Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

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: [X] single-employer plan [ ] multiple-employer plan (not multiemployer) [ ] one-participant plan

B This return/report is for: [ ] first return/report [ ] final return/report
[ ] an amended return/report [ ] short plan year return/report (less than 12 months)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR HOURLY PAID BARGAINING UNIT EMPLOYEES OF WITCO CORPORATION MARSHALL

1b Three-digit plan number (PN) ▶ 041

1c Effective date of plan 01/01/1984

2a Plan sponsor's name and address (employer, if for single-employer plan)
CHEMTURA CORPORATION

199 BENSON RD
MIDDLEBURY, CT 06749

2b Employer Identification Number (EIN) 52-2183153

2c Plan sponsor's telephone number 800-573-3070

2d Business code (see instructions) 325100

3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")
CHEMTURA CORPORATION 199 BENSON RD
MIDDLEBURY, CT 06749

3b Administrator's EIN 52-2183153

3c Administrator's telephone number 800-573-3070

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	60
b Total number of participants at the end of the plan year	**5b**	59
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	29

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

7 Plan Assets and Liabilities		**(a) Beginning of Year**	**(b) End of Year**
a Total plan assets	**7a**	2268161	2501361
b Total plan liabilities	**7b**		
c Net plan assets (subtract line 7b from line 7a)	**7c**	2268161	2501361

8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: **(1)** Employers	**8a(1)**	150000	
(2) Participants	**8a(2)**		
(3) Others (including rollovers)	**8a(3)**		
b Other income (loss)	**8b**	325537	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	**8c**		475537
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	**8d**	235128	
e Certain deemed and/or corrective distributions (see instructions)	**8e**		
f Administrative service providers (salaries, fees, commissions)	**8f**	7209	
g Other expenses	**8g**		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	**8h**		242337
i Net income (loss) (subtract line 8h from line 8c)	**8i**		233200
j Transfers to (from) the plan (see instructions)	**8j**		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1D 1G

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

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		10000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? [ ] Yes [X] No

(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

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

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

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

e Will the minimum funding amount reported on line 12d be met by the funding deadline? [ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? [ ] Yes [X] No

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

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2011	RUTH CUSACK
	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

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
RETIREMENT PLAN FOR HOURLY PAID BARGAINING UNIT EMPLOYEES OF WITCO CORPORATION MARSHALL

B Three-digit plan number (PN) ▶ 041

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CHEMTURA CORPORATION

D Employer Identification Number (EIN)
52-2183153

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**	2411686
b	Actuarial value	**2b**	2519560

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	32	1811109
b	For terminated vested participants	**3b**	30	757784
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		0
	(3) Total active	**3c(3)**	0	0
d	Total	**3d**	62	2568893

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**	6.64 %
6	Target normal cost	**6**	11000

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

	10/07/2011
Signature of actuary	Date
ALICE PEGEL STUART, F.S.A.	11-05939
Type or print name of actuary	Most recent enrollment number
TOWERS WATSON PENNSYLVANIA INC.	203-326-5400
Firm name	Telephone number (including area code)
1 STAMFORD PLAZA 263 TRESSER BLVD. STAMFORD, CT 06901-3226	
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)	591544	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	591544	0
10	Interest on item 9 using prior year's actual return of 9.21 %	54481	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		125806
	b Interest on (a) using prior year's effective rate of 6.47 %		8140
	c Total available at beginning of current plan year to add to prefunding balance		133946
	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)	646025	0

Part III Funding percentages

14	Funding target attainment percentage	14	72.93 %
15	Adjusted funding target attainment percentage	15	72.93 %
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	95.69 %
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
			Totals ► 18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		11000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		11000

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	11000	0	11000

36 Additional cash requirement (item 34 minus item 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	0
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

Chemtura Corporation

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

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

EIN / PN: 52-2183153 / 041

Actuarial Assumptions and Methods

Interest rate basis:	
▸ Applicable month	September 2009
▸ Yield curve basis	Segment Rates
▸ Transition from current liability rates	N/A
Interest rates:	
▸ First segment rate	5.03%
▸ Second segment rate	6.73%
▸ Third segment rate	6.82%
▸ Effective interest rate	6.64%
Annual rates of increase	
▸ Salaries	4.00%
▸ Future Social Security wage bases	3.50%
▸ Statutory limits on compensation	3.00%

Chemtura Corporation

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

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

EIN / PN: 52-2183153 / 041

Demographic and Other Assumptions

Mortality	Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2025 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2017 using Scale AA)
Termination	Rates varying by age

Representative rates:

Age	
25	10.0%
40	6.0%
55	0.0%

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

Disability

Chemtura Pension and Perth Amboy Hourly:

