

|                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <div>Form 5500-SF</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Short Form Annual Return/Report of Small Employee<br/>Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► Complete all entries in accordance with the instructions to the Form 5500-SF.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2009</div> <div>This Form is Open to Public<br/>Inspection</div> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                            |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                                                                                                                                                                                                                                     |
| A                                                                                          | This return/report is for: <input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan                                               |
| B                                                                                          | This return/report is for: <input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months) |
| C                                                                                          | Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)                          |

|                                                                                                           |                                                                                                                                                                                                              |                                                                     |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Part II                                                                                                   | Basic Plan Information—enter all requested information                                                                                                                                                       |                                                                     |
| 1a                                                                                                        | Name of plan<br>RETIREMENT PLAN FOR HOURLY PAID BARGAINING UNIT EMPLOYEES OF WITCO CORPORATION MARSHALL                                                                                                      | 1b Three-digit plan number (PN) ► 041                               |
|                                                                                                           |                                                                                                                                                                                                              | 1c Effective date of plan 01/01/1984                                |
| 2a                                                                                                        | Plan sponsor's name and address (employer, if for single-employer plan)<br>CHEMTURA CORPORATION<br><br>199 BENSON RD<br>MIDDLEBURY, CT 06749                                                                 | 2b Employer Identification Number (EIN) 52-2183153                  |
|                                                                                                           |                                                                                                                                                                                                              | 2c Plan sponsor's telephone number 800-573-3070                     |
|                                                                                                           |                                                                                                                                                                                                              | 2d Business code (see instructions) 325100                          |
| 3a                                                                                                        | Plan administrator's name and address (if same as Plan sponsor, enter "Same")<br>CHEMTURA CORPORATION 199 BENSON RD<br>MIDDLEBURY, CT 06749                                                                  | 3b Administrator's EIN 52-2183153                                   |
|                                                                                                           |                                                                                                                                                                                                              | 3c Administrator's telephone number 800-573-3070                    |
| 4                                                                                                         | If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name                | 4b EIN                                                              |
|                                                                                                           |                                                                                                                                                                                                              | 4c PN                                                               |
| 5a                                                                                                        | Total number of participants at the beginning of the plan year .....                                                                                                                                         | 5a 64                                                               |
| b                                                                                                         | Total number of participants at the end of the plan year .....                                                                                                                                               | 5b 60                                                               |
| c                                                                                                         | Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....                                                                    | 5c 29                                                               |
| 6a                                                                                                        | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....                                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b                                                                                                         | Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. |                                                                                                                                                                                                              |                                                                     |

|          |                                                                                             |                       |                 |
|----------|---------------------------------------------------------------------------------------------|-----------------------|-----------------|
| Part III | Financial Information                                                                       |                       |                 |
| 7        | Plan Assets and Liabilities                                                                 | (a) Beginning of Year | (b) End of Year |
| a        | Total plan assets .....                                                                     | 7a 2177953            | 2268161         |
| b        | Total plan liabilities .....                                                                | 7b                    |                 |
| c        | Net plan assets (subtract line 7b from line 7a) .....                                       | 7c 2177953            | 2268161         |
| 8        | Income, Expenses, and Transfers for this Plan Year                                          | (a) Amount            | (b) Total       |
| a        | Contributions received or receivable from:                                                  |                       |                 |
| (1)      | Employers .....                                                                             | 8a(1) 150000          |                 |
| (2)      | Participants .....                                                                          | 8a(2)                 |                 |
| (3)      | Others (including rollovers) .....                                                          | 8a(3)                 |                 |
| b        | Other income (loss) .....                                                                   | 8b 186595             |                 |
| c        | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | 8c                    | 336595          |
| d        | Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | 8d 246387             |                 |
| e        | Certain deemed and/or corrective distributions (see instructions) .....                     | 8e                    |                 |
| f        | Administrative service providers (salaries, fees, commissions) .....                        | 8f                    |                 |
| g        | Other expenses .....                                                                        | 8g                    |                 |
| h        | Total expenses (add lines 8d, 8e, 8f, and 8g) .....                                         | 8h                    | 246387          |
| i        | Net income (loss) (subtract line 8h from line 8c) .....                                     | 8i                    | 90208           |
| j        | Transfers to (from) the plan (see instructions) .....                                       | 8j                    |                 |

