

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 10/10/2022 11:33 AM EST

Confirmation Number: 10513

Amended Confirmation Number:

Employer Information

Name: Case Paper Company, Inc.  
Address: 500 Mamaroneck Avenue  
City: Harrison  
State: NY  
Zip Code: 10528

Plan Administrator Information

Name: Case Paper Company, Inc.  
Address: 500 Mamaroneck Avenue  
City: Harrison  
State: NY  
Zip Code: 10528  
Phone: 2035580062  
Email: bberger@casepaper.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Case Paper Company, Inc. Nonqualified Deferred Compensation Plan	Number of Employees: 5
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Additional Information:

effective date November 15, 2022 eligible employees 5 participating employees 0  
(new plan)



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 10513. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.