

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>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>ALBEMARLE CORPORATION REPRESENTED PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</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>ALBEMARLE CORPORATION</u></p> <p><u>4250 CONGRESS STREET</u> <u>CHARLOTTE, NC 28209-0000</u></p>	<p>1c Effective date of plan <u>03/01/1994</u></p> <p>2b Employer Identification Number (EIN) <u>54-1692118</u></p> <p>2c Plan Sponsor's telephone number <u>980-299-5700</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.	10/13/2025	DJ LABAUVE JR.
	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 checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
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:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name <u>ALBEMARLE CORPORATION PENSION PLAN FOR REPRESENTED EMPLOYEES IN BATON ROUGE, LA</u>			
5 Total number of participants at the beginning of the plan year	5		921
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)		158
6a(2) Total number of active participants at the end of the plan year	6a(2)		299
b Retired or separated participants receiving benefits.....	6b		2088
c Other retired or separated participants entitled to future benefits	6c		544
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d		2931
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e		502
f Total. Add lines 6d and 6e	6f		3433
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		2
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

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	
(4) <input type="checkbox"/> General assets of the sponsor			

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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>ALBEMARLE CORPORATION REPRESENTED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ALBEMARLE CORPORATION</u>	D Employer Identification Number (EIN) <u>54-1692118</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 checked="" type="checkbox"/> 101-500 <input 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>81033731</u>
	b Actuarial value	2b	<u>80786582</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>613</u>	<u>50908310</u>
	b For terminated vested participants	<u>176</u>	<u>7290627</u>
	c For active participants	<u>158</u>	<u>13828873</u>
	d Total	<u>947</u>	<u>71663232</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>5.08 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>39220</u>
	b Expected plan-related expenses	6b	<u>220000</u>
	c Target normal cost	6c	<u>259220</u>

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

SIGN HERE		<u>09/16/2025</u>
	Signature of actuary	Date
	<u>CHRISTIAN GOODMAN</u>	<u>23-07277</u>
	Type or print name of actuary	Most recent enrollment number
	<u>MILLIMAN, INC.</u>	<u>214-863-5500</u>
	Firm name	Telephone number (including area code)
	<u>12790 MERIT DRIVE, SUITE 800</u> <u>DALLAS, TX 75251-1250</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)	6871525	
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	6871525	
10	Interest on line 9 using prior year's actual return of <u>6.55</u> %	450085	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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>5.25</u> %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	7321610	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.99 %
15	Adjusted funding target attainment percentage	15	112.16 %
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	202.02 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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 65
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
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29
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	259220
b Excess assets, if applicable, but not greater than line 31a			31b	259220
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment				
b Waiver amortization installment				
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34	
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement				
36 Additional cash requirement (line 34 minus line 35)			36	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37	
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)			38a	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b	
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>ALBEMARLE CORPORATION REPRESENTED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALBEMARLE CORPORATION</u>	D Employer Identification Number (EIN) <u>54-1692118</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: ALBEMARLE CORPORATION MASTER TRUST

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

c EIN-PN <u>54-1692118-012</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>475762189</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:

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):

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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 ALBEMARLE CORPORATION REPRESENTED PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ALBEMARLE CORPORATION	D Employer Identification Number (EIN) 54-1692118

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	559441 6665805
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	80474290 475762189
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	81033731	482427994
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	81033731	482427994

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(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)		
(B) Other.....	2b(5)(B)		
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		3832225
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3832225

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5261966	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5261966
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	306701	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		306701
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5568667

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1736442
l Transfers of assets:			
(1) To this plan.....	2l(1)		403130705
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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: HANNIS T. BOURGEOIS, LLP

(2) EIN: 72-0636725

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		30000000
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)
ALBEMARLE CORPORATION PENSION PLAN	54-1692118	001

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 557299.

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.
--	---	---

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

A Name of plan <u>ALBEMARLE CORPORATION REPRESENTED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALBEMARLE CORPORATION</u>	D Employer Identification Number (EIN) <u>54-1692118</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	
---	--

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): 36-3046063

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	3
---	---

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: 40.5 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 10.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.8 % Other: 48.7 %

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 _____.

ALBEMARLE CORPORATION REPRESENTED
PENSION PLAN

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

ALBEMARLE CORPORATION REPRESENTED PENSION PLAN

(Employer Identification Number 54-1692118)

INDEX OF FINANCIAL STATEMENTS

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Supplemental Schedules *

- * All schedules required by 29 CFR 2520-103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA have been omitted because they are not applicable.



**HANNIS T.
BOURGEOIS**

CPAs + BUSINESS ADVISORS

2322 TREMONT DRIVE | BATON ROUGE, LA 70809
TEL. 225.928.4770 | WWW.HTBCPA.COM
PROUDLY SERVING LOUISIANA SINCE 1924

Independent Auditor's Report

To the Administrator of the
Albemarle Corporation Represented Pension Plan

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

We have performed audits of the financial statements of the Albemarle Corporation Represented Pension Plan (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, and 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 7 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.

- 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 accounting principles generally accepted in the United States of America, 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 for one year after the date that the financial statements are 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 certification, 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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.

Respectfully submitted,

A handwritten signature in blue ink that reads "Hannis J. Bouyeds, LLP". The signature is written in a cursive style with a stylized "H" and "B".