**Part IV Plan Characteristics****9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1D 1G

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

|                                                                                                                                                                                                                                          | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>10</b> During the plan year:                                                                                                                                                                                                          |     |    |          |
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....                      |     | X  |          |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....                                                                                                     |     | X  |          |
| <b>c</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                  | X   |    | 10000000 |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                  |     | X  |          |
| <b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) ..... |     | X  |          |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                       |     | X  |          |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....                                                                                                                                         |     | X  |          |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                             |     |    |          |
| <b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....                                                      |     |    |          |

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No  
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

|                                                                                                                                                    |            |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>b</b> Enter the minimum required contribution for this plan year.....                                                                           | <b>12b</b> | 0 |
| <b>c</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                          | <b>12c</b> | 0 |
| <b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... | <b>12d</b> | 0 |

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☒ N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ..... ☐ Yes ☒ No

**c** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| <b>13c(1)</b> Name of plan(s): | <b>13c(2)</b> EIN(s) | <b>13c(3)</b> PN(s) |
|--------------------------------|----------------------|---------------------|
|                                |                      |                     |
|                                |                      |                     |

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/08/2010 | DAVID ORT                                                    |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                    |  |                                                                                                                                                  |     |
|------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| A Name of plan<br>RETIREMENT PLAN FOR HOURLY PAID BARGAINING UNIT EMPLOYEES OF WITCO CORPORATION MARSHALL                          |  | B Three-digit plan number (PN)                                                                                                                   | 041 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>CHEMTURA CORPORATION                                          |  | D Employer Identification Number (EIN)<br>52-2183153                                                                                             |     |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B |  | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |     |

|        |                                                                                                                                                                                        |                            |                    |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| Part I | Basic Information                                                                                                                                                                      |                            |                    |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2009                                                                                                                                    |                            |                    |
| 2      | Assets:                                                                                                                                                                                |                            |                    |
| a      | Market value                                                                                                                                                                           | 2a                         | 2321819            |
| b      | Actuarial value                                                                                                                                                                        | 2b                         | 2554000            |
| 3      | Funding target/participant count breakdown                                                                                                                                             | (1) Number of participants | (2) Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                           | 3a                         | 31 1854745         |
| b      | For terminated vested participants                                                                                                                                                     | 3b                         | 33 814213          |
| c      | For active participants:                                                                                                                                                               |                            |                    |
| (1)    | Non-vested benefits                                                                                                                                                                    | 3c(1)                      | 0                  |
| (2)    | Vested benefits                                                                                                                                                                        | 3c(2)                      | 0                  |
| (3)    | Total active                                                                                                                                                                           | 3c(3)                      | 0                  |
| d      | Total                                                                                                                                                                                  | 3d                         | 64 2668958         |
| 4      | If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                          |                            |                    |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                             | 4a                         |                    |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor | 4b                         |                    |
| 5      | Effective interest rate                                                                                                                                                                | 5                          | 6.47 %             |
| 6      | Target normal cost                                                                                                                                                                     | 6                          | 9000               |

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                          |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                              |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>ALICE PEGEL STUART, F.S.A.</div> <div>Type or print name of actuary</div> <div>TOWERS WATSON PENNSYLVANIA INC.</div> <div>Firm name</div> <div>1 STAMFORD PLAZA<br/>263 TRESSER BLVD.<br/>STAMFORD, CT 06901-3226</div> <div>Address of the firm</div> | <div>10/06/2010</div> <div>Date</div> <div>08-05939</div> <div>Most recent enrollment number</div> <div>203-326-5400</div> <div>Telephone number (including area code)</div> |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Part II Beginning of year carryover and prefunding balances |                                                                                                 | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7                                                           | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 710428                | 0                      |
| 8                                                           | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                     | 0                      |
| 9                                                           | Amount remaining (Item 7 minus item 8).....                                                     | 710428                | 0                      |
| 10                                                          | Interest on item 9 using prior year's actual return of <u>-10.56</u> % .....                    | -75021                | 0                      |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| a                                                           | Excess contributions (Item 38 from prior year) .....                                            |                       | 135583                 |
| b                                                           | Interest on (a) using prior year's effective rate of <u>6.11</u> % .....                        |                       | 8284                   |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 143867                 |
| d                                                           | Portion of (c) to be added to prefunding balance.....                                           |                       | 0                      |
| 12                                                          | Reduction in balances due to elections or deemed elections.....                                 | 43863                 | 0                      |
| 13                                                          | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....               | 591544                | 0                      |

