

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/01/1990</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>03/01/1990</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>03/01/1990</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>WESTLAKE CHEMICAL CORPORATION</u> <u>2801 POST OAK BLVD.</u> <u>6TH FLOOR</u> <u>HOUSTON, TX 77056-6136</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>76-0346924</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>713-960-9111</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>325100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>76-0346924</u>	2c Sponsor's telephone number <u>713-960-9111</u>	2d Business code (see instructions) <u>325100</u>	
2b Employer Identification Number (EIN) <u>76-0346924</u>					
2c Sponsor's telephone number <u>713-960-9111</u>					
2d Business code (see instructions) <u>325100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>07/31/2013</u>	<u>DAVID R. HANSEN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	<u>07/31/2013</u>	<u>DAVID R. HANSEN</u>
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
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		5 288
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	135
b Retired or separated participants receiving benefits.....	6b	122
c Other retired or separated participants entitled to future benefits.....	6c	10
d Subtotal. Add lines 6a , 6b , and 6c	6d	267
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	18
f Total. Add lines 6d and 6e	6f	285
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 Characteristics Codes in the instructions: 1B 1D 1G 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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>WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WESTLAKE CHEMICAL CORPORATION</u>	D Employer Identification Number (EIN) <u>76-0346924</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>	
2 Assets:	
a Market value	2a <u>14814760</u>
b Actuarial value	2b <u>14912050</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>139</u> <u>9499395</u>
b For terminated vested participants.....	3b <u>11</u> <u>119000</u>
c For active participants:	
(1) Non-vested benefits.....	3c(1) <u>350913</u>
(2) Vested benefits.....	3c(2) <u>7874505</u>
(3) Total active	3c(3) <u>140</u> <u>8225418</u>
d Total	3d <u>290</u> <u>17843813</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☒	
a Funding target disregarding prescribed at-risk assumptions	4a <u>17171155</u>
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b <u>18852800</u>
5 Effective interest rate	5 <u>6.88 %</u>
6 Target normal cost.....	6 <u>439697</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>06/11/2013</u>
	Signature of actuary	Date
<u>DAVID A. SAWYER, FSA</u>		<u>11-06271</u>
	Type or print name of actuary	Most recent enrollment number
<u>RETIREMENT HORIZONS INC.</u>		<u>281-296-1100</u>
	Firm name	Telephone number (including area code)
<u>2201 TIMBERLOCH PLACE, SUITE 150</u> <u>THE WOODLANDS, TX 77380</u>		
	Address of the firm	

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

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

Schedule SB (Form 5500) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>2.63</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		92471
b Interest on (a) using prior year's effective interest rate of <u>6.15</u> % except as otherwise provided (see instructions)		5687
c Total available at beginning of current plan year to add to prefunding balance		98158
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	86.84 %
15 Adjusted funding target attainment percentage	15	86.84 %
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	71.54 %
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
04/10/2012	381000				
07/10/2012	381000				
10/10/2012	381000				
01/08/2013	59577				
			Totals ►	18(b)	1202577
				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 contributions 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	1159585
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 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
0		0
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
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 subject to 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	439697	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	2931763	719817	
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	1159514	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	1159514	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1159585	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	71	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTLAKE CHEMICAL CORPORATION</u>	D Employer Identification Number (EIN) <u>76-0346924</u>

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)..... ☐ 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

(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)

WELLS FARGO BANK, N.A.

75-0403318

(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?
26	NONE	59349	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RETIREMENT HORIZONS INC.

76-0551734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	30743	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAM, LANGSTON & BREZINA, L.L.P.

76-0448495

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	9731	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

(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.	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2012</div> This Form is Open to Public Inspection.
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN		B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 WESTLAKE CHEMICAL CORPORATION		D Employer Identification Number (EIN) 76-0346924
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: BOND INDEX FUND FOR EBT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 94-3226244-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2790846
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 52-2265229-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1606120
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 52-2265232-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4140442
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE INDEX FUND FOR EBT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 52-2265227-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4072066
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDEX FUND FOR EBT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 52-2265233-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1153125
a Name of MTIA, CCT, PSA, or 103-12 IE: AGGREGATE BOND INDEX FUND G FOR EBT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 20-5699010-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2751135
a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND G		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 41-6292499-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159621

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
--	--	---

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTLAKE CHEMICAL CORPORATION	D Employer Identification Number (EIN) 76-0346924	

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)	779920	59577
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	29	31
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)	14056277	16673355
(10) Value of interest in pooled separate accounts.....	1c(10)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14836226	16732963

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	22385	17921
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	22385	17921

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14813841	16715042
---	-----------	----------	----------

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)	1202577	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1202577
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	543	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		543
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2302354	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2302354	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1797351
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3000471

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	972339	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		972339
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	41980	
(2) Contract administrator fees	2i(2)	58125	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	26826	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		126931
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1099270

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1901201
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

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: HAM, LANGSTON & BREZINA, L.L.P.

