

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2007</u> and ending <u>12/31/2007</u>			
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 <u>COOPER-STANDARD AUTOMOTIVE FHS - NEWLEX HOURLY PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>013</u>	
	1c Effective date of plan	<u>01/01/1977</u>	
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>COOPER-STANDARD AUTOMOTIVE INC.</u> <u>39550 ORCHARD HILL PLACE</u> <u>NOVI, MI 48375-5329</u>	2b Employer Identification Number (EIN) <u>22-2772953</u>	2c Sponsor's telephone number <u>248-596-5900</u>	2d Business code (see instructions) <u>333200</u>

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.	01/25/2012	THOMAS JANDA
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") COOPER-STANDARD AUTOMOTIVE INC. 39550 ORCHARD HILL PLACE NOVI, MI 48375-5329	3b Administrator's EIN 22-2772953 3c Administrator's telephone number 248-596-5900
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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 4c PN
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5 Total number of participants at the beginning of the plan year	5	533
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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	281
b Retired or separated participants receiving benefits.....	6b	71
c Other retired or separated participants entitled to future benefits.....	6c	164
d Subtotal. Add lines 6a , 6b , and 6c	6d	516
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	9
f Total. Add lines 6d and 6e	6f	525
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	2

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 3H

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)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☐ Trust	(3) ☐ Trust
(4) ☐ General assets of the sponsor	(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

b General Schedules

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

<div><div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div></div><div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007		
<div>A Name of plan</div> <div>COOPER-STANDARD AUTOMOTIVE FHS - NEWLEX HOURLY PENSION PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div>	<div>013</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>COOPER-STANDARD AUTOMOTIVE INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>22-2772953</div>	

Part I	<div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.</div>
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1 Coverage Information:

<div>(a) Name of insurance carrier</div> <div>PRINCIPAL LIFE INSURANCE COMPANY</div>
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	453946	525	01/01/2007	12/31/2007

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	9847338

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007

A Name of plan <u>COOPER-STANDARD AUTOMOTIVE FHS - NEWLEX HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ► <u>013</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COOPER-STANDARD AUTOMOTIVE INC.</u>	D Employer Identification Number (EIN) <u>22-2772953</u>

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL INTL EM MKT SEP ACCT</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-013</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>165044</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LARGECAP BLEND I SEP ACCT</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-017</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1231523</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LARGECAP GROWTH SEP ACCT</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-018</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>762864</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL U.S. PROPERTY SEP ACCT</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>632785</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL BOND AND MTG SEP ACCT</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-005</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2184852</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INTERNATIONAL I SEP ACCT</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-048</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>653738</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL INTL GROWTH SEP ACCT</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-064</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>625422</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP GROWTH I SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-066	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 708203
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP VALUE III SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-068	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 559788
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP GROWTH II SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-071	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 236536
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN PREFERRED SECS SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-087	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 156395
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP VALUE I SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-094	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 186876
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL REAL EST SEC SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-095	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 188466
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGE CAP VALUE I SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-098	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 577628
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN HIGH YIELD I SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-101	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 444305
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INFLATION PROT SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-099	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 532913
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2007</u> and ending <u>12/31/2007</u>		
A Name of plan <u>COOPER-STANDARD AUTOMOTIVE FHS - NEWLEX HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>013</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COOPER-STANDARD AUTOMOTIVE INC.</u>	D Employer Identification Number (EIN) <u>22-2772953</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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 Total noninterest-bearing cash	1a			
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)	764476		598834
(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)	8916429		9847338
(11) Value of interest in master trust investment accounts	1c(11)	2552		
(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)			

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9683457	10446172

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9683457	10446172
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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)	598834	
(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)		598834
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)		

		(a) Amount	(b) Total
2b (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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		511137
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-691
(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		1109280

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	272607	
(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)		272607
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	47729	
(2) Contract administrator fees	2i(2)	1500	
(3) Investment advisory and management fees	2i(3)	2578	
(4) Other	2i(4)	22151	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		73958
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		346565

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		762715
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) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GILMORE, JASION AND MAHLER, LTD

(2) EIN: 34-1827159

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....	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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
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?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 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)

**COOPER-STANDARD AUTOMOTIVE FHS
NEWLEX HOURLY PENSION PLAN
FINANCIAL STATEMENTS**

DECEMBER 31, 2007 AND 2006

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GILMORE, JASION & MAHLER, LTD

INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants in the
Cooper-Standard Automotive FHS – Newlex Hourly Pension Plan

We were engaged to audit the financial statements and supplemental schedules of the Cooper-Standard Automotive FHS – Newlex Hourly Pension Plan (the Plan) as of December 31, 2007 and 2006, and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 5, which was certified by The Principal Life Insurance Company, the current custodian of the Plan and The Northern Trust Company, the former trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the current custodian and the former trustee holds/held the Plan's investments asset and executes/executed investment transactions. The Plan Administrator has obtained certifications from the current custodian as of and for the year ended December 31, 2007 and as of and for the period from December 1, 2006 to December 31, 2006, and the former trustee for the period from January 1, 2006 to November 30, 2006, that the information provided to the Plan Administrator by the current custodian and the former trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the current custodian and former trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974*.

Gilmore, Jasion & Mahler, LTD

October 8, 2008

Kevin M. Gilmore, CPA, CVA

Adele M. Jasion, CPA

Andrew L. Mahler,
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**COOPER-STANDARD AUTOMOTIVE FHS
NEWLEX HOURLY PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2007 and 2006**

	<u>2007</u>	<u>2006</u>
Assets:		
Pooled separate accounts, at fair value	\$ 9,847,338	\$ 8,916,429
Interest in Master Trusts	0	2,552
Contributions receivable	<u>598,834</u>	<u>764,476</u>
Net assets available for benefits	<u>\$ 10,446,172</u>	<u>\$ 9,683,457</u>

The accompanying notes are an integral part of these financial statements.

