

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>AFTON CHEMICAL CORPORATION PENSION PLAN FOR EMPLOYEES REPRESENTED BY UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION/ICWU LOC871C</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>005</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NEWMARKET CORPORATION AND AFFILIATES</u></p> <p><u>330 SOUTH FOURTH STREET</u> <u>RICHMOND, VA 23219-4304</u></p>	<p>1c Effective date of plan <u>06/01/1977</u></p> <p>2b Employer Identification Number (EIN) <u>20-0812170</u></p> <p>2c Plan Sponsor's telephone number <u>804-788-5000</u></p> <p>2d Business code (see instructions) <u>325900</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/25/2025	BRUCE HAZELGROVE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor NEWMARKET SERVICES CORPORATION 330 SOUTH FOURTH STREET RICHMOND, VA 23219-4304		3b Administrator's EIN 20-1212437	
		3c Administrator's telephone number 804-788-5000	
4 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: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year	5	341	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	155	
6a(2) Total number of active participants at the end of the plan year	6a(2)	158	
b Retired or separated participants receiving benefits.....	6b	117	
c Other retired or separated participants entitled to future benefits	6c	39	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	314	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	29	
f Total. Add lines 6d and 6e	6f	343	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 3H

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

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor
(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(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		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input type="checkbox"/> C (Service Provider Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(6) <input type="checkbox"/> G (Financial Transaction Schedules)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____			
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>AFTON CHEMICAL CORPORATION PENSION PLAN FOR EMPLOYEES REPRESENTED BY UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION/ICWU LOC871C</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NEWMARKET CORPORATION AND AFFILIATES</u>	D Employer Identification Number (EIN) <u>20-0812170</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>66151094</u>	
b Actuarial value	2b	<u>68776078</u>	
3 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	<u>147</u>	<u>24837202</u>	<u>24837202</u>
b For terminated vested participants	<u>42</u>	<u>1386149</u>	<u>1386149</u>
c For active participants	<u>162</u>	<u>11589928</u>	<u>12768712</u>
d Total	<u>351</u>	<u>37813279</u>	<u>38992063</u>
4 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	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.18 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>760085</u>	
b Expected plan-related expenses	6b	<u>131222</u>	
c Target normal cost	6c	<u>891307</u>	

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

SIGN HERE		
	Signature of actuary	<u>09/03/2025</u> Date
	<u>COURTNEY CARLSON</u> Type or print name of actuary	<u>23-08437</u> Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>901-930-0000</u> Telephone number (including area code)
	<u>3340 PLAYERS CLUB PARKWAY SUITE 200 MEMPHIS, TN 38125</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	2611799	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	2611799	0
10	Interest on line 9 using prior year's actual return of <u>12.52</u> %	326997	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	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>5.29</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	2938796	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	168.84 %
15	Adjusted funding target attainment percentage	15	176.38 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	178.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 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			
26 Demographic and benefit information				
a 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 Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 891307
b Excess assets, if applicable, but not greater than line 31a				31b 891307
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AFTON CHEMICAL CORPORATION PENSION PLAN FOR EMPLOYEES REPRESENTED BY UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION/ICWU LOC871C</u>	B Three-digit plan number (PN)	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NEWMARKET CORPORATION AND AFFILIATES</u>	D Employer Identification Number (EIN) <u>20-0812170</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: NEWMARKET CORPORATION MASTER TRUST

b Name of sponsor of entity listed in (a): NEWMARKET CORPORATION

c EIN-PN <u>20-0812170-003</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>74296755</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AFTON CHEMICAL CORPORATION PENSION PLAN FOR EMPLOYEES REPRESENTED BY UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION/ICWU LOC871C	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 NEWMARKET CORPORATION AND AFFILIATES	D Employer Identification Number (EIN) 20-0812170

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	66144101	74296755
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6993	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	66151094	74296755
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	39050	41748
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	39050	41748
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	66112044	74255007

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		10578638
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		93
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		10578731

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2292115	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2292115
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	10075	
(5) Investment advisory and investment management fees	2i(5)	6316	
(6) Bank or trust company trustee/custodial fees	2i(6)	13569	
(7) Actuarial fees	2i(7)	65889	
(8) Legal fees	2i(8)	7023	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	34441	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		137313
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2429428