(2) EIN: 76-0448495

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		X	

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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTLAKE CHEMICAL CORPORATION</u>	D Employer Identification Number (EIN) <u>76-0346924</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>41-6257133</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	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 or other authority 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. 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN

**FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
WITH REPORT OF INDEPENDENT ACCOUNTANTS
as of and for the years ended December 31, 2012 and 2011**

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN
TABLE OF CONTENTS

	<u>Page</u>
Report of Independent Accountants	1
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2012 and 2011	3
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2012 and 2011	4
Statements of Accumulated Plan Benefits as of December 31, 2011 and 2010	5
Statements of Changes in Accumulated Plan Benefits for the years ended December 31, 2011 and 2010	6
Notes to Financial Statements	7
Supplemental Schedules*:	
Schedule H, Line 4i — Schedule of Assets (Held at End of Year) as of December 31, 2012	15
Schedule H, Line 4j - Reportable Transactions for the year ended December 31, 2012	16

*Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employees Retirement Income Security Act of 1974 have been omitted because they are not applicable.



HAM, LANGSTON & BREZINA, L.L.P.

11550 FUQUA, SUITE 475
HOUSTON, TEXAS 77034
PHONE (281) 481-1040
FAX (281) 481-8485
www.hlb-cpa.com

REPORT OF INDEPENDENT ACCOUNTANTS

To the Participants and Plan Administrator of the
Westlake Wage Employees' Defined Benefit Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Westlake Wage Employees' Defined Benefit Plan (the "Plan") which comprise the Statements of Net Assets Available for Benefits as of December 31, 2012 and 2011, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the Statements of Accumulated Plan Benefits of as of December 31, 2011 and 2010, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank Texas, N.A. ("Wells Fargo" or the "Trustee"), 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 a certification from the Trustee, as of and for the years ended December 31, 2012 and 2011, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

REPORT OF INDEPENDENT ACCOUNTANTS, continued

Other Matter

The supplemental schedules (1) Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2012, and (2) Schedule H, Line 4i – Schedule of Reportable Transactions for the year ended December 31, 2012 are required by the DOL Rules and Regulations for Reporting and Disclosure under the ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

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 DOL Rules and Regulations for Reporting and Disclosure under ERISA.

Houston, Texas
July 26, 2013

A handwritten signature in black ink, reading "Ham, Langston & Berger, LLP". The signature is written in a cursive, flowing style.

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Assets:		
Investments, at fair value:		
Bank collective trust funds (See Notes 2 and 4)	\$ 16,673,355	\$ 14,056,277
Employer contributions receivable	59,577	779,920
Accrued income	<u>31</u>	<u>29</u>
Total assets	16,732,963	14,836,226
Liabilities:		
Administrative fees payable	<u>17,921</u>	<u>22,385</u>
Net assets available for benefits	<u>\$ 16,715,042</u>	<u>\$ 14,813,841</u>

The accompanying notes are an integral
part of these financial statements.

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
for the years ended December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Additions to net assets attributed to:		
Investment income:		
Interest income	\$ 543	\$ 456
Net appreciation in fair value of investments in bank collective trust funds	<u>1,797,351</u>	<u>345,796</u>
Total investment income	1,797,894	346,252
Employer contributions	<u>1,202,577</u>	<u>1,954,882</u>
Total additions	<u>3,000,471</u>	<u>2,301,134</u>
Deductions from net assets attributable to:		
Benefits paid to participants	972,339	870,531
Administrative expenses	<u>126,931</u>	<u>157,693</u>
Total deductions	<u>1,099,270</u>	<u>1,028,224</u>
Net increase in net assets available for benefits	1,901,201	1,272,910
Net assets available for benefits, beginning of year	<u>14,813,841</u>	<u>13,540,931</u>
Net assets available for benefits, end of year	<u>\$ 16,715,042</u>	<u>\$ 14,813,841</u>

The accompanying notes are an integral
part of these financial statements.

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

December 31, 2011 and 2010*

	<u>2011</u>	<u>2010</u>
Actuarial present value of vested benefits:		
Participants currently receiving payments	\$ 9,493,134	\$ 8,066,496
Other participants	<u>7,118,106</u>	<u>7,814,893</u>
Total vested benefits	16,611,240	15,881,389
Actuarial present value of nonvested benefits	<u>300,615</u>	<u>356,588</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 16,911,855</u>	<u>\$ 16,237,977</u>

*The Plan presents accumulated plan benefits using beginning of year actuarial data.

The accompanying notes are an integral part of these financial statements.

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
for the years ended December 31, 2011 and 2010*

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits at beginning of period	\$ 16,237,977	\$ 14,740,190
(Decrease) increase during the year attributable to:		
Benefits accumulated	407,633	60,086
Benefits paid	(870,531)	(759,893)
Increase for interest due to decrease in discount period	1,106,190	1,077,018
Increase for actuarial assumptions	30,586	903,840
Increase for Plan amendments	<u>-</u>	<u>216,736</u>
Net increase	<u>673,878</u>	<u>1,497,787</u>
Actuarial present value of accumulated plan benefits at end of period	<u>\$ 16,911,855</u>	<u>\$ 16,237,977</u>

*The Plan presents changes in accumulated plan benefits using beginning of year actuarial data.

The accompanying notes are an integral
part of these financial statements.

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The Westlake Wage Employees' Defined Benefit Plan (the "Plan") is a noncontributory defined benefit plan and is subject to the provisions of the Internal Revenue Code of 1986 (the "Code") and ERISA.

