	\$1.64
AA8W0	DENNIS P HASTINGS	ONE NESHAMINY INTERPLEX	STE 201		TROUOSE, PA 19053	-\$4.27
AAD6S	SAMUEL W TATUM	5 RUSTIC LN			NORWALK, CT 06851	\$17.76
AB8PT	CLARE MIONE	14 WALL ST	STE 8C		NEW YORK, NY 10005	\$32.18
ABLP2	JOHANN S SCRIMSHIRE	125 S. MAIN STREET	SUITE 405		SEBASTOPOL, CA 95472	\$0.39
AC4K9	CYNTHIA FLOOD	71 ELVIS BLVD			CHESTER, NY 10918	-\$7.65
AD0D2	MICHAEL J DESARNO	729 RAYMERE AVE			INTERLAKEN, NJ 07712	\$47.18
ADA70	JUSTIN M BUCK	71 DEEPWOOD DRIVE			MADISON, CT 06443	-\$21.29
ADAD9	EVAN PORTNOY	C/O RAMPART GROUP	1983 MARCUS AVENUE	SUITE C-130	LAKE SUCCESS, NY 11042	\$33,961.13
ADFA0	MALETA L MANWEILER	18129 N FORK RIVER RD			ABINGDON, VA 24210	\$41.99
ADKJ8	ELAINE M MCCLELLAND	4401 FAIR LAKE CT	STE 304		FAIRFAX, VA 22033	\$0.38
ADWY2	GIANA M COURT	14 WALL ST	SUITE 8 C		NEW YORK, NY 10005	\$3.12
ADY12	RACHEL HICKOK	63 ACADEMY ST			GREENWICH, NY 12834	-\$16.20
AE2D3	LINDA K TEACHOUT	5510 COUNTESS DRIVE			FORT WAYNE, IN 46815	\$3.23
AE6E8	ELMER BROWN	212 East 112th Street Apt 1			New York, NY 10029	-\$82.51
AEE84	MAXINE AMDUR	3 SCOTT LN			MANALAPAN, NJ 07726	-\$8.30
AEEQ0	PHILLIP A GREER	1025 EXECUTIVE BLVD	SUITE 111		CHESAPEAKE, VA 23220	\$17.96
AEFN7	ELAINE M MCCLELLAND	4401 FAIR LAKE CT	STE 304		FAIRFAX, VA 22033	-\$1.08
AELN2	Richard William Westermayer	5 Garden Lane			Saint Louis, MO 63122	-\$1.59

AEN11	CHRISTOPHER J TARI	200 GARDEN CITY PLAZA	SUITE 410		GARDEN CITY, NY 11530	-\$28.64
AEQM5	MORGAN E MARKOWSKI	1616 S 167TH ST			NEW BERLIN, WI 53151	\$3.63
AF010	AILEEN KEENAN	9603 NW 36TH CT			CORAL SPRINGS, FL 33065	-\$15.44
AF1AF	AMY MEADOW	170 E 83RD ST	APT 3M		NEW YORK, NY 10028	\$3.81
AF3FQ	LAMONT D JACKSON	7508 STECOAH ST			BRENTWOOD, TN 37027	\$41.46
AF8W3	KAREN E BUCK	71 DEEPWOOD DRIVE			MADISON, CT 06443	-\$78.84
AFAJ2	SHERI L HAMETZ	3362 RIDERWHEEL DR			ROCKLEDGE, FL 32955	\$4.89
AFC2L	ROSE M SUDANO	74 KNOX LANE			MANALAPAN, NJ 07726	\$54.01
AFC5A	MITCHELL B RUCKO	11 Euclid Ave			Kingston, NJ 08528	\$1.90
AFC9T	MAURICIO R PLATT	884 UNION STATION PARKWAY	APT 1206		LEWISVILLE, TX 75057	-\$7.88
AFN88	DEBORAH IEMMA	147-26 20TH ROAD			WHITESTONE, NY 11357	\$1.11
AFQ7Y	AILEEN KEENAN	9603 NW 36TH CT			CORAL SPRINGS, FL 33065	-\$11.34
AFV5S	SHARON A MARTIN- TOUSSAINT	231 PRIMROSE AVENUE			MOUNT VERNON, NY 10552	\$6.97