**COOPER-STANDARD AUTOMOTIVE FHS
NEWLEX HOURLY PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2007 and 2006**

	<u>2007</u>	<u>2006</u>
Additions:		
Employer contributions	\$ 598,834	\$ 1,511,464
Net appreciation in fair value of pooled separate accounts	510,446	34,007
Net gain from interest in Master Trusts	<u>0</u>	<u>863,056</u>
Total additions	1,109,280	2,408,527
Deductions:		
Benefits paid to participants	272,607	212,683
Administrative expenses	<u>73,958</u>	<u>42,412</u>
Total deductions	<u>346,565</u>	<u>255,095</u>
Increase in net assets	762,715	2,153,432
Net assets available for benefits - beginning of year	<u>9,683,457</u>	<u>7,530,025</u>
Net assets available for benefits - end of year	<u><u>\$ 10,446,172</u></u>	<u><u>\$ 9,683,457</u></u>

The accompanying notes are an integral part of these financial statements.

**COOPER-STANDARD AUTOMOTIVE FHS -
NEWLEX HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2007 and 2006**

Note 1—Description of the Plan

The following description of the Cooper-Standard Automotive FHS – Newlex Hourly Pension Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information. All hourly employees represented by UAW Local 1686 are eligible to participate. The current bargaining agreement is effective through September 14, 2009. Effective January 1, 2007, eligibility is frozen and no new employees will be eligible for the plan. Participants already in the Plan will continue to accrue benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

General

Prior to February 6, 2006, the Plan was a defined benefit pension plan sponsored by ITT Automotive, Inc. Effective February 6, 2006, Cooper-Standard Automotive assumed sponsorship of the Plan in connection with a transaction which closed on February 6, 2006 in which Cooper-Standard Automotive (CSA) purchased ITT Automotive, Inc., a division of ITT Industries. Effective February 7, 2006, the name of the Plan was amended to ITT Automotive, Inc. – Newlex Hourly Pension Plan. Effective December 15, 2006, the name of the Plan was amended to Cooper Standard Automotive FHS – Newlex Hourly Pension Plan.

Until May 31, 2006, the assets of ITT Automotive, Inc. – Newlex Pension Plan for Hourly Employees, were held in a fiduciary trust capacity by the Northern Trust Company (the NTC Trustee) under a trust agreement dated July 1, 1977. The Plan's assets consisted of an undivided interest in an investment account of the Investment Master Trust of ITT Industries, Inc. (the "ITT Master Trust") and administered by the Trustee. The ITT Master Trust included the combined assets of the Plan as well as several other employee benefit plans of ITT Industries, Inc. and its subsidiaries. A schedule of master trust assets has been filed with the U.S. Department of Labor, Washington, D.C. The Plan's proportionate share of such assets for the period ended May 31, 2006 is also presented in the filing.

During April and May 2006, approximately \$24,253,000 of net transfers were made from the ITT Master Trust to the Cooper-Standard Automotive, Inc./ITT Automotive, Inc. Master Savings Trust, a master trust established by Cooper Standard Automotive (the "CSA Master Trust"), of which approximately \$7,122,000 was allocable to the ITT Automotive, Inc. – Newlex Pension Plan for Hourly Employees.

Effective December 1, 2006, the Plan discontinued using the CSA Trust to fund the Plan and transferred approximately \$27,412,000 to an annuity contract with Principal Life Insurance Company (Principal Custodian) of which approximately \$8,882,000 was allocable to the ITT Automotive, Inc. – Newlex Pension Plan for Hourly Employees. The annuity contract with Principal Life Insurance Company is an unallocated insurance contract. The Principal Custodian administers and invests the Plan's assets and income for the benefit of the Plan's participants.

Use of the Master Trust permits the commingling of trust assets with the assets of the Plan for investment and administrative purposes. Although assets of the Plan are commingled in the Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment account to the participating plans. The net investment income of the investment assets is allocated by the Trustee, to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans.

**COOPER-STANDARD AUTOMOTIVE FHS -
NEWLEX HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2007 and 2006**

Note 1—Description of the Plan—continued

Pension benefits

Participants are eligible for monthly benefit payments upon reaching age 65. The normal monthly benefit payments are determined by multiplication of a benefit rate, which depends upon the period of credited service by the total number of years of credited service, not to exceed 35 years. A participant is 100% vested after five years of service. Prior to that time, the participant is 0% vested.

Employees are eligible to receive early retirement benefits between the ages of 55 and 65 upon the completion of 15 years of continuous service. Early retirement benefits are computed in a manner similar to normal retirement at age 65, except that they are reduced by certain factors, as outlined in the Plan document, for each month that the early retirement date precedes the normal retirement date.

Death and disability benefit

A married employee who is a vested participant is automatically covered by the pre-retirement death benefit option, which will provide a benefit for the surviving spouse upon death prior to retirement, unless coverage is waived. The benefit would be equal to the benefit the spouse would have received had the employee retired on the date of death, computed under the normal form of payment and subject to certain limitations.

An employee who has attained age 50, has completed 10 years of continuous service and who becomes totally and permanently disabled is eligible to receive a disability retirement benefit. The amount of the benefit is computed as it would be for normal retirement based on the employee's years of credited service as of the date of disability.