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8149303
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		6340

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **PBMARES, LLP**

(2) EIN: **54-0737372**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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)
AFTON CHEM ADDI CORP PEN PL FOR EES REP BY THE UN FORESTRY, RUBBER, MNF, ALLIED IND, SERV WKRS IN	20-0812170	001
NEWMARKET CORPORATION AND AFFILIATES SALARIED EMPLOYEES' PENSION PLAN	20-0812170	004
NEWMARKET CORPORATION RETIREMENT INCOME PLAN FOR UNION EMPLOYEES LOCATED IN HOUSTON, TEXAS	20-0812170	039

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 551830.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AFTON CHEMICAL CORPORATION PENSION PLAN FOR EMPLOYEES REPRESENTED BY UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION/ICWU LOC871C</u>	B Three-digit plan number (PN)	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NEWMARKET CORPORATION AND AFFILIATES</u>	D Employer Identification Number (EIN) <u>20-0812170</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-5570651

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		2
---	--	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**Afton Chemical Corporation
Pension Plan for Employees who
are Represented by the United
Food and Commercial Workers
International Union/International
Chemical Workers Union Council,
Local 871-C**

Financial Statements

December 31, 2024 and December 31, 2023

**Afton Chemical Corporation Pension Plan for Employees who are Represented
by the United Food and Commercial Workers International Union/
International Chemical Workers Union Council, Local 871-C
Index of Financial Statements and Supplemental Schedule
December 31, 2024 and December 31, 2023**

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Afton Chemical Corporation Pension Plan for
Employees who are Represented by the United Food and Commercial Workers
International Union/International Chemical Workers Union Council, Local 871-C

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the Afton Chemical Corporation Pension Plan for Employees who are Represented by the United Food and Commercial Workers International Union/International Chemical Workers Union Council, Local 871-C (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution, as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

PBMares, LLP

Richmond, Virginia
September 23, 2025

**Afton Chemical Corporation Pension Plan for Employees who are Represented
by the United Food and Commercial Workers International Union/
International Chemical Workers Union Council, Local 871-C
Statements of Net Assets Available for Benefits
December 31, 2024 and December 31, 2023**

	December 31,	
	2024	2023
ASSETS		
Investment in NewMarket Corporation Master Trust, at fair value (Notes 2, 3, and 4)	\$ 74,296,755	\$ 66,144,101
Interest in separate investment account (Notes 2 and 3), at fair value	0	6,993
Total assets	<u>74,296,755</u>	<u>66,151,094</u>
LIABILITIES		
Accrued expenses	41,748	39,050
Net assets available for benefits	<u>\$ 74,255,007</u>	<u>\$ 66,112,044</u>

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

**Afton Chemical Corporation Pension Plan for Employees who are Represented
by the United Food and Commercial Workers International Union/
International Chemical Workers Union Council, Local 871-C
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and December 31, 2023**

	Year Ended December 31,	
	2024	2023
Additions (reductions) to net assets attributed to		
Plan's interest in NewMarket Corporation Master Trust investment income (loss) (Notes 2 and 4)	\$ 10,832,784	\$ 10,154,422
Separate investment account income (loss) (Note 2)	93	54,731
Total additions (reductions)	<u>10,832,877</u>	<u>10,209,153</u>
Deductions from net assets attributed to		
Disbursements to pay benefits	2,292,115	2,297,150
Pension Benefit Guaranty Corporation (PBGC) premiums	34,441	32,832
Administrative expenses	357,018	361,442
Total deductions	<u>2,683,574</u>	<u>2,691,424</u>
Net increase (decrease)	8,149,303	7,517,729
Transfer of asset to Master Trust, net (Notes 2 and 5)	(6,340)	(2,349,362)
Net assets available for benefits, beginning of year	<u>66,112,044</u>	<u>60,943,677</u>
Net assets available for benefits, end of year	<u><u>\$ 74,255,007</u></u>	<u><u>\$ 66,112,044</u></u>

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

Afton Chemical Corporation Pension Plan for Employees who are Represented by the United Food and Commercial Workers International Union/International Chemical Workers Union Council, Local 871-C

Notes to Financial Statements

December 31, 2024 and December 31, 2023

1. Description of Plan

The Afton Chemical Corporation Pension Plan for Employees who are Represented by the United Food and Commercial Workers International Union/International Chemical Workers Union Council, Local 871-C (the Plan) is a noncontributory, defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Afton Chemical Corporation (the Company) is a wholly-owned subsidiary of NewMarket Corporation (NewMarket).