AFWY1	KEVIN T MCCARTHY	197 LANG DRIVE			NORTHKINGSTOWN, RI 02852	-\$7.72
AFZB5	SHANE G STICKLE	1411 CHILI AVENUE			WEBSTER, NY 14624	\$3.57
AG0H8	AMY MEADOW	170 E 83RD ST	APT 3M		NEW YORK, NY 10028	-\$2.12
AG0TG	GIANA M COURT	14 WALL ST	SUITE 8 C		NEW YORK, NY 10005	\$2.16
AG3EV	ROBERT JENSEN	6 POND FIELD COURT			COLD SPRING HARBO, NY 11724	\$11.09
AG5JG	EMMANS D JORDAN	438 W 26TH AVE			SPOKANE, WA 99203	\$0.54
AGA74	ANTHONY M LAKE	109 BOSTON POST ROAD	STE 206&207		ORANGE, CT 064773235	-\$0.92
AGEG0	CHARLEEN WRIGHT	1025 EXECUTIVE BLVD SUITE III			CHESAPEAKE, VA 23320	\$36.15
AGK0W	MAURICIO R PLATT	884 UNION STATION PARKWAY	APT 1206		LEWISVILLE, TX 75057	-\$4.44
AGU2V	DANIEL MARINEZ	303 W ERIE	SUITE 400		CHICAGO, IL 60654	\$4.04
AGZ24	JAMES R CONFORT	3 SUNSET LANE			GARDEN CITY, NY 11530	-\$59.38
AH90H	IQBAL S BAGGA	105-10 66AVE. 5C			FOREST HILLS, NY 11375	\$15.51
AH94W	MICHAEL A FIEDLER	910 DARLENE AVE			OCEAN, NJ 07712	\$4.01
AHC0T	CYNTHIA FLOOD	71 ELVIS BLVD			CHESTER, NY 10918	-\$4.65
AHJT3	MALETA L MANWEILER	18129 N FORK RIVER RD			ABINGDON, VA 24210	\$42.22
AHK3K	ADAM BONNETT	6164 Woodlake Rd	Suite 200		Jupiter, FL 33458-2483	\$1.90
AHK56	DEAN F SHIPMAN	13600 OWEN RD			BROOKLYN, MI 49230	\$0.39
AHL49	DEAN F SHIPMAN	13600 OWEN RD			BROOKLYN, MI 49230	\$243.01
AHL55	EPSIX, INC	687 EAST BROADWAY			MILFORD, CT 06460	\$1,796.04
AHWU0	MARGARET P WEEKLEY	172 ROSEN LN			STAUNTON, VA 24401	-\$51.59
AHYC3	JILL A SPIRA	1404 SWEET HOME ROAD	STE 1		AMHERST, NY 14228	\$10.11
AHYD0	RACHEL HICKOK	63 ACADEMY ST			GREENWICH, NY 12834	-\$9.27
AHZ1A	STACI J O BRIEN	140 CLEAR CREEK ROAD			LANGHORNE, PA 19047	-\$20.56
AJC51	BARBARA A HAWES	21 MAPLE LN UNIT D			BRIELLE, NJ 08730	-\$2.02

AJE85	SEAN F GLEASON	52 HOLIDAY PARK DRIVE			HAUPPAUGE, NY 11788	\$65.80
AJF26	SUSAN MOSER	10264 Lakota Ct			Demotte, IN 46310-0028	-\$0.07
AJF2R	LINDA K TEACHOUT	10719 N 600 W-90			Markle, IN 46770	\$3.01
AJF9W	KAREN KIEFER	2517 Jacobs Creek Run			Fort Wayne, IN 46825-3192	\$3.84
AJJ7W	KENNETH WELLER	160 BEDFORD AVE	2R		BROOKLYN, NY 11249	-\$2.65
AJLU9	JEFFREY BOLDING	109 West 105th Street	Apt 5a		New York, NY 10025	-\$14.74
ALH07	SHERI L HAMETZ	3362 RIDERWHEEL DR			ROCKLEDGE, FL 32955	\$3.29
AP349	DIVYA JAIN	26612 MARBURY ESTATES DRIVE			CHANTILLY, VA 20152	\$2.10
