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
THE GOCO PENSION PLAN

1b Three-digit plan number (PN) ▶ 081

1c Effective date of plan 01/01/1961

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)
OLIN CORPORATION

190 CARONDELET PLAZA
SUITE 1530
CLAYTON, MO 63105-3467

2b Employer Identification Number (EIN) 13-1872319

2c Plan Sponsor's telephone number 314-480-1400

2d Business code (see instructions) 325100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	CHRISTOPHER OUSLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	VALERIE PETERS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

PENSION AND CEOP ADMINISTRATIVE COMMITTEE
OLIN CORPORATION
190 CARONDELET PLAZA
SUITE 1530
CLAYTON, MO 63105-3467

3b Administrator's EIN: 06-0943550

3c Administrator's telephone number: 314-480-1400

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1107
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)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	729
c	Other retired or separated participants entitled to future benefits	**6c**	118
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	847
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	218
f	Total. Add lines **6d** and **6e**.	**6f**	1065
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:

1A 1B 1E 1I

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
THE GOCO PENSION PLAN

B Three-digit plan number (PN) ▶ 081

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

D Employer Identification Number (EIN)
13-1872319

E Type of plan: [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**	145941001
b Actuarial value	**2b**	145941001

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	959	45434218	45434218
b For terminated vested participants	148	5992359	5992359
c For active participants	0	0	0
d Total	1107	51426577	51426577

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.18 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	278813
c Target normal cost	**6c**	278813

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

09/18/2026
Date

VINCENT CARPENTER, FSA, MAAA, EA
Type or print name of actuary

26-08041
Most recent enrollment number

SEGAL
Firm name

212-251-5000
Telephone number (including area code)

66 HUDSON BLVD E
20TH FLOOR
NEW YORK, NY 10001-2192
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)	67836203	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	67836203	0
10	Interest on line 9 using prior year's actual return of 1.70 %	1153215	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.08 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	68989418	0

Part III Funding Percentages

14	Funding target attainment percentage	14	149.63 %
15	Adjusted funding target attainment percentage	15	283.78 %
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	273.38 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used
b Applicable month (enter code)			**21b**	0
22 Weighted average retirement age			**22**	65

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [ ] Prescribed - separate [X] 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 [X] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] 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**	278813
b Excess assets, if applicable, but not greater than line 31a	**31b**	278813

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

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

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
THE GOCO PENSION PLAN

B Three-digit plan number (PN) ▶ 081

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

D Employer Identification Number (EIN)
13-1872319

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(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: RUBINBROWN LLP
b EIN: 43-0765316
c Position: INDEPENDENT AUDITOR
d Address: 1200 MAIN STREET, SUITE 1000
KANSAS CITY, MO 64105
e Telephone: 816-472-1122

Explanation: ON OCTOBER 21, 2025, OLIN CORPORATION NOTIFIED RUBINBROWN LLP THAT IT DID NOT INTEND TO RETAIN RUBINBROWN LLP AS THE PLAN'S INDEPENDENT AUDITOR. THERE ARE NO MATERIAL DISPUTES OR MATTERS OF DISAGREEMENT CONCERNING THE TERMINATION.

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
THE GOCO PENSION PLAN

B Three-digit plan number (PN) ▶ 081

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

D Employer Identification Number (EIN)
13-1872319

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: OLIN PENSION MASTER RETIRE TRUST

b Name of sponsor of entity listed in (a): OLIN 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)
06-1230425-151	M	149583007

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)

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
THE GOCO PENSION PLAN

B Three-digit plan number (PN) ▶ 081

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

D Employer Identification Number (EIN)
13-1872319

Part I Asset and Liability Statement

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

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)		
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)	145941001	149583007
(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	145941001	149583007
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	42216	0
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	42216	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	145898785	149583007

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		10222654
(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		10222654
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5989999	
(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)		5989999
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)	46120	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	20389	
(4) IQPA audit fees	2i(4)	9675	
(5) Investment advisory and investment management fees	2i(5)	103859	
(6) Bank or trust company trustee/custodial fees	2i(6)	26633	
(7) Actuarial fees	2i(7)	33070	
(8) Legal fees	2i(8)	63222	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	245465	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		548433
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6538432
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3684222
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [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: FORVIS MAZARS LLP **(2)** EIN: 44-0160260

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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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			
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 590575.

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
THE GOCO PENSION PLAN

B Three-digit plan number (PN) ▶ 081

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

D Employer Identification Number (EIN)
13-1872319

Part I Distributions

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

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

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

EIN(s): 13-1872319

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 92.3 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 7.7 % Other: _____%

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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



Olin Corporation
The GOCO Pension Plan

Financial Statements with Independent Auditor's Report

TABLE OF CONTENTS	Page
Independent Auditor's Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6

Forvis Mazars, LLP
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Independent Auditor's Report

Pension and CEOP Administrative Committee
The GOCO Pension Plan
Clayton, Missouri

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We have performed an audit of the financial statements of The GOCO 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 statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2025 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit 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 audit 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 December 31, 2025, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 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 on the 2025 Financial Statements

We conducted our audit 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 audit. 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 2025 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 within one year after the date that these financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements 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 audit 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.