The Plan provides pension benefits to participants upon their retirement from employment with the Company and, under certain circumstances, upon their death or termination of employment prior to retirement. Benefits payable under the Plan are in addition to benefits payable under social security. Participants who retire on or after their normal retirement date or who have completed five years of service are fully vested in their benefits under the Plan. Such vested benefits shall be equal to the participant's accrued benefit determined as of the date of termination and the normal form of benefit shall be payable in the form of a monthly allowance commencing on what would have been the participant's normal retirement date, if the participant is then alive, and continuing on the first day of each month thereafter during the participant's lifetime. Additional information regarding vesting, Plan benefits, distribution options, and Plan termination provisions is provided in the Plan's summary plan description, which is available at the main office of the Plan at 330 South Fourth Street, Richmond, Virginia.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America.

Master Trust

NewMarket has entered into a master trust agreement (the Master Trust) administered by U.S. Bank National Association (U.S. Bank), the Plan's trustee, to manage the investments of the Plan and other defined benefit plans of NewMarket. The Plan has an undivided interest in the assets of the Master Trust. Employer contributions are deposited in the Master Trust as directed by NewMarket at the time each remittance is made.

Investment Valuation and Income Recognition

Assets held in a separate investment account

The separate investment account is invested in a Vanguard mutual fund consisting of fixed income securities. Purchases and sales of shares of the mutual fund are recorded on the trade date. Gain or loss on sales is based on cost. Dividend income is recorded on the ex-dividend date. Interest is recorded as earned on an accrual basis. Separate investment account assets are stated at fair value (see Note 3).

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Notes to Financial Statements

December 31, 2024 and December 31, 2023

Assets held by the Master Trust

The fair value of the Plan's interest in the Master Trust is based on the Plan's proportional share of the fair value of the assets in the Master Trust plus actual contributions and allocated investment income or loss less actual distributions and allocated administrative expenses. Master Trust assets held by U.S. Bank at December 31, 2024 and December 31, 2023 are stated at fair value (see Notes 3 and 4).

Purchases and sales of securities are recorded on a trade-date basis. Gain or loss on sales of securities is based on average cost. Dividend income is recorded on the ex-dividend date. Interest is recorded as earned on an accrual basis.

The Plan's interest in the Master Trust's investment income or loss is presented in the Statements of Changes in Net Assets Available for Benefits and consists of investment earnings, realized gains or losses, and the unrealized appreciation or depreciation on those investments.

Funding Policy

The Company's funding policy is to make actuarial determined contributions to the Plan to adequately fund the Plan under the provisions of ERISA. The contributions met or exceeded the minimum funding requirement in 2024 and 2023.

Actuarial Present Value of Accumulated Plan Benefits

Benefits under the Plan are based on a fixed dollar amount for each credited year of service.

Accumulated plan benefits are those future payments that are attributable under the Plan's provisions to the service employees have rendered up to the date of valuation (January 1, 2024 and January 1, 2023). Accumulated plan benefits include benefits expected to be paid to (a) participants who have retired or terminated with vested rights, (b) beneficiaries of deceased participants, and (c) active participants upon retirement, disability, or termination. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent that they are deemed attributable to employee service rendered to the valuation date. See Note 8.

The actuarial present value of accumulated plan benefits is determined by actuaries and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan

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are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits.

