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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|----------------------------------|-------------------|------------------------------------------------|-------------------|-------------------------------------------|---------------------|--------------------------------------------|---------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>1a</b> Name of plan<br><u>HUNTSMAN PIGMENTS HOURLY PENSION PLAN ST. LOUIS</u><br><br><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>VENATOR AMERICAS LLC</u><br><br><u>10001 WOODLOCH FOREST DRIVE</u><br><u>SUITE 600</u><br><u>THE WOODLANDS, TX 77380</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td><u>001</u></td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td><u>04/01/1995</u></td> </tr> <tr> <td><b>2b</b> Employer Identification Number (EIN)</td> <td><u>06-0850804</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number</td> <td><u>281-465-6757</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td><u>325900</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan | <u>04/01/1995</u> | <b>2b</b> Employer Identification Number (EIN) | <u>06-0850804</u> | <b>2c</b> Plan Sponsor's telephone number | <u>281-465-6757</u> | <b>2d</b> Business code (see instructions) | <u>325900</u> |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>1c</b> Effective date of plan                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>04/01/1995</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>2b</b> Employer Identification Number (EIN)                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>06-0850804</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>2c</b> Plan Sponsor's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>281-465-6757</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>2d</b> Business code (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>325900</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2018 | BRIAN T. SCOTT                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)  
v. 170203

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                          |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>5</b> 73                                                                                                                                                                                                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 24<br><b>6a(2)</b> 0<br><b>6b</b> 53<br><b>6c</b> 17<br><b>6d</b> 70<br><b>6e</b> 1<br><b>6f</b> 71<br><b>6g</b><br><b>6h</b> 2 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>7</b>                                                                                                                                                                                                                  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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) ☐ 0 **A** (Insurance Information)
- (4) ☐ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan<br/>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **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.

|                                                                                                         |                                                                    |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>HUNTSMAN PIGMENTS HOURLY PENSION PLAN ST. LOUIS</u>                         | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>VENATOR AMERICAS LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>06-0850804</u> |

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

|               |                          |
|---------------|--------------------------|
| <b>Part I</b> | <b>Basic Information</b> |
|---------------|--------------------------|

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | <u>5371495</u>            |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | <u>5399224</u>            |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <u>37</u>                  | <u>2594093</u>            | <u>2594093</u>           |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>12</u>                  | <u>454592</u>             | <u>454592</u>            |
| <b>c</b> For active participants .....                                                                                                                                                                          | <u>24</u>                  | <u>2366719</u>            | <u>2485623</u>           |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>73</u>                  | <u>5415404</u>            | <u>5534308</u>           |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | <u>5.85 %</u>             |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | <u>170935</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.

|                                                                            |                                                               |  |
|----------------------------------------------------------------------------|---------------------------------------------------------------|--|
| <b>SIGN HERE</b>                                                           |                                                               |  |
| Signature of actuary<br><u>DEAN M. CRAWFORD, F.S.A., E.A.</u>              | <u>10/04/2018</u><br>Date                                     |  |
| Type or print name of actuary<br><u>TOWERS WATSON DELAWARE INC.</u>        | <u>17-07158</u><br>Most recent enrollment number              |  |
| Firm name<br><u>500 NORTH AKARD STREET SUITE 4100<br/>DALLAS, TX 75201</u> | <u>214-530-4200</u><br>Telephone number (including area code) |  |
| Address of the firm                                                        |                                                               |  |

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

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 100000                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 100000                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>10.75</u> % .....                                                                                | 0                     | 10750                  |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 26145                  |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.05</u> % ..... |                       | 1582                   |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 27727                  |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 110750                 |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 97.55% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 97.55% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 97.41% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %      |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/14/2017               | 50000                             | 0                               |                          |                                   |                                 |
| 07/14/2017               | 50000                             | 0                               |                          |                                   |                                 |
| 09/12/2017               | 50000                             | 0                               |                          |                                   |                                 |
| 01/10/2018               | 50000                             | 0                               |                          |                                   |                                 |
| 09/04/2018               | 35000                             | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 235000                            | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |        |
|-------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 224740 |