Baton Rouge, Louisiana
October 13, 2025

ALBEMARLE CORPORATION REPRESENTED PENSION PLAN
(Employer Identification Number 54-1692118)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>ASSETS</u>	<u>2024</u>	<u>2023</u>
Investments, at Fair Value:			
Plan Interest in the Albemarle Corporation			
Master Trust		\$ 475,762,189	\$ 80,474,290
Plan Merger Receivable		<u>6,665,805</u>	<u>559,441</u>
Net Assets Available for Benefits		<u><u>\$ 482,427,994</u></u>	<u><u>\$ 81,033,731</u></u>

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

ALBEMARLE CORPORATION REPRESENTED PENSION PLAN
(Employer Identification Number 54-1692118)

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions:		
Investment Results:		
Interest in Income (Loss) from the Albemarle Corporation Master Trust	\$ 3,832,225	\$ 1,404,841
Transfer In - Plan Merger	403,130,705	58,510,627
Total Additions	406,962,930	59,915,468
Deductions:		
Benefit Payments	5,261,966	951,214
Administrative Expenses of Plan's Interest in the Albemarle Corporation Master Trust	306,701	142,084
Total Deductions	5,568,667	1,093,298
Net Increase (Decrease)	401,394,263	58,822,170
Net Assets Available for Benefits, Beginning of Year	81,033,731	22,211,561
Net Assets Available for Benefits, End of Year	\$ 482,427,994	\$ 81,033,731

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

ALBEMARLE CORPORATION REPRESENTED PENSION PLAN

(Employer Identification Number 54-1692118)

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

1. Description of Plan:

The Albemarle Corporation Represented Pension Plan (formerly The Albemarle Corporation Pension Plan for Represented Employees in Baton Rouge, LA) (the “Plan”) is a defined benefit plan sponsored by Albemarle Corporation (the “Company” or “Albemarle”). Effective July 1, 1970, the Plan became noncontributory and Albemarle assumed responsibility for Plan funding. Contributions made by participants prior to July 1, 1970, remain in the Plan as a portion of Plan assets.

Effective January 1, 2008, the Plan was restated and submitted to the Internal Revenue Service for a new Letter of Determination. The restatement incorporated various past amendments to the Plan. The restatement also incorporated additional changes required to comply with the Economic Growth and Tax Relief Reconciliation Act of 2001 as well as subsequent laws. The Internal Revenue Service has determined and informed the plan administrator by a letter dated April 8, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the “Code”).

Effective January 1, 2013, the Plan was amended and restated to reflect the current name of the participating unions of the Plan and to reflect the requirements of the Pension Protection Act of 2006, the Heroes Earnings Assistance and Relief Tax Act of 2008, the Worker, Retiree, and Employer Recovery Act of 2008 and certain other changes in the law. On July 29, 2014, the Internal Revenue Service determined and informed the plan administrator that the Plan and related trust are designed in accordance with the applicable provisions of the Code.

Effective September 1, 2016, the Plan was amended to allow any member who terminated employment with the Company on or before June 30, 2016, was 100% vested in their accrued benefit, whose lump sum value of their accrued benefit did not exceed \$150,000, and was not an excluded member, as defined, could elect between September 1, 2016 and October 15, 2016 to receive their accrued benefit on or after November 1, 2016 in the form of a lump sum or an immediate annuity, subject to the applicable spousal consent rules.

Effective April 2, 2018, the Plan had a partial termination due to the sale of the Company’s polyolefin catalysts and components business. As a result of the sale, terminated participants became fully vested in their benefits.

Information regarding eligibility, vesting, and Plan benefits is provided in the Plan’s summary plan description, which is available at the main office of the Company at 4250 Congress Street, Suite 900, Charlotte, North Carolina.

ALBEMARLE CORPORATION REPRESENTED PENSION PLAN

(Employer Identification Number 54-1692118)

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

Plan Mergers:

On December 6, 2023, an amendment was ratified to merge the Albemarle Corporation Pension Plan for Represented Employees in Houston, Texas (the “Houston Plan”) into the Albemarle Corporation Pension Plan for Represented Employees in Baton Rouge, LA (the “Baton Rouge Plan”) effective December 31, 2023. Net assets available for benefits transferred to the Baton Rouge Plan are presented as Transfer In – Plan Merger on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023. Remaining funds formally transferred to the Baton Rouge Plan on January 3, 2024, are presented as Plan Merger Receivable on the Statement of Net Assets Available for Benefits as of December 31, 2023. The amendment to merge the Houston Plan into the Baton Rouge Plan occurred after the January 1, 2023 benefit information date. Accordingly, the actuarial present value of accumulated plan benefits disclosed in Note 6 does not include the accumulated plan benefits of the Houston Plan at January 1, 2023.

On December 19, 2024, an amendment was ratified to merge the Albemarle Corporation Pension Plan into the Albemarle Corporation Represented Pension Plan (the “Represented Pension Plan”) effective December 31, 2024. Net assets available for benefits transferred to the Represented Pension Plan are presented as Transfer In - Plan Merger on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024. Remaining funds formally transferred to the Represented Pension Plan on January 28, 2025, are presented as Plan Merger Receivable on the Statement of Net Assets Available for Benefits as of December 31, 2024. The amendment to merge Albemarle Corporation Pension Plan into the Albemarle Corporation Represented Pension Plan occurred after the January 1, 2024 benefit information date. Accordingly, the actuarial present value of accumulated plan benefits disclosed in Note 6 does not include the accumulated plan benefits of the Albemarle Corporate Pension Plan at January 1, 2024.

