

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                      |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2006</u> and ending <u>12/31/2006</u> |                                                                                                                                                                                                                                                      |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                                    |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                       |

|                                                                                                                                                                                                                                      |                                                                                                                                                                                                   |
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| <b>Part II</b>                                                                                                                                                                                                                       | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                    |
| <b>1a</b> Name of plan<br><u>COOPER-STANDARD AUTOMOTIVE INC. HOURLY EMPLOYEES' RETIREMENT PLAN - BG HOSE</u>                                                                                                                         | <b>1b</b> Three-digit plan number (PN) ▶ <u>018</u><br><b>1c</b> Effective date of plan<br><u>10/09/1993</u>                                                                                      |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br><u>COOPER-STANDARD AUTOMOTIVE INC.</u><br><br><u>39550 ORCHARD HILL PLACE</u><br><u>NOVI, MI 48375-5329</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>34-0549970</u><br><b>2c</b> Sponsor's telephone number<br><u>248-596-5900</u><br><b>2d</b> Business code (see instructions)<br><u>326200</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 01/25/2012 | THOMAS JANDA                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                   |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>COOPER-STANDARD AUTOMOTIVE INC.<br><br>39550 ORCHARD HILL PLACE<br>NOVI, MI 48375-5329 | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 408 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 339 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 14  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 12  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 365 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> |     |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 365 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 11  |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</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 01/01/2006 and ending 12/31/2006                       |                                                                         |                |
| <div>A Name of plan</div> <div>COOPER-STANDARD AUTOMOTIVE INC. HOURLY EMPLOYEES' RETIREMENT PLAN - BG HOSE</div> | <div>B Three-digit plan number (PN)</div> <div>▶</div>                  | <div>018</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>34-0549970</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> |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

|                                  |
|----------------------------------|
| (a) Name of insurance carrier    |
| PRINCIPAL LIFE INSURANCE COMPANY |

| (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         | 7-07112                               | 365                                                                         | 01/01/2006              | 12/31/2006 |

|                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                      |                               |
|--------------------------------------|-------------------------------|
| (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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 7280884 |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection.</b> |
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006

|                                                                                                                |                                                                            |            |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>COOPER-STANDARD AUTOMOTIVE INC. HOURLY EMPLOYEES' RETIREMENT PLAN - BG HOSE</u>    | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>018</u> |
|                                                                                                                |                                                                            |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>COOPER-STANDARD AUTOMOTIVE INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><br><u>34-0549970</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) |                                                                                                   |

|                                                                                           |                               |                                                                                                                                                       |  |  |
|-------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL INTL EM MKT SEP ACCT</u>      |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>42-0127290-013</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>74909</u></span>   |  |  |
|                                                                                           |                               |                                                                                                                                                       |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN PTR LG-CAP BLD I SEP ACCT</u>      |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>42-0127290-017</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1196646</u></span> |  |  |
|                                                                                           |                               |                                                                                                                                                       |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL LG CO GRWTH SEP ACCT</u>      |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>42-0127290-018</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>332082</u></span>  |  |  |
|                                                                                           |                               |                                                                                                                                                       |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL U.S. PROPERTY SEP ACCT</u>    |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>42-0127290-027</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>442748</u></span>  |  |  |
|                                                                                           |                               |                                                                                                                                                       |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL BOND AND MTG SEP ACCT</u>     |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>42-0127290-005</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>2020977</u></span> |  |  |
|                                                                                           |                               |                                                                                                                                                       |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN PTR INTERNATIONAL SEP ACCT</u>     |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>42-0127290-048</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>333480</u></span>  |  |  |
|                                                                                           |                               |                                                                                                                                                       |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL INTL GROWTH SEP ACCT</u>      |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>42-0127290-064</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>331583</u></span>  |  |  |

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

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-066 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 677527 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

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

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-068 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 509349 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN PTR SM-CP GR II SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-071 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 198978 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**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

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-087 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144945 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

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

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0217290-094 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 174223 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**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

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-095 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 150753 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

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

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-098 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 404717 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

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

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-101 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 145555 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**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

