

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 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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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) 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) IMPERIAL BAG & PAPER CO. LLC. 255 ROUTE 1 AND 9 JERSEY CITY, NJ 07306
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.

SIGN HERE	Filed with authorized/valid electronic signature.	04/24/2026	PAUL M CERVINO
	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

3a Plan administrator's name and address ☒ 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: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 5911
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 5905 6a(2) 5825 6b 5 6c 0 6d 5830 6e 6f 6g(1) 6g(2) 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 Characteristic Codes in the instructions:

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

4A 4B 4D 4E 4F 4G 4H 4L 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☒ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☒ General assets of the sponsor
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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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☐ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 4
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
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.
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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	00426175	5911	07/01/2024	06/30/2025

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	126455

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
THE HILB GROUP OF NY
1983 MARCUS AVENUE
SUITE C130
LAKE SUCCESS, NY 11042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	126455	FEES	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	

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

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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. Specify nature of costs ▶	6d	

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)	
(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)	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)	
(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)	0
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 ☐ 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	4388935
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 AND PREMIUMS BETWEEN PLANS OF PLAN SPONSOR.

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
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.
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1 Coverage Information:

(a) Name of insurance carrier
EYEMED VISION CARE ON BEHALF OF FIDELITY SECURITY LIFE INSURANCE CO.

(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
43-0949844	71870	98271141001	5659	07/01/2024	06/30/2025

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

(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. Specify nature of costs ▶	6d	

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)	
(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)	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)	
(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)	0
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 ☐ 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	479246
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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
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.
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1 Coverage Information:

(a) Name of insurance carrier
CONTINENTAL AMERICAN 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
57-0514130	71730	27771	1125	10/01/2024	09/30/2025

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 103128	(b) Total amount of fees paid 0
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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
VARIOUS AGENTS - SEE ATTACHED* POST OFFICE BOX 427
COLUMBIA, SC 29202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
103128			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
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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. Specify nature of costs ▶	6d	

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
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

▶

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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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	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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 ☐ 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	574577
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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
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.
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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	264	10/01/2024	09/30/2025

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

(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. Specify nature of costs ▶	6d	

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)	
(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)	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)	
(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)	0
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 ☐ 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	45661
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 : 10/1/2024

Ending : 9/30/2025

ESTIMATED NUMBER OF COVERED EMPLOYEES @ YEAR END :1125

Premium Information

Gross Premiums Paid :\$574,576.72

Commission Information

Total Commissions Paid : \$103,128.38

Agent Number	Agent Name	Address Line 1	Address Line 2	Address Line 3	Address City/State/Zip	Earned Commission Amount
FJ721	DOUGLAS R MEIER	23 ROCKLEDGE TER			POMPTON PLAINS, NJ 07444	\$720.83
V6893	KAREN S LEIGHTY	729 PATTIE ROAD			BUCKINGHAM, VA 23921	\$17.47
BT700	STEVEN WILLIAM BEINHORN	81 STEPHEN DRIVE			PLAINVIEW, NY 11803	\$115.74
FV647	ALVARO JAVIER MONTENEGRO	580 WHITE PLAINS RD STE 115			TARRYTOWN, NY 10591	\$1,222.86
GF373	ANGELA MONTENEGRO	1 PELHAM RD			NEW ROCHELLE, NY 10801	\$396.28
GV064	WILLIS TOWERS WATSON NORTHEAST INC	1 WFC - 200 LIBERTY STREET			NEW YORK, NY 10281	\$97,731.41
AFV55	SHARON A MARTIN-TOUSSAINT	231 PRIMROSE AVENUE			MOUNT VERNON, NY 10552	\$18.23
AGK0W	MAURICIO RENE PLATT	884 UNION STATION PARKWAY			LEWISVILLE, TX 75057	\$2.68
AJF26	SUSAN K MOSER	10264 Lakota Ct			Demotte, IN 46310-0028	\$21.35
AEE84	MAXINE E AMDUR	3 SCOTT LN			MANALAPAN, NJ 07726	\$36.09
AFN88	DEBORAH IEMMA	147-26 20TH ROAD			WHITESTONE, NY 11357	\$37.43
AHJT3	MALETA LYNN MANWEILER	18129 N FORK RIVER RD			ABINGDON, VA 24210	\$40.72
TR569	STACI J O BRIEN	116 NORTH BELLEVUE AVENUE			LANGHORNE, PA 19047	\$5.91
UQ967	JUSTIN GRIFFEY	535 CONNECTICUT AVE			NORWALK, CT 06854	\$21.05
752CT	STEPHEN WEST	5 JANE ST			BEACON FALLS, CT 06403	\$18.13
JA972	KAREN SUE KIEFER	220 INSURANCE DR			FORT WAYNE, IN 46825	\$6.73
AGEG0	CHARLEEN ANTOINETTE WRIGHT	1025 EXECUTIVE BLVD SUITE III			CHESAPEAKE, VA 23320	\$22.23
AELN2	WESTERMAYER AND ASSOCIATES LLC	5 Garden Lane			Saint Louis, MO 63122	\$1.13
AAD6S	SAMUEL TATUM	5 RUSTIC LN			NORWALK, CT 06851	\$12.06
AA8RR	JACQUES P DAVID	5 MONFORT DRIVE			HUNINGTON, NY 11743	\$0.59
S9990	JEAN M STEINMETZ	1175 VERANDA COURT			BROOKFIELD, WI 53005	\$0.95
JK803	JAMES ROBERT CONFORT	3 SUNSET LANE			GARDEN CITY, NY 11530	\$85.90
YY648	MICHAEL ANDREW FIEDLER	910 DARLENE AVE			OCEAN, NJ 07712	\$3.98
CL680	MAXINE E AMDUR	3 SCOTT LN			MANALAPAN, NJ 07726	\$54.15
AFC5A	MITCHELL RUCKO	11 Euclid Ave			Kingston, NJ 08528	\$0.79
667CT	JEANNETTE ANN COLE	C/O RAMPART GROUP			EAST HAVEN, CT 06512	\$44.35
653CT	KATHRYN PREMETS BAKER	15 MEADOWBROOK RD			MADISON, CT 06443	\$22.16
099CT	LORI A VEILLETTE	48 ACADEMY HILL RD EXT			DERBY, CT 06418	\$35.19
FU917	JUSTIN DAVID HARPER	5331 MEADOWBROOK DR			FORT WAYNE, IN 46835	\$2.45