Accounting Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets; and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the financial statements. Contributions to the Plan are made and the actuarial present value of accumulated plan benefits are determined and reported based on certain assumptions pertaining to interest rates, inflation rates, employee compensation, and demographics, all of which are subject to change. Due to the uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Afton Chemical Corporation Pension Plan for Employees who are Represented by the United Food and Commercial Workers International Union/ International Chemical Workers Union Council, Local 871-C

Notes to Financial Statements

December 31, 2024 and December 31, 2023

3. Fair Value Measurements

The following is a description of valuation methodologies used for fair value measurement of investments:

Equity securities	Equity securities, including common stock and real estate investment trusts, are valued at the closing price reported on a national exchange.
Cash and cash equivalents	Cash and cash equivalents are valued at cost, which approximates fair value.
Mutual funds	Mutual funds are valued at the closing price reported on a national exchange.
Real estate value added fund	The real estate value added fund targets the U.S. real estate services sector focusing on the multi-family asset class. The fund is not publicly traded on an exchange, but the units are valued at net asset value based on the value of underlying assets of the respective fund. This fund is a closed-end vehicle with no standard mechanism for early liquidity except for a sale in the secondary market at a probable significant discount. The fund was established in 2018 with a primary fund life of eight years with options for two, one-year extensions. There is a \$47 thousand unfunded commitment.
Separate investment account	The separate investment account is a mutual fund and is valued at the closing price reported on a national exchange.

The valuation methodologies described above may generate a fair value calculation that may not be indicative of net realizable value or future fair values. While the Plan's management believes the valuation methodologies used are appropriate and consistent, the use of different methodologies or assumptions in calculating fair value could result in different amounts.

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Notes to Financial Statements

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The following tables provide information by level on the fair value of the Plan's interest in the Master Trust assets and other investments. Investments measured at NAV per share using the practical expedient have not been classified in the fair value hierarchy but are presented in order to permit reconciliation to the Statements of Net Assets Available for Benefits.

Fair Value Measurements as of December 31, 2024			
	Level 1	Measured at NAV	Total
Master Trust:			
Equity securities	\$ 47,277,718	\$ 0	\$ 47,277,718
Cash and cash equivalents	1,226,045	0	1,226,045
Mutual funds	25,597,320	0	25,597,320
Real estate value added fund	0	145,378	145,378
Investment income receivable	50,294	0	50,294
Total investments	<u>\$ 74,151,377</u>	<u>\$ 145,378</u>	<u>\$ 74,296,755</u>

Fair Value Measurements as of December 31, 2023			
	Level 1	Measured at NAV	Total
Master Trust:			
Equity securities	\$ 54,330,324	\$ 0	\$ 54,330,324
Cash and cash equivalents	1,048,062	0	1,048,062
Mutual funds	10,705,792	0	10,705,792
Investment income receivable	59,923	0	59,923
Plan's interest in the Master Trust	66,144,101	0	66,144,101
Separate investment account	6,993	0	6,993
Total investments	<u>\$ 66,151,094</u>	<u>\$ 0</u>	<u>\$ 66,151,094</u>

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Notes to Financial Statements

December 31, 2024 and December 31, 2023

4. Master Trust

The following table presents the investments of the Master Trust and the Plan's interest in the Master Trust:

	December 31, 2024		December 31, 2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments at fair value				
Assets				
Equity securities	\$ 503,704,782	\$ 47,277,718	\$ 513,577,901	\$ 54,330,324
Cash and cash equivalents	13,062,489	1,226,045	9,907,202	1,048,062
Mutual funds	272,718,156	25,597,320	101,200,534	10,705,792
Real estate value added fund	1,548,884	145,378	0	0
Investment income receivable	535,844	50,294	566,449	59,923
Total investments	<u>\$ 791,570,155</u>	<u>\$ 74,296,755</u>	<u>\$ 625,252,086</u>	<u>\$ 66,144,101</u>

The Plan's interest in the net assets of the Master Trust was 9.39% at December 31, 2024 and 10.58% at December 31, 2023.

Changes in net assets for the Master Trust are as follows:

	Year Ended December 31,	
	2024	2023
Net appreciation (depreciation) in fair value of investments	\$ 92,127,684	\$ 85,248,918
Investment income	11,359,839	10,117,853
Benefit payments	(15,003,019)	(12,538,641)
Administrative expenses	(3,370,717)	(3,163,726)
Increase (decrease) in net assets	85,113,787	79,664,404
Transfer of assets from separate investment account in Sauget Plan (Note 5)	7,085	2,629,453
Transfer of assets from AMPAC Pension Plan	81,197,197	0
Net assets, beginning of year	625,252,086	542,958,229
Net assets, end of year	<u>\$ 791,570,155</u>	<u>\$ 625,252,086</u>

Master Trust investment income, gains and losses, and administrative expenses are allocated monthly to the participating plans based upon average monthly balances invested by each plan. The transfer of assets from the AMPAC Pension Plan in the table above relates to the September 30, 2024 merger of

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the American Pacific Corporation Defined Benefit Pension Plan with and into the NewMarket Corporation Salaried Plan. American Pacific Corporation was acquired by NewMarket Corporation on January 16, 2024.