Note 2—Summary of significant accounting policies

Basis of accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities at the date of the financial statements, and the actuarial present value of accumulated plan benefits at the benefit information dates. Actual results could differ from those estimates.

Risks and uncertainties

The Master Trust utilizes various investment instruments including U.S. government securities, corporate debt instruments, limited partnerships, joint ventures, common collective trusts and corporate stocks. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the Plan's financial statements.

**COOPER-STANDARD AUTOMOTIVE FHS -
NEWLEX HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2007 and 2006**

Note 2—Summary of significant accounting policies—continued

Valuation of investments and income recognition

The Plan's investment in the ITT Master Trust and the CSA Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trusts using quoted market prices when available. In instances where quoted market prices are not available, the fair value of investments is estimated. The pooled separate accounts are stated at fair value, which equals the quoted net asset values thereof on the last business day of the Plan's year. For investments in limited partnerships, market values are updated based on partnership valuation statements, as well as, on an activity basis. For those assets that cannot be independently priced, the Trustee may use prices supplied by the client or their fund manager.

Purchases of sales and securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Expenses

Prior to December 1, 2006, administrative expenses of the Plan were paid by the Master Trusts on behalf of the Plan, as provided in the Plan document and the Master Trust Agreements. Effective December 1, 2006, administrative expenses were paid by the Plan. The Plan Sponsor provides accounting and other administrative services to the Plan at no charge.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Note 3—Funding policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary.

The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to plan participants. This is accomplished by funding the Plan's annual or normal cost for the current year, funding (over a period of 30 years) the estimated prior service cost arising from qualifying service before the establishment of and amendments to the Plan and amortizing over a period of five years (15 years for gains and losses occurring prior to January 1, 1988) the experience gains and losses of the Plan.

Interest, dividends and net appreciation of investments of the Plan serve to reduce future contributions that would otherwise be required to provide for the defined level of benefits under the plan document. The Company's contributions are adjusted to reflect differences between actual contributions in prior years and the amounts required under the Company's current funding policy to meet the minimum funding requirements of ERISA. The Company met the minimum funding requirements for the years ended December 31, 2007 and 2006.

**COOPER-STANDARD AUTOMOTIVE FHS -
NEWLEX HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2007 and 2006**

Note 4—Accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that 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 actuarial present value of accumulated plan benefits as of January 1, 2007 and 2006 is as follows:

	<u>2007</u>	<u>2006</u>
Vested benefits:		
Participants and/or beneficiaries currently receiving benefits	\$ 3,189,915	\$ 2,069,038
Other participants	4,605,445	3,866,133
Total vested benefits	<u>7,795,360</u>	<u>5,935,171</u>
Nonvested benefits	<u>196,659</u>	<u>282,491</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 7,992,019</u>	<u>\$ 6,217,662</u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the years ended January 1, 2007 and 2006 are as follows:

	<u>2007</u>	<u>2006</u>
Actuarial present value of accumulated Plan benefits at January 1, 2006 and 2005	\$ 6,217,662	\$ 5,696,742
Increase (decrease) during the year attributable to:		
Benefits accumulated	588,607	241,867
Change in assumptions	876,964	0
Benefits paid	(219,715)	(196,806)
Interest due to decrease in the discount period	<u>528,501</u>	<u>475,859</u>
Actuarial present value of accumulated Plan benefits at January 1, 2007 and 2006	<u>\$ 7,992,019</u>	<u>\$ 6,217,662</u>

**COOPER-STANDARD AUTOMOTIVE FHS -
NEWLEX HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2007 and 2006**

Note 4—Accumulated plan benefits—continued

The actuarial cost method used by the actuary is the Projected Unit Credit Method. The significant actuarial assumptions used in the January 1, 2007 and 2006 valuations were:

- Mortality: UP-94 Mortality Table (setback 0 for males, 0 for females) for 2007 and the UP-94 Mortality Table projected 16 years using Scale AA for 2006.
- Retirement age: Based on probability table of retirement with ages ranging from 55 to 65 and fifteen years of service for 2007 and based on assumed rates of retirement with ages ranging from 55 to 70 and fifteen years of service for 2006.
- Discount rate: 8.0% per annum in 2007 and 8.5% per annum in 2006

Actuarial assumptions for the period before normal retirement include factors for mortality, termination of employment, early retirement and disability.

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.

Note 5—Investments

All investment information for the years ending December 31, 2007 and 2006 is disclosed in the accompanying financial statements and schedules, including investments held at December 31, 2007 and 2006, interest and dividends and net appreciation in fair value of investments and investment fees and expenses for the years ended December 31, 2007 and 2006, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the current Custodian, Principal Life Insurance Company for the period from December 1, 2006 to December 31, 2007 and the former Trustee, Northern Trust Company for the period from January 1, 2006 through November 30, 2006. Such information has not been examined by independent auditors.