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-099 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142411 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                             |                                                                        |                                                               |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------|
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2006</u> and ending <u>12/31/2006</u>    |                                                                        |                                                               |
| <b>A</b> Name of plan<br><u>COOPER-STANDARD AUTOMOTIVE INC. HOURLY EMPLOYEES' RETIREMENT PLAN - BG HOSE</u> | <b>B</b> Three-digit plan number (PN) ►                                | <div style="border: 1px solid black; padding: 2px;">018</div> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COOPER-STANDARD AUTOMOTIVE INC.</u>     | <b>D</b> Employer Identification Number (EIN)<br><br><u>34-0549970</u> |                                                               |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                 |                       |                 |
| <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 199967                | 1242384         |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   | 5344627               | 7280884         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 5544594               | 8523268         |

**Liabilities**

|                                                                           |           |  |  |
|---------------------------------------------------------------------------|-----------|--|--|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |  |  |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |  |  |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |  |  |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |  |  |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> |  |  |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 5544594 | 8523268 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 2625979    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2625979   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            |           |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            |           |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            |           |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 792268    |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 3418247   |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 393806 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 393806 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 7477   |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |        |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 1756   |        |
| (4) Other .....                                                                            | <b>2i(4)</b> | 36534  |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 45767  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 439573 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 2978674 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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 & 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   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>a</b> 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>b</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  |          |
| <b>c</b> 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  |          |
| <b>d</b> 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  |          |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |          |
| <b>g</b> 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  |          |
| <b>h</b> 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  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |          |
| <b>j</b> 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   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |          |
| <b>n</b> 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. ....                                                                                                                        |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |          |

- 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 INC.  
HOURLY EMPLOYEES' RETIREMENT PLAN – BOWLING GREEN HOSE  
FINANCIAL STATEMENTS  
AND INDEPENDENT AUDITORS' REPORT  
DECEMBER 31, 2006 AND 2005**

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# GILMORE, JASION & MAHLER, LTD

## INDEPENDENT AUDITOR'S REPORT

Plan Administrator  
Cooper-Standard Automotive Inc.  
Hourly Employees' Retirement Plan – Bowling Green Hose

We were engaged to audit the financial statements and supplemental schedules of the Cooper-Standard Automotive Inc. Hourly Employees' Retirement Plan – Bowling Green Hose (the Plan) as of December 31, 2006 and 2005, 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 administrator.

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 information summarized in Note 3, which was certified by Principal Life Insurance Company, the current custodian of the Plan and PNC Bank, 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 Principal Life Insurance Company held the Plan's investment assets and executed investment transactions for the year ended December 31, 2006, and for the period October 7, 2005 to December 31, 2005, and that PNC Bank held the Plan's investment assets and executed investment transactions for the period January 1, 2005 to October 6, 2005 and held certain of the Plan's investments and executed certain investment transactions from October 7, 2005 to November 2, 2005. The Plan Administrator has obtained certifications from the current custodian and former trustee as of and for the years ended December 31, 2006 and 2005, that the information provided to the Plan Administrator by the custodian and 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 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 custodian and 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, 2007

Kevin M. Gilmore, CPA, CVA

Adele M. Jasion, CPA

Andrew L. Mahler,  
CPA, CVA, CFFA

J. Stephen Schult, CPA

Philip J. Newlove, CPA

Linda J. Hillstrom, CPA

Debra S. Gossman, CPA

Charles F. Heid, CPA

**COOPER-STANDARD AUTOMOTIVE INC.  
 HOURLY EMPLOYEES' RETIREMENT PLAN – BG HOSE  
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
 December 31, 2006 and 2005**

|                                          | <u>2006</u>                | <u>2005</u>                |
|------------------------------------------|----------------------------|----------------------------|
| <b>Investments, at market:</b>           |                            |                            |
| Pooled separate accounts                 | \$ 7,280,884               | \$ 5,344,627               |
| <b>Receivables:</b>                      |                            |                            |
| Employer contribution                    | <u>1,242,384</u>           | <u>199,967</u>             |
| <b>Net assets available for benefits</b> | <u><u>\$ 8,523,268</u></u> | <u><u>\$ 5,544,594</u></u> |