The Master Trust assets are managed by various investment managers. The Master Trust incurred investment management fees of \$2,404,514 for 2024 and \$2,284,700 for 2023. These fees are included as a component of Administrative expenses in the Statements of Changes in Net Assets Available for Benefits.

5. Related Party and Party in Interest Transactions

The Master Trust held 48,070 shares of U.S. Bank common stock at December 31, 2024 with a fair value of \$2,299,188. The Master Trust held 48,070 shares at December 31, 2023 with a fair value of \$2,080,470. Fees paid by the Master Trust to the Plan trustees amounted to \$131,574 for 2024 and \$115,110 for 2023.

The Master Trust held 57,400 shares of Wells Fargo common stock at December 31, 2024 and 62,000 shares at December 31, 2023. This investment had a fair value of \$4,031,776 as of December 31, 2024 and \$3,051,640 at December 31, 2023. Fees paid by the Master Trust to the Plan advisor amounted to \$60,000 in both 2024 and 2023.

In June 2024, the Master Trust received 695 shares of the Vanguard mutual fund with a fair value of \$7,085 from the separate investment account in the Sauget Plan. In September 2023, the Master Trust received 264,799 shares of the Vanguard mutual fund with a fair value of \$2,629,453 from the separate investment account in the Sauget Plan. The transfers were for administrative purposes.

These transactions are party in interest transactions under ERISA.

6. Tax Status

The Internal Revenue Service (IRS) notified the Plan administrator on January 10, 2017 that the Plan, as designed through the date of the amendments specified by the IRS in its notification, constituted a qualified trust under Section 401 of the Internal Revenue Code (the Code) and was therefore exempt from federal income taxes. The Plan has been amended since the date through which the favorable determination extends. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Management has evaluated the effects of accounting guidance related to uncertain income tax positions and concluded that the Plan had no significant financial statement exposure to uncertain income tax positions at December 31, 2024 or December 31, 2023. The Plan is not currently under audit by any tax jurisdiction.

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7. Plan Termination

While neither the Company nor its parent, NewMarket, has expressed any intent to discontinue contributions, any such discontinuance is subject to the provisions of ERISA. In the event such discontinuance results in the termination of the Plan:

- (a) the Plan provides that the net assets of the Plan shall be allocated to provide retirement benefits for participants, beneficiaries, and surviving spouses, which is in accordance with the requirements of ERISA.
- (b) to the extent unfunded vested benefits exist, ERISA provides that such benefits are payable by the PBGC to participants, up to specified limitations, as described in ERISA.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Benefits which have been provided under annuity contracts are excluded for allocation purposes.

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8. Accumulated Plan Benefits and Actuarial Assumptions

As permitted by accounting principles generally accepted in the United States of America, the Plan has elected to present information relative to the actuarial present value of accumulated plan benefits of the Plan as of the beginning of the Plan's most recent fiscal year, January 1, 2024.

Actuarial present value of accumulated plan benefits, beginning of year (January 1, 2023)	\$ 28,503,671
Increase (decrease) during year attributed to	
Benefits paid	(2,297,150)
Interest	2,230,583
Plan amendment	425,718
Other (benefits accrued, personnel experience, etc.)	565,735
Net increase	924,886
Actuarial present value of accumulated plan benefits, end of year (January 1, 2024)	\$ 29,428,557

The actuarial present value of accumulated plan benefits consisted of the following at January 1, 2024:

Vested benefits	
Participants currently receiving payments	\$ 19,994,303
Other participants	8,513,698
	28,508,001
Nonvested benefits	920,556
Actuarial present value of accumulated plan benefits	\$ 29,428,557