At December 31, 2007 and 2006, investments that exceed 5% of the Plan assets available for benefits are as follows:

	2007	2006
* Principal Bond and Mortgage	\$ 2,184,852	\$ 2,465,974
* Principal Partners Large – Cap Blend	1,231,523	1,465,095
* Principal Large Company Growth	762,864	**
* Principal Partners Large – Cap Growth	708,203	828,855
* Principal Partners International	653,738	**
* Principal U.S. Property	632,785	543,952
* Principal International Growth	625,422	**
* Principal Partners Large – Cap Value I	577,628	496,260
* Principal Partners Large – Cap Value	559,788	626,145
* Principal Inflation Protection	532,913	**

* Party in interest

**This investment did not exceed 5% of the Plan assets available for 2006.

**COOPER-STANDARD AUTOMOTIVE FHS -
NEWLEX HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2007 and 2006**

Note 6—Master Trusts

The following is a summary of the unaudited information regarding the Plan as of December 31, 2006 and for the year then ended, included in the Plan's financial statements that was derived from information prepared by the Trustee and furnished to the plan administrator. The plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

ITT Master Trust

Investment income (loss) and administrative expenses relating to the ITT Master Trust were allocated to the individual plans based upon the monthly balances invested by each participating plan. During 2006, all assets of the Plan in the ITT Master Trust were transferred from the ITT Master Trust to the CSA Master Trust. The net investment income (loss) of the ITT Master Trust for the period from January 1, 2006 through May 31, 2006 was \$234,472,790.

CSA Master Trust

Investment income relating to the CSA Master Trust was allocated to the individual plans based upon the monthly balances invested by each participating plan.

The net investments of the CSA Master Trust at December 31, 2006 is summarized as follows:

	<u>2006</u>
Assets	
Common/collective trusts - accrued income	<u>\$ 8,582</u>
Plan's interest in net assets of Master Trust	\$ 2,552
Plan's interest in Master Trust as percentage of total	29.74%

The net investment income of the CSA Master Trust at December 31, 2006 is summarized as follows:

	<u>2006</u>
Net appreciation (depreciation) in fair value of Common/collective trusts	<u>\$ 1,808,963</u>

By March 31, 2007, all assets of the Plan in the CSA Master Trust were transferred from the CSA Master Trust to pooled separate accounts. The net investment loss of the CSA Master Trust for the period from January 1, 2007 through March 31, 2007 was \$91.

**COOPER-STANDARD AUTOMOTIVE FHS -
NEWLEX HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2007 and 2006**

Note 7–Party in interest transactions

Certain Plan investments are shares of mutual funds managed by Northern Trust Company (Trustee) and Principal Life Insurance Company (Custodian). Transactions with the trustee and custodian qualify as party in interest transactions. Certain administrative functions are performed by officers and employees of the Company (who may also be a participant in the Plan) at no cost to the Plan. These transactions are not deemed prohibited party in interest transactions because they are covered by the statutory administrative exemptions from the Internal Revenue Code's and ERISA's rules on prohibited transactions.

Note 8–Federal income tax status

The Internal Revenue Service has determined and informed the Company by a letter dated March 18, 2002 that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and is currently being operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 9–Plan termination

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

SUPPLEMENTAL SCHEDULES

**COOPER-STANDARD AUTOMOTIVE FHS
NEWLEX HOURLY PENSION PLAN
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Employer ID#22-2772953 Plan #013
December 31, 2007**

(a)/(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* Principal Life Insurance Company - PSA	Principal Bond and Mortgage	\$ 2,120,467	\$ 2,184,852
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Blend	1,219,429	1,231,523
* Principal Life Insurance Company - PSA	Principal Large Company Growth	639,430	762,864
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Growth	654,761	708,203
* Principal Life Insurance Company - PSA	Principal Partners International	570,577	653,738
* Principal Life Insurance Company - PSA	Principal U.S. Property	549,799	632,785
* Principal Life Insurance Company - PSA	Principal International Growth	561,671	625,422
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Value I	572,840	577,628
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Value	572,016	559,788
* Principal Life Insurance Company - PSA	Principal Inflation Protection	510,343	532,913
* Principal Life Insurance Company - PSA	Principal High Yield	440,763	444,305
* Principal Life Insurance Company - PSA	Principal Partners Small - Cap Growth	229,545	236,536
* Principal Life Insurance Company - PSA	Principal Real Estate Securities	230,572	188,466
* Principal Life Insurance Company - PSA	Principal Partners Small - Cap Value	207,062	186,876
* Principal Life Insurance Company - PSA	Principal International Emerging Markets	116,672	165,044
* Principal Life Insurance Company - PSA	Principal Preferred Securities	170,364	156,395
		<u>\$ 9,366,311</u>	<u>\$ 9,847,338</u>

*Party in interest.

COOPER-STANDARD AUTOMOTIVE FHS
NEWLEX HOURLY PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID#22-2772953 Plan #013
For the Year Ended December 31, 2007

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category iii) Series of transactions in excess of 5% of Plan assets:								
* Principal Life Insurance Company - PSA	Principal Bond and Mortgage							
	9 Purchases	\$ 220,379	\$ 0	\$ 0	\$ 0	\$ 220,379	\$ 220,379	\$ 0
	55 Sales		596,196			586,990	596,196	9,206
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Blend							
	5 Purchases	112,683				112,683	112,683	
	1 Sale		371,672			349,971	371,672	21,701

*Party in interest.

There were no reportable transactions under categories i), ii) or iv) during 2007.

COOPER-STANDARD AUTOMOTIVE FHS
NEWLEX HOURLY PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID#22-2772953 Plan #013
For the Year Ended December 31, 2007

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
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* Principal Life Insurance Company - PSA	Principal Bond and Mortgage							
	9 Purchases	\$ 220,379	\$ 0	\$ 0	\$ 0	\$ 220,379	\$ 220,379	\$ 0
	55 Sales		596,196			586,990	596,196	9,206
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Blend							
	5 Purchases	112,683				112,683	112,683	
	1 Sale		371,672			349,971	371,672	21,701

*Party in interest.

There were no reportable transactions under categories i), ii) or iv) during 2007.

**SCHEDULE B
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ Attach to Form 5500 or 5500-EZ if applicable.

▶ See separate instructions.

