ARKANSAS CLAIMS COMMISSION

(501)682-1619
(501)682-2823 FAX

arclaimscommission.arkansas.gov
ascc.new.claims@arkansas.gov

101 EAST CAPITOL AVENUE, SUITE 410
LITTLE ROCK, ARKANSAS 72201-3823

Arkansas
State Claims Commission
MAY 26 2026
RECEIVED

COMPLAINT

1. Claimant

Olin Corporation

(title/last name/first name) (email)

190 Carondelet Plaza, Suite 1530

(address)

Clayton M 63105-

(city) (state) (zip) (primary phone)

2. State Agency Involved

Arkansas Department of Finance and Administration

(state agency involved)

3. Claim Type

Reissuance of Warrant

This claim is being filed for the reissuance of warrant #[redacted] date 11-07-2023 payable to Olin Corporation in the amount of $149,183.95 payable from the Arkansas Department of Finance and Administration. This warrant was not presented to the state treasurer for redemption during the legal redemption period.

Warrant or necessary papers for reissuing lost warrant(s)/check(s) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on April 20, 2026.

4. Amount Sought: $149,183.95

STOP!

The following section MUST be completed in the presence of a Notary Public.

The undersigned certifies that to the best of my knowledge, information, and belief, I am authorized by OLIN CORPORATION (name of business entity) to file this claim on its behalf. The undersigned also certifies that this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a resonable opportunity for further investigation or discovery.

DARREN PLAYLE
Name of Representative of Business Entity
(must be printed legibly)

Signature of Representative

ACKNOWLEDGEMENT

State of Missouri
County of St. Louis

On this the 19th day of May, 2026, before me, the undersigned notary, personally appeared Darren Playle known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Cynthia J Prescott
Signature of Notary Public

[seal of office]

My Commission Expires: July 25, 2029

CYNTHIA J. PRESCOTT
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis City
My Commission Expires: July 25, 2029
Commission # 21918943

Arkansas
State Claims Commission
APR 20 2026
RECEIVED

ARKANSAS STATE CLAIMS COMMISSION
Phone #682-1619-Fax #682-2823
NOTICE OF LOST OUTDATED WARRANT(S)

Part I

The records of the Department of Finance and Admin. (Agency) of Arkansas, Phone 5016824775

Agency Address 1816 W. 7th Street - Room 2250, Little Rock, AR 72201

Reflect that OLIN CORPORATION (Payee/Payees)

190 CARONDELET PLZ STE 1530 (Payee's Address) CLAYTON (City)

MO (State) 63105 (Zip Code) was/were issued.

State Warrant number [redacted] dated 11/7/2023

in the amount of $ 149,183.95

Include your current Agency No. [redacted] Cost Center [redacted]

Appropriation No. [redacted] Character Code [redacted]

Fund Code [redacted] and Fund Center [redacted]

Jarett Lamb
Agency Disbursing Officer's Full Name (please print)

Agency Disbursing Officer's Signature

Part II

STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)

I/We_____, state that:

_____ 1. I/we received and lost.

_____ 2. I/we did not receive, endorse nor cash.

_____ 3. I/we have not authorized another person to sign my/our name(s) to the warrant.

_____ 4. I/we have no knowledge of the whereabouts of the warrant or of any other Person having received, cashed or endorsed the warrant.

_____ 5. When this warrant was cashed, the endorsement was a forgery.

Revised 8/21/24

AFFIDAVIT OF FORGED WARRANT

CC-24
APR 15 2026

The records of the CORPORATE INCOME TAX SECTION (Agency) of Arkansas reflect that OLIN CORPORATION (Payee(s)) was issued Warrant number [redacted] (Warrant Number)

Dated 11/2023 (Fiscal Year) in the amount of $ 149,183.95 (Warrant Amount), the same being in payment of

[redacted] (Invoice # / Agency # / Fund Center / Commitment Item / Fund)

[redacted] (Federal Identification #) $0.00 (Gross Pay) $0.00 (Withholding)

Address- Payroll Only

501-682-4775
Daytime Telephone #

Disbursing Officer

I/We, OLIN CORPORATION (Payee (s)), state that:

CHECK APPROPRIATELY -- ALL THAT APPLY

_____1. I received and lost.
__✓__2. I did not receive, endorse, nor cash.
_____3. I have not authorized another person to sign my name to the warrant.
_____4. I have no knowledge of the whereabouts of the warrant or of any other person having received, cashed, or endorsed the warrant.
_____5. If this warrant is presented for payment, the endorsement is a forgery.
_____6. The endorsement on same is a forgery.