**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**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.16 % | 2nd segment:<br>5.72 % | 3rd segment:<br>6.48 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age.....                                                                                                                                               |                        |                        |                        | <b>22</b> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 170935             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 135084              |                    | 24854         |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 195789             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 195789             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 224740             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 28951              |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

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

|                                                                                                |                                                                                                                         |   |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |   |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |   |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |   |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               | 0 |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               | 0 |  |

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE I</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information—Small Plan</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>2017</b> </div><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                                                                                                                                                                                                                   |                                         |     |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----|--|--|
| For calendar plan year 2017 or fiscal plan year beginning <span style="color: blue;">01/01/2017</span> and ending <span style="color: blue;">12/31/2017</span> |                                                                                                                                                                                                                                                                                   |                                         |     |  |  |
| <b>A</b> Name of plan<br><span style="color: blue;">HUNTSMAN PIGMENTS HOURLY PENSION PLAN ST. LOUIS</span>                                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center; color: blue;">001</td> </tr> <tr> <td colspan="2" style="height: 30px;"></td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ► | 001 |  |  |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                        | 001                                                                                                                                                                                                                                                                               |                                         |     |  |  |
|                                                                                                                                                                |                                                                                                                                                                                                                                                                                   |                                         |     |  |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">VENATOR AMERICAS LLC</span>                                        | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">06-0850804</span>                                                                                                                                                                                     |                                         |     |  |  |

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

|               |                                         |
|---------------|-----------------------------------------|
| <b>Part I</b> | <b>Small Plan Financial Information</b> |
|---------------|-----------------------------------------|

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

| 1 Plan Assets and Liabilities:                                                      |              | (a) Beginning of Year | (b) End of Year |
|-------------------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>a</b> Total plan assets .....                                                    | <b>1a</b>    | 5380559               | 6159400         |
| <b>b</b> Total plan liabilities .....                                               | <b>1b</b>    |                       |                 |
| <b>c</b> Net plan assets (subtract line 1b from line 1a) .....                      | <b>1c</b>    | 5380559               | 6159400         |
| 2 Income, Expenses, and Transfers for this Plan Year:                               |              | (a) Amount            | (b) Total       |
| <b>a</b> Contributions received or receivable:                                      |              |                       |                 |
| <b>(1)</b> Employers .....                                                          | <b>2a(1)</b> | 235000                |                 |
| <b>(2)</b> Participants .....                                                       | <b>2a(2)</b> |                       |                 |
| <b>(3)</b> Others (including rollovers) .....                                       | <b>2a(3)</b> |                       |                 |
| <b>b</b> Noncash contributions .....                                                | <b>2b</b>    |                       |                 |
| <b>c</b> Other income .....                                                         | <b>2c</b>    | 868176                |                 |
| <b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....             | <b>2d</b>    |                       |                 |
| <b>e</b> Benefits paid (including direct rollovers) .....                           | <b>2e</b>    | 263579                |                 |
| <b>f</b> Corrective distributions (see instructions) .....                          | <b>2f</b>    |                       |                 |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) ..... | <b>2g</b>    |                       |                 |
| <b>h</b> Administrative service providers (salaries, fees, and commissions) .....   | <b>2h</b>    | 60756                 |                 |
| <b>i</b> Other expenses .....                                                       | <b>2i</b>    |                       |                 |
| <b>j</b> Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....                    | <b>2j</b>    |                       | 324335          |
| <b>k</b> Net income (loss) (subtract line 2j from line 2d) .....                    | <b>2k</b>    |                       | 778841          |
| <b>l</b> Transfers to (from) the plan (see instructions) .....                      | <b>2l</b>    |                       |                 |