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

**COOPER-STANDARD AUTOMOTIVE INC.**  
**HOURLY EMPLOYEES' RETIREMENT PLAN -- BG HOSE**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**For the Years Ended December 31, 2006 and 2005**

|                                                        | <u>2006</u>                | <u>2005</u>                |
|--------------------------------------------------------|----------------------------|----------------------------|
| <b>Additions:</b>                                      |                            |                            |
| Employer contributions                                 | \$ 2,625,979               | \$ 799,868                 |
| Net income from pooled separate accounts               | 792,268                    | 208,580                    |
| Net income from master trust                           | 0                          | 208,220                    |
| Interest income                                        | 0                          | 3,786                      |
| Total additions                                        | <u>3,418,247</u>           | <u>1,220,454</u>           |
| <b>Deductions:</b>                                     |                            |                            |
| Benefit and withdrawal payments                        | 393,806                    | 428,186                    |
| Administrative expenses                                | 45,767                     | 0                          |
| Total deductions                                       | <u>439,573</u>             | <u>428,186</u>             |
| Net increase                                           | 2,978,674                  | 792,268                    |
| <b>Net assets available for benefits:</b>              |                            |                            |
| Net assets available for benefits at beginning of year | 5,544,594                  | 4,752,326                  |
| Net assets available for benefits at end of year       | <u><u>\$ 8,523,268</u></u> | <u><u>\$ 5,544,594</u></u> |

The accompanying notes are an integral part of these financial statements

**COOPER-STANDARD AUTOMOTIVE  
HOURLY EMPLOYEES' RETIREMENT PLAN – BOWLING GREEN HOSE  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2006 and 2005**

**Note 1–Description of Plan**

The following brief description of the Cooper-Standard Automotive Inc. Hourly Employees' Retirement Plan – Bowling Green Hose (the Plan), provides only general information. Participants should refer to their specific Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is defined benefit pension plan covering substantially all union hourly employees of the Plan Sponsor's Bowling Green Hose facility. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan had a trust agreement with PNC Bank N.A. to act as trustee and recordkeeper of the Plan's assets. During 2005, the Plan established a trust with Principal Life Insurance Company (the Custodian), effective July 1, 2005, to act as custodian of the Plan's assets. The Custodian administers and invests the Plan's assets and income there from for the benefit of the Plan's participants. The Plan's assets were transferred from PNC Bank N.A. Trust to Principal Life Insurance Company in October and November 2005.

The Plan's participants may be eligible for unreduced monthly pension benefits upon attainment of 30 years of continuous credited service. Participants also may retire earlier than the normal retirement age. Pension benefits for participants with less than 30 years continuous credited service are subject to a reduction based upon the time by which the retirement precedes the participant's attainment of age 62.

The amount of any pension benefit otherwise available may be reduced by certain disability payments (but not payments under the Federal Insurance Contribution Act (FICA)). The Plan provides certain survivor and disability benefits, and various optional forms of payment, some actuarially reduced.

**Eligibility**

All employees subject to the collective bargaining agreements between the Plan Sponsor and Local Union #1152 of the United Steelworkers of America are eligible for participation in the Plan. The current bargaining agreement was effective September 1, 2004 and expires August 31, 2009.

**COOPER-STANDARD AUTOMOTIVE  
HOURLY EMPLOYEES' RETIREMENT PLAN – BOWLING GREEN HOSE  
NOTES TO FINANCIAL STATEMENTS - CONTINUED  
December 31, 2006 and 2005**

**Note 1—Description of Plan – continued**

**Funding policy/contributions**

The Plan is funded entirely through contributions made by the Plan Sponsor. The Plan Sponsor contributes such amounts as are deemed necessary on an actuarial basis to provide the Trust with assets sufficient to meet the benefits to be paid to the Plan's participants. The contributions are designed to fund current service costs and to fund prior service costs over periods of ten to twenty years. The Plan Sponsor's contributions for 2006 and 2005 exceeded the minimum funding requirements of ERISA.