AHWU0	MARGARET PEVERLEY WEEKLEY	172 ROSEN LN			STAUNTON, VA 24401	\$30.77
GL696	JOY ELIZABETH GUNDERSON	4531 VALLECITO LN			YORBA LINDA, CA 92886	\$6.38
HW833	JEANNETTE ANN COLE	23 CLIFF ST			EAST HAVEN, CT 06512	\$13.24
AG0H8	AMY MEADOW	170 E 83RD ST			NEW YORK, NY 10028	\$27.92
AHZ1A	STACI J O BRIEN	C/O RAMPART GROUP			LANGHORNE, PA 19047	\$3.92
AFC2L	ROSE MARY SUDANO	74 KNOX LANE			MANALAPAN, NJ 07726	\$14.95
AEEQ0	PHILLIP GREER	1025 EXECUTIVE BLVD			CHESAPEAKE, VA 23220	\$12.03
AHYC3	JILL SPIRA	1404 SWEET HOME ROAD			AMHERST, NY 14228	\$4.64
AJE85	SEAN FRANCIS GLEASON	C/O RAMPART GROUP			HAUPPAUGE, NY 11788	\$73.30
ADY12	RACHAEL HICKOK	63 ACADEMY ST			GREENWICH, NY 12834	\$5.13
AF8W3	KAREN ELAINE BUCK	71 DEEPWOOD DRIVE			MADISON, CT 06443	\$3.92
AE2D3	LINDA K TEACHOUT	5510 COUNTESS DRIVE			FORT WAYNE, IN 46815	\$1.55
CTG36	ANTHONY M LAKE	109 BOSTON POST ROAD			ORANGE, CT 064773235	\$3.55
TA136	DANIEL A MARINEZ	303 W ERIE			CHICAGO, IL 60654	\$7.86
ES866	MARGARET PEVERLEY WEEKLEY	172 ROSEN LN			STAUNTON, VA 24401	\$47.13
AFZB5	SHANE G STICKLE	1411 CHILI AVENUE			WEBSTER, NY 14624	\$1.77
AHK56	DEAN FRANCIS SHIPMAN	13600 OWEN RD			BROOKLYN, MI 49230	\$0.37
GL382	WILLIAM WHICHER	200 GARDEN CITY PLAZA			GARDEN CITY, NY 11530	\$28.29
SM492	IQBAL SINGH BAGGA	21425 4SND AVE			BAYSIDE, NY 11361	\$32.48
ADKJ8	ELAINE MCCLELLAND	4401 FAIR LAKE CT			FAIRFAX, VA 22033	\$17.18
Y3713	TRAVIS BROCKMAN HAWKINS	21735 LAKESHORE DR			ABINGDON, VA 24211	\$16.63
JJ737	BARBARA HAWES	21 MAPLE LN UNIT D			BRIELLE, NJ 08730	\$12.58
GT220	VINCENT JOSEPH KRILL	199 RAMAPO RD			GARNERVILLE, NY 10923	\$7.31
EC606	JONATHAN ALI HAJIMOMEN	1501 ORANGETHORPE			FULLERTON, CA 92831	\$2.26
AP349	DIVYA JAIN	26612 MARBURY ESTATES DRIVE			CHANTILLY, VA 20152	\$8.60
AP854	ANTHONY R ORGERA	14 WALL STREET			NEW YORK, NY 10005	\$16.23
EB348	JEFFREY S SOCK	1036 NARRAGANSETT			CRANSTON, RI 02905	\$0.84
TN734	SANDRA CAMPOS FELICIANO	350 Via Aventura Apt 7609			Trujillo Alto, PR 00976	\$172.02
HC772	KAREN ELAINE BUCK	71 DEEPWOOD DRIVE			MADISON, CT 06443	\$5.58
AJF2R	LINDA K TEACHOUT	10719 N 600 W-90			Markle, IN 46770	\$1.44
UD125	JORDAN SHIELDS SMITH	6669 ARNO ALLISONA RD			COLLEGE GROVE, TN 37046	\$7.12
TV530	MATTHEW THOMAS O HANLON	529 FAYETTE ST.			CONSHOHOCKEN, PA 19428	\$2.34
AE6E8	ELMER BROWN	212 East 112th Street Apt 1			New York, NY 10029	\$41.18
WG638	NICHOLAS MIRANDI	26 MAIN ST			TOMS RIVER, NJ 08753	\$19.05
AF1AF	AMY MEADOW	170 E 83RD ST			NEW YORK, NY 10028	\$42.05
VC633	GLENN EDWIN SMITH	1136 MASTERS ROW			CHESAPEAKE, VA 23220	\$12.03
EW081	RICHARD D PETERSON	14107 20TH AVE STE 507			WHITESTONE, NY 11357	\$11.71
ADA70	JUSTIN MATTHEW BUCK	71 DEEPWOOD DRIVE			MADISON, CT 06443	\$1.56

