

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt;">2009</div>
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>05/25/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☒ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☒ special extension (enter description) <u>AUTOMATIC EXTENSION. SEE FAQ #3.</u>

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES IN CEDAR RAPIDS, IA</u>	1b Three-digit plan number (PN) ► <u>012</u> 1c Effective date of plan <u>01/01/1963</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>SEALED AIR CORPORATION</u> <u>200 RIVERFRONT BOULEVARD</u> <u>ELMOOD PARK, NJ 07407</u>	2b Employer Identification Number (EIN) <u>22-1682767</u> 2c Sponsor's telephone number <u>201-791-7600</u> 2d Business code (see instructions) <u>325900</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2010</u>	<u>SANJAY VARMA</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SANJAY VARMA 301 MAYHILL STREET SADDLE BROOK, NJ 07663	3b Administrator's EIN 22-1682767 3c Administrator's telephone number 201-712-7364
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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: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	403
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1B 1G 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information 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). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 05/25/2009

▶ **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 <u>SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES IN CEDAR RAPIDS, IA</u>	B Three-digit plan number (PN) ▶ <u>012</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SEALED AIR CORPORATION</u>	D Employer Identification Number (EIN) <u>22-1682767</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>14197701</u>
b	Actuarial value 2b <u>15617471</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>126</u> <u>6942316</u>
b	For terminated vested participants 3b <u>47</u> <u>788234</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>90736</u>
(2)	Vested benefits 3c(2) <u>7805494</u>
(3)	Total active 3c(3) <u>230</u> <u>7896230</u>
d	Total 3d <u>403</u> <u>15626780</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
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 <u>8.18</u> %
6	Target normal cost 6 <u>161485</u>

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.

SIGN HERE	<u>10/12/2010</u>
Signature of actuary	Date
<u>DOUGLAS M. KUDLER</u>	<u>08-06190</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON</u>	<u>201-518-1736</u>
Firm name	Telephone number (including area code)
<u>45 EISENHOWER DRIVE</u> <u>PARAMUS, NJ 07652</u>	
Address of the firm	

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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

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)	4300756	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	431280	0
9	Amount remaining (Item 7 minus item 8).....	3869476	0
10	Interest on item 9 using prior year's actual return of <u>-20.99</u> %	-812396	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of _____ %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....		0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	3057080	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.38 %
15	Adjusted funding target attainment percentage.....	15	99.94 %
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	99.18 %
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 (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/31/2009	107820				
02/03/2010	60841				
Totals ►			18(b)	168661	18(c)

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	161570
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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	161485
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	161485
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	161485
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	161570
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 05/25/2009		
A Name of plan SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES IN CEDAR RAPIDS, IA	B Three-digit plan number (PN) ▶	012
C Plan sponsor's name as shown on line 2a of Form 5500 SEALED AIR CORPORATION	D Employer Identification Number (EIN) 22-1682767	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WATSON WYATT & COMPANY

875 THIRD AVENUE
NEW YORK, NY 10022

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	219772	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

J.H. COHN

4 BECKER FARM ROAD
ROSELAND, NJ 07068

22-1478099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	36340	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

KENNEDY COVINGTON LOBDELL & HICKMAN

56-0589582

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	5960	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

NORTHERN TRUST COMPANY

35-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	18723	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	ROBERT LISTA	b EIN:	53-0181291
c Position:	ENROLLED ACTUARY		
d Address:	875 THIRD AVENUE NEW YORK, NY 10022	e Telephone:	212-251-5652
Explanation:		CHANGE IN ENROLLED ACTUARY DUE TO TRANSFER OF WORK RESPONSIBILITIES WITHIN THE FIRM PROVIDING ACTUARIAL SERVICES TO THE PLAN.	

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	
Explanation:			

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	
Explanation:			

a Name:		b EIN;	
c Position:			
d Address:		e Telephone:	
Explanation:			

a Name:		b EIN;	
c Position:			
d Address:		e Telephone:	
Explanation:			

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 05/25/2009	
A Name of plan SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES IN CEDAR RAPIDS, IA	B Three-digit plan number (PN) ► 012
C Plan sponsor's name as shown on line 2a of Form 5500 SEALED AIR CORPORATION	D Employer Identification Number (EIN) 22-1682767

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	14197701	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14197701	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	144766	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	144766	

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14052935	0
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	107820	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		107820
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		139703
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		247523

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	347279	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		347279
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	51986	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		51986
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		399265

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-151742
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		13901193

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: J.H. COHN LLP

(2) EIN: 22-1478099

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☐ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SEALED AIR CORPORATION RESTORATION PLAN FOR CRYOVAC EMPLOYEES	22-1682767	007

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 05/25/2009

A Name of plan <u>SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES IN CEDAR RAPIDS, IA</u>	B Three-digit plan number (PN) ▶ <u>012</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SEALED AIR CORPORATION</u>	D Employer Identification Number (EIN) <u>22-1682767</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**Sealed Air Corporation Pension Plan for
Eligible Union Employees in Cedar Rapids, IA**

