

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>OLIN CORPORATION EMPLOYEES PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</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>OLIN CORPORATION</u></p> <p><u>190 CARONDELET PLAZA</u> <u>SUITE 1530</u> <u>CLAYTON, MO 63105-3443</u></p>	<p>1c Effective date of plan <u>01/01/1967</u></p> <p>2b Employer Identification Number (EIN) <u>13-1872319</u></p> <p>2c Plan Sponsor's telephone number <u>314-480-1400</u></p> <p>2d Business code (see instructions) <u>325100</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.	10/15/2025	CHRISTOPHER OUSLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	VALERIE PETERS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor PENSION AND CEOP ADMINISTRATIVE COMMITTEE OLIN CORPORATION 190 CARONDELET PLAZA SUITE 1350 ST. LOUIS, MO 63105-3443	3b Administrator's EIN 06-0943550																				
	3c Administrator's telephone number 314-480-1400																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN																				
	4d PN																				
5 Total number of participants at the beginning of the plan year	5 19133																				
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr><td>6a(1)</td><td>1970</td></tr> <tr><td>6a(2)</td><td>1813</td></tr> <tr><td>6b</td><td>10253</td></tr> <tr><td>6c</td><td>4008</td></tr> <tr><td>6d</td><td>16074</td></tr> <tr><td>6e</td><td>2472</td></tr> <tr><td>6f</td><td>18546</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td>0</td></tr> </table>	6a(1)	1970	6a(2)	1813	6b	10253	6c	4008	6d	16074	6e	2472	6f	18546	6g(1)		6g(2)		6h	0
6a(1)	1970																				
6a(2)	1813																				
6b	10253																				
6c	4008																				
6d	16074																				
6e	2472																				
6f	18546																				
6g(1)																					
6g(2)																					
6h	0																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

A Name of plan <u>OLIN CORPORATION EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OLIN CORPORATION</u>	D Employer Identification Number (EIN) <u>13-1872319</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>1856803383</u>
	b Actuarial value	2b	<u>2000217435</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>12790</u>	<u>1301540667</u>
	b For terminated vested participants	<u>5119</u>	<u>373933890</u>
	c For active participants	<u>1224</u>	<u>209058467</u>
	d Total	<u>19133</u>	<u>1884533024</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>5.14 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>333250</u>
	b Expected plan-related expenses	6b	<u>4662162</u>
	c Target normal cost	6c	<u>4995412</u>

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

SIGN HERE Signature of actuary <u>VINCENT CARPENTER, FSA, MAAA, EA</u> Type or print name of actuary <u>SEGAL</u> Firm name <u>66 HUDSON BLVD E 20TH FLOOR</u> <u>NEW YORK, NY 10001-2192</u> Address of the firm	<u>09/15/2025</u> Date <u>23-08041</u> Most recent enrollment number <u>212-251-5000</u> Telephone number (including area code)
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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)	576004628	17758825
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	11186648	0
9	Amount remaining (line 7 minus line 8)	564817980	17758825
10	Interest on line 9 using prior year's actual return of <u>10.43</u> %	58910515	1852245
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>5.22</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	623728495	19611070

Part III Funding Percentages			
14	Funding target attainment percentage	14	71.95 %
15	Adjusted funding target attainment percentage	15	106.06 %
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	103.28 %
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" 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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 4995412
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 4995412
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	4995412	0	4995412	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

SCHEDULE C (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>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 OLIN CORPORATION EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 OLIN CORPORATION	D Employer Identification Number (EIN) 13-1872319	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

OLIN CORPORATION

13-1872319

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35 50	EMPLOYEES OF EMPLOYER	684466	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL GROUP, INC.

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	904533	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONDUENT HR SERVICES

04-3609848

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	120758	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

WELLS FARGO ADVISORS

34-1542819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	42500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OLIN CORPORATION

13-1872319

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	EXPENSES OF EMPLOYER	60740	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RUBINBROWN LLP

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	20800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

LIFESTATUS360 LLC

94-3389460

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	6280	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name: STEVEN ROSNER	b EIN: 06-0839113
c Position: CONSULTING ACTUARY	
d Address: SEGAL, 66 HUDSON BLVD E NEW YORK, NY 10001-2192	e Telephone: 212-251-5000

Explanation: THE ENROLLED ACTUARY WAS CHANGED DUE TO THEIR DEPARTURE FROM THE FIRM.

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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>OLIN CORPORATION EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OLIN CORPORATION</u>	D Employer Identification Number (EIN) <u>13-1872319</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>OLIN CORP MASTER RETIREMENT TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>OLIN CORPORATION</u>		
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)	
<u>06-1230425-151</u>	<u>M</u>		<u>1798624029</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan OLIN CORPORATION EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 OLIN CORPORATION	D Employer Identification Number (EIN) 13-1872319

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(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)		
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)	1856803383	1798624029
(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)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	1856803383 1798624029
Liabilities			
g	Benefit claims payable.....	1g	
h	Operating payables.....	1h	874104 1756119
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	874104 1756119
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	1855929279 1796867910

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.

		(a) Amount	(b) Total
Income			
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)		85611186
(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		85611186

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	139377641	
(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)		139377641
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)	684466	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	20800	
(5) Investment advisory and investment management fees	2i(5)	42500	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	904533	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3642615	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5294914
j Total expenses. Add all expense amounts in column (b) and enter total	2j		144672555

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-59061369
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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: RUBINBROWN LLP

(2) EIN: 43-0765316

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		10000000
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.)			
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)

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 555300.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>OLIN CORPORATION EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OLIN CORPORATION</u>	D Employer Identification Number (EIN) <u>13-1872319</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-1872319

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	16
--	---	----

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: 24.9 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 47.8 %
 High-Yield Debt: 7.3 % Real Assets: 0.3 % Cash or Cash Equivalents: 3.4 % Other: 16.4 %

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 _____.

OLIN CORPORATION
EMPLOYEES PENSION PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2024

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CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

Independent Auditors' Report

Pension and Fringe Benefit Committee
and Plan Administrator
Olin Corporation Employees Pension Plan
Clayton, Missouri

Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Olin Corporation Employees Pension 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 statement of accumulated plan benefits as of January 1, 2024 and related statement of changes in accumulated plan benefits for the year 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 Olin Corporation Employees Pension 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 certifications from a qualified institution as of December 31, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 4 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 Auditors' 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. Our responsibilities under those standards are further described in the Auditors' Responsibilities For The Audit Of The Financial Statements section of our report. We are required to be independent of Olin Corporation Employees Pension 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 Olin Corporation Employees Pension Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' 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 auditors' 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 auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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 Olin Corporation Employees Pension 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 Olin Corporation Employees Pension Plan's ability to continue as a going concern for a reasonable period of time.

Pension and Fringe Benefit Committee
and Plan Administrator
Olin Corporation Employees Pension Plan

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

RubinBrown LLP

October 14, 2025

OLIN CORPORATION EMPLOYEES PENSION PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
Assets		
Investments - At Fair Value		
Investment in Olin Corporation Master Trust	\$ 1,798,624,029	\$ 1,856,803,383
Liabilities		
Accrued expenses	1,756,119	874,104
Net Assets Available For Benefits	\$ 1,796,867,910	\$ 1,855,929,279

OLIN CORPORATION EMPLOYEES PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended December 31,	
	2024	2023
Deductions From Net Assets Attributed To:		
Benefits paid directly to participants	\$ 139,377,641	\$ 140,470,421
Administrative expenses	9,585,088	15,638,221
Total Deductions	148,962,729	156,108,642
Investment Income		
Investment income - Olin Corporation Master Trust	89,901,360	187,703,784
Net Increase (Decrease)	(59,061,369)	31,595,142
Net Assets Available For Benefits - Beginning Of Year	1,855,929,279	1,824,334,137
Net Assets Available For Benefits - End Of Year	\$ 1,796,867,910	\$ 1,855,929,279

OLIN CORPORATION EMPLOYEES PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

January 1, 2024

Actuarial Present Value Of Accumulated Plan Benefits

Vested benefits:

Participants currently receiving payments

\$ 1,156,309,051

Other participants

482,389,063

1,638,698,114

Nonvested benefits

2,053,777

**Total Actuarial Present Value Of Accumulated
Plan Benefits**

\$ 1,640,751,891

OLIN CORPORATION EMPLOYEES PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
For The Year Ended January 1, 2024

Actuarial Present Value Of Accumulated Plan Benefits - Beginning Of Year	<u>\$ 1,669,108,085</u>
Increase (Decrease) During The Year Attributable To:	
Interest due to the decrease in the discount period	107,912,351
Benefits accumulated and actuarial experience	4,201,876
Benefits paid	<u>(140,470,421)</u>
Net Decrease	<u>(28,356,194)</u>
Actuarial Present Value Of Accumulated Plan Benefits - End Of Year	<u><u>\$ 1,640,751,891</u></u>

OLIN CORPORATION EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 And 2023

1. Description Of The Plan

The following brief description of the Olin Corporation Employees Pension Plan (the Plan) is provided for general information only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering substantially all employees of Olin Corporation (the Company or Olin) and certain subsidiaries, which have agreed to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan was closed to salaried and certain nonbargaining employees hired after December 31, 2004 and it was subsequently frozen with respect to all salaried and certain nonbargaining employees effective December 31, 2007. It was also closed to bargaining hourly employees hired on and after December 5, 2005, employed at the East Alton, Illinois facility, and effective January 31, 2009, it was frozen with respect to East Alton bargaining employees who were younger than age 45 on that date. The Plan was frozen for the hourly bargaining employees employed at the Bryan, Ohio facility effective December 31, 2006 and the hourly bargaining employees employed at the Montpelier, Ohio facility effective August 31, 2007. The Plan was closed effective March 1, 1997 for employees at the Niagara Falls, New York facility. Effective May 25, 2008, the Plan was frozen for the hourly employees at the McIntosh, Alabama facility.

Effective October 5, 2015, Olin acquired a division of The Dow Chemical Company (Dow). Certain accrued benefits associated with active and former employees related to the business acquired (transferred participants) who participated in the Pension Equity Plan Component and the Personal Pension Account Component of the Dow Employees' Pension Plan were transferred to the Olin Corporation Employees Pension Plan. There were also a very limited number of participants' benefits from two other qualified pension plans sponsored by Dow that were transferred into the Plan. As of the transfer date, the transferred participants no longer continue to accrue benefits, however they continued to earn an interest credit of 8% until May 31, 2016. Participants continue to receive the fixed interest crediting rate at 6% annually beginning June 1, 2016. Based on the agreement between Olin and Dow, Dow transferred assets of \$184,339,794 to the Plan in exchange for the assumption of the accumulated plan benefits of the transferred participants.

OLIN CORPORATION EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

Pension Benefits And Vesting

Under the terms of the Plan, participants are eligible for a normal retirement benefit upon reaching age 65. Benefit payments for the participants are calculated based on the applicable Plan provisions.

Eligible participants can elect to receive the benefit at age 60, 62, or 65 and receive an unreduced benefit depending on the Plan provisions or receive an early immediate benefit reduced for age.

Depending on Plan provisions, Plan participants who retire at or after age 60 or age 62 with the required years of service may be eligible for special early retirement. The benefit is calculated in the same manner as a normal retirement benefit without a reduction for age.

Participants become fully vested after five years of service.

Death And Disability Benefits

The Plan provides a pre-retirement surviving spouse benefit to the spouse of a deceased vested active or terminated participant (provided they had been married throughout the one-year period ending on the date of death) and various post retirement survivors' options which participants elect upon retirement.

In the event certain nonbargaining participants have not attained normal retirement and become totally and permanently disabled while in the employment of the Company, such participants may be eligible for a disability retirement benefit.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Estimates And Assumptions

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

OLIN CORPORATION EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

Valuation Of Investments And Income Recognition

Investments in the Olin Corporation Master Trust (the Master Trust) which are held in custody at Northern Trust Company (the Trustee) are recorded at fair value. Fair value is the price that would be received in an asset sale or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Interest income on investments is recorded as earned on the accrual basis. Purchases and sales of securities are reflected on a trade-date basis. Dividends are recorded on the ex-dividend date. Net change in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Administrative Expenses

Fees for investment management services, actuarial services, audit services and other expenses are paid by the Plan.

Actuarial Present Value Of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

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

OLIN CORPORATION EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

The significant actuarial assumptions used in the valuation as of January 1, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Interest Rate	6.75%	6.75%
Retirement	Olin Legacy - Varies by age between 55 and 67 Dow - Varies by age between 50 and 70	Olin Legacy - Varies by age Between 55 and 67 Dow - Varies by age between 50 and 70
Mortality	Olin's substitute Plan-specific mortality tables approved by the IRS utilizing assumptions from the Blue Collar Pri-2012 projected generationally using SSA 2021 and certain other Plan experience adjustment factors.	Olin's substitute Plan-specific mortality tables approved by the IRS utilizing assumptions from the Blue Collar Pri-2012 projected generationally using SSA 2021 and certain other Plan experience adjustment factors.
Actuarial Cost Method	Projected Unit Credit Actuarial Cost Method	Projected Unit Credit Actuarial Cost Method

The valuations reflect annual deductions of \$4,662,162 and \$10,596,768 for anticipated administrative expenses associated with providing benefits for 2024 and 2023, respectively. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment Of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Management evaluates subsequent events through the date the financial statements are available for issue, which is the date of the Independent Auditors' Report.