| <b>3 Specific Assets:</b> If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. |           |     |    |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | Yes | No | Amount |
| <b>a</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                          | <b>3a</b> |     | X  |        |
| <b>b</b> Employer real property .....                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>3b</b> |     | X  |        |
| <b>c</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                              | <b>3c</b> |     | X  |        |
| <b>d</b> Employer securities .....                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>3d</b> |     | X  |        |
| <b>e</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3e</b> |     | X  |        |
| <b>f</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                           | <b>3f</b> |     | X  |        |
| <b>g</b> Tangible personal property .....                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>3g</b> |     | X  |        |

**Part II Compliance Questions**

| 4 During the plan year:                                                                                                                                                                                                                                                                          | Yes | No | Amount   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>a</b> 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>4a</b>                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....                                              |     |    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....                                                                                                                                                                          |     |    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....                                                                                                                                                              |     |    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>e</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                                                                          | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                          |     |    |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>g</b> 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? .....                                                                                                                       |     |    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>h</b> 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? .....                                                                                                             |     |    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....                                                                                                                     |     |    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                              |     |    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>k</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....                 |     |    |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                        | X   |    |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                               |     |    |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                     |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                        |     |    |          |
| <b>n</b> 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 .....                                                                                                         |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                        |     |    |          |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined.  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4075092. (See instructions.)

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                 | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>HUNTSMAN PIGMENTS HOURLY PENSION PLAN ST. LOUIS                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>VENATOR AMERICAS LLC                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>06-0850804                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                          | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 16-0538020                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 0                                                                                             |
| 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br>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<br>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2017 v. 170203                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**Attachment to the 2017 Schedule SB (Form 5500)**  
**The Huntsman Pigments Americas LLC Pension Plan for Hourly-Wage Employees of**  
**the St. Louis Plant**  
**EIN: 06-0850804 PN: 001**  
**Schedule SB, Line 26 – Schedule of Active Participant Data**

| Attained Age | Completed Years of Service |        |        |          |          |          |          |          |          |           | Total |
|--------------|----------------------------|--------|--------|----------|----------|----------|----------|----------|----------|-----------|-------|
|              | Under 1                    | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & Over |       |
| Under 25     | -                          | -      | -      | -        | -        | -        | -        | -        | -        | -         | -     |
| 25 - 29      | -                          | 1      | -      | -        | -        | -        | -        | -        | -        | -         | 1     |
| 30 - 34      | -                          | -      | -      | -        | -        | -        | -        | -        | -        | -         | -     |
| 35 - 39      | -                          | 1      | -      | -        | -        | -        | -        | -        | -        | -         | 1     |
| 40 - 44      | -                          | -      | -      | 1        | -        | -        | -        | -        | -        | -         | 1     |
| 45 - 49      | -                          | -      | -      | -        | -        | -        | 1        | -        | -        | -         | 1     |
| 50 - 54      | -                          | -      | 1      | -        | 1        | -        | -        | 1        | -        | -         | 3     |
| 55 - 59      | -                          | -      | -      | 1        | -        | -        | -        | 2        | 1        | -         | 4     |
| 60 - 64      | -                          | -      | -      | -        | -        | 3        | 2        | 5        | 1        | 2         | 13    |
| 65 - 69      | -                          | -      | -      | -        | -        | -        | -        | -        | -        | -         | -     |
| 70 & Over    | -                          | -      | -      | -        | -        | -        | -        | -        | -        | -         | -     |
| Total        | -                          | 2      | 1      | 2        | 1        | 3        | 3        | 8        | 2        | 2         | 24    |

**Attachment to the 2017 Schedule SB (Form 5500)**  
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**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

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**Economic Assumptions**

**Interest rate basis:**

- |                       |                                                      |
|-----------------------|------------------------------------------------------|
| ■ Applicable month    | September 2016                                       |
| ■ Interest rate basis | IRC §430 Funding Segment Rates<br>(24-month average) |

**Interest rates:**

- |                           | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|---------------------------|-------------------------|-----------------------------|
| ■ First segment rate      | 4.16%                   | 1.52%                       |
| ■ Second segment rate     | 5.72%                   | 3.80%                       |
| ■ Third segment rate      | 6.48%                   | 4.79%                       |
| ■ Effective interest rate | 5.85%                   | 4.04%                       |

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used for purposes of determining the deductible limit, PBGC FTAP and the PBGC 4010 FS.