Report on Financial Statements

**Period From January 1, 2009 to May 25, 2009
and Year Ended December 31, 2008**

**SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES IN
CEDAR RAPIDS, IA**

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Report of Independent Public Accountants

To the Plan Administrator

Sealed Air Corporation Pension Plan for Eligible Union Employees in Cedar Rapids, IA

We were engaged to audit the accompanying statements of net assets available for benefits of Sealed Air Corporation Pension Plan for Eligible Union Employees in Cedar Rapids, IA (the "Plan") as of May 25, 2009 and December 31, 2008, and the related statements of changes in net assets available for benefits for the period from January 1, 2009 to May 25, 2009 and the year ended December 31, 2008. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 11, which was certified by Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of May 25, 2009 and for the period from January 1, 2009 to May 25, 2009 and as of and for the year ended December 31, 2008, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

 **J.H. Cohn** LLP

Roseland, New Jersey
October 14, 2010

**SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES IN
CEDAR RAPIDS, IA**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MAY 25, 2009 AND DECEMBER 31, 2008**

	May 25, 2009	December 31, 2008
Assets - Plan interest in Master Trust, at fair value	\$ -	\$ 14,197,701
Liabilities - other liabilities	-	144,766
Net assets available for benefits	\$ -	\$ 14,052,935

See Notes to Financial Statements.

**SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES IN
CEDAR RAPIDS, IA**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
PERIOD FROM JANUARY 1, 2009 TO MAY 25, 2009
AND YEAR ENDED DECEMBER 31, 2008**

	<u>2009</u>	<u>2008</u>
Investment income (loss):		
Plan interest in Master Trust investment		
income (loss), net	\$ 139,703	\$ (3,885,922)
Employer contributions	<u>107,820</u>	<u>-</u>
Totals	<u>247,523</u>	<u>(3,885,922)</u>
Deductions from net assets attributed to:		
Benefits paid	370,165	878,293
Annuity contract reimbursements	<u>(22,886)</u>	<u>(74,492)</u>
	347,279	803,801
Trustee compensation and expenses	<u>51,986</u>	<u>46,924</u>
Total deductions	<u>399,265</u>	<u>850,725</u>
Net decrease	(151,742)	(4,736,647)
Assets transferred to Sealed Air Corporation Restoration Plan for Cryovac Employees	(13,901,193)	-
Net assets available for benefits:		
Beginning of period/year	<u>14,052,935</u>	<u>18,789,582</u>
End of period/year	<u>\$ -</u>	<u>\$ 14,052,935</u>

See Notes to Financial Statements.

**SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES IN
CEDAR RAPIDS, IA**

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of the Plan:

The following brief description of the Sealed Air Corporation Pension Plan for Eligible Union Employees in Cedar Rapids, IA (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General:

The Plan is a defined benefit pension plan sponsored by Sealed Air Corporation (the "Company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Full-time hourly employees, as defined in the Plan document, of the Company's subsidiary, Cryovac, Inc. at the Cedar Rapids, IA plant, are eligible to participate in the Plan upon the attainment of age 21 and completion of one year of service, or the completion of three years of service.

Effective March 31, 1998, the specialty chemicals and other nonpackaging businesses of the Company, formerly named W. R. Grace & Co., and its subsidiaries were spun off to the Company's shareholders by the distribution to them of all of the issued and outstanding shares of the common stock of a wholly-owned subsidiary of the Company, which is now named W. R. Grace & Co. ("Grace"). Since then, Grace has been unaffiliated with the Company.

Prior to the spin-off, substantially all of the assets of the Plan were commingled with the assets of certain other retirement plans sponsored by W.R. Grace & Co. in the trust fund of W.R. Grace & Co. Retirement Plans (the "Grace Trust"). As a result of the spin-off, the Company became the sponsor of the Plan and the net assets of the Plan were transferred from the Grace Trust to the Sealed Air Corporation Master Retirement Trust (the "Master Trust").

Effective May 25, 2009, the Plan merged into the Sealed Air Corporation Restoration Plan for Cryovac Employees. The merged Cedar Rapids plan participants remain subject post-merger to the Cedar Rapids plan's benefit accrual, vesting and benefit payment structures.

Pension benefits:

Participants are eligible to receive retirement benefits upon actual retirement at any age after 65 based on the retirement benefit level at their date of termination or the date his/her retirement benefits begin, if earlier. Effective May 1, 2006, the Plan was amended so that the pension benefit for a participant who separates from service upon attainment of age 65 is a monthly amount equal to \$34.50 per month multiplied by credited service, as defined. For terminations of employment that occur on or after May 1, 2003, credited service under the Plan shall not exceed 40 years; provided, however, that the employee's credited service did not exceed 40 as of April 30, 1987.

**SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES IN
CEDAR RAPIDS, IA**

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of the Plan (concluded):

Pension benefits (concluded):

Normal retirement date is the first day of the month coinciding with or next following attainment of age 65. A participant may elect early retirement at age 55. The benefits payable to a participant on an early retirement date are actuarially reduced. The normal method of payment for unmarried participants is a life annuity and for married participants is a joint and 50% survivor annuity. Participants may elect optional methods, as defined, of payments if a qualified waiver, as defined, is in effect.