Rates varying by age

Representative rates:

Age	*Rate*
25	0.09%
40	0.20%
55	1.02%

Uniroyal Plan B and Uniroyal Plan C:

Rates varying by age

Representative rates:

Age	*Rate*
25	0.21%
40	0.24%
55	0.53%

Great Lakes

None

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

None; No active participants

Chemtura Corporation

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

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

EIN / PN: 52-2183153 / 041

Retirement

Rates varying by age, average age 61

Representative rates:

Age	*Rate*
55	8%
60	15%
62	22%
65	30%
67	30%
70	100%

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

Form of payment

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

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

Conversion basis	Actuarial equivalence is defined as 7.00% interest rate and 1994 Group Annuity Reserve (GAR) Mortality Table
Percentage married	85% of males; 75% of females
Spouse age	Wife three years younger than husband
Covered pay	Rate of pay as of the valuation date
Administrative expense	Normal Cost is increased for expected 2010 expenses
Loadings	None

Methods

▸ Valuation date	First day of plan year
▸ Funding target	Present value of accrued benefits
▸ Funding target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year
▸ Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings. The average asset value must be within 10% of fair value, including contributions receivable. The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but

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

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 and ending

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

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

A Name of plan
RETIREMENT PLAN FOR HOURLY PAID BARGAINING UNIT EMPLOYEES OF WITCO CORPORATION MARSHALL

B Three-digit plan number (PN) ▶ 041

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CHEMTURA CORPORATION

D Employer Identification Number (EIN)
52-2183153

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**		2411686
	b Actuarial value	**2b**		2519560
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	32	1811109
	b For terminated vested participants	**3b**	30	757784
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		0
	(3) Total active	**3c(3)**	0	0
	d Total	**3d**	62	2568893
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**		6.64 %
6	Target normal cost	**6**		11000

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 Alice Pegel Stuart

Signature of actuary

10/07/2011
Date

ALICE PEGEL STUART, F.S.A.
Type or print name of actuary

11-05939
Most recent enrollment number

TOWERS WATSON PENNSYLVANIA INC.
Firm name

203-326-5400
Telephone number (including area code)

1 STAMFORD PLAZA 263 TRESSER BLVD. STAMFORD CT 06901-3226
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)	591544	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	591544	0
10	Interest on item 9 using prior year's actual return of 9.21 %	54481	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		125806
	b Interest on (a) using prior year's effective rate of 6.47 %		8140
	c Total available at beginning of current plan year to add to prefunding balance		133946
	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)	646025	0

Part III Funding percentages

14	Funding target attainment percentage	14	72.93 %
15	Adjusted funding target attainment percentage	15	72.93 %
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	95.69 %
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
			Totals ► 18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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**: 61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		11000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		11000

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	11000	0	11000

36 Additional cash requirement (item 34 minus item 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	0
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

Chemtura Corporation

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

Schedule SB, Part V – Summary of Plan Provisions

EIN / PN: 52-2183153 / 041

Plan Provisions – Marshall Hourly

Plan name:	Retirement Plan for Hourly Paid Bargaining Unit Employees of Witco Corporation (Marshall, Texas)	Plan effective: 1/1/84
Type of plan:	Career Pay Closed group of former employees	Last change effective: 1/1/92 Next change effective: N/A

Normal form:	Life annuity
Membership service:	The January 1 or July 1 following the attainment of age 21 and the completion of 1 year of vesting service. This location was sold in 2007.
Credited service:	From date of membership.
Vesting service:	A year of vesting is credited for each year in which the employee completes 1,000 hours of service.
Pension earnings:	Base pay
Accrued benefit:	For each year after 1/1/84, 1.0% of earnings between $600 and $3,000 and 1.5% of earnings over $3,000.

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

Pre-ret death:**	55 or	5	If married, reduced 50% joint & survivor early retirement benefit if attained age 55 or 50% joint & survivor benefit for all others reduced to be payable at 55.

* Participant must be disabled for at least 6 months.
** Participants may elect a designated beneficiary option in lieu of the pre-retirement death benefit described above.

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Chemtura Corporation

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

EIN / PN: 52-2183153 / 041

Change in Methods Since Prior Valuation

The interest rate basis used to calculate the funding target and target normal cost was updated from the January 2009 segment rates to the September 2009 segment rates.

Chemtura Corporation

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

EIN / PN: 52-2183153 / 041

Change in Methods Since Prior Valuation

The interest rate basis used to calculate the funding target and target normal cost was updated from the January 2009 segment rates to the September 2009 segment rates.

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

EIN: 52-2183153 Plan Number: 041

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