Other Matter

Auditor's Report on the 2024 Financial Statements

Predecessor auditors performed an audit of the 2024 financial statements of the Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 14, 2025 indicated that (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 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).

Forvis Mazars, LLP

October 14, 2026
St. Louis, Missouri

Federal Employer Identification Number: 44-0160260

Olin Corporation
The GOCO Pension Plan
Statements of Net Assets Available for Benefits

	December 31,	
	2025	***2024***
Assets		
Plan interest in the Olin Pension Plans Master Retirement Trust, at fair value	$ 149,583,007	$ 145,898,785
Total assets	149,583,007	145,898,785
Net assets available for benefits	$ 149,583,007	$ 145,898,785

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

Olin Corporation
The GOCO Pension Plan
Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2025	***2024***
Net increase (decrease) in net assets available for benefits		
Additions		
Net investment income from the Olin Pension Plans Master Retirement Trust	$ 10,222,654	$ 2,674,896
Total additions	10,222,654	2,674,896
Deductions		
Benefits paid to participants	(5,989,999)	(6,216,253)
Transfers to Olin Corporation	(104,057)	(158,140)
Administrative expenses	(444,376)	(423,212)
Total deductions	(6,538,432)	(6,797,605)
Total net increase (decrease) in net assets available for benefits	3,684,222	(4,122,709)
Net assets available for benefits at beginning of year	145,898,785	150,021,494
Net assets available for benefits at end of year	$ 149,583,007	$ 145,898,785

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

Olin Corporation
The GOCO Pension Plan
Notes to Financial Statements
December 31, 2025 and 2024

NOTE 1. DESCRIPTION OF THE PLAN

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

General

The Plan is a defined benefit pension plan covering former employees of Olin Corporation (the Company or Olin) who worked at United States of America (United States) government owned, contractor operated facilities including the Badger Army Ammunition Plant (Badger), Lake City Army Ammunition Plant (Lake City), and Ravenna Army Ammunition Plant (Ravenna). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The United States Government terminated the contracts it had with the Company to operate Badger, Lake City, and Ravenna effective September 30, 2004, April 3, 2000, and September 30, 1993, respectively. The Plan is responsible for paying benefits to eligible and disabled employees, retirees and vested retirees from Badger, Lake City and Ravenna. The Plan is closed to new entrants and participants are no longer accruing benefits under the Plan.

Pension Benefits and Vesting

The Plan provides pension benefits to eligible participants, with normal retirement benefits generally available at age 65 and early retirement benefits beginning at age 55, subject to applicable service requirements. Early retirement benefits are generally reduced for commencement before age 62, although certain Ravenna participants qualify for unreduced early retirement based on age and service or years of credited service. The Plan also provides certain death and disability benefits. Benefits are calculated in accordance with the applicable Plan provisions, and all participants are fully vested.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States (US GAAP). Certain reclassifications have been made to the 2024 financial statements to conform to the 2025 financial statement presentation. These reclassifications had no effect on net assets available for benefits or changes in net assets available for benefits.

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes

therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Allocation of the Olin Pension Plans Master Retirement Trust

The assets of the Plan were held by The Northern Trust Company (Trustee) as Trustee of the Olin Pension Plans Master Retirement Trust (Master Trust). Assets attributable to the individual plans participating in the Master Trust are based on each plan's proportionate share of units of participation related to the net assets of the Master Trust. Contributions received, benefits paid and direct administrative expenses are accounted for as direct cash flows designated to the individual plans during the period. The Trustee allocates earned investment income, realized and unrealized gains and losses, investment management expenses, and indirect administrative expenses to individual plans participating in the Master Trust based on each plan's pro rata share of units of participation of the Master Trust's net assets at the end of the reporting period, all of which are recorded within net investment income (loss).

Accumulated Plan Benefit Valuation

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

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

The significant actuarial assumptions used in determining the present value of accumulated plan benefits as of January 1, 2025 were as follows:

Valuation Assumption	***Description***
Interest rate	6.00%
Retirement	Varies by age between 55 and 65
Mortality	Mortality assumptions reflect IRS-approved, plan-specific substitute mortality tables based on 2018 mortality rates, adjusted for the Plan's experience and projected generationally using the Adjusted MP-2021 mortality improvement scale
Actuarial cost method	Projected Unit Credit
Rate of return	1.70%

Administrative expenses of $278,813 that are associated with providing accumulated plan benefits are reflected as an adjustment to the assumed rate of return

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

Benefit Payments
Benefit payments are recorded when paid.