**Attachment to the 2017 Schedule SB (Form 5500)**  
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**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

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**Demographic Assumptions**

|                                 |                                                                                                                                                                                                                                                                               |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inclusion date</b>           | The valuation date coincident with or next following the date on which the employee becomes a participant.                                                                                                                                                                    |
| <b>Plant shutdown date</b>      | December 31, 2019                                                                                                                                                                                                                                                             |
| <b>New or rehired employees</b> | It was assumed there will be no new or rehired employees.                                                                                                                                                                                                                     |
| <b>Mortality</b>                | Separate rates for non-annuitants based on RP-2000 "Employees" table without collar or amount adjustments projected to 2032 using Scale AA and annuitants based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2024 using Scale AA. |
| <b>Termination</b>              | Rates varying by age and gender                                                                                                                                                                                                                                               |

**Sample Termination Rates**

| Percentage leaving during the year |        |         |
|------------------------------------|--------|---------|
| Attained Age                       | Males  | Females |
| 15                                 | 12.50% | 12.50%  |
| 20                                 | 7.50   | 12.50   |
| 25                                 | 5.00   | 7.50    |
| 30                                 | 3.50   | 5.00    |
| 35                                 | 2.50   | 3.50    |
| 40                                 | 1.50   | 2.50    |
| 45                                 | 1.00   | 1.50    |
| 50                                 | 0.50   | 1.00    |
| 55                                 | 0.00   | 0.50    |
| 60                                 | 0.00   | 0.00    |

2020 and after – 100% withdrawal for all ages

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

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**Disability**

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

| Percentage becoming disabled during the year |         |
|----------------------------------------------|---------|
| Age                                          | Rate    |
| 15                                           | 0.1770% |
| 20                                           | 0.1770  |
| 25                                           | 0.2560  |
| 30                                           | 0.3660  |
| 35                                           | 0.5080  |
| 40                                           | 0.6930  |
| 45                                           | 0.9400  |
| 50                                           | 1.3540  |
| 55                                           | 2.2880  |
| 60                                           | 3.4340  |
| 65                                           | 3.4340  |
| 66+                                          | 0.000   |

2020 and after – 0% disability for all ages

**Retirement**

Rates varying by age, average retirement age 61.

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

| Percentage retiring during the year |        |
|-------------------------------------|--------|
| Age                                 | Rates  |
| 55                                  | 10.00% |
| 56                                  | 5.00   |
| 57                                  | 5.00   |
| 58                                  | 5.00   |
| 59                                  | 5.00   |
| 60                                  | 10.00  |
| 61                                  | 15.00  |
| 62                                  | 50.00  |
| 63                                  | 25.00  |
| 64                                  | 25.00  |
| 65+                                 | 100.00 |

2020 and after – 100% Retirement for all ages

**Attachment to the 2017 Schedule SB (Form 5500)**  
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**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

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**Benefit commencement date:**

- Preretirement death benefit      The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit      The later of termination of employment or normal retirement date
- Disability benefit      Upon disablement
- Retirement benefit      Upon termination of employment

**Form of payment**      30% of participants are assumed to elect a single life annuity; 70% are assumed to elect a 55% joint and survivor annuity

**Percent married**      100%

**Spouse age**      Wife three years younger than husband

**At-risk assumptions**      For at-risk calculations, 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. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.

