Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALBEMARLE CORPORATION PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 03/01/1994

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ALBEMARLE CORPORATION

4250 CONGRESS STREET
CHARLOTTE, NC 28209-0000

2b Employer Identification Number (EIN) 54-1692118

2c Plan Sponsor's telephone number 980-299-5700

2d Business code (see instructions) 325900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	MAX HOOD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name ALBEMARLE CORPORATION REPRESENTED PENSION PLAN

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3433
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	299
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	264
b	Retired or separated participants receiving benefits	**6b**	2086
c	Other retired or separated participants entitled to future benefits	**6c**	515
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2865
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	521
f	Total. Add lines **6d** and **6e**.	**6f**	3386
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	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 Characteristic Codes in the instructions:

1B

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
ALBEMARLE CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ALBEMARLE CORPORATION

D Employer Identification Number (EIN)
54-1692118

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	482629461
b Actuarial value	**2b**	482918781

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2610	399819551	399819551
b For terminated vested participants	608	52108750	52108750
c For active participants	299	42270546	43647809
d Total	3517	494198847	495576110

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1430000
c Target normal cost	**6c**	1430000

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

Date

MATTHEW FISHEL
Type or print name of actuary

26-08172
Most recent enrollment number

MERCER
Firm name

215-982-4212
Telephone number (including area code)

30 SOUTH 17TH STREET 19TH FLOOR
PHILADELPHIA, PA 19103
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	7321610	5065126
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5065126
9	Amount remaining (line 7 minus line 8)	7321610	
10	Interest on line 9 using prior year's actual return of 4.61 %	337526	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		5261
	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 5.04 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		449
	c Total available at beginning of current plan year to add to prefunding balance		5710
	d Portion of (c) to be added to prefunding balance		5710
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	7659136	5710

Part III Funding Percentages

14	Funding target attainment percentage	14	95.89 %
15	Adjusted funding target attainment percentage	15	95.89 %
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	112.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	1430000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	20322175	2310408
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	3740408

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	3740408		3740408

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ALBEMARLE CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ALBEMARLE CORPORATION

D Employer Identification Number (EIN)
54-1692118

Part I 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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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: CHRISTIAN GOODMAN
b EIN: 91-0675641
c Position: ENROLLED ACTUARY
d Address: 12790 MERIT DRIVE, SUITE 800
DALLAS, TX 75251-1250
e Telephone: 214-863-5517

Explanation: THE ACTUARY WAS CHANGED FROM MILLIMAN, INC. TO MERCER.

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ALBEMARLE CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ALBEMARLE CORPORATION

D Employer Identification Number (EIN)
54-1692118

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: ALBEMARLE CORPORATION MASTER TRUST

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

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)
54-1692118-012	M	479865985

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)

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ALBEMARLE CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ALBEMARLE CORPORATION

D Employer Identification Number (EIN)
54-1692118

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6665805	80315
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)	475762189	479865985
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	482427994	479946300
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	482427994	479946300

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	268097	
(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)		268097
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)		40688495
(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		40956592
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	40770657	
(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)		40770657
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2667629	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2667629
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		43438286
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2481694
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: HANNIS T BOURGEOIS, LLP **(2)** EIN: 72-0636725

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 592495.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under 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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ALBEMARLE CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ALBEMARLE CORPORATION

D Employer Identification Number (EIN)
54-1692118

Part I Distributions

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

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

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

EIN(s): 36-3046063

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: 29.4 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 10.4 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.8 % Other: 59.4 %

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_____.