Investment Valuation and Income Recognition
The Plan performs fair value measurements in accordance with Financial Accounting Standards Board Accounting Standards Codification (ASC) 820, *Fair Value Measurement* (ASC 820).

The Plan's investments are held in the Olin Pension Plans Master Retirement Trust (Master Trust). The Plan's proportionate share of the Master Trust's investment activity, including investment income and realized and unrealized gains and losses, is recognized as net investment income (loss). The Master Trust records purchases and sales of securities on a trade-date basis, interest income on an accrual basis, and dividend income on the ex-dividend date. The Master Trust does not measure an allowance for credit losses on accrued interest receivables.

Risks and Uncertainties
The Plan, via 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 statements of benefit obligations and net assets available for benefits.

Users of these financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Plan's investment in the Master Trust. Accordingly, the valuation of the Master Trust as of December 31, 2025 may not necessarily be indicative of amounts that could be realized in a current market exchange.

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

Administrative Expenses
Administrative expenses, including trustee, recordkeeping, actuarial, auditing, legal, and other administrative fees, are paid through the Master Trust. Direct administrative expenses attributable to the Plan are recorded as administrative expenses in the statement of changes in net assets available for benefits. Indirect administrative expenses are allocated by the Trustee based on the Plan's pro rata share of units of participation in the Master Trust's net assets and are reflected in the Plan's

investment income. Certain administrative functions of the Plan are performed by officers or employees of Olin.

Contributions and Funding Policy

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

The Plan met the minimum funding requirements of ERISA for the Plan years ended both December 31, 2025 and 2024 by electing to apply the amount required from the Plan's funding standard carryover balance. The funding standard carryover balance is the result of contributions made to the Plan in previous years that were in excess of the minimum required contribution amount.

Plan Termination

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

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

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations.

3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. All nonvested benefits.

Whether a particular participant's accumulated pension benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. There is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. Some benefits may be fully or partially provided for by the then existing Plan assets and the PBGC guaranty, while other benefits may not be provided for at all.

Under the terms of an agreement entered into effective April 14, 2000 between Olin and the United States Department of Defense, any surplus assets remaining upon termination of the Plan, after satisfaction of all participant benefit obligations and payment of necessary administrative expenses, are required to be distributed to the United States Department of Defense, in accordance with the terms and conditions of the agreement.

NOTE 3. CERTIFICATION OF INFORMATION FROM PLAN TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan's trustee, The Northern Trust Company, has certified the Plan's interest in the Olin Pension Plans Master Retirement Trust included in the accompanying statements of net assets available for benefits and changes in value of the Plan's interest in net assets of the Olin Pension Plans Master Retirement Trust included in the accompanying statements of changes in net assets available for benefits is complete and accurate pursuant to 29 CFR 2520.103-5(c).

At the direction of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information in the financial statements, including reading the disclosures related to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of US GAAP.

NOTE 4. INVESTMENT AND MASTER TRUST INFORMATION

The Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan and another Olin sponsored retirement plan. Each plan is a sub-account under the Master Trust which represents each plan's proportionate share of units of participation related to the net assets of the Master Trust. The Plan may invest in any or all of the investments in the Master Trust. Financial information relating to the investments in the Master Trust is based on information provided by the Trustee.

The following table presents the net assets available for benefits of the Master Trust and the Plan's interest in the Master Trust:

	December 31,			
	2025		2024	
	Master Trust	Plan interest in the Master Trust	Master Trust	Plan interest in the Master Trust
Assets				
Investments, at fair value				
Common stocks	$ 20,789,387	$ —	$ 36,264,850	$ —
Common/collective trusts	616,052,836	11,538,782	538,662,805	12,946,390
Corporate debt instruments	481,206	—	479,699	—
Hedge funds	552,469,549	—	624,610,073	—
Other investments	—	—	2,095,677	1,566,762
Partnerships/joint venture interests	335,469,532	—	343,878,827	—
Registered investment companies	211,654	—	193,064	—
US government securities	486,308,587	137,527,904	397,854,304	130,906,132
Total investments, at fair value	2,011,782,751	149,066,686	1,944,039,299	145,419,284
Interest and dividends receivable	3,014,733	577,537	1,704,400	521,717
Total assets	2,014,797,484	149,644,223	1,945,743,699	145,941,001
Liabilities				
Accrued expenses	1,765,952	61,212	1,798,335	42,216
Due to broker for securities purchased, net of securities sold	1,921,429	4	1,178,669	—
Total liabilities	3,687,381	61,216	2,977,004	42,216
Net assets available for benefits	$2,011,110,103	$ 149,583,007	$1,942,766,695	$ 145,898,785

The net investment income in the Master Trust investments were as follows:

	Years Ended December 31,	
	2025	2024
Net appreciation in fair value of investments	$ 216,259,678	$ 68,711,623
Interest and dividend income	9,476,148	24,540,401
Net investment income	$ 225,735,826	$ 93,252,024

NOTE 5. FAIR VALUE MEASUREMENTS

ASC 820 provides the framework for measuring fair value which includes a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs were unadjusted, quoted prices in active markets for identical assets or liabilities at the measurement date.