AEQM5	MORGAN ELIZABETH MARKOWSKI	1616 S 167TH ST			NEW BERLIN, WI 53151	\$1.02
ADWY2	GIANA M COURT	14 WALL ST			NEW YORK, NY 10005	\$1.82
ADAD9	EVAN S PORTNOY	C/O RAMPART GROUP			LAKE SUCCESS, NY 11042	\$1,218.05
AHC0T	CYNTHIA FLOOD	71 ELVIS BLVD			CHESTER, NY 10918	\$13.86
UR236	NICHOLAS MCELROY	36 SYCAMORE CT			HIGHLAND MILLS, NY 10930	\$7.31
AH90H	IQBAL SINGH BAGGA	105-10 66AVE. 5C			FOREST HILLS, NY 11375	\$21.63
AA1R4	IRMELA KASTRAT	9851 QUEENS BLVD APT 4E			REGO PARK, NY 11374	\$17.35
AF3FQ	LAMONT D JACKSON	7508 STECOAH ST			BRENTWOOD, TN 37027	\$25.16
ADFA0	MALETA LYNN MANWEILER	18129 N FORK RIVER RD			ABINGDON, VA 24210	\$41.60
WL706	ROSE MARY SUDANO	74 KNOX LANE			MANALAPAN, NJ 07726	\$14.24
AHK3K	BONNETT AND ASSOCIATES LLC	6164 Woodlake Rd			Jupiter, FL 33458-2483	\$2.54
AGA74	ANTHONY M LAKE	109 BOSTON POST ROAD			ORANGE, CT 064773235	\$3.49
FG541	SUSAN K MOSER	11051 BROADWAY STE C			CROWN POINT, IN 46307	\$33.25
AJF9W	KAREN SUE KIEFER	2517 Jacobs Creek Run			Fort Wayne, IN 46825- 3192	\$4.63
JE614	JOHN CHARLES KAUTTER II	4401 FAIR LAKES CT			FAIRFAX, VA 22033	\$8.60
811CT	DENISE COTE POIRIER	41 BENZ STREET			ANSONIA, CT 06401	\$14.03
AJJ7W	KENNETH WELLER	160 BEDFORD AVE			BROOKLYN, NY 11249	\$11.25
ES810	CODY LEE MOSS	2203 GLENMORE RD			SCOTTSDALE, VA 24590	\$17.47
ABLP2	JOHANN SCOTT SCRIMSHIRE	125 S. MAIN STREET			SEBASTOPOL, CA 95472	\$0.78
ALH07	SHERI L HAMETZ	3362 RIDERWHEEL DR			ROCKLEDGE, FL 32955	\$4.94
AGU2V	DANIEL A MARINEZ	303 W ERIE			CHICAGO, IL 60654	\$9.15
GL716	JOY ELIZABETH GUNDERSON	4531 VALLECITO LN			YORBA LINDA, CA 92886	\$6.11
AC4K9	CYNTHIA FLOOD	71 ELVIS BLVD			CHESTER, NY 10918	\$20.55
AEFN7	ELAINE MCCLELLAND	4401 FAIR LAKE CT			FAIRFAX, VA 22033	\$24.63
9CT82	JEFFREY S SOCK	1036 NARRAGANSETT			CRANSTON, RI 02905	\$0.45
YK710	IVAN MICHAEL SERVAIS	14 WALL ST			NEW YORK, NY 10005	\$7.73
HE368	LORI A VEILLETTE	48 ACADEMY HILL RD EXT			DERBY, CT 06418	\$23.60
AFQ7Y	AILEEN M KEENAN	9603 NW 36TH CT			CORAL SPRINGS, FL 33065	\$1.31
VE689	MITCHELL RUCKO	11 Euclid Ave			Kingston, NJ 08528	\$1.25
HB091	EDWARD J MOORE	135 FRANCE STREET			TOMS RIVER, NJ 08753	\$1.33
YN914	JILL SPIRA	1404 SWEET HOME ROAD			AMHERST, NY 14228	\$4.58
AGZ24	JAMES ROBERT CONFORT	3 SUNSET LANE			GARDEN CITY, NY 11530	\$4.13
AD0D2	MICHAEL JOHN DESARNO	729 RAYMERE AVE			INTERLAKEN, NJ 07712	\$9.37
AB8PT	CLARE ROSE MIONE	14 WALL ST			NEW YORK, NY 10005	\$16.77
UP130	MICHAEL P ZILINSKI	60 WALNUT AVE			CLARK, NJ 07066	\$7.78
JU505	CHARLEEN ANTOINETTE WRIGHT	1025 EXECUTIVE BLVD SUITE III			CHESAPEAKE, VA 23320	\$32.93
AG3EV	ROBERT THOMAS JENSEN	6 POND FIELD COURT			COLD SPRING HARBO, NY 11724	\$11.71
AAP01	NFP CORPORATE SERVICES (NY) LLC	200 Park Avenue	32nd Floor		New York, NY 10166	\$0.63