**Timing of benefit payments**      Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

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

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**Methods**

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>            | First day of plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Funding target</b>            | Present value of accrued benefits as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Target normal cost</b>        | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Actuarial value of assets</b> | <p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p> |
| <b>Benefits not valued</b>       | <p>All benefits described in the Plan Provisions section of this report were valued except the disability benefit. Based on discussions with Venator, such benefits are considered to have a de minimis likelihood of being paid and thus are not required to be valued, and will not be valued, until and unless the triggering event occurs. Willis Towers Watson has reviewed the plan provisions with Venator and, based on that review, is not aware of any significant benefits required to be valued that were not.</p> <p>Benefit changes in the collective bargaining agreement ratified after the valuation date take effect in the current plan year after the valuation date, and the plan sponsor does not intend to make an IRC §412(d)(2) election to reflect the benefit changes in the current valuation.</p> <p>The plan pays small benefits (present value up to \$5,000) in a single lump sum payment. Such lump sums are not explicitly valued; rather, benefits are valued using the benefit choice assumptions described above.</p>                                       |

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**Data Sources**

The Willis Towers Watson administrative team furnished participant data as of 1/1/2017. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

**Assumptions Rationale - Significant Economic Assumptions**

|               |                                                                                                                                                                      |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discount rate | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time. |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Assumptions Rationale - Significant Demographic Assumptions**

|                     |                                                                                                                                                                                                                          |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality           | For accounting purposes, assumptions were selected by the plan sponsor and, as required by U.S. GAAP, represent a best estimate of future experience. For funding purposes, assumptions are as published by IRC §430(h). |
| Termination         | Assumed termination rates differ by age and gender, based on expected differences in termination rates by gender.                                                                                                        |
| Retirement          | Retirement rates are based on plan sponsor expectations for the future, with periodic monitoring of gains and losses caused by retirement patterns different than assumed.                                               |
| Form of payment     | Based on observed experience.                                                                                                                                                                                            |
| Marital Assumptions |                                                                                                                                                                                                                          |
| Percent married     | The percent married assumption is based on plan sponsor expectations for the future.                                                                                                                                     |
| Spouse age          | The spouse age assumption is based on plan sponsor expectations for the future.                                                                                                                                          |

**Source of Prescribed Methods**

|                 |                                                                                                                                                                                                                                                                                                                                                |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Funding methods | The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430. |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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**Changes in Assumptions and Methods**

Changes in assumptions since prior valuation

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The expected administrative expenses was changed from \$60,000 to \$90,000.

The anticipated plant shutdown date was pushed back to 12/31/2019.

Changes in methods since prior valuation

There have been no changes in methods since the prior valuation.

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

► **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.

|                                                                                                                                                         |                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>HUNTSMAN PIGMENTS HOURLY PENSION PLAN ST. LOUIS                                                                                | <b>B</b> Three-digit plan number (PN) ►                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Venator Americas LLC                                                        | <b>D</b> Employer Identification Number (EIN)<br>06-0850804 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                             |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                             |     |

|                                                                                                                                                                                                          |                            |                           |                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|--|
| <b>Part I Basic Information</b>                                                                                                                                                                          |                            |                           |                          |  |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>                                                                                                                        |                            |                           |                          |  |
| <b>2</b> Assets:                                                                                                                                                                                         |                            |                           |                          |  |
| a Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 5,371,495                 |                          |  |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 5,399,224                 |                          |  |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                      | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |  |
| a For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 37                         | 2,594,093                 | 2,594,093                |  |
| b For terminated vested participants .....                                                                                                                                                               | 12                         | 454,592                   | 454,592                  |  |
| c For active participants .....                                                                                                                                                                          | 24                         | 2,366,719                 | 2,485,623                |  |
| d Total .....                                                                                                                                                                                            | 73                         | 5,415,404                 | 5,534,308                |  |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                         |                            |                           |                          |  |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |  |
| 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 ..... | <b>4b</b>                  |                           |                          |  |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>                   | 5.85%                     |                          |  |
| <b>6</b> Target normal cost .....                                                                                                                                                                        | <b>6</b>                   | 170,935                   |                          |  |