3. Funding Policy

The Company's policy is to make contributions to provide the benefits under the Plan. Required contributions are calculated using the projected unit credit actuarial cost method.

OLIN CORPORATION EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

The Plan met the minimum funding requirements of ERISA for the Plan years ended December 31, 2024 and 2023 by electing to apply the amount required from the Plan's funding standard carryover balance. The funding standard carryover balance is the result of contributions made to the Plan in previous years that were in excess of the minimum required contribution amount.

4. Certified Investment Information

Financial information related to the Plan's investments in the Master Trust is included in the financial statements and is based on information supplied by the Trustee. The fair value of Plan assets and investment income, which has not been audited by the Plan's independent auditors, has been certified by the Trustee as complete and accurate.

5. Investment In Master Trust

The Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan and another Company-sponsored retirement plan. Each plan is a sub-account under the Master Trust. The Plan may invest in any or all of the investments in the Master Trust. Financial information relating to the investments in the Master Trust is included in the financial statements and is based on information provided by the Trustee.

Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon units of participation held by each plan. Administrative and investment management expenses are paid from the Master Trust and are allocated to the Plan as a reduction of investment income.

OLIN CORPORATION EMPLOYEES PENSION PLAN

Notes To Financial Statements (Continued)

The fair value of the Master Trust assets, which has not been audited by the Plan's independent auditors, has been certified by the Trustee as complete and accurate. The following table presents the net assets of the Master Trust at December 31, 2024 and 2023:

	2024		2023	
	Master Trust	Plan's Interest In Master Trust	Master Trust	Plan's Interest In Master Trust
Assets				
Investments				
Common stocks	\$ 36,264,850	\$ 36,264,850	\$ 36,101,593	\$ 36,101,593
Registered investment companies	193,064	193,064	—	—
Common/collective trusts	538,662,805	525,716,415	743,727,781	733,738,225
Corporate debt instruments	479,699	479,699	460,228	460,228
U. S. government securities	397,854,304	266,948,172	382,495,431	244,798,533
Partnerships/joint venture interests	343,878,827	343,878,827	281,057,080	281,057,080
Hedge funds	624,610,073	624,610,073	557,480,468	557,480,468
Other investments	2,095,677	528,915	2,398,615	520,176
Total Investments	1,944,039,299	1,798,620,015	2,003,721,196	1,854,156,303
Receivables				
Interest and dividends	1,704,400	1,182,683	2,797,815	2,341,214
Due from broker for securities sold, net of securities purchased	—	—	304,597	304,597
Total Receivables	1,704,400	1,182,683	3,102,412	2,645,811
Cash	—	—	1,269	1,269
Total Assets	1,945,743,699	1,799,802,698	2,006,824,877	1,856,803,383
Liabilities				
Due to broker for securities purchased, net of securities sold	1,178,669	1,178,669	—	—
Net Assets Available For Benefits	\$ 1,944,565,030	\$ 1,798,624,029	\$ 2,006,824,877	\$ 1,856,803,383

During the years ended December 31, 2024 and 2023, investments income in the Master Trust investments was as follows:

	2024	2023
Investment Income		
Net change in fair value of investments	\$ 68,711,623	\$ 175,273,709
Interest and dividend income	24,540,401	17,971,055
Net Investment Income	\$ 93,252,024	\$ 193,244,764

6. Fair Value Measurements Of The Master Trust

The Master Trust utilizes an established framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

OLIN CORPORATION EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Master Trust has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

Common Stocks

Valued at the closing price reported on the active market on which the individual securities are traded.

OLIN CORPORATION EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

Corporate Debt Instruments And U.S. Government Securities

Valued at either the closing price reported on the active market on which the individual securities are traded or valued by a pricing service which determines the valuation of normal institutionalized trading units of such securities using methods based upon market transactions for comparable securities and various relationships between securities which are generally recognized by institutional traders.

Registered Investment Companies

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/Collective Trusts

Valued at the NAV or NAV equivalent of units of the individual common/collective trusts. The NAV or NAV equivalent, as provided by the trustee of each of the invested funds, is used as a practical expedient to estimate fair value. The NAV or NAV equivalent is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV or NAV equivalent.

Partnerships/Joint Venture Interests And Hedge Funds

Valued at the NAV or NAV equivalent of units held by the Master Trust at year end. The NAV or NAV equivalent, as provided by the trustee of each of the invested funds, is used as a practical expedient to estimate fair value. The NAV or NAV equivalent is determined by dividing the net assets of the limited partnership or hedge fund by the respective partnership interest or number of units outstanding on the day of valuation.

Other Investments

Other investments, which include foreign government bonds, municipal/provincial bonds and REITs, are valued under various methods including: (1) evaluated price which is based on a compilation of observable market inputs in a nonactive market; (2) the fair market value of the underlying investments; and (3) valued by the fund managers and annuity certificates held by the custodian with a nominal value of \$1.00 each.

OLIN CORPORATION EMPLOYEES PENSION PLAN

Notes To Financial Statements (Continued)

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

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value at December 31, 2024 and 2023:

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 36,264,850	\$ —	\$ —	\$ 36,264,850
Registered investment companies	193,064	—	—	193,064
Corporate debt instruments	—	479,699	—	479,699
U.S. government securities	—	397,854,304	—	397,854,304
Other investments	525,787	1,569,890	—	2,095,677
Total Assets In The Fair Value Hierarchy	\$ 36,983,701	\$ 399,903,893	\$ —	436,887,594
Common/collective trusts measured at net asset value {a}				538,662,805
Partnerships/joint venture interests measured at net asset value {a}				343,878,827
Hedge funds measured at net asset value {a}				624,610,073
Total Investments At Fair Value				<u>\$ 1,944,039,299</u>
	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 36,101,593	\$ —	\$ —	\$ 36,101,593
Corporate debt instruments	—	460,228	—	460,228
U.S. government securities	—	382,495,431	—	382,495,431
Other investments	504,958	1,893,657	—	2,398,615
Total Assets In The Fair Value Hierarchy	\$ 36,606,551	\$ 384,849,316	\$ —	421,455,867
Common/collective trusts measured at net asset value {a}				743,727,781
Partnerships/joint venture interests measured at net asset value {a}				281,057,080
Hedge funds measured at net asset value {a}				557,480,468
Total Investments At Fair Value				<u>\$ 2,003,721,196</u>

OLIN CORPORATION EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

{a} Certain investments that are measured at fair value using the NAV per share/unit (or its equivalent) as a practical expedient 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 amounts presented in Note 5.

Fair Value Measurements Of Investments In Certain Entities That Calculate Net Asset Value Per Share

	December 31, 2024					Redemption Notice Period
	Fair Value	Unfunded Commitments	Remaining Life	Redemption Frequency		
Common/collective trusts {a}	\$ 538,662,805	\$ —	Not applicable	Daily & Monthly		1-90 days
Partnerships/joint venture interests {b}						
Open-ended interests	300,284,253	7,636,000	Not applicable	Daily, Monthly & Quarterly		1 day to 10 years
Closed-end interests	43,594,574	58,964,000	1 - 5 years	Not applicable		Not applicable
Hedge funds {c}	624,610,073	—	Not applicable	Monthly & Quarterly		30 days to 3 years
Total	<u>\$ 1,507,151,705</u>	<u>\$ 66,600,000</u>				
	December 31, 2023					Redemption Notice Period
	Fair Value	Unfunded Commitments	Remaining Life	Redemption Frequency		
Common/collective trusts {a}	\$ 743,727,781	\$ —	Not applicable	Daily & Monthly		1-90 days
Partnerships/joint venture interests {b}						
Open-ended interests	250,245,455	11,181,000	Not applicable	Daily & Quarterly		1 day to 10 years
Closed-end interests	30,811,625	77,199,000	1 - 5 years	Not applicable		Not applicable
Hedge funds {c}	557,480,468	—	Not applicable	Monthly & Quarterly		30 days to 3 years
Total	<u>\$ 1,582,265,329</u>	<u>\$ 88,380,000</u>				

{a} Common/collective trusts - This class includes investments in domestic equity, international equity, emerging markets and fixed income securities in order to maximize total return.

{b} Partnerships/joint venture interests - This class includes partnerships and joint ventures that seek to outperform index returns through controlling or influential minority stakes in the portfolio companies, and stable and predictable revenue streams from utility companies.

{c} Hedge funds - This class includes the following types of hedge funds:

- Event driven hedge funds - This class includes hedge funds that invest in securities to capture excess returns that are driven by market or specific company events, including activist investment philosophies and the arbitrage of equity and private and public debt securities.
- Market neutral hedge funds - This class includes investments in U.S. and international equities and fixed income securities while maintaining a market neutral position in those markets.
- Other hedge funds - This class primarily includes long and short equity strategies and a global macro fund which invests in fixed income, equity, currency, commodity and related derivative markets.

OLIN CORPORATION EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

There have been no changes in the methodologies used at December 31, 2024 or 2023.

7. Derivatives

The Master Trust enters into derivative contracts (derivatives) to meet investment objectives and manage overall market exposure and liquidity needs. Derivatives consist of futures contracts. The combination of portfolio holdings and the holdings of these derivatives must meet the Master Trust's guidelines with respect to duration, sector and credit/issuer exposure. The Master Trust holds exchange-traded derivatives, which are standard contracts traded on a regular exchange.

The Master Trust values exchange-traded derivative contracts at their last sales price on the exchange where the contract is primarily traded, as determined by the Trustee. There is minimal counterparty credit risk to the Master Trust because these contracts are exchange-traded and the exchange's clearinghouse, as counterparty to all exchange-traded contracts, guarantees the contracts against default.

Derivatives are subject to various risks similar to those related to the underlying financial instruments, including market and credit risk. The risks of derivatives should not be viewed in isolation, but rather should be considered on an aggregate basis along with the Master Trust's other investing and trading activities. The Master Trust manages its exposure to market risk related to trading instruments on an aggregate basis combining the effects of cash instruments and derivative contracts.

In the normal course of business, the Master Trust is exposed to credit, performance and global market risk. To manage these risks, the Master Trust enters into various derivative contracts. Equity contracts consist of futures and are used to hedge the risk associated with taking a position in stock by setting limits to the losses. Fixed income contracts consist of futures and are used to provide a regular return from the underlying fixed income securities.

The following table represents the outstanding notional balances by derivative type at December 31, 2024:

<u>Type Of Instrument</u>	<u>Outstanding Notional Balances Long Contracts</u>
Equity contracts	\$ 6,749,558
Fixed income contracts	647,282,250
	<u>\$ 654,031,808</u>

OLIN CORPORATION EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

Loss on derivatives amounted to \$41,828,927 for the year ended December 31, 2024.
Gain on derivatives amounted to \$6,293,515 for the year ended December 31, 2023.

8. Risks And Uncertainties

The Plan, via the Master Trust, invests in investment securities, which are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with investment securities, and the uncertainty related to changes in the value of such securities, it is at least reasonably possible that changes in risks in the near-term could materially affect the amounts reported in the statements of net assets available for benefits and changes in net assets available for benefits.

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

9. Plan Termination

The Plan provides that if, within three years following a nonnegotiated change of control of the Company, any corporate action is taken or filing is made in contemplation of, among other things, a plan termination or merger or other transfer of assets or liabilities of the Plan, and such termination, merger or transfer thereafter takes place, Plan benefits would automatically be increased for affected participants (and retired participants) to absorb any Plan surplus.

Although the Company has not expressed any intent to terminate the Plan, it may do so at any time.

OLIN CORPORATION EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Whether a particular participant's accumulated pension benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. There is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2025, that ceiling is \$7,432 per month and applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all. A description of the priority order of participant claims to the net assets is included in the Plan. A description of benefits guaranteed by the PBGC is included in the Plan booklets. Both of these documents can be obtained from the Plan Administrator at the Company's office in Clayton, Missouri.

OLIN CORPORATION EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

10. Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated January 29, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended and restated since receiving the determination letter. The Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

11. Transactions With Parties In Interest

Fees for operation of the Plan are paid from the Master Trust. The Company is one of the Plan's service providers and received reimbursement of \$1,237,398 and \$730,150 in 2024 and 2023, respectively, from the Master Trust for operational expenses in administering the Master Trust and the individual plans participating in the Master Trust. Of the amounts shown above, \$964,348 and \$673,422 were reimbursed in 2024 and 2023, respectively, from the Plan. These reimbursements represent allowable party in interest transactions under ERISA guidelines.

Strategic Investment Management, L.P. serves as the independent investment advisor to the Master Trust. Fees related to these services are paid by the Master Trust and represent allowable party in interest transactions under ERISA.

Northern Trust Company serves as Custodial Trustee for the Master Trust. Fees charged to the Master Trust, on behalf of the Plan, are customary and reasonable and qualify as allowable party in interest transactions.