The Houston Plan was frozen effective December 31, 2023 and no new participants may enter this plan or accrue additional benefits. The Albemarle Corporation Pension Plan was frozen from new participation effective March 31, 2004, and froze benefit accruals effective December 31, 2014. Effective December 31, 2017, the AlphaGary Corporation Union Employees Pension Plan, the Rockwood Lithium, Inc. Retirement Plan for Hourly Employees, and the Rockwood Lithium, Inc. Retirement Plan for Salaried Employees (“the Rockwood Plans”) merged into the Albemarle Corporation Pension Plan. The AlphaGary Corporation Union Employees Pension Plan was frozen effective October 26, 2000. Benefit accruals were discontinued for periods after October 26, 2000. Also, no new participants have been permitted to enter this plan since this date. The Rockwood Lithium, Inc. Retirement Plan for Hourly Employees was frozen effective December 31, 2006. No new participants may enter this plan, accrual of future benefits was ceased, and all active participants were deemed fully vested. The Rockwood Lithium, Inc. Retirement Plan for Salaried Employees was frozen effective December 31, 2006. Compensation earned after December 31, 2006 is disregarded for purposes of calculating participants’ accrued benefit and no employees were permitted to become a new participant in this plan after December 31, 2006.

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NOTES TO FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

2. Summary of Significant Accounting Policies:

General:

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Investment Valuation and Income:

Assets held by Master Trust

The Plan’s investments are held in the Albemarle Corporation Master Trust (the “Master Trust”) which was established for the investments of the Plan and several other defined benefit plans of the Company and its affiliate Ketjen LLC. The assets of the Master Trust as of and for the years ended December 31, 2024 and 2023 were held by The Northern Trust Company, the trustee. Master Trust assets are stated at the fair value of the Plan’s share of the assets of the Master Trust (see Note 3). Net appreciation (depreciation) on investments of the Master Trust serves to reduce (increase) future contributions that would otherwise be required to provide for the defined level of benefits under the Plan.

Master Trust assets are stated at values determined as follows:

Commingled Funds - Equity and Short Term

Fixed Income Funds

- Consist primarily of investments in hedge fund of funds. These are holdings in private investment companies typically valued using the net asset valuations (NAV) provided by the underlying private investment companies with necessary adjustments made by the fund on an asset-by-asset basis to be in accordance with U.S. GAAP. These companies are subject to annual U.S. GAAP financial statement audits.

Mutual Funds

- Valued at net asset value of shares or units held by the Plan at year-end based on the quoted market value of the underlying assets.

(CONTINUED)

ALBEMARLE CORPORATION REPRESENTED PENSION PLAN

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NOTES TO FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

U.S. Government Securities

- Priced by a pricing vendor on the basis of bid or mid evaluations in accordance to a region's market convention, using factors which include but are not limited to market quotations, yields, maturities, and the bond's terms and conditions. The pricing vendors use proprietary methods to arrive at the evaluated price. These prices represent the price a dealer would pay for a security (typically in an institutional round lot).

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

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 Master Trust presents, as shown in Note 3, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

Assets held by Insurance Company

Prior to January 1, 2000, unallocated funds deposited with the insurance company were part of the general assets of The Equitable Life Assurance Society of the United States ("Equitable") held under the provisions of three Immediate Participation Guarantee ("IPG") contracts and a Benefit Disbursement account.

The Plan converted its IPG contracts held by Equitable to inactive IPG contracts accounted for under Dividend Experience accounts, effective January 1, 2000. Under the Dividend Experience accounts, the ultimate obligation for the payments of benefits is with Equitable and the assets and benefit obligations are excluded from the Plan's assets and accumulated benefit obligation. The unallocated funds deposited with Equitable were held under a Benefit Disbursement account. Employer contributions were deposited in the unallocated funds accounts and/or the Master Trust as directed by Albemarle at the time each remittance was made.

ALBEMARLE CORPORATION REPRESENTED PENSION PLAN

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NOTES TO FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

Effective January 21, 2003, the Plan closed the Benefit Disbursement account and transferred all excess assets, net of expenses, with Equitable into the Master Trust. Equitable maintained all income associated with benefit payments under the Dividend Experience accounts. The Plan and/or Company have no responsibility for the ultimate obligation for the payments of benefits maintained with Equitable for the retirees under the contracts.

The Dividend Experience contracts can provide for a periodic dividend to the Plan and/or Company from Equitable based on favorable investment performance or actuarial experience. No dividends were earned by the Plan for the years ended December 31, 2024 or 2023.

Funding Policy:

On August 16, 2006, the Pension Protection Act of 2006 (“PPA”) was signed into law. Most provisions of this law became effective in the 2008 plan year. This law amended the Employee Retirement Income Security Act of 1974 (“ERISA”) and included new rules regarding methods and assumptions, including measuring the benefit obligation and plan assets, use of interest rate assumptions, mortality tables, valuation date, credit balances for carryover, and pre-funded balances, etc. (see Note 6 for significant actuarial assumptions).

On September 12, 2014, the Plan sponsor elected to adopt the applicable provisions of the Highway and Transportation Funding Act of 2014 (HATFA) which was enacted on August 8, 2014. HATFA made modifications to the method of computing the interest rate used for purposes of calculating the minimum required contributions.

Effective January 1, 2021, the Plan sponsor elected to adopt the provisions of the American Rescue Plan Act of 2021 (ARPA) enacted March 11, 2021. ARPA revised the amortization rules for pension plans by reducing shortfall amortization bases and the required shortfall amortization installments for specified plan years to zero and extending the shortfall amortization period from 7 years to 15 years. In addition, ARPA extended and modified the pension funding stabilization percentages and set a floor of 5% on the average segment rate for any 25-year period. These percentages are used to determine the applicable interest rates for valuing pension plan liabilities that affect a plan’s minimum funding requirements.

Albemarle’s funding policy is to make actuarially determined contributions to the Plan to adequately fund the Plan under provisions of ERISA and PPA. Since the actuary’s statements indicated that the Plan was sufficiently funded to meet the minimum funding standards under these acts, no contributions were required for the years ended December 31, 2024 and 2023.