| Part III Funding percentages |                                                                                                                                                                 |    |          |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14                           | Funding target attainment percentage.....                                                                                                                       | 14 | 73.52 %  |
| 15                           | Adjusted funding target attainment percentage.....                                                                                                              | 15 | 95.69 %  |
| 16                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | 16 | 105.42 % |
| 17                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | 17 | %        |

| Part IV Contributions and liquidity shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 09/15/2010                                                                        | 150000                            | 0                               |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
| Totals ►                                                                          |                                   |                                 | 18(b)                    | 150000                            | 18(c) 0                         |

|                                                                                                                               |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| a Contributions allocated toward unpaid minimum required contribution from prior years.....                                   | 19a 0                                                               |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b 0                                                               |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....               | 19c 134806                                                          |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| c If 20a is "Yes," see instructions and complete the following table as applicable:                                           |                                                                     |

| Liquidity shortfall as of end of Quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.32 % | 2nd segment:<br>6.45 % | 3rd segment:<br>6.69 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 | <b>21b</b>             |                        |                        | 0                                                   |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              | <b>22</b>              |                        |                        | 61                                                  |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contribution for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 9000               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 9000               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 9000               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 134806             |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 125806             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

Chemtura Corporation

Retirement Plan for Hourly Paid Bargaining Unit Employees of Witco Corporation (Marshall, TX)

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

EIN / PN: 52-2183153 / 041

## Actuarial Assumptions and Methods

### Economic Assumptions

Funding interest rate basis:

- |                                           |               |
|-------------------------------------------|---------------|
| ▶ Applicable month                        | January 2009  |
| ▶ Yield curve basis                       | Segment rates |
| ▶ Transition from current liability rates | N/A           |

Funding interest rates:

- |                           |       |
|---------------------------|-------|
| ▶ First segment rate      | 5.32% |
| ▶ Second segment rate     | 6.45% |
| ▶ Third segment rate      | 6.69% |
| ▶ Effective interest rate | 6.47% |

Annual rates of increase

- |                                     |       |
|-------------------------------------|-------|
| ▶ Salaries                          | 4.00% |
| ▶ Future Social Security wage bases | 3.50% |
| ▶ Statutory limits on compensation  | 3.00% |
| ▶ Statutory limits on benefits      | N/A   |

Chemtura Corporation

Retirement Plan for Hourly Paid Bargaining Unit Employees of Witco Corporation (Marshall, TX)

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

EIN / PN: 52-2183153 / 041

Demographic and Other Assumptions

Mortality                      Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2024 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2016 using Scale AA)

Termination                      Rates varying by age  
Representative rates:

| Age |       |
|-----|-------|
| 25  | 10.0% |
| 40  | 6.0%  |
| 55  | 0.0%  |

No schedule was used for Gretna Hourly, Memphis Hourly, OSi Retirement, Newark Hourly, Nutley Hourly, Uniroyal Plan A, and Marshall Hourly as there are no active participants.

Chemtura Corporation  
Retirement Plan for Hourly Paid Bargaining Unit Employees of Witco Corporation (Marshall, TX)  
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
EIN / PN: 52-2183153 / 041

Disability

Chemtura Pension and Perth Amboy Hourly:

Rates varying by age

Representative rates:

| <i>Age</i> | <i>Rate</i> |
|------------|-------------|
| 25         | 0.09%       |
| 40         | 0.20%       |
| 55         | 1.02%       |

Uniroyal Plan B and Uniroyal Plan C:

Rates varying by age

Representative rates:

| <i>Age</i> | <i>Rate</i> |
|------------|-------------|
| 25         | 0.21%       |
| 40         | 0.24%       |
| 55         | 0.53%       |