**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.

|                  |                                   |                                        |
|------------------|-----------------------------------|----------------------------------------|
| <b>SIGN HERE</b> | Dean M. Crawford, F.S.A., E.A.    | 10/04/2018                             |
|                  | Signature of actuary              | Date                                   |
|                  | Dean M. Crawford, F.S.A., E.A.    | 1707158                                |
|                  | Type or print name of actuary     | Most recent enrollment number          |
|                  | Towers Watson Delaware Inc.       | 214-530-4200                           |
|                  | Firm name                         | Telephone number (including area code) |
|                  | 500 North Akard Street Suite 4100 |                                        |
|                  | Dallas TX 75201                   |                                        |
|                  | 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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2017



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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.16 % | 2nd segment:<br>5.72 % | 3rd segment:<br>6.48 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ..... |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment .....                                      |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....                            |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b> |                                                                     |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 170,935            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 135,084             | 24,854             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 195,789            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 195,789            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 224,740            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 28,951             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                                                                                                                    |           |   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                                                                                                                    |           |   |  |
| <b>a</b> Schedule elected <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                                                                                |           |   |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |           |   |  |
| <b>42</b> Amount of acceleration adjustment .....                                                                                                                                                  | <b>42</b> | 0 |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                                                                                                     | <b>43</b> | 0 |  |

**Attachment to the 2017 Schedule SB (Form 5500)**  
**The Huntsman Pigments Americas LLC Pension Plan for Hourly-Wage Employees of**  
**the St. Louis Plant**  
**EIN: 06-0850804 PN: 001**

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

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Methodology Used to Compute the Weighted Average Retirement Age  
(Assuming a Hypothetical Group of Active Participants)

| (1)<br>Age | (2)<br>Exposure | (3)<br>Retirement Rate<br>Decrement | (4)<br>Number Retired at<br>Age (2)*(3) | (5)<br>(1)*(4) |
|------------|-----------------|-------------------------------------|-----------------------------------------|----------------|
| 55         | 1,000           | 10%                                 | 100                                     | 5,500          |
| 56         | 900             | 5%                                  | 45                                      | 2,520          |
| 57         | 855             | 5%                                  | 43                                      | 2,451          |
| 58         | 812             | 5%                                  | 41                                      | 2,378          |
| 59         | 771             | 5%                                  | 39                                      | 2,301          |
| 60         | 732             | 10%                                 | 73                                      | 4,380          |
| 61         | 659             | 15%                                 | 99                                      | 6,039          |
| 62         | 560             | 50%                                 | 280                                     | 17,360         |
| 63         | 280             | 25%                                 | 70                                      | 4,410          |
| 64         | 210             | 25%                                 | 53                                      | 3,392          |
| 65         | 157             | 100%                                | 157                                     | 10,205         |
|            |                 |                                     |                                         | 60,936         |

**Weighted Average  
Age at Retirement:**

**61**

**Attachment to the 2017 Schedule SB (Form 5500)**  
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**Schedule SB – Statement by Enrolled Actuary**

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|                          |                                                                                                  |
|--------------------------|--------------------------------------------------------------------------------------------------|
| <b>Plan Sponsor</b>      | Venator Americas LLC                                                                             |
| <b>EIN/PN</b>            | 06-0850804/001                                                                                   |
| <b>Plan Name</b>         | The Huntsman Pigments Americas LLC Pension Plan for Hourly-Wage Employees of the St. Louis Plant |
| <b>Valuation Date</b>    | January 1, 2017                                                                                  |
| <b>Enrolled Actuary</b>  | Dean Crawford                                                                                    |
| <b>Enrollment Number</b> | 17-07158                                                                                         |