Official Use Only

OMB No. 1210-0110

2007

**This Form is Open to Public
Inspection (except when
attached to Form 5500-EZ).**

For calendar plan year 2007 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007

▶ 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 COOPER-STANDARD AUTOMOTIVE FHS - NEWLEX HOURLY P		B Three-digit plan number ... ▶ 013
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ COOPER-STANDARD AUTOMOTIVE INC.		D Employer Identification Number 22-2772953
E Type of plan: (1) Multiemployer (2) ☒ Single-employer (3) Multiple-employer		F 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)**1a** Enter the actuarial valuation date: Month 01 Day 01 Year 2007**b** Assets:

(1) Current value of assets	b(1)	9686063
(2) Actuarial value of assets for funding standard account	b(2)	9803598
c (1) Accrued liability for plans using immediate gain methods	c(1)	7992020
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	c(2)(a)	
(b) Accrued liability under entry age normal method	c(2)(b)	
(c) Normal cost under entry age normal method	c(2)(c)	

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

**SIGN
HERE***Terrance M. McCarthy*

Signature of actuary

TERRANCE M. MCCARTHY

Type or print name of actuary

PRINCIPAL FINANCIAL GROUP

Firm name

PO BOX 9394

DES MOINES

IA

50306-9394

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. ☐

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

v10.1

Schedule B (Form 5500) 2007



4-53946 SOMVANG THAVONEKHAM 08261

1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) . .	d(1)	0
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	11534301
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	318440
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	11534301
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	308640
(3) Expected plan disbursements for the plan year	d(3)	344020

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)		2a	9683457	
b "RPA '94" current liability:		(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
	(1) For retired participants and beneficiaries receiving payments	83	2786036	2786036
	(2) For terminated vested participants	175	1668092	1668092
	(3) For active participants	265	6788567	7080173
	(4) Total	523	11242695	11534301
c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage.				
		2c	%	

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

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
01/15/2008	126945	0			
04/15/2008	192389	0			
07/15/2008	192389	0			
09/15/2008	87111	0			
3 Totals ▶ (b)				598834	(c) 0

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions).	4a	74.3 %
b If line 4a is less than 100%, 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
0	0	0	0



5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

- a** ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit)
- d** ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium
- g** ☐ Individual aggregate **h** ☐ Other (specify) ▶ _____

i Has a change been made in funding method for this plan year? ☒ Yes ☐ No

j If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☒ Yes ☐ No

k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method Month Day Year

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 5.78 % ☐ N/A

b Weighted average retirement age **6b** 61 ☐ N/A

c Rates specified in insurance or annuity contracts... ☐ N/A **6c** Pre-retirement Post-retirement ☐ N/A

d Mortality table code for valuation purposes:

- (1) Males **d(1)** 8
- (2) Females **d(2)** 8

e Valuation liability interest rate ☐ N/A **6e** 8.00 % ☐ N/A

f Expense loading ☐ N/A **6f** 17.1 % ☒ N/A

g Annual withdrawal rates:

- (1) Age 25 **g(1)** U 6.80 %
- (2) Age 40 **g(2)** U 3.25 %
- (3) Age 55 **g(3)** U 0.00 %

h Salary scale ☒ N/A **6h** % ☒ N/A

i Estimated investment return on actuarial value of assets for year ending on the valuation date **6i** 23.7 %

j Estimated investment return on current value of assets for year ending on the valuation date **6j** 11.0 %

7 New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
1	1240590	287698

8 Miscellaneous information:

a If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month Day Year



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- 8b** If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶ _____
- c** Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule ☒ Yes ☐ No

9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	242369
c Amortization charges as of valuation date:	Outstanding Balance	
(1) All bases except funding waivers	▶ (\$ 2509748)	c(1) 535145
(2) Funding waivers	▶ (\$ 0)	c(2) 0
d Interest as applicable on lines 9a, 9b, and 9c	9d	62202
e Additional interest charge due to late quarterly contributions, if applicable	9e	5
f Adjusted additional funding charge from Part II, line 12q, if applicable ☐ N/A	9f	45958
g Total charges. Add lines 9a through 9f	9g	885679
Credits to funding standard account:		
h Prior year credit balance, if any	9h	514351
i Employer contributions. Total from column (b) of line 3.	9i	598834
j Amortization credits as of valuation date	Outstanding Balance	
▶ (\$ 302279)	9j	53759
k Interest as applicable to end of plan year on lines 9h, 9i, and 9j	9k	45449
l Full funding limitation (FFL) and credits		
(1) ERISA FFL (accrued liability FFL)	l(1)	0
(2) "RPA '94" override (90% current liability FFL)	l(2)	769554
(3) FFL credit	l(3)	58064
m (1) Waived funding deficiency	m(1)	0
(2) Other credits	m(2)	0
n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)	9n	1270457
o Credit balance: If line 9n is greater than line 9g, enter the difference	9o	384778
p Funding deficiency: If line 9g is greater than line 9n, enter the difference	9p	0
Reconciliation account:		
q Current year's accumulated reconciliation account:		
(1) Due to additional funding charges as of the beginning of the plan year	q(1)	1693096
(2) Due to additional interest charges as of the beginning of the plan year	q(2)	22
(3) Due to waived funding deficiencies:		
(a) Reconciliation outstanding balance as of valuation date	q(3)(a)	0
(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b)	0
(4) Total as of valuation date	▶ q(4)	1693118
10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable	10	0

- 11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No



Part II Additional Information for Certain Plans Other Than Multiemployer PlansPlease see **Who Must File** in the Schedule B instructions to determine if you must complete Part II.**12** Additional required funding charge (see instructions):

- a**
- Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.