Actuarial Method:

The accumulated benefit obligations, as reported by the actuary of the Plan, are calculated as the present value of all accrued benefits which reflects all benefits earned as of the beginning of the plan year and expected to become payable at future dates.

ALBEMARLE CORPORATION REPRESENTED PENSION PLAN

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NOTES TO FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future payments that are attributable under the Plan's provisions to the service employees have rendered through the valuation date (January 1, 2024 and 2023, respectively). 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 under the Plan are based on a fixed dollar amount for each credited year of service. Benefits to be provided via annuity contracts, under which Equitable is obligated to pay the benefits, are excluded from Plan assets and are excluded from accumulated Plan benefits.

The actuarial present value of accumulated plan benefits is determined by the actuary and is that amount that results from applying actuarial assumptions to 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.

Use of Estimates in Preparation of Financial Statements:

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, 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 Master Trust 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 that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

ALBEMARLE CORPORATION REPRESENTED PENSION PLAN

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NOTES TO FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

Plan Termination:

While Albemarle has not expressed any intent to discontinue its 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, surviving spouses and beneficiaries, 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 Pension Benefit Guaranty Corporation to participants, up to specified limitations, as described in ERISA.

Benefits to be provided via annuity contracts under which Equitable is obligated to pay would be excluded for allocation purposes.

3. Master Trust and Plan's Interest in Master Trust:

A summary of the net assets held by the Master Trust and other information follows:

	<u>2024</u>	<u>2023</u>
Assets:		
Investments at Fair Value:		
Commingled Funds	\$ 52,016,482	\$ 76,611,892
Mutual Funds	387,888,826	374,146,743
U.S. Government Securities	<u>39,313,376</u>	<u>34,638,524</u>
Total Investments	479,218,684	485,397,159
Investment Income Receivable	<u>4,004,860</u>	<u>3,833,117</u>
Total Assets	483,223,544	489,230,276
Liabilities:		
Payable for Securities Purchased	<u>(3,937,349)</u>	<u>(3,352,416)</u>
Total Liabilities	<u>(3,937,349)</u>	<u>(3,352,416)</u>
Net Assets of the Master Trust	<u><u>\$ 479,286,195</u></u>	<u><u>\$ 485,877,860</u></u>

The following are the changes in the net assets of the Master Trust for the years ended December 31:

ALBEMARLE CORPORATION REPRESENTED PENSION PLAN
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NOTES TO FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Changes in Net Assets:		
Contributions	\$ 813,000	\$ -
Investment Income (Loss)	37,791,667	58,891,024
Benefit Payments	(41,257,287)	(39,358,713)
Fees and Expenses	(3,939,045)	(4,473,663)
Increase (Decrease) in Net Assets	(6,591,665)	15,058,648
Net Assets:		
Beginning of Year	485,877,860	470,819,212
End of Year	\$ 479,286,195	\$ 485,877,860

Total investment income (loss) of the Master Trust was comprised of the following for the years ended December 31:

	2024	2023
Investment Results:		
Net Appreciation (Depreciation) in the Fair Value of Investments	\$ 22,798,331	\$ 45,189,363
Dividend Income	3,616,591	4,275,109
Interest Income	11,376,745	9,426,552
Total	\$ 37,791,667	\$ 58,891,024

Master Trust investment income, gains and losses and administrative expenses are allocated to the Plan based upon average monthly balances invested by the Plan.

The Master Trust's assets are managed by various investment managers. The Master Trust held no Albemarle Corporation common stock at December 31, 2024 and 2023. Fees paid by the Master Trust for trustee services amounted to \$4,789 and \$122,190 for the years ended December 31, 2024 and 2023, respectively. In addition, certain Master Trust assets are invested in SEI investments. SEI is the investment manager of the Master Trust and, therefore, these transactions qualify as party-in-interest. Fees paid by the Master Trust for these investment management services amounted to \$1,172,329 and \$957,208 for the years ended December 31, 2024 and 2023, respectively. These party-in-interest transactions are exempt from the prohibited party-in-interest transaction rules of ERISA.

The following tables present the investments and other assets and liabilities of the Albemarle Corporation Master Trust (the "Master Trust") as well as the Plan's interest in the Master Trust.

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FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	December 31, 2024	
	Master Trust Balances	Plan's Interest in Master Trust
Assets:		
Investments at Fair Value:		
Commingled Funds	\$ 52,016,482	\$ 48,881,894
Mutual Funds	387,888,826	387,502,589
U.S. Government Securities	39,313,376	39,313,376
Total Investments	479,218,684	475,697,859
Investment Income Receivable	4,004,860	1,276,231
Total Assets	483,223,544	476,974,090
Liabilities:		
Payable for Securities Purchased	(3,937,349)	(1,211,901)
Total Liabilities	(3,937,349)	(1,211,901)
Net Assets of the Master Trust	\$ 479,286,195	\$ 475,762,189
	December 31, 2023	
	Master Trust Balances	Plan's Interest in Master Trust
Assets:		
Investments at Fair Value:		
Commingled Funds	\$ 76,611,892	\$ 12,973,590
Mutual Funds	374,146,743	58,735,091
U.S. Government Securities	34,638,524	8,765,609
Total Investments	485,397,159	80,474,290
Investment Income Receivable	3,833,117	119,719
Total Assets	489,230,276	80,594,009
Liabilities:		
Payable for Securities Purchased	(3,352,416)	(119,719)
Total Liabilities	(3,352,416)	(119,719)
Net Assets of the Master Trust	\$ 485,877,860	\$ 80,474,290

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NOTES TO FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

4. Fair Value Measurements:

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). The inputs used to measure fair value are classified into the following hierarchy:

Level 1 Unadjusted quoted prices in active markets for identical assets or liabilities

Level 2 Unadjusted quoted prices in active markets for similar assets or liabilities, or unadjusted quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability

Level 3 Unobservable inputs for the asset or liability

The following tables sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value.