AG0TG	IANA M COURT	14 WALL ST			NEW YORK, NY 10005	\$1.23
W1896	LESLEY ANN KEENAN	4531 CADIZ CIRCLE			PALM BCH GARDENS,FL 33418	\$0.46
AH94W	MICHAEL ANDREW FIEDLER	910 DARLENE AVE			OCEAN, NJ 07712	\$2.53
CM361	GEORGE B WEILER	400 E. 71ST STREET			NEW YORK, NY 10021	\$0.53
AHYD0	RACHAEL HICKOK	63 ACADEMY ST			GREENWICH, NY 12834	\$2.62
GA077	CRISTY M MCCULLOUGH	5224 BACUP CT			ROCKLEDGE, FL 32955	\$2.54
AFAJ2	SHERI L HAMETZ	3362 SIDERWHEEL DR			ROCKLEDGE, FL 32955	\$7.32
AELN9	RICHARD WILLIAM WESTERMAYER	5 Garden Lane			Saint Louis, MO 63122	\$0.22
AF010	AILEEN M KEENAN	9603 NW 36TH CT			CORAL SPRINGS, FL 33065	\$1.38
AFC9T	MAURICIO RENE PLATT	884 UNION STATION PARKWAY			LEWISVILLE, TX 75057	\$4.13
AHK3R	JOHANN SCOTT SCRIMSHIRE	200 S Main St Ste 130-405			Sebastopol, CA 95472-4284	\$0.29
DU338	DENISE COTE POIRIER	41 BENZ STREET			ANSONIA, CT 06401	\$9.18
AJC51	BARBARA HAWES	21 MAPLE LN UNIT D			BRIELLE, NJ 08730	\$8.50
AD261	JOSHUA P SAUNDERS	17 Oak Ln			Randolph, NJ 07869-3107	\$0.42
AFWY1	KEVIN THOMAS MCCARTHY	197 LANG DRIVE			NORTHKINGSTOWN, RI 02852	\$0.23
DB483	GEORGE JOSHUA ROE	108 Jackson St Apt 4a			Hoboken, NJ 07030-6101	\$0.41
AJLU9	JEFFREY BOLDING	109 West 105th Street			New York, NY 10025	\$1.09
GR484	LUKE A ROCKWELL	303 WEST ERIE STREET			CHICAGO, IL 60654	\$2.03
AHL49	DEAN FRANCIS SHIPMAN	13600 Owen Rd			Brooklyn, MI 49230-9593	\$0.33
YC962	KATHRYN PREMETZ BAKER	15 MEADOWBROOK RD			MADISON, CT 06443	\$14.51
AA2N9	JEAN M STEINMETZ	2725 S MOORLAND ROAD SUITE 301			NEW BERLIN, WI 53151	\$1.52
YR849	JEANETTE SCHAUB	81 VINTAGE CIR	UNIT 3247		PLEASANTON, CA 94566	\$0.63
ET274	SEAN FX GLEASON LLC	52 HOLIDAY PARK DR			HAUPPAUGE, NY 11788	\$0.19
AHL55	EPSIX, INC.	13924 E Dyer Ln			Scottsdale, AZ 85262	\$3.13
AELN2	RICHARD WILLIAM WESTERMAYER	5 Garden Lane			Saint Louis, MO 63122	\$0.18