✓ Darren Playle
Payee Signature

190 Carondelet Plaza, Suite 1530
Address

Clayton, MO 63105
City, State, Zip Code

Daytime Telephone # [redacted]

Payee Signature

Address

City, State, Zip Code

Daytime Telephone #

ON THIS THE 7th DAY OF April, 2026, before me personally appeared Darren Playle to me known to be the persons described in and who executed the foregoing instrument and acknowledged that they signed, sealed, executed and delivered the same as their free act and deed for the purpose therein mentioned.

CYNTHIA J. PRESCOTT
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis City
My Commission Expires: July 25, 2029
Commission # 21918943

(SEAL)

Cynthia J Prescott
NOTARY PUBLIC

St. Louis (County) MO (State)

My commission expires 07/25/2029

State of Arkansas

Bond for Reissuing Warrant

Warrant Number to be Reissued [redacted] **Amount** $149,183.95

CC-24 APR 15 2026

Paying State Agency CORPORATE INCOME TAX SECTION Phone (501) 682-4775

Agency Contact Jarett Lamb

Know by all men by these presents that we the undersigned, OLIN CORPORATION

as payee(s) and X Constantijn Lissone as the **surety** are held and

firmly bound unto the State of Arkansas in the sum of:

$298,367.90 (amount must be double the sum of the warrant)

The condition of this obligation is that the said **payee**, OLIN CORPORATION

has (check one): _____ lost ✓ failed to receive _____ stolen

a certain Arkansas State Warrant number as listed below by the Paying State Agency

Witness Our Hands on this 7th day of April ,20 26

First Payee Name: Signature:

OLIN CORPORATION ✓

First Payee Taxpayer Identification Number (SSN or Federal ID): [redacted]

Second Payee Name: Signature:

Second Payee Taxpayer Identification Number (SSN or Federal ID):

Payee Mailing Address 190 Carondelet Plaza, Suite 1530 Clayton, MO 63105

Payee Phone Number [redacted]

Surety must be 18 years of age or older and must be someone other than the payee(s) and not the person notarizing the form

Surety Mailing Address X 190 Carondelet Plaza, Suite 1530 Clayton, MO 63105

Surety Phone Number X [redacted]

Surety Name X Constantijn Lissone

(Printed or Typed Name)