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 387,888,826	\$ -	\$ -	\$ 387,888,826
U.S. Government Securities	39,313,376	-	-	39,313,376
Total Assets in the Fair Value Hierarchy	\$ 427,202,202	\$ -	\$ -	427,202,202
Investments Measured Using Net Asset Value Per Share Practical Expedient*				52,016,482
Total Investments at Fair Value				\$ 479,218,684

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 374,146,743	\$ -	\$ -	\$ 374,146,743
U.S. Government Securities	34,638,524	-	-	34,638,524
Total Assets in the Fair Value Hierarchy	\$ 408,785,267	\$ -	\$ -	408,785,267
Investments Measured Using Net Asset Value Per Share Practical Expedient*				76,611,892
Total Investments at Fair Value				\$ 485,397,159

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NOTES TO FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

* Certain investments that were measured at net asset value per share (NAV) practical expedient of the fund have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the summary of the net assets held by the Master Trust.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan deems transfers between levels of the fair value hierarchy to have occurred on the date of the event or change in circumstance that caused the transfer. There were no transfers between levels during the years ended December 31, 2024 and 2023. See Note 2 for a description of the valuation methodologies for assets measured at fair value.

The following tables summarize investments measured at fair value based on net asset value per share practical expedient.

		December 31, 2024			
		Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Commingled Funds:					
Short Term Investment Fund	*	\$ 4,356,243	n/a	Daily	None
Opportunity Collective Fund	*	22,750,716	n/a	Quarterly	95 days
Structured Credit Collective Fund	*	24,909,523	n/a	Quarterly	65 days
		\$ 52,016,482			

		December 31, 2023			
		Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Commingled Funds:					
Short Term Investment Fund	*	\$ 7,457,966	n/a	Daily	None
Opportunity Collective Fund	*	36,093,422	n/a	Quarterly	95 days
Structured Credit Collective Fund	*	33,060,504	n/a	Quarterly	65 days
		\$ 76,611,892			

*These funds file form 5500 as direct filing entities with the Department of Labor.

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5. Tax Status:

The Internal Revenue Service has determined and informed the plan administrator by a letter dated July 29, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Code and is therefore exempt from federal income taxes. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

6. Accumulated Plan Benefits and Actuarial Assumptions:

Information with respect to accumulated plan benefits as of January 1, 2024 follows:

Actuarial Present Value of Accumulated Plan Benefits, at January 1, 2023	\$ 12,437,738
Increase (Decrease) During Year Attributed to:	
Benefits Paid	(951,215)
Interest	538,531
Plan Merger - Houston Plan	54,397,063
Other (Benefits Accrued, Personnel Experience, etc.)	<u>(1,816,303)</u>
Net Increase	<u>52,168,076</u>
Actuarial Present Value of Accumulated Plan Benefits, at January 1, 2024	<u><u>\$ 64,605,814</u></u>

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

	2024	2023
Vested Benefits:		
Participants Currently Receiving Payments	\$ 46,522,053	\$ 9,035,639
Other Participants	<u>17,772,295</u>	<u>3,284,007</u>
	64,294,348	12,319,646
Non-Vested Benefits	<u>311,466</u>	<u>118,092</u>
Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 64,605,814</u></u>	<u><u>\$ 12,437,738</u></u>

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FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

The following significant actuarial assumptions include the Baton Rouge Plan and the merged Houston Plan utilized in the valuation as of January 1, 2024 are as follows:

Withdrawal Rates					Disability Rates	
Baton Rouge Plan			Houston Plan		Baton Rouge and Houston Plan	
Age	Less than 5 Years of Service	5+ Years of Service	Less than 5 Years of Service	5+ Years of Service	Age	Baton Rouge and Houston Plan
20-25	20.0%	3.0%	8.0%	6.0%	0-29	5.11%
26-30	8.0%	3.0%	7.0%	6.0%	30-35	5.12 - 4.15%
31-35	5.0%	7.5%	6.0%	5.0%	36-40	3.96% - 3.22%
36-40	3.0%	5.5%	5.0%	5.0%	41-45	3.04% - 2.35%
41-45	10.0%	4.5%	4.0%	4.0%	46-50	2.19% - 1.59%
46-50	4.0%	4.0%	3.0%	4.0%	51-55	1.46% - 1.10%
51-54	2.0%	3.5%	2.0%	2.0%	56-60	1.25% - 2.10%
55 +	0.0%	0.0%	0.0%	0.0%	61-65	2.39% - 3.97%
					66-70+	4.48% - 6.28%

Retirement Rates		
Age	Baton Rouge Plan	Houston Plan
55	2%	4%
56	8%	5%
57	3%	3%
58	4%	3%
59	10%	7%
60	20%	12%
61	25%	6%
62	30%	12%
63	30%	12%
64	30%	20%
65	20%	30%
66	35%	30%
67	35%	25%
68	20%	35%
69	45%	45%
70+	100%	100%

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NOTES TO FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

The significant actuarial assumptions utilized in the valuation as of January 1, 2023 are as follows:

<u>Retirement Rates</u>		<u>Termination and Disability Rates</u>		
		Annual Rate %		
		Based on Years of Service		
<u>Age</u>	<u>Annual Rate (%)</u>	<u>Age</u>	<u>0 - 4</u>	<u>5+</u>
55	2	0 - 25	25.11	8.11
56	8	26 - 30	13.11 - 13.12	8.11 - 8.12
57	3	31 - 35	9.92 - 9.15	12.42 - 11.65
58	4	36 - 40	6.96 - 6.22	9.46 - 8.72
59	10	41 - 45	13.04 - 12.35	7.54 - 6.85
60	20	46 - 50	6.19 - 5.59	6.19 - 5.59
61	25	51 - 54	3.46 - 3.17	4.96 - 4.67
62-64	30	55+	1.10 - 6.28	1.10 - 6.28
65	20			
66-67	35			
68	20			
69	45			
70+	100			

Mortality Rates For 2024 and 2023, the mortality table for determining the accrued benefit liability is the Pri-2012 Total Dataset Mortality Table projected with Mortality Improvement Scale MP-2021, with employee rates before benefit commencement and healthy annuitant rates after benefit commencement.