ALBEMARLE CORPORATION PENSION PLAN

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

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

INDEX OF FINANCIAL STATEMENTS

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Supplemental Schedules *

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

HANNIS T. BOURGEOIS
CPAs + BUSINESS ADVISORS

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

Independent Auditor's Report

To the Administrator of the
Albemarle Corporation Pension Plan

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

We have performed audits of the financial statements of the Albemarle Corporation Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Respectfully submitted,

Hannis T Bourgeois, LLP

Baton Rouge, Louisiana
October 8, 2026

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

ASSETS

	2025	2024
Investments, at Fair Value:		
Plan Interest in the Albemarle Corporation Master Trust	$ 479,865,985	$ 475,762,189
Plan Merger Receivable	-	6,665,805
Other Receivable	80,315	-
Net Assets Available for Benefits	$ 479,946,300	$ 482,427,994

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

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Additions:		
Investment Results:		
Interest in Income (Loss) from the Albemarle Corporation Master Trust	$ 40,688,495	$ 3,832,225
Sponsor Contributions	268,097	-
Transfer In - Plan Merger	-	403,130,705
Total Additions	40,956,592	406,962,930
Deductions:		
Benefit Payments	40,770,657	5,261,966
Administrative Expenses of Plan's Interest in the Albemarle Corporation Master Trust	2,667,629	306,701
Total Deductions	43,438,286	5,568,667
Net Increase (Decrease)	(2,481,694)	401,394,263
Net Assets Available for Benefits, Beginning of Year	482,427,994	81,033,731
Net Assets Available for Benefits, End of Year	$ 479,946,300	$ 482,427,994

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

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

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

1. Description of Plan:

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

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

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

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

Plan Mergers:

On December 6, 2023, an amendment was ratified to merge the Albemarle Corporation Pension Plan for Represented Employees in Houston, Texas (the "Houston Plan") into the Albemarle Corporation Pension Plan for Represented Employees in Baton Rouge, LA (the "Baton Rouge Plan") effective December 31, 2023.

On December 19, 2024, an amendment was ratified to merge the Albemarle Corporation Pension (the "Corporate Plan") Plan into the Albemarle Corporation Represented Pension Plan (the "Represented Pension Plan") effective December 31, 2024. Net assets available for benefits transferred to the Represented Pension Plan are presented as Transfer In - Plan Merger on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024. Remaining funds formally transferred to the Represented Pension Plan on January 28, 2025, are presented as Plan Merger Receivable on the Statement of Net Assets Available for Benefits as of December 31, 2024. The amendment to merge Albemarle Corporation Pension Plan into the Albemarle Corporation Represented Pension Plan occurred after the January 1, 2024 benefit

information date. Accordingly, the actuarial present value of accumulated plan benefits disclosed in Note 6 does not include the accumulated plan benefits of the Albemarle Corporate Pension Plan at January 1, 2024.

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

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

2. Summary of Significant Accounting Policies:

General:

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

Investment Valuation and Income:

Assets held by Master Trust

The Plan's investments are held in the Albemarle Corporation Master Trust (the "Master Trust") which was established for the investments of the Plan and several other defined benefit plans of the Company and its affiliate Ketjen LLC. The assets of the Master Trust as of and for the years ended December 31, 2025 and 2024 were held by The Northern Trust Company, the trustee. Master Trust assets are stated at the fair value of the Plan's share of the assets of the Master Trust (see Note 3). Net appreciation (depreciation) on investments of the Master Trust serves to reduce (increase)

future contributions that would otherwise be required to provide for the defined level of benefits under the Plan.

Master Trust assets are stated at values determined as follows:

Mutual Funds	- Valued at net asset value of shares or units held by the Plan at year-end based on the quoted market value of the underlying assets.
U.S. Government Securities	- Priced by a pricing vendor on the basis of bid or mid evaluations in accordance to a region's market convention, using factors which include but are not limited to market quotations, yields, maturities, and the bond's terms and conditions. The pricing vendors use proprietary methods to arrive at the evaluated price. These prices represent the price a dealer would pay for a security (typically in an institutional round lot).
Commingled Funds:	
Equities	- Holdings in private investment companies valued using the net asset valuations (NAV) provided by the underlying private investment companies with necessary adjustments made by the fund on an asset-by-asset basis to be in accordance with U.S. GAAP.
Short Term Fixed Income Funds	- Valued on a daily basis based on the ending number of units outstanding and the total net assets of the Fund. Fund Investments are valued at amortized cost, which approximates fair value

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

Purchases and sales of securities are recorded on a trade-date basis. Gain or loss on sales of securities is based on average cost.