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 : 10/1/2024

Ending : 9/30/2025

ESTIMATED NUMBER OF COVERED EMPLOYEES @ YEAR END :1125

Premium Information

Gross Premiums Paid :\$574,576.72

Commission Information

Total Commissions Paid : \$103,128.38

Agent Number	Agent Name	Address Line 1	Address Line 2	Address Line 3	Address City/State/Zip	Earned Commission Amount
FJ721	DOUGLAS R MEIER	23 ROCKLEDGE TER			POMPTON PLAINS, NJ 07444	\$720.83
V6893	KAREN S LEIGHTY	729 PATTIE ROAD			BUCKINGHAM, VA 23921	\$17.47
BT700	STEVEN WILLIAM BEINHORN	81 STEPHEN DRIVE			PLAINVIEW, NY 11803	\$115.74
FV647	ALVARO JAVIER MONTENEGRO	580 WHITE PLAINS RD STE 115			TARRYTOWN, NY 10591	\$1,222.86
GF373	ANGELA MONTENEGRO	1 PELHAM RD			NEW ROCHELLE, NY 10801	\$396.28
GV064	WILLIS TOWERS WATSON NORTHEAST INC	1 WFC - 200 LIBERTY STREET			NEW YORK, NY 10281	\$97,731.41
AFV55	SHARON A MARTIN-TOUSSAINT	231 PRIMROSE AVENUE			MOUNT VERNON, NY 10552	\$18.23
AGK0W	MAURICIO RENE PLATT	884 UNION STATION PARKWAY			LEWISVILLE, TX 75057	\$2.68
AJF26	SUSAN K MOSER	10264 Lakota Ct			Demotte, IN 46310-0028	\$21.35
AEE84	MAXINE E AMDUR	3 SCOTT LN			MANALAPAN, NJ 07726	\$36.09
AFN88	DEBORAH IEMMA	147-26 20TH ROAD			WHITESTONE, NY 11357	\$37.43
AHJT3	MALETA LYNN MANWEILER	18129 N FORK RIVER RD			ABINGDON, VA 24210	\$40.72
TR569	STACI J O BRIEN	116 NORTH BELLEVUE AVENUE			LANGHORNE, PA 19047	\$5.91
UQ967	JUSTIN GRIFFEY	535 CONNECTICUT AVE			NORWALK, CT 06854	\$21.05
752CT	STEPHEN WEST	5 JANE ST			BEACON FALLS, CT 06403	\$18.13
JA972	KAREN SUE KIEFER	220 INSURANCE DR			FORT WAYNE, IN 46825	\$6.73
AGEG0	CHARLEEN ANTOINETTE WRIGHT	1025 EXECUTIVE BLVD SUITE III			CHESAPEAKE, VA 23320	\$22.23
AELN2	WESTERMAYER AND ASSOCIATES LLC	5 Garden Lane			Saint Louis, MO 63122	\$1.13
AAD6S	SAMUEL TATUM	5 RUSTIC LN			NORWALK, CT 06851	\$12.06
AA8RR	JACQUES P DAVID	5 MONFORT DRIVE			HUNINGTON, NY 11743	\$0.59
S9990	JEAN M STEINMETZ	1175 VERANDA COURT			BROOKFIELD, WI 53005	\$0.95
JK803	JAMES ROBERT CONFORT	3 SUNSET LANE			GARDEN CITY, NY 11530	\$85.90
YY648	MICHAEL ANDREW FIEDLER	910 DARLENE AVE			OCEAN, NJ 07712	\$3.98
CL680	MAXINE E AMDUR	3 SCOTT LN			MANALAPAN, NJ 07726	\$54.15
AFC5A	MITCHELL RUCKO	11 Euclid Ave			Kingston, NJ 08528	\$0.79
667CT	JEANNETTE ANN COLE	C/O RAMPART GROUP			EAST HAVEN, CT 06512	\$44.35
653CT	KATHRYN PREMETS BAKER	15 MEADOWBROOK RD			MADISON, CT 06443	\$22.16
099CT	LORI A VEILLETTE	48 ACADEMY HILL RD EXT			DERBY, CT 06418	\$35.19
FU917	JUSTIN DAVID HARPER	5331 MEADOWBROOK DR			FORT WAYNE, IN 46835	\$2.45

