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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
INEOS USA PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
INEOS USA LLC

2600 SOUTH SHORE BLVD STE 500
LEAGUE CITY, TX 77573-2944

2b Employer Identification Number (EIN)
20-1981933

2c Sponsor's telephone number
281-535-4229

2d Business code (see instructions)
325900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2011	PETER TRAIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

INEOS USA LLC

2600 SOUTH SHORE BLVD STE 500
LEAGUE CITY, TX 77573-2944

3b Administrator's EIN: 20-1981933

3c Administrator's telephone number: 281-535-4229

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

5	Total number of participants at the beginning of the plan year	**5**	1588
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**	1267
b	Retired or separated participants receiving benefits	**6b**	35
c	Other retired or separated participants entitled to future benefits	**6c**	252
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1554
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	1555
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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1C 1G

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)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(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)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
INEOS USA PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
INEOS USA LLC

D Employer Identification Number (EIN)
20-1981933

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	708914	1555	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	137354163

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add **b** and **c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE 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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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
INEOS USA PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
INEOS USA LLC

D Employer Identification Number (EIN)
20-1981933

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2010

2 Assets:

a	Market value	**2a**	118208909
b	Actuarial value	**2b**	130029800

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	30	1900309
b	For terminated vested participants	**3b**	242	12523825
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		5451410
	(2) Vested benefits	**3c(2)**		141368213
	(3) Total active	**3c(3)**	1307	146819623
d	Total	**3d**	1579	161243757

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**	6.70 %
6	Target normal cost	**6**	11375485

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

	10/10/2011
Signature of actuary	Date
WILLIAM J. MINER	11-03239
Type or print name of actuary	Most recent enrollment number
TOWERS WATSON DELAWARE INC.	312-525-2500
Firm name	Telephone number (including area code)
191 NORTH WACKER DRIVE, SUITE 2100 CHICAGO, IL 60606	
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 [ ]

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)	2838566	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	2838566	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 14.05 %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		28810965
b	Interest on (a) using prior year's effective rate of 8.29 %		2388429
c	Total available at beginning of current plan year to add to prefunding balance		31199394
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.64 %
15	Adjusted funding target attainment percentage	15	80.64 %
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	101.67 %
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
09/15/2010	4087499		03/15/2011	2834437	
10/15/2010	6843437		08/15/2011	4000000	
11/15/2010	6843437		09/15/2011	4000000	
12/14/2010	6843437				
01/14/2011	3069934				
02/15/2011	2834436				
			Totals ► 18(b)	41356617	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	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	38617741

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:	
5.03 %	6.73 %	6.82 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 60

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**

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29**

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30**

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 11375485

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	24764207	4167620
b Waiver amortization installment		

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** 15543105

	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** 15543105

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 38617741

38 Interest-adjusted excess contributions for current year (see instructions) **38** 23074636

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
INEOS USA PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INEOS USA LLC

D Employer Identification Number (EIN)
20-1981933

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

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

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

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

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

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

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

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

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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	330	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

PRINCIPAL FINANCIAL ADVISORS

52-1523364

(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?
27	INVESTMENT ADVISOR	38218	Yes [ ] No [X]	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 [ ]

(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 ☐

(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.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(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:	**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:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
INEOS USA PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
INEOS USA LLC

D Employer Identification Number (EIN)
20-1981933

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE III SA-I4

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-022	P	2150512

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MONEY MARKET SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-024	P	2836

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL EM MKT SEP ACCT-I4

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-013	P	1700762

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP GROWTH SEP ACCT-I4

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-018	P	9179210

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SA-I5

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-027	P	7721813

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND AND MTGE SA-I5

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-005	P	987271

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-I5

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-016	P	7777298

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL I SEPARATE ACCT-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-048	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5687923

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH III SA-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-026	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2299881

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL GROWTH SEP ACCT-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-064	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP GROWTH I SA-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-070	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2298734

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP GROWTH I SA-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-066	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9214672

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP VALUE III SA-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-068	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8541031

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP GROWTH II SA-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-071	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP VALUE I SA-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-094	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN REAL ESTATE SECS SA-I3

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-095	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2730623

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP VALUE II SA-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-096	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2303352

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP VALUE I SA-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-098	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN HIGH YIELD I SEP ACCT-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-101	P	810292

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INFLATION PROT SA-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-099	P	882607

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN ULTRA LONG BOND SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-104	P	55286266

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE PLUS BOND I SA-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-115	P	960458

a Name of MTIA, CCT, PSA, or 103-12 IE: PR INTERNAT'L VALUE I SA-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-116	P	8517043

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN EQUITY INCOME SA-I3

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-120	P	8301580

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

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
INEOS USA PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INEOS USA LLC

D Employer Identification Number (EIN)
20-1981933

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)	31261415	16738807
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
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)	89052204	137354163
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	0	14008622
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	120313619	168101592
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	120313619	168101592

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)	41356617	
	(B) Participants	2a(1)(B)	0	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		41356617
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	809970	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		809970
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		12772129
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-539622
c Other income	2c		-48936
d Total income. Add all **income** amounts in column (b) and enter total	2d		54350158
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5496261	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5496261
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	330	
(3) Investment advisory and management fees	2i(3)	38218	
(4) Other	2i(4)	393521	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		432069
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5928330
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		48421828
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		633855

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: GRANT THORNTON LLP (2) EIN: 36-6055558

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.)	4a		X	0
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.)	4b		X	0
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.)	4c		X	0
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.)	4d		X	0
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j	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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
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.	4n			

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)
INEOS NOVA PENSION PLAN	26-0768059	001

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
INEOS USA PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INEOS USA LLC

D Employer Identification Number (EIN)
20-1981933

Part I Distributions

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** 0

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): 42-0127290

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** 33

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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

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**

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.

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**

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):

---

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: 64.0% Investment-Grade Debt: 14.0% High-Yield Debt: 5.0% Real Estate: 8.0% Other: 9.0%

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):

FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
INEOS USA PENSION PLAN
DECEMBER 31, 2010 AND 2009

C O N T E N T S

	Page
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS	3
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	4
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	5
NOTES TO FINANCIAL STATEMENTS	6
SUPPLEMENTAL SCHEDULES	
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)	20
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS	21

Grant Thornton

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Audit – Tax – Advisory

Grant Thornton LLP
175 W Jackson Boulevard, 20th Floor
Chicago, IL 60604-2687

T 312.856.0200
F 312 565 4719
www.GrantThornton.com

Benefits Administration Committee
INEOS USA Pension Plan

We were engaged to audit the financial statements of the INEOS USA Pension Plan (the "Plan") as of December 31, 2010 and 2009, and for the years then ended, and the supplemental schedules as of or for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedules 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 I, which was certified by Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. 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 and for the years ended December 31, 2010 and 2009, 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 and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, 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.

Grant Thornton LLP

Chicago, Illinois
October 7, 2011

INEOS USA Pension Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	2010	2009
Assets		
Investments, at fair value		
Pooled separate accounts	$ 137,354,164	$ 89,052,203
Mutual fund	14,008,622	-
Contribution receivable	16,738,807	31,261,415
Total assets	168,101,593	120,313,618
Liabilities		
Due to a qualified plan	-	633,855
NET ASSETS AVAILABLE FOR BENEFITS	$ 168,101,593	$ 119,679,763

The accompanying notes are an integral part of these statements.

INEOS USA Pension Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31,

	2010	2009
Additions		
Net appreciation in fair value of investments	$ 12,232,504	$ 15,215,410
Interest and dividend income	809,971	-
Contributions	41,307,685	41,509,464
Net additions	54,350,160	56,724,874
Deductions		
Benefits paid to participants	5,496,261	100,418,582
Administrative expenses	432,069	157,855
Total deductions	5,928,330	100,576,437
Net increase (decrease) prior to transfer	48,421,830	(43,851,563)
Transfer to qualified plan	-	(1,530,367)
NET INCREASE (DECREASE)	48,421,830	(45,381,930)
Net assets available for benefits		
Beginning of year	119,679,763	165,061,693
End of year	$ 168,101,593	$ 119,679,763

The accompanying notes are an integral part of these statements.

NOTE A - DESCRIPTION OF THE PLAN

The following brief description of the INEOS USA Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a non-contributory defined benefit pension plan for eligible employees of INEOS USA LLC (the "Company"). The Plan is subject to and complies with the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective March 31, 2008, the Plan became a multiple-employer plan to accommodate the adoption of the Plan by INEOS NOVA for the benefit of its eligible transferred employees.