Great Lakes

None

Gretna Hourly, Memphis Hourly, OSi Retirement, Newark Hourly, Nutley Hourly, Uniroyal Pan A, and Marshall Hourly:

None; No active participants

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Retirement

Rates varying by age, average age 61

Representative rates:

| <i>Age</i> | <i>Rate</i> |
|------------|-------------|
| 55         | 8%          |
| 60         | 15%         |
| 62         | 22%         |
| 65         | 30%         |
| 67         | 30%         |
| 70         | 100%        |

No schedule was used for Gretna Hourly, Memphis Hourly, OSi Retirement, Newark Hourly, Nutley Hourly, Uniroyal Plan A, and Marshall Hourly as there are no active participants.

Form of payment

| <u>Type of Annuity</u>                            | <u>Percent Electing</u> |
|---------------------------------------------------|-------------------------|
| Life Annuity                                      | 100%                    |
| 25% Joint and Survivor                            | 0%                      |
| 50% Joint and Survivor                            | 0%                      |
| 66-2/3% Joint and Survivor                        | 0%                      |
| 75% Joint and Survivor                            | 0%                      |
| 100% Joint and Survivor                           | 0%                      |
| 5 Year Certain and Life                           | 0%                      |
| 10 Year Certain and Life                          | 0%                      |
| 5 Year Certain and Life & 100% Joint and Survivor | 0%                      |
| 5 Year Certain and Life & 50% Joint and Survivor  | 0%                      |

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|                                                       |    |
|-------------------------------------------------------|----|
| 5 Year Certain with Extended 5 Year Certain and Life  | 0% |
| 5 Year Certain with Extended 10 Year Certain and Life | 0% |
| 5 Year Certain with Extended 15 Year Certain and Life | 0% |
| Social Security Level Income Option                   | 0% |

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Conversion basis             | Actuarial equivalence is defined as 7.00% interest rate and 1994 Group Annuity Reserve (GAR) Mortality Table                                                                                                                                                                                                                                                                                                                                                                                 |
| Percentage married           | 85% of males; 75% of females                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Spouse age                   | Wife three years younger than husband                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Covered pay                  | Rate of pay as of the valuation date                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Administrative expense       | Normal Cost is increased for expected 2009 expenses                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Loadings                     | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Methods                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ▶ Valuation date             | First day of plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ▶ Funding target             | Present value of accrued benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ▶ Funding target normal cost | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year                                                                                                                                                                                                                                                                                                                                       |
| ▶ Actuarial value of assets  | Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings. The average asset value must be within 10% of fair value, including contributions receivable.<br><br>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules |

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produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a bias to produce an actuarial value of assets that is below the market value of assets.

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Benefits not Valued

All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the plan provisions with Chemtura Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.

Data Sources

Towers Watson used asset data supplied by the trustee. Chemtura Corporation furnished participant data, as well as the dates and amounts of any contributions and/or credit balance elections made for 2009. Data were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made by the Towers Watson actuaries when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2009 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                  |                                                                                                                                                                                                                  |                                                                 |     |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>RETIREMENT PLAN FOR HOURLY PAID BARGAINING UNIT EMPLOYEES OF WITCO CORPORATION MARSHALL | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">041</td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ►                         | 041 |
| <b>B</b> Three-digit plan number (PN) ►                                                                          | 041                                                                                                                                                                                                              |                                                                 |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>CHEMTURA CORPORATION                 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>D</b> Employer Identification Number (EIN)<br/><br/>52-2183153</td> </tr> </table>                                                | <b>D</b> Employer Identification Number (EIN)<br><br>52-2183153 |     |
| <b>D</b> Employer Identification Number (EIN)<br><br>52-2183153                                                  |                                                                                                                                                                                                                  |                                                                 |     |