Participants in active service by age and years of benefit service as of January 1, 2024

Age	Years of Benefit Service										40 & Over	
	Total	Less than 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39		
Under 25	--	--	--	--	--	--	--	--	--	--	--	--
25 - 29	1	--	1	--	--	--	--	--	--	--	--	--
30 - 34	54	1	52	1	--	--	--	--	--	--	--	--
35 - 39	97	--	65	30	2	--	--	--	--	--	--	--
40 - 44	136	--	62	48	23	1	--	--	--	--	--	--
45 - 49	162	--	53	56	34	17	--	--	--	--	--	--
50 - 54	197	1	40	57	52	37	5	3	--	1	--	--
55 - 59	287	--	46	45	42	59	39	55	1	--	--	--
60 - 64	198	--	19	18	26	27	23	36	33	8	2	--
65 - 69	76	--	3	4	6	5	6	16	10	17	5	--
70 & Over	16	--	4	2	1	--	--	1	2	3	2	--
Total	1,224	2	345	261	186	146	73	111	46	29	9	--

Blue Cube Participants in active service by age, years of benefit service and account balances as of January 1, 2024

Age	Total	Years of Benefit Service										
		Less than 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Over	
Under 25	--	--	--	--	--	--	--	--	--	--	--	--
25 - 29	1	--	1	--	--	--	--	--	--	--	--	--
30 - 34	54	1	52	1	--	--	--	--	--	--	--	--
35 - 39	95	--	63	30	2	--	--	--	--	--	--	--
40 - 44	92	--	41	29	21	1	--	--	--	--	--	--
45 - 49	100	--	36	29	18	17	--	--	--	--	--	--
50 - 54	87	--	18	22	18	22	4	3	--	--	--	--
55 - 59	126	--	13	6	10	21	20	55	1	--	--	--
60 - 64	81	--	7	7	4	5	7	25	21	5	--	--
65 - 69	35	--	2	2	2	3	1	4	5	15	1	1
70 & Over	5	--	1	--	--	--	--	--	1	1	2	2
Total	676	1	234	126	75	69	32	87	28	21	3	3
	184,781	--	13,552	66,135	140,789	224,754	374,033	431,208	691,065	781,498	--	--

Actuarial Assumptions and Methodologies (Funding)

Certain assumptions are prescribed as noted below. The other assumptions are estimates derived from historical and recent experience as well as market observations, combined with professional judgment about future expectations. Segal’s report as of January 12, 2018 and Valuation Review presentation dated October 2020 shows a recent analysis upon which these assumptions are based.

Interest for IRS funding purposes

The interest rates used for the 2024 plan year are the 24-month average corporate bond segment rates for January 2024 subject to funding stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner (24-month average corporate bond rates) but are then constrained to be within a corridor around a 25-year average of those same bond rates. Each of the three segments of the yield curve reflecting the 25-year average rates is constrained to be no less than 5%. For 2024, the stabilization corridor is 5%. It will remain at 5% through 2030 and then increase by 5% per year beginning in 2031 until it reaches 30% for 2035. The interest rate description above reflects that the plan sponsor elected to apply the ARPA provisions beginning with the 2021 plan year. The rates are as follows:

Assumption	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter	Effective Interest Rate
Current Year, reflecting stabilization	4.75%	4.96%	5.59%	5.14%
Current Year, without stabilization	4.37%	4.96%	4.95%	4.91%
Prior Year, reflecting stabilization	4.75%	5.00%	5.74%	5.22%
Prior Year, without stabilization	2.13%	3.62%	3.93%	3.64%

Interest for PBGC premium purposes

Under the Standard Method, the interest rates used to determine the PBGC variable-rate premium for the 2024 plan year are the average corporate bond segment rates for December 2023, as follows:

Year	Method	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter
Current Year	Standard	5.01%	5.13%	5.15%
Prior Year	Standard	4.84%	5.15%	4.85%

These interest rates are based on the plan sponsor’s election for the 2022 plan year (an election that can next be changed for the 2027 plan year) and are subject to the constraints established by law.

Mortality Rates

The IRS has approved Olin’s use of substitute plan-specific mortality tables. The mortality assumption is the Base 2018 Tables as approved by the IRS with generational projection from 2018 using the Adjusted MP-2021 scale as described in the final IRS mortality regulations release in October 2023. The 2018 Base Tables were constructed by projecting the RP-2014 tables (adjusted back to 2006) to 2018 with generational projection using Scale MP-2021, and then adjusting the mortality rates by certain plan experience adjustment factors. (previously, the mortality assumption was the Base 2018 Tables as approved by the IRS with generational projection from 2018 using Scale MP-2021.)

This assumption is one of the choices allowed by the regulations.

Salary Increases

Age	Merit	Inflation	Annual Increase
20	6.88%	2.50%	9.38%
25	4.35	2.50	6.85
30	2.80	2.50	5.30
35	1.89	2.50	4.39
40	1.06	2.50	3.56
45	0.57	2.50	3.07
50	0.33	2.50	2.83
55	0.11	2.50	2.61
60	0.00	2.50	2.50

This assumption reflects a review of recent historical data, and an analysis comparing actual and expected experience over the recent period, as documented in Segal's report dated January 12, 2018.

Blue Cube Interest Crediting Rate

DEPP Balance will grow at 6%. PPA Balance is expected to grow at 4%.

Benefit Election – Legacy Olin

Life annuity for unmarried and 50% of married participants. 50% joint and survivor for 50% of married participants.

This assumption reflects a review of recent historical data, and an analysis comparing actual and expected experience over the recent period, as documented in Segal's report dated January 12, 2018.

Benefit Election – Blue Cube

For DEPP & UCEPP Pension Equity Plan component, life annuity for unmarried participants and 50% joint and survivor for married participants. For DEPP & UCEPP Personal Pension Account component and ROH, 90% of participants are assumed to elect an immediate lump sum, and 10% are assumed to elect life annuity.

This assumption reflects a review of recent historical data, and an analysis comparing actual and expected experience for the Blue Cube group over the recent period, as documented in Segal's Valuation Review presentation dated October 2020.

Termination Rates – Legacy Olin

Age	Salary-Related Plans	Flat-Dollar Plans
20	16.52%	20.12%
25	12.54	15.12
30	9.45	10.56
35	7.15	6.96
40	5.64	4.00
45	4.50	2.16
50	3.52	1.60
55	4.06	1.92
60	4.60	3.20

This assumption reflects a review of recent historical data, and an analysis comparing actual and expected experience over the recent period, as documented in Segal's report dated January 12, 2018.

Termination Rates – Blue Cube

Age	Rate
20	10.00%
25	8.00
30	6.00
35	6.00
40	4.50
45	4.50
50	2.00
55	2.00
60	2.00

This assumption reflects a review of recent historical data, and an analysis comparing actual and expected experience for the Blue Cube group over the recent period, as documented in Segal's Valuation Review presentation dated October 2020. Updates to the previous assumption, which became effective January 1, 2020, better reflect emerging experience, as well as a consideration of expected future experience.

Disability Rates – Legacy Olin

Age	Male	Female
20	0.10%	0.12%
25	0.11	0.13
30	0.12	0.17
35	0.15	0.25
40	0.21	0.34
45	0.35	0.48
50	0.64	0.76
55	1.20	1.17
60	1.84	1.49

Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.

Disability Rates – Blue Cube

Age	Male	Female
20	0.14%	0.07%
25	0.19	0.12
30	0.24	0.21
35	0.34	0.31
40	0.50	0.46
45	0.77	0.68
50	1.30	1.11
55	2.27	1.80
60	3.02	1.90

This assumption has remained unchanged from the assumption used by the former actuary, and reflects the best estimate of the demographic experience for the Blue Cube population.

Retirement (From Active Status) Rates – Legacy Olin

Age	General Rates	East Alton Rates
55	3.00%	5.00%
56	3.00	5.00
57	3.00	5.00
58	3.00	5.00
59	3.00	5.00
60	3.00	20.00
61	3.00	20.00
62	20.00	20.00
63	20.00	20.00
64	20.00	20.00
65	50.00	50.00
66	50.00	50.00
67	100.00	100.00

This assumption reflects a review of recent historical data, and an analysis comparing actual and expected experience over the recent period, as documented in Segal’s report dated January 12, 2018. Updates to the previous assumption, which became effective December 31, 2017, better reflect emerging experience, as well as a consideration of expected future experience.

Retirement (From Active Status) Rates – Blue Cube

Age	DEPP and PPA Assumption	ROH Assumption
50	2.00%	0.00%
51	2.00	0.00
52	2.00	0.00
53	2.00	0.00
54	2.00	0.00
55	3.00	3.00
56	3.00	3.00
57	3.00	3.00
58	3.00	3.00
59	5.00	5.00
60	5.00	5.00
61	10.00	10.00
62	10.00	10.00
63	15.00	15.00
64	15.00	15.00
65	25.00	25.00
66	25.00	25.00
67	25.00	25.00
68	25.00	25.00
69	25.00	25.00
70	100.00	100.00

This assumption reflects a review of recent historical data, and an analysis comparing actual and expected experience for the Blue Cube group over the recent period, as documented in Segal’s Valuation Review presentation dated October 2020. Updates to the previous assumption, which became effective January 1, 2020, better reflect emerging experience, as well as a consideration of expected future experience.

Description of Weighted Average Retirement Age

Age 62, determined as follows: The weighted average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.

Retirement From Inactive Status – Legacy Olin

Age	Percent retired from inactive
62	5.00%
63	5.00
64	5.00
65	75.00
66	25.00
67	100.00

This assumption reflects a review of recent historical data, and an analysis comparing actual and expected experience over the recent period, as documented in Segal's report dated January 12, 2018. Updates to the previous assumption, which became effective December 31, 2017, better reflect emerging experience, as well as a consideration of expected future experience.

Retirement From Inactive Status – Blue Cube

Age	DEPP and PPA percent retired from inactive	ROH percent retired from inactive
50	2.00%	0.00%
51	2.00	0.00
52	2.00	0.00
53	3.00	0.00
54	3.00	0.00
55	3.00	3.00
56	5.00	5.00
57	5.00	5.00
58	5.00	5.00
59	10.00	10.00
60	10.00	10.00
61	10.00	10.00
62	50.00	50.00
63	50.00	50.00
64	50.00	50.00
65	100.00	100.00

This assumption reflects a review of recent historical data, and an analysis comparing actual and expected experience for the Blue Cube group over the recent period, as documented in Segal's Valuation Review presentation dated October 2020. Updates to the previous assumption, which became effective January 1, 2020, better reflect emerging experience, as well as a consideration of expected future experience.

Percent Married – Legacy Olin

80%. Spouse is assumed to be the opposite gender.

Percent Married – Blue Cube

85% for males, 50% for females. Spouse is assumed to be the opposite gender.

Age Difference

Male spouses are assumed to be three years older than female spouses.

Administrative Expenses

An expense assumption is required under the funding rules. Plan-related expenses of \$4,662,162 are expected to be paid by the plan during the year (or the average of the prior three years' non-PBGC Premium expenses plus the projected PBGC premium for the upcoming plan year). (The prior year assumption \$10,596,768.)

Asset Method

The IRS has approved a change in asset method for funding purposes, effective for the plan year beginning January 1, 2018. Assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 6.75%, not to exceed the applicable third segment rates of 5.92% for 2022 and 5.74% for 2023.

Funding Method and Contribution Requirement

Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.

Plan sponsors are required under Internal Revenue Code Section 430 to make a minimum level of contributions to qualified pension plans. Available credit balances can be used to satisfy this required contribution. In general, the minimum required contribution is the sum of the target normal cost and an installment that amortizes the plan's funding shortfall, offset by any plan overfunding, if applicable. If all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded status within fifteen years. Once that is achieved, or for overfunded plans, the minimum required contribution will generally equal the target normal cost reduced by any overfunding.

Non-Prescribed Assumption Changes Since Prior Valuation

None

Actuarial Models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprising both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

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 OLIN CORPORATION EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OLIN CORPORATION	D Employer Identification Number (EIN) 13-1872319	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	1,856,803,383
	b Actuarial value	2b	2,000,217,435
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	12,790	1,301,540,667
	b For terminated vested participants	5,119	373,933,890
	c For active participants	1,224	209,058,467
	d Total	19,133	1,884,533,024
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.14%
6	Target normal cost		
	a Present value of current plan year accruals	6a	333,250
	b Expected plan-related expenses	6b	4,662,162
	c Target normal cost	6c	4,995,412

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	Vincent Carpenter <i>VC</i>	
	Signature of actuary	09/15/2025
	Vincent Carpenter, FSA, MAAA, EA	Date
	Type or print name of actuary	2308041
Segal	Firm name	Most recent enrollment number
66 Hudson Blvd E 20th Floor	NEW YORK NY 10001-2192	212-251-5000
	Address of the firm	Telephone number (including area code)

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

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)	576,004,628	17,758,825
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	11,186,648	0
9	Amount remaining (line 7 minus line 8)	564,817,980	17,758,825
10	Interest on line 9 using prior year's actual return of <u>10.43%</u>	58,910,515	1,852,245
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>5.22%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	623,728,495	19,611,070

Part III		Funding Percentages	
14	Funding target attainment percentage	14	71.95%
15	Adjusted funding target attainment percentage	15	106.06%
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	103.28%
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? Yes No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	4,995,412	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	4,995,412	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	4,995,412	0	4,995,412
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
--

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments
Olin Corporation Employees Pension Plan
EIN 13-1872319 PN 002