Effective December 31, 2009, INEOS NOVA withdrew as a participating employer of the Plan, along with a related spin-off of assets and liabilities from the Plan, and the Plan was no longer a multiple-employer plan.

Effective January 1, 2009, Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company ("Principal") was appointed as the new trustee.

Eligibility

Prior to January 1, 2008, employees became eligible for participation in the Plan as of their hire date provided they are not leased employees or represented by a collective bargaining unit in which retirement benefits are provided. Transferred employees who were eligible participants in certain other merged plans are eligible for immediate participation.

Employees hired on or after January 1, 2008, are not eligible to participate in the Plan.

Pension Benefits

Employees with three or more years of service are entitled to annual pension benefits beginning at normal retirement age (65). The Plan permits early retirement at ages 50 to 64. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity, installment payments or lump sum. If employees terminate before rendering three years of service, they forfeit the right to receive the portion of their accumulated Plan benefits attributable to the Company's contribution. For a joint annuity, the participant receives benefit payments until death. The designated beneficiary would then receive benefit payments at the designated percentage.

NOTE A - DESCRIPTION OF THE PLAN - Continued

Cash Balance Pension Benefits

Under a cash balance defined benefit plan, accrued benefits are reported to participants in the form of hypothetical individual account balances. Account balances are increased each month by a percentage of the employee's compensation plus an investment credit rate determined monthly.

Effective April 1, 2005, eligible employees who become participants have a current individual account established. The monthly credit to the current account is equal to the sum of (1) and (2). An opening account was established for certain transferred employees. The balance of the opening account was transferred to the Plan on or shortly after the effective date. The monthly credit to the opening account is equal to (1) plus (2) plus (3).

1. Pay credits - Monthly pay credits are determined using the participant's age and service as of the first day of each month and are applied to the participant's monthly pay.

2. Monthly interest credits - Interest credits are added to the account at the end of each month. The monthly interest credits are the greater of 5% per annum or the applicable interest rate (as defined in the Plan document) for the month that is four months prior to the crediting month.

3. Supplemental interest credits - Interest credits are added to the account at the end of each month. The supplemental interest credit is determined monthly as the difference between interest equal to one and one-half of the effective annual rate for the monthly interest credit, converted to a compound monthly interest rate, and the monthly interest credit converted to a compound monthly interest rate.

Refer to the Plan document regarding additional criteria for certain employees transferring into the Plan from prior plans.

Death and Disability Benefits

If a participant dies after his or her commencement date, benefits shall be payable to the beneficiary only to the extent of any survivor benefits provided under the form of benefit payment elected by the participant and in accordance with the Plan document. If a participant dies before his or her commencement date, the beneficiary shall be entitled to a benefit that is the actuarial equivalent of the accrued benefit based upon the participant's account at the date benefit payments to the beneficiary commence. Refer to the Plan document for special considerations.

NOTE A - DESCRIPTION OF THE PLAN - Continued

Death and Disability Benefits - Continued

A disabled participant shall continue to accrue benefits until he or she quits, is discharged, attains age 65 or is retired. Employees on a medical leave or long-term disability leave absence shall not accrue more than 24 months of service pursuant to such leave; employees on any other type of leave of absence shall not accrue more than 12 months of service pursuant to such leave, unless a longer period of service is legally required.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

Use of Estimates

The preparation of financial statements in conformity with US GAAP 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 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 Plan's investments are stated 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 D for discussion of fair value measurements.

Investment transactions are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefit payments are recorded when paid.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Administrative Expenses

Certain record-keeping and actuarial expenses and fees are paid by the Plan. All other administrative expenses are paid by the Company.

Adoption of New Accounting Guidance

In January 2010, the Financial Accounting Standards Board ("FASB") amended the fair value measurements and disclosures by adding new disclosure requirements for Level 1 and Level 2, separate disclosures of purchases, sales, issuances and settlements relating to Level 3 measurements, and clarification of existing fair value disclosures. This amended guidance is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010.

Reclassification

Certain prior-year information was reclassified to conform to the current-year presentation.

Subsequent Events

The Plan evaluated subsequent events through October 7, 2011, the date the financial statements are available to be issued.

NOTE C - ACTUARIAL VALUATIONS OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of deceased employees and (3) present employees or their beneficiaries. Benefits payable to employees or their beneficiaries are based on the Plan benefit formula, as defined in the Plan document, depending upon the date the retirement, death or termination of employment occurred.

Benefits payable under all circumstances (i.e., retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

NOTE C - ACTUARIAL VALUATIONS OF ACCUMULATED PLAN BENEFITS - Continued

The actuarial present value of accumulated Plan benefits is determined by a consulting actuary and is the amount that results from applying actuarial assumptions to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The more significant assumptions underlying the actuarial computations as of December 31, 2009 and 2008, are as follows:

Life expectancy of participants	RP2000 white collar mortality table for salaried participants and the RP2000 white collar mortality table for hourly participants projected to 2015 using scale AA for males and females RP2000 Fully Generational Mortality
Net investment rate of return	2009 - 7.4%; 2008 - 8.2%
Average retirement age	60

The actuarial present value of accumulated Plan benefits as of December 31, 2009 and 2008, is as follows:

	2009	2008
Vested benefits		
Participants currently receiving payments	$ 1,798,706	$ 1,729,413
Other participants	144,993,177	174,617,621
Total vested benefits	146,791,883	176,347,034
Non-vested benefits	5,145,337	3,406,862
Total actuarial present value of accumulated Plan benefits	$151,937,220	$179,753,896

NOTE C - ACTUARIAL VALUATIONS OF ACCUMULATED PLAN BENEFITS - Continued

The change in the actuarial present value of accumulated Plan benefits as of December 31, 2009, is as follows:

Actuarial present value of accumulated Plan benefits at beginning of year	$ 179,753,896
Increase (decrease) during the year attributable to	
Plan transfers	(3,254,781)
Plan amendment	(236,986)
Benefits accumulated	11,277,056
Actuarial losses	42,058,069
Decrease in discount rate	11,539,767
Benefits paid	(100,604,181)
Change in actuarial assumptions	11,404,380
Net decrease	(27,816,676)
Actuarial present value of accumulated Plan benefits at end of year	$ 151,937,220

These 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.

NOTE D - FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date in the principal or most advantageous market for the asset or liability. Inputs are used in applying the various valuation techniques and broadly refer to the assumptions that market participants use to make valuation decisions, including assumptions about risk.

Assets and liabilities are categorized into three levels based upon the assumptions (inputs) used to price the assets or liabilities. Level 1 provides the most reliable measure of fair value; whereas, Level 3 generally requires significant management judgment. The three levels are defined as follows:

NOTE D - FAIR VALUE MEASUREMENTS - Continued

Level 1 - Unadjusted quoted prices in active markets for identical assets and liabilities.

Level 2 - Observable inputs other than those included in Level 1, for example, quoted prices for similar assets, liabilities in active markets or quoted prices for identical assets or liabilities in inactive markets, or inputs other than quoted prices that are observable for the asset or liability.

Level 3 - Unobservable inputs reflecting management's own assumptions about the inputs used in pricing the asset or liability that are significant to the fair value measurement.

Fair value measurement is based on the lowest level of input that is significant to the fair value of the instrument.

The 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 December 31, 2010 and 2009.

Mutual fund - Valued at the net asset value ("NAV") of the shares held by the Plan at year-end, which is obtained from an active market.

Pooled separate accounts - Valued at the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying securities, minus liabilities, and then divided by the number of units held by the Plan at year-end. Redemptions are permitted daily unless otherwise stated. The U.S. Property fund has unobservable inputs.