Surety Signature X

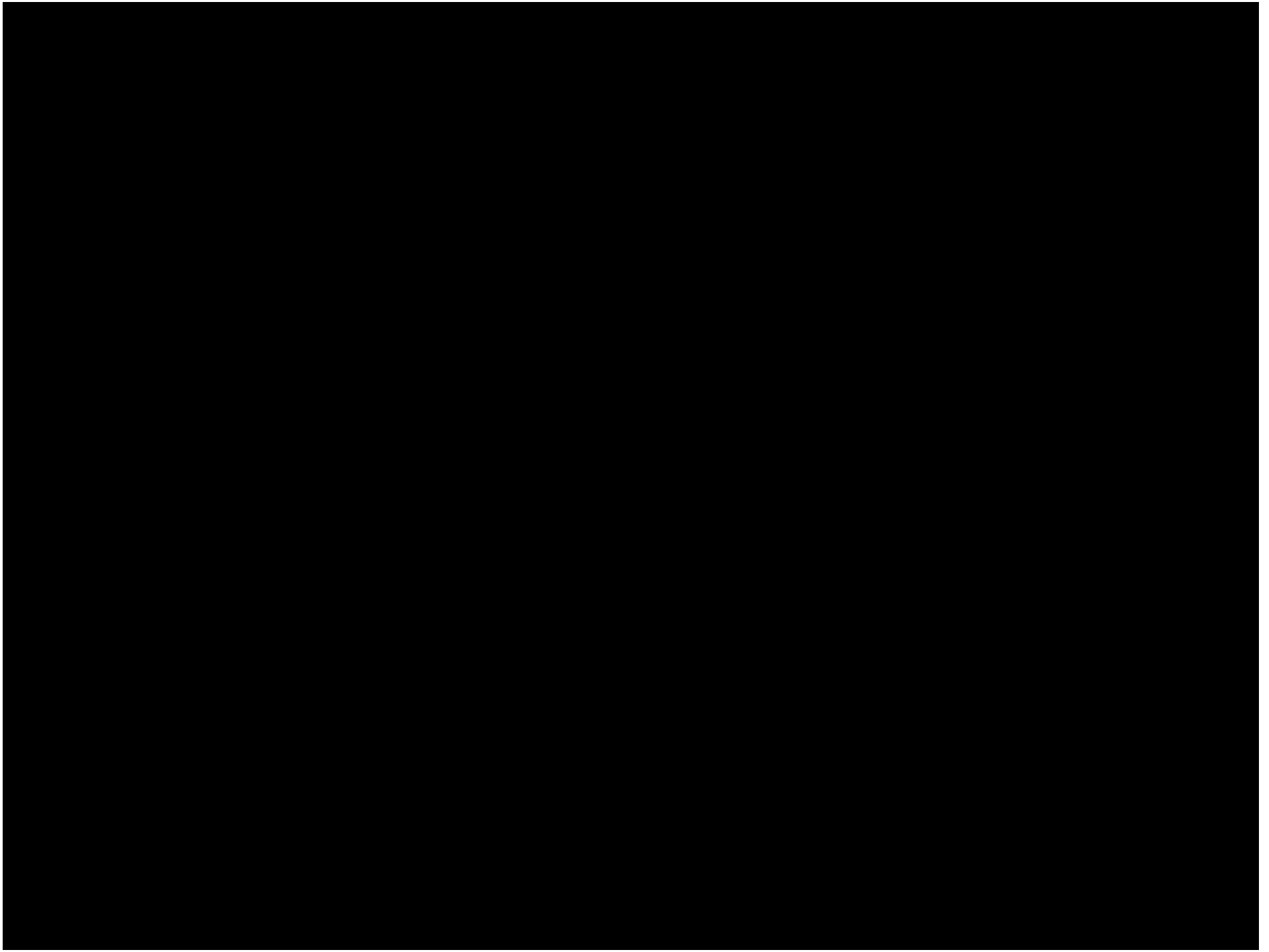
Surety, after first being duly sworn, states that their real and personal property is sufficient to meet the requirements for the bonded amount.