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

| Part I Basic Information |                                                                                                                                                                                                       |                            |                    |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b>                 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>                                                                                                                              |                            |                    |
| <b>2</b>                 | Assets:                                                                                                                                                                                               |                            |                    |
|                          | <b>a</b> Market value .....                                                                                                                                                                           | <b>2a</b>                  | 2321819            |
|                          | <b>b</b> Actuarial value .....                                                                                                                                                                        | <b>2b</b>                  | 2554000            |
| <b>3</b>                 | Funding target/participant count breakdown                                                                                                                                                            | (1) Number of participants | (2) Funding Target |
|                          | <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                           | <b>3a</b>                  | 1854745            |
|                          | <b>b</b> For terminated vested participants .....                                                                                                                                                     | <b>3b</b>                  | 814213             |
|                          | <b>c</b> For active participants:                                                                                                                                                                     |                            |                    |
|                          | (1) Non-vested benefits .....                                                                                                                                                                         | <b>3c(1)</b>               | 0                  |
|                          | (2) Vested benefits .....                                                                                                                                                                             | <b>3c(2)</b>               | 0                  |
|                          | (3) Total active .....                                                                                                                                                                                | <b>3c(3)</b>               | 0                  |
|                          | <b>d</b> Total .....                                                                                                                                                                                  | <b>3d</b>                  | 2668958            |
| <b>4</b>                 | If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                                         |                            |                    |
|                          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                             | <b>4a</b>                  |                    |
|                          | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                    |
| <b>5</b>                 | Effective interest rate .....                                                                                                                                                                         | <b>5</b>                   | 6.47 %             |
| <b>6</b>                 | Target normal cost .....                                                                                                                                                                              | <b>6</b>                   | 9000               |

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                  |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | Alice Pegel Stuart<br><br>Signature of actuary<br><br>ALICE PEGEL STUART, F.S.A.<br><br>Type or print name of actuary<br>TOWERS WATSON PENNSYLVANIA INC.<br><br>Firm name<br><br>1 STAMFORD PLAZA<br>263 TRESSER BLVD.<br>STAMFORD CT 069013226<br><br>Address of the firm | <div style="text-align: center;">          10/6/2010<br/>         Date<br/>         08-05939<br/>         Most recent enrollment number<br/>         203-326-5400<br/>         Telephone number (including area code)       </div> |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

| Part II Beginning of year carryover and prefunding balances |                                                                                                 | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7                                                           | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 710428                | 0                      |
| 8                                                           | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                     | 0                      |
| 9                                                           | Amount remaining (Item 7 minus item 8) .....                                                    | 710428                | 0                      |
| 10                                                          | Interest on item 9 using prior year's actual return of <u>-10.56</u> % .....                    | -75021                | 0                      |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| a                                                           | Excess contributions (Item 38 from prior year) .....                                            |                       | 135583                 |
| b                                                           | Interest on (a) using prior year's effective rate of <u>6.11</u> % .....                        |                       | 8284                   |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 143867                 |
| d                                                           | Portion of (c) to be added to prefunding balance .....                                          |                       | 0                      |
| 12                                                          | Reduction in balances due to elections or deemed elections .....                                | 43863                 | 0                      |
| 13                                                          | Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) .....              | 591544                | 0                      |

| Part III Funding percentages |                                                                                                                                                                  |    |          |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14                           | Funding target attainment percentage .....                                                                                                                       | 14 | 73.52 %  |
| 15                           | Adjusted funding target attainment percentage .....                                                                                                              | 15 | 95.69 %  |
| 16                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | 16 | 105.42 % |
| 17                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | 17 | %        |

| Part IV Contributions and liquidity shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 09/15/2010                                                                        | 150000                            | 0                               |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b)                             | 150000                          |
|                                                                                   |                                   |                                 |                          | 18(c)                             | 0                               |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                  |     |        |
|------------------------------------------------------------------------------------------------------------------|-----|--------|
| a Contributions allocated toward unpaid minimum required contribution from prior years .....                     | 19a | 0      |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                      | 19b | 0      |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | 19c | 134806 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of Quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