Dividend income is recorded on the ex-dividend date. Interest is recorded as earned on an accrual basis.

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

Assets held by Insurance Company

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

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

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

The Dividend Experience contracts can provide for a periodic dividend to the Plan and/or Company from Equitable based on favorable investment performance or actuarial experience. No dividends were earned by the Plan for the years ended December 31, 2025 or 2024.

Funding Policy:

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

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

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

Albemarle's funding policy is to make actuarially determined contributions to the Plan to adequately fund the Plan under provisions of ERISA and PPA. The January 1, 2024, actuary's statement indicated the plan was sufficiently funded to meet the minimum funding standards under these acts, thus no contributions were required for the year ended December 31, 2024. The January 1, 2025 actuary's statement indicated that the minimum required contribution under these acts was $3,740,408 for the year ended December 31, 2025. For the year ended December 31,2025 a credit balance was available, which was used to offset the minimum required contribution. After the application of the credit balance, the minimum required contribution for the year ended December 31, 2025 was $-0-.

For the years ended December 31, 2025 and 2024, the Plan Recognized contribution income of $268,097 and $-0-, respectively.

Actuarial Method:

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

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future payments that are attributable under the Plan's provisions to the service employees have rendered through the valuation date (January 1, 2025 and 2024, respectively). Accumulated plan benefits include benefits expected to be paid to (a) participants who have retired or terminated with vested rights, (b) beneficiaries of deceased participants and (c) active participants upon retirement, disability or termination. Benefits under the Plan are based on a percentage of employees' compensation during their credited years of service or on a fixed dollar amount for each credited year of service as defined in the Plan document and amendments to the Plan document. Benefits to be provided via annuity contracts, under which Equitable is obligated to pay the benefits, are excluded from Plan assets and are excluded from accumulated Plan benefits.

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

time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Benefits:

Benefit payments to participants are recorded when paid.

Use of Estimates in Preparation of Financial Statements:

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties:

The Master Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

Plan Termination:

While Albemarle has not expressed any intent to discontinue its contributions, any such discontinuance is subject to the provisions of ERISA. In the event such discontinuance results in the termination of the Plan:

(a) the Plan provides that the net assets of the Plan shall be allocated to provide retirement benefits for participants, surviving spouses and beneficiaries, which is in accordance with the requirements of ERISA.

(b) to the extent unfunded vested benefits exist, ERISA provides that such benefits are payable by the Pension Benefit Guaranty Corporation to participants, up to specified limitations, as described in ERISA.

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

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

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

	2025	2024
Assets:		
Investments at Fair Value:		
Commingled Funds	$ 7,229,465	$ 52,016,482
Mutual Funds	423,978,279	387,888,826
U.S. Government Securities	49,365,464	39,313,376
Total Investments	480,573,208	479,218,684
Investment Income Receivable	4,804,423	4,004,860
Total Assets	485,377,631	483,223,544
Liabilities:		
Payable for Securities Purchased	(4,801,938)	(3,937,349)
Total Liabilities	(4,801,938)	(3,937,349)
Net Assets of the Master Trust	$ 480,575,693	$ 479,286,195

The following are the changes in the net assets of the Master Trust:

	2025	2024
Changes in Net Assets:		
Contributions	$ 4,227,000	$ 813,000
Investment Income (Loss)	40,752,375	37,791,667
Benefit Payments	(40,795,097)	(41,257,287)
Fees and Expenses	(2,894,780)	(3,939,045)
Increase (Decrease) in Net Assets	1,289,498	(6,591,665)
Net Assets:		
Beginning of Year	479,286,195	485,877,860
End of Year	$ 480,575,693	$ 479,286,195