<u>Plan</u> <u>Year</u>	<u>Active</u> <u>Participants</u>	<u>Terminated Vested</u> <u>Participants</u>	<u>Retired</u> <u>Participants and</u> <u>Beneficiaries</u> <u>Receiving</u> <u>Payments</u>	<u>Total</u>
2024	3,834,617	6,356,681	134,200,923	144,392,221
2025	6,430,248	9,772,866	128,977,209	145,180,323
2026	8,791,665	12,554,800	123,894,359	145,240,824
2027	10,934,238	15,046,848	118,896,018	144,877,104
2028	12,771,581	17,016,611	113,988,367	143,776,559
2029	14,482,452	18,921,530	109,231,681	142,635,663
2030	16,103,316	20,478,671	104,451,290	141,033,277
2031	17,461,620	21,749,472	99,659,923	138,871,015
2032	18,560,124	22,845,008	94,867,674	136,272,806
2033	19,480,192	23,590,675	90,039,928	133,110,795
2034	20,264,398	24,213,011	85,206,681	129,684,090
2035	20,856,747	24,736,427	80,377,806	125,970,980
2036	21,288,161	25,102,580	75,549,289	121,940,030
2037	21,639,268	25,346,727	70,738,920	117,724,915
2038	21,822,220	25,402,225	65,965,157	113,189,602
2039	21,847,313	25,387,168	61,247,034	108,481,515
2040	21,816,216	25,225,526	56,604,070	103,645,812
2041	21,676,184	24,915,155	52,055,876	98,647,215
2042	21,454,333	24,490,073	47,621,816	93,566,222
2043	21,172,056	24,063,738	43,321,163	88,556,957
2044	20,794,604	23,516,147	39,172,851	83,483,602
2045	20,367,151	22,941,504	35,195,066	78,503,721
2046	19,868,131	22,191,122	31,405,199	73,464,452
2047	19,260,100	21,369,477	27,819,810	68,449,387
2048	18,574,150	20,440,051	24,454,246	63,468,447
2049	17,820,239	19,443,257	21,322,207	58,585,703
2050	16,985,704	18,309,947	18,435,121	53,730,772
2051	16,082,834	17,179,754	15,801,123	49,063,711
2052	15,137,392	15,972,763	13,424,521	44,534,676
2053	14,152,320	14,773,221	11,305,023	40,230,564
2054	13,148,257	13,570,696	9,437,843	36,156,796
2055	12,105,925	12,354,922	7,813,736	32,274,583
2056	11,080,441	11,224,090	6,419,150	28,723,681
2057	10,099,937	10,138,180	5,237,075	25,475,192
2058	9,154,290	9,115,643	4,247,879	22,517,812
2059	8,249,686	8,163,006	3,430,316	19,843,008
2060	7,405,153	7,269,705	2,762,493	17,437,351
2061	6,599,774	6,440,572	2,222,836	15,263,182
2062	5,855,696	5,676,168	1,790,832	13,322,696

Attachment to 2024 Schedule SB of Form 5500
 Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments
 Olin Corporation Employees Pension Plan
 EIN 13-1872319 PN 002

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2063	5,166,295	4,976,664	1,447,624	11,590,583
2064	4,541,067	4,341,050	1,176,439	10,058,556
2065	3,973,600	3,767,139	962,833	8,703,572
2066	3,460,710	3,251,997	794,699	7,507,406
2067	3,000,768	2,792,173	662,109	6,455,050
2068	2,590,282	2,383,907	557,074	5,531,263
2069	2,225,660	2,023,333	473,278	4,722,271
2070	1,903,106	1,706,486	405,827	4,015,419
2071	1,618,785	1,429,421	350,972	3,399,178
2072	1,369,084	1,188,355	305,869	2,863,308
2073	1,150,567	979,765	268,332	2,398,664

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Olin Corporation Employees Pension Plan
EIN 13-1872319 PN 002

Legacy Olin Non East Alton 654	Legacy Olin East Alton 645	Blue Cube DEPP and PPA 671
Retirement Rates and Weighted Average Retirement Age for Non East Alton Participants	Retirement Rates and Weighted Average Retirement Age for East Alton Participants	Retirement Rates and Weighted Average Retirement Age for Blue Cube Participants other than Rohm and Haas

<u>Age</u>	<u>Rate</u>	<u>Assumed #</u> <u>Ret</u>	<u>Weighting</u> <u>of each</u> <u>Age</u>	<u>Age</u>	<u>Rate</u>	<u>Assumed #</u> <u>Ret</u>	<u>Weighting</u> <u>of each</u> <u>Age</u>	<u>Age</u>	<u>Rate</u>	<u>Assumed #</u> <u>Ret</u>	<u>Weighting</u> <u>of each</u> <u>Age</u>
50	0.00%	-	-	50	0.00%	-	-	50	2.00%	13	671
51	0.00%	-	-	51	0.00%	-	-	51	2.00%	13	671
52	0.00%	-	-	52	0.00%	-	-	52	2.00%	13	670
53	0.00%	-	-	53	0.00%	-	-	53	2.00%	13	669
54	0.00%	-	-	54	0.00%	-	-	54	2.00%	12	668
55	3.00%	20	1,079	55	5.00%	32	1,774	55	3.00%	18	1,001
56	3.00%	19	1,066	56	5.00%	31	1,716	56	3.00%	18	988
57	3.00%	18	1,052	57	5.00%	29	1,659	57	3.00%	17	976
58	3.00%	18	1,039	58	5.00%	28	1,604	58	3.00%	17	963
59	3.00%	17	1,025	59	5.00%	26	1,550	59	5.00%	27	1,584
60	3.00%	17	1,011	60	20.00%	100	5,989	60	5.00%	26	1,530
61	3.00%	16	997	61	20.00%	80	4,871	61	10.00%	48	2,956
62	20.00%	106	6,552	62	20.00%	64	3,961	62	10.00%	44	2,704
63	20.00%	85	5,326	63	20.00%	51	3,220	63	15.00%	59	3,709
64	20.00%	68	4,329	64	20.00%	41	2,617	64	15.00%	50	3,203
65	50.00%	135	8,793	65	50.00%	82	5,315	65	25.00%	71	4,609
66	50.00%	68	4,464	66	50.00%	41	2,698	66	25.00%	53	3,510
67	100.00%	68	4,532	67	100.00%	41	2,739	67	25.00%	40	2,672
68	100.00%	-	-	68	100.00%	-	-	68	25.00%	30	2,034
69	100.00%	-	-	69	100.00%	-	-	69	25.00%	22	1,548
70	100.00%	-	-	70	100.00%	-	-	70	100.00%	67	4,711
Weighted Average:			63.10				61.57				62.66

Headcount

Olin No EA	654
Olin EA	645
Blue Cube Not ROH	671
Blue Cube ROH	5
	1975

Weighted Average

$(63.10*654+61.57*645+62.66*671+63.80*5)/1,975 = 62.45$

Attachment to 2024 Schedule SB of Form 5500
 Schedule SB, Line 22 – Description of Weighted Average Retirement Age
 Olin Corporation Employees Pension Plan
 EIN 13-1872319 PN 002

Blue Cube
 ROH 5

Retirement Rates and Weighted Average Retirement Age
 for Heritage Rohm and Haas Participants

<u>Age</u>	<u>Rate</u>	<u>Assumed # Ret</u>	<u>Weighting of each Age</u>
50	0.00%	-	-
51	0.00%	-	-
52	0.00%	-	-
53	0.00%	-	-
54	0.00%	-	-
55	3.00%	0	8
56	3.00%	0	8
57	3.00%	0	8
58	3.00%	0	8
59	5.00%	0	13
60	5.00%	0	13
61	10.00%	0	24
62	10.00%	0	22
63	15.00%	0	31
64	15.00%	0	26
65	25.00%	1	38
66	25.00%	0	29
67	25.00%	0	22
68	25.00%	0	17
69	25.00%	0	13
70	100.00%	1	39
			63.80

A. Summary of Plan Provisions for the Bryan Metals Retirement Plan

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefit accruals for the Plan are frozen effective 12/31/2006.

Effective Date

January 1, 1990

Eligibility for Participation

Immediate

Normal Retirement

- Eligibility: Age 65
- Monthly Allowance: For employees retiring on or after January 1, 1990, the following rates multiplied by years of service from January 1, 1989:

\$34.00 effective 1-1-2006

32.00 effective 1-1-2005

31.00 effective 1-1-2004

30.00 effective 1-1-2003

28.00 effective 1-1-2002

Early Retirement

- Eligibility: Age 55 and 20 years of service (including Bryan service prior to January 1, 1989.)
- Allowance: Accrued allowance deferred to age 62; or immediate allowance equal to accrued allowance multiplied by 72% plus 1/3% multiplied by full months elapsed since age 55.

Special Early Retirement

- Eligibility: Age 62 and 15 years of service including Bryan service prior to January 1, 1989.
- Allowance: Accrued allowance payable immediately.

Vesting

- Eligibility: 5 years of service (including Bryan service prior to January 1, 1989.)
- Allowance: Accrued allowance deferred to age 65.

Spouse's Pre-Retirement Death Benefits

- Eligibility: Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date, which could have been elected by deceased participant.
- Allowance: Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.

Normal Form of Allowance:

- Single: Life Annuity.
- Married: Reduced 50% joint and survivorship annuity.

B. Summary of Plan Provisions for the Cuba Hourly Pension Plan

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefit accruals for the Plan are frozen.

Effective Date

October 1, 1988

Eligibility for Participation

Completion of one year of service.

Normal Retirement

- Eligibility: Age 65
- Monthly Allowance: The following rates multiplied by years of service:

<u>Pension Group</u>	<u>Monthly Benefit</u>
1	\$22.50 effective 1-1-2006; \$23.50 effective 1-1-2007
2	\$25.50 effective 1-1-2006; \$26.50 effective 1-1-2007

Early Retirement

- Eligibility: Age 55 and 10 years of service.
- Allowance: Accrued allowance deferred to age 62; or immediate allowance equal to accrued allowance multiplied by 72% plus 1/3% multiplied by full months elapsed since age 55.

Special Early Retirement

- Eligibility: Age 62 and 10 years of service.
- Allowance: Accrued allowance payable immediately.

Vesting

- Eligibility: 5 years of service.
- Allowance: Accrued allowance deferred to age 65.

Spouse's Pre-Retirement Death Benefits

- Eligibility: Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date, which could have been elected by deceased participant.
- Allowance: Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.

Normal Form of Allowance:

- Single: Life Annuity.
Married: Reduced 50% joint and survivorship annuity.

Lump Sum Death Benefit:

- Eligibility: Death after any type of retirement except deferred vested.
- Benefit: \$5,000

C. Summary of Plan Provisions for the Joliet Pension Plan

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefit accruals for the Plan are frozen.

Effective Date

October 1, 1973

Eligibility for Participation

Immediate

Normal Retirement

- Eligibility: Age 65
- Monthly Allowance: The following rates multiplied by years of service:

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Olin Corporation Employees' Pension Plan
EIN 13-1872319 PN 002

\$45.00 current rate	\$24.35 effective 1-1-1993
43.00 effective 1-1-2005	22.50 effective 11-16-1990
40.00 effective 11-16-2003	20.50 effective 11-16-1988
38.00 effective 11-16-2001	18.50 effective 12-1-1987
36.00 effective 1-1-1999	18.00 effective 11-16-1986
28.00 effective 1-1-1995	17.00 prior to 11-16-1986
26.20 effective 1-1-1994	

less, the benefit, if any, payable to the participant from the Group Annuity Contract No. GA 272 (Blockson).

Early Retirement

- Eligibility: Age 55 and 15 years of service.
- Allowance: Accrued allowance deferred to age 62; or immediate allowance equal to accrued allowance multiplied by 72% plus 1/3% multiplied by full months elapsed since age 55.

Special Early Retirement

- Eligibility: Age 62 and 15 years of service.
- Allowance: Accrued allowance payable immediately.

Vesting

- Eligibility: 5 years of service.
- Allowance: Accrued allowance deferred to age 65.

Spouse's Pre-Retirement Death Benefits

- Eligibility: Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date, which could have been elected by deceased participant.
- Allowance: Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.

Normal Form of Allowance:

- Single: Life Annuity.
Married: Reduced 50% joint and survivorship annuity.

D. Summary of Plan Provisions for the McIntosh Pension Plan

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefit accruals for the Plan are frozen.

Effective Date

May 1, 1968

Eligibility for Participation

Immediate

Normal Retirement

- Eligibility: Age 65
- Monthly Allowance:

\$45.00 effective 5-1-2004	\$31.00 effective 7-1-1995
40.00 effective 5-1-1998	30.00 effective 7-1-1994
33.00 effective 5-1-1997	28.00 effective 7-1-1991
32.00 effective 7-1-1996	

Early Retirement

- Eligibility: Age 55 and 15 years of service.
- Allowance: Accrued allowance deferred to age 62; or immediate allowance equal to accrued allowance multiplied by 79% plus 1/4% multiplied by full months elapsed since age 55 to the date payments commence.

Special Early Retirement

- Eligibility: Age 62 and 15 years of service.
- Allowance: Accrued allowance payable immediately.

Vesting

- Eligibility: 5 years of service.
- Allowance: Accrued allowance deferred to age 65.

Spouse's Pre-Retirement Death Benefits

- Eligibility: Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date, which could have been elected by deceased participant.
- Allowance: Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.

Normal Form of Allowance:

- Single: Life Annuity.
- Married: Reduced 50% joint and survivorship annuity.

Lump Sum Death Benefit:

- Eligibility: Death after any type of retirement except deferred vested.
- Allowance: \$6,500.

E. Summary of Plan Provisions for the Niagara Falls/Niachlor Pension Plan

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefit accruals for the Plan are frozen.

Effective Date

March 1, 1997.

Prior Plans

None sponsored by the Company. Prior to March 1, 1997, these employees participated in the E.I. DuPont de Nemours and Company Pension and Retirement Plan. In connection with the acquisition of the Niagara Falls/Niachlor business, assets of the DuPont Plan were transferred to this Plan.