The significant actuarial assumptions used in the valuations as of January 1, 2024 and January 1, 2023 were life expectancy of participants, retirement age assumptions, and the discount rate. The actuarial method used was the Traditional Unit Credit Cost method. The prescribed mortality assumption under Section 430(h)(3)(1) of the Code using static tables with separate mortality rates for annuitants and non-annuitants was used for 2024 and 2023. The weighted average retirement age was 61 for both 2024 and 2023. The valuations included a discount rate of 8.00% for both 2024 and 2023. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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9. Information Certified by U.S. Bank

Investment information disclosed in the accompanying financial statements and notes, including investments held individually, as well as in the Plan's interest in NewMarket Corporation Master Trust, at fair value, as of December 31, 2024 and December 31, 2023, the Plan's interest in NewMarket Corporation Master Trust investment income (loss) and separate investment account income (loss), for the years then ended, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by U.S. Bank.

10. Subsequent Events

Management has evaluated subsequent events through September 23, 2025, the date the financial statements were available to be issued, and has determined there are no subsequent events to be reported in the accompanying financial statements.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	1	0	0	0	0	0	0	0	0	0	1
25-29	3	6	1	0	0	0	0	0	0	0	10
30-34	2	4	6	1	0	0	0	0	0	0	13
35-39	1	10	17	9	1	0	0	0	0	0	38
40-44	0	2	8	7	6	1	0	0	0	0	24
45-49	0	2	5	10	6	0	0	0	0	0	23
50-54	0	3	3	2	7	0	0	1	0	0	16
55-59	0	1	4	4	5	2	1	3	1	0	21
60-64	0	0	1	2	3	1	1	2	2	1	13
65-69	0	0	0	0	0	1	1	0	0	1	3
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	7	28	45	35	28	5	3	6	3	2	162

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Afton Chemical Corporation Pension Plan for Employees who are Represented by the United Food and Commercial Workers International Union/International Chemical Workers Union Council, Local 871-C
 EIN / PN: 20-0812170/005
 Plan Sponsor: NewMarket Corporation and Affiliates
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates	Reflecting Corridors	Not Reflecting Corridors
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Annual rates of increase

- Compensation N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation benefits N/A
- Assumed cost of living adjustments N/A

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and generally currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee is hired or attains age 21.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination Representative Termination Rates not due to disability, retirement, or mortality

Attained Age	During First 5 Years	Each Year Thereafter
25	24.92%	7.72%
30	23.20%	7.22%
35	20.77%	6.28%
40	17.69%	5.15%
45	13.96%	3.98%
50	9.67%	2.56%
55	4.96%	0.94%
60	1.23%	0.09%

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

Attained Age	Annual Rate
20	0.10%
30	0.10%
40	0.24%
50	1.01%
60	3.27%

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Plan Sponsor: NewMarket Corporation and Affiliates

Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

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

Attained Age	Annual Rate
55	10.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	10.00%
61	15.00%
62	15.00%
63	15.00%
64	15.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70	100.00%

Form of payment

Participants are assumed to elect the normal form.

Percent married

80% of males and 50% of females are assumed to be married at retirement.

Spouse age

Wives are assumed to be three years younger than husbands.

Covered pay

Compensation assumed paid in the current year beginning on the valuation date is the current annual rate of pay.

Plan-related expenses

Plan-related expenses are assumed to be the amount of the administrative expenses paid during the prior year. The amount included this year for plan-related expenses is \$131,222.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month.

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EIN / PN: 20-0812170/005
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (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 2023 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>
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with NewMarket Corporation and Affiliates and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Afton Chemical Corporation Pension Plan for Employees who are Represented by the United Food and Commercial Workers International Union/International Chemical Workers Union Council, Local 871-C
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Plan Sponsor: NewMarket Corporation and Affiliates
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information 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 was available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. 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.
Assumed return for asset smoothing	We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on the 2019 Experience Study with periodic monitoring of observed gains and losses caused by termination patterns different than assumed.

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Plan Sponsor: NewMarket Corporation and Affiliates
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Retirement rates are based on the 2019 Experience Study with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

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.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2022 to September 2023 as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as permitted by guidance issued by IRS under IRC §430.
- The amount included for plan-related expenses was updated from \$126,272 for 2023 to \$131,222 for 2024.