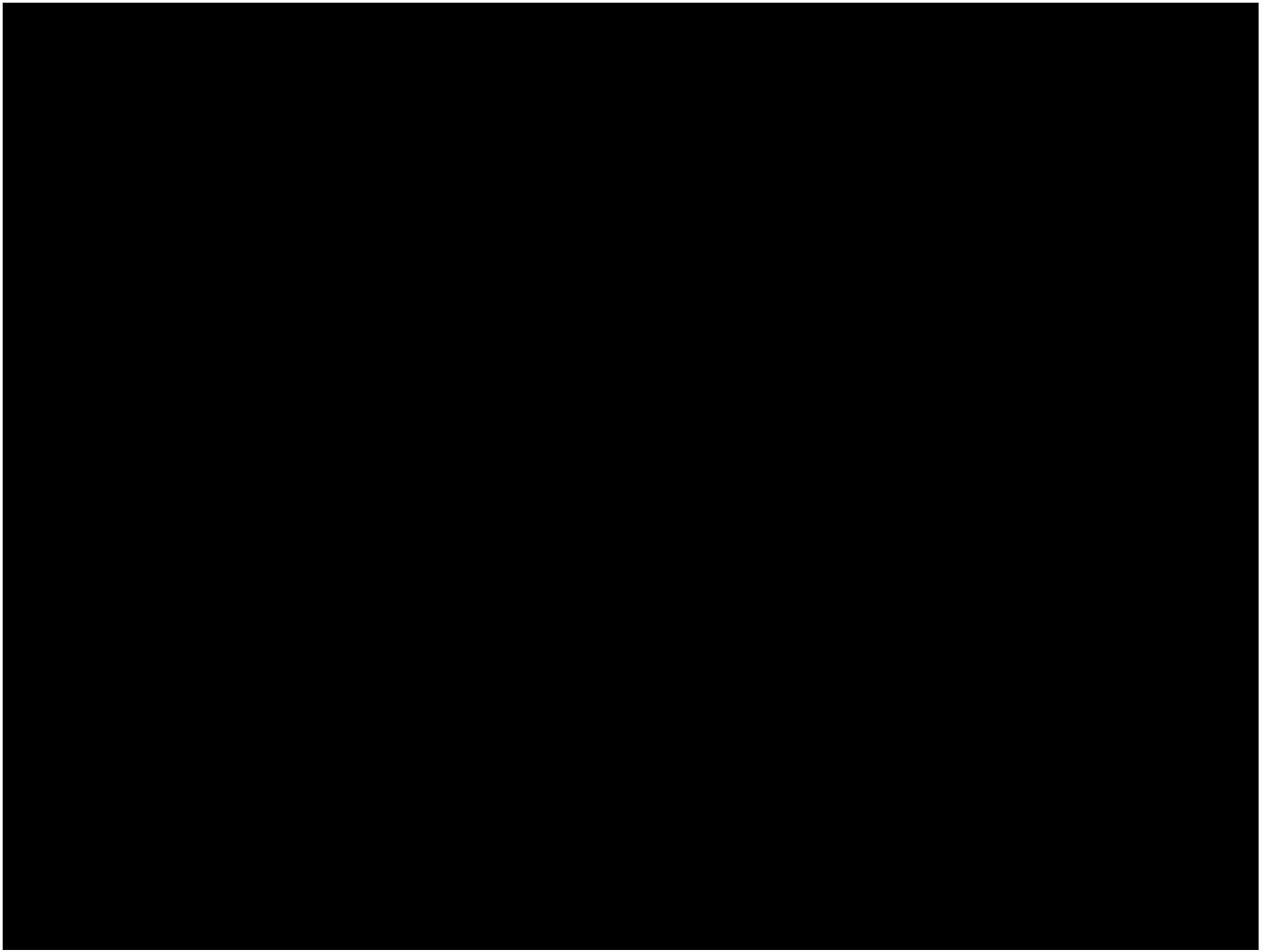
Subscribed and sworn before this 7th day of April ,20 26