Eligibility for Participation

An individual, other than a Transferred Employee who was a Participant in the DuPont Plan as of February 28, 1997, shall become a Participant in this Plan as of the date he both is an Eligible Employee of the Employing Company and has completed one Year of Service. A Transferred Employee who was a Participant in the DuPont Plan as of February 28, 1997 shall become a Participant in this Plan as of March 1, 1997.

Normal Retirement

- Eligibility: Age 65 and 5 years of service.
- Allowance:

1. Normal Retirement Allowance for Transferred Employees who did not commence retirement benefits under the DuPont Plan prior to becoming Participants in this Plan (a “DuPont Formula Transferred Employee”).

The greater of:

Formula A: 1.2% of the Participant’s Average Compensation multiplied by the sum of his years (and fractions thereof) of service credited on the records of the DuPont Plan for purposes of benefit accrual and his Years of Benefit Service credited on the records of this Plan; or

Formula B: 1.5% of the Participant’s Average Compensation multiplied by the sum of his years (and fractions thereof) of service credited on the records of the DuPont Plan for purposes of benefit accrual and his Years of Benefit Service credited on the records of this Plan, minus 50% of the Participant’s Primary Social Security Benefit; or

Formula C: \$108 multiplied by the sum of his years (and fractions thereof) of service credited on the records of the DuPont Plan for purposes of benefit accrual and his Years of Benefit Service credited on the records of this Plan, plus 2/3% of 1% of the Participant’s Average Compensation multiplied by the sum of his years (and fractions thereof) of service credited on the records of the DuPont Plan for purposes of benefit accrual and his Years of Benefit Service credited on the records of this Plan, up to a maximum of fifteen (15) years (i.e., up to a maximum of 10% of Average Compensation).

2. Normal Retirement Allowance for Transferred Employees who commenced retirement benefits under the DuPont Plan prior to becoming Participants in this Plan. (an “Olin Formula Transferred Employee”). Shall be computed as provided in Exhibit X-I - Olin Salaried Pension Plan, taking into account only such Participant’s Years of Benefit service for Olin (and disregarding any years of service for purposes of benefit accrual credited under the DuPont Plan).

3. Normal Retirement Allowance for Participants other than transferred employees. The annual Normal Retirement allowance of a participant other than a transferred employee commencing on or after his Normal Retirement Date shall be computed as provided in Exhibit X-I – Olin Salaried Pension Plan.

Early Retirement

1. Early Retirement Allowance for Transferred Employees who did not commence retirement benefits under the DuPont Plan prior to becoming Participants in this Plan. (a “DuPont Formula Transferred Employee”). Transferred Employee who has completed fifteen (15) Years of Creditable Service and who attains his fiftieth (50th) birthday while in the employ of the Company may elect to receive an Early Retirement Allowance commencing as of the first day of any month coincident with or following his actual date of retirement but not later than the first day of the month immediately following his sixty-fifth (65th) birthday. Such benefit shall be equal to his Accrued benefit, multiplied by the applicable percentage factor from the Early Retirement Table below:

EARLY RETIREMENT TABLE

Age at Benefit Commencement Date	Years of Service								Age at Benefit Commencement Date
	15 through 20	21	22	23	24	25	26	27 and Over	
65	100%								65
64	95	100%							64
63	90	95	100%						63
62	85	90	95	100%					62
61	80	85	90	95	100%				61
60	75	80	85	90	95	100%			60
59	70	75	80	85	90	95	100%		59
58	65	70	75	80	85	90	95	100%	58
57	60	65	70	75	80	85	90	95	57
56	55	60	65	70	75	80	85	90	56
55	50	55	60	65	70	75	80	85	55
54	50	50	55	60	65	70	75	80	54
53	50	50	50	55	60	65	70	75	53
52	50	50	50	50	55	60	65	70	52
51	50	50	50	50	50	55	60	65	51
50	50	50	50	50	50	50	55	60	50

2. Normal Retirement Allowance for Transferred Employees who did not commence retirement benefits under the DuPont Plan prior to becoming Participants in this Plan (a “DuPont Formula Transferred Employee”).

(i) A DuPont Formula Transferred Employee who has twenty-five (25) Years of Creditable Service, has attained age forty-five (45) while in the employ of the Company and is involuntarily terminated by the Company due to lack of work shall be entitled to receive an optional Retirement Allowance in accordance with this paragraph. The number of Years of Service required to receive an Optional Retirement Allowance shall be reduced by two months for each month which has elapsed since the Employee attained age forty-five (45) as of his date of termination of employment, provided the Employee is credited with at least fifteen (15) Years of Creditable Service

(ii) A DuPont formula Transferred Employee who has fifteen (15) years Creditable Service, has attained age 50 while in the employ of the Company and is involuntarily terminated by the Company for reasons other than dishonesty, insubordination or other misconduct shall also be entitled to receive an Optional Retirement Allowance in accordance with this paragraph. Notwithstanding the foregoing, an employee is not eligible for an Optional Retirement Allowance if (a) the employee is offered and accepts employment with the buyer or joint venture at the site in conjunction with a sales agreement between the Company and a buyer of Company assets or in conjunction with the formation of a joint venture; (B) the employee is offered and refuses employment with the buyer or joint venture at the site in conjunction with a sales agreement between the Company and a buyer of Company assets or in conjunction with the formation of a joint venture unless the offer is less than 80% of the employee's Company wage or salary level or the rejection results in a job for another employee who would otherwise have been terminated for lack of work; or (C) the employee is transferred to or employed by a wholly-owned subsidiary of the Company, or is transferred to or employed by a subsidiary of the company or a joint venture in which the Company participates that recognized Company service.

(iii) The Optional Retirement Allowance shall be calculated as a Normal Retirement Allowance but shall be reduced by 5/12ths of 1% for each month by which the Participant's Benefit Commencement Date precedes the earliest month in which with continued employment he would have become eligible for an unreduced pension as provided in paragraph above.

3. Early Retirement Allowance for Transferred Employees who commenced retirement benefits under the DuPont Plan prior to becoming Participants in this Plan. Transferred Employee who while in the employ of the Company attains age 55 and is credited with at least 10 Years of Creditable Service may elect to retire and receive Early Retirement benefits in accordance with Exhibit X-I (i.e., taking into account only such Participant's Years of Benefit Service for Olin, and disregarding any years of service for purposes of benefit accrual credited under the DuPont Plan).

4. Early Retirement Allowance for Participants other than Transferred Employees. A Participant other than a Transferred Employee who while in the employ of the company attains age 55 and is credited with at least 10 Years of Creditable Service may elect to retire and receive Early Retirement benefits in accordance with Exhibit X-I.

Vesting

1. Vested Deferred Retirement Allowance for Transferred Employees who did not commence retirement benefits under the DuPont Plan prior to becoming Participants in this Plan (a DuPont formula Transferred employee).

(i) A DuPont Formula Transferred employee who has completed five (5) Years of Creditable Service prior to terminating service with the Company is entitled to a Vested Deferred Retirement Allowance equal to his Accrued Benefit determined as of his date of termination of employment. Such Vested Deferred Retirement Allowance shall commence as of the Participant's Normal Retirement Date, or, if such Participant is credited with at least thirty (30) years of Creditable Service, as of the first day of the month of any month on or after such Participant attains age 60.

(ii) If a DuPont Formula Transferred Employee, upon termination of service, has been credited with at least ten (10) Years of Creditable Service, upon attaining the applicable age specified below such Participant may elect to receive a reduced Vested Deferred Retirement Allowance based on his Accrued Benefit determined as of his date of termination of employment. Such a Participant's early Vested Deferred Retirement Allowance shall be reduced by 5/12ths of 1% for each month before the month such Participant would otherwise be entitled to an unreduced Vested Deferred Retirement Allowance.

Years of Service at Termination	Age at which Benefits May Commence	
	Reduced	Unreduced
Less than 10	Not Available	65 and over
10 to 14	60 to 64	65 and over
15 to 29	50 to 64	65 and over
30 or more	50 to 59	60 and over

(iii) DuPont formula Transferred Employee who meets the age and service requirements for an Optional Retirement allowance under paragraph (2)(ii) of the Earth Retirement section at his termination prior to age 50 for lack of work but who is not eligible for an Optional Retirement Allowance may elect to receive a Vested Deferred Optional Retirement Allowance based on his Accrued Benefit determined as of his date of termination of employment in accordance with paragraph (1) of the Normal Retirement section. such Vested Deferred Retirement allowance shall commence as of the first day of the month of any month following receipt by the Committee of an application therefor. such a Participant's Vested Deferred Optional Retirement Allowance shall equal the greater of (A) the Participant's Accrued Benefit under paragraph (1) of the Normal Retirement section reduced by 5/12ths of 1% for each month before the month such Participant would otherwise be entitled to an unreduced Normal or early Retirement allowance; or (B) the Participant's Vested Deferred Retirement Allowance (payable immediately) as

determined under paragraph (1)(i) or (ii), above, further reduced by 1/2 of 1% for each month by which payment precedes the month after the month the Participant attains age 50.

2. Vested Deferred Retirement Allowance for Transferred Employees who commenced retirement benefits under the DuPont Plan prior to becoming Participants in this Plan. A Transferred Employee who is credited with at least five (5) Years of Creditable Service and whose employment has terminated may elect to receive Vested Deferred Retirement benefits calculated taking into account only such Participant's Years of Benefit Service for Olin, and disregarding any years of service for purposes of benefit accrual credited under the DuPont Plan.

3. Vested Deferred Retirement Allowance for Participants other than Transferred Employees.

- Eligibility: 5 years of service
- Allowance: Accrued Benefits deferred to age 65 or actuarially reduced allowance after age 55.

Disability Retirement

- Allowance:

1. DuPont Incapability Retirement Allowance. In the event a transferred Employee who did not commence retirement benefits under the DuPont Plan prior to transfer becomes Disabled while in the employ of the company after completing fifteen (15) Years of Service, he shall be entitled to an Incapability Retirement Allowance. Such amount equal to normal retirement allowance without reduction for early commencement, plus an incapability supplement equal to the greater of 50% of the Participant's Primary Social Security Benefit or \$90 a month, such amount to be paid until the earlier of the date such Employee attains age 62 or becomes eligible for a disability benefit under the social Security act.

2. Olin Disability Retirement Allowance. In the event the other participant who has not attained his Normal retirement Date becomes Disabled while in the employ of the Company, he shall be entitled to a Disability Retirement Allowance in accordance with the provisions of Eligibility X-I, Olin salaried Pension Plan provided, however, that such Retirement Allowance shall be calculated taking into account only such Participant's Years of Benefit Service for Olin and disregarding any years of service for purposes of benefit accrual credited under the DuPont Plan.

Lump Sum Death Benefit:

The Beneficiary of a Participant shall be eligible for a lump-sum death benefit of \$5,000.

Special Retirement Allowance and Death Benefit rules for transferred Employees who did not commence retirement benefits under the DuPont Plan prior to Transfer to Olin:

Company Paid Survivor Benefits. Company Paid Survivor Benefits shall be paid with respect to each Transferred Employee with at least fifteen (15) Years of Service who dies while in the employ of the Company or after electing to retire with a Normal Retirement Allowance, an Early Retirement Allowance or an Incapability Retirement Allowance.

- Eligibility: Benefit commences no earlier than earliest retirement date, which could have been elected by deceased participant.
- Allowance: The monthly Company Paid Survivor Benefit shall equal one-twelfth of the greater of:
 - (A) 0.5% of the Participant's Average Compensation multiplied by the sum of his years (and fractions thereof) of service credited on the records of the DuPont Plan for purposes of benefit accrual and his Years of Benefit Service credited on the records of this Plan; or
 - (B) 4% of the Participant's Average Compensation, plus \$4.00 multiplied by the sum of his years (and fractions thereof) of service credited on the records of the DuPont Plan for purposes of benefit accrual and his Years of Benefit Service credited on the records of this Plan.
- Form of Allowance: Accrued allowance at time of death adjusted as if participant had retired on date payment to spouse commences under joint and 50% survivorship option, and then died. If the Beneficiary is more than five (5) years younger than the participant, the Benefit shall be actuarially reduced to reflect the age different. The Benefit is also reduced for early retirement if participant elected to receive an Early Retirement Allowance.

F. Summary of Plan Provisions for the Niagara Falls Pension Plan

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefit accruals for the Plan are frozen.

Effective Date

November 1, 1976 as amended February 1, 1996.

Eligibility for Participation

Completion of one year of service.

Normal Retirement

- Eligibility: Age 65
- Allowance: Greater of:
 - (i) 1.5% of average compensation during highest 3 calendar years in last 10 calendar years multiplies by years of service, less Social Security benefit multiplied by ratio of years of service not in excess of 35 to the number 70; or
 - (ii) 1% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service.
 - (iii) At age 65, \$25.00 per month per year of creditable service up to 2/1/1996.

Early Retirement

- Eligibility: Age 55 and 10 years of service.
- Allowance: Accrued allowance deferred to age 62; or immediate allowance equal to accrued allowance multiplied by 72% plus 1/3% multiplied by full months elapsed since age 55.

Special Early Retirement

- Eligibility: Age 62 and 10 years of service.
- Allowance: Accrued allowance payable immediately.

Disability

- Eligibility: Permanently and totally disabled and eligible for LTD benefits or Social Security disability benefits.
- Allowance: The lesser of: 60% of base pay minus Social Security Disability benefits; or the normal retirement benefit computed assuming participant had continued to earn the same annual rate of compensation as at time of disability and continued to accrue service to age 65.