Death benefits:

In the event of a vested participant's death prior to attaining the normal retirement date, the surviving spouse shall be paid an amount equal to the benefit that would have been received if the participant had terminated service on the date of death and commenced receiving an immediate retirement benefit under the Plan in the form of a joint and 50% survivor annuity. Unless the surviving spouse consents, distribution of the spouse's death benefit shall not commence prior to the date the participant would have attained age 65. If a participant dies following the commencement of benefit payments, the benefits payable following such participant's death shall be as provided by the method of payment selected by the participant.

Vesting:

A participant's accumulated benefit becomes fully vested upon the earliest of the participant's completion of five years of vesting service, as defined, or attainment of age 55 while in service. All benefits that do not become vested are forfeited and applied to reduce the contributions required to be made by the Company as determined by the Plan's consulting actuary.

Administrative expenses and trustee compensation and expenses:

Administrative expenses, to the extent not paid by the Plan, are paid by the Company. Administrative expenses paid by the Master Trust on behalf of the Plan were \$7,801 and \$33,805 for the period from January 1, 2009 to May 25, 2009 and the year ended December 31, 2008, respectively, and are included in the Plan's interest in Master Trust investment income (loss) net, in the accompanying statements of changes in net assets available for benefits.

Trustee compensation and expenses, to the extent not paid by the Plan, are paid by the Company. Trustee compensation and expenses paid directly by the Plan were \$51,986 and \$46,924 for the period from January 1, 2009 to May 25, 2009 and the year ended December 31, 2008, respectively.

**SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES IN
CEDAR RAPIDS, IA**

NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of significant accounting policies:

Basis of accounting:

The accompanying financial statements are prepared under the accrual basis of accounting.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition:

The fair value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income (loss), less actual distributions and allocated administrative expenses. Investments held by the Master Trust are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales are recorded on a trade-date basis. Interest is recognized in the Master Trust on the accrual basis. Dividends are recorded in the Master Trust on the ex-dividend date. The Plan interest in the Master Trust investment income (loss) includes the Master Trust's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits:

Benefit payments to participants are recorded upon distribution.

Subsequent events:

The Plan has evaluated events and transactions for potential recognition and disclosure through October 14, 2010, which is the date the financial statements were available to be issued.

Note 3 - Funding policy:

The Company makes contributions to the Plan each year in an aggregate amount that is not less than the amount that is required under the minimum funding standards of ERISA and the Internal Revenue Code (the "IRC"). The amount of contributions required each year is determined by the actuary using the projected unit credit cost method, and includes the annual normal cost plus an amount to amortize the unfunded actuarial liability, if any, over periods ranging from 5 to 30 years. The Company has complied with the minimum funding requirements of ERISA and the IRC. For the period from January 1, 2009 to May 25, 2009 the Company was required to make contributions totaling \$107,820. There were no contributions necessary for the year ended December 31, 2008.

**SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES IN
CEDAR RAPIDS, IA**

NOTES TO FINANCIAL STATEMENTS

Note 4 - Actuarial present value of accumulated plan benefits:

Accumulated plan benefits are those estimated future periodic payments including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' years of service. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Watson Wyatt and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2009 and 2008 were as follows:

- (i) Assumed investment return is 6% and 8% for 2009 and 2008, respectively;
- (ii) Mortality rates were based upon the prescribed mortality assumption under Section 430(h)(3)(a) of the IRC using static tables with separate mortality rates for annuitants and nonannuitants for the 2009 and 2008 valuations;
- (iii) Assumed normal retirement age is based on rates of probability from ages 55 to 70 (with an average age of 64).

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

A summary of accumulated plan benefits as of January 1, 2009 is as follows:

Actuarial present value of accumulated plan benefits:

Participants currently receiving benefits	\$ 8,185,060
Other participants	<u>11,844,093</u>
Total vested benefits	20,029,153
Nonvested benefits	<u>111,172</u>
 Total actuarial present value of accumulated plan benefits	 <u><u>\$20,140,325</u></u>

**SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES IN
CEDAR RAPIDS, IA**

NOTES TO FINANCIAL STATEMENTS

Note 4 - Actuarial present value of accumulated plan benefits (concluded):

The change in accumulated plan benefits for the year ended January 1, 2009 is as follows:

Actuarial present value of accumulated plan benefits at January 1, 2008:	<u>\$15,263,273</u>
Increase (decrease) during the year:	
Benefits accumulated	317,176
Actuarial gains	(70,465)
Decrease in the discount period	1,214,284
Benefits paid	(803,801)
Change of assumptions	<u>4,219,858</u>
Net increase	<u>4,877,052</u>
 Actuarial present value of accumulated plan benefits at January 1, 2009	 <u>\$20,140,325</u>

Note 5 - Interest in Master Trust:

The Plan's investments are in the Master Trust which was established for the investment of assets of the Plan and several other Sealed Air Corporation sponsored retirement plans. Each participant retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by Northern Trust Company ("Trustee" or "Northern Trust").

