

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>		<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>		<div>OMB Nos. 1210-0110 1210-0089</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>	
Part I Annual Report Identification Information					
For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011					
A This return/report is for:		☒ 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:		☒ Form 5558	☐ automatic extension	☐ DFVC program	
		☐ special extension (enter description)			
Part II Basic Plan Information—enter all requested information					
1a Name of plan SEALED AIR CORP. PENSION PLAN FOR ELIGIBLE PRODUCTION EMPLOYEES IN EXTON & MODENA, PA			1b Three-digit plan number (PN) ▶	008	
			1c Effective date of plan	02/15/1982	
2a Plan sponsor's name and address (employer, if for single-employer plan) SEALED AIR CORPORATION 200 RIVERFRONT BLVD. ELMWOOD PARK, NJ 07407-1033			2b Employer Identification Number (EIN)	22-1682767	
			2c Plan sponsor's telephone number	201-712-7000	
			2d Business code (see instructions)	325900	
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") SEALED AIR CORPORATION 200 RIVERFRONT BLVD. ELMWOOD PARK, NJ 07407-1033			3b Administrator's EIN	22-1682767	
			3c Administrator's telephone number	201-712-7000	
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	61	
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		
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)			☒ 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.).....			☒ 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		1338171	1533589	
b Total plan liabilities	7b				
c Net plan assets (subtract line 7b from line 7a).....	7c		1338171	1533589	
8 Income, Expenses, and Transfers for this Plan Year			(a) Amount	(b) Total	
a Contributions received or receivable from:					
(1) Employers	8a(1)		91200		
(2) Participants	8a(2)				
(3) Others (including rollovers).....	8a(3)				
b Other income (loss).....	8b		171008		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			262208	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d		52901		
e Certain deemed and/or corrective distributions (see instructions)....	8e				
f Administrative service providers (salaries, fees, commissions).....	8f		10577		
g Other expenses.....	8g		3312		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h			66790	
i Net income (loss) (subtract line 8h from line 8c).....	8i			195418	
j Transfers to (from) the plan (see instructions)	8j				

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

Form 5500-SF (2010)
v.092308.1

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:

1B 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)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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			

Part VI Pension Funding Compliance**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

b 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 ☒ NoIf "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** **b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No**c** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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.	02/15/2012	SANJAY VARMA
	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
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For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011

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

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

A Name of plan <u>SEALED AIR CORP. PENSION PLAN FOR ELIGIBLE PRODUCTION EMPLOYEES IN EXTON & MODENA, PA</u>	B Three-digit plan number (PN) ▶ <u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SEALED AIR CORPORATION</u>	D Employer Identification Number (EIN) <u>22-1682767</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>05</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>1336893</u>
b Actuarial value	2b <u>1336893</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>13</u> <u>585054</u>
b For terminated vested participants	3b <u>20</u> <u>321336</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>36394</u>
(2) Vested benefits	3c(2) <u>608451</u>
(3) Total active	3c(3) <u>28</u> <u>644845</u>
d Total	3d <u>61</u> <u>1551235</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.63</u> %
6 Target normal cost	6 <u>56984</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>02/06/2012</u>
<u>MICHAEL CARNEY</u>	Signature of actuary	Date
<u>BURKE GROUP</u>	Type or print name of actuary	<u>11-05647</u>
		Most recent enrollment number
<u>80 LINDEN OAKS DRIVE</u> <u>SUITE 210</u> <u>ROCHESTER, NY 14625</u>	Firm name	<u>585-624-5500</u>
	Address of the firm	Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1826	221
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).....	1826	221
10	Interest on item 9 using prior year's actual return of <u>25.20</u> %	460	56
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		850
b	Interest on (a) using prior year's effective rate of <u>7.01</u> %		60
c	Total available at beginning of current plan year to add to prefunding balance		910
d	Portion of (c) to be added to prefunding balance.....		910
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).....	2286	1187