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EIN / PN: 20-0812170/005
Plan Sponsor: NewMarket Corporation and Affiliates
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	NewMarket Corporation and Affiliates
EIN/PN	20-0812170/005
Plan Name	Afton Chemical Corporation Pension Plan for Employees who are Represented by the United Food and Commercial Workers International Union/International Chemical Workers Union Council, Local 871-C
Valuation Date	January 1, 2024
Enrolled Actuary	Courtney Carlson
Enrollment Number	23-08437

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.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [x]
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: AFTON CHEMICAL CORPORATION PENSION PLAN FOR EMPLOYEES REPRESENTED BY UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION/ICWU LOC871C
1b Three-digit plan number (PN): 005
1c Effective date of plan: 06/01/1977
2a Plan sponsor's name (employer, if for a single-employer plan): NEWMARKET CORPORATION AND AFFILIATES
2b Employer Identification Number (EIN): 20-0812170
2c Plan Sponsor's telephone number: 804-788-5000
2d Business code (see instructions): 325900

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Signature of plan administrator (Mark Way), Date (7/25/2025), Name (BRUCE HAZELGROVE). Row 2: Signature of employer/plan sponsor, Date, Name. Row 3: Signature of DFE, Date, Name.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor NEWMARKET SERVICES CORPORATION 330 SOUTH FOURTH STREET RICHMOND VA 23219-4304	3b Administrator's EIN 20-1212437 3c Administrator's telephone number 804-788-5000
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4 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: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	341
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	155
a(2) Total number of active participants at the end of the plan year	6a(2)	158
b Retired or separated participants receiving benefits	6b	117
c Other retired or separated participants entitled to future benefits	6c	39
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	314
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	29
f Total. Add lines 6d and 6e	6f	343
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1B 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan AFTON CHEMICAL CORPORATION PENSION PLAN FOR EMPLOYEES REPRESENTED BY UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION/ICWU LOC871C	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NEWMARKET CORPORATION AND AFFILIATES	D Employer Identification Number (EIN) 20-0812170	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	66,151,094	
b Actuarial value	2b	68,776,078	
3 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	147	24,837,202	24,837,202
b For terminated vested participants	42	1,386,149	1,386,149
c For active participants	162	11,589,928	12,768,712
d Total	351	37,813,279	38,992,063
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.18%	
6 Target normal cost			
a Present value of current plan year accruals	6a	760,085	
b Expected plan-related expenses	6b	131,222	
c Target normal cost	6c	891,307	

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

SIGN HERE	Courtney Carlson CC Signature of actuary	9/3/2025 Date
	Courtney Carlson Type or print name of actuary	2308437 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	901-930-0000 Telephone number (including area code)
	3340 Players Club Parkway Suite 200 Memphis TN 38125 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 V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 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				
26 Demographic and benefit information				
a 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 Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 891,307
b Excess assets, if applicable, but not greater than line 31a				31b 891,307
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table, as illustrated below.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.10	1,000,000	1.000000	0.100000	5.500000
56	0.10	900,000	0.900000	0.090000	5.040000
57	0.10	810,000	0.810000	0.081000	4.617000
58	0.10	729,000	0.729000	0.072900	4.228200
59	0.10	656,100	0.656100	0.065610	3.870990
60	0.10	590,490	0.590490	0.059049	3.542940
61	0.15	531,441	0.531441	0.079716	4.862685
62	0.15	451,725	0.451725	0.067759	4.201041
63	0.15	383,966	0.383966	0.057595	3.628480
64	0.15	326,371	0.326371	0.048956	3.133164
65	0.50	277,416	0.277416	0.138708	9.016005
66	0.50	138,708	0.138709	0.069354	4.577356
67	0.50	69,354	0.069354	0.034677	2.323355
68	0.50	34,677	0.034677	0.017338	1.179016
69	0.50	17,338	0.017338	0.008669	0.598177
70	1.00	8,669	0.008669	0.008669	0.606846
Average age at retirement					60.925255

Rounded for Schedule SB Line 22

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Plan Name: Afton Chemical Corporation Pension Plan for Employees who are Represented by the United Food and Commercial Workers International Union/International Chemical Workers Union Council, Local 871-C
 EIN / PN: 20-0812170/005
 Plan Sponsor: NewMarket Corporation and Affiliates
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan sponsor

NewMarket Corporation and Affiliates

Plan

Afton Chemical Corporation Pension Plan for Employees who are Represented by the United Food and Commercial Workers International Union/International Chemical Workers Union Council, Local 871-C

Effective date and most recent amendment

The plan was amended and restated effective January 1, 2016, and most recently amended effective March 2, 2023.