At May 25, 2009 and December 31, 2008, the Plan's interest in the net assets of the Master Trust was approximately 0% and 44.7%, respectively. Investment income (loss) and administrative expenses relating to the Master Trust are allocated to the Plan based upon average monthly balances invested by each plan.

**SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES
IN CEDAR RAPIDS, IA**

NOTES TO FINANCIAL STATEMENTS

Note 5 - Interest in Master Trust (continued):

The following table presents the fair values of investments for the Master Trust as of May 25, 2009 and December 31, 2008:

	<u>2009</u>	<u>2008</u>
Investments at fair value:		
Cash and cash equivalents	\$ 3,158,281	\$ 3,866,996
Common/collective trusts	<u>29,340,339</u>	<u>28,038,604</u>
Totals	32,498,620	31,905,600
Accrued investment income	1,245	2,821
Other liabilities		<u>(159,067)</u>
 Total net assets	 <u>\$32,499,865</u>	 <u>\$31,749,354</u>

Investment income (loss), net, for the Master Trust for the period from January 1, 2009 to May 25, 2009 and the year ended December 31, 2008 is as follows:

	<u>2009</u>	<u>2008</u>
Interest	\$ 12,375	\$ 53,863
Net appreciation (depreciation) in fair value of investments:		
Common/collective trust	300,159	(8,272,654)
Less administrative expenses	<u>-</u>	<u>(69,862)</u>
 Total investment income (loss), net	 <u>\$312,534</u>	 <u>\$(8,288,653)</u>

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, "Fair Value Measurements and Disclosures" provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets and liabilities in active markets that the Master Trust has the ability to access.

**SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES
IN CEDAR RAPIDS, IA**

NOTES TO FINANCIAL STATEMENTS

Note 5 - Interest in Master Trust (continued):

Level 2: Inputs to valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's and liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 25, 2009 and December 31, 2008.

Cash and cash equivalents are valued at amortized cost, which approximates fair value.

Common/collective trusts are valued based on information reported by the investment advisor using the audited financial statements of the common/collective trust at year end. The net asset value is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Master Trust believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES
IN CEDAR RAPIDS, IA**

NOTES TO FINANCIAL STATEMENTS

Note 5 - Interest in Master Trust (continued):

The following table summarizes by level, within the fair value hierarchy, the Master Trust's assets at fair value as of May 25, 2009 and December 31, 2008:

Assets at Fair Value as of May 25, 2009				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents		\$ 3,158,281		\$ 3,158,281
Common/collective trust		<u>29,340,339</u>		<u>29,340,339</u>
Total assets at fair value	<u>\$ -</u>	<u>\$32,498,620</u>	<u>\$ -</u>	<u>\$32,498,620</u>

Assets at Fair Value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents		\$ 3,866,996		\$ 3,866,996
Common/collective trust		<u>28,038,604</u>		<u>28,038,604</u>
Total assets at fair value	<u>\$ -</u>	<u>\$31,905,600</u>	<u>\$ -</u>	<u>\$31,905,600</u>

Note 6 - Net asset value per share:

The Plan expanded its disclosures to include fair value, unfunded commitment, redemption frequency and redemption notice period for those assets whose fair value is estimated using the net asset value ("NAV") per share as of May 25, 2009.

The following table presents the Plan's investments with a reported NAV at May 25, 2009:

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
NTGI Collective Short Term Investment Fund	\$ 3,158,281		Daily	Daily
NTGI-QM Collective Daily S&P 500 Equity Index Fund - Lending	17,942,697		Daily	Daily
NTGI-QM Collective Daily Aggregate Bond Index Fund - Lending	<u>11,397,642</u>		Daily	Daily
Total	<u>\$32,498,620</u>			

**SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES
IN CEDAR RAPIDS, IA**

NOTES TO FINANCIAL STATEMENTS

Note 6 - Net asset value per share (concluded):

NTGI Collective Short Term Investment Fund:

The Collective Short Term Investment Fund is composed of high-grade money market instruments with short maturities. The fund's objective is to provide an investment vehicle for cash reserves while offering a competitive rate of return. Liquidity is emphasized to provide for redemption of units on any business day. Principal preservation is also a prime objective. High quality securities are used in this fund. Within quality, maturity and sector diversification guidelines, investments are made in those securities with the most attractive yields. Admissions and withdrawals are daily. Interest is accrued daily and distributed monthly.

NTGI-QM Collective Daily S&P 500 Equity Index Fund - Lending:

The primary objective of the Daily S&P 500 Equity Index Fund, a collective fund for qualified plans, is to approximate the risk and return characterized by the S&P 500 Index. This index is commonly used to represent the large cap segment of the U.S. equity market. To achieve its objective, the fund employs a replication technique, which generally seeks to hold each index constituent in its proportional index weight. The fund may make limited use of futures and/or options for the purpose of maintaining equity exposure. This fund may participate in securities lending.