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	85.95 %
15	Adjusted funding target attainment percentage.....	15	85.95 %
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	82.09 %
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
08/04/2010	21500				
11/03/2010	21500				
04/08/2011	21500				
05/03/2011	21500				
07/20/2011	5200				
			Totals ►	18(b)	18(c)
				91200	

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 87051
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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
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	56984
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	155766	33503
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	90487
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	2286	1150
36 Additional cash requirement (item 34 minus item 35).....	36	87051
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	87051
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

ATTACHMENT TO 2010 SCHEDULE SB
 PLAN: SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE PRODUCTION EMPLOYEES IN
 EXTON AND MODENA, PENNSYLVANIA
 EIN/PN: 22-1682767 / 008

I. Schedule SB, Part IV – Contributions and Liquidity Requirements

Schedule SB, Line 19 – Discounted Employer Contributions

<u>Date</u> <u>Contribution</u> <u>Paid</u>	<u>Amount</u> <u>Paid</u>	<u>Applicable</u> <u>Plan</u> <u>Year</u>	<u>Effective</u> <u>Interest</u> <u>Rate</u>	<u>Interest Rate</u> <u>On Late</u> <u>Installments</u>	<u>Interest-</u> <u>Adjusted</u> <u>Contribution</u>
08/04/10	\$ 21,500	2010	6.63%	N/A	\$ 21,144
11/03/10	21,500	2010	6.63%	N/A	20,808
04/08/11	21,500	2010	6.63%	11.63%	20,134
05/03/11	21,500	2010	6.63%	N/A	20,156
07/20/11	<u>5,200</u>	2010	6.63%	N/A	<u>4,809</u>
Total	\$ 91,200				\$ 87,051

II. Schedule SB, Part V – Assumptions Used to Determine Funding Target and Target Normal Cost

Schedule SB, Line 25 – Method Change

Interest Rate and Asset Method Elections

Sealed Air Corporation has elected to use the segment rates published for January, 2010. The January segment rates are 4.60% for the first five years, 6.65% for the next fifteen years, and 6.76% thereafter. The asset valuation method has also been changed from the two-year asset smoothing method to market value. Automatic IRS approval is granted for changes in interest-rate and asset valuation methods for 2010.

Mandatory Changes

The mortality table assumption is based upon the RP-2000 Mortality Table for males and females and is projected with mortality improvements by scale AA seven years beyond the valuation date for 2010 for annuitants and fifteen years beyond the valuation date for non-annuitants. Plans with less than 500 participants can use an optional combined table which is the table incorporated in this report.

The funded target percentage increased to 96% from 94%.

II. Schedule SB, Part V – Assumptions Used to Determine Funding Target and Target Normal Cost

Schedule SB, Line 26 – Schedule of Active Participant Data

All Participants

Attained Age	Years of Credited Service									Total Number
	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 & up	
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	2	1	0	0	0	0	0	0	0	3
30 to 34	1	0	1	0	0	0	0	0	0	2
35 to 39	2	2	0	0	0	0	0	0	0	4
40 to 44	1	1	0	0	1	0	0	0	0	3
45 to 49	2	0	1	0	0	0	1	0	0	4
50 to 54	2	0	0	0	0	0	1	0	0	3
55 to 59	1	1	1	0	1	0	1	0	0	5
60 to 64	0	1	1	0	0	0	1	0	0	3
65 to 69	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	1	0	0	0	0	1
Total	11	6	4	0	3	0	4	0	0	28

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

Actuarial Cost Methods:

Traditional Unit Credit

The actuarial cost method used in the valuation was the traditional unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. The normal cost is zero for active participants whose credited service equals or exceeds the plan maximum, and for non-active participants.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

Projected Unit Credit

The actuarial cost method used in the development of the maximum contribution and the at-risk liabilities, if applicable, was projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

Asset Valuation Method:

The actuarial value of the assets is determined as the market value of the plan's assets at the valuation date and includes discounted contributions receivable.