Plan year

The twelve-month period ending December 31.

Eligibility

Employees working under the Collective Bargaining Agreement, excluding leased employees become members in the plan on the later of:

- (i) January 1 coincident with or following employment
- (ii) the January 1 of the calendar year of attainment of age 21

Benefit service

For service prior to January 1, 1976: Years and completed months of continuous employment.

For service after December 31, 1975 and before January 1, 1984: One year credited for 2,000 hours of service (with fractional credit for fewer hours).

For service after December 31, 1983: One year credited for 1,900 hours of service (with fractional credit for fewer hours).

Accrued benefit

The accrued monthly benefit is \$72 times benefit service. The benefit multiplier increased to \$75 effective March 2, 2019 and to \$77 effective March 2, 2020, and \$81 effective March 2, 2023.

Plan Name: Afton Chemical Corporation Pension Plan for Employees who are Represented by the United Food and Commercial Workers International Union/International Chemical Workers Union Council, Local 871-C
EIN / PN: 20-0812170/005
Plan Sponsor: NewMarket Corporation and Affiliates
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Normal retirement benefit

Eligibility: The first day of the month coincident with or next following 65th birthday.

Benefit: The accrued benefit determined as of the normal retirement date.

Early retirement benefit

Eligibility: Age 55 and 10 years of vesting service.

Benefit: The accrued benefit determined as of the early retirement date reduced by 7/12% for each month Early Retirement precedes age 60 for participants hired prior to July 1, 2010. For participants hired on or after July 1, 2010, the accrued benefit is reduced by 7/12% for each month Early Retirement precedes age 65.

Delayed retirement

Eligibility: Retirement after the normal retirement date.

Benefit: The accrued benefit determined as of the delayed retirement date.

Disability benefit

Eligibility: 10 years of vesting service.

Benefit: The accrued benefit as of disability retirement date reduced by Worker's Compensation.

Terminated vested benefit

Eligibility: 5 years of vesting service or age 65.

Benefit: The accrued benefit determined as of the termination date and payable at normal retirement date. If the member had 10 years of vesting service prior to termination, upon attainment of age 55, members may elect early commencement of benefit subject to a reduction of 5/9% for the first 60 months and 5/18% for the next 60 months before age 65.

Pre-retirement spouse's benefit

Eligibility: 5 years of vesting service or age 65.

Benefit: The same benefit that would have been payable to the spouse if the member:

- terminated employment on the date of death (or actual termination date, if earlier)
- survived to his earliest possible retirement date, and
- elected a 50% joint and survivor annuity.

Plan Name: Afton Chemical Corporation Pension Plan for Employees who are Represented by the United Food and Commercial Workers International Union/International Chemical Workers Union Council, Local 871-C
EIN / PN: 20-0812170/005
Plan Sponsor: NewMarket Corporation and Affiliates
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Forms of payment

Normal Form: Normal form of benefit is a life annuity. Automatic form for married members is a 50% joint and survivor annuity actuarially equivalent to a life annuity, unless elects otherwise with spousal consent.

Optional Forms: Ten-year certain and life; 50% joint and survivor annuity; 75% joint and survivor annuity; 100% joint and survivor annuity. An actuarial adjustment is applied for payment in a form other than the normal form.

Maximum on benefits and pay

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 assumed for determining pension cost but not for determining contributions.

Changes in plan provisions since last actuarial valuation

The plan was amended to increase the benefit multiplier to \$81 effective March 2, 2023.

Plan Name: Afton Chemical Corporation Pension Plan for Employees who are Represented by the United Food and Commercial Workers International Union/International Chemical Workers Union Council, Local 871-C
EIN / PN: 20-0812170/005
Plan Sponsor: NewMarket Corporation and Affiliates
Valuation Date: January 1, 2024