Level 2 – Inputs, other than quoted prices included in Level 1, were either directly or indirectly observable for the asset or liability including quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data, for substantially the full term of the assets or liabilities.

Level 3 – Inputs significant to the valuation model were unobservable and reflected the Plan's best estimate of assumptions to measure the assets or liabilities at fair value.

Fair value measurement levels within the fair value hierarchy are based on the lowest level input that is significant to the fair value measurement in its entirety. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during the years ended December 31, 2025 and 2024:

- Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

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

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

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

- Partnerships/Joint Venture Interests and Hedge Funds: Valued at the NAV or NAV equivalent of units held by the Master Trust at year end. The NAV or NAV equivalent, as provided by the trustee of each of the invested funds, is used as a practical expedient to estimate fair value.

The NAV or NAV equivalent is determined by dividing the net assets of the limited partnership or hedge fund by the respective partnership interest or number of units outstanding on the day of valuation.

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

The following tables present investments of the Master Trust measured at fair value on a recurring basis:

	December 31, 2025			
	Level 1	***Level 2***	***Level 3***	***Total***
Common stocks	$ 20,789,387	$ —	$ —	$ 20,789,387
Corporate debt instruments	—	481,206	—	481,206
Registered investment companies	211,654	—	—	211,654
U.S. government securities	—	486,308,587	—	486,308,587
Total categorized investments measured at fair value	$ 21,001,041	$ 486,789,793	$ —	$ 507,790,834
Common/collective trusts with fair value measured at net asset value (1)				616,052,836
Hedge funds measured at net asset value (1)				552,469,549
Partnerships/joint venture interests measured at net asset value (1)				335,469,532
Total investments, at fair value				$ 2,011,782,751

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Common stocks	$ 36,264,850	$ —	$ —	$ 36,264,850
Corporate debt instruments	—	479,699	—	479,699
Other investments	525,787	1,569,890	—	2,095,677
Registered investment companies	193,064	—	—	193,064
U.S. government securities	—	397,854,304	—	397,854,304
Total categorized investments measured at fair value	$ 36,983,701	$ 399,903,893	$ —	$ 436,887,594
Common/collective trusts with fair value measured at net asset value (1)				538,662,805
Hedge funds measured at net asset value (1)				624,610,073
Partnerships/joint venture interests measured at net asset value (1)				343,878,827
Total investments, at fair value				$ 1,944,039,299

(1) These investments are measured at fair value using the net asset value (NAV) per share (or its equivalent) as a practical expedient and have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in Note 4.

The NAV is generally based on the fair value of the underlying investments held by the funds less liabilities. It is probable that the Master Trust would be able to sell the investments for the NAV. The following table summarizes investments for which fair value is measured using NAV per share practical expedient:

	December 31, 2025				
	Fair value	Unfunded commitments	Remaining life	Redemption frequency	Redemption notice period
Common/collective trusts (1)	$ 616,052,836	$ —	N/A	Daily and monthly	1 day to 90 days
Hedge funds (2)	552,469,549	—	N/A	Monthly and quarterly	30 days to 3 years
Partnerships/joint venture interests (3):					
Open-ended interests	292,862,733	1,699,000	N/A	Daily, monthly, and quarterly	1 day to 10 years
Close-ended interests	42,606,799	80,817,000	1 to 5 years	N/A	N/A
Total investments with fair value measured at NAV	$ 1,503,991,917	$ 82,516,000			

	December 31, 2024				
	Fair value	*Unfunded commitments*	*Remaining life*	*Redemption frequency*	*Redemption notice period*
Common/collective trusts (1)	$ 538,662,805	$ —	N/A	Daily and monthly	1 day to 90 days
Hedge funds (2)	624,610,073	—	N/A	Monthly and quarterly	30 days to 3 years
Partnerships/joint venture interests (3):					
Open-ended interests	300,284,253	7,636,000	N/A	Daily, monthly, and quarterly	1 day to 10 years
Close-end interests	43,594,574	58,964,000	1 to 5 years	N/A	N/A
Total investments with fair value measured at NAV	$ 1,507,151,705	$ 66,600,000			

(1) Common/collective trusts: This class includes investments in domestic equity, international equity, emerging markets and fixed income securities in order to maximize total return.

(2) Hedge funds: This class includes the following types of hedge funds:

- Event driven hedge funds: This class includes hedge funds that invest in securities to capture excess returns that are driven by market or specific company events, including activist investment philosophies and the arbitrage of equity and private and public debt securities.

- Market neutral hedge funds: This class includes investments in U.S. and international equities and fixed income securities while maintaining a market neutral position in those markets.