AP854	ANTHONY ORGERA	14 WALL STREET	#8C		NEW YORK, NY 10005	\$6.68
AX774	MICHAEL K BROOKS	190 STILL HILL RD			HAMDEN, CT 06518	-\$0.08
BT700	STEVEN W BEINHORN	81 STEPHEN DRIVE			PLAINVIEW, NY 11803	\$74.45
CL680	MAXINE AMDUR	3 SCOTT LN			MANALAPAN, NJ 07726	-\$12.51
CM361	BLAIR G WEILER	400 E. 71ST STREET	APT 5V		NEW YORK, NY 10021	\$1.17
CT009	MICHAEL K BROOKS	190 STILL HILL ROAD			HAMDEN, CT 06518	-\$0.01
CTB06	CHRISTOPHER M MCKIERNAN	109 BOSTON POST ROAD			ORANGE, CT 06477	-\$0.02
CTG36	ANTHONY M LAKE	109 BOSTON POST ROAD	STE 206&207		ORANGE, CT 064773235	-\$1.46
DB483	GEORGE ROE	108 Jackson St Apt 4a			Hoboken, NJ 07030-6101	\$2.76
DU338	DENISE C POIRIER	41 BENZ STREET			ANSONIA, CT 06401	-\$31.99
EB348	JEFFREY S SOCK	1036 NARRAGANSETT			CRANSTON, RI 02905	-\$30.91
EC606	JONATHAN HAJIMOMEN	1501 ORANGETHORPE	SUITE 108		FULLERTON, CA 92831	-\$10.36
ES810	CODY MOSS	2203 GLENMORE RD			SCOTTSVILLE, VA 24590	-\$18.30
ES866	MARGARET P WEEKLEY	172 ROSEN LN			STAUNTON, VA 24401	-\$76.97
ET274	SEAN FX GLEASON LLC	52 HOLIDAY PARK DR			HAUPPAUGE, NY 11788	\$4.89
EW081	RICHARD D PETERSON	14107 20TH AVE STE 507			WHITESTONE, NY 11357	\$9.33
FG541	SUSAN MOSER	11051 BROADWAY STE C			CROWN POINT, IN 46307	-\$10.95
FJ721	DOUGLAS R MEIER	23 ROCKLEDGE TER			POMPTON PLAINS, NJ 07444	\$67.77
FU917	JUSTIN HARPER	5331 MEADOWBROOK DR			FORT WAYNE, IN 46835	\$2.17
FV647	ALVARO J MONTENEGRO	580 WHITE PLAINS RD STE 115			TARRYTOWN, NY 10591	\$2,439.46
GA077	CHRISTY MCCULLOUGH	5224 BACUP CT			ROCKLEDGE, FL 32955	\$2.84
GF373	ANGELA MONTENEGRO	1 PELHAM RD			NEW ROCHELLE, NY 10801	\$2,105.30
GL382	WILLIAM H WHICHER	200 GARDEN CITY PLAZA	SUITE 502		GARDEN CITY, NY 11530	\$24.96
GL696	JOY E GUNDERSON	4531 VALLECITO LN			YORBA LINDA, CA 92886	-\$29.07
GL716	JOY E GUNDERSON	4531 VALLECITO LN			YORBA LINDA, CA 92886	-\$35.97
GR484	LUKE A ROCKWELL	303 WEST ERIE STREET	SUITE 400		CHICAGO, IL 60654	\$1.44
GT220	VINCENT J KRILL	199 RAMAPO RD	APT F		GARNERVILLE, NY 10923	-\$1.35
GV064	Willis Towers Watson Northeast Inc	1 WFC - 200 LIBERTY STREET	7TH FLOOR		NEW YORK, NY 10281	\$32,670.64
HB091	EDWARD J MOORE	135 FRANCE STREET			TOMS RIVER, NJ 08753	\$1.92

HC772	KAREN E BUCK	71 DEEPWOOD DRIVE			MADISON, CT 06443	-\$118.87