If line 12a is at least 90%, go to line 12q and enter -0-.

If line 12a is less than 80%, go to line 12b.

If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q

and enter -0-. Otherwise, go to line 12b.

- b**
- "RPA '94" current liability. Enter line 1d(2)(a).

- c**
- Adjusted value of assets (see instructions)

- d**
- Funded current liability percentage. Divide line 12c by 12b and multiply by 100

- e**
- Unfunded current liability. Subtract line 12c from line 12b.

- f**
- Liability attributable to any unpredictable contingent event benefit

- g**
- Outstanding balance of unfunded old liability

- h**
- Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative

- i**
- Unfunded new liability amount (
- 21.78
- % of line 12h)

- j**
- Unfunded old liability amount

- k**
- Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b).

- l**
- Net charges in funding standard account used to offset the deficit reduction contribution. Enter

a negative number if less than zero.

m Unpredictable contingent event amount:

- (1)**
- Benefits paid during year attributable to unpredictable contingent event

- (2)**
- Unfunded current liability percentage. Subtract the percentage

on line 12d from 100%.

- (3)**
- Enter the product of lines 12m(1) and 12m(2)

- (4)**
- Amortization of all unpredictable contingent event liabilities

- (5)**
- "RPA '94" additional amount (see instructions)

- (6)**
- Enter the greatest of lines 12m(3), 12m(4), or 12m(5).

- n**
- Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6),

adjusted to end of year with interest.

- o**
- Contributions needed to increase current liability percentage to 100% (see instructions)

- p**
- Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o

- q**
- Adjusted additional funding charge. (
- 100.0
- % of line 12p)

12a	85.0 %
12b	11534301
12c	9289247
12d	80.54 %
12e	2245054
12f	0
12g	443390
12h	1801664
12i	392402
12j	56359
12k	767202
12l	723755
m(1)	0
m(2)	19.46 %
m(3)	0
m(4)	0
m(5)	0
m(6)	0
12n	45958
12o	1765214
12p	45958
12q	45958



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Actuarial Valuation Assumptions

	<u>01/01/2007</u>	<u>01/01/2006</u>
Valuation Interest (net of investment expenses)		
Preretirement	8.00%	8.50%
Postretirement	8.00%	8.50%
Current Liability Interest		
RPA	5.78%	5.77%
Mortality		
Normal	UP-1994 Mortality Table (setback 0 for males, 0 for females).	UP-1994 Mortality Table, projected 16 years using Scale AA.
Disabled	1985 Pension Disability Table (DP-85) CAPP Vol. XXXVI (1986)	UP-1994 Mortality Table projected 16 years using Scale AA. A special mortality table was used for the period after disability retirement.
Expenses	A dollar estimate of administrative expenses is included in normal cost.	A dollar estimate of administrative expenses is included in normal cost.

Schedule B, line 6 - Statement of Actuarial Assumptions/Methods
COOPER-STANDARD AUTOMOTIVE FHS - NEWLEX HOURLY PENSION PLAN
EIN 222772953 Plan No. 013

Retirement Age

Active participants are assumed to retire at the following rates:

<u>Age</u>	<u>Probability of retirement</u>
55	10%
56	5%
57	5%
58	5%
59	5%
60	15%
61	15%
62	30%
63	30%
64	40%
65	100%

All inactive participants are assumed to retire at age 65.

Active participants are assumed to retire at the following rates:

<u>Age</u>	<u>Assumed rate of retirement</u>
55	2.03%
56	2.05%
57	2.07%
58	2.14%
59	2.19%
60	2.30%
61	2.37%
62	2.59%
63	2.83%
64	3.07%
65	50.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70	100.00%

All inactive participants are assumed to retire at age 65.

Disability

1985 Pension Disability Table (DP-85)
Class 1 Incidence Rates

Table used by Buck Consultants.

Selected rates of disablement are shown below:

<u>Age</u>	<u>Rate of withdrawal</u>	<u>Age</u>	<u>Rate of withdrawal</u>
20	0.03%	40	0.04%
25	0.03%	45	0.08%
30	0.03%	50	0.21%
35	0.03%	55	0.45%

Marriage

80% married; male is 3 years older than the female.

85% married; male is 4 years older than the female.

Schedule B, line 6 - Statement of Actuarial Assumptions/Methods
 COOPER-STANDARD AUTOMOTIVE FHS - NEWLEX HOURLY PENSION PLAN
 EIN 222772953 Plan No. 013

Withdrawal

V Table from August 1992 Pension Forum published by the Society of Actuaries, multiplied by 0.50.

Selected rates of withdrawal are shown below:

<u>Age</u>	<u>Rate of withdrawal</u>	<u>Age</u>	<u>Rate of withdrawal</u>
20	9.30%	40	3.25%
25	6.80%	45	2.75%
30	5.05%	50	2.25%
35	3.95%	55	0.00%

Table used by Buck Consultants.

Selected rates of withdrawal are shown below:

<u>Age</u>	<u>Rate of withdrawal</u>	<u>Age</u>	<u>Rate of withdrawal</u>
20	11.01%	40	3.76%
25	8.36%	45	3.00%
30	6.30%	50	2.35%
35	4.77%	55	0.00%

Higher rates of withdrawal are used during the first, second, and third years of employment for employees hired prior to age 45.

The actuarial valuation assumptions used in this report differ from those used in the previous report. This year we updated the valuation interest rate, mortality, retirement age, disability, marriage and withdrawal assumptions. These assumptions were changed to better reflect the anticipated experience of your plan. The current liability interest rate is within the acceptable range.