The following tables present the investments by level, within the fair value hierarchy, as of December 31:

	2010			
	Level 1	Level 2	Level 3	Total
Mutual fund	$14,008,622	$ -	$ -	$ 14,008,622
Pooled separate accounts				
Growth funds (a)	-	25,723,120	-	25,723,120
Value funds (b)	-	21,296,474	-	21,296,474
Blended funds (c)	-	7,777,298	-	7,777,298
Income funds (d)	-	58,926,895	7,721,813	66,648,708
Capital preservation funds (e)	-	15,905,727	-	15,905,727
International funds (f)	-	2,836	-	2,836
Total assets at fair value	$14,008,622	$129,632,350	$7,721,813	$151,362,786

NOTE D - FAIR VALUE MEASUREMENTS - Continued

	2009			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Growth funds (a)	$ -	$ 20,273,244	$ -	$ 20,273,244
Value funds (b)	-	17,962,112	-	17,962,112
Blended funds (c)	-	6,451,511	-	6,451,511
Income funds (d)	-	24,032,131	6,686,054	30,718,185
Capital preservation funds (e)	-	100	-	100
International funds (f)	-	13,647,051	-	13,647,051
Total assets at fair value	$ -	$ 82,366,150	$6,686,054	$ 89,052,203

(a) Growth funds seek to maximize the value of savings over time by investing in the stocks of companies that have a strong potential for providing above-average earnings growth. There are no restrictions or unfunded commitments at December 31, 2010 and 2009.

(b) Value funds seek to increase the value of savings over time by investing in undervalued, or attractively priced, stocks of well-established companies. There are no restrictions or unfunded commitments at December 31, 2010 and 2009.

(c) Blended funds seek to increase the value of savings over time by investing in a combination of stocks of companies that have potential for strong earnings growth and stocks of companies that are priced below their expected long-term worth. The Plan offers blended funds in two major categories - domestic and target date. Domestic blended funds invest the majority of assets in stocks of companies in the United States. Target-date blended funds invest in a mix of stocks in the United States and abroad, bonds and short-term investments in order to meet the individual investee's lifestyle, financial needs and investment risk. There are no restrictions or unfunded commitments at December 31, 2010 and 2009.

(d) Income funds are generally composed of investment options that invest in bonds or debt of a company or government entity (including U.S. and non-U.S.). Income funds may also include real estate investment options that directly own property. These investment options typically carry more risk than short-term fixed income investment options (including for real estate investment options and liquidity risk), but less overall risk than equities. The U.S. Property fund invests primarily in real estate, including commercial, office buildings and rental properties. Effective September 21, 2008, Principal restricted all withdrawals from this fund. Effective January 30, 2010, this fund began making certain partial payments and all restrictions were removed effective March 24, 2011. There are no unfunded commitments at December 31, 2010 and 2009.

NOTE D - FAIR VALUE MEASUREMENTS - Continued

(e) Capital preservation funds seek to offer price stability and a steady stream of income that is reinvested by investing in short-term bonds or contracts issued by creditworthy companies, financial institutions and government entities. There are no restrictions or unfunded commitments at December 31, 2010 and 2009.

(f) International funds are composed of investment options that invest in stocks or shares of ownership in companies with their principal place of business or office outside the United States. These investment options often carry more risk than U.S. equity investment options, but may have the potential for higher returns. They may be an appropriate choice for long-term investors who are seeking the potential for growth. There are no restrictions or unfunded commitments at December 31, 2010 and 2009.

The following table includes a summary of changes in the fair value of the Plan's Level 3 investments for the years ended December 31:

	2010	2009
Pooled separate account - U.S. Property		
Balance, beginning of year	$6,686,054	$ 9,841,218
Net appreciation (depreciation) in fair value	1,081,438	(3,088,203)
Purchases, sales, issuances and settlements, net	(45,679)	(66,961)
Balance, end of year	$7,721,813	$ 6,686,054

NOTE E - FUNDING POLICY

The Company's funding policy is to make annual contributions to the Plan in amounts not less than the minimum funding requirements of ERISA nor more than permitted by the Internal Revenue Code ("IRC"). During the years ended December 31, 2010 and 2009, the Company met the minimum funding requirements of ERISA.

NOTE F - PLAN TERMINATION

Although it has not expressed any intention of terminating the Plan, 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 the Plan terminates, each participant shall become fully vested to the extent funded. The net assets of the Plan are to be allocated in accordance with the provisions of ERISA which, in summary, provide the following order of priorities:

NOTE F - PLAN TERMINATION - Continued

1. 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.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. Government agency) up to the applicable limitations.

3. All other vested benefits not insured by the PBGC.

4. All non-vested benefits.

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, the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE G - INVESTMENTS

The following table presents the fair values of investments that represent 5% or more of the Plan's assets at December 31:

	2010	2009
Mutual fund		
Delaware Extended Duration A Fund	$14,008,622	N/A
Pooled separate accounts		
Principal Bond and Mortgage	N/A	$8,463,797
Principal U.S. Property	N/A	6,686,054
Principal LargeCap Value III	8,541,031	N/A
Principal LargeCap Growth	9,179,210	7,379,247
Principal LargeCap S&P 500 Index	N/A	6,451,511
Principal LargeCap Growth I	9,214,672	7,338,532
Principal LargeCap Value I	N/A	9,444,114
Principal International Value I	8,517,043	N/A
Principal Core Plus Bond I	N/A	8,339,481
Principal Ultra Long Bond	55,286,266	N/A
Principal Equity Income	8,301,580	N/A

NOTE G - INVESTMENTS - Continued

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2010	2009
Pooled separate accounts	$12,772,126	$15,215,410
Mutual fund	(539,622)	-
	$12,232,504	$15,215,410

NOTE H - INCOME TAX STATUS

The Plan received a determination letter from the Internal Revenue Service ("IRS") dated March 15, 2004, stating 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, in all material respects, continues to meet the applicable tax qualification requirements of the IRC. The Plan sponsor reserves the right to make any amendments necessary to maintain the qualification of the Plan and trust.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

NOTE I - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

NOTE I - INFORMATION CERTIFIED BY THE TRUSTEE - Continued

- Investments, as shown in the statements of net assets available for benefits as of December 31, 2010 and 2009.

- Net appreciation in fair value of investments and interest and dividend income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2010 and 2009.

- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2010.

- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2010.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

NOTE J - RELATED-PARTY TRANSACTIONS

Certain Plan investments are managed by Principal and, therefore, these transactions also represent party-in-interest transactions.

NOTE K - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. These 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 that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Company contributions are made and the actuarial present value of accumulated Plan benefits is 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 could materially affect the amounts reported and disclosed in the financial statements.

NOTE L - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2009:

Net assets available for benefits per financial statements	$119,679,763
Plus transfer to qualified plan	633,855
Net assets available for benefits per Form 5500	$120,313,618

The following is a reconciliation of net increase per the financial statements to the Form 5500 for the year ended December 31, 2010:

Net increase per financial statements	$48,421,830
Less prior-year transfer to qualified plan	633,855
Net income per Form 5500	$47,787,975

NOTE M - SUBSEQUENT EVENTS

Effective December 31, 2012, the Plan will be frozen for pay credits going into the cash balance pension account. Interest credits (both regular and supplemental) will, however, continue to be made in the same manner. The benefit earned through 2012 will be frozen and will be available for distribution at a later date in accordance with the applicable Plan provisions.

SUPPLEMENTAL SCHEDULES

INEOS USA Pension Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2010

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		Mutual fund		
*	Principal Life Insurance Company	Delaware Extended Duration A Fund	$ 14,008,622	$ 14,008,622
		Pooled separate accounts		
*	Principal Life Insurance Company	Principal Inflation Protection	876,546	882,607
*	Principal Life Insurance Company	Principal High Yield I	569,364	810,292
*	Principal Life Insurance Company	Principal Core Plus Bond I	862,522	960,458
*	Principal Life Insurance Company	Principal Bond and Mortgage	824,015	987,271
*	Principal Life Insurance Company	Principal U.S. Property	11,123,215	7,721,813
*	Principal Life Insurance Company	Principal International Value I	6,914,050	8,517,043
*	Principal Life Insurance Company	Principal LargeCap Value III	8,586,983	8,541,031
*	Principal Life Insurance Company	Principal LargeCap Growth	8,872,405	9,179,210
*	Principal Life Insurance Company	Principal LargeCap S&P 500 Index	7,470,140	7,777,298
*	Principal Life Insurance Company	Principal LargeCap Growth I	7,489,252	9,214,672
*	Principal Life Insurance Company	Principal Ultra Long Bond	54,953,092	55,286,266
*	Principal Life Insurance Company	Principal Equity Income	7,772,573	8,301,580
*	Principal Life Insurance Company	Money Market Separate Account	2,835	2,836
*	Principal Life Insurance Company	Principal Mid Cap Value III	1,760,314	2,150,512
*	Principal Life Insurance Company	Principal Mid Cap Growth III	1,766,607	2,299,881
*	Principal Life Insurance Company	Principal Small Cap II	1,722,785	2,305,352
*	Principal Life Insurance Company	Principal Small Cap Growth I	1,970,952	2,298,734
*	Principal Life Insurance Company	Principal Real Estate	2,088,313	2,730,623
*	Principal Life Insurance Company	Principal International Emerging Markets	1,420,629	1,700,762
*	Principal Life Insurance Company	Principal International Growth	6,047,306	5,687,923
			$147,102,517	$151,362,786

*Indicates a party-in-interest.