NTGI-QM Collective Daily Aggregate Bond Index Fund - Lending:

The primary objective of the Daily Aggregate Bond Index Fund, a collective fund for qualified plans, is to provide investment results that approximate the overall performance of the Barclay's Capital Aggregate Bond Index. The fund may hold units of participation in any fixed income collective fund established and maintained by the Trustee or any of its affiliates. The fund may make limited use of interest rate futures and/or options for the purpose of maintaining market exposure. This fund may participate in securities lending. Redemptions are paid on a bi-monthly basis. Each payment is 35% of the full redemption balance until it reaches zero. Full payment can be expected in 45 days.

Note 7 - Annuity contract reimbursements:

The Plan receives certain payments under annuity contracts between the Plan and certain insurance companies. The payments received under such annuity contracts are used by the Plan to offset benefit payments and have been reflected in the accompanying statements of changes in net assets available for benefits as annuity contract reimbursements.

Certain final determinations and accountings are necessary with respect to certain annuity contracts as a result of the spin-off in Note 1. The Plan administrator believes the final outcome of such matters will not have a material effect on the Plan's financial statements.

**SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES
IN CEDAR RAPIDS, IA**

NOTES TO FINANCIAL STATEMENTS

Note 8 - Other liabilities:

Subsequent to the spin-off described in Note 1, the Grace Trust transferred a portion of the net assets of the Plan, based on an estimate of the market value of such assets on August 20, 1998, to the Master Trust. The amount included in other liabilities in the statement of net assets available for benefits as of December 31, 2008 represents the amount reported by the Trustee in a letter dated June 29, 1999. The Company is in the process of finalizing the amount to be delivered in connection with the transfer of the assets. The amount to be delivered has not been finalized due to the pending Grace Chapter 11 bankruptcy proceeding. Accordingly, such amount is subject to change upon final determination. However, the Company does not believe that the final amount will be materially different than the amount included in other liabilities in the statement of net assets available for benefits as of December 31, 2008. The liability amount recorded as of December 31, 2008 has been included in the assets and liabilities transferred into the Sealed Air Corporation Restoration Plan for Cryovac Employees as of May 25, 2009.

Note 9 - Plan termination:

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of the termination of the Plan, after any expenses have been paid, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations generally to provide the following benefits in the order indicated.

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. Government agency, up to the applicable limitations as prescribed in ERISA.
- c. All other vested benefits (i.e., vested benefits not insured by the PBGC).
- d. All nonvested benefits.

**SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES
IN CEDAR RAPIDS, IA**

NOTES TO FINANCIAL STATEMENTS

Note 9 - Plan termination (concluded):

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan. In addition, the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2010, that ceiling is \$4,500. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Note 10- Tax status:

The Internal Revenue Service has determined and informed the Company by a letter dated June 20, 2008 that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 11- Certification by the Trustee:

The following account balances and transactions were obtained from statements certified by the Trustee:

Statements of net assets available for benefits:

Plan interest in Master Trust

Statements of changes in net assets available for benefits:

Plan interest in Master Trust investment income (loss)

**SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES
IN CEDAR RAPIDS, IA**

NOTES TO FINANCIAL STATEMENTS

Note 12- Related party transactions:

The Master Trust invests in funds managed by Northern Trust. Northern Trust is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Note 13- Risks and uncertainties:

The Master Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and those such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions, when made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Statement by Enrolled Actuary

Plan Sponsor	Sealed Air Corporation
EIN/PN	22-1682767/012
Plan Name	Sealed Air Corporation Pension Plan for Eligible Employees in Cedar Rapids, IA
Valuation Date	January 1, 2009
Enrolled Actuary	Douglas M. Kudler
Enrollment Number	08-06190

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2009

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.025	1,000,000	1.000000	0.025	1.375000
56	0.025	975,000	0.975000	0.024	1.365000
57	0.025	950,625	0.950625	0.024	1.354641
58	0.025	926,859	0.926859	0.023	1.343946
59	0.025	903,688	0.903688	0.023	1.332940
60	0.035	881,096	0.881096	0.031	1.850301
61	0.035	850,257	0.850257	0.030	1.815299
62	0.100	820,498	0.820498	0.082	5.087090
63	0.150	738,449	0.738449	0.111	6.978338
64	0.200	627,681	0.627681	0.126	8.034320
65	0.250	502,145	0.502145	0.126	8.159856
66	0.300	376,609	0.376609	0.113	7.456853
67	0.400	263,626	0.263626	0.105	7.065180
68	0.400	158,176	0.158176	0.063	4.302378
69	0.400	94,905	0.094905	0.038	2.619389
70	1.000	56,943	0.056943	0.057	3.986027

Average age at retirement 64.126558

Rounded for Schedule SB
Item 22

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Plan Name: Sealed Air Corporation Pension Plan for Eligible Employees in Cedar Rapids, IA
EIN / PN: 22-1682767/012
Plan Sponsor: Sealed Air Corporation
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2009

