

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 4/5/2023 3:30 PM EST

Confirmation Number: 11390

Amended Confirmation Number:

Employer Information

Name: LSB Industries, Inc.
Address: 3503 NW 63RD STREET, SUITE 500, SUITE 500
City: OKLAHOMA CITY
State: OK
Zip Code: 73116

Plan Administrator Information

Name: Michael Foster, EVP, General Counsel & Secretary
Address: 3503 NW 63RD STREET, SUITE 500, SUITE 500
City: OKLAHOMA CITY
State: OK
Zip Code: 73116
Phone: 4058024185
Email: MFOSTER@LSBINDUSTRIES.COM

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	LSB Industries, Inc. Nonqualified Deferred Compensation Plan for Non-Employee Directors	Number of Employees: 8
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Additional Information:

LSB Industries, Inc. maintains a nonqualified deferred compensation plan for non-employee members of the board of directors.



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 11390. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.