AHWU0	MARGARET PEVERLEY WEEKLEY	172 ROSEN LN			STAUNTON, VA 24401	\$30.77
GL696	JOY ELIZABETH GUNDERSON	4531 VALLECITO LN			YORBA LINDA, CA 92886	\$6.38
HW833	JEANNETTE ANN COLE	23 CLIFF ST			EAST HAVEN, CT 06512	\$13.24
AG0H8	AMY MEADOW	170 E 83RD ST			NEW YORK, NY 10028	\$27.92
AHZ1A	STACI J O BRIEN	C/O RAMPART GROUP			LANGHORNE, PA 19047	\$3.92
AFC2L	ROSE MARY SUDANO	74 KNOX LANE			MANALAPAN, NJ 07726	\$14.95
AEEQ0	PHILLIP GREER	1025 EXECUTIVE BLVD			CHESAPEAKE, VA 23220	\$12.03
AHYC3	JILL SPIRA	1404 SWEET HOME ROAD			AMHERST, NY 14228	\$4.64
AJE85	SEAN FRANCIS GLEASON	C/O RAMPART GROUP			HAUPPAUGE, NY 11788	\$73.30
ADY12	RACHAEL HICKOK	63 ACADEMY ST			GREENWICH, NY 12834	\$5.13
AF8W3	KAREN ELAINE BUCK	71 DEEPWOOD DRIVE			MADISON, CT 06443	\$3.92
AE2D3	LINDA K TEACHOUT	5510 COUNTESS DRIVE			FORT WAYNE, IN 46815	\$1.55
CTG36	ANTHONY M LAKE	109 BOSTON POST ROAD			ORANGE, CT 064773235	\$3.55
TA136	DANIEL A MARINEZ	303 W ERIE			CHICAGO, IL 60654	\$7.86
ES866	MARGARET PEVERLEY WEEKLEY	172 ROSEN LN			STAUNTON, VA 24401	\$47.13
AFZB5	SHANE G STICKLE	1411 CHILI AVENUE			WEBSTER, NY 14624	\$1.77
AHK56	DEAN FRANCIS SHIPMAN	13600 OWEN RD			BROOKLYN, MI 49230	\$0.37
GL382	WILLIAM WHICHER	200 GARDEN CITY PLAZA			GARDEN CITY, NY 11530	\$28.29
SM492	IQBAL SINGH BAGGA	21425 4SND AVE			BAYSIDE, NY 11361	\$32.48
ADKJ8	ELAINE MCCLELLAND	4401 FAIR LAKE CT			FAIRFAX, VA 22033	\$17.18
Y3713	TRAVIS BROCKMAN HAWKINS	21735 LAKESHORE DR			ABINGDON, VA 24211	\$16.63
JJ737	BARBARA HAWES	21 MAPLE LN UNIT D			BRIELLE, NJ 08730	\$12.58
GT220	VINCENT JOSEPH KRILL	199 RAMAPO RD			GARNERVILLE, NY 10923	\$7.31
EC606	JONATHAN ALI HAJIMOMEN	1501 ORANGETHORPE			FULLERTON, CA 92831	\$2.26
AP349	DIVYA JAIN	26612 MARBURY ESTATES DRIVE			CHANTILLY, VA 20152	\$8.60
AP854	ANTHONY R ORGERA	14 WALL STREET			NEW YORK, NY 10005	\$16.23
EB348	JEFFREY S SOCK	1036 NARRAGANSETT			CRANSTON, RI 02905	\$0.84
TN734	SANDRA CAMPOS FELICIANO	350 Via Aventura Apt 7609			Trujillo Alto, PR 00976	\$172.02
HC772	KAREN ELAINE BUCK	71 DEEPWOOD DRIVE			MADISON, CT 06443	\$5.58
AJF2R	LINDA K TEACHOUT	10719 N 600 W-90			Markle, IN 46770	\$1.44
UD125	JORDAN SHIELDS SMITH	6669 ARNO ALLISONA RD			COLLEGE GROVE, TN 37046	\$7.12
TV530	MATTHEW THOMAS O HANLON	529 FAYETTE ST.			CONSHOHOCKEN, PA 19428	\$2.34
AE6E8	ELMER BROWN	212 East 112th Street Apt 1			New York, NY 10029	\$41.18
WG638	NICHOLAS MIRANDI	26 MAIN ST			TOMS RIVER, NJ 08753	\$19.05
AF1AF	AMY MEADOW	170 E 83RD ST			NEW YORK, NY 10028	\$42.05
VC633	GLENN EDWIN SMITH	1136 MASTERS ROW			CHESAPEAKE, VA 23220	\$12.03
EW081	RICHARD D PETERSON	14107 20TH AVE STE 507			WHITESTONE, NY 11357	\$11.71
ADA70	JUSTIN MATTHEW BUCK	71 DEEPWOOD DRIVE			MADISON, CT 06443	\$1.56