Total investment income (loss) of the Master Trust was comprised of the following:

	2025	2024
Investment Results:		
Net Appreciation (Depreciation) in the Fair Value of Investments	$ 25,408,804	$ 22,798,331
Dividend Income	2,764,837	3,616,591
Interest Income	12,578,734	11,376,745
Total	$ 40,752,375	$ 37,791,667

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

The Master Trust's assets are managed by various investment managers. The Master Trust held no Albemarle Corporation common stock at December 31, 2025 and 2024. Fees paid by the Master Trust for trustee services amounted to $269,334 and $4,789 for the years ended December 31, 2025 and 2024, respectively. In addition, certain Master Trust assets are invested in SEI investments. SEI is the investment manager of the Master Trust and, therefore, these transactions qualify as party-in-interest. Fees paid by the Master Trust for these investment management services amounted to $847,665 and $1,172,329 for the years ended December 31, 2025 and 2024, respectively. These party-in-interest transactions are exempt from the prohibited party-in-interest transaction rules of ERISA.

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

	December 31, 2025	
	Master Trust Balances	Plan's Interest in Master Trust
Assets:		
Investments at Fair Value:		
Commingled Funds	$ 7,229,465	$ 7,209,839
Mutual Funds	423,978,279	423,288,278
U.S. Government Securities	49,365,464	49,365,464
Total Investments	480,573,208	479,863,581
Investment Income Receivable	4,804,423	4,798,035
Total Assets	485,377,631	484,661,616
Liabilities:		
Payable for Securities Purchased	(4,801,938)	(4,795,631)
Total Liabilities	(4,801,938)	(4,795,631)
Net Assets of the Master Trust	$ 480,575,693	$ 479,865,985

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

4. Fair Value Measurements:

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

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

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

Level 3 Unobservable inputs for the asset or liability

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

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 423,978,279	$ -	$ -	$ 423,978,279
U.S. Government Securities	49,365,464	-	-	49,365,464
Total Assets in the Fair Value Hierarchy	$ 473,343,743	$ -	$ -	473,343,743
Investments Measured Using Net Asset Value Per Share Practical Expedient*				7,229,465
Total Investments at Fair Value				$ 480,573,208

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan deems transfers between levels of the fair value hierarchy to have occurred on the date of the event or change in circumstance that caused the transfer. There were no transfers between levels during the years ended December 31, 2025 and 2024. See Note 2 for a description of the valuation methodologies for assets measured at fair value.

The following tables summarize investments measured at fair value based on net asset value per share practical expedient as of December 31, 2025 and 2024:

		December 31, 2025			
		Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Commingled Funds:					
Short Term Investment Fund	*	$ 7,229,465	n/a	Daily	None
		$ 7,229,465			

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

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

5. Tax Status:

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

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

6. Accumulated Plan Benefits and Actuarial Assumptions:

Information with respect to accumulated plan benefits as of January 1, 2025 follows:

Actuarial Present Value of Accumulated Plan Benefits, at January 1, 2024	$ 64,605,814
Increase (Decrease) During Year Attributed to:	
Benefits Paid	(5,261,966)
Interest	3,910,612
Plan Merger	383,687,585
Other (Benefits Accrued, Personnel Experience, etc.)	(1,045,587)
Net Increase	381,290,644
Actuarial Present Value of Accumulated Plan Benefits, at January 1, 2025	$ 445,896,458

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

	2025	2024
Vested Benefits:		
Active participants	$ 35,777,807	$ 11,468,520
Inactive participants with deferred benefits	45,344,649	6,303,775
Inactive participants receiving benefits	363,532,700	46,522,053
	444,655,156	64,294,348
Non-Vested Benefits	1,241,302	311,466
Actuarial Present Value of Accumulated Plan Benefits	$ 445,896,458	$ 64,605,814