Vesting

- Eligibility: 5 years of service.
- Allowance: Accrued allowance deferred to age 65, or actuarially reduced allowance after age 65.

Spouse's Pre-Retirement Death Benefits

- Eligibility: Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date, which could have been elected by deceased participant.
- Allowance: Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.

Normal Form of Allowance:

- Single: Life Annuity.
- Married: Reduced 50% joint and survivorship annuity.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Olin Corporation Employees' Pension Plan
EIN 13-1872319 PN 002

Lump Sum Death Benefit:

- Eligibility: Death after any type of retirement except deferred vested
- Allowance: \$5,000.

G. Summary of Plan Provisions for the Olin Works East Alton Pension Plan

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefit accruals are frozen except for those participants who were age 45 or older on January 31, 2009.

Effective Date

January 1, 1969.

Eligibility for Participation

Immediate.

Normal Retirement

- Eligibility: Age 65
- Allowance: The greater of (i) or (ii) as follows:
 - (i) A flat benefit, based on job classification during last 12 months prior to retirement, from the appropriate table below, multiplied by years of service.

Job Classification	Annual Flat Benefit Rate
Top Step Base Hourly Wage Rate as of November 30, 1989	Effective 1/1/1990
Less than \$11.04	\$201.60
\$11.04 to \$12.45	226.80
\$12.46 to \$13.88	252.20
\$13.89 or higher	277.20

Attachment to 2024 Schedule SB of Form 5500
 Schedule SB, Part V – Summary of Plan Provisions
 Olin Corporation Employees' Pension Plan
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Job Classification Top Step Base Hourly Wage Rate as of November 30, 1991	Annual Flat Benefit Rate Effective 1/1/1992
Less than \$11.04	\$209.40
\$11.04 to \$12.45	235.80
\$12.46 to \$13.88	262.20
\$13.89 or higher	288.60

Job Classification Top Step Base Hourly Wage Rate as of November 30, 1992	Annual Flat Benefit Rate Effective 1/1/1993
Less than \$12.68	\$231.00
\$12.68 to \$14.28	258.00
\$14.29 to \$15.93	288.00
\$15.94 or higher	318.00

Job Classification Top Step Base Hourly Wage Rate as of November 30, 1993	Annual Flat Benefit Rate Effective 1/1/1994
Less than \$13.06	\$255.00
\$13.06 to \$14.71	285.00
\$14.72 to \$16.41	318.00
\$16.42 or higher	351.00

Job Classification Top Step Base Hourly Wage Rate as of November 30, 1994	Annual Flat Benefit Rate Effective 1/1/1995
Less than \$13.45	\$267.00
\$13.45 to \$15.15	300.00
\$15.16 to \$16.90	333.00
\$16.91 or higher	369.00

Attachment to 2024 Schedule SB of Form 5500
 Schedule SB, Part V – Summary of Plan Provisions
 Olin Corporation Employees' Pension Plan
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Job Classification Top Step Base Hourly Wage Rate as of November 30, 1995	Annual Flat Benefit Rate Effective 1/1/1996
Less than \$13.92	\$294.00
\$13.93 to \$15.68	330.00
\$15.69 to \$17.49	366.00
\$17.50 or higher	405.00

Job Classification Top Step Base Hourly Wage Rate as of November 30, 1995	Annual Flat Benefit Rate Effective 1/1/1996
Less than \$13.92	\$294.00
\$13.93 to \$15.68	330.00
\$15.69 to \$17.49	366.00
\$17.50 or higher	405.00

Job Classification Top Step Base Hourly Wage Rate as of November 30, 1996	Annual Flat Benefit Rate Effective 1/1/1997
Less than \$14.34	\$309.00
\$14.34 to \$16.15	348.00
\$16.16 to \$18.01	384.00
\$18.02 or higher	426.00

Job Classification Top Step Base Hourly Wage Rate as of November 30, 1997	Annual Flat Benefit Rate Effective 1/1/1998
Less than \$14.77	\$324.00
\$14.77 to \$16.63	366.00
\$16.64 to \$18.55	402.00
\$18.56 or higher	447.00

Attachment to 2024 Schedule SB of Form 5500
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 Olin Corporation Employees' Pension Plan
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Job Classification Top Step Base Hourly Wage Rate as of November 30, 1998	Annual Flat Benefit Rate Effective 1/1/1999
Less than \$15.29	\$339.00
\$15.29 to \$17.21	384.00
\$17.22 to \$19.20	423.00
\$19.21 or higher	468.00

Job Classification Top Step Base Hourly Wage Rate as of November 30, 1999	Annual Flat Benefit Rate Effective 1/1/2000
Less than \$15.82	\$357.00
\$15.82 to \$17.81	402.00
\$17.82 to \$19.87	444.00
\$19.88 or higher	492.00

Job Classification Top Step Base Hourly Wage Rate as of November 30, 2000	Annual Flat Benefit Rate Effective 1/1/2001
Less than \$16.46	\$396.00
\$16.46 to \$18.52	447.00
\$18.53 to \$20.67	492.00
\$20.68 or higher	546.00

Job Classification Top Step Base Hourly Wage Rate as of November 30, 2001	Annual Flat Benefit Rate Effective 1/1/2002
Less than \$17.04	\$417.00
\$17.05 to \$19.71	468.00
\$19.18 to \$21.38	516.00
\$21.39 or higher	573.00

Attachment to 2024 Schedule SB of Form 5500
 Schedule SB, Part V – Summary of Plan Provisions
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Job Classification Top Step Base Hourly Wage Rate as of November 30, 2002	Annual Flat Benefit Rate Effective 1/1/2003
Less than \$17.55	\$438.00
\$17.55 to \$19.75	492.00
\$19.76 to \$22.02	543.00
\$22.03 or higher	603.00

Job Classification Top Step Base Hourly Wage Rate as of November 30, 2003	Annual Flat Benefit Rate Effective 1/1/2004
Less than \$18.16	\$459.00
\$18.16 to \$20.44	516.00
\$20.45 to \$22.79	570.00
\$22.80 or higher	633.00

Job Classification Top Step Base Hourly Wage Rate as of November 30, 2004	Annual Flat Benefit Rate Effective 1/1/2005
Less than \$18.80	\$477.00
\$18.80 to \$21.16	537.00
\$21.17 to \$23.59	594.00
\$23.60 or higher	657.00

Job Classification Top Step Base Hourly Wage Rate as of November 30, 2005	Annual Flat Benefit Rate Effective 1/1/2006
Less than \$19.46	\$501.00
\$19.46 to \$21.90	561.00
\$21.91 to \$24.42	618.00
\$24.43 or higher	681.00

Attachment to 2024 Schedule SB of Form 5500
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Job Classification Top Step Base Hourly Wage Rate as of November 30, 2006	Annual Flat Benefit Rate Effective 1/1/2007
Less than \$20.04	\$513.00
\$20.04 to \$22.56	573.00
\$22.57 to \$25.15	630.00
\$25.16 or higher	693.00

For Years of Benefit Service Earned Prior to 1/1/2012

Job Classification Top Step Base Hourly Wage Rate as of November 30, 2011	Annual Flat Benefit Rate Effective 1/1/2012
Less than \$20.64	\$513.00
\$20.64 to \$23.24	573.00
\$23.25 to \$25.90	630.00
\$25.91 or higher	693.00

For Years of Benefit Service Earned On or After 1/1/2012

Job Classification Top Step Base Hourly Wage Rate as of November 30, 2011	Annual Flat Benefit Rate Effective 1/1/2012
Less than \$23.24	\$513.00
\$23.24 to \$26.16	573.00
\$26.17 to \$29.15	630.00
\$29.16 or higher	693.00

Job Classification Top Step Base Hourly Wage Rate as of November 30, 2012	Annual Flat Benefit Rate Effective 1/1/2013
Less than \$23.94	\$513.00
\$23.94 to \$26.94	573.00
\$26.95 to \$30.02	630.00
\$30.03 or higher	693.00

Attachment to 2024 Schedule SB of Form 5500
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Job Classification Top Step Base Hourly Wage Rate as of November 30, 2013	Annual Flat Benefit Rate Effective 1/1/2014
Less than \$24.66	\$513.00
\$24.66 to \$27.75	573.00
\$27.76 to \$30.92	630.00
\$30.93 or higher	693.00

Job Classification Top Step Base Hourly Wage Rate as of November 30, 2014	Annual Flat Benefit Rate Effective 1/1/2015
Less than \$25.40	\$513.00
\$25.40 to \$28.58	573.00
\$28.59 to \$31.85	630.00
\$31.86 or higher	693.00

Job Classification Top Step Base Hourly Wage Rate as of November 30, 2015	Annual Flat Benefit Rate Effective 1/1/2016
Less than \$26.16	\$513.00
\$26.16 to \$29.44	573.00
\$29.45 to \$32.81	630.00
\$32.82 or higher	693.00

Job Classification Top Step Base Hourly Wage Rate as of December 4, 2017	Annual Flat Benefit Rate Effective 1/1/2018
Less than \$26.94	\$513.00
\$26.94 to \$30.32	573.00
\$30.33 to \$33.79	630.00
\$33.80 or higher	693.00

Job Classification Top Step Base Hourly Wage Rate as of December 2, 2019	Annual Flat Benefit Rate Effective 1/1/2020
Less than \$27.75	\$513.00
\$27.75 to \$31.23	573.00
\$31.24 to \$34.80	630.00
\$34.81 or higher	693.00
Job Classification Top Step Base Hourly Wage Rate as of February 1, 2022	Annual Flat Benefit Rate Effective 1/1/2023
Less than \$28.58	\$513.00
\$28.58 to \$32.17	573.00
\$32.18 to \$35.85	630.00
\$35.86 or higher	693.00
Job Classification Top Step Base Hourly Wage Rate as of December 5, 2022	Annual Flat Benefit Rate Effective 1/1/2023
Less than \$29.44	\$513.00
\$29.44 to \$33.13	573.00
\$33.14 to \$36.92	630.00
\$36.93 or higher	693.00
Job Classification Top Step Base Hourly Wage Rate as of December 4, 2023	Annual Flat Benefit Rate Effective 1/1/2024
Less than \$30.32	\$513.00
\$30.32 to \$34.13	573.00
\$34.14 to \$38.03	630.00
\$38.04 or higher	693.00

(ii) A monthly benefit equal to .85% of participant's highest average annual compensation during any five consecutive calendar years out of ten calendar years prior to 1984 multiplied by years of service.

Early Retirement

- Eligibility: Age 55 and 20 years of service

- Allowance: Accrued allowance deferred to age 60; or immediate allowance equal to accrued allowance multiplied by 100% less 1/3% multiplied by full months from date payments commence to age 60; or actuarial equivalent of immediate allowance so participant receives approximately same income each year before and after Social Security benefit commences.

Special Early Retirement

- Eligibility: Age 60 and 15 years of service
- Allowance: Accrued allowance payable immediately; or actuarial equivalent of accrued allowance so participant receives approximately same income each year before and after Social Security benefit commences.

Vesting

- Eligibility: 5 years of service.
- Allowance: Accrued allowance deferred to age 65; or if completed 20 years of service, actuarially reduced allowance after age 55.

Spouse's Benefit

- Eligibility: Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date, which could have been elected by deceased participant.
- Allowance: Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.

Normal Form of Allowance:

- Single: Life Annuity.
- Married: Reduced 50% joint and survivorship annuity.

Lump Sum Death Benefit:

- Eligibility: Death after any type of retirement except deferred vested provided the participant had been actively at work.
- Allowance: \$3,000.

H. Summary of Plan Provisions for the Olin Corporate Group Pension Plan

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefit accruals for this Plan are frozen effective 12/31/2007.

Effective Date

January 1, 1967

Eligibility for Participation

Completion of one year of service.

Normal Retirement

- Eligibility: Age 65
- Allowance: Greater of:
 - (i) 1.5% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service, less Social Security benefit multiplied by ratio of years of service not in excess of 35 to the number 70; or
 - (ii) 1% of average compensation during highest 3 calendar years in last 10 calendar year multiplied by years of service. Note: For special, early or vested retirement (see below), multiply Social Security benefit by the smaller of
 - (a) 1/70 multiplied by years of service at retirement not in excess of 35, or
 - (b) 50% multiplied by ratio of years of service at retirement to years of service projected to age 65.

Early Retirement

- Eligibility: Age 55 and 10 years of service.
- Allowance: Accrued allowance deferred to age 62; or immediate allowance equal to accrued allowance multiplied by 72% plus 1/3% multiplied by full months elapsed since age 55.

Special Early Retirement

- Eligibility: Age 62 and 10 years of service.
- Allowance: Accrued allowance payable immediately.

Disability

- Eligibility: Permanently and totally disabled and eligible for LTD benefits or Social Security disability benefits.
- Allowance: The lesser of: 60% of base pay minus Social Security Disability benefits; or the normal retirement benefit computed assuming participant had continued to earn the same annual rate of compensation as at time of disability and continued to accrue service to age 65.

Vesting

- Eligibility: 5 years of service.
- Allowance: Accrued allowance deferred to age 65.