**Vesting**

Participants are vested after five years of continuous credited service. If participants are hired after age 60, they may receive a monthly pension benefit if they later become vested.

**Pension benefits**

Participants are entitled to monthly pension benefits equal to the amount specified in the plan agreement multiplied by the years of continuous credited service at time of termination or retirement. If termination occurs prior to eligibility for an immediate pension benefit, vested participants may elect to receive a lump sum distribution in lieu of a deferred pension benefit.

**Termination of the Plan**

While the Plan Sponsor has not expressed any intent to terminate the Plan or its contributions thereto, it has the right to do so at any time, subject to the provisions of ERISA. In the event of partial or total termination of the Plan, participants' benefits become nonforfeitable.

In the event the Plan terminates, its available net assets will be allocated to benefits as prescribed by ERISA, generally in the following order:

- a. Certain annuity benefits that former employees or their beneficiaries are receiving or that employees eligible for retirement would have been receiving had they retired.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) as discussed below.
- c. All other vested benefits.
- d. All non-vested benefits.

The PBGC guarantees most, but not all, vested retirement benefits and certain disability and survivor's pensions. However, there is a statutory ceiling on the amount of any individual's monthly benefit that PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination, whichever comes later. For younger annuitants, or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted.

Whether all participants receive their benefits should the Plan terminate 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, and the level of benefits guaranteed by the PBGC.

**COOPER-STANDARD AUTOMOTIVE  
HOURLY EMPLOYEES' RETIREMENT PLAN – BOWLING GREEN HOSE  
NOTES TO FINANCIAL STATEMENTS - CONTINUED  
December 31, 2006 and 2005**

**Note 2—Summary of significant accounting policies**

**Basis of Accounting**

The accompanying financial statements are prepared on the accrual basis of accounting.

**Investments**

The Plan's investments are stated at fair value, which equals the quoted net asset values thereof on the last business day of the Plan's year. Purchases and sales of investments are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Administrative expenses**

The administrative expenses of the Plan are paid by either the Plan Sponsor or the Plan.

**Use of estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Estimates are most significantly utilized in determining the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

**Note 3—Investments**

All investment information for the year ending December 31, 2006 and 2005 disclosed in the accompanying financial statements and schedules, including investments held at December 31, 2006 and 2005, interest and dividends and net appreciation in fair value of investments and investment fees and expenses for the years ended December 31, 2006 and 2005, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the custodian, Principal Life Insurance Company for the year ended December 31, 2006, and for the period October 7, 2005 to December 31, 2005, and the former trustee, PNC Bank for the period from January 1, 2005 to November 2, 2005. Such information has not been examined by independent auditors.

At December 31, 2006 and 2005, investments that exceed 5% of the Plan assets available for benefits are as follows:

|                                        | <u>2006</u>  | <u>2005</u>  |
|----------------------------------------|--------------|--------------|
| Principal Bond and Mortgage            | \$ 2,202,977 | \$ 1,387,802 |
| Principal Partners - Large Cap Blend   | 1,196,646    | 900,253      |
| Principal Partners - Large Cap Growth  | 677,527      | 519,817      |
| Principal Partners - Large Cap Value   | 509,349      | 376,157      |
| Principal U.S. Property                | 442,748      | 324,995      |
| Principal Partners - Large Cap Value I | 404,717      | 304,889      |

**Note 4—Income tax status**

The Plan has received a determination letter from the Internal Revenue Service dated July 2, 2003, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain their qualification. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

**COOPER-STANDARD AUTOMOTIVE  
HOURLY EMPLOYEES' RETIREMENT PLAN – BOWLING GREEN HOSE  
NOTES TO FINANCIAL STATEMENTS - CONTINUED  
December 31, 2006 and 2005**

**Note 5—Related party transactions**

Certain Plan investments are managed by the Custodian; therefore, these transactions qualify as party-in-interest transactions. There have been no known prohibited transactions with a party-in-interest.