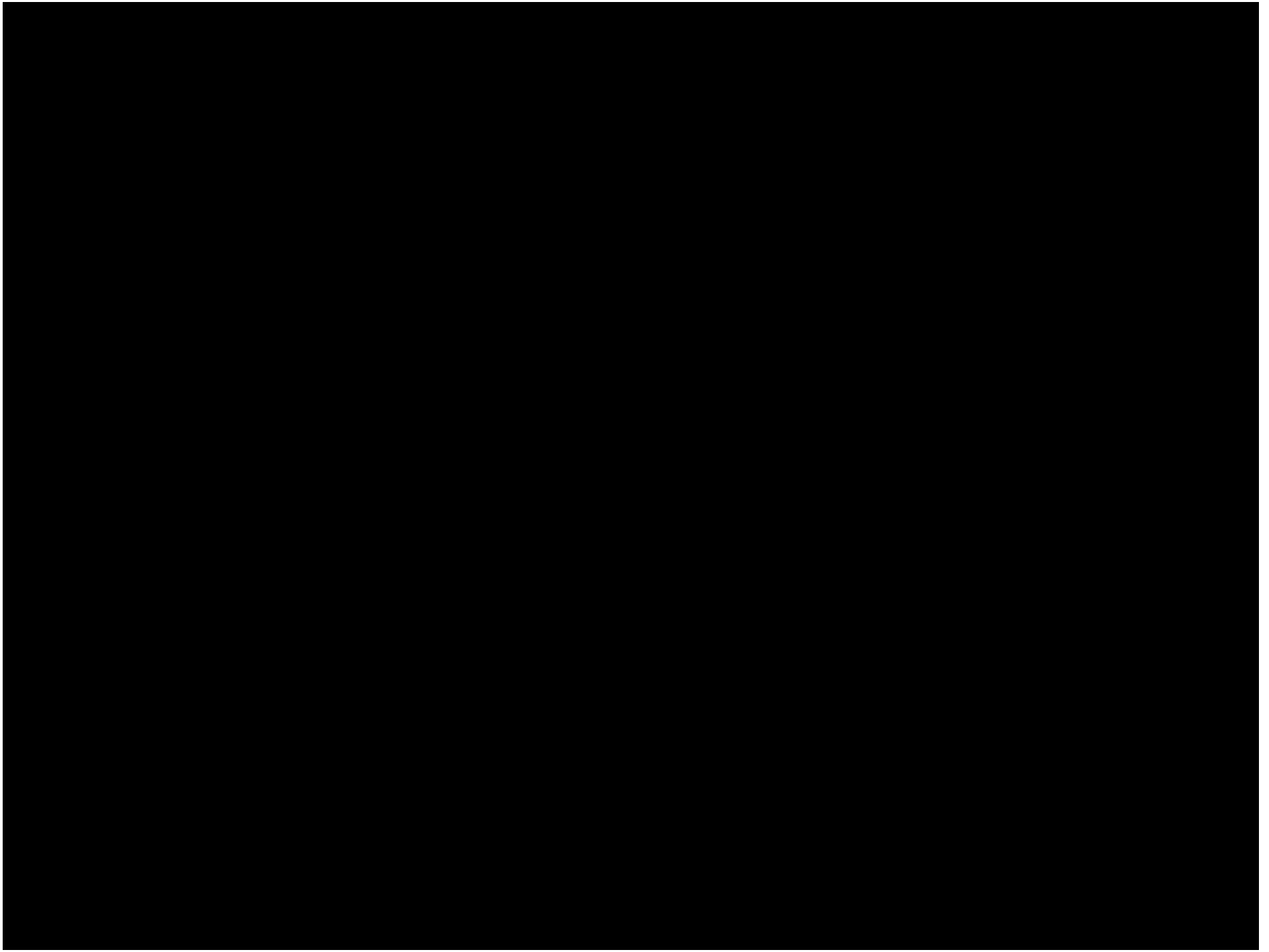
(SEAL) CYNTHIA J. PRESCOTT
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis City
Commission Expires: July 25, 2029
Commission # 21918943