Actuarial Methods

	<u>01/01/2007</u>	<u>01/01/2006</u>
Actuarial cost method	Projected unit credit	Projected unit credit
Actuarial value of assets		
Principal Life Insurance Company accounts		
FPI grouped accounts	Assets were valued using a 5-point moving average of adjusted market values.	N/A
Plan assets held by		
Northern Trust	N/A	Assets were valued using a 5-point moving average of adjusted market values.
Deposits after the plan year end	Deposits received in the current plan year, but applied to the prior plan year, are included in assets at their face value.	Deposits received in the current plan year, but applied to the prior plan year, are included in assets at their face value.
Retirees	Assets and liabilities for retirees whose benefits are not guaranteed by your contract are included in your valuation.	Assets and liabilities for retirees whose benefits are not guaranteed by your contract are included in your valuation.

Total actuarial value of assets used in calculating deposit levels falls within the corridor limits defined by Revenue Regulation 1.412(c)(2)-1.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document.

Plan Eligibility

Class: All employees subject to the collective bargaining agreements.

Normal Retirement Benefit

Age: Attained age 65.

Service: Five years of accrual service.

Form: Monthly annuity payable for life for single participants and (optional forms may be elected in advance of retirement)

Accrued Benefit: \$18 multiplied by years of accrual service (maximum of 35 years), effective June 24, 2002
\$19 multiplied by years of accrual service (maximum of 35 years), effective June 24, 2003
\$20 multiplied by years of accrual service (maximum of 35 years), effective June 24, 2004
\$21 multiplied by years of accrual service (maximum of 35 years), effective June 24, 2005
\$22 multiplied by years of accrual service (maximum of 35 years), effective June 24, 2006

Early Retirement Benefit

Age & Service: Age 55 and 15 years of service

Form: Same as normal retirement benefit.

Amount: Accrued benefit reduced by 1/180th for each of first 60 months, 1/360th for each of the next 60 months by which commencement precedes normal retirement date.

Disability Retirement Benefit

Age & Service: Total and permanently disabled after age 50 and 10 years of service

Form: Monthly income payable until death or recovery.

Amount: Accrued benefit on date of disability.

Preretirement Survivor Annuity

Eligibility:	Qualified married participants vested in an accrued benefit.
Form:	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
Amount:	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Definitions

Optional Forms of Benefit Payments	<p>The optional forms of benefit payments are:</p> <ul style="list-style-type: none">➤ Monthly annuity payable for life➤ Monthly annuity payable as a survivorship life annuity with survivorship percentage of 50➤ Monthly annuity payable as a survivorship life annuity with survivorship percentage of 100
------------------------------------	--

Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Significant Event

The enrolled actuary has not been made aware that any significant events have occurred during the year.

Schedule of Amortization Bases

Your cost method allocates a portion of plan funding to be amortized in equal annual installments, rather than to be paid through future normal costs. These amortization bases give the plan sponsor some flexibility in funding the plan because the period over which they are amortized is at the sponsor's discretion, within the minimum and maximum periods described by law or regulations.

<u>Date Created</u>	<u>Reason</u>	<u>Remaining Period (Years)</u>	<u>Outstanding Balance</u>	<u>Minimum Annual Amortization</u>	<u>Maximum Unfunded Balance</u>	<u>Maximum Annual Amortization</u>
01/01/2003	Benefit change	26.00	\$659,775	\$56,513	\$N/A	\$N/A
01/01/2004	Experience gain/loss	2.00	82,273	42,719	N/A	N/A
01/01/2004	Cost method	7.00	(302,279)	(53,759)	N/A	N/A
01/01/2005	Experience gain/loss	3.00	10,763	3,867	N/A	N/A
01/01/2006	Experience gain/loss	4.00	516,347	144,348	N/A	N/A
01/01/2007	Experience gain/loss	5.00	1,240,590	287,698	N/A	N/A
01/01/2007	Fresh start	N/A	N/A	N/A	N/A	N/A
	Total		\$2,207,469	\$481,386	\$0	\$0

Schedule B, line 8c - Schedule of Active Participant Data
 COOPER-STANDARD AUTOMOTIVE FHS - NEWLEX HOURLY PENSION PLAN
 EIN 222772953 Plan No. 013

453946

Valn Date 1/01/2007

Form 5500 - Schedule of Active Participant Data																					
Attained		YEARS OF CREDITED SERVICE																			
		Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 and up	
		No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Age																					
Under 25		1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34		0	0	0	16	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39		0	0	1	27	5	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44		0	0	1	10	6	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 49		0	0	1	24	9	11	11	11	11	11	11	11	11	11	1	0	0	0	0	0
50 to 54		0	0	0	12	11	14	14	14	14	14	14	14	14	7	8	0	0	0	0	0
55 to 59		0	1	1	11	8	10	10	10	10	10	10	10	3	7	2	0	0	0	0	0
60 to 64		0	0	1	9	6	1	1	1	1	1	1	1	1	7	1	0	0	0	0	0
65 to 69		0	0	0	0	1	1	1	1	1	1	1	1	0	2	1	0	0	0	0	0
70 & up		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0

Schedule B, line 2a - Explanation of Assets

COOPER-STANDARD AUTOMOTIVE FHS - NEWLEX HOURLY PENSION PLAN

EIN 222772953 Plan No. 013

The value of assets on line 1(b)(1) does not match the value on line 2(a) due to a reallocation of assets within a master trust.