INEOS USA Pension Plan
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS*
Year ended December 31, 2010

Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Category (iii) - Series of transactions in excess of 5% of Plan assets						
Principal Life Insurance Company	Principal Core Plus Bond I - 4 Purchases	$ 716,358	$ -	$ 716,358	$ 716,358	$ -
Principal Life Insurance Company	Principal Core Plus Bond I - 51 Sales	-	8,649,424	7,816,293	8,649,424	833,131
Principal Life Insurance Company	Principal Bond and Mortgage - 7 Purchases	722,827	-	722,827	722,827	-
Principal Life Insurance Company	Principal Bond and Mortgage - 69 Sales	-	9,041,503	7,727,350	9,041,503	1,314,153
Principal Life Insurance Company	Principal Ultra Long Bond - 17 Purchases	54,953,092	-	54,953,092	54,953,092	-
Principal Life Insurance Company	Principal Equity Income - 1 Purchase	7,772,573	-	7,772,573	7,772,573	-
Principal Life Insurance Company	Principal LargeCap Value I - 4 Purchases	565,416	-	565,416	565,416	-
Principal Life Insurance Company	Principal LargeCap Value I - 2 Sales	-	10,138,535	11,167,919	10,138,535	(1,029,384)
Principal Life Insurance Company	Delaware Extended Duration A Fund - 1 Purchase	14,008,622	-	14,008,622	14,008,622	-

*Transactions or a series of transactions in excess of 5% of the Plan's assets at December 31, 2010, as defined in Section 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting under the Employee Retirement Income Security Act of 1974.

F052TF

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

INEOS USA LLC PENSION PLAN

EIN 20 1981933
PLAN NUMBER 001
PLAN YEAR 01/01/2010 TO 12/31/2010

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Pooled Separate Accounts PRINCIPAL CORE PLUS BOND I SEP	4		$ 716,358.07		$ 0.00
Pooled Separate Accounts PRINCIPAL CORE PLUS BOND I SEP		51		$ 8,649,424.43	$ 833,131.34
Pooled Separate Accounts PRINCIPAL BOND AND MORTGAGE SE	7		$ 722,827.33		$ 0.00
Pooled Separate Accounts PRINCIPAL BOND AND MORTGAGE SE		69		$ 9,041,502.86	$ 1,314,153.07
Pooled Separate Accounts PRINCIPAL ULTRA LONG BOND SEPA	17		$ 54,953,091.88		$ 0.00
Pooled Separate Accounts PRINCIPAL EQUITY INCOME SEPARA	1		$ 7,772,572.60		$ 0.00
Pooled Separate Accounts PRINCIPAL LARGECAP VALUE I SEP	4		$ 565,416.29		$ 0.00
Pooled Separate Accounts PRINCIPAL LARGECAP VALUE I SEP		2		$ 10,138,535.46	$ 1,029,383.82-
Registered Investment Company DELAWARE EXTENDED DURATION A F	1		$ 14,008,622.45		$ 0.00

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

F051TF

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

INEOS USA LLC PENSION PLAN

EIN 20 1981933
PLAN NUMBER 001
PLAN YEAR 01/01/2010 TO 12/31/2010

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Delaware Investments	Registered Investment Company DELAWARE EXT DURATION A FUND	$ 14,008,622.45	$ 14,008,622.45
*	Principal Life Insurance Company	Pooled Separate Accounts PR INTERNAT'L VALUE I SA-I2	$ 6,914,049.80	$ 8,517,042.69
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN BOND AND MTGE SA-I5	$ 824,014.75	$ 987,271.18
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN CORE PLUS BOND I SA-I2	$ 862,521.69	$ 960,458.24
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN EQUITY INCOME SA-I3	$ 7,772,572.60	$ 8,301,579.87
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN HIGH YIELD I SEP ACCT-I2	$ 569,364.09	$ 810,292.20
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN INFLATION PROT SA-I2	$ 876,545.67	$ 882,607.24
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN INTL EM MKT SEP ACCT-I4	$ 1,420,628.94	$ 1,700,761.60
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN INTL I SEPARATE ACCT-I2	$ 6,047,306.11	$ 5,687,923.00
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LARGECAP GROWTH I SA-I2	$ 7,489,252.27	$ 9,214,672.42
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LARGECAP VALUE III SA-I2	$ 8,586,982.52	$ 8,541,030.61
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LGCAP GROWTH SEP ACCT-I4	$ 8,872,404.56	$ 9,179,209.80
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LGCAP S&P 500 INDEX SA-I5	$ 7,470,139.85	$ 7,777,298.08
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP GROWTH III SA-I2	$ 1,766,606.53	$ 2,299,880.53
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP VALUE III SA-I4	$ 1,760,313.78	$ 2,150,511.72

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

F051TF

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

INEOS USA LLC PENSION PLAN

EIN 20 1981933
PLAN NUMBER 001
PLAN YEAR 01/01/2010 TO 12/31/2010

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MONEY MARKET SEP ACCT-R6	$ 2,835.37	$ 2,836.16
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN REAL ESTATE SECS SA-I3	$ 2,088,312.91	$ 2,730,622.84
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SMALLCAP GROWTH I SA-I2	$ 1,970,951.68	$ 2,298,734.13
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SMALLCAP VALUE II SA-I2	$ 1,722,784.77	$ 2,303,352.03
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN U.S. PROPERTY SA-I5	$ 11,123,214.72	$ 7,721,813.02
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN ULTRA LONG BOND SA-R6	$ 54,953,091.88	$ 55,286,266.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	INEOS USA LLC
EIN/PN	20-1981933/001
Plan Name	INEOS USA Pension Plan
Valuation Date	January 1, 2010
Enrolled Actuary	William J. Miner
Enrollment Number	11-03239

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.

On December 31, 2009, the INEOS NOVA portion of the plan transferred out of this plan and into an INEOS NOVA sponsored plan. Accordingly, the INEOS USA Pension Plan changed from a multiple employer plan to a single employer plan effective December 31, 2009.

Lines 7, 8, and 11a on the 2010 Schedule SB are the 2009 values for the multiple employer plan. The values for 2009 for the INEOS portion of the multiple employer plan were $2,720,563, $2,720,563, and $28,810,455, respectively.

Line 16 on the 2010 Schedule SB is the value as of January 1, 2009 for the multiple employer plan. The value as of January 1, 2009 for the INEOS portion of the multiple employer plan was 101.65%.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2010

See attachment to Part V for retirement rates. 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.