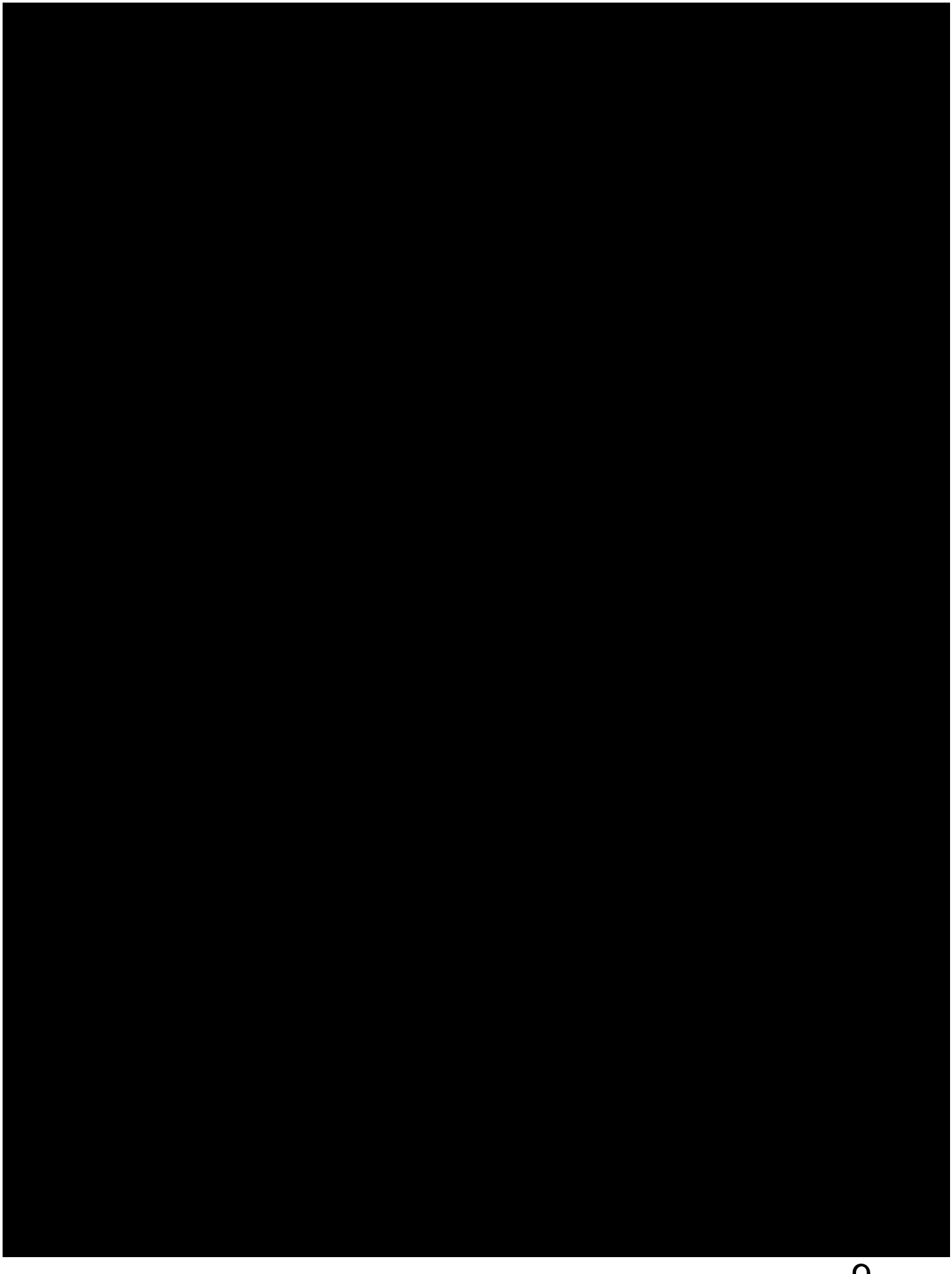
Notary Public Signature