The Plan was established effective March 1, 1990. It covers all employees of Westlake Management Services, Inc. and Westlake Vinyls, Inc. ("the Companies") who are covered by a collective bargaining agreement providing for participation under the Plan. Prior years' service is recognized for purposes of accruing benefits under the Plan with respect to certain employees as defined in the Plan agreement. The Plan was amended and restated effective January 1, 2009, and has since been further amended to reflect the most recent statutory and regulatory changes applicable to plans maintained under Code Section 401(a). A favorable determination of the qualified status of the Plan was issued by the Internal Revenue Service on October 21, 2011.

Following is a brief description of the Plan's provisions. Participants should refer to the Plan document for more complete information.

Retirement Benefits

Effective January 1, 2005, participation under the Plan was frozen.

Effective as of March 1, 2010, participants were given an additional one-time irrevocable election to cease active participation in the Plan, and in lieu of such participation, became eligible to receive the Employer Annual Retirement Contribution provided under the Westlake Savings Plan.

Normal monthly retirement benefits are generally calculated under a formula based upon the participant's number of years of credited service multiplied by a retirement income factor as defined in the Plan as \$45 for the years ended December 31, 2012 and 2011. The Plan is responsible for payment of this monthly benefit, less the fixed portion of benefits to be paid by a previous employer, where applicable, which is based on previous service with that employer. Benefits payable in the event of death, disability or early retirement are computed in a similar manner as defined in the Plan.

The disability retirement pension payable to a participant shall be a monthly amount determined in the same manner as a normal retirement pension under section 6.1 of the Plan Document, except the participation years of benefit service shall be determined as of the date that the participant first becomes entitled to the disability retirement pension payment.

Certain general and temporary limitations exist on the benefits described above and are more fully explained in the Plan document.

Payment of Retirement Benefits

Payment of benefits to which a participant is entitled and has elected to receive shall begin at:

- a. Normal retirement - the participant attains age 65 and has completed 5 years of service;
- b. Early retirement - the participant attains age 55 and has completed 10 years of service or has completed 30 years of participation; or

Continued

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS, Continued

1. Description of Plan, continued

Payment of Retirement Benefits, continued

- c. Late retirement - the participant terminates employment with the Companies after attaining normal retirement age.

Unless a participant elects in writing to receive an alternate form of payment, benefits are payable in the form of a qualified joint and survivor annuity for married participants and a 5-year certain and life annuity for unmarried participants.

Vesting Provisions

An employee becomes 100 percent vested after five years of vesting service.

Funding Policy

The Companies' funding policy is to contribute such amounts as are necessary, on an actuarial basis, to provide the Plan with assets sufficient to meet the benefits to be paid to participants and their beneficiaries. The contributions to the Plan are based on the limitations of maximum and minimum tax-deductible deposits certified by the actuary. Any gains resulting from forfeitures of non-vested benefits will be used to reduce future contributions that would otherwise be required to provide for the defined level of benefits under the Plan. The Companies recorded contributions to the Plan of \$1,202,577 and \$1,954,882 for the years ended December 31, 2012 and 2011, respectively. Such contributions for the plan year met the minimum funding requirements of the Code and ERISA.

Termination of the Plan

Although it has not expressed any intent to do so, the Companies have the right to discontinue contributions and to terminate the Plan at any time subject to the provisions of the Code and ERISA and the provisions of the Plan. In the event of Plan termination, the net assets of the Plan will be allocated in accordance with the Plan as provided by ERISA.

Should the Plan terminate at some future time, and should the Plan not be sufficiently funded to provide all accrued benefits, whether a particular participant's accumulated plan benefits will be paid would depend on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("the PBGC") at that time. In such a case, some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all. Should the Plan be sufficiently funded at the time of termination, PBGC coverage does not become an issue.

Administration

The Plan is administered by Westlake Chemical Corporation ("WCC"), parent of the Companies. Wells Fargo Bank Texas, N.A. serves as trustee of the Plan.

WCC provides certain administrative services without charge to the Plan. In accordance with the Plan document, administrative expenses incurred on behalf of the Plan that are not paid by the Companies are paid from Plan assets. During 2012 and 2011, the Companies paid administrative expenses of \$5,138 and \$13,940, respectively. All other administrative expenses were paid by the Plan.

Continued

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS, Continued

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements and supplemental schedules of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Valuation of Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Bank collective trust funds are valued based on information reported in the audited financial statements of the bank collective trusts at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Accordingly, actual results could differ from those estimates.

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died and present employees or their beneficiaries. The accumulated plan benefits for active employees are based upon current benefit levels and actual service.

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

Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits was calculated as of January 1, 2012 and January 1, 2011 and accordingly, the Plan presents the statements of accumulated plan benefits and the statements of changes in accumulated plan benefits using beginning of year actuarial data. Had the actuarial valuations been performed as of December 31, 2011 and December 31, 2010, there would be no material differences. The significant actuarial assumptions underlying the actuarial valuations for January 1, 2012 and 2011 are as follows:

Discount rate	7.0%
---------------	------

Continued

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS, Continued

2. Summary of Significant Accounting Policies, continued

Actuarial Present Value of Accumulated Plan Benefits, continued

Turnover	Percentage of employees withdrawing from employment during the year of age shown.	
	<u>Age</u>	<u>Rate</u>
	20	26.00%
	25	21.60%
	30	13.90%
	35	6.50%
	40	3.33%
	45	2.00%
	50	0.90%
	55	0.00%
	60	0.00%
Disability Rates	1975 Social Security Disablement Rates	
Retirement Age		
Actives	<u>Age</u>	<u>Rate</u>
	55	2.00%
	56	2.00%
	57	2.00%
	58	2.00%
	59	2.00%
	60	5.00%
	61	5.00%
	62	25.00%
	63	15.00%
	64	15.00%
	65	100.00%
Vested Terminations	Age 65	
Marriage Assumptions	80% of participants are assumed to be married. Males are assumed to be three years older than their spouses.	
Mortality rates	Mortality described in IRS 1.430(h)(3)-1	
Asset valuation	Fair market value	

Risks and Uncertainties

The Plan has various investments in bank collective trust funds. Such investments are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities in the near term could materially affect investment balances reported in the Statements of Net Assets Available for Benefits.