Interest Rate The rate for determining the accrued benefit liability is 6.31% for 2024 and 4.5% for 2023.

Actuarial assumptions utilized 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.

7. Information Certified by The Northern Trust Company:

Included in the Plan's financial statements as of and for the years ended December 31, 2024 and 2023, is the following unaudited information prepared by the trustee, The Northern Trust Company. This information was furnished to the plan administrator who has obtained certification from the trustee that such information is complete and accurate.

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NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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Information included in the Statements of Net Assets Available for Benefits:

Plan Interest in the Albemarle Corporation Master Trust

Information included in the Statements of Changes Net in Assets Available for Benefits:

Interest in Income (Loss) from the Albemarle Corporation Master Trust

Net Assets and Total Investment Income (Loss) of the Master Trust included in Note 3

8. Subsequent Events:

As disclosed in Note 1 - Plan Merger, the Albemarle Corporation Pension Plan merged into the Albemarle Corporation Represented Pension Plan effective December 31, 2024. The remaining Albemarle Corporation Pension Plan's interest in the Albemarle Corporation Master Trust as of December 31, 2024, totaling \$3,102,902 formally transferred to the Albemarle Corporation Represented Pension Plan on January 25, 2025.

Effective January 1, 2025, the Plan is renamed the Albemarle Corporation Pension Plan and throughout the Plan any references to the "Albemarle Corporation Represented Pension Plan" or the "Albemarle Corporation Pension Plan for Represented Employees in Baton Rouge, LA" are replaced with "Albemarle Corporation Pension Plan."

The Plan evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through October 13, 2025, the date which the financial statements were available to be issued.

ALBEMARLE CORPORATION REPRESENTED PENSION PLAN
(Employer Identification Number 54-1692118)

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

3. Master Trust and Plan's Interest in Master Trust:

A summary of the net assets held by the Master Trust and other information follows:

	December 31, 2024	
	Master Trust Balances	Plan's Interest in Master Trust
Assets:		
Investments at Fair Value:		
Commingled Funds	\$ 52,016,482	\$ 48,881,894
Mutual Funds	387,888,826	387,502,589
U.S. Government Securities	39,313,376	39,313,376
Total Investments	479,218,684	475,697,859
Investment Income Receivable	4,004,860	1,276,231
Total Assets	483,223,544	476,974,090
Liabilities:		
Payable for Securities Purchased	(3,937,349)	(1,211,901)
Total Liabilities	(3,937,349)	(1,211,901)
Net Assets of the Master Trust	\$ 479,286,195	\$ 475,762,189

Attachment to 2024 Form 5500
Schedule SB, line 26 – Schedule of Active Participant Data

Plan Name: Albemarle Corporation Represented
Pension Plan
Plan Sponsor: Albemarle Corporation

EIN: 54-1692118
PN: 003

The number of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

Age	Years of Credited Service										Total	
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+		
0–24	-	-	-	-	-	-	-	-	-	-	-	-
25–29	-	1	-	-	-	-	-	-	-	-	-	1
30–34	-	7	7	1	-	-	-	-	-	-	-	15
35–39	-	3	4	3	-	-	-	-	-	-	-	10
40–44	-	7	10	9	3	1	-	-	-	-	-	30
45–49	-	4	4	2	4	2	2	-	-	-	-	18
50–54	-	1	1	3	6	3	3	1	-	-	-	18
55–59	-	-	2	4	3	-	4	10	4	-	-	27
60–64	-	-	1	1	-	-	3	10	7	1	-	23
65–69	-	-	-	1	-	-	2	7	5	-	-	15
70+	-	-	-	-	-	-	-	-	-	1	-	1
Total	-	23	29	24	16	6	14	28	16	2	-	158

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Albemarle Corporation Represented
Pension Plan

EIN: 54-1692118
PN: 003

Plan Sponsor: Albemarle Corporation

Appendix A – Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. The plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that the plan will be adequately and systematically funded and accounted for. There are several commonly-used cost methods which differ in how much of the ultimate cost is assigned to each prior and future year. Therefore, the pattern of annual contributions and accounting expense varies with the choice of cost method. Annual contributions and accounting expense vary with the choice of cost method. Annual contributions and accounting expense are also affected by the "asset valuation method" (as well as the plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the plan's ERISA funding requirements is the unit credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's future benefits.

Asset Valuation Method

The Actuarial Value of Assets used for determining the plan's ERISA funding requirements is equal to the Adjusted Market Value of Assets minus a decreasing fraction of the investment gain or loss for each of the preceding quarters immediately preceding the plan year, but it cannot be less than 90% nor more than 110% of the Adjusted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 4.5% per year) or the applicable statutory interest rate for the year.

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a seven-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Albemarle Corporation Represented
Pension Plan
Plan Sponsor: Albemarle Corporation

EIN: 54-1692118
PN: 003

Appendix B – Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election.

	Minimum Funding	Maximum Deductible
Segment 1 (0–5 years)	4.75%	3.62%
Segment 2 (5–20 years)	4.87%	4.46%
Segment 3 (20+ years)	5.59%	4.52%
Effective Interest Rate	5.08%	4.41%

ERISA minimum funding: 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor.