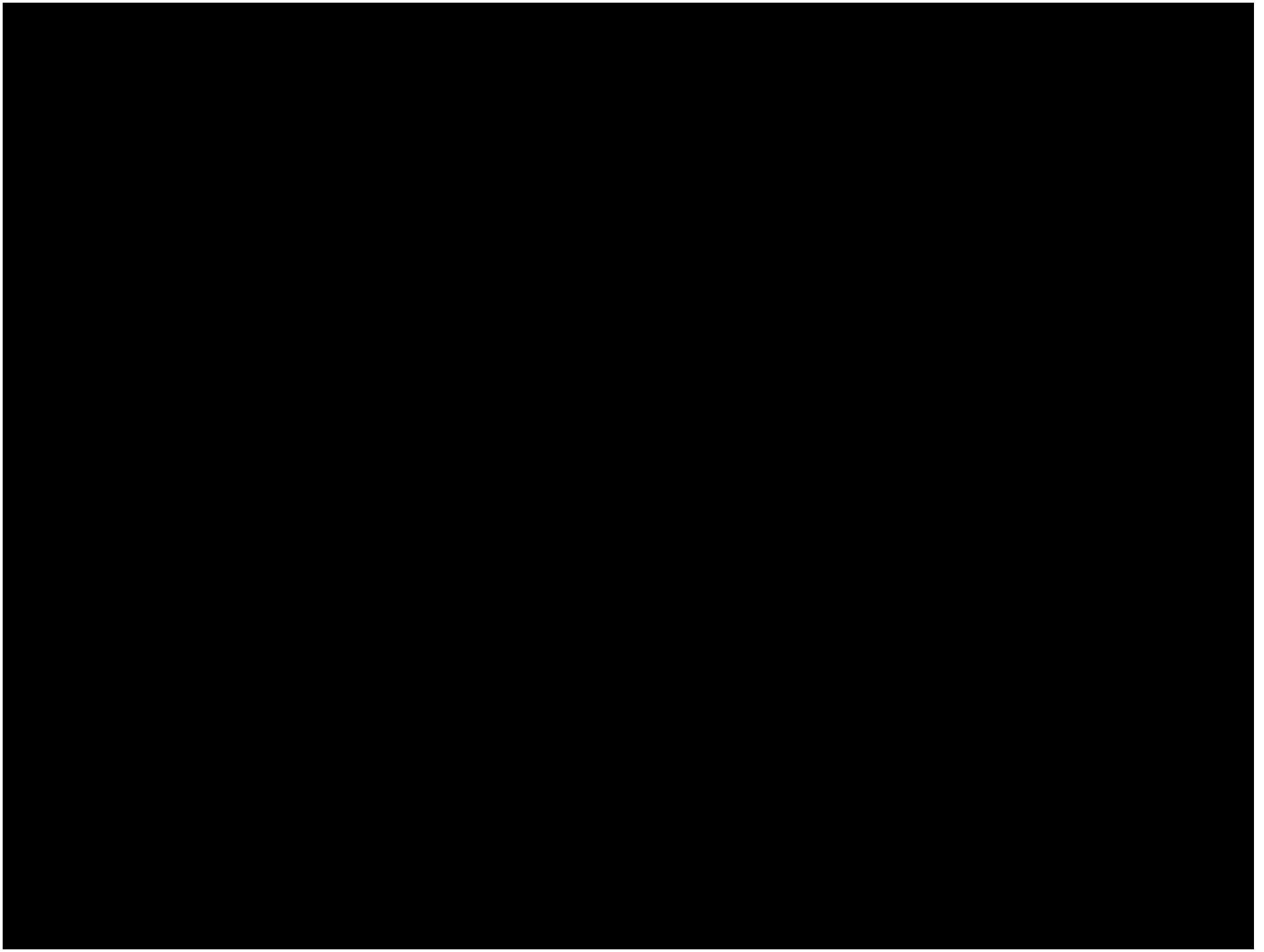
My Commission Expires 25th day of July ,20 29