Continued

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS, Continued

2. Summary of Significant Accounting Policies, continued

Risks and Uncertainties, continued

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

Recent Accounting Pronouncements

In May 2011, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2011-04, *Fair Value Measurement (Topic 820): Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*. This ASU requires for Level 3 fair value measurements, to disclose quantitative information about unobservable inputs used, a description of the valuation processes used, and a qualitative discussion about the sensitivities of the measurements. The guidance is effective for interim and annual periods beginning after December 15, 2011. The adoption of ASU No. 2011-04 did not have a material impact on the Plan's financial statements.

3. Information Certified by Trustee (Unaudited)

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

- a. Information in the Statements of Net Assets Available for Benefits at December 31, 2012 and 2011:

	<u>2012</u>	<u>2011</u>
Bank collective trust funds	<u>\$16,673,355</u>	<u>\$14,056,277</u>

- b. Information in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2012 and 2011:

	<u>2012</u>	<u>2011</u>
Interest income	<u>\$ 543</u>	<u>\$ 456</u>
Net appreciation in fair value of investments	<u>\$ 1,797,351</u>	<u>\$ 345,796</u>

- c. All information included in Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2012 and Schedule H, Line 4j – Reportable Transactions for the year ended December 31, 2012, as shown in the supplemental schedules.

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.

Continued

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS, Continued

4. Investments

The following individual investments each represent five percent or more of the Plan's net assets available for benefits at December 31, 2012 and 2011:

	<u>2012</u>	<u>2011</u>
Wells Fargo Bank Collective Trust Funds:		
Wells Fargo Large Cap Growth Index Fund F	\$ 4,140,442	\$ -
Wells Fargo Large Cap Value Index Fund F	4,072,066	-
Wells Fargo Bond Index Fund F	2,790,846	-
Wells Fargo US Aggregate Bond Index Fund F	2,751,135	-
Wells Fargo International Equity Index Fund F	1,606,120	-
Wells Fargo Russell 2000 Index Fund F	1,153,125	-
Wells Fargo Large Cap Growth Index Fund G	-	3,681,416
Wells Fargo Large Cap Value Index Fund G	-	3,277,299
Wells Fargo Bond Index Fund G	-	2,339,963
Wells Fargo US Aggregate Bond Index Fund G	-	2,338,406
Wells Fargo International Equity Index Fund G	-	1,349,241
Wells Fargo Russell 2000 Index Fund G	-	912,310
Investments less than 5% of the Plan's net assets	<u>159,621</u>	<u>157,642</u>
Total investments	<u>\$ 16,673,355</u>	<u>\$ 14,056,277</u>

5. Fair Value Measurements

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

- Level 1** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2** Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS, Continued

5. Fair Value Measurements, continued

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

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Bank collective trust funds: Valued at the net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011:

<u>Assets at Fair Value as of December 31, 2012</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Bank collective trust funds:				
Equity funds	\$ -	\$ 10,971,753	\$ -	\$10,971,753
Fixed income funds	-	5,541,981	-	5,541,981
Short-term investment funds	-	159,621	-	159,621
Total bank collective trust funds	<u>\$ -</u>	<u>\$ 16,673,355</u>	<u>\$ -</u>	<u>\$16,673,355</u>

<u>Assets at Fair Value as of December 31, 2011</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Bank collective trust funds:				
Equity funds	\$ -	\$ 9,220,266	\$ -	\$ 9,220,266
Fixed income funds	-	4,678,369	-	4,678,369
Short-term investment funds	-	157,642	-	157,642
Total bank collective trust funds	<u>\$ -</u>	<u>\$ 14,056,277</u>	<u>\$ -</u>	<u>\$14,056,277</u>

Continued

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS, Continued

5. Fair Value Measurements, continued

During the year ended December 31, 2012, the Company determined, through additional analysis of the inputs related to the fair value of its short-term investment, that the inputs were observable as they were based on NAV. As a result of this additional analysis, the short-term investment fund has been reclassified as a level 2 investment for the years ended December 31, 2012 and 2011.

6. Income Tax Status

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated October 21, 2011, that the Plan is qualified and the trust established under the Plan is tax-exempt, under the appropriate sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for federal income tax has been recorded.

7. Related Party Transaction

Westlake Chemical Corporation has a revolving credit facility with a syndicate of banks, of which an affiliate of Wells Fargo Bank is a participant. In addition, the Plan investments include funds managed by affiliates of Wells Fargo, the Plan trustee.