AEQM5	MORGAN ELIZABETH MARKOWSKI	1616 S 167TH ST			NEW BERLIN, WI 53151	\$1.02
ADWY2	GIANA M COURT	14 WALL ST			NEW YORK, NY 10005	\$1.82
ADAD9	EVAN S PORTNOY	C/O RAMPART GROUP			LAKE SUCCESS, NY 11042	\$1,218.05
AHC0T	CYNTHIA FLOOD	71 ELVIS BLVD			CHESTER, NY 10918	\$13.86
UR236	NICHOLAS MCELROY	36 SYCAMORE CT			HIGHLAND MILLS, NY 10930	\$7.31
AH90H	IQBAL SINGH BAGGA	105-10 66AVE. 5C			FOREST HILLS, NY 11375	\$21.63
AA1R4	IRMELA KASTRAT	9851 QUEENS BLVD APT 4E			REGO PARK, NY 11374	\$17.35
AF3FQ	LAMONT D JACKSON	7508 STECOAH ST			BRENTWOOD, TN 37027	\$25.16
ADFA0	MALETA LYNN MANWEILER	18129 N FORK RIVER RD			ABINGDON, VA 24210	\$41.60
WL706	ROSE MARY SUDANO	74 KNOX LANE			MANALAPAN, NJ 07726	\$14.24
AHK3K	BONNETT AND ASSOCIATES LLC	6164 Woodlake Rd			Jupiter, FL 33458-2483	\$2.54
AGA74	ANTHONY M LAKE	109 BOSTON POST ROAD			ORANGE, CT 064773235	\$3.49
FG541	SUSAN K MOSER	11051 BROADWAY STE C			CROWN POINT, IN 46307	\$33.25
AJF9W	KAREN SUE KIEFER	2517 Jacobs Creek Run			Fort Wayne, IN 46825- 3192	\$4.63
JE614	JOHN CHARLES KAUTTER II	4401 FAIR LAKES CT			FAIRFAX, VA 22033	\$8.60
811CT	DENISE COTE POIRIER	41 BENZ STREET			ANSONIA, CT 06401	\$14.03
AJ7W	KENNETH WELLER	160 BEDFORD AVE			BROOKLYN, NY 11249	\$11.25
ES810	CODY LEE MOSS	2203 GLENMORE RD			SCOTTSVILLE, VA 24590	\$17.47
ABLP2	JOHANN SCOTT SCRIMSHIRE	125 S. MAIN STREET			SEBASTOPOL, CA 95472	\$0.78
ALH07	SHERI L HAMETZ	3362 RIDERWHEEL DR			ROCKLEDGE, FL 32955	\$4.94
AGU2V	DANIEL A MARINEZ	303 W ERIE			CHICAGO, IL 60654	\$9.15
GL716	JOY ELIZABETH GUNDERSON	4531 VALLECITO LN			YORBA LINDA, CA 92886	\$6.11
AC4K9	CYNTHIA FLOOD	71 ELVIS BLVD			CHESTER, NY 10918	\$20.55
AEFN7	ELAINE MCCLELLAND	4401 FAIR LAKE CT			FAIRFAX, VA 22033	\$24.63
9CT82	JEFFREY S SOCK	1036 NARRAGANSETT			CRANSTON, RI 02905	\$0.45
YK710	IVAN MICHAEL SERVAIS	14 WALL ST			NEW YORK, NY 10005	\$7.73
HE368	LORI A VEILLETTE	48 ACADEMY HILL RD EXT			DERBY, CT 06418	\$23.60
AFQ7Y	AILEEN M KEENAN	9603 NW 36TH CT			CORAL SPRINGS, FL 33065	\$1.31
VE689	MITCHELL RUCKO	11 Euclid Ave			Kingston, NJ 08528	\$1.25
HB091	EDWARD J MOORE	135 FRANCE STREET			TOMS RIVER, NJ 08753	\$1.33
YN914	JILL SPIRA	1404 SWEET HOME ROAD			AMHERST, NY 14228	\$4.58
AGZ24	JAMES ROBERT CONFORT	3 SUNSET LANE			GARDEN CITY, NY 11530	\$4.13
AD0D2	MICHAEL JOHN DESARNO	729 RAYMERE AVE			INTERLAKEN, NJ 07712	\$9.37
AB8PT	CLARE ROSE MIONE	14 WALL ST			NEW YORK, NY 10005	\$16.77
UP130	MICHAEL P ZILINSKI	60 WALNUT AVE			CLARK, NJ 07066	\$7.78
JU505	CHARLEEN ANTOINETTE WRIGHT	1025 EXECUTIVE BLVD SUITE III			CHESAPEAKE, VA 23320	\$32.93
AG3EV	ROBERT THOMAS JENSEN	6 POND FIELD COURT			COLD SPRING HARBO, NY 11724	\$11.71
AAP01	NFP CORPORATE SERVICES (NY) LLC	200 Park Avenue	32nd Floor		New York, NY 10166	\$0.63