|                                                                                                                                                                                                                                     |                                                |                                                           |                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------|
| <b>Part V Assumptions used to determine funding target and target normal cost</b>                                                                                                                                                   |                                                |                                                           |                                                                            |
| 21 Discount rate:                                                                                                                                                                                                                   |                                                |                                                           |                                                                            |
| a Segment rates:                                                                                                                                                                                                                    | 1st segment:<br>5.32 %                         | 2nd segment:<br>6.45 %                                    | 3rd segment:<br>6.69 % <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) .....                                                                                                                                                                                               |                                                |                                                           | 21b 0                                                                      |
| 22 Weighted average retirement age .....                                                                                                                                                                                            |                                                |                                                           | 22 61                                                                      |
| 23 Mortality table(s) (see instructions)                                                                                                                                                                                            | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                                        |
| <b>Part VI Miscellaneous items</b>                                                                                                                                                                                                  |                                                |                                                           |                                                                            |
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                |                                                           |                                                                            |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                      |                                                |                                                           |                                                                            |
| 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                            |                                                |                                                           |                                                                            |
| 27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment .....                                                                                      | 27                                             |                                                           |                                                                            |
| <b>Part VII Reconciliation of unpaid minimum required contributions for prior years</b>                                                                                                                                             |                                                |                                                           |                                                                            |
| 28 Unpaid minimum required contribution for all prior years .....                                                                                                                                                                   | 28                                             | 0                                                         |                                                                            |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) .....                                                                                                       | 29                                             | 0                                                         |                                                                            |
| 30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....                                                                                                                                          | 30                                             | 0                                                         |                                                                            |
| <b>Part VIII Minimum required contribution for current year</b>                                                                                                                                                                     |                                                |                                                           |                                                                            |
| 31 Target normal cost, adjusted, if applicable (see instructions) .....                                                                                                                                                             | 31                                             | 9000                                                      |                                                                            |
| 32 Amortization installments:                                                                                                                                                                                                       | Outstanding Balance                            |                                                           | Installment                                                                |
| a Net shortfall amortization installment .....                                                                                                                                                                                      | 0                                              |                                                           | 0                                                                          |
| b Waiver amortization installment .....                                                                                                                                                                                             | 0                                              |                                                           | 0                                                                          |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....                                                       | 33                                             |                                                           |                                                                            |
| 34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) .....                                                                                                        | 34                                             | 9000                                                      |                                                                            |
|                                                                                                                                                                                                                                     | Carryover balance                              | Prefunding balance                                        | Total balance                                                              |
| 35 Balances used to offset funding requirement .....                                                                                                                                                                                | 0                                              | 0                                                         | 0                                                                          |
| 36 Additional cash requirement (item 34 minus item 35) .....                                                                                                                                                                        | 36                                             | 9000                                                      |                                                                            |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) .....                                                                                                        | 37                                             | 134806                                                    |                                                                            |
| 38 Interest-adjusted excess contributions for current year (see instructions) .....                                                                                                                                                 | 38                                             | 125806                                                    |                                                                            |
| 39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) .....                                                                                                                            | 39                                             | 0                                                         |                                                                            |
| 40 Unpaid minimum required contribution for all years .....                                                                                                                                                                         | 40                                             | 0                                                         |                                                                            |

Chemtura Corporation

Retirement Plan for Hourly Paid Bargaining Unit Employees of Witco Corporation (Marshall, TX)

Schedule SB, Part V – Summary of Plan Provisions

EIN / PN: 52-2183153 / 041

### Plan Provisions – Marshall Hourly

|                     |                                                                                                                                                |                                                             |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Plan name:          | Retirement Plan for Hourly Paid Bargaining Unit<br>Employees of Witco Corporation (Marshall, Texas)                                            | Plan effective: 1/1/84                                      |
| Type of plan:       | Career Pay<br>Closed group of former employees                                                                                                 | Last change effective: 1/1/92<br>Next change effective: N/A |
| Normal form:        | Life annuity                                                                                                                                   |                                                             |
| Membership service: | The January 1 or July 1 following the attainment of age 21 and the completion of 1 year of vesting service.<br>This location was sold in 2007. |                                                             |
| Credited service:   | From date of membership.                                                                                                                       |                                                             |
| Vesting service:    | A year of vesting is credited for each year in which the employee completes 1,000 hours of service.                                            |                                                             |
| Pension earnings:   | Base pay                                                                                                                                       |                                                             |
| Accrued benefit:    | For each year after 1/1/84, 1.0% of earnings between \$600 and \$3,000 and 1.5% of earnings over \$3,000.                                      |                                                             |

| Benefit            | Age    | Vest Svc | Description                                                                                                 |
|--------------------|--------|----------|-------------------------------------------------------------------------------------------------------------|
| Normal retirement: | 65     |          | Accrued benefit payable immediately.                                                                        |
| Early:             | 55     |          | Accrued benefit reduced 5/9% for each month from 60 to 65 and 5/18% for each month from 55 to 60.           |
| Disability:*       | 50 and | 15       | Accrued benefit payable immediately.                                                                        |
| Postponed:         | >65    |          | Accrued benefit payable immediately.                                                                        |
| Vesting:           | 55 or  | 5        | Accrued benefit payable unreduced at 65. For commencement prior to age 65, use early retirement reductions. |