				Amoco				BP Polyethylene							All Other
x	q_x^r	l_x	${}_{x-50}p_{50} = l_x / l_{50}$	$q_x^r * l_x / l_{50}$	$x * q_x * l_x / l_{50}$	q_x^r	l_x	${}_{x-50}p_{50} = l_x / l_{50}$	$q_x^r * l_x / l_{50}$	$x * q_x * l_x / l_{50}$	q_x^r	l_x	${}_{x-50}p_{50} = l_x / l_{50}$	$q_x^r * l_x / l_{50}$	$x * q_x * l_x / l_{50}$
50	0.05	1,000,000	1.000000	0.050000	2.500000	0.00	1,000,000	1.000000	0.000000	0.000000	0.00	1,000,000	1.000000	0.000000	0.000000
51	0.05	950,000	0.950000	0.047500	2.422500	0.00	1,000,000	1.000000	0.000000	0.000000	0.00	1,000,000	1.000000	0.000000	0.000000
52	0.05	902,500	0.902500	0.045125	2.346500	0.00	1,000,000	1.000000	0.000000	0.000000	0.00	1,000,000	1.000000	0.000000	0.000000
53	0.05	857,375	0.857375	0.042869	2.272044	0.00	1,000,000	1.000000	0.000000	0.000000	0.00	1,000,000	1.000000	0.000000	0.000000
54	0.05	814,506	0.814506	0.040725	2.199167	0.00	1,000,000	1.000000	0.000000	0.000000	0.00	1,000,000	1.000000	0.000000	0.000000
55	0.10	773,781	0.773781	0.077378	4.255795	0.07	1,000,000	1.000000	0.070000	3.850000	0.08	1,000,000	1.000000	0.080000	4.400000
56	0.09	696,403	0.696403	0.062676	3.509870	0.07	930,000	0.930000	0.065100	3.645600	0.07	920,000	0.920000	0.064400	3.606400
57	0.13	633,727	0.633727	0.082384	4.695914	0.07	864,900	0.864900	0.060543	3.450951	0.06	855,600	0.855600	0.051336	2.926152
58	0.17	551,342	0.551342	0.093728	5.436233	0.07	804,357	0.804357	0.056305	3.265689	0.09	804,264	0.804264	0.072384	4.198258
59	0.21	457,614	0.457614	0.096099	5.669837	0.07	748,052	0.748052	0.052364	3.089455	0.10	731,880	0.731880	0.073188	4.318093
60	0.25	361,515	0.361515	0.090379	5.422726	0.07	695,688	0.695688	0.048698	2.921891	0.12	658,692	0.658692	0.079043	4.742584
61	0.18	271,136	0.271136	0.048805	2.977076	0.07	646,990	0.646990	0.045289	2.762648	0.13	579,649	0.579649	0.075354	4.596618
62	0.22	222,332	0.222332	0.048913	3.032605	0.25	601,701	0.601701	0.150425	9.326363	0.22	504,295	0.504295	0.110945	6.878581
63	0.15	173,419	0.173419	0.026013	1.638807	0.10	451,276	0.451276	0.045128	2.843037	0.15	393,350	0.393350	0.059002	3.717157
64	0.23	147,406	0.147406	0.033903	2.169816	0.10	406,148	0.406148	0.040615	2.599348	0.23	334,347	0.334347	0.076900	4.921594
65	1.00	113,503	0.113503	0.113503	7.377668	1.00	365,533	0.365533	0.365533	23.759663	1.00	257,448	0.257448	0.257448	16.734089
Average age at retirement					57.926558					61.514645					61.039525
Weight					27%					14%					59%
Rounded for Schedule SB item 22		**60**													

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25
Change in Method

The following method changes occurred as of January 1, 2010:

- The discount rate was changed to the September 2009 3-segment rates from the October 2008 Full Yield Curve.

- The smoothing period of the asset method was changed to 2 years from 6 months.

- The lump sum calculation method was changed to the annuity substitution approach under IRS Regulation 1.430(d) – 1(f)(4). For the prior year, lump sums were valued using the general rule under IRS Proposed Regulation 1.430(d) – 1(f)(4) with recognition of the phase-in of IRC Section 417(e)(3) assumptions.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2010
Average Compensation

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		6		0		0		0		0		0		0		0		0	
25 - 29	0		29	79,265	7		0		0		0		0		0		0		0	
30 - 34	0		45	86,283	23	99,843	12		1		0		0		0		0		0	
35 - 39	0		91	92,299	33	97,187	44	102,219	10		0		0		0		0		0	
40 - 44	0		62	90,447	21	108,099	54	104,396	51	106,860	27	117,095	0		0		0		0	
45 - 49	0		51	87,318	12		43	103,669	52	106,911	73	115,983	31	106,682	3		0		0	
50 - 54	0		40	100,438	16		25	96,794	33	97,576	61	100,514	65	115,427	36	108,901	6		0	
55 - 59	0		28	91,231	4		11		20	86,578	35	96,328	35	122,478	26	110,794	25	88,226	0	
60 - 64	0		6		7		6		7		6		8		10		6		0	
65 - 69	0		2		0		1		0		0		0		0		1		0	
70 & Over	0		0		0		0		0		0		0		0		0		0	

Plan Name: INEOS USA Pension Plan
EIN / PN: 20-1981933 / 001
Plan Sponsor: INEOS USA LLC
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2010
Average Total Cash Balance Account

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. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.
Under 25	0		6		0		0		0		0		0		0		0		0	
25 – 29	0		29	13,959	7		0		0		0		0		0		0		0	
30 – 34	0		45	16,145	23	40,865	12		1		0		0		0		0		0	
35 - 39	0		91	17,537	33	45,740	44	71,018	10		0		0		0		0		0	
40 - 44	0		62	20,614	21	55,082	54	78,169	51	98,984	27	110,341	0		0		0		0	
45 - 49	0		51	22,813	12		43	81,875	52	100,420	73	155,349	31	185,930	3		0		0	
50 - 54	0		40	28,776	16		25	90,874	33	115,229	61	164,541	65	232,999	36	253,801	6		0	
55 - 59	0		28	29,102	4		11		20	111,446	35	145,111	35	244,297	26	243,258	25	243,745	0	
60 - 64	0		6		7		6		7		6		8		10		6		0	
65 - 69	0		2		0		1		0		0		0		0		1		0	
70 & Over	0		0		0		0		0		0		0		0		0		0	

Plan Name: INEOS USA Pension Plan
EIN / PN: 20-1981933 / 001
Plan Sponsor: INEOS USA LLC
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2010

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2010	24,764,207	7	24,764,207	4,167,620
Total					24,764,207	4,167,620

Appendix A

Statement of actuarial assumptions and methods

Plan Sponsor

INEOS USA LLC

EIN/PN

20-1981933/001

Discount Rates

Current plan year PPA effective interest rate: 6.70%

Prior plan year PPA effective interest rate: 8.29%

3-Segment Rates

Applicable month: September

Transition election: No

Assumed Cost of Living Adjustments

None.

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 $427,357. This amount is based upon administrative expenses paid from the trust in the prior year, adjusted for the expected current year PBGC premium.

SCHEDULE SB ATTACHMENTS

Mortality

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

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 are shown below.

Age	Heritage Amoco	BP Polyethylene	All Others
50	5%	0%	0%
51	5	0	0
52	5	0	0
53	5	0	0
54	5	0	0
55	10	7	8
56	9	7	7
57	13	7	6
58	17	7	9
59	21	7	10
60	25	7	12
61	18	7	13
62	22	25	22
63	15	10	15
64	23	10	23
65	100	100	100

SCHEDULE SB ATTACHMENTS

Disability Rates

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

Table of Sample Disability Rates

	BP Polyethylene		Heritage Amoco and Castrol		
Attained Age	Male	Female	Salaried	Hourly	Female
20	0.02%	0.02%	.03%	.18%	.03%
25	0.03	0.03	.04	.26	.04
30	0.07	0.07	.06	.36	.06
35	0.12	0.12	.10	.51	.10
40	0.18	0.18	.16	.69	.16
45	0.28	0.28	.26	.94	.26
50	0.48	0.48	.45	1.35	.45
55	0.87	0.87	.85	2.29	.85
60	1.38	1.38	1.20	3.43	1.20

Compensation Increases

For purposes of determining the target normal cost, compensation is assumed to increase by 3.50% during the plan year.

Future Increases in Social Security

The National Average Wage Index is assumed to increase by 3.50% per annum.

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. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

SCHEDULE SB ATTACHMENTS

Calculation of Lump Sum

Lump sums were valued using the annuity substitution approach method under IRS Regulation 1.430(d)-1(f)(4) without recognition of the phase-in of IRC 417(e)(3) assumptions.

Representative Termination Rates not Due to Disability, Retirement or Mortality

The rates at which participants are assumed to leave the company by age are shown below:

Percentage leaving during the year		
Attained Age	**BP Polyethylene**	**All Others**
20	24.3750%	15.2418%
25	18.3875	13.7476
30	12.5875	7.7082
35	9.9625	6.5594
40	7.7375	5.7581
45	5.7125	4.5734
50	3.9000	3.8597
55	2.1500	5.1476
60	0.5750	0.0000

Form of Payment

Active

- 95% are assumed to elect an immediate lump sum
- 5% are assumed to elect a life annuity (immediate if retirement eligible, otherwise deferred to 65)

Inactive

All terminated vested participants are assumed to elect a life annuity at age 65.