The following significant actuarial assumptions were utilized in the valuations as of January 1, 2025, and January 1, 2024, which include the Baton Rouge Plan and the merged Houston and Corporate Plans:

Withdrawal Rates

	Baton Rouge Plan		Houston Plan		Corporate Plan		
	Less than 5	5+ Years of	Less than 5	5+ Years of		Rockwood	
Age	Years of Service	Service	Years of Service	Service	Age	Lithium	Corporate
0-25	20.0%	3.0%	8.0%	6.0%	20	7.90%	11.50%
26-30	8.0%	3.0%	7.0%	6.0%	25	7.70%	11.50%
31-35	5.0%	7.5%	6.0%	5.0%	30	7.20%	7.50%
36-40	3.0%	5.5%	5.0%	5.0%	35	6.30%	7.50%
41-45	10.0%	4.5%	4.0%	4.0%	40	5.20%	5.50%
46-50	4.0%	4.0%	3.0%	3.0%	45	4.00%	3.50%
51-54	2.0%	3.5%	2.0%	2.0%	50	2.60%	3.50%
55 +	0.0%	0.0%	0.0%	0.0%	55	1.00%	0.00%
					56+	0.00%	0.00%

Disability Rates

Age	Baton Rouge and Houston Plan	Corporate Plan	Rockwood Lithium Plan
25	5.11%	0.105%	0.075%
30	5.12%	0.115%	0.080%
35	4.15%	0.150%	0.100%
40	3.22%	0.215%	0.120%
45	2.35%	0.354%	0.180%
50	1.59%	0.587%	0.240%
55	1.10%	1.100%	0.565%
60	2.10%	2.100%	0.890%
65	3.97%	3.970%	0.890%
70	6.28%	6.280%	0.890%

	Retirement Rates		
Age	**Corporate Plan**	**Baton Rouge Plan**	**Houston Plan**
55	8%	2%	4%
56	8%	8%	5%
57	8%	3%	3%
58	8%	4%	3%
59	10%	10%	7%
60	20%	20%	12%
61	20%	25%	6%
62	30%	30%	12%
63	30%	30%	12%
64	40%	30%	20%
65	45%	20%	30%
66	45%	35%	30%
67	45%	35%	25%
68	35%	20%	35%
69	45%	45%	45%
70+	100%	100%	100%

The AlphaGary Corporation Union Employees Pension Plan assumes participants retire at the age of 60 with 10 years of service, otherwise age 65. Because there are no active participants resulting from this merged frozen plan, no withdrawal or disability rates are assumed.

Rockwood Lithium Plans assumes active participants retire at the age of 63 with 10 years of service otherwise age 65.

Mortality Rates For 2025 and 2024, the mortality table for determining the accrued benefit liability is the Pri-2012 Total Dataset Mortality Table projected with Mortality Improvement Scale MP-2021, with no collar adjustment.

Interest Rate The rate for determining the accrued benefit liability is 6.70% for 2025 and 6.31% for 2024.

Actuarial assumptions utilized are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

7. Information Certified by The Northern Trust Company:

Included in the Plan's financial statements as of and for the years ended December 31, 2025 and 2024, is the following unaudited information prepared by the trustee, The Northern Trust Company. This information was furnished to the plan administrator who has obtained certification from the trustee that such information is complete and accurate.

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

Plan Interest in the Albemarle Corporation Master Trust

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

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

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

8. 401(h) Account:

Effective January 1, 2001 the Plan was amended to include a retiree medical-benefit component in addition to the normal retirement benefits. The Company also intends to fund a portion of the postretirement obligations for the retirees and their beneficiaries in accordance with the Code.

A separate account under the Plan's Master Trust referred to as the "Medical Benefits Account" has been established and maintained in the Plan for the net assets related to the medical-benefit component (401(h) account).

In accordance with the Code, the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. Furthermore, no payments from the Medical Benefits Account shall be made to any person who is, or has ever been, a "key employee" as defined in Appendix A of the Plan document.