Schedule B, line 6b – Description of Weighted Average Retirement Age
COOPER-STANDARD AUTOMOTIVE FHS - NEWLEX HOURLY PENSION PLAN
EIN 222772953 Plan No. 013

The weighted average retirement age is weighted by the expected percentage retiring at each age.

Schedule B, line 5i - Change in Funding Method

COOPER-STANDARD AUTOMOTIVE FHS - NEWLEX HOURLY PENSION PLAN

EIN 222772953 Plan No. 013

A change in funding method has occurred due to a change in enrolled actuaries. This change is for the plan year beginning 01/01/2007. IRS approval is required for this funding method change.

Automatic IRS approval is granted under Revenue Procedure 2000-40, which supercedes Revenue Procedures 95-51, 98-10, and 99-45. This is available because the required cost method components are within 5% of the prior actuary's for the plan year ending 12/31/2006.

Schedule B, line 11 – Change in Current Liability Applicable Condition
COOPER-STANDARD AUTOMOTIVE FHS - NEWLEX HOURLY PENSION PLAN
EIN 222772953 Plan No. 013

The current liability for 2007 was less than \$5,000,000 before the assumption change. Hence, any decrease in current liability due to assumption changes would have been less than \$5,000,000, and exempt from needing IRS approval because of condition 2.

Schedule B, line 12j – Schedule of DRC Bases

COOPER-STANDARD AUTOMOTIVE FHS - NEWLEX HOURLY PENSION PLAN

EIN 222772953 Plan No. 013

DRC Unfunded Base Schedule

Reason	Date Created	Initial Amount	Outstanding Balance	Remaining <u>Period (Yrs)</u>	Annual Amount
Mortality	01-01-07	\$443,390	\$443,390	10.00	\$56,359

Schedule B, line 11 -- Justification for Change in Actuarial Assumptions
COOPER-STANDARD AUTOMOTIVE FHS - NEWLEX HOURLY PENSION PLAN
EIN 22 2772953 Plan 013

See the attachment "Schedule B, Line 6 - Statement of Actuarial Assumptions/Methods" for an explanation of any change in the actuarial assumptions.

**COOPER-STANDARD AUTOMOTIVE FHS
NEWLEX HOURLY PENSION PLAN
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Employer ID#22-2772953 Plan #013
December 31, 2007**

(a)/(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* Principal Life Insurance Company - PSA	Principal Bond and Mortgage	\$ 2,120,467	\$ 2,184,852
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Blend	1,219,429	1,231,523
* Principal Life Insurance Company - PSA	Principal Large Company Growth	639,430	762,864
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Growth	654,761	708,203
* Principal Life Insurance Company - PSA	Principal Partners International	570,577	653,738
* Principal Life Insurance Company - PSA	Principal U.S. Property	549,799	632,785
* Principal Life Insurance Company - PSA	Principal International Growth	561,671	625,422
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Value I	572,840	577,628
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Value	572,016	559,788
* Principal Life Insurance Company - PSA	Principal Inflation Protection	510,343	532,913
* Principal Life Insurance Company - PSA	Principal High Yield	440,763	444,305
* Principal Life Insurance Company - PSA	Principal Partners Small - Cap Growth	229,545	236,536
* Principal Life Insurance Company - PSA	Principal Real Estate Securities	230,572	188,466
* Principal Life Insurance Company - PSA	Principal Partners Small - Cap Value	207,062	186,876
* Principal Life Insurance Company - PSA	Principal International Emerging Markets	116,672	165,044
* Principal Life Insurance Company - PSA	Principal Preferred Securities	170,364	156,395
		<u>\$ 9,366,311</u>	<u>\$ 9,847,338</u>

*Party in interest.

**SCHEDULE C
(Form 5500)**Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Service Provider Information**This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974.► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

2007**This Form is Open
to Public Inspection.**

For calendar plan year 2007 or fiscal plan year beginning , and ending ,	
A Name of plan COOPER-STANDARD AUTOMOTIVE FHS - NEWLEX HOURLY PENSION PLAN	B Three-digit plan number ► 013
C Plan sponsor's name as shown on line 2a of Form 5500 COOPER-STANDARD AUTOMOTIVE INC.	D Employer Identification Number 22-2772953

Part I Service Provider Information (see instructions)

- 1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1** 4078
- 2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
		CONTRACT ADMINISTRATOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
			12

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
BUCK CONSULTANTS, L.L.C.	13-3954297	ACTUARY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
ACTUARY		32836	1111

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 **Schedule C (Form 5500) 2007**

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
STEVENSON KEPPELMAN ASSOCIATES	38-2736182	ATTORNEY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
ATTORNEY		14893	2222

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)



Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____



**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 Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an Attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

2007

**This Form is Open to
Public Inspection.**

For calendar year 2007 or fiscal plan year beginning , and ending ,

A Name of plan COOPER-STANDARD AUTOMOTIVE FHS - NEWLEX HOURLY PENSION PLAN	B Three-digit plan number 013
C Plan sponsor's name as shown on line 2a of Form 5500 COOPER-STANDARD AUTOMOTIVE INC.	D Employer Identification Number 22-2772953

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	\$
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). 42-0127290		
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	2

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(c)(8) or ERISA section 302(c)(8)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 7.			
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	Month	Day	Year
If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.			
6a Enter the minimum required contribution for this plan year	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, do not complete the remainder of this schedule.			
7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure 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

8 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(es). If no, check the "No" box. (See instructions.)	☐ Increase	☐ Decrease	☒ No
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Part IV Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements	☐ the ratio percentage test	☐ average benefit test
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule R (Form 5500) 2007