8. Subsequent Events

Plan management has evaluated subsequent events through July 26, 2013, which is the date the financial statements were issued, and has concluded that there are no significant events to be reported.

SUPPLEMENTAL SCHEDULES

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

EIN: 76-0346924

PN: 001

<u>(a)</u>	<u>(b) Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<u>Units or Shares Owned</u>	<u>(d) Cost</u>	<u>(e) Current Market Value</u>
*	Wells Fargo	Large Cap Growth Index Fund F - Bank Collective Trust Fund EIN 52-2265232	419,417	\$ 3,090,470	\$ 4,140,442**
*	Wells Fargo	Large Cap Value Index Fund F - Bank Collective Trust Fund EIN 52-2265227	401,264	3,375,442	4,072,066**
*	Wells Fargo	Bond Index Fund F - Bank Collective Trust Fund EIN 94-3226244	278,217	2,225,006	2,790,846**
*	Wells Fargo	US Aggregate Bond Index Fund F - Bank Collective Trust Fund EIN 20-5699010	274,586	2,355,356	2,751,135**
*	Wells Fargo	International Equity Index Fund F - Bank Collective Trust Fund EIN 52-2265229	149,653	1,275,136	1,606,120**
*	Wells Fargo	Russell 2000 Index Fund F - Bank Collective Trust Fund EIN 52-2265233	113,267	900,909	1,153,125**
*	Wells Fargo	Short-term Investment Fund G - Bank Collective Trust Fund EIN 41-6292499	159,621	<u>159,621</u>	<u>159,621</u>
	Total assets held for investment purposes			<u>\$13,381,940</u>	<u>\$16,673,355</u>

* Represents parties-in-interest.

** Represents 5% or more of net assets available for benefits.

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
for the year ended December 31, 2012

EIN: 76-0346924
PN: 001

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Asset</u>	<u>Number of Transactions</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on at Transaction Date</u>	<u>(i) Net Gain or (Loss)</u>
Wells Fargo	Short-term Investment Fund G	16	\$ 2,304,332	\$ -	\$ -	\$ 2,304,332	\$ -
Wells Fargo	Short-term Investment Fund G	39	\$ -	\$ 2,302,358	\$ 2,302,358	\$ -	\$ -

WESTLAKE CHEMICAL CORPORATION
WAGE EMPLOYEES' DEFINED BENEFIT PLAN
EIN #76-0346924 / PN 001

SCHEDULE SB, LINE 19 – DISCOUNTED EMPLOYER CONTRIBUTIONS

Date Paid	Days After Valuation	Contributions	Effective Interest Rate	Interest Adjustment	Interest Adjusted Contributions
10-Apr-2012	100	\$381,000	6.88%	(\$6,882)	\$374,118
10-Jul-2012	191	\$381,000	6.88%	(\$13,037)	\$367,963
10-Oct-2012	283	\$381,000	6.88%	(\$19,157)	\$361,843
8-Jan-2013	373	\$59,577	6.88%	(\$3,916)	\$55,661
2012 Plan Year Contributions		<u>\$1,202,577</u>		<u>(\$42,992)</u>	<u>\$1,159,585</u>
2012 Plan Year Contributions					\$1,202,577
Interest Adjustment for Contributions made after the Beginning of the Plan Year					<u>(\$42,992)</u>
2012 Plan Year Discounted Contributions					<u>\$1,159,585</u>

WESTLAKE CHEMICAL CORPORATION
WAGE EMPLOYEES' DEFINED BENEFIT PLAN
EIN #76-0346924 / PN 001

SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Age	Retirement Rates	Lives	Retiring	
55	2.00%	100	2	1.10
56	2.00%	98	2	1.12
57	2.00%	96	2	1.14
58	2.00%	94	2	1.16
59	2.00%	92	2	1.18
60	5.00%	90	4	2.40
61	5.00%	86	4	2.44
62	25.00%	82	20	12.40
63	15.00%	62	9	5.67
64	15.00%	53	8	5.12
65	100.00%	45	45	29.25
Weighted Average Retirement Age				62.98

WESTLAKE CHEMICAL CORPORATION
WAGE EMPLOYEES' DEFINED BENEFIT PLAN
EIN #76-0346924 / PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Effective Date	Effective March 1, 1990; last amended effective December 07, 2010.
Eligibility	All employees who were participants in the BF Goodrich Retirement Program (for Salaried employees) as of February 28, 1990, are automatically participants of this plan as of the Effective Date. Each employee (other than leased employees) covered by a collective bargaining agreement who is an hourly employee of Westlake PVC Corporation Calvert City Plant shall become participants in the plan on the Entry Date coincident with or immediately preceding the date on which they complete one year of Vesting Service. Effective August 15, 1997 Wage employees of the CA&O division of BF Goodrich who were acquired by Westlake became eligible to participate. Participation was frozen to only allow employees hired prior to November 1, 2004 into the plan.
Actuarial Equivalence	Based on the 1971 Group Annuity Mortality Table for males, setback 3 years for males and females and 7% interest.
Vesting Service	Calculated on an elapsed time basis, rounded to completed months, from participant's hire date.
Benefit Service	Calculated on an elapsed time basis, rounded to completed months. From October 15, 1991 for the PVC group, and from hire date for all other participants. Service is frozen December 31, 2004 for employees who transferred to the savings plan for benefit accrual purposes. Service will continue to accrue for early retirement eligibility as long as they work for Westlake.