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: INEOS USA Pension Plan
EIN / PN: 20-1981933 / 001
Plan Sponsor: INEOS USA LLC
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Plan Compensation

Plan compensation is actual gross earnings during the prior year provided by the employer.

Asset Method

Assets were allocated between employers based on ERISA 4044 as of December 31, 2009 to determine the portion of assets allocated to INEOS NOVA, the liability of which was transferred out of the plan on that date.

The actuarial value of assets is calculated on the adjusted fair market value of plan assets under IRC Section 430(g)(3) as amended by WRERA. 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 (after ERISA 4044 allocation), the adjusted market value of assets as of the prior valuation date (prior to ERISA 4044 allocation) and the adjusted market value of assets as of the second prior valuation date (prior to ERISA 4044 allocation). The adjusted market value as of a relevant valuation date is equal to 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 6.69% which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.200%, and the applicable limitation for the plan year, equal to 6.69%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.38% which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.375%, and the applicable limitation for the plan year, equal to 6.38%. 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 was supplied by the administrator as of the census date. Data on persons receiving benefits was supplied by the plan trustee.

Tax Policy

The actuarial valuation performed for the plan year ending December 31, 2010 is used to determine the maximum deductible contribution for the tax year ending December 31, 2010.

Benefits not Included in Valuation

We believe all significant Plan provisions are reflected in this valuation.

SCHEDULE SB ATTACHMENTS

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.

Appendix B

Summary of Principal Plan Provisions
(BP Heritage and Participants after 12/16/2005 RIC = RAPNH)

Plan Sponsor

INEOS USA LLC

Plan

INEOS USA Pension Plan, a single employer plan effective December 31, 2009.

Effective Date and Most Recent Amendment

The original effective date of the plan was April 1, 2005. The BP Solvay Heritage Plan (the "Prior Plan") was amended and restated effective April 1, 2005 as a "cash balance" plan and renamed as The BP Polyethylene Pension Plan. The plan was amended and restated December 12, 2005 as The Innovene Pension Plan. The plan was amended to change the name of the plan to The INEOS USA Pension Plan effective June 16, 2006. The plan was amended effective January 1, 2007 to exclude bonuses from pensionable earnings. The plan was amended and restated effective January 1, 2008. The last amendment reflected herein is the Second Amendment.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

Any employee formerly employed by BP or one of the participating employers who is now employed by INEOS USA LLC. Employees hired after January 1, 2008 will not be eligible to participate.

This report excludes liabilities that are the responsibility of INEOS NOVA. Effective December 31, 2009, the INEOS NOVA portion of the USA Plan was merged into the INEOS NOVA Pension Plan.

SCHEDULE SB ATTACHMENTS

Vesting Service

The sum of (a), (b), (c) and (d) with a maximum of 37 years:

(a) Calendar months prior to July 1, 1971 during which required employee contributions were made.

(b) Calendar months after June 30, 1971 and prior to January 1, 1976 in active employment or on paid leave.

(c) After January 1, 1976 and prior to June 30, 2000, employees who first became employees prior to July 1, 1971 receive a year of service for each year in which an employee has at least 501 hours of service. Employees who first became employees on or after July 1, 1971 receive a year of service for each year of employment.

(d) After June 30, 2000, service is measured in months and rounded up to the nearest whole month.

Participants are 100% vested once they have three years of vesting service.

Cash Balance Earnings

Earnings include base pay, overtime, shift differential, equivalency, and pay in lieu of vacation. Effective January 1, 2007 bonuses were excluded.

Opening Account

For all participants who were active as of January 1, 1989, an opening account balance was established equal to the present value of the benefit accrued to December 31, 1988 under the provisions of the prior plan.

SCHEDULE SB ATTACHMENTS

Current Account

A Current Account is established for each participant as of the later of (i) January 1, 1989 or (ii) the date the participant first becomes eligible for the Plan. At the end of each calendar month beginning on or after January 1, 1989, Pay Credits based on the participant's Cash Balance Earnings for the month will be added to the Current Account of all active participants.

a. Pay Credits.

	Age	or	Full Years of Vesting Service (at beginning of month)	Percent of Eligible Compensation up to and including 1/48 of the Social Security Wage Base	Percent of Eligible Compensation above 1/48 of the Social Security Wage Base
Tier I:	Less 40		Less than 10	4%	7%
Tier II:	40, less than 50		10, less than 20	5%	9%
Tier III:	50 or more		20, less than 37	6%	11%
Tier IV:			37 or more	0%	0%

A Participant's "full years of service" shall be determined by aggregating all of the Participant's months of Service from his first employment commencement date.

Pay credits will cease December 31, 2012.

b. Pay Credit Cap. In no event will the sum of (i) years and months for which a Participant has received Pay Credits and (ii) years and months for which a Participant has received credit for benefit calculation purposes under the Prior Plan or any other plan maintained by the Company or any other member of the group, exceed 37 years.

c. Regular Interest Credits. Regular interest credits will be added to all accounts at the end of each calendar month. The regular interest credit shall be determined as the monthly equivalent to an annual calendar year rate equal to the greater of (a) 5.0% or (b) the interest rate on 30-year Treasury Securities as specified by the Commissioner of the Internal Revenue Service in effect 4 months prior to the crediting month.

d. Supplemental Interest Credits. An additional supplemental interest credit equal to one-half of the annual Regular Interest rate will apply during employment on the Opening Account at the end of each calendar month. The additional Supplemental Interest Credit will cease on January 1, 2021.

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: First of the month coincident or following age 65

Benefit Formula*:* Sum of the Current and Opening Account Balances converted to an actuarially equivalent single life annuity.

Normal Form of Benefit: Life Annuity or a 50% Joint and Survivor annuity if married.

Early Retirement Benefit

Eligibility: 3 years of Vesting Service

Benefit: Single life annuity benefit payable at normal retirement reduced with actuarial equivalence for commencement prior to age sixty-five.

Disability Benefit

Participants on long-term disability become 100% vested.

Death Benefits for Participants in Active Service

Eligibility: Active participants who die before commencing benefits are automatically vested, regardless of service.

Benefit: Full value of the participant's accrued benefit reduced for commencement as applicable and payable as a lump sum or single life annuity.

Optional Forms of Retirement Income in Lieu of Normal Form

Lump sum or 50%, 75%, or 100% joint and survivor annuities.

Appendix B

Summary of Principal Plan Provisions (Heritage Amoco RIC = CDPLN)

Provisions are the same as BP Heritage unless otherwise stated below.

Coverage and Participation

Participants formerly employed by Amoco who were benefiting under one or more defined benefit plans of Amoco. BP acquired Amoco on January 1, 1999. Effective July 1, 2000, certain plans of Amoco were merged into the BP RAP. The grandfathered benefit formula will continue to accrue until December 31, 2012.

Benefit and Vesting Service

To determine eligibility for benefits, benefit service and to determine the amount of benefits, sum of (a) and (b) with a maximum of 37 years.

(a) Sum of vesting service under Amoco Heritage Plan as of April 1, 1993.

(b) After April 1, 1993, service is measured in months beginning on Employee's service commencement date and ending on severance date rounded up to nearest whole month.

Plan Compensation (Terminal Earnings)

Terminal earnings include base pay, overtime, shift differential, and equivalency. Effective January 1, 2007 bonuses were excluded. Pay after December 31, 2012 will not be considered in the calculation of benefits.

Final Average Pay

Highest 3 consecutive years of Terminal Earnings plus the highest 3 consecutive bonuses paid within the last 10 years divided by 3.

Plan Compensation (CAM)

CAM earnings include base pay, overtime, shift differential, and pay in lieu of vacation. Effective January 1, 2007 bonuses were excluded.

SCHEDULE SB ATTACHMENTS

Accrued Benefits – Heritage Amoco CD Plan

The participant is eligible for the greatest of the following annual benefits:

1) Final Average Pay Benefit Formula (FAP)

   1.6667% x Benefit Service (maximum of 36 years) x Final Average Pay

   less

   1.50% x Benefit Service (maximum of 33.3333 years) x Social Security PIA

2) Career Average Minimum (CAM)

   1.50% x CAM Earnings up to the Social Security Wage Base

   plus

   2.00% x CAM Earnings over the Social Security Wage Base, for each period in which the participant has earned Benefit Service.