Chemtura Corporation  
Retirement Plan for Hourly Paid Bargaining Unit Employees of Witco Corporation (Marshall, TX)  
Schedule SB, Part V – Summary of Plan Provisions  
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|                  |                                                                                                                     |   |                                                                                                                                                                  |
|------------------|---------------------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pre-ret death:** | 55 or                                                                                                               | 5 | If married, reduced 50% joint & survivor early retirement benefit if attained age 55 or 50% joint & survivor benefit for all others reduced to be payable at 55. |
| *                | Participant must be disabled for at least 6 months.                                                                 |   |                                                                                                                                                                  |
| **               | Participants may elect a designated beneficiary option in lieu of the pre-retirement death benefit described above. |   |                                                                                                                                                                  |

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Schedule SB, Part V – Summary of Plan Provisions

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#### Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. Towers Watson is not aware of any future plan changes which are required to be reflected.

#### Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year except to reflect current year changes in the Internal Revenue Code maximums on benefits and pay.

Chemtura Corporation

Retirement Plan for Hourly Paid Bargaining Unit Employees of Witco Corporation (Marshall, TX)  
Schedule SB, Line 25 – Change in Method

EIN / PN: 52-2183153 / 041

Change in Methods Since Prior Valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from January 2008 to January 2009.

The following assumed plan-related expenses were added to the target normal cost:  
\$9,000

The actuarial value of assets changed from market value of assets to a three year phase-in of actual over expected return.

**Schedule SB, Line 22 - Description of Weighted Average Retirement Age**  
**Retirement Plan for Hourly Paid Bargaining Unit Employees of Witco Corporation (Marshall, TX)**

EIN: 52-2183153      Plan Number: 041

| <u>Age</u> | <u>Rate of Retirement</u> | <u>Population Survivorship</u> | <u>Number Retiring</u> | <u>Weighted Retirement by Age</u> | <u>Average Retirement Age</u> |
|------------|---------------------------|--------------------------------|------------------------|-----------------------------------|-------------------------------|
| 55         | 0.0800                    | 100,000                        | 8,000                  | 440,000                           |                               |
| 56         | 0.1000                    | 92,000                         | 9,200                  | 515,200                           |                               |
| 57         | 0.1000                    | 82,800                         | 8,280                  | 471,960                           |                               |
| 58         | 0.1000                    | 74,520                         | 7,452                  | 432,216                           |                               |
| 59         | 0.1000                    | 67,068                         | 6,707                  | 395,701                           |                               |
| 60         | 0.1500                    | 60,361                         | 9,054                  | 543,251                           |                               |
| 61         | 0.1500                    | 51,307                         | 7,696                  | 469,459                           |                               |
| 62         | 0.2200                    | 43,611                         | 9,594                  | 594,854                           |                               |
| 63         | 0.2000                    | 34,017                         | 6,803                  | 428,609                           |                               |
| 64         | 0.2000                    | 27,213                         | 5,443                  | 348,330                           |                               |
| 65         | 0.3000                    | 21,771                         | 6,531                  | 424,527                           |                               |
| 66         | 0.4000                    | 15,239                         | 6,096                  | 402,321                           |                               |
| 67         | 0.3000                    | 9,144                          | 2,743                  | 183,787                           |                               |
| 68         | 0.3000                    | 6,401                          | 1,920                  | 130,571                           |                               |
| 69         | 0.3000                    | 4,480                          | 1,344                  | 92,744                            |                               |
| 70         | 1.0000                    | <u>3,136</u>                   | <u>3,136</u>           | <u>219,539</u>                    |                               |
| Total      |                           | 693,068                        | 100,000                | 6,093,068                         | 60.9                          |