

**Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans**

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

2520153070104

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Primex, Inc.
2. The mailing address of the Employer is: 965 Wells Street
Lake Geneva, WI 53147
3. The Employer Identification Number is: 39-1191616
4. The above named Employer maintains a Plan primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:
One Plan covering 23 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Primex, Inc.
A Wisconsin Corporation

By: *Dennis Martin*
Authorized Person (Dennis Martin, CFO)

Dated: October 15, 2015

Primer Family of Companies
666 Wells Street
Lebanon, OH 45030-2000
Attention: Beverly Martin

CERTIFIED MAIL



7014 1620 0000 9116 6857

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

20210

