



Kenneth Sexton
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January 31, 2012

U.S. Department of Labor
 Employee Benefits Security Administration
 Top Hat Plan Exemption
 200 Constitution Avenue, NW, Suite N-1513
 Washington, DC 20210

Dear Sir or Madam:

The following information is provided to comply with the requirements of the alternative reporting and disclosure method under ERISA, Parts 1, Title 1.

1. The name of the employer is: **Sun Chemical Corporation**
2. The mailing address of the employer is: **35 Waterview Boulevard
Parsippany, NJ 07054**
3. The employer's federal identification number (EIN) is: **22-2761297**
4. The number of plans is: **6**
5. The number of participants in each plan is:
 - a) **Sun Chemical Supplemental Executive Retirement Plan - 5**
 - b) **Sun Chemical Supplemental Corporate Executive Retirement Plan - 1**
 - c) **Sun Chemical Supplemental Deferred Compensation Restoration Plan - 26**
 - d) **Sun Chemical Mid-Career Plan - 2**
 - e) **Sun Chemical Non-Qualified Retirement Benefit - 1**
 - f) **Sun Chemical Non-Qualified Retirement and Death Benefit - 5**

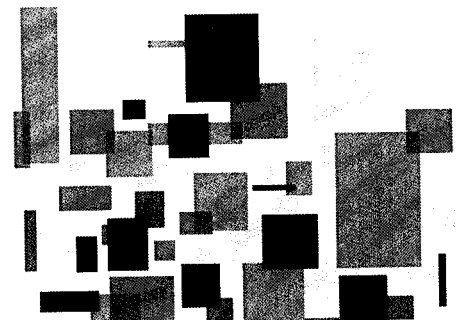
Sun Chemical Corporation maintains these plans primarily for the purpose of providing deferred compensation benefits to a select group of management or highly compensated employees.

A copy of all plan documents and agreements will be sent to the Secretary, upon request.

Respectfully submitted,

Kenneth Sexton

EBSA/PUBLIC DISCLOSURE
2012 FEB 13 PM 3:44



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 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.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

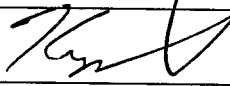
- A** This return/report is for: a multiemployer plan; a multiple-employer plan; or
 a single-employer plan; a DFE (specify) _____
- B** This return/report is: the first return/report; the final return/report;
 an amended return/report; a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under: Form 5558; automatic extension; the DFVC program;
 special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan SUN CHEMICAL EXECUTIVE RETIREMENT PLANS MULTIPLE		1b Three-digit plan number (PN) ▶	888
		1c Effective date of plan	01/01/1987
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) SUN CHEMICAL CORPORATION KENNETH SEXTON 35 WATERVIEW BOULEVARD PARSIPPANY, NJ 07054		2b Employer Identification Number (EIN)	22-2761297
		2c Sponsor's telephone number	973-404-6000
		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, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		2/2/12	Kenneth Sexton
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

COPY

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SUN CHEMICAL CORPORATION KENNETH SEXTON 35 WATERVIEW BOULEVARD PARSIPPANY, NJ 07054	3b Administrator's EIN 22-2761297 <hr/> 3c Administrator's telephone number 973-404-6000
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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: a Sponsor's name	4b EIN <hr/> 4c PN
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5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).	
a Active participants.....	6a
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits.....	6c
d Subtotal. Add lines 6a, 6b, and 6c.....	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e
f Total. Add lines 6d and 6e.....	6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h
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:

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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ADDU

SunChemical®

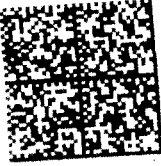
a member of the DIC group

Sun Chemical Corporation
35 Waterview Boulevard
Parsippany, NJ 07054

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U.S. Department of Labor
EBSA - Top Hat Plan Exemption
200 Constitution Ave. NW, N-1513
Washington, DC 20010