AG0TG	IANA M COURT	14 WALL ST			NEW YORK, NY 10005	\$1.23
W1896	LESLEY ANN KEENAN	4531 CADIZ CIRCLE			PALM BCH GARDENS,FL 33418	\$0.46
AH94W	MICHAEL ANDREW FIEDLER	910 DARLENE AVE			OCEAN, NJ 07712	\$2.53
CM361	GEORGE B WEILER	400 E. 71ST STREET			NEW YORK, NY 10021	\$0.53
AHYD0	RACHAEL HICKOK	63 ACADEMY ST			GREENWICH, NY 12834	\$2.62
GA077	CRISTY M MCCULLOUGH	5224 BACUP CT			ROCKLEDGE, FL 32955	\$2.54
AFAJ2	SHERI L HAMETZ	3362 SIDERWHEEL DR			ROCKLEDGE, FL 32955	\$7.32
AELN9	RICHARD WILLIAM WESTERMAYER	5 Garden Lane			Saint Louis, MO 63122	\$0.22
AF010	AILEEN M KEENAN	9603 NW 36TH CT			CORAL SPRINGS, FL 33065	\$1.38
AFC9T	MAURICIO RENE PLATT	884 UNION STATION PARKWAY			LEWISVILLE, TX 75057	\$4.13
AHK3R	JOHANN SCOTT SCRIMSHIRE	200 S Main St Ste 130-405			Sebastopol, CA 95472-4284	\$0.29
DU338	DENISE COTE POIRIER	41 BENZ STREET			ANSONIA, CT 06401	\$9.18
AJC51	BARBARA HAWES	21 MAPLE LN UNIT D			BRIELLE, NJ 08730	\$8.50
AD261	JOSHUA P SAUNDERS	17 Oak Ln			Randolph, NJ 07869-3107	\$0.42
AFWY1	KEVIN THOMAS MCCARTHY	197 LANG DRIVE			NORTHKINGSTOWN, RI 02852	\$0.23
DB483	GEORGE JOSHUA ROE	108 Jackson St Apt 4a			Hoboken, NJ 07030-6101	\$0.41
AJLU9	JEFFREY BOLDING	109 West 105th Street			New York, NY 10025	\$1.09
GR484	LUKE A ROCKWELL	303 WEST ERIE STREET			CHICAGO, IL 60654	\$2.03
AHL49	DEAN FRANCIS SHIPMAN	13600 Owen Rd			Brooklyn, MI 49230-9593	\$0.33
YC962	KATHRYN PREMETZ BAKER	15 MEADOWBROOK RD			MADISON, CT 06443	\$14.51
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