



2520080801195

2030 Dow Center
July 10, 2007

The Dow Chemical Company
Midland, Michigan 48674

07 SEP 18 PM 12: 21

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20510

Dear Sir/Madam:

Pursuant to 29 CFR s. 2520.104-23 and -24, this is a declaration that The Dow Chemical Company ("Dow") has adopted the following two plans for the purpose of providing deferred compensation for a select group of management or highly compensated employees. This statement is intended to satisfy the filing requirements for these two plans:

1. The Dow Chemical Company Elective Deferral Plan Effective for Deferrals after January 1, 2005. Number of participants as of June 25, 2007: 2043.
2. Deferred Compensation Agreement between RLM 372955 and The Dow Chemical Company dated December 8, 2004. Number of participants: 1.

Dow's address is:

The Dow Chemical Company
Compensation and Benefits
Employee Development Center
Midland, Michigan 48674

Dow's employer identification number is: 38-1285128

Please contact the undersigned if any additional information is needed.

Attached is a copy of the Form 5500 that is being filed under the DFVC Program because this submission is late, along with a copy of a check for \$750 submitted to: DFVC Program, P.O. Box 70933, Charlotte, NC 28272-0933.

Very truly yours,

Karen Beckwith
Counsel
989/636-9239
klbeckwith@dow.com

THE DOW CHEMICAL COMPANY
PO BOX 1286
MIDLAND, MI 48641-1286



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PG 1 OF 1

DFVC PROGRAM DOL
PO BOX 70933
CHARLOTTE NC 28272-0933

2007/06/28

YOUR INVOICE NO.	INVOICE AMOUNT	DISCOUNT/DEDUCTION	NET AMOUNT	INVOICE DATE	OUR DOCUMENT NO.
U07000975000 CALL 80601/LEGAL FORMS	750.00	0.00	750.00	06/21/2007	79366777

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 under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089

2006

This Form is Open to Public Inspection.

Part I Annual Report Identification Information

For the calendar plan year 2006 or fiscal plan year beginning _____, and ending _____

A This return/report is for: (1) a multiemployer plan; (3) a multiple-employer plan; or
 (2) a single-employer plan (other than a multiple-employer plan); (4) a DFE (specify) _____

B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan;
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months)

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

D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions)

Part II Basic Plan Information -- enter all requested information.

1a Name of plan 1) The Dow Chemical Company Elective Deferral Plan Effective for Deferrals after January 1, 2005. 2) Deferred Compensation Agreement between RLM 372955 and Dow Chemical dated 12-8-2004	1b Three-digit plan number (PN) ▶	888
	1c Effective date of plan (mo., day, yr.)	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) THE DOW CHEMICAL COMPANY 2030 BUILDING ATTN: HR LEGAL MIDLAND MI 48674-0000	2b Employer Identification Number (EIN)	38-1285128
	2c Sponsor's telephone number	989-636-9239
	2d Business code (see instructions)	

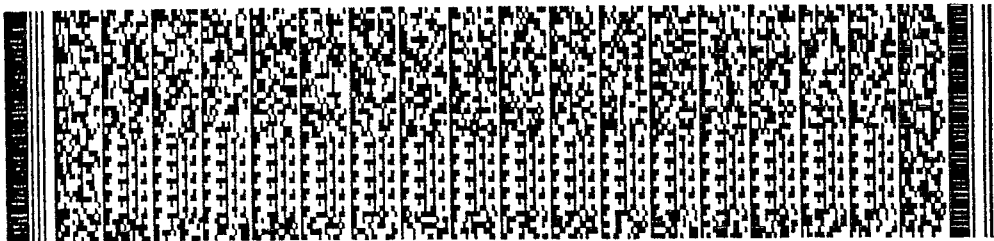
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN HERE *Julie Jasmine Holder* 7/9/07 J. FASONE HOLDER
Signature of plan administrator Date Type or print name of individual signing as plan administrator

SIGN HERE *Julie Jasmine Holder* 7/9/07 J. FASONE HOLDER
Signature of employer/plan sponsor/DFE Date Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.0 Form **5500** (2006)



3a Plan administrator's name and address (If same as plan sponsor, enter "Same")
THE DOW CHEMICAL COMPANY

3b Administrator's EIN
38-1285128

3c Administrator's telephone number
989-636-9239

2030 DOW CENTER

MIDLAND

MI

48674-0000

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

b EIN

a Sponsor's name

c PN

5 Preparer information (optional) a Name (including firm name, if applicable) and address

b EIN

c Telephone number

6 Total number of participants at the beginning of the plan year

6

7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)

a Active participants

7a

b Retired or separated participants receiving benefits

7b

c Other retired or separated participants entitled to future benefits

7c

d Subtotal. Add lines 7a, 7b, and 7c

7d

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

7e

f Total. Add lines 7d and 7e

7f

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

7g

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

7h

i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)

7i

8 Benefits provided under the plan (complete 8a and 8b, as applicable)

a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):

b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

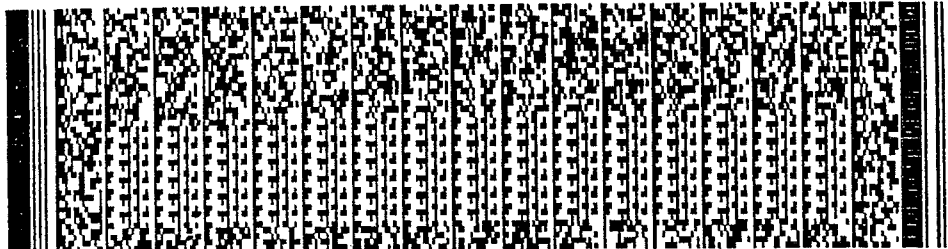
9a Plan funding arrangement (check all that apply)

- (1) Insurance
(2) Code section 412(i) insurance contracts
(3) Trust
(4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) Insurance
(2) Code section 412(i) insurance contracts
(3) Trust
(4) General assets of the sponsor

v9.0



10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

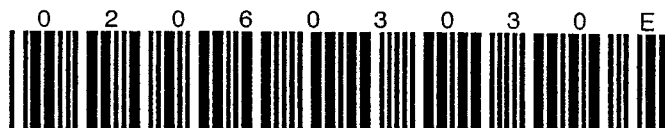
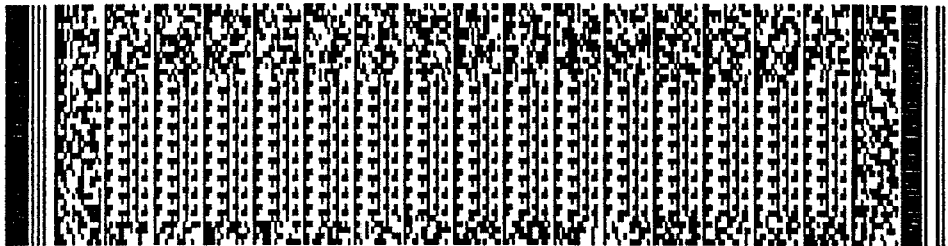
a Pension Benefit Schedules

- (1) R (Retirement Plan Information)
- (2) B (Actuarial Information)
- (3) E (ESOP Annual Information)
- (4) SSA (Separated Vested Participant Information)

b Financial Schedules

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

v9.1





The Dow Chemical Company
Midland, Michigan 48874

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CERTIFIED MAIL
™

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OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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MAILED

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48874

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Top Hat Exemption
Pension & Welfare Benefits
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC

20210

Office

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