- Other hedge funds: This class primarily includes long and short equity strategies and a global macro fund which invests in fixed income, equity, currency, commodity and related derivative markets.

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

NOTE 6. DERIVATIVES

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

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

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

Equity contracts consist of futures contracts and are used to hedge the risk associated with taking a position in stock by setting limits to the losses. Fixed income contracts consist of futures contracts and are used to hedge interest rate risk by ensuring a minimum rate of return from the underlying fixed income securities. Both of these contract types are economic hedges.

The following table represents the outstanding notional amount of futures contracts by derivative type:

	December 31,	
	2025	***2024***
Equity futures contracts	$ 13,076,515	$ 6,749,558
Fixed income futures contracts	920,860,055	647,282,250
Total notional value	$ 933,936,570	$ 654,031,808

The following table summarizes the gain (loss) from derivative instruments on the Master Trust's net investment income:

	Years Ended December 31,	
	2025	***2024***
Equity futures contracts	$ 1,957,483	$ 2,620,598
Fixed income futures contracts	11,322,726	(44,449,525)
Net gain (loss)	$ 13,280,209	$ (41,828,927)

NOTE 7. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of the Plan's accumulated plan benefits as of the most recent valuation is as follows:

	January 1, 2025
Vested benefits of participants and beneficiaries currently receiving payments	$ 43,641,861
Vested benefits of other participants	5,658,090
Actuarial present value of accumulated plan benefits	$ 49,299,951

The changes in the actuarial present value of the Plan's accumulated plan benefits as of the most recent valuation is as follows:

	Year Ended January 1, 2025
Actuarial present value of accumulated plan benefits at beginning of year	$ 52,199,849
Additions	
Benefits accumulated and actuarial experience	368,787
Interest due to the decrease in the discount period	2,947,568
Total additions	3,316,355
Deductions	
Benefits paid	(6,216,253)
Total deductions	(6,216,253)
Net decrease in actuarial present value of accumulated plan benefits	(2,899,898)
Actuarial present value of accumulated plan benefits at end of year	$ 49,299,951

NOTE 8. TAX STATUS

The Plan received a determination letter dated October 19, 2015 from the Internal Revenue Service stating that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code of 1986 (IRC), as amended. Although the Plan has been amended and restated since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax position taken by the Plan and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions expected to be taken that would require recognition of a liability 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 process.

NOTE 9. 401(h) ACCOUNT

The Plan contains a medical benefit component in addition to retirement benefits, which provides that assets from the Plan can be used to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the IRC (IRC Section 401(h)). A separate account has been established and maintained in the Plan for the net assets related to the medical benefit component (the 401(h) Account).

In accordance with the IRC Section 401(h), 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. Any assets transferred to the 401(h) Account from the Plan in a qualified transfer of excess pension plan assets (and any income allocable thereto) that are not used during the Plan year must be transferred out of the 401(h) Account to the Plan. Company contributions or qualified transfers to the 401(h) Account are determined annually and are at the discretion of the Company.

The Plan transferred $104,057 and $158,140 for the years ended December 31, 2025 and 2024, respectively, to the Company to cover medical and dental costs of retirees under the Welfare Benefits Plan, an Olin sponsored health and welfare ERISA plan. Based on the advice of outside legal counsel, the transfers were qualified transfers of excess assets under the IRC.

NOTE 10. PARTY-IN-INTEREST TRANSACTIONS

The Plan enters into party-in-interest transactions in connection with administering the Plan which are paid from the Master Trust and included in administrative expenses in the statements of net assets available for benefits. The Plan's portion of the party-in-interest transactions include $618,165 and $273,050 for the years ended December 31, 2025 and 2024, respectively, associated with Olin Corporation for employee salaries and operational expenses and $560,773 and $399,414 for the years ended December 31, 2025 and 2024, respectively, related to Northern Trust for custodial and trustee fees. These transactions qualify as allowable party-in-interest transactions.

NOTE 11. SUBSEQUENT EVENTS

Subsequent events were evaluated from December 31, 2025 through October 14, 2026, the date the financial statements were issued.

Actuarial Assumptions and Methods

Certain assumptions are prescribed as noted below. The other assumptions are estimates derived from historical and recent experience as well as market observations, combined with professional judgment about future expectations.

Interest for IRS funding purposes

The interest rates used for the 2025 plan year are the spot corporate bond yields during December 2024. These discount rates translate to an effective interest rate of 5.18%. (Prior year interest rates used are the spot corporate bond yields during December 2023, which translates to an effective rate of 5.08%.)

Interest for PBGC premium purposes

Under the Standard Method, the interest rates used to determine the PBGC variable-rate premium for the 2025 plan year are the average corporate bond segment rates for December, as follows:

Year	Method	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter
Current Year	Standard	4.65%	5.28%	5.63%
Prior Year	Standard	5.01%	5.13%	5.15%

These interest rates are based on the plan sponsor's election (the plan sponsor currently has the option to change methods) and are subject to the constraints established by law.