Plan participants do not contribute to the 401(h) account. The Company could make a transfer of surplus assets from the Master Trust to fund the Medical Benefits Account from time to time. Any transfers to the 401(h) account are determined annually and are at the discretion of the Company. Any assets transferred to the 401(h) account from the defined benefit pension plan in a qualified transfer of excess pension plan assets (and any income allocable thereto) that were not used during the plan year must be transferred out of the Medical Benefits Account back to the Master Trust.

During the 2025 and 2024 Plan years, there was no activity in the Medical Benefits Account and there were no funds held in the Medical Benefits Account at the end of the 2025 or 2024 Plan year.

The related obligations for the retiree health benefits are not included in the Plan's obligations in the accumulated plan benefits shown in Note 6 but are instead obligations of the health and welfare benefit plan.

9. Subsequent Events:

The Plan evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through October 8, 2026, the date which the financial statements were available to be issued.

On October 1, 2026, the Albemarle Corporation Pension Plan purchased a group annuity contract from Banner Life Insurance Company to transfer approximately $85.7 million of the Plan's defined benefit pension obligations related to certain retirees and beneficiaries under the Plan. The purchase of the group annuity contract closed on October 1, 2026 and covers approximately 1,400 retirees and surviving beneficiaries. Banner Life Insurance Company will become financially responsible for the transferred benefit obligations beginning January 1, 2027. The transaction does not change the amount of pension benefits payable to the affected retirees and beneficiaries.

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

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

	December 31, 2025	
	Master Trust Balances	Plan's Interest in Master Trust
Assets:		
Investments at Fair Value:		
Commingled Funds	$ 7,229,465	$ 7,209,839
Mutual Funds	423,978,279	423,288,278
U.S. Government Securities	49,365,464	49,365,464
Total Investments	480,573,208	479,863,581
Investment Income Receivable	4,804,423	4,798,035
Total Assets	485,377,631	484,661,616
Liabilities:		
Payable for Securities Purchased	(4,801,938)	(4,795,631)
Total Liabilities	(4,801,938)	(4,795,631)
Net Assets of the Master Trust	$ 480,575,693	$ 479,865,985

Schedule SB, line 26a — Schedule of Active Participant Data

Distribution of active participants as of January 1, 2025

Attained age	Years of pension benefit service[3]										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29		1									1
30–34		5	5								10
35–39		3	6	2							11
40–44	1	8	10	7	2						28
45–49		10	12	14	7						43
50–54		6	8	7	22	2	3				48
55–59		4	6	7	13	11	16	4	1		62
60–64	1	3	4	7	4	8	19	12	2		60
65–69		1	2	4	2	7	8	4	3		31
70 & up				1				3	1		5
Total	2	41	53	49	50	28	46	23	7		299

In each cell, the top number is the count of active participants for each age/service combination.

[3] Estimated for 34 Lithium participants and 2 Corporate participants based on elapsed time from date of hire and pension benefit accrual freeze date of December 31, 2006 for Lithium, or date of termination for Corporate, where pension qualification service was unavailable.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases[4]					
Year established		Outstanding balance	Years remaining		2025 Installment
2023	$	35,432,691	13	$	3,641,622
2024		17,607,244	14		1,719,407
2025		(32,717,760)	15		(3,050,621)
Total	$	20,322,175		$	2,310,408

[4] Shortfall bases established in 2023 and 2024 were from the Legacy Corporate Plan.

Schedule SB, line 25 — Change in Method

Effective January 1, 2025, there is a change in the enrolled actuary and the business organization providing actuarial services to the plan. The changes to both the funding target and target normal cost are within 3% and the change in the actuarial value of assets is within 2%, so Rev. Proc. 2017-56 provides automatic approval.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial assumptions

Discount rate sponsor elections		
Segment rates or full yield curve	Segment	
Look-back months	4	
	Stabilized	**Nonstabilized**
First 5 years	5.07%	5.07%
Next 15 years	5.31%	5.33%
Over 20 years	5.50%	5.36%
Other economic assumptions		
Expected investment return	6.01% per year for 2025 (limited to third segment rate of 5.50%) 7.00% per year for 2024 (limited to third segment rate of 5.59%)	
Expenses	$1,430,000 to be paid for the current year.	