Maximum Deductible Contribution: 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization.

FASB ASC Topic 960: 6.31% per year (previously 4.50%). This is the assumed rate of return for the Plan's entire portfolio of assets.

DEMOGRAPHIC ASSUMPTIONS

Except where noted, demographic assumptions are based the actuary's judgment and continued review of experience.

Mortality

ERISA minimum funding and Maximum Deductible Contribution: Statutory generational tables for 2024 projected to anticipate greater future longevity, with separate rates for non-annuitants and annuitants.

FASB ASC Topic 960: Pri-2012 Total Dataset Mortality Table projected with Mortality Improvement Scale MP-2021, with employee rates before benefit commencement and healthy annuitant rates after benefit commencement (adopted December 31, 2021). As a generational table, it reflects mortality improvements both before and after the measurement date.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Albemarle Corporation Represented
Pension Plan
Plan Sponsor: Albemarle Corporation

EIN: 54-1692118
PN: 003

Withdrawal Rates (Baton Rouge)

Age	Less than 5 Years of Service	5+ Years of Service
0 - 25	20.0%	3.0%
26 - 30	8.0%	3.0%
31 - 35	5.0%	7.5%
36 - 40	3.0%	5.5%
41 - 45	10.0%	4.5%
46 - 50	4.0%	4.0%
51 - 54	2.0%	3.5%
55 +	0.0%	0.0%

Withdrawal Rates (Houston)

Age	Less than 5 Years of Service	5+ Years of Service
0 - 25	8.0%	6.0%
26 - 30	7.0%	6.0%
31 - 35	6.0%	5.0%
36 - 40	5.0%	5.0%
41 - 45	4.0%	4.0%
46 - 50	3.0%	4.0%
51 - 54	2.0%	2.0%
55 +	0.0%	0.0%

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Albemarle Corporation Represented
Pension Plan
Plan Sponsor: Albemarle Corporation

EIN: 54-1692118
PN: 003

Disability Rates

Age	Rate	Age	Rate
0 - 29	5.11%	50	1.59%
30	5.12%	51	1.46%
31	4.92%	52	1.35%
32	4.73%	53	1.25%
33	4.53%	54	1.17%
34	4.34%	55	1.10%
35	4.15%	56	1.25%
36	3.96%	57	1.42%
37	3.77%	58	1.62%
38	3.58%	59	1.85%
39	3.40%	60	2.10%
40	3.22%	61	2.39%
41	3.04%	62	2.72%
42	2.86%	63	3.09%
43	2.69%	64	3.51%
44	2.52%	65	3.97%
45	2.35%	66	4.48%
46	2.19%	67	5.04%
47	2.04%	68	5.64%
48	1.88%	69	6.28%
49	1.73%	70 +	6.28%

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Albemarle Corporation Represented
Pension Plan
Plan Sponsor: Albemarle Corporation

EIN: 54-1692118
PN: 003

Retirement Rates (Baton Rouge)

Age	Rate
55	2.0%
56	8.0%
57	3.0%
58	4.0%
59	10.0%
60	20.0%
61	25.0%
62 - 64	30.0%
65	20.0%
66 - 67	35.0%
68	20.0%
69	45.0%
70 +	100.0%

Terminated vested participants are assumed to commence at age 60.

Retirement Rates (Houston)

Age	Rate
55	4.0%
56	5.0%
57	3.0%
58	3.0%
59	7.0%
60	12.0%
61	6.0%
62 - 63	12.0%
64	20.0%
65 - 66	30.0%
67	25.0%
68	35.0%
69	45.0%
70 +	100.0%

Terminated vested participants are assumed to commence at age 60.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Albemarle Corporation Represented
Pension Plan

EIN: 54-1692118
PN: 003

Plan Sponsor: Albemarle Corporation

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Administrative Expenses Included in Funding Target Normal Cost

Expenses are assumed to be equal to the prior year's actual administrative expenses paid from the trust (excluding PBGC premiums) increased by 5% plus current year's PBGC premium, rounded to the nearest \$10,000. The assumption for the 2024 Plan Year is \$220,000.

Marital Characteristics

For participants not in pay status: 80% of male participants are assumed to be married and 50% of females are assumed to be married, with males 3 years older than females.

For participants in pay status: Actual birth dates of spouses are included in the census data, where relevant.

For beneficiaries: Actual birth dates are included in the census data, where relevant.

Benefits Not Valued

All plan benefits are valued.

Special Data Adjustments

None.

Participant Data

The census of plan participants was provided by the plan administrator as of January 1, 2024.

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Interest rates for ERISA minimum funding: Effective January 1, 2024, the interest rates used to determine the minimum funding requirements were updated based on the applicable 24-month average segment rates with a four-month lookback from the valuation date, adjusted to reflect the applicable segment rate stabilization corridor. The interest rates were updated to comply with IRS requirements.

Interest rates for Maximum Deductible Contribution: Effective January 1, 2024, the interest rates used for maximum deductible purposes were updated as noted above, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with IRS requirements.

Interest rates for FASB ASC Topic 960: Effective January 1, 2024, the interest rate used for FASB ASC Topic 960 purposes was updated from 4.50% to 6.31%.

Mortality for ERISA minimum funding and Maximum Deductible Contribution: Effective January 1, 2024, the mortality assumption was updated as prescribed by IRC Section 430(h)(3)(A). The mortality assumption was updated to comply with IRS requirements.