Mortality Rates

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

Retirement From Inactive Status

Age 65

Percent Married

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

Age Difference

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

Administrative Expenses

An expense assumption is required under the funding rules. Plan-related expenses of $278,813 (or the 3-year average of actual administrative expenses) are expected to be paid by the plan during the year. (Prior year plan-related expense of $274,651 were assumed.)

This assumption is based on recent historical data, adjusted to reflect estimated future experience and professional judgment.

Asset Method

As selected by the plan sponsor, assets are valued at market value.

Funding Method and Contribution Requirement

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

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

Actuarial Models

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

SCHEDULE SB (Form 5500)

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
THE GOCO PENSION PLAN

B Three-digit plan number (PN) ▶ 081

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

D Employer Identification Number (EIN)
13-1872319

E Type of plan: [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**	145,941,001
b Actuarial value	**2b**	145,941,001

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	959	45,434,218	45,434,218
b For terminated vested participants	148	5,992,359	5,992,359
c For active participants	0	0	0
d Total	1,107	51,426,577	51,426,577

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.18%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	278,813
c Target normal cost	**6c**	278,813

Statement by Enrolled Actuary

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

SIGN HERE

Vincent Carpenter VC
Signature of actuary

09/18/2026
Date

Vincent Carpenter, FSA, MAAA, EA
Type or print name of actuary

2608041
Most recent enrollment number

Segal
Firm name

212-251-5000
Telephone number (including area code)

66 Hudson Blvd E
20th Floor
NEW YORK NY 10001-2192
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)	67,836,203	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	67,836,203	0
10	Interest on line 9 using prior year's actual return of 1.70 %	1,153,215	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.08 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	68,989,418	0

Part III Funding Percentages

14	Funding target attainment percentage	14	149.63 %
15	Adjusted funding target attainment percentage	15	283.78 %
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	273.38 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [ ] Prescribed - separate [X] 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 [X] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] 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**	278,813
b Excess assets, if applicable, but not greater than line 31a	**31b**	278,813

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

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

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments
The GOCO Pension Plan
EIN 13-1872319 PN 081

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	-	240,335	5,838,823	6,079,158
2026	-	342,259	5,471,378	5,813,637
2027	-	407,199	5,128,507	5,535,706
2028	-	456,346	4,800,789	5,257,135
2029	-	485,555	4,481,066	4,966,621
2030	-	497,914	4,175,857	4,673,771
2031	-	497,652	3,866,129	4,363,781
2032	-	492,375	3,563,877	4,056,252
2033	-	484,760	3,266,742	3,751,502
2034	-	485,616	2,977,367	3,462,983
2035	-	474,141	2,698,439	3,172,580
2036	-	461,889	2,432,492	2,894,381
2037	-	448,813	2,181,704	2,630,517
2038	-	434,872	1,947,714	2,382,586
2039	-	420,030	1,731,561	2,151,591
2040	-	404,257	1,533,666	1,937,923
2041	-	387,536	1,353,858	1,741,394
2042	-	369,867	1,191,499	1,561,366
2043	-	351,264	1,045,596	1,396,860
2044	-	331,761	914,898	1,246,659
2045	-	311,415	798,019	1,109,434
2046	-	290,310	693,555	983,865
2047	-	268,560	600,189	868,749
2048	-	246,308	516,746	763,054
2049	-	223,735	442,228	665,963
2050	-	201,063	375,834	576,897
2051	-	178,566	316,923	495,489
2052	-	156,555	264,987	421,542
2053	-	135,362	219,590	354,952
2054	-	115,314	180,321	295,635
2055	-	96,710	146,765	243,475
2056	-	79,797	118,475	198,272
2057	-	64,751	94,965	159,716
2058	-	51,650	75,713	127,363
2059	-	40,484	60,168	100,652
2060	-	31,166	47,794	78,960

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments
The GOCO Pension Plan
EIN 13-1872319 PN 081

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2061	-	23,556	38,071	61,627
2062	-	17,471	30,525	47,996
2063	-	12,712	24,718	37,430
2064	-	9,071	20,276	29,347
2065	-	6,348	16,881	23,229
2066	-	4,357	14,277	18,634
2067	-	2,933	12,260	15,193
2068	-	1,937	10,671	12,608
2069	-	1,255	9,390	10,645
2070	-	797	8,336	9,133
2071	-	497	7,445	7,942
2072	-	304	6,677	6,981
2073	-	182	6,004	6,186
2074	-	107	5,405	5,512

Summary of Plan Provisions

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

Exhibit I – SALARIED EMPLOYEES OF BARABOO

Normal Retirement

- Age Requirement: 65
- Service Requirement: None
- Amount: The greater of:
  1. 1.5% of Average Compensation x Benefit Services less the smaller of (a) 1/70 of Social Security benefit x Benefit of Service not in excess of 35 years, or (b) 50% of the participants Social Security benefit multiplied by years of Benefit Service and divided by years of service the participants would have completed of age 65.
  2. 1% of Average Compensation x Benefit Service:
     If larger, the amount equals the sum of:
     a. The benefit based on the Prior Plan for service through 12/31/1988 and
     b. The formula above based on service from 1/1/1989 and forward.