Special Rules for Crediting Service and Computing Retirement

- Allowance: Salaried and hourly, non-bargained Participants who transfer directly to Primex Technologies, Inc. and its affiliates in connection with Olin's divestment of its ordnance and aerospace divisions (or who transfer directly within five years following such divestment), shall continue to receive credit for service with Primex in determining their Period of Creditable Service for purposes of vesting and eligibility to retire early under the terms of the Plan but (i) such service shall not be credited for purposes of benefit accrual under the terms of the Plan, (ii) such Participants' Average Compensation for purposes of calculating their Retirement Allowance under the Plan shall take into account compensation paid by Primex and shall be determined as of their termination of service or retirement from Primex, and (iii) no benefit shall be payable from this Plan until the Participant terminates service with Primex.

Spouse's Benefit

- Eligibility: Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date, which could have been elected by deceased participant.
- Allowance: Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.

Normal Form of Allowance:

- Single: Life Annuity.
- Married: Reduced 50% joint and survivorship annuity.

Lump Sum Death Benefit:

- Eligibility: Death after any type of retirement except deferred vested
- Allowance: \$5,000. Participants who transfer to Primex are not eligible for a lump-sum death benefit.

I. Summary of Plan Provisions for the A.J. Oster Salaried Pension Plan

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefit accruals for this Plan are frozen effective 12/31/2007.

Effective Date

January 1, 1983.

Eligibility for Participation

- Age Requirement: 21
- Service Requirement: First day of the month following completion of 5 months of service.

Normal Retirement

- Eligibility: Age 65
- Allowance: For service after 1/1/93:
 - Greater of:
 - (i) 1.5% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service, less Social Security benefit multiplied by ratio of years of service not in excess of 35 to the number 70; or
 - (ii) 1% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service.
 - Note: For special, early or vested retirement (see below), multiply Social Security benefit by the smaller of (a) 1/70 multiplied by years of service at retirement not in excess of 35, or (b) 50% multiplied by ratio of years of service at retirement to years of service projected to age 65.
 - For service prior to 1/1/93:
 - 1% of average compensation at retirement plus .6% of average compensation at retirement in excess of covered compensation per year of service to a maximum of 35 years. Final average compensation is the average of compensation earned during the highest 60 consecutive months out of the last 120 months of employment prior to termination, limited to \$235,840 (in 1993) for benefit accrual purposes.
 - Covered compensation: 1980 Table 1 (maximum of \$25,900)
 - Starting from January 1, 2002 maximum compensation for determining benefits is limited by \$200,000 (indexed).

Optional Normal Retirement

- Age Requirement: 60
- Service Requirement: 30 years
- Allowance: Same as above.

Early Retirement

- Age Requirement: 55
- Service Requirement: 15 years

- Amount: Normal pension accrued reduced by 6% for each year of age less than 65. For service prior to January 1, 1993, accrued allowance deferred to age 62; or immediate allowance equal to accrued allowance multiplied by 72% plus 1/3% multiplied by months elapsed since age 55; or actuarial equivalent of immediate allowance so participant receives approximately same income each year before and after Social Security benefit commences.

Disability

- Age Requirement: 55
- Service Requirement: 15 years
- Allowance: The lesser of 60% of base pay minus Social Security Disability benefits; or 1.125% of average compensation multiplied by years of service to a maximum of 35 years.

Vesting

- Service Requirement: 5 year.
- Allowance: Normal pension accrued payable at normal retirement age, or at early retirement with the appropriate reduction.

Spouse's Benefit

- Age Requirement: None
- Service Requirement: 5 years
- Amount: 50% of benefit employee would have received had he retired the day before he died and elected the 50% joint and survivor option. Benefit commences at employee's earliest retirement age and continues until death of spouse.

Benefit Credit

Commences on entry date into plan. For A.J. Oster Foils Plan, not prior to 1/1/1989.

Vesting Credit

Commences on date of hire.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Olin Corporation Employees' Pension Plan
EIN 13-1872319 PN 002

Normal Form of Allowance

- Single: Life annuity.
- Married: Reduced 50% joint and survivorship annuity.

J. Summary of Plan Provisions for the A.J. Oster Hourly Pension Plan

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefits accruals are frozen to effective 12/31/2005.

Effective Date

January 1, 1983

Eligibility for Participation

- Age Requirement: 21
- Service Requirement: Completion of one year of service.

Normal Retirement

- Eligibility: Age 65
- Allowance: Accrued allowance defined to age 62; or immediate allowance equal to accrued allowance multiplied by months elapsed since age 55; or actuarial equivalent of immediate allowance so participant receives approximately same income each year before and after Social Security Benefit commences.
Effective January 1, 1999 rate is \$26.00 multiplied by years of service.

Early Retirement

- Age Requirement: 55
- Service Requirement: 10 years
- Amount: Normal pension accrued reduced by 4% for each year of age less than 62.

Vesting

- Age Requirement: None
- Service Requirement: 5 years
- Amount: Accrued benefit payable at age 65.

Spouse's Pre-Retirement Death Benefit

- Age Requirement: None
- Service Requirement: 5 years
- Amount: 50% of benefit employee would have received had he retired the day before he died. Benefit is payable immediately or at age when employee would have met early retirement eligibility, if later.

Benefit Credit

Commences on entry date into plan.

Vesting Credit

Commences on date of hire.

Lump Sum Death Benefit

- Eligibility: Death after any type of retirement except deferred vested.
- Allowance: \$5,000.

Plan Status

No future accrual of benefit service.

K. Summary of Plan Provisions for the Somers Brass Company Retirement Plan

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefits accruals are frozen to effective 12/31/2005.

Effective Date

January 1, 1956.

Eligibility for Participation

Completion of one year of service.

Normal Retirement

- Eligibility: Age 65
- Monthly Allowance: The following rates multiplied by years of service:

\$ 46.00 effective 1-1-2006	\$ 32.50 effective 1-1-1998
45.00 effective 1-1-2005	29.00 effective 1-1-1996
43.00 effective 1-1-2004	27.00 effective 1-1-1995
42.00 effective 1-1-2003	25.00 effective 1-1-1994
40.00 effective 1-1-2002	22.00 effective 1-1-1993
38.50 effective 1-1-2001	20.00 effective 1-1-1992
34.00 effective 1-1-1999	17.00 effective 1-1-1990

Early Retirement

- Eligibility: Age 55 and 10 years of service.
- Allowance: Accrued allowance deferred to age 62; or immediate allowance equal to accrued allowance multiplied by 72% plus 1/3% multiplied by full months elapsed since age 55; or actuarial equivalent of immediate allowance so participant receives approximately same income each year before and after Social Security benefit commences.

Special Early Retirement

- Eligibility: Age 62 and 10 years of service.
- Allowance: Accrued allowance payable immediately; or actuarial equivalent of accrued allowance so participant receives approximately same income each year before and after Social Security benefit commences.

Vesting

- Eligibility: 5 years of service.
- Allowance: Accrued allowance deferred to age 65, or actuarially reduced allowance after age 60; or if completed 15 years of service, actuarially reduced allowance after age 55.

Spouse's Benefit

- Eligibility: Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date, which could have been elected by deceased participant
- Allowance: Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died

Lump Sum Death Benefit

- Eligibility: Death after any type of retirement except deferred vested, provided participant had been actively employed on January 1, 1985.
- Allowance: \$5,000.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Olin Corporation Employees' Pension Plan
EIN 13-1872319 PN 002

Normal Form of Allowance

- Single: Life Annuity.
- Married: Reduced 50% joint and survivorship annuity.

L. Summary of Plan Provisions for the Chase Brass and Copper Company Pension Plan

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefit accruals for this Plan are frozen effective 8/31/2007.

Effective Date

August 24, 1990

Eligibility for Participation

Completion of one year of service.

Normal Retirement

- Eligibility: Age 65 and 5 years of service.
- Monthly Allowance: The following rates multiplied by years of service:

\$30.00 effective 6-26-2006

29.00 effective 6-27-2005

28.00 effective 6-28-2004

Early Retirement

- Eligibility: Age 60 and 10 years of service.
- Allowance: Accrued benefit due to participant at age 65 reduced for early commencement by 6% for each year that the participant's early retirement commencement date precedes the participant's normal retirement date

Vesting

5 years of service.

Spouse's Benefit

- Eligibility: Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date, which could have been elected by deceased participant.
- Allowance: Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.

Normal Form of Allowance

- Single: Life Annuity.
- Married: Reduced 50% joint and survivorship annuity.

M. Summary of Plan Provisions for the Pioneer Companies Retirement Plan for Bargaining Unit Employees

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefits accruals are frozen effective 10/1/2007.

Effective Date

October 1, 2007

Eligibility for Participation

- Age Requirement: None
- Service Requirement: Participation starts on the first of the month following date of hire.

Normal Retirement

- Age Requirement: 65
- Monthly Allowance: 1.25% of the participant's monthly plan earnings not in excess of the participant's monthly covered earnings plus 1.5% of the participant's monthly plan earnings in excess of the participant's monthly covered earnings, all multiplied by the participant's credited service. Effective February 29, 2004, no further benefit accruals are allowed by the Plan.

Early Retirement

- Age Requirement: 55
- Service Requirement: 5 years
- Amount: Normal pension accrued reduced by 5% for each year of age less than 65.

Vesting

- Age Requirement: None
- Service Requirement: 5 years
- Amount: Accrued benefit payable at age 65.

Spouse's Pre-Retirement Death Benefit

- Age Requirement: None
- Service Requirement: 5 years
- Amount: If death occurs after five (5) years of service and after attaining age fifty-five (55), a monthly benefit shall be payable to the deceased participant's eligible surviving spouse equal to 50% of the amount the participant would have received if the participant had retired at the date of death. If death occurs after five (5) years of service and before attaining age fifty-five (55), a monthly benefit shall be payable to the deceased participant's eligible surviving spouse equal to 50% of the accrued benefit which shall be reduced by 35% to age fifty-five (55) and further reduced by 4% with respect to each year below age fifty-five (55) that such participant's death occurs.

Plan Status

No future accrual of benefit service.

Benefit Credit

Commences on entry date into plan.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Olin Corporation Employees' Pension Plan
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Vesting Credit

Commences on date of hire.

Lum Sum Death Benefit

No Lump Sums.

N. Summary of Plan Provisions for the Pioneer Companies Retirement Plan

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefits accruals are frozen effective 10/1/2007.

Effective Date

October 1, 2007

Eligibility for Participation

- Age Requirement: None
- Service Requirement: Participation starts on the first of the month following date of hire.

Normal Retirement

- Age Requirement: 65
- Monthly Allowance: 1.25% of the participant's monthly plan earnings not in excess of the participant's monthly covered earnings plus 1.5% of the participant's monthly plan earnings in excess of the participant's monthly covered earnings, all multiplied by the participant's credited service. Effective February 29, 2004, no further benefit accruals are allowed by the Plan.

Early Retirement

- Age Requirement: 55
- Service Requirement: 5 years
- Amount: Normal pension accrued reduced by 5% for each year of age less than 65.

Vesting

- Age Requirement: None
- Service Requirement: 5 years
- Amount: Accrued benefit payable at age 65.

Spouse's Pre-Retirement Death Benefit

- Age Requirement: None
- Service Requirement: 5 years
- Amount: If death occurs after five (5) years of service and after attaining age fifty-five (55), a monthly benefit shall be payable to the deceased participant's eligible surviving spouse equal to 50% of the amount the participant would have received if the participant had retired at the date of death. If death occurs after five (5) years of service and before attaining age fifty-five (55), a monthly benefit shall be payable to the deceased participant's eligible surviving spouse equal to 50% of the accrued benefit which shall be reduced by 35% to age fifty-five (55) and further reduced by 4% with respect to each year below age fifty-five (55) that such participant's death occurs.

Plan Status

No future accrual of benefit service.

Benefit Credit

Commences on entry date into plan.

Vesting Credit

Commences on date of hire.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Olin Corporation Employees' Pension Plan
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Lum Sum Death Benefit

No Lump Sums.

O. Summary of Plan Provisions for the Pioneer Companies Retirement Plan for Tacoma Employees

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefits accruals are frozen effective 10/1/2007.

Effective Date

October 1, 2007

Eligibility for Participation

- Age Requirement: None
- Service Requirement: Participation starts on the first of the month following date of hire.

Normal Retirement

- Age Requirement: 65
- Monthly Allowance: For all participants except employees of IFPTE (Local 57), the basic retirement income amount is the sum of (a), (b), (c), and (d) below:
 - (a) 0.75% of past service earnings multiplied by past service.
 - (b) 1.0% of base annual earnings for each year of future service.
 - (c) \$132 for each \$600 of final average pay over \$3,000. If the participant has less than 15 years of continuous service at normal retirement, this amount is reduced by 1/15th for each year of continuous service less than 15 years.
 - (d) 1.0% of base annual earnings at plan entry date times

Early Retirement

- Age Requirement: 55
- Service Requirement: 5 years
- Amount: Normal pension accrued reduced by 3% for each year of age less than 65. If the participant has 15 or more years of eligibility, then it's the normal pension accrued reduced by 3% for each year of age less than 62.

Vesting

- Age Requirement: None
- Service Requirement: 5 years
- Amount: Accrued benefit payable at age 65.

Spouse's Pre-Retirement Death Benefit

- Age Requirement: None
- Service Requirement: 5 years
- Amount: For death after attainment of vesting but prior to the commencement of benefits, the benefit is equal to the annual benefit that would have been received had the participant retired just before death and elected a 50% joint and survivor annuity. This is payable on the date the participant would have been eligible for retirement, reduced for early commencement as under early retirement.