Rationale for economic assumptions

- Expected investment returns – For 2025, the expected investment return is based on the median simulated investment return using capital market assumptions published by Mercer Investment Consulting's January 2025 Capital Market Outlook for the plan's current asset mix. The expected return on asset assumption is net of an adjustment of 9 basis points for investment and trading expenses assumed to be paid from plan assets. For 2024, the expected investment return was based on analysis from Milliman.
- Expenses – This assumption is based on administrative expenses expected to be paid from the trust based on prior year non-PBGC expenses, plus the actual PBGC premiums expected to be paid for the current year, rounded to the nearest $10,000.

Demographic assumptions	
Mortality and sponsor elections	
Healthy and disabled participants	Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables. These tables are based on the Pri-2012 mortality tables projected with mortality improvements using the IRS-modified MP-2021 mortality improvement scale that limits annual improvements to 0% for 2020-2023 and 0.78% thereafter, in accordance with IRS regulation 1.430(h)(3)-1.
Withdrawal	AlphaGary – none assumed All others - See table of sample rates
Retirement	Lithium – Active participants are assumed to retire at age 63 with 10 years of service; otherwise, age 65 AlphaGary – age 60 with 10 years of service; otherwise, age 65 All others - See table of sample rates
Disability incidence	See table of sample rates
Benefit commencement age for	

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Demographic assumptions		
Future vested deferred	Lithium, AlphaGary, Corporate – Age 65 (or immediately, if already over age 65) All others – Age 60	
Current vested deferred	Lithium – Age 65 (or immediately, if already over age 65) AlphaGary – Age 60 for participants with 10 years of service; otherwise, age 65 All others – Age 60	
Disabled	Lithium – immediate if early retirement eligible; otherwise, age 65 AlphaGary – not applicable Corporate – immediate if early retirement eligible; otherwise, age 65 All others – Age 55	
Form of payment		
Active retirements	100% assumed to elect normal form: • Lithium and AlphaGary – single life annuity • All others – 5-year certain & life annuity	
Future vested deferred	100% assumed to elect normal form: • Lithium and AlphaGary – single life annuity • All others – 5-year certain & life annuity	
Future deaths	Receives the survivor portion of 50% joint & survivor annuity	
Current vested deferred	100% assumed to elect normal form: • Lithium and AlphaGary – single life annuity • All others – 5-year certain & life annuity	
Spouse assumptions	**Male participants**	**Female participants**
• Lithium		
- Percentage married	80%	80%
- Spouse age difference	3 years younger	3 years older
• AlphaGary		
- Percentage married	100%	100%
- Spouse age difference	Same age	Same age
• All others		
- Percentage married	80%	50%
- Spouse age difference	3 years younger	3 years older

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Table of sample rates

Withdrawal

Attained age	Lithium	Corporate
20	7.90%	11.50%
25	7.70	11.50
30	7.20	7.50
35	6.30	7.50
40	5.20	5.50
45	4.00	3.50
50	2.60	3.50
55	1.00	0.00
56+	0.00	0.00

Attained age	Baton Rouge		Houston	
	Less than 5 years of service	5+ years of service	Less than 5 years of service	5+ years of service
0-25	20.0%	3.0%	8.0%	6.0%
26-30	8.0	3.0	7.0	6.0
31-35	5.0	7.5	6.0	5.0
36-40	3.0	5.5	5.0	5.0
41-45	10.0	4.5	4.0	4.0
46-50	4.0	4.0	3.0	3.0
51-54	2.0	3.5	2.0	2.0
55+	0.0	0.0	0.0	0.0