Early Retirement

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

Disability

- Age Requirement: None
- Eligibility Requirement: Participants who are eligible for and are receiving disability benefits under Social Security or our insurance plan.
- Amount: Normal pension based on service projected to age 65 and average compensation at 65 assuming the participant's basic rate of compensation remains in effect until age 65.

Vesting

- Age Requirement: None
- Service Requirement: 5 years of service
- Amount: Regular pension accrued payable at age 65.
- Vesting Percentage: 100% after 5 years of service.

Pre-Retirement Death Benefits

- Age Requirement: None
- Service Requirement: 5 years of service
- Amount: 50% of benefit employee would have received had he/she retired the day before he/she died and elected the joint and survivor option. Commences immediately if employee was eligible for early retirement at time of death. Otherwise, commences no earlier than the participant's first eligibility for early retirement.

Forms of Benefit

- Normal Form: For single employees, the basic benefits are all payable for life. For married employees the basic benefits are actuarially reduced to provide a 50% contingent annuity with the spouse as the beneficiary.
- Optional Forms: Contingent annuity options, level income option, and certain & life options.

Exhibit II – HOURLY EMPLOYEES OF BARABOO

Normal Retirement

- Age Requirement: 65
- Service Requirement: None
- Amount: Annual pension per year of Benefit Service is $372 effective after March 20, 2000.

Early Retirement

- Age Requirement: 55
- Service Requirement: 15 years of service
- Amount: Normal pension accrued reduced by 4% for each year of age less than 62.

Vesting

- Age Requirement: None
- Service Requirement: 5 years of service
- Amount: Regular pension accrued payable at age 65.
- Vesting Percentage: 100% after 5 years of service.

Pre-Retirement Death Benefits

- Age Requirement: None
- Service Requirement: None
- Amount: 50% of benefit employee would have received had they retired the day before they died and elected the joint and survivor option. Benefits commence immediately, or at the participant's early retirement age, if later.

Forms of Benefit

- Normal Form: For single employees, the basic benefits are all payable for life. For married employees the basic benefits are actuarially reduced to provide a 50% contingent annuity with the spouse as the beneficiary. Retirees who are predeceased by their spouse will automatically “Pop-Up” to the retirement benefit they would have received had they not elected the Joint and Survivor annuity.
- Optional Forms: Contingent annuitant options, level income option, and certain and life options, and others on an actuarially equivalent basis as approved by the committee.

Exhibit III – SALARIED EMPLOYEES OF RAVENA

Normal Retirement

- Age Requirement: 65
- Service Requirement: None
- Amount: The sum of:
  1. For service prior to January 1, 1987, $234 multiplied by years of service, and
  2. For service on or after January 1, 1987, the greater of
     a. 1.5% of average compensation during highest three calendar years in the last 10 calendar years x years of service, less Social Security benefit x ratio of years of service
     b. $234 x years of service

Early Retirement

- Age Requirement: 55 (if below 30 years of service)
- Service Requirement: 10 (if reached age 55) and 30 (if below age 55)
- Amount:
  - Accrued benefit deferred to age 62; or immediate benefit equal to accrued benefit multiplied by 66.4% plus 2/5% multiplied by full months elapsed since age 55. If participant has 30 or more years of service, the resulting benefit shall not be less than $234 multiplied by years of service; or
  - The annual benefit is such that the immediate early retirement benefit and special early retirement benefit equals $8,100 plus $264 per year of credited service in excess of 30 reduced by $120 per year if the employee's age is less than 62. This supplemental benefit commences of the employee's eligibility for an old age insurance, a disability insurance benefit, of attainment of age 62.

Disability

- Age Requirement: Participants who are eligible for and are receiving disability benefits under Social Security or our insurance plan.
- Eligibility Requirement: 10 years of service
- Amount: Annual benefit of $234 multiplied by year of service to the date of disability, payable immediately. In addition, if the participant is not eligible for a disability benefit under Social Security, the participant receives $180 per year of credited service, but no greater than the amount of disability insurance then payable to a person under Social Security law. This disability benefit is payable until the retired employee is eligible for unreduced Social Security benefits. Thereafter, the annual benefit is calculated as a normal retirement benefit.

Vesting

- Age Requirement: None
- Service Requirement: 5 years of service
- Amount: Regular pension accrued payable at age 65.
- Vesting Percentage: 100% after 5 years of service.