**Note 6—Actuarial present value of accumulated plan benefits**

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired employees or their beneficiaries, (b) terminated employees with vested benefits, (c) beneficiaries of employees who have died, and (d) present employees or their beneficiaries. Benefits for active employees under the Plan are based on the employees' years of credited service computed to the nearest completed 1/12 of a year multiplied by the pension amount in effect on the valuation date. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

An actuary from Principal Financial Group estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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.

Significant actuarial assumptions used in performing the valuations include: (1) interest rate of 8 percent; (2) mortality based on the 1994 Uninsured Pensioner Mortality Table; (3) retirement at age 63 and the completion of ten years of service; (4) employee turnover of 50 percent; and (5) disability pension is based upon the 1985 Pension Disability Table.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits (see Note 1).

The actuary has determined the present value of the accumulated plan benefits as of January 1, 2006 and 2005, to be as follows:

|                                                            | <u>2006</u>         | <u>2005</u>         |
|------------------------------------------------------------|---------------------|---------------------|
| Actuarial present value of accumulated plan benefits       |                     |                     |
| Vested benefits:                                           |                     |                     |
| Participants currently receiving benefits                  | \$ 562,228          | \$ 477,988          |
| Other participants                                         | 3,595,749           | 3,419,236           |
| Total vested benefits                                      | <u>4,157,977</u>    | <u>3,897,224</u>    |
| Non-vested benefits                                        | <u>1,072,891</u>    | <u>186,047</u>      |
| Total actuarial present value of accumulated plan benefits | <u>\$ 5,230,868</u> | <u>\$ 4,083,271</u> |

**COOPER-STANDARD AUTOMOTIVE  
HOURLY EMPLOYEES' RETIREMENT PLAN – BOWLING GREEN HOSE  
NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2006 and 2005**

**Note 6--Actuarial present value of accumulated plan benefits - continued**

A reconciliation of the changes in the actuarial present value of accumulated plan benefits is summarized as follows:

|                                                                                     | <u>2006</u>         | <u>2005</u>         |
|-------------------------------------------------------------------------------------|---------------------|---------------------|
| Actuarial present value of accumulated plan benefits as of January 1, 2005 and 2004 | \$ 4,083,271        | \$ 3,348,602        |
| Increase (decrease) during year due to:                                             |                     |                     |
| Changes in plan benefits                                                            | 0                   | 127,520             |
| Benefits paid                                                                       | (382,178)           | (133,652)           |
| Change in discount period                                                           | 326,662             | 298,064             |
| Benefits accumulated                                                                | 1,203,113           | 442,737             |
| Actuarial present value of accumulated plan benefits as of January 1, 2006 and 2005 | <u>\$ 5,230,868</u> | <u>\$ 4,083,271</u> |

**Note 7--Risks and uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that the changes in the values of investment securities will occur in a near term that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**Note 8--Reconciliation of financial statements to Form 5500**

The following is a reconciliation of benefits paid to participants according to the financial statements to the Form 5500 for the years ended December 31, 2005:

|                                                                                   | <u>2005</u>       |
|-----------------------------------------------------------------------------------|-------------------|
| Benefits paid to participants per the financial statements                        | \$ 428,186        |
| Less: Amounts allocated to withdrawing participants at December 31, 2005 and 2004 | (46,008)          |
| Benefits paid to participants per the Form 5500                                   | <u>\$ 328,178</u> |

## **SUPPLEMENTAL SCHEDULES**

**COOPER-STANDARD AUTOMOTIVE INC.**  
**HOURLY EMPLOYEES' RETIREMENT PLAN – BOWLING GREEN HOSE**  
**SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**Employer ID# 34-0549970 Plan #018**  
**December 31, 2006**