WESTLAKE CHEMICAL CORPORATION
WAGE EMPLOYEES' DEFINED BENEFIT PLAN
EIN #76-0346924 / PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Benefit Rate	The amount of monthly retirement income for each year of Benefit Service for each adopting employer, currently \$45 for all employee groups.
Retirement Dates:	
➤ Normal	The first day of the month coincident with or next following the participant's 65 th birthday, provided he has completed 5 years of Vesting Service.
➤ Early	A participant may elect to retire early on the first day of any month after he has attained age 55 and completed 10 years of Vesting Service, or completing 30 years of Benefit Service.
➤ Late	The first day of the month coincident with or next following the date the participant terminates employment, if such termination occurs after his Normal Retirement Date.

WESTLAKE CHEMICAL CORPORATION
WAGE EMPLOYEES' DEFINED BENEFIT PLAN
EIN #76-0346924 / PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Accrued Benefit

Upon termination of employment at any time, a participant's Accrued Benefit equals the monthly retirement income commencing on his Normal Retirement Date calculated using the Normal Pension Formula, and with Benefit Service, Final Average Earnings and Covered Compensation as of his termination date.

For the Westlake Monomers Group, the monthly retirement income is equal to the Benefit Rate multiplied by Benefit Service, less the frozen accrued benefit payable from the BF Goodrich Plan.

For the PVC Calvert City Group, the monthly retirement income is equal to the Benefit Rate multiplied by Benefit Service.

Special Transfer Election

Each employee who is an Eligible Employee of Westlake Vinyls, Inc. on November 1, 2004 or who is an Eligible Employee of Westlake Management Service on December 7, 2004 and who is an active employee on such date, shall have a one time irrevocable election to cease active participation under this plan effective January 1, 2005. In lieu of such participation, the employee will be eligible to receive the Employer Annual Retirement Contribution under the provisions of the Westlake Savings Plan. The election period is from December 6, 2004 through December 27, 2004. Employees hired after November 1, 2004 will not be eligible for this plan, but instead will be covered by the Westlake Savings Plan.

WESTLAKE CHEMICAL CORPORATION
WAGE EMPLOYEES' DEFINED BENEFIT PLAN
EIN #76-0346924 / PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Early Retirement Benefit

- (a) A participant may elect either (1) or (2):
- (1) A monthly retirement income equal to his Accrued Benefit commencing at the later of his Early Retirement Date or age 62.
 - (2) A monthly retirement income commencing at any time prior to age 62, equal to his Accrued Benefit reduced by 0.4% for each month by which the early commencement date precedes his 62nd birthday.
- (b) Notwithstanding the above paragraphs, a participant having 30 or more years of Benefit Service may begin receiving an annual retirement income equal to his Accrued Benefit immediately.
- (c) In addition, a participant age 55 or older with 30 or more years of Benefit Service is entitled to a monthly benefit, in lieu of the aforementioned benefits, until he becomes eligible for old age insurance or disability benefits under the Federal Social Security Act, equal to the sum of (1), (2) and (3):
- (1) \$830
 - (2) \$10 for each year the participant's age at Early Retirement Date exceeds 55,
 - (3) \$31 for each year of Benefit Service at Early Retirement Date in Excess of 30.

Late Retirement Benefit

The accrued benefit earned as of Late Retirement Date.

WESTLAKE CHEMICAL CORPORATION
WAGE EMPLOYEES' DEFINED BENEFIT PLAN
EIN #76-0346924 / PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Disability Retirement Benefit

A participant who terminates employment prior to age 65 due to disability and who has completed 10 years of vesting service is entitled to a monthly benefit using the Normal Pension Formula based on his years of Service as of date of disability. The benefit shall commence in the sixth month following the month in which he became disabled. Disabled participants not eligible for Social Security disability benefits are also entitled to a supplement, equal to the accrued benefit without applying the BFG offset.

Benefit Upon Separation

If a participant terminates employment after completing at least five years of Vesting Service, he will be entitled to his full Accrued Benefit, payable at age 65. If such participant elects to receive his Accrued Benefit prior to age 65, the monthly benefit will be actuarially reduced.

Pre-Retirement Death Benefit:

➤ **After Early Retirement Date**

Upon the death of a participant, the surviving spouse is entitled to an immediate monthly life annuity equal to one-half of the Qualified Joint and Survivor Annuity which the participant had accrued to the date of his death (or, if earlier, the date of separation from service). The monthly annuity is reduced by 4.8% for each year by which the commencement precedes the participant's 62nd birthday.

➤ **Before Early Retirement Date**

Upon the death of a participant, the qualifying spouse is entitled to a monthly life annuity equal to one-half of the Qualified Joint and Survivor Annuity payable at the participant's 55th birthday which the participant had accrued at the date of his death (or, if earlier, the date of separation from service). The monthly annuity is reduced by 4.8% for each year by which the commencement precedes the participant's 62nd birthday.