Pre-Retirement Death Benefits

- Age Requirement: None
- Service Requirement: None
- Amount: 50% of benefit employee would have received had they retired the day before they died and elected the joint and survivor option. Benefits commence immediately, or at the participant's early retirement age, if later.
- Lump Sum: $5,000

Forms of Benefit

- Normal Form: For single participants, the benefit form is a 5-year period certain and life annuity. For married participants, the benefit is reduced to provide a 50% joint and survivor annuity.
- Optional Forms: Joint and Survivor annuity (up to 100%) and guaranteed 5, 10, or 15-year period certain and life annuities. The guarantee period shall not exceed the participant’s life expectancies at commencement of payments.

Exhibit IV – HOURLY EMPLOYEES OF RAVENA

Normal Retirement

- Age Requirement: 65
- Service Requirement: None
- Amount: Annual Flat rate from below x years of service:
  1. For United Steelworkers of America and International Brotherhood of Electrical Workers, $246
  2. For Teamsters Union and United Plant Guard workers of America, $234 per year of service prior to January 1, 1989 and $156 per year of service often December 31, 1988.

Early Retirement

- Age Requirement: 55 (if below 30 years of service)
- Service Requirement: 10 (if reached age 55) and 30 (if below age 55)

Disability

- Age Requirement: Participants who are eligible for and are receiving disability benefits under Social Security or our insurance plan.
- Eligibility Requirement: 10 years of service
- Amount: Annual benefit of $234 multiplied by year of service to the date of disability, payable immediately. In addition, if the participant is not eligible for a disability benefit under Social Security, the participant receives $180 per year of credited service, but no greater than the amount of disability insurance then payable to a person under Social Security law. This disability benefit is payable until the retired employee is eligible for unreduced Social Security benefits. Thereafter, the annual benefit is calculated as a normal retirement benefit.

Vesting

- Age Requirement: None
- Service Requirement: 5 years of service
- Amount: Regular pension accrued payable at age 65.
- Vesting Percentage: 100% after 5 years of service.

Pre-Retirement Death Benefits

- Age Requirement: None
- Service Requirement: None
- Amount: 50% of benefit employee would have received had they retired the day before they died and elected the joint and survivor option. Benefits commence immediately, or at the participant's early retirement age, if later.
- Lump Sum: $1,750

Forms of Benefit

- Normal Form: For single participants, the benefit form is a 5-year period certain and life annuity. For married participants, the benefit is reduced to provide a 50% joint and survivor annuity.
- Optional Forms: Joint and Survivor annuity (up to 100%) and guaranteed 5, 10, or 15-year period certain and life annuities. The guarantee period shall not exceed the participant’s life expectancies at commencement of payments.

Exhibit V – LAKE CITY

Normal Retirement

- Age Requirement: 65
- Service Requirement: None
- Amount: The greater of 1 and 2 below:
  1. Current plan benefit: 1.5% of average compensation times credited service less the smaller of:
     a. 1/70 of the Social Security benefit times credited service not in excess of 35 years, or
     b. 50% of the participant Social Security benefit multiplied by years of credited service and divided by years of service the participants would have completed at age 65. The plan benefit shall not be less than 1% of average compensation times credited service.
  2. Prior plan benefit: the greatest of (a), (b), (c):
     a. 1.5% of average compensation times prior service less the smaller of (i) 1/70 of the Social Security benefit multiplied by years of prior service and divided by service the participant would have had assuming they had worked to age 65.
     b. 1.2% of average compensation times prior service
     c. $108 times prior service plus 2/3% of average compensation times prior service not to exceed 15 years.

Early Retirement

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

Disability

- Age Requirement: None
- Eligibility Requirement: None
- Amount: The lesser of 1 and 2 below is payable during the period of disability up to age 65:
  1. 60% of base pay minus social security disability benefits.
  2. The benefit as described in the Normal Retirement based on credit service to age 65 and average compensation to age 65 assuming the participant's basic rate of compensation and disability remained in effect to age 65.

Vesting

- Age Requirement: None
- Service Requirement: 5 years of service
- Amount: Regular pension accrued payable at age 65.
- Vesting Percentage: 100% after 5 years of service.

Pre-Retirement Death Benefits

- Age Requirement: None
- Service Requirement: None
- Amount: 50% of benefit employee would have received had they retired the day before they died and elected the joint and survivor option. Benefits commence immediately, or at the participant's early retirement age, if later.

Forms of Benefit

- Normal Form: For single employees, the basic benefits are all payable for life. For married employees the basic benefits are actuarially reduced to provide a 50% contingent annuity with the spouse as the beneficiary.
- Optional Forms: Contingent annuity options, level income option, and certain & life options.

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Line 23 – Information on Use of Substitute Mortality Tables
The GOCO Pension Plan
EIN 13-1872319 PN 081

Information on Use of Substitute Mortality Tables

Description of Populations

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

Approved Period of Use

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

Substitute Base Table Construction

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