3) Service Minimum

   $144.00 x Benefit Service

For valuation purposes, only the Final Average Pay formula was valued.

Certain participants of Albemarle and Union Carbide have benefits payable from a prior plan. The Amoco CD Plan accrued benefit for these participants is reduced to account for the benefit payable from the prior plan.

Service accruals will cease December 31, 2012.

Opening Account

The Amoco Corporate Domestic Plan merged with the BP RAP on 7/1/2000 and all assets and benefits under the Amoco CD Plan were transferred to the BP RAP. At that time all active and leave-of-absence participants had an Opening Account established as of 6/30/2000, which approximated their prior benefits earned in the Amoco CD Plan. Certain rehires after 7/1/2000 will have an Opening Account established if they previously did not participate in the BP RAP cash balance plan.

SCHEDULE SB ATTACHMENTS

Current Account

A Current Account is established for each participant as of the later of (i) July 1, 2000 or (ii) the date the participant first becomes eligible for the Plan. At the end of each calendar month beginning on or after July 1, 2000, Pay Credits based on the participant's Cash Balance Earnings for the month will be added to the Current Account of all active participants.

Pay credits will cease December 31, 2012.

Normal Retirement Benefit

Normal Retirement Date: First of the month coincident or following age 65.

Benefit Formula: Greater of the sum of Opening and Current Cash Balance accounts converted to an actuarially equivalent single life annuity and the Heritage Amoco CD Plan Accrued Benefit.

Normal Form of Benefit: Life annuity or 50% joint and survivor annuity, if married.

Early Retirement Benefit

Eligibility:

Special Early Retirement:

Definition #1: Active participant who attains age 50 and has 15 or more years of Vesting Service.

OR

Definition #2: Any participant who was active on August 1, 1989 that attains age 55 at termination and has sufficient Benefit Service such that the sum of age and Benefit Service equals or exceeds 75 points at termination.

Non-Special Early Retirement: 3 years of Vesting Service.

SCHEDULE SB ATTACHMENTS

Benefit:

Special Early Retirement:

The greater of:

1) The cash balance immediate single life annuity.

2) The Heritage Amoco CD formula accrued benefit reduced five percent per year prior to age sixty.

In addition to this basic benefit, eligible participants may also receive the Temporary Annuity Supplement payable until age sixty-two.

Non-Special Early Retirement: Benefit reduced with actuarial equivalence prior to age sixty-five.

Optional Forms of Retirement Income in Lieu of Normal Form

Lump sum, 25%, 50%, 75%, 100% joint and survivor annuity, and level income annuity.

Appendix B

Summary of Principal Plan Provisions (BP Solvay Heritage RIC = SOLVAY)

Provisions are the same as BP Heritage unless otherwise stated below.

Coverage and Participation

BP acquired 100% ownership of the BP Solvay joint venture on January 6, 2005. Accruals under the BP Polyethylene Pension Plan (successor to the BP Solvay Polyethylene Pension Plan) were frozen as of March 31, 2005. Future accruals are under the Cash Balance formula only.

Vesting Service

The sum of (a) and (b) with a maximum of 37 years:

(a) Vesting service under the Prior Plan immediately prior to the effective date.

(b) Service earned after the effective date measured in months and rounded to the nearest whole month.

Accrued Benefit – Heritage Solvay

The Prior Plan Accrued Benefit as of 3/31/2005 is a benefit payable at the participant's normal retirement date. The following are the three components of the benefit:

1) 1/1/2002 frozen Solvay America age 65 benefit

2) 3/31/2005 all-service J.V. age 65 benefit

3) Post 1/1/2002 service J.V. age 65 benefit

The 3/31/2005 Prior Plan Accrued Benefit is the greater of 2) - 1) and 3).

Opening Account

No opening balance was established.

SCHEDULE SB ATTACHMENTS

Current Account

A Current Account is established for each participant as of the later of (i) April 1, 2005 or (ii) the date the participant first becomes eligible for the Plan. At the end of each calendar month beginning on or after April 1, 2005, Pay Credits based on the participant's Cash Balance Earnings for the month will be added to the Current Account of all active participants.

Pay credits will cease December 31, 2012.

Normal Retirement Benefit

Normal Retirement Date: First of the month coincident or following age 65.

Benefit Formula: (a) + (b) where (a) is the 3/31/05 Prior Plan Accrued Benefit and (b) is the Current Account Balance converted to an actuarially equivalent single life annuity.

Normal Form of Benefit: Life annuity or 50% joint and survivor annuity, if married.

Early Retirement Benefit

Eligibility: 3 years of Vesting Service

Benefit: (a) + (b) where (a) is the 3/31/05 Prior Plan Accrued Benefit subject to the early retirement reductions shown below and (b) is the cash balance immediate single life annuity.

3/31/05 Prior Plan Accrued Benefit early retirement reductions:

Each component of the 3/31/2005 Prior Plan Accrued Benefit is reduced separately based on the early retirement reduction applicable to each component. For purposes of determining the applicable early retirement reduction, points are defined the sum of age plus vesting service at termination. The termination date for the 1/1/2002 frozen Solvay America component of the benefit is considered to be 1/1/2002.

Termination upon age 55 or later (with 85 points): 3/31/2005 portion of the normal retirement benefit is unreduced for commencement prior to age sixty-five.

Termination upon age 55 or later (without 85 points): 3/31/2005 portion of the normal retirement benefit reduced 3% for each year that early commencement precedes age sixty-five.

Termination before age 55: 3/31/2005 portion of the normal retirement benefit reduced 4% for each year that early commencement precedes age sixty-five. This amount will be further reduced from age 55 to age at the early commencement date with actuarial equivalence.

Optional Forms of Retirement Income in Lieu of Normal Form

Lump sum, 50%, 75% or 100% joint and survivor annuity, and 10 or 15 year certain and life annuity.

Appendix B

Summary of Principal Plan Provisions (Heritage ARCO RIC = ARCO and Heritage LA Refinery RIC = AUNION)

Provisions are the same as BP Heritage unless otherwise stated below.

Coverage and Participation

Participants of the former ARCO companies who were benefiting under one or more defined benefit plans of ARCO. BP acquired Atlantic Richfield Company on April 18, 2000. The defined benefit plans of Atlantic Richfield were merged into the BP RAP on January 1, 2002. The grandfathered benefit formula will continue to accrue until December 31, 2013.

Membership and Vesting Service

Period of employment, measured by elapsed time**,** during which the employee is deemed to have been covered under the ARCO Retirement Plan and subsequent BP RAP and INEOS Pension Plan.

Plan Compensation (Base Earnings)

Base earnings are equal to basic salary or wages.

Final Average Base Earnings (FABE)

Average of the highest 3 consecutive years of Base Earnings.

Opening Account

For all participants, except the LA Refinery group (AUNION), who were active as of January 1, 2002, an opening account balance was established equal to the following:

- For Participants eligible for early retirement as of January 1, 2002, the opening account balance is equal to the present value of the Participant's early retirement benefit, excluding, if applicable, any temporary annuities.
- For Participants not eligible for early retirement as of January 1, 2002, the opening account balance is equal to the present value of the Participant's benefit at their earliest possible retirement date, discounted to January 1, 2002.

SCHEDULE SB ATTACHMENTS

The LA Refinery group does not have a cash balance component included in the benefit formula.

Current Account

A Current Account is established for each participant, except for the LA Refinery group (AUNION), as of the later of (i) January 1, 2002 or (ii) the date the participant first becomes eligible for the Plan. At the end of each calendar month beginning on or after January 1, 2002, Pay Credits based on the participant's Cash Balance Earnings for the month will be added to the Current Account of all active participants. The LA Refinery group does not have a cash balance component included in the benefit formula.

Pay credits will cease December 31, 2012.

Social Security Integration Level (SSIL)

Determined for each plan year by the following formula: 1) * 2) / 3) where

1) SSIL for the immediately preceding Plan Year.

2) All Urban CPI for the 12-month period ending on 6/30 of the immediately preceding Plan Year.

3) All Urban CPI for the 12-month period ending on 6/30 of the next preceding Plan Year.

Accrued Benefit – Heritage ARCO Plan Formula

Monthly benefit payable as a 5-year certain and life annuity that is the greater of 1) and 2) defined below:

1) 1.18% of FABE not exceeding the participant's SSIL, plus 1.54% of FABE exceeding SSIL all multiplied by Membership Service (not to exceed 35 years), plus 1.45% of FABE multiplied by Membership Service exceeding 35 years .