WESTLAKE CHEMICAL CORPORATION
WAGE EMPLOYEES' DEFINED BENEFIT PLAN
EIN #76-0346924 / PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Post-Retirement Plan Benefit	Upon the death of a participant who is receiving a pension or other allowance (except a Terminated Vested Participant who terminates employment prior to age 60), the eligible spouse is entitled to a lump sum payment of \$2,250.
Form of Pension	The Normal Form of Pension is a 5-Year Certain and Life Annuity.
Optional Benefit Forms	<p>The Following actuarially equivalent forms of benefit are available:</p> <ul style="list-style-type: none">(1) 100% Joint & Survivor Annuity; or(2) 50% Qualified Joint & Survivor Annuity; or(3) 75% Qualified Joint & Survivor Annuity; or(4) Life Annuity with a Period Certain; or(5) Life Only Annuity.
Contributions	The employer pays the entire cost of the retirement plan.
Changes in Plan Provisions	The benefit multiplier has been increased from \$44 to \$45 due to labor negotiations. There have been no other changes in plan provisions since the prior valuation.

WESTLAKE CHEMICAL CORPORATION
WAGE EMPLOYEES' DEFINED BENEFIT PLAN
EIN #76-0346924 / PN 001

SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA

Attained Age	Completed Years of Credited Service on January 1, 2012										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	3	3	1	0	0	0	0	0	7
40-44	0	0	4	4	2	0	0	0	0	0	10
45-49	0	0	0	0	7	2	0	0	0	0	9
50-54	0	0	0	1	1	4	0	0	0	0	6
55-59	0	0	2	1	6	12	0	11	0	0	32
60-64	0	0	0	0	0	4	0	9	8	1	22
65-69	0	0	0	0	0	0	0	3	1	1	5
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	9	9	17	22	0	23	9	2	91

Note: Excludes 49 participants who are active employees that are no longer accruing benefits in the plan.

WESTLAKE CHEMICAL CORPORATION
WAGE EMPLOYEES' DEFINED BENEFIT PLAN
EIN #76-0346924 / PN 001

SCHEDULE SB, LINE 32 – SCHEDULE OF AMORTIZATION BASES

	Shortfall Base Exemption Percentage	Shortfall Amortization Base ¹	Remaining Amortization Period	Shortfall Amortization Installment
2012 Plan Year	86.84%	(\$1,557,448)	5.8919	(\$264,337)
2011 Plan Year	71.54%	\$1,791,104	5.2199	\$343,130
2010 Plan Year	73.39%	\$1,837,324	4.5019	\$408,122
2009 Plan Year	84.71%	\$860,783	3.6959	\$232,902
2008 Plan Year	N/A	N/A	2.8453	\$0
2007 Plan Year	N/A	N/A	1.9475	\$0
2006 Plan Year	N/A	N/A	1	\$0
Outstanding Balance		\$2,931,763		
Shortfall Amortization Charge				\$719,817

Notes:

1. If the Shortfall Base Exemption Percentage is at least 100% then no amortization base is required to be established for the current plan year.

**WESTLAKE CHEMICAL CORPORATION
WAGE EMPLOYEES' DEFINED BENEFIT PLAN
EIN #76-0346924 / PN 001**

SCHEDULE SB, LINE 4 – ADDITIONAL INFORMATION FOR PLANS IN AT-RISK STATUS

At-Risk Assumed Form of Payment

Participants are assumed to elect the most valuable form of benefit under the plan.

At-Risk Retirement Assumption

All participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions.

**WESTLAKE CHEMICAL CORPORATION
WAGE EMPLOYEES' DEFINED BENEFIT PLAN
EIN #76-0346924 / PN 001**

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Economic Assumptions

Interest:

- PPA Funding Target
 - 5.54% - 1st Segment Rate
 - 6.85% - 2nd Segment Rate
 - 7.52% - 3rd Segment Rate
 - 6.88% - Effective Rate
- ASC 960 Discount Rate
 - 7.00% per annum

Demographic Assumptions

- Mortality: Separate static Mortality tables for males and females as prescribed in §1.430(h)(3)-1.
- Turnover Percentage of employees withdrawing from Employment during the year of age shown.

<u>Age</u>	<u>Rate</u>
20	26.00%
25	21.60%
30	13.90%
35	6.50%
40	3.33%
45	2.00%
50	0.90%
55	0.00%
60	0.00%

- Disability 1975 Social Security Disablement Rates.

WESTLAKE CHEMICAL CORPORATION
WAGE EMPLOYEES' DEFINED BENEFIT PLAN
EIN #76-0346924 / PN 001

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Retirement Age:

➤ Actives

<u>Age</u>	<u>Rate</u>
55	2%
56	2%
57	2%
58	2%
59	2%
60	5%
61	5%
62	25%
63	15%
64	15%
65	100%

➤ Vested Terminations

Age 65.

Marriage Assumptions

80% of participants are assumed to be married.
Males are assumed to be three years older than their spouses.

Other Assumptions

Administrative expenses

Administrative expenses paid from the trust are assumed to equal \$200,000 for the current plan year.

Form of Payment

The normal form is a five year certain and life annuity. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis that differs from the basis used in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

WESTLAKE CHEMICAL CORPORATION
WAGE EMPLOYEES' DEFINED BENEFIT PLAN
EIN #76-0346924 / PN 001

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Maximum Benefit Limitations
Under IRC Sec. 415

\$200,000 effective for 2012

Changes in Assumptions

The mortality assumption, for all purposes, was changed to the IRS prescribed mortality table.

There have been no other changes in funding valuation assumptions since the prior valuation except for adjustment to the PPA interest rates as required by IRS guidelines.