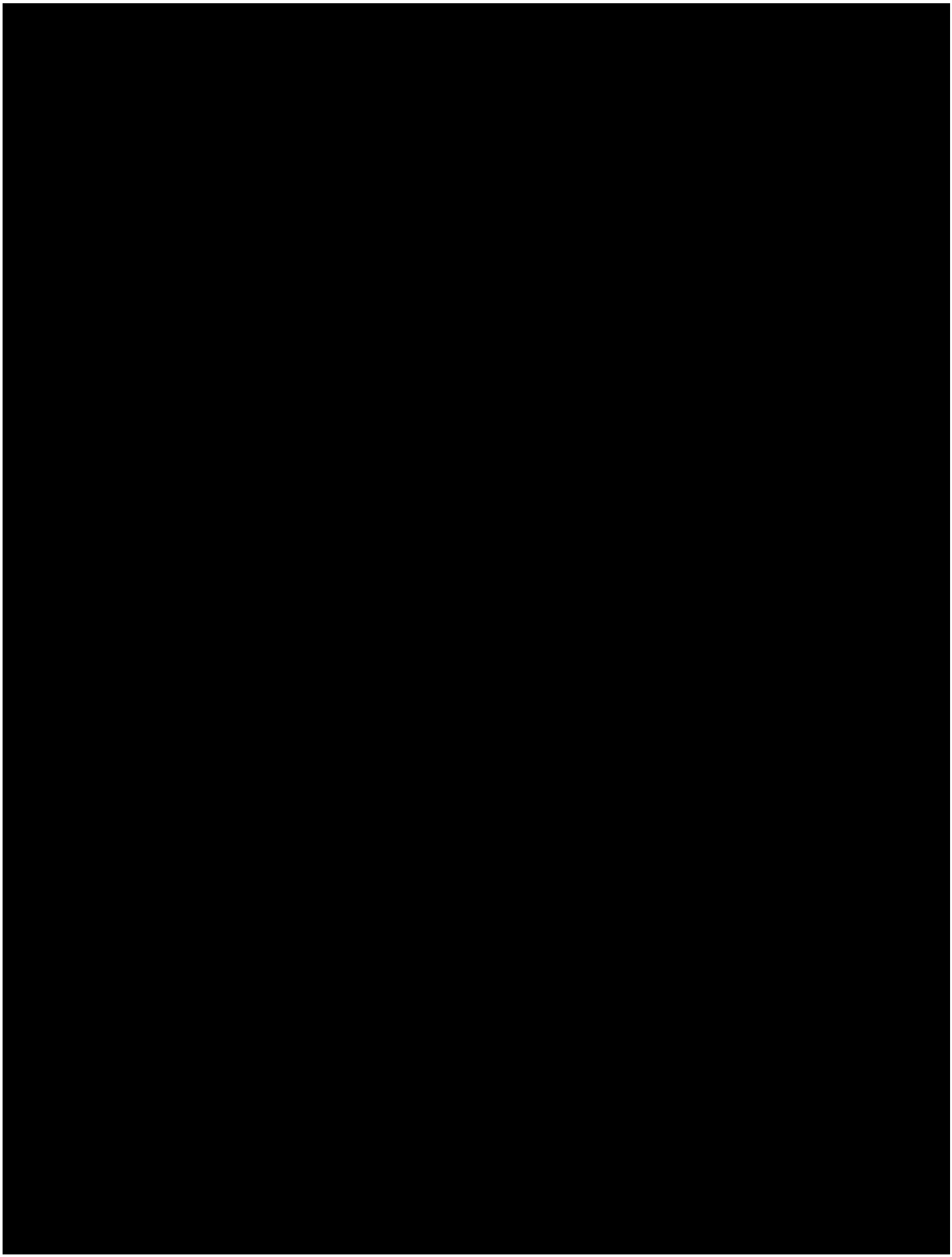












ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants

Date: 4/23/2026

Warrant: [redacted]

Name of Payee: Olin Corporation

Amount: $149,183.95

Upon checking with Rick of AOS/Data Processing Division, I was informed that this warrant was voided, and no duplicate warrant had been issued. We also checked our (Claims Commission) records to verify that there has been no reissuance by this office and there was none.

_____
CM

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

OLIN CORPORATION **CLAIMANT**

V. **CLAIM NO. 261548**

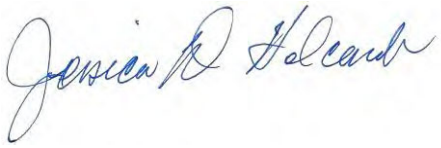
ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION **RESPONDENT**

ORDER

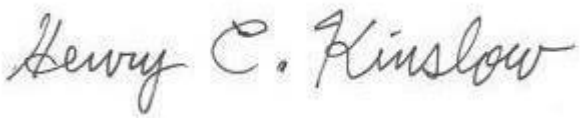
This claim was filed by Olin Corporation (the "Claimant") requesting reissuance of outdated warrant no. [redacted] (the "Warrant") in the amount of $149,183.95 payable from the Arkansas Department of Finance and Administration.

The Arkansas State Claims Commission (the "Commission") unanimously allows this claim in the amount of $149,183.95 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 25-44-215(b).

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION
Dee Holcomb



ARKANSAS STATE CLAIMS COMMISSION
Henry Kinslow, Chair

ARKANSAS STATE CLAIMS COMMISSION
Sylvester Smith

DATE: July 9, 2026

Notice(s) which may apply to your claim

(1) A party has forty (40) days from transmission of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Commission. Ark. Code Ann. § 25-44-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the transmission of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Commission. Ark. Code Ann. § 25-44-211(a)(1)(B)(ii). A decision of the Commission may only be appealed to the General Assembly. Ark. Code Ann. § 25-44-211(a)(3).

(2) If a Claimant is awarded $15,000.00 or less by the Commission at hearing, that award is held forty (40) days from the date of disposition before payment will be processed to allow either party to utilize its remedies under Ark. Code Ann. § 25-44-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.

(3) Awards or negotiated settlement agreements of more than $15,000.00 are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 25-44-215(b).