2) $13 per month multiplied by Membership Service.

Benefit accruals will cease on December 31, 2013, except for Heritage LA Refinery employees, which will continue to earn benefits.

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: First of the month coincident or following age 65.

Benefit Formula: Greater of the sum of Opening and Current Cash Balance accounts converted to an actuarially equivalent single life annuity and the Heritage ARCO Accrued Benefit to an actuarially equivalent single life annuity. The LA Refinery group does not have a cash balance component included in the benefit formula.

Normal Form of Benefit: Life annuity or 50% joint and survivor annuity, if married

Early Retirement Benefit

Eligibility: 3 years of Vesting Service. LA Refinery (AUNION) participants must be age 55 with 10 years of Vesting Service.

Benefit:

Retirement at age 55 and later:

Greater of 1) and 2) where

1) Cash balance immediate single life annuity.

2) Heritage ARCO Plan Formula accrued benefit converted to an actuarially equivalent single life annuity and reduced five percent per year prior to age sixty.

Retirement prior to age 55:

Early retirement benefit calculated at age 55 further reduced from age 55 to age at the early commencement date with actuarial equivalence. The LA Refinery group is not able to commence benefits prior to age 55.

Optional Forms of Retirement Income in Lieu of Normal Form

Lump sum, 25%, 50%, 75%, 100% joint and survivor annuity, 5, 10, 20 year certain and life annuity, level income option, and full cash refund.

Appendix B

Summary of Principal Plan Provisions (Heritage Castrol RIC = CASTROL)

Provisions are the same as BP Heritage unless otherwise stated below:

Coverage and Participation

Participants of the former Burmah Castrol who were benefiting under the Burmah Castrol Group U.S.A. Pension Plan or the Burmah Specialty Chemicals Pension Plan. BP acquired Burmah Castrol on July 7, 2000. Effective 1/1/2004, the plan was merged into the BP RAP. The grandfathered benefit formula will continue to accrue until December 31, 2014.

All of the Heritage Castrol participants in this plan were members of the Burmah Castrol Group U.S.A. Pension Plan. Therefore, these plan rules only include Heritage Castrol provisions from the Burmah Castrol Group U.S.A. Pension Plan.

Benefit and Vesting Service

Service under Heritage Castrol Plans as of December 31, 2003 plus Service after December 31, 2003 measured in months, rounded up to the nearest whole month.

Compensation

Earnings include base, overtime, shift differential, pay in lieu of vacation and commissions. Earnings shall be limited to $75,000 of commission income plus the employee's compensation, which is not commission income for the 12-month period.

Final Plan Compensation

Highest average monthly compensation during the 36 consecutive month period out of the last 120 months of service.

Opening Account

The Burmah Castrol Group U.S.A. Pension Plan merged with the BP RAP on January 1, 2004 and all assets and benefits under the Burmah Castrol Plan were transferred to the BP RAP. At that time all active participants and those participants on leave-of-absence had an Opening Account established as of December 31, 2003 which approximated their prior benefits earned in the Burmah Castrol Plan. Certain rehires after January 1, 2004 will have an Opening Account established if they previously did not participate in the BP RAP cash balance plan.

Plan Name:	INEOS USA Pension Plan
EIN / PN:	20-1981933 / 001
Plan Sponsor:	INEOS USA LLC
Valuation Date:	January 1, 2010

SCHEDULE SB ATTACHMENTS

Current Account

A Current Account is established for each participant as of the later of (i) January 1, 2004 or (ii) the date the participant first becomes eligible for the Plan. At the end of each calendar month beginning on or after January 1, 2004, Pay Credits based on the participant's Eligible Compensation for the month will be added to the Current Account of all active participants.

Pay credits will cease December 31, 2012.

Accrued Benefit – Heritage Castrol Plan Formula

Greater of 1) and 2) where

1) Sum of a. and b.

   a. 1.2% of Final Plan Compensation times Years of Benefit Service.

   b. 0.5% of Final Plan Compensation in excess of Covered Compensation multiplied by Years of Benefit Credit Service up to 35 years.

2) The Accrued Retirement Pension under the Plan as of December 31, 2003.

Benefit accruals will cease December 31, 2014.

Normal Retirement Benefit

Normal Retirement Date: First of the month coincident or following age 65.

Benefit Formula: Greater of the sum of Opening and Current Cash Balance accounts converted to an actuarially equivalent single life annuity and the Heritage Castrol Plan Accrued Benefit.

Normal Form of Benefit: Life annuity or 50% joint and survivor annuity, if married.

Early Retirement Benefit

Eligibility: 3 Years of Vesting Service.

Benefit: Greater of 1) and 2) where.

1) Cash balance immediate single life annuity .

2) Heritage Castrol Plan Accrued Benefit reduced by the early retirement factors shown below.

Heritage Castrol early retirement factors:

i) *At least age 62 at benefit commencement date with at least 20 Years of Service:* No reduction.

ii) *At least age 60 at benefit commencement date with at least 20 Years of Service:* 25/36 of 1% for each month the benefit commencement date is prior to the first day of the month following the participant's 62nd birthday.

iii) *Less than age 65 at benefit commencement date with at least 10 but less than 20 years of Service or less than age 60 at benefit commencement date with at least 20 Years of Service:* 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months by which the benefit commencement date precedes the normal retirement date, and an actuarial reduction for months less than age 55.

iv) *Less than age 65 at benefit commencement date with less than 10 Years of Vesting Service:* Actuarial reduction for months less than age 65.

Optional Forms of Retirement Income in Lieu of Normal Form

Lump sum, 50%, 75%, 100% joint and survivor annuity, 10 year certain and life annuity.

Changes in Plan Provisions since Last Actuarial Valuation

Effective January 1, 2021, the Supplemental Interest Credit will cease.

The Plan document was amended to cease cash balance benefit accruals at December 31, 2012.

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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
INEOS USA PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
INEOS USA LLC

D Employer Identification Number (EIN)
20-1981933

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2010

2 Assets:

a	Market value	2a	118208909
b	Actuarial value	2b	130029800

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	30	1900309
b	For terminated vested participants	3b	242	12523825
c	For active participants:			
	(1) Non-vested benefits	3c(1)		5451410
	(2) Vested benefits	3c(2)		141368213
	(3) Total active	3c(3)	1307	146819623
d	Total	3d	1579	161243757

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	6.70 %
6	Target normal cost	6	11375485

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 William J. Miner

Signature of actuary

10/10/11
Date

William J. Miner
Type or print name of actuary

1103239
Most recent enrollment number

Towers Watson Delaware Inc.
Firm name

312-525-2500
Telephone number (including area code)

191 North Wacker Drive, Suite 2100 Chicago, IL 60606
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 [ ]

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)	2838566	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	2838566	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 14.05 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		28810965
	b Interest on (a) using prior year's effective rate of 8.29 %		2388429
	c Total available at beginning of current plan year to add to prefunding balance		31199394
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.64 %
15	Adjusted funding target attainment percentage	15	80.64 %
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	101.67 %
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
09/15/2010	4087499		03/15/2011	2834437	
10/15/2010	6843437		08/15/2011	4000000	
11/15/2010	6843437		09/15/2011	4000000	
12/14/2010	6843437				
01/14/2011	3069934				
02/15/2011	2834436				
			Totals ► 18(b)	41356617	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	38617741

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:	
5.03 %	6.73 %	6.82 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 60

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**:

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) — **29**:

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**: 11375485

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	24764207	4167620
b Waiver amortization installment		

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**: 15543105

	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**: 15543105

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 38617741

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 23074636

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 SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions
as of January 1, 2010

The following change in non-prescribed actuarial assumptions occurred as of January 1, 2010:

- The expected compensation increase rate was decreased to 3.50% from 4.00% to better reflect anticipated experience.

- The National Average Wage Index increase rate was decreased to 3.50% from 4.00% to better reflect anticipated experience.

The combined impact of the assumption changes resulted in a liability change of less than $50 million. Based on IRS Code Section 430(h)(5) and PPA Final Regulations Section 1.430(d) – 1(f)(8), since this changed did not decrease the plan's funding target by more than $50 million, there is no need to seek IRS approval for these assumption changes.