HE368	LORI A VEILLETTE	48 ACADEMY HILL RD EXT			DERBY, CT 06418	\$34.47
HW833	JEANNETTE A COLE	23 CLIFF ST			EAST HAVEN, CT 06512	-\$20.96
JA972	KAREN KIEFER	220 INSURANCE DR	SUITE A		FORT WAYNE, IN 46825	\$5.54
JE614	JOHN C KAUTTER	4401 FAIR LAKES CT			FAIRFAX, VA 22033	\$4.92
JJ737	BARBARA A HAWES	21 MAPLE LN UNIT D			BRIELLE, NJ 08730	-\$3.10
JK803	JAMES R CONFORT	3 SUNSET LANE			GARDEN CITY, NY 11530	\$107.02
JU505	CHARLEEN WRIGHT	1025 EXECUTIVE BLVD SUITE III			CHESAPEAKE, VA 23320	\$53.39
KC455	JORDAN D EMMANS	438 W 26TH AVE			SPOKANE, WA 99203	\$0.54
MY945	CHRISTOPHER J TARI	200 GARDEN CITY PLAZA	SUITE 410		GARDEN CITY, NY 11530	-\$42.88
S9990	JEAN M STEINMETZ	1175 VERANDA COURT			BROOKFIELD, WI 53005	\$4.58
SM492	IQBAL S BAGGA	21425 4SND AVE			BAYSIDE, NY 11361	\$23.31
TA136	DANIEL A MARINEZ	303 W ERIE	SUITE 400		CHICAGO, IL 60654	\$5.06
TN734	SANDRA CAMPOS FELICIANO	350 Via Aventura Apt 7609	Cond Aventura		Trujillo Alto, PR 00976	\$4,546.14
TR569	STACI J O'BRIEN	116 NORTH BELLEVUE AVENUE			LANGHORNE, PA 19047	-\$30.99
TV530	Launchpad Benefits Solutions LLC	529 FAYETTE ST.	STE 202		CONSHOHOCKEN, PA 19428	-\$8.29
UD125	JORDAN S SMITH	6669 ARNO ALLISONA RD			COLLEGE GROVE, TN 37046	\$11.16
UP130	MICHAEL ZILINSKI	60 WALNUT AVE	STE 190		CLARK, NJ 07066	\$2.53
UQ967	JUSTIN GRIFFEY	535 CONNECTICUT AVE	STE 103		NORWALK, CT 06854	\$17.96
UR236	NICHOLAS A MCELROY	36 SYCAMORE CT			HIGHLAND MILLS, NY 10930	\$1.71
V6893	KAREN S LEIGHTY	729 PATTIE ROAD			BUCKINGHAM, VA 23921	-\$3.51
VC633	GLENN E SMITH	1136 MASTERS ROW			CHESAPEAKE, VA 23220	\$18.72
VE689	MITCHELL B RUCKO	11 Euclid Ave			Kingston, NJ 08528	\$2.88
W1896	LESLEY A KEENAN	4531 CADIZ CIRCLE			PALM BCH GARDENS, FL 33418	-\$3.88
WG638	NICHOLAS MIRANDI	26 MAIN ST	SUITE 100		TOMS RIVER, NJ 08753	\$8.80
WL706	ROSE M SUDANO	74 KNOX LANE			MANALAPAN, NJ 07726	\$22.07
WP935	RACHAEL FERRANTE	44 BERKSHIRE DRIVE			HOWELL, NJ 07731	\$123.99
Y3713	TRAVIS HAWKINS	21735 LAKESHORE DR			ABINGDON, VA 24211	\$14.17
YC962	KATHRYN P BAKER	15 MEADOWBROOK RD			MADISON, CT 06443	-\$3.88
YK710	IVAN M SERVAIS	14 WALL ST	STE 8C		NEW YORK, NY 10005	\$1.91
YN914	JILL A SPIRA	1404 SWEET HOME ROAD	STE 1		AMHERST, NY 14228	\$10.53
YY648	MICHAEL A FIEDLER	910 DARLENE AVE			OCEAN, NJ 07712	\$6.24