Schedule R, line 18 — Funded Percentage of Plans Contributing to the Liabilities of Plan Participants

Effective December 31, 2024, the Albemarle Corporation Pension Plan was merged into the Albemarle Corporation Represented Pension Plan. This merged plan was then subsequently renamed as the Albemarle Corporation Pension Plan. As a result, there are liabilities to participants or their beneficiaries under the plan at the end of the plan year, which consisted of liabilities under both plans as of the last day of the 2023 plan year.

Prior Plan Name	Employer Identification Number	Plan Number	Funding Target Attainment Percentage as of 12/31/2023
Albemarle Corporation Pension Plan	54-1692118	001	87.04%
Albemarle Corporation Represented Pension Plan	54-1692118	003	101.99%

Attachment to 2024 Form 5500
Schedule SB, line 22 – Weighted Average Retirement Age

Plan Name: Albemarle Corporation Represented
Pension Plan
Plan Sponsor: Albemarle Corporation

EIN: 54-1692118
PN: 003

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	57.3455	0.0203	1.1627	63.9462
56	57.4384	0.0399	2.2919	128.3445
57	59.3121	0.0198	1.1737	66.9001
58	64.1550	0.0228	1.4624	84.8208
59	65.4859	0.0555	3.6369	214.5782
60	66.4741	0.0986	6.5518	393.1105
61	65.3808	0.0708	4.6278	282.2962
62	61.0108	0.1031	6.2920	390.1054
63	56.9115	0.0956	5.4422	342.8612
64	54.5587	0.1351	7.3700	471.6779
65	52.1651	0.2885	15.0503	978.2697
66	39.1219	0.2948	11.5344	761.2714
67	27.9138	0.2471	6.8970	462.0972
68	20.6402	0.3338	6.8891	468.4582
69	14.6745	0.4342	6.3714	439.6276
70	8.5064	1.0000	8.5064	595.4457
71	1.0000	1.0000	1.0000	71.0000
Total			96.2600	6,214.8108
Average				64.56



**HANNIS T.
BOURGEOIS**
CPAs + BUSINESS ADVISORS

2322 TREMONT DRIVE | BATON ROUGE, LA 70809
TEL. 225.928.4770 | WWW.HTBCPA.COM
PROUDLY SERVING LOUISIANA SINCE 1924

October 13, 2024

Albemarle Corporation Represented
Pension Plan
4250 Congress Street
Charlotte, NC 28209-0000

RE: DOL mandatory E-FILE Authorization

Dear Albemarle Corporation,

The Department of Labor (DOL) requires all Form 5500s to be filed electronically. They will not accept paper filings for plan years beginning on or after January 1, 2009.

This letter will serve as written authorization allowing us to E-file the Form 5500 on your behalf. Please sign and date the acknowledgment below and return to our office.

In addition, please sign and date page 1 of the 5500 and return to our office. This page will be sent with the electronic filing of the 5500. By electing to use this option, the image of the Plan Administrator's signature will be included with the rest of the annual report posted by the Labor Department on the Internet for public disclosure.

Please feel free to contact us with any questions you may have.

Sincerely,

HANNIS T. BOURGEOIS, LLP

I give authorization to Hannis T. Bourgeois, LLP to submit the 2024 Form 5500 for electronic filing.

Signed: Donald J LaBauve, Jr

Dated: 10/13/2025

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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 <hr/> 2024 <hr/> This Form is Open to Public Inspection
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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.)

B This return/report is: a single-employer plan a DFE (specify) _____
 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

1a Name of plan ALBEMARLE CORPORATION REPRESENTED PENSION PLAN	1b Three-digit plan number (PN) ▶	003
	1c Effective date of plan	03/01/1994
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) ALBEMARLE CORPORATION 4250 CONGRESS STREET CHARLOTTE NC 28209-0000	2b Employer Identification Number (EIN)	54-1692118
	2c Plan Sponsor's telephone number	980-299-5700
	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.

SIGN HERE	<i>Donald J LaBauve, Jr</i>	10/13/2025	DJ LABAUVE JR.
	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 checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

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 ALBEMARLE CORPORATION PENSION PLAN FOR REPRESENTED EMPLOYEES IN BATON ROUGE, LA	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	921
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)	158
a(2) Total number of active participants at the end of the plan year	6a(2)	299
b Retired or separated participants receiving benefits	6b	2,088
c Other retired or separated participants entitled to future benefits	6c	544
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	2,931
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	502
f Total. Add lines 6d and 6e	6f	3,433
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)	
(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	2
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

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)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information - Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____</p> <p>(4) <input type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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 Albemarle Corporation Represented Pension Plan		B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Albemarle Corporation		D Employer Identification Number (EIN) 54-1692118	
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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	81,033,731	
b Actuarial value	2b	80,786,582	
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	613	50,908,310	50,908,310
b For terminated vested participants	176	7,290,627	7,290,627
c For active participants	158	13,464,295	13,828,973
d Total	947	71,663,232	72,027,910
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	5.08 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	39,220	
b Expected plan-related expenses	6b	220,000	
c Target normal cost	6c	259,220	

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		9/16/2025
	Signature of actuary	Date
Christian Goodman	Type or print name of actuary	23-07277
		Most recent enrollment number
Milliman	Firm name	(214) 863-5500
		Telephone number (including area code)
12790 Merit Drive, Suite 800	Address of the firm	
Dallas TX 75251-1250		

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

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)	6,871,525	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	6,871,525	0
10	Interest on line 9 using prior year's actual return of <u>6.55%</u>	450,085	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>5.25%</u>		
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
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		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	7,321,610	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.99%
15	Adjusted funding target attainment percentage	15	112.16%
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	202.02%
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
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28**

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	259,220
b Excess assets, if applicable, but not greater than line 31a	31b	259,220

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment.....		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

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

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	

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. 2019 2020 2021