| (a)/(b)<br>Identity of Issue,<br>Borrower, Lessor or<br>Identity of Issue | ©<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d)<br>Cost         | (e)<br>Current<br>Value |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------|
| * Principal Life Insurance Company - PSA                                  | Principal Bond and Mortgage                                                                                          | \$ 1,942,223        | \$ 2,020,977            |
| * Principal Life Insurance Company - PSA                                  | Principal Partners Large - Cap Blend                                                                                 | 1,013,061           | 1,196,646               |
| * Principal Life Insurance Company - PSA                                  | Principal Partners Large - Cap Growth                                                                                | 603,634             | 677,527                 |
| * Principal Life Insurance Company - PSA                                  | Principal Partners Large - Cap Value                                                                                 | 410,707             | 509,349                 |
| * Principal Life Insurance Company - PSA                                  | Principal U.S. Property                                                                                              | 379,485             | 442,748                 |
| * Principal Life Insurance Company - PSA                                  | Principal Partners Large - Cap Value I                                                                               | 331,749             | 404,717                 |
| * Principal Life Insurance Company - PSA                                  | Principal Partners International                                                                                     | 258,159             | 333,480                 |
| * Principal Life Insurance Company - PSA                                  | Principal Large Company Growth                                                                                       | 292,782             | 332,082                 |
| * Principal Life Insurance Company - PSA                                  | Principal International Growth                                                                                       | 257,248             | 331,583                 |
| * Principal Life Insurance Company - PSA                                  | Principal Partners Small - Cap Growth                                                                                | 177,671             | 198,978                 |
| * Principal Life Insurance Company - PSA                                  | Principal Partners Small - Cap Value                                                                                 | 145,296             | 174,223                 |
| * Principal Life Insurance Company - PSA                                  | Principal Real Estate Securities                                                                                     | 108,028             | 150,753                 |
| * Principal Life Insurance Company - PSA                                  | Principal High Yield Separate Account                                                                                | 133,413             | 145,555                 |
| * Principal Life Insurance Company - PSA                                  | Principal Preferred Securities                                                                                       | 135,989             | 144,945                 |
| * Principal Life Insurance Company - PSA                                  | Principal Inflation Protection                                                                                       | 140,897             | 142,411                 |
| * Principal Life Insurance Company - PSA                                  | Principal International Emerging Markets                                                                             | 51,591              | 74,910                  |
|                                                                           |                                                                                                                      | <u>\$ 6,381,933</u> | <u>\$ 7,280,884</u>     |

COOPER-STANDARD AUTOMOTIVE INC.  
HOURLY EMPLOYEES' RETIREMENT PLAN - BOWLING GREEN HOSE  
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS  
Employer ID# 34-0549970 Plan #018  
For the Year Ended December 31, 2006

| (a)<br>Identity of<br>Party Involved                                   | (b)<br>Description<br>of Asset                                 | (c)<br>Purchase<br>Price | (d)<br>Cost | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred<br>with<br>Transaction | (g)<br>Cost<br>of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------|-------------|------------------------|---------------------------------------------------|----------------------------|------------------------------------------------------------|------------------------------|
| Category iii) A series of transactions in excess of 5% of Plan assets: |                                                                |                          |             |                        |                                                   |                            |                                                            |                              |
| Principal Life Insurance Company - PSA                                 | Principal Bond and Mortgage<br>7 Purchases<br>45 Sales         | \$ 993,486               | \$ -        | \$ -                   | \$ -                                              | \$ 993,486                 | \$ 993,486                                                 | \$ -                         |
| Principal Life Insurance Company - PSA                                 | Principal Partners Large - Cap Blend<br>5 Purchases<br>2 Sales | 259,704                  | 439,574     |                        |                                                   | 428,414                    | 439,574                                                    | 11,160                       |
|                                                                        |                                                                |                          | 119,448     |                        |                                                   | 259,704                    | 259,704                                                    |                              |
|                                                                        |                                                                |                          |             |                        |                                                   | 102,726                    | 119,448                                                    | 16,722                       |

*\*\*The commissions and fee, related to purchases and sales of investments, are included in the cost of the investment or the proceeds from the sale and are not separately identified by the trustee.*

*There were no reportable transactions under categories i), ii) or iv) during 2006.*

**COOPER-STANDARD AUTOMOTIVE INC.**  
**HOURLY EMPLOYEES' RETIREMENT PLAN – BOWLING GREEN HOSE**  
**SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**Employer ID# 34-0549970 Plan #018**  
**December 31, 2006**

| (a)/(b)<br>Identity of Issue,<br>Borrower, Lessor or<br>Identity of Issue | ©