Participants included in valuation:

All employees who are eligible to participate as of the valuation date, plus retirees, beneficiaries and terminated participants entitled to current or future benefits.

II. Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (Continued)

Discount Rates: The segment rates published for January, 2010 (4.60% / 6.65% / 6.76%). Additionally, the Plan's effective rate, based upon the segment rates, is 6.63% for 2010.

Expected Rate of Return on Plan Assets: The expected return assumption is the applicable 3rd segment rate as detailed in Notice 2009-22 (6.76% for 2010).

Mortality: Optional combined table of RP-2000 static annuitant and non-annuitant tables, projected from 2010 for PPA funding.

Sample RP-2000 rates are as follows:

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>
20	0.000214	0.000128	60	0.004933	0.004571
25	0.000292	0.000146	65	0.009947	0.008882
30	0.000392	0.000205	70	0.016905	0.015080
35	0.000682	0.000360	75	0.029641	0.024374
40	0.000883	0.000484	80	0.054259	0.040715
45	0.001101	0.000751	85	0.098290	0.069915
50	0.001474	0.001125	90	0.171327	0.125125
55	0.002368	0.002258	95	0.258540	0.188000

Retirement age: The later of age 65 and 5 years participation

Turnover: None assumed

Incidence of disability: 100% United Auto Workers Table

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	0.03%	0.05%
40	0.07	0.10
55	0.36	0.49

Expenses: \$17,485

Frequency of Optional Forms of Payment: 100% of participants are assumed to elect the life annuity with 10 years certain option upon retirement

ATTACHMENT TO 2010 SCHEDULE SB
PLAN: SEALED AIR CORPORATION PENSION PLAN FOR ELIGIBLE PRODUCTION EMPLOYEES IN
EXTON AND MODENA, PENNSYLVANIA
EIN/PN: 22-1682767 / 008

II. Schedule SB, Part V

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The assumed retirement age is 65.

III. Schedule SB, Part VIII – Minimum Required Contribution for Current Year

Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Amortization <u>Base</u>	Present Value of Remaining <u>Installments</u>	Date <u>Established</u>	Remaining <u>Years</u>	Amortization <u>Installment</u>
Shortfall	143,323	5/1/2008	5	31,299
Shortfall	5,824	5/1/2009	6	1,098
Shortfall	<u>6,619</u>	5/1/2010	7	<u>1,106</u>
Total	155,766			33,503

II. Schedule SB, Part V – Statement of Plan Provisions

History

The plan became effective on February 15, 1982 and was most recently amended in 2010.

Eligibility

All production workers employed as hourly wage rate employees of the Exton and Modena, Pennsylvania location enter the plan on the first of the month coincident with or next following the completion of one year of service and minimum 880 hours.

Credited Service

Years of employment from date of hire in accordance with the following schedule:

<u>Hours of Service</u>	<u>Credited Service</u>
1,760 or more	1 Year
1,320 to 1,759	9 Months
880 to 1,319	6 Months
440 to 879	3 Months
Less than 440	None

Credited service is not to exceed 38 years of service for those terminating after March 25, 2004; this was an increase from the 35 year maximum that was in effect from February 15, 1993.

Vesting Service

One year of vesting service is earned for each plan year in which the participant earns 880 hours of service.

II. Schedule SB, Part V – Statement of Plan Provisions (Continued)

Normal Retirement

Eligibility

Age 65 or 5 years of participation

Amount of Benefit

The monthly benefit is the effective rate multiplied by credited service. Negotiated changes to the plan are the following:

<u>Effective Date</u>	<u>Rate</u>
February 25, 1994	\$20.00
February 15, 1995	\$21.00
February 15, 1996	\$22.25
March 25, 2001	\$23.75
March 25, 2003	\$25.00
March 25, 2004	\$28.00
March 25, 2005	\$29.00
March 26, 2006	\$30.00
March 31, 2007	\$31.00
March 25, 2010	\$32.00
March 24, 2011	\$33.00
March 24, 2012	\$34.00

Early Retirement

Eligibility

Attainment of age 55 and 10 years of vesting service.