Methods

Asset Valuation Method

The actuarial value of assets on the valuation date is equal to a smoothed fair value of assets. The smoothed value is equal to the actual fair value of assets (including discounted receivable contributions) plus two-thirds of the investment gain or loss from the prior year plus one-third of the investment gain or loss from two years ago. The investment gains and losses are determined by comparing the actual fair value of assets to the expected fair value. Additionally, the resulting asset value is limited to be no less than 90% and no more than 110% of the fair market value of assets.

Unit Credit Actuarial Cost Method

The Unit Credit Actuarial Cost Method is used to determine Funding Target for ERISA funding purposes, and the Actuarial Present Value of Accumulated Plan Benefits for ASC 960 purposes. The Normal Cost for each employee is the present value of the benefit which accrues during that current year. The total Normal Cost is the sum of the Normal Costs for all active participants plus administrative expenses expected to be paid from the trust during the year.

Changes in Methods

There have been no changes in actuarial methods since the prior year.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration 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 2012 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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 WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WESTLAKE CHEMICAL CORPORATION	D Employer Identification Number (EIN) 76-0346924
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>1</u> Day <u>1</u> Year <u>2012</u>		
2	Assets:		
	a Market value	2a	14,814,760
	b Actuarial value	2b	14,912,050
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment.....	3a	139
	b For terminated vested participants.....	3b	11
	c For active participants:		
	(1) Non-vested benefits	3c(1)	350,913
	(2) Vested benefits	3c(2)	7,874,505
	(3) Total active.....	3c(3)	140
	d Total.....	3d	290
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☒		
	a Funding target disregarding prescribed at-risk assumptions	4a	17,171,155
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	18,852,800
5	Effective interest rate	5	6.88
6	Target normal cost.....	6	439,697

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	<div style="text-align: center;"> Signature of actuary </div> <div style="text-align: center;"> David A. Sawyer, FSA Type or print name of actuary Retirement Horizons Inc. 2201 Timberloch Place, Suite 150 The Woodlands TX 77380 Address of the firm </div>	<div style="text-align: center;"> <div style="font-size: 1.2em;">6/11/2013</div> Date 11-06271 Most recent enrollment number (281) 296-1100 Telephone number (including area code) </div>
----------------------	---	--

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

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

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>2.63</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		92,471
b Interest on (a) using prior year's effective interest rate of <u>6.15</u> % except as otherwise provided (see instructions)		5,687
c Total available at beginning of current plan year to add to prefunding balance		98,158
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	86.84 %
15 Adjusted funding target attainment percentage	15	86.84 %
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	71.54 %
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
04/10/2012	381,000				
07/10/2012	381,000				
10/10/2012	381,000				
01/08/2013	59,577				
Totals ▶			18(b)	1,202,577	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 contributions 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	1,159,585

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 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:
5.54 %2nd segment:
6.85 %3rd segment:
7.52 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

63

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 subject to 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 contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)..... **31a** 439,697**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 2,931,763 Installment 719,817**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** 0**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 1,159,514

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0

36 Additional cash requirement (line 34 minus line 35) **36** 1,159,514**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 1,159,585**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 71**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment **42****43** Excess installment acceleration amount to be carried over to future plan years **43**

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

EIN: 76-0346924
PN: 001

<u>(a)</u>	<u>(b) Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<u>Units or Shares Owned</u>	<u>(d) Cost</u>	<u>(e) Current Market Value</u>
*	Wells Fargo	Large Cap Growth Index Fund F - Bank Collective Trust Fund EIN 52-2265232	419,417	\$ 3,090,470	\$ 4,140,442**
*	Wells Fargo	Large Cap Value Index Fund F - Bank Collective Trust Fund EIN 52-2265227	401,264	3,375,442	4,072,066**
*	Wells Fargo	Bond Index Fund F - Bank Collective Trust Fund EIN 94-3226244	278,217	2,225,006	2,790,846**
*	Wells Fargo	US Aggregate Bond Index Fund F - Bank Collective Trust Fund EIN 20-5699010	274,586	2,355,356	2,751,135**
*	Wells Fargo	International Equity Index Fund F - Bank Collective Trust Fund EIN 52-2265229	149,653	1,275,136	1,606,120**
*	Wells Fargo	Russell 2000 Index Fund F - Bank Collective Trust Fund EIN 52-2265233	113,267	900,909	1,153,125**
*	Wells Fargo	Short-term Investment Fund G - Bank Collective Trust Fund EIN 41-6292499	159,621	<u>159,621</u>	<u>159,621</u>
	Total assets held for investment purposes			<u>\$13,381,940</u>	<u>\$16,673,355</u>

* Represents parties-in-interest.

** Represents 5% or more of net assets available for benefits.

WESTLAKE WAGE EMPLOYEES' DEFINED BENEFIT PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
for the year ended December 31, 2012

EIN: 76-0346924
PN: 001

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Asset</u>	<u>Number of Transactions</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on at Transaction Date</u>	<u>(i) Net Gain or (Loss)</u>
Wells Fargo	Short-term Investment Fund G	16	\$ 2,304,332	\$ -	\$ -	\$ 2,304,332	\$ -
Wells Fargo	Short-term Investment Fund G	39	\$ -	\$ 2,302,358	\$ 2,302,358	\$ -	\$ -