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

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

**Attachment to the 2017 Schedule SB (Form 5500)**  
**The Huntsman Pigments Americas LLC Pension Plan for Hourly-Wage Employees of**  
**the St. Louis Plant**  
**EIN: 06-0850804 PN: 001**  
**Schedule SB, Part V – Summary of Plan Provisions**

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**Plan Provisions**

The most recent amendment reflected in the following plan provisions was adopted on May 1, 2012.

|                          |                                                                                                                                                                                                                                                                                             |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Covered employees</b> | All salaried employees; Employees covered by a collective bargaining agreement between the participating company and the International Union, United Automobiles, Aerospace and Agricultural Implement Workers of America (UAW) and its affiliate Local 282 are eligible for participation. |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                           |                                                                                                                                    |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>Participation date</b> | Date of becoming a covered employee; Eligible employees become members in the plan on the first of the month following employment. |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------|

**Definitions**

|                        |                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vesting service</b> | One year for each 1,000-hour calendar year of employment by Venator Materials Corporation. If a member completes less than 1,000 hours of service in the year of employment or the year of termination or retirement, 1/12 of a year shall be credited for each full calendar month of service. 15 days or more of service shall count as a full calendar month. |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                        |                                                                                                        |
|------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Pension service</b> | Years of vesting service after the effective date plus benefit service accrued under the previous plan |
|------------------------|--------------------------------------------------------------------------------------------------------|

|                                     |                                                                                                              |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement date (NRD)</b> | First of month coinciding with or next following the attainment of age 65 with five years of pension service |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------|

**Attachment to the 2017 Schedule SB (Form 5500)**  
**The Huntsman Pigments Americas LLC Pension Plan for Hourly-Wage Employees of**  
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**Schedule SB, Part V – Summary of Plan Provisions**

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**Monthly pension benefit**

Determined by multiplying the years of benefit service earned times the applicable benefit level in effect at termination, retirement, death, or disability.

| Applicable Termination Date | Benefit Rate |
|-----------------------------|--------------|
| 04/01/1995 – 04/30/1995     | \$30.50      |
| 05/01/1995 – 04/30/1996     | \$31.00      |
| 05/01/1996 – 04/26/1997     | \$32.00      |
| 04/27/1997 – 04/26/1998     | \$33.00      |
| 04/27/1998 – 04/26/1999     | \$33.50      |
| 04/27/1999 – 03/31/2000     | \$34.00      |
| 04/01/2000 – 04/30/2001     | \$35.00      |
| 05/01/2001 – 04/30/2002     | \$36.00      |
| 05/01/2002 – 01/26/2003     | \$37.00      |
| 01/27/2003 – 04/30/2004     | \$38.00      |
| 05/01/2004 – 04/30/2005     | \$38.50      |
| 05/01/2005 – 04/30/2006     | \$39.00      |
| 05/01/2006 – 04/30/2007     | \$40.00      |
| 05/01/2007 – 04/30/2008     | \$40.50      |
| 05/01/2008 – 04/30/2012     | \$41.00      |
| 05/01/2012 – 04/30/2013     | \$41.25      |
| 05/01/2013 – 04/30/2014     | \$42.00      |
| 05/01/2014 – 12/31/2014     | \$42.75      |
| 1/1/2015 and later          | \$43.00      |

**Monthly preretirement death benefit**

55% of the monthly pension benefit as of the date of death, reduced for the 55% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

The spouse will receive a monthly benefit equal to 55% of the pension which would have been payable had the participant separated on the date of death, survived to the earliest retirement age, (if later), commenced payments under the 55% joint and survivor form, and died the next day.