Amount of Benefit

Accrued benefit is reduced $\frac{1}{2}\%$ for each month early retirement precedes the participant's 65th birthday.

Disability Benefit:

Eligibility

5 years of vesting service and 6 months of permanent and total disability.

Amount of Benefit

Accrued benefit as of the date of disability.

II. Schedule SB, Part V – Statement of Plan Provisions (Continued)

Pre-retirement Death Benefit

Eligibility

5 years of vesting service

Amount of Benefit

One-half of the benefit that would have been paid if the participant had retired the day before he died under the joint and survivor option. Benefits are paid immediately or at the participant's early retirement age, if later.

Vesting

Eligibility

5 years of vesting service.

Amount of Benefit

Accrued benefit payable at normal retirement date or in a reduced amount at early retirement date.

Normal Form of Payment

If married, benefits are paid in the form of a joint and survivor annuity. If not married, benefits are payable for the life of the participant with 10 years certain.

Optional Forms of Payment

The plan provides the following optional forms of payment: Life annuity, Joint and Survivor annuities (50%, 66 2/3%, 75%, or 100%), and period certain and life annuities (5-year, 10-year, or 15-year).

Assumptions for Optional Forms of Payment

Optional forms of payment are actuarially equivalent to the normal form of payment for single participants, i.e. the life annuity with 10 years certain and continuous option. The conversion factors are calculated using the lump sum assumptions, which are based on the IRS 2010 Lump Sum Mortality Table and the segment rates published for March, 2009 (3.23% / 5.25% / 5.81%).

Contributions

The employer pays the total cost of the plan.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011

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

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

A Name of plan SEALED AIR CORP. PENSION PLAN FOR ELIGIBLE PRODUCTION EMPLOYEES IN EXTON & MODENA, PA	B Three-digit plan number (PN) ►	008
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SEALED AIR CORPORATION	D Employer Identification Number (EIN) 22-1682767	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>05</u> Day <u>01</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a	1336893	
b Actuarial value.....	2b	1336893	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment.....	3a	13	585054
b For terminated vested participants.....	3b	20	321336
c For active participants:			
(1) Non-vested benefits.....	3c(1)		36394
(2) Vested benefits.....	3c(2)		608451
(3) Total active.....	3c(3)	28	644845
d Total.....	3d	61	1551235
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	6.63 %	
6 Target normal cost.....	6	56984	

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	Michael Carney <i>MC</i> Signature of actuary	02/06/2012 Date
MICHAEL CARNEY Type or print name of actuary		11-05647 Most recent enrollment number
BURKE GROUP Firm name		585-624-5500 Telephone number (including area code)
80 LINDEN OAKS DRIVE SUITE 210 ROCHESTER, NY 14625 Address of the firm		

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1826	221
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).....	1826	221
10 Interest on item 9 using prior year's actual return of <u>25.20</u> %	460	56
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		850
b Interest on (a) using prior year's effective rate of <u>7.01</u> %		60
c Total available at beginning of current plan year to add to prefunding balance		910
d Portion of (c) to be added to prefunding balance.....		910
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)	2286	1187

Part III	Funding percentages
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14	Funding target attainment percentage.....	14	85.95 %
15	Adjusted funding target attainment percentage.....	15	85.95 %
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	82.09 %
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
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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
08/04/2010	21500				
11/03/2010	21500				
04/08/2011	21500				
05/03/2011	21500				
07/20/2011	5200				
			Totals ►	18(b)	91200
					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	87051

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
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
4.60 %2nd segment:
6.65 %3rd segment:
6.76 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

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** 56984**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment 155766 33503**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** 0**34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 90487

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	2286	1150	3436

36 Additional cash requirement (item 34 minus item 35) **36** 87051**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 87051**38** Interest-adjusted excess contributions for current year (see instructions) **38** 0**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0**40** Unpaid minimum required contribution for all years **40** 0