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		1		0		0		0		0		0		0		0	
30 - 34	0		0		17		0		0		0		0		0		0		0	
35 - 39	0		2		6		1		2		0		0		0		0		0	
40 - 44	0		1		11		3		10		4		0		0		0		0	
45 - 49	0		0		12		2		10		13		6		0		0		0	
50 - 54	0		1		6		1		3		12		13		6		0		0	
55 - 59	0		0		3		5		6		10		5		11		4		0	
60 - 64	0		0		1		2		2		4		4		4		6		1	
65 - 69	0		0		0		0		0		0		0		1		0		1	
70 & Over	0		0		0		0		0		0		0		0		0		0	

Plan Name: Sealed Air Corporation Pension Plan for Eligible Employees in Cedar Rapids, IA
 EIN / PN: 22-1682767/012
 Plan Sponsor: Sealed Air Corporation
 Valuation Date: January 1, 2009

SCHEDULE SB, Part V – Statement of Actuarial Assumptions and Methods

Plan Sponsor

Sealed Air Corporation

EIN/PN

22-1682767/012

Discount Rates

Current plan year PPA effective interest rate: 8.18%

Prior plan year PPA effective interest rate: 6.13%

Full Yield Curve

Applicable month: October

Transition election: No

Assumed Cost of Living Adjustments

0.00%

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Plan-related Expenses

The amount included this year for plan-related expenses is \$90,000.

Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Plan Name:	Sealed Air Corporation Pension Plan for Eligible Employees in Cedar Rapids, IA
EIN / PN:	22-1682767/012
Plan Sponsor:	Sealed Air Corporation
Valuation Date:	January 1, 2009

SCHEDULE SB, Part V – Statement of Actuarial Assumptions and Methods

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

Percentage retiring during the year		
Age	Males	Females
55	2.5	2.5
56	2.5	2.5
57	2.5	2.5
58	2.5	2.5
59	2.5	2.5
60	3.5	3.5
61	3.5	3.5
62	10.0	10.0
63	15.0	15.0
64	20.0	20.0
65	25.0	25.0
66	30.0	30.0
67	40.0	40.0
68	40.0	40.0
69	40.0	40.0
70	100.0	100.0

Disability Rates (per 100 employees)

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
25	0.05	0.05
30	0.06	0.06
35	0.08	0.08
40	0.11	0.11
45	0.15	0.15
50	0.27	0.27
55	0.54	0.54
60	1.35	1.35

Plan Name: Sealed Air Corporation Pension Plan for Eligible Employees in Cedar Rapids, IA
EIN / PN: 22-1682767/012
Plan Sponsor: Sealed Air Corporation
Valuation Date: January 1, 2009

SCHEDULE SB, Part V – Statement of Actuarial Assumptions and Methods

Compensation Increases

Not applicable.

Future Increases in Social Security

Not applicable.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. No provision is made for future increases in the maximum annual benefit.

Representative Termination Rates not Due to Disability, Retirement or Mortality

Age	Years from Hire					
	1	2	3	4	5	6
25	23.0%	17.8%	16.7%	13.8%	13.4%	9.0%
30	21.7	16.8	15.6	12.4	12.5	6.0
35	20.3	15.9	14.2	12.2	11.6	4.8
40	18.8	14.9	12.9	11.4	10.7	4.0
45	18.0	14.4	11.6	10.3	9.9	3.2
50	18.0	14.4	10.8	9.1	9.9	2.8
55	0.0	0.0	0.0	0.0	0.0	0.0

Form of Payment

Participants are assumed to elect the normal form.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.

Employees

It was assumed there will be no new or rehired employees.

Plan Name: Sealed Air Corporation Pension Plan for Eligible Employees in Cedar Rapids, IA
EIN / PN: 22-1682767/012
Plan Sponsor: Sealed Air Corporation
Valuation Date: January 1, 2009

SCHEDULE SB, Part V – Statement of Actuarial Assumptions and Methods

Plan Compensation

Not applicable

Asset Method

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 6.43%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.00%, and the applicable limitation for the plan year, equal to 6.43%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.09%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.00%, and the applicable limitation for the plan year, equal to 6.09%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.4. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

Participant Data

Employee data as of the valuation date was supplied by the employer via secure website.

Tax Policy

The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.

Benefits not Included in Valuation

None.

Plan Name: Sealed Air Corporation Pension Plan for Eligible Employees in Cedar Rapids, IA
EIN / PN: 22-1682767/012
Plan Sponsor: Sealed Air Corporation
Valuation Date: January 1, 2009

SCHEDULE SB, Part V – Statement of Actuarial Assumptions and Methods

PBGC Premium Funding Target

For purposes of determining the PBGC Premium Funding Target in Section 2.2.D, the Standard Premium Funding Target was determined using the assumptions described above, except the three-segment interest rates for December 2008 were used instead of the above interest assumption.