For death while in active service after age 55 and 15 years of eligibility service, the automatic spouse's benefit is equal to 50% of the early retirement income that would have been received had the participant retired just before death with a life annuity option. This benefit is reduced 2% for each year in excess of five years that the spouse is younger than the participant but not less than the actuarial equivalent. In the event that a spouse qualifies for both the preretirement surviving spouse's benefit and the automatic spouse's benefit, the spouse will receive the larger benefit.

Plan Status

No future accrual of benefit service.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Olin Corporation Employees' Pension Plan
EIN 13-1872319 PN 002

Benefit Credit

Commences on entry date into plan.

Vesting Credit

Commences on date of hire.

Lump Sum Death Benefit

No Lump Sums.

P. Summary of Plan Provisions for the Dow Employees' Pension Plan

The Olin Corporation assumed responsibility for transferred participants of the Dow Employees' Pension Plan based on the asset transfer effective October 5, 2015. As such, eligibility to participate in this plan, as well as individual account balances, are based on the actual transfer files. This subsection summarizes the major provisions of the plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefits accruals are frozen effective October 5, 2015.

Effective Date

October 5, 2015

Eligibility for Participation

- Age Requirement: 21
- Service Requirement: Completion of 12 month period in which employee completes at least 1000 hours of service

Plan Status

No future accrual of benefit service.

Benefit Credit

Service is credited by taking hours of service divided by 2080, rounded up to the nearest 1/10th of a year (limited to a year of service credit per year).

Vesting Credit

An employee receives vesting credit for each plan year in which the employee is credited with at least 1000 hours of service.

Minimum Benefit

Benefits accrued under the old plan formulas (Employees' Retirement Plan (ERP)) were frozen effective January 1, 2006, and function as a minimum benefit under the DEPP formula.

Personal Pension Account Component: For DEPP participants hired on or after January 1, 2008

Account Balance

- Pay Credits: 5% of compensation for the plan year, credited to the account as of the last day of the plan year
- Interest Credits: The Interest Credit rate is 150 basis points plus the discount rate on 6-month Treasury Bills for the month of September of the prior plan year.

Normal Retirement

- Age Requirement: None
- Monthly Allowance: Balance in Personal Pension Account.

Early Retirement

- Age Requirement: None
- Service Requirement: None
- Amount: Straight life annuity converted as the actuarial equivalent of the participant's Personal Pension Account Balance with Interest Credits projected from the Benefit Commencement Date to Normal Retirement Age using the Interest Credit Rate in effect at the Benefit Commencement Date.
Lump sum: Personal Pension Account Balance as of the date benefit payments begin.

Vesting

- Age Requirement: None
- Service Requirement: None
- Amount: Account balance or actuarial equivalent life annuity payable at age 65.

Spouse's Pre-Retirement Death Benefit

- Age Requirement: None
- Service Requirement: None
- Amount: For death after attainment of vesting but prior to the commencement of benefits, the benefit is equal to the account balance of the participant.

Actuarial Equivalence

Interest Credit rate for the Plan Year of distribution and applicable mortality

Pension Equity Plan Component: For DEPP participants hired prior to January 1, 2008

Account Balance

- Starting Account Balance: Starting account balance is based on information from asset transfer on October 5, 2015.
- Accruals: Prior to the asset transfer, annual accruals were compounded during an employee's years of service using the following accrual rates.

Age	Standard	Excess
<30	4%	1%
30-34	5	2
35-39	7	2
40-44	10	3
45-49	13	4
50-54	16	4
55+	18	4
Maximum	425%	120%

The total standard accrual is multiplied by the employee's highest consecutive three year average compensation and the total excess accrual is multiplied by the excess of the employee's highest consecutive three year average compensation over the 3 year average of the Social Security Maximum Taxable Wage Bases at termination/retirement.

- Interest: Account Balance was increased by 8% per year until May 31, 2016. Subsequently, interest is credited at 6% per year.

Normal Retirement

- Age Requirement:65
- Monthly Allowance: Account Balance is converted to an annuity

Vesting

- Age Requirement: None
- Service Requirement: None
- Amount: Account balance or actuarial equivalent life annuity payable at age 65.

Spouse's Pre-Retirement Death Benefit

- Age Requirement: None
- Service Requirement: None
- Amount: For death after attainment of vesting but prior to the commencement of benefits, the benefit is equal to the account balance of the participant

Q. Summary of Plan Provisions for the Union Carbide Employees' Pension Plan (UCEPP)

The Olin Corporation assumed responsibility for transferred participants of the Union Carbide Employees' Pension Plan based on the asset transfer effective October 5, 2015. As such, eligibility to participate in this plan, as well as individual account balances, are based on the actual transfer files. This subsection summarizes the major provisions of the plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefits accruals are frozen effective October 5, 2015.

Effective Date

October 5, 2015

Eligibility for Participation

- Age Requirement: 21
- Service Requirement: Completion of 12 month period in which employee completes at least 1000 hours of service

Plan Status

No future accrual of benefit service.

Benefit Credit

Service is credited by taking hours of service divided by 2080, rounded up to the nearest 1/10th of a year (limited to a year of service credit per year).

Vesting Credit

An employee receives vesting credit for each plan year in which the employee is credited with at least 1000 hours of service.

Minimum Benefit

Benefits accrued under the old plan formulas (Union Carbide Retirement Program (UCRP)) were frozen effective February 7, 2003, and function as a minimum benefit under the UCEPP formula.

Personal Pension Account Component: For UCEPP participants hired on or after January 1, 2008

Account Balance

- Starting Account Balance: Starting account balance is based on information from asset transfer on October 5, 2015.
- Pay Credits: 5% of compensation for the plan year, credited to the account as of the last day of the plan year
- Interest Credits: The Interest Credit rate is 150 basis points plus the discount rate on 6-month Treasury Bills for the month of September of the prior plan year.

Normal Retirement

- Age Requirement: 65
- Monthly Allowance: Balance in Personal Pension Account.

Early Retirement

- Age Requirement: None
- Service Requirement: None
- Amount: Annuity: Straight life annuity converted as the actuarial equivalent of the participant's Personal Pension Account Balance with Interest Credits projected from the Benefit Commencement Date to Normal Retirement Age using the Interest Credit Rate in effect at the Benefit Commencement Date.
Lump sum: Personal Pension Account Balance as of the date benefit payments begin.

Vesting

- Age Requirement: None
- Service Requirement: None
- Amount: Account balance or actuarial equivalent life annuity payable at age 65.

Spouse's Pre-Retirement Death Benefit

- Age Requirement: None
- Service Requirement: None
- Amount: For death after attainment of vesting but prior to the commencement of benefits, the benefit is equal to the account balance of the participant .

Actuarial Equivalence

Interest Credit rate for the Plan Year of distribution and applicable mortality

Pension Equity Plan Component: For UCEPP participants hired prior to January 1, 2008

Account Balance

- Accruals: Prior to the asset transfer, annual accruals were compounded during an employee's years of service using the following accrual rates.

Age	Standard	Excess
<30	4%	1%
30-34	5	2
35-39	7	2
40-44	10	3
45-49	13	4
50-54	16	4
55+	18	4
Maximum	425%	120%

The total standard accrual is multiplied by the employee's highest consecutive three year average compensation and the total excess accrual is multiplied by the excess of the employee's highest consecutive three year average compensation over the 3 year average of the Social Security Maximum Taxable Wage Bases at termination/retirement.

- Interest: Account Balance was increased by 8% per year until May 31, 2016. Subsequently, interest is credited at 6% per year.

Normal Retirement

- Age Requirement: 65
- Monthly Allowance: Account Balance is converted to an annuity

Vesting

- Age Requirement: None
- Service Requirement: None
- Amount: Account balance or actuarial equivalent life annuity payable at age 65.

Spouse's Pre-Retirement Death Benefit

- Age Requirement: None
- Service Requirement: None
- Amount: For death after attainment of vesting but prior to the commencement of benefits, the benefit is equal to the account balance of the participant

R. Summary of Plan Provisions for the Pension Plan for Heritage Rohm and Haas Employees

The Olin Corporation assumed responsibility for transferred participants of the Pension Plan for Heritage Rohm and Haas Employees based on the asset transfer effective October 5, 2015. As such, eligibility to participate in this plan, as well as individual account balances, are based on the actual transfer files. This subsection summarizes the major provisions of the plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

CLOSED TO NEW ENTRANTS. Benefits accruals are frozen effective October 5, 2015.

Effective Date

October 5, 2015

Eligibility for Participation

- Age Requirement: None
- Service Requirement: Completion of 12-month period in which employee completes at least 1000 hours of service

Plan Status

No future accrual of benefit service.

Computation Period

Twelve-month periods beginning on date of hire and subsequent anniversaries

Benefit Credit

Service is credited by taking hours of service divided by 2280, limited to 1 year per computation period

Vesting Credit

An employee receives vesting credit for each computation period in which the employee is credited with at least 1000 hours of service.

New Plan: For ROH employees hired after March 31, 2001 or ROH employees who elected the new plan by April 1, 2001.

Normal Retirement

- Age Requirement: 65
- Amount: 1.25% of Final Average Compensation multiplied by years of Benefit Service

Early Retirement

- Age Requirement: 55
- Service Requirement: 5 years
- Amount: Annuity: Accrued benefit reduced 1/2% per month that commencement precedes age 62

Vesting

- Age Requirement: None
- Service Requirement: None
- Amount: Accrued benefit payable at any age, reduced for commencement before age 65

Final Average Compensation

- Amount: Highest average of 60 consecutive months out of last 120 months' compensation

Legacy ROH (Rider 1):

ROH employees who did not elect to stop participating in Legacy Plan on April 1, 2001.

Normal Retirement

- Age Requirement: 65
- Amount: (1.5% of Final Average Compensation minus 0.35% of Covered Compensation) multiplied by years of Benefit Service (maximum 44 years)
Plus
0.75% of Final Average Compensation multiplied by years of Benefit Service in excess of 44 years

Early Retirement

- Age Requirement: 50
- Service Requirement: 5 years
- Amount: Accrued benefit reduced 1/2% per month that commencement precedes age 60

Social Security Supplemental Benefit

- Eligibility: Retirement from active status after age 60 but before age 62 and 15 years of vesting service
- Amount: \$400 per month until earlier of death or 80% Social Security Age.

Vesting

- Age Requirement: None
- Service Requirement: None
- Amount: Accrued benefit payable at normal retirement.

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Final Average Compensation

Amount: Highest average of 36 consecutive months out of last 120 months' compensation

Legacy Morton (Rider 2):

Morton employees who did not elect to stop participating in Legacy Plan on April 1, 2001.

Normal Retirement

- Age Requirement: 65
- Amount: 1.75% of Final Average Compensation multiplied by years of Benefit Service
Minus
1.67% of Primary Social Security Benefit multiplied by years of Benefit Service (max 30 years)

Early Retirement

- Age Requirement: 55
- Service Requirement: 5 years
- Amount: Accrued benefit reduced 5/24% per month (up to 36 months) that commencement precedes age 65 plus 5/12% per month commencement precedes age 62

Minimum Annual Benefit

- Amount: Greater of 1.00% x Final Average Compensation multiplied by years of Benefit Service and \$180 times years of Benefit Service

Vesting

- Age Requirement: None
- Service Requirement: None
- Amount: Accrued benefit payable at normal retirement. For early retirement as early as 55, benefit is reduced 5/9% per month (up to 6) commencement precedes age 65 plus 5/18% per month commencement precedes age 60.

Final Average Compensation

Amount: Highest average of 5 consecutive years out of last 10 calendar years' compensation

Primary Social Security Benefit

- Amount: Estimated PIA based on Social Security law in effect on January 1 of termination year, commencement at age 65, prior year earnings based on Social Security Wage Base increases back to later of age 22 or 1/1/1951, zero future pay for Early Retirement, level future pay (at Final Average Compensation) to age 65 for termination prior to Early Retirement eligibility.

S. Optional Forms of Benefit Available in the Plan – Legacy Olin

Optional Forms of Benefit

- 25% Joint and Survivor
- 50% Joint and Survivor
- 75% Joint and Survivor
- 100% Joint and Survivor
- 10 Year Certain & Life
- 5 Year Certain & Life
- Social Security Leveling Income Option @ age 62
- Social Security Leveling Income Option @ age 65

Optional Forms of Benefit Available in the Plan – Legacy Dow

Optional Forms of Benefit

- 50% Joint and Survivor
- 100% Joint and Survivor
- Early Retirement Level Income Option
- Guaranteed Payout Options
- Lump Sum, with limitations

Most Recent Plan Amendments

- Plan Amendment: Plan Amendment for East Alton
- Effective Date: February 1, 2022
- Reflected in 2024 Actuarial Valuation: Yes

- Plan Amendment: Plan Amendment for Lump Sum Optional Form of Payment
- Effective Date: January 1, 2024
- Reflected in 2024 Actuarial Valuation: Yes

The plan has been restated as of August 1, 2020.

Information on Use of Substitute Mortality Tables

Description of Populations

The approved substitute mortality tables cover all Nondisabled participants (both annuitants and non-annuitants), for the Olin Corporation Employees' Pension Plan. Disabled participants will continue to use separate disability mortality rates.

Approved Period of Use

These plan-specific mortality tables went into effect on January 1, 2023, originally to be effective for 10 years for each Olin Plan. Due to new regulations set forth by the IRS, the last plan year approved for use by the IRS is the plan year beginning January 1, 2025.

Substitute Base Table Construction

The tables were constructed based on full credibility, with a resulting Mortality Ratio of 111.7535%.