**Attachment to the 2017 Schedule SB (Form 5500)**  
**The Huntsman Pigments Americas LLC Pension Plan for Hourly-Wage Employees of**  
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**Schedule SB, Part V – Summary of Plan Provisions**

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**Eligibility for Benefits**

|                                    |                                                                                                                                   |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Age 65                                                                                                                            |
| <b>Early retirement</b>            | Retirement before age 65 and on or after both attaining age 55 and completing five years of vesting service                       |
| <b>Postponed retirement</b>        | Retirement after NRD                                                                                                              |
| <b>Vested termination</b>          | Termination for reasons other than death or retirement after completing five years of vesting service                             |
| <b>Disability</b>                  | Retirement prior to normal retirement date due to total and permanent disability and completion of five years of vesting service. |
| <b>Preretirement death benefit</b> | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse                |

**Benefits Paid Upon the Following Events**

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | The monthly pension benefit determined as of NRD                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Early retirement</b>     | The monthly pension benefit determined as of the early retirement date, reduced by 5/12 of 1% for each year of the first 24 months payment commencement precedes age 62 and reduced by 1/3 of 1% for each additional month thereafter, offset by the previous plan benefit payable at the same date. The early retirement factor applicable to the previous plan benefit is the same as this plan.                                                           |
| <b>Postponed retirement</b> | The monthly pension benefit determined as of the actual retirement date                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Vested termination</b>   | The monthly pension benefit determined as of the termination date, reduced by 1/2 of 1% for each month the payment precedes age 65, offset by the previous plan benefit payable at the same date. The early retirement factor applicable to the previous plan benefit is the same as this plan. Participant may elect to commence payment at age 55.                                                                                                         |
| <b>Disablement</b>          | The monthly pension benefit determined as the greater of \$75 or the accrued benefit as of the date of the disablement, commencing without reduction, until the effective of disability payments from Social Security or normal retirement date, when the benefit payable reverts to the accrued benefit. The benefit is offset by the previous plan benefit payable at the same date. There is no reduction factor applicable to the previous plan benefit. |
| <b>Preretirement death</b>  | The spouse will receive a monthly benefit equal to 55% of the pension which would have been payable had the participant separated on the date of death, survived to the earliest retirement age (if later), commenced payments under the 55% joint and survivor form, and died the next day.                                                                                                                                                                 |

**Attachment to the 2017 Schedule SB (Form 5500)**  
**The Huntsman Pigments Americas LLC Pension Plan for Hourly-Wage Employees of**  
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**Schedule SB, Part V – Summary of Plan Provisions**

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**Other Plan Provisions**

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b>                 | Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 55% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.                                                                                                                             |
| <b>Pension Increases</b>                | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Plan participants' contributions</b> | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Maximum on benefits and pay</b>      | <p>All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.</p> <p>All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.</p> |

**Future Plan Changes**

A plant closure is anticipated at the end of 2019 and all active employees are assumed to terminate or retire, if eligible, as of that date.

The plan was amended as of May 1, 2017 that changed the benefit multiplier from \$43.00 to \$43.50.

**Changes in Benefits Valued Since Prior Year**

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

**Attachment to the 2017 Schedule SB (Form 5500)**  
**The Huntsman Pigments Americas LLC Pension Plan for Hourly-Wage Employees of**  
**the St. Louis Plant**  
**EIN: 06-0850804 PN: 001**  
**Schedule SB, Line 32 – Schedule of Amortization Bases as of January 1, 2017**

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| Type of Base |           | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|-----------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1            | Shortfall | 01/01/2017       | 13,026         | 7                                     | 13,026              | 2,139                |
| 2            | Shortfall | 01/01/2016       | 137,482        | 6                                     | 122,058             | 22,715               |
| Total        |           |                  |                |                                       | 135,084             | 24,854               |

**Attachment to the 2017 Schedule SB (Form 5500)**  
**The Huntsman Pigments Americas LLC Pension Plan for Hourly-Wage Employees of**  
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**Schedule SB, Line 24 – Change in Actuarial Assumptions**

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The anticipated plant shutdown date was pushed back to 12/31/2019.