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are rounded to the nearest .01% (e.g., 81.58%) to be consistent with the rounding specified for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name:	Sealed Air Corporation Pension Plan for Eligible Employees in Cedar Rapids, IA
EIN / PN:	22-1682767/012
Plan Sponsor:	Sealed Air Corporation
Valuation Date:	January 1, 2009

SCHEDULE SB, Part V – Statement of Actuarial Assumptions and Methods

Changes in Assumptions and Methods Since Last Actuarial Valuation

Other than the prescribed annual changes in the discount rate and mortality, the following changes in assumptions and methods were made as part of this valuation:

- Based upon an election by the plan sponsor, the discount rate assumption basis changed from the applicable three-segment rates as of the month of the valuation date to the applicable full yield curve as of the third month preceding the valuation date. Changes in the discount rate assumption basis for plan years beginning in 2009 to any permissible basis and look back month are deemed to be automatically approved by the IRS pursuant to guidance in the IRS March 31, 2009 Newsletter.
- Based upon an election by the plan sponsor, the asset valuation method changed from the market value of assets to the method described in IRS Notice 2009-22 which reflects changes made by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA). Changes in the asset method for plan years beginning in 2009 to any permissible asset method are deemed to be automatically approved by the IRS.
- The amount included this year for plan-related expenses is \$ 90,000. WRERA includes a technical corrections provision requiring target normal cost to include the amount of plan-related expenses expected to be paid from plan assets during the year.

Plan Name:	Sealed Air Corporation Pension Plan for Eligible Employees in Cedar Rapids, IA
EIN / PN:	22-1682767/012
Plan Sponsor:	Sealed Air Corporation
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 25 Change in Method as of January 1, 2009

Based upon an election by the plan sponsor, the discount rate assumption basis changed from the applicable three-segment rates as of the month of the valuation date to the applicable full yield curve as of the third month preceding the valuation date. Changes in the discount rate assumption basis for plan years beginning in 2009 to any permissible basis and look back month are deemed to be automatically approved by the IRS pursuant to guidance in the IRS March 31, 2009 Newsletter.

Based upon an election by the plan sponsor, the asset valuation method changed from the market value of assets to the method described in IRS Notice 2009-22 which reflects changes made by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA). Changes in the asset method for plan years beginning in 2009 to any permissible asset method are deemed to be automatically approved by the IRS.

Plan Name:	Sealed Air Corporation Pension Plan for Eligible Employees in Cedar Rapids, IA
EIN / PN:	22-1682767/012
Plan Sponsor:	Sealed Air Corporation
Valuation Date:	January 1, 2009

SCHEDULE SB, Part V – Statement of Plan Provisions

Plan Sponsor

Sealed Air Corporation

Plan

Sealed Air Corporation Pension Plan for Eligible Union Employees in Cedar Rapids, Iowa

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1963. The last amendment reflected herein is effective May 1, 2006.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

Any eligible union employee shall be eligible to participate on the earlier of age 21 and the completion of one year of service, or the completion of three years of service.

Credited Service

All continuous service rendered as a participant in the plan.

Vesting Service

A plan year during which an employee has at least 1,000 hours of service.

Normal Retirement Benefit

Eligibility: Age 65.

Benefit: Accrued benefit payable immediately.

Form of Benefit: The normal form of payment for a single participant is a life annuity. The normal form for a married participant is an actuarially adjusted benefit payable in the form of Joint and 50% Survivor benefit.

Plan Name:	Sealed Air Corporation Pension Plan for Eligible Employees in Cedar Rapids, IA
EIN / PN:	22-1682767/012
Plan Sponsor:	Sealed Air Corporation
Valuation Date:	January 1, 2009

SCHEDULE SB, Part V – Statement of Plan Provisions

Accrued Benefits

Benefit Level times Credited Service (up to a maximum of 40 years)

Effective Date	Benefit Level
05/01/1999	\$31.00
05/01/2000	\$31.50
05/01/2001	\$32.00
05/01/2002	\$32.50
05/01/2004	\$33.00
05/01/2005	\$33.50
05/01/2006	\$34.50

Early Retirement Benefit

Eligibility: Age 55

Benefit: Accrued Benefit reduced by 1/3% for each month that benefit commencement date precedes age 62.

Vested Benefits Upon Termination of Service

Eligibility: Completion of 5 Years of Vesting Service.

Termination Benefit: Accrued Benefit calculated with Credited Service and Benefit Level as of date of separation from service and payable at Normal Retirement Date.

Death Benefits for Participants in Active Service

Eligibility: Completion of 5 Years of Vesting Service or attainment of age 55.

Benefit: 50% of the Early Retirement Benefit the Participant would have received under the 50% joint and survivor annuity option commencing on the Participant's Early Retirement Date.

Optional Forms of Retirement Income in Lieu of Normal Form

Joint and Survivor benefits with survivor percentages of 66.67%, 75% or 100%. Retirees may also elect a level income option so that aggregate monthly benefit payments when including anticipated Social Security payments are approximately level before and after commencement of Social Security benefits.