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Disability

Attained age	Lithium	Corporate	Baton Rouge and Houston
25	0.075%	0.105%	5.11%
30	0.080	0.115	5.12
35	0.100	0.150	4.15
40	0.120	0.215	3.22
45	0.180	0.354	2.35
50	0.240	0.587	1.59
55	0.565	1.100	1.10
60	0.890	2.100	2.10
65	0.890	3.970	3.97
70	0.890	6.280	6.28

Retirement

Attained age	Corporate	Baton Rouge	Houston
55	8.00%	2.0%	4.0%
56	8.00	8.0	5.0
57	8.00	3.0	3.0
58	8.00	4.0	3.0
59	10.00	10.0	7.0
60	20.00	20.0	12.0
61	20.00	25.0	6.0
62	30.00	30.0	12.0
63	30.00	30.0	12.0
64	40.00	30.0	20.0
65	45.00	20.0	30.0
66	45.00	35.0	30.0
67	45.00	35.0	25.0
68	35.00	20.0	35.0
69	45.00	45.0	45.0
70+	100.00	100.0	100.0

Rationale for demographic assumptions

- Demographic assumptions – The demographic assumptions are based on experience analysis completed by Milliman using participant data from 2004-2013 and the expectation that the future patterns and circumstances of the employer will not differ significantly from the period studied.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each quarter during the last year preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all participants as of the valuation date.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefit under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year. If multiple decrements are used, the funding target for an individual is the sum of the component funding targets associated with the various anticipated separation dates.
- The plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

1a Name of plan
ALBEMARLE CORPORATION PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 03/01/1994

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ALBEMARLE CORPORATION

4250 CONGRESS STREET

CHARLOTTE NC 28209-0000

2b Employer Identification Number (EIN) 54-1692118

2c Plan Sponsor's telephone number 980-299-5700

2d Business code (see instructions) 325900

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

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

SIGN HERE	Max Hood	10/09/2026	MAX HOOD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2025) v. 250312**

518401 12-22-25

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name ALBEMARLE CORPORATION REPRESENTED PENSION PLAN

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	3,433
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	299
a (2) Total number of active participants at the end of the plan year	**6a(2)**	264
b Retired or separated participants receiving benefits	**6b**	2,086
c Other retired or separated participants entitled to future benefits	**6c**	515
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	2,865
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	521
f Total. Add lines **6d** and **6e**	**6f**	3,386
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	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 Characteristic Codes in the instructions:
1B

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

9a Plan funding arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2025 This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	2a	482,629,461
b Actuarial value	2b	482,918,781

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,610	399,819,551	399,819,551
b For terminated vested participants	608	52,108,750	52,108,750
c For active participants	299	42,270,546	43,647,809
d Total	3,517	494,198,847	495,576,110

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	5.33%
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	1,430,000
c Target normal cost	6c	1,430,000

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 MATTHEW FISHEL MRF Signature of actuary	9/14/2026 Date
MATTHEW FISHEL Type or print name of actuary	2608172 Most recent enrollment number
MERCER Firm name	215-982-4212 Telephone number (including area code)
30 SOUTH 17TH STREET 19TH FLOOR PHILADELPHIA PA 19103 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	7,321,610	5,065,126
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5,065,126
9	Amount remaining (line 7 minus line 8)	7,321,610	0
10	Interest on line 9 using prior year's actual return of 4.61%	337,526	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		5,261
	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 5.04%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		449
	c Total available at beginning of current plan year to add to prefunding balance		5,710
	d Portion of (c) to be added to prefunding balance		5,710
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)	7,659,136	5,710

Part III Funding Percentages

14	Funding target attainment percentage	14	95.89%
15	Adjusted funding target attainment percentage	15	95.89%
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	112.16%
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? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	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**	1,430,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	20,322,175	2,310,408
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	3,740,408

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	3,740,408	0	3,740,408

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. ☐ 2019 ☐ 2020 ☐ 2021