Plan Name: Sealed Air Corporation Pension Plan for Eligible Employees in Cedar Rapids, IA
EIN / PN: 22-1682767/012
Plan Sponsor: Sealed Air Corporation
Valuation Date: January 1, 2009

SCHEDULE SB, Part V – Statement of Plan Provisions

Changes in Plan Provisions since Last Actuarial Valuation

Effective May 25, 2009, all assets and liabilities associated with the Sealed Air Corporation Pension Plan for Eligible Union Employees in Cedar Rapids, IA were merged into the Sealed Air Corporation Restoration Plan for Cryovac Employees.

Plan Name:	Sealed Air Corporation Pension Plan for Eligible Employees in Cedar Rapids, IA
EIN / PN:	22-1682767/012
Plan Sponsor:	Sealed Air Corporation
Valuation Date:	January 1, 2009

Sealed Air Corporation
Sealed Air Corporation Pension Plan for Eligible Union Employees in Cedar Rapids, IA
Schedule SB
Total funding requirement before reflecting any balances - Line 34

The Sealed Air Corporation Pension Plan for Eligible Union Employees in Cedar Rapids, IA, PN 012, EIN 22-1682767(Cedar Rapids Plan) had a short plan year due to the merger of that plan into the Sealed Air Corporation Restoration Plan for Cryovac Employees. PN 007, EIN 22-1682767 (Restoration Plan) effective May 25, 2009. As a result of the merger and the short plan year, the components of the Minimum Required Contribution (MRC) calculated for the full plan year were pro-rated so that 40.28% of the minimum contribution requirement was reflected in the short plan year 2009 Schedule SB for the Cedar Rapids Plan. The remainder of the full year Cedar Rapids Plan MRC is included in this Schedule SB along with the full year MRC of the original Restoration Plan to form the MRC of the Merged Plan. Details of the full year and pro-rated results are shown below.

	<u>Cedar Rapids Plan</u>	<u>Pro-rated MRC</u>	<u>Pro-rated MRC Into</u>
	<u>Full Year MRC</u>	<u>On Cedar Rapids Sch SB</u>	<u>Restoration Plan</u>
		<u>1/1/2009 - 5/25/2009</u>	<u>5/26/2009 - 12/31/2009</u>
Target Normal Cost (reduced by Funding Surplus)	400,907	161,485	239,422
Shortfall Amortization	0	0	0
Total MRC	400,907	161,485	239,422

Plan Name: Sealed Air Corporation Pension Plan for Eligible Union Employees in Cedar Rapids, IA
EIN / PN: 22-1682767 / 012
Plan Sponsor: Sealed Air Corporation
Valuation Date: January 1, 2009

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information 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). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 05/25/2009

► **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 SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE UNION EMPLOYEES IN CEDAR RAPIDS, IA	B Three-digit plan number (PN) ►	012
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SEALED AIR CORPORATION	D Employer Identification Number (EIN) 22-1682767	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	14197701	
b Actuarial value.....	2b	15617471	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	126	6942316
b For terminated vested participants.....	3b	47	788234
c For active participants:			
(1) Non-vested benefits.....	3c(1)		90736
(2) Vested benefits.....	3c(2)		7805494
(3) Total active.....	3c(3)	230	7896230
d Total.....	3d	403	15626780
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
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	8.18 %	
6 Target normal cost.....	6	161485	

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.

SIGN HERE	DOUGLAS M. KUDLER  _____ Signature of actuary	10/12/2010 _____ Date
DOUGLAS M. KUDLER _____ Type or print name of actuary		08-06190 _____ Most recent enrollment number
TOWERS WATSON _____ Firm name		201-518-1736 _____ Telephone number (including area code)
45 EISENHOWER DRIVE PARAMUS, NJ 07652 _____ Address of the firm		

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 ☐

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

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
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b Applicable month (enter code)**21b** 3**22** Weighted average retirement age**22** 64**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****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**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions)..... **31** 161485**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** 161485

	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** 161485**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)..... **37** 161570**38** Interest-adjusted excess contributions for current year (see instructions)..... **38** 0**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

Sealed Air Corporation
Sealed Air Corporation Pension Plan for Eligible Union Employees in Cedar Rapids, IA
Schedule SB
Additional information due to plan merger

Effective May 25, 2009, the Sealed Air Corporation Pension Plan for Eligible Union Employees in Cedar Rapids, IA, PN 012, EIN 22-1682767(Cedar Rapids Plan) was merged into the Sealed Air Corporation Restoration Plan for Cryovac Employees. PN 007, EIN 22-1682767 (Restoration Plan). We have attached to the Schedule SB an additional attachment detailing the calculation of the Cedar Plan's Target Normal Cost (line 6) and the total funding requirement before reflecting any balances (line 34) for the short plan year. All other entries on the Schedule SB (including Target Liability and carryover and prefunding balances) reflect values as of January 1, 2009 and therefore were not affected by the plan merger.

Plan Name: Sealed Air Corporation Pension Plan for Eligible Union Employees in Cedar Rapids, IA
EIN / PN: 22-1682767 / 012
Plan Sponsor: Sealed Air Corporation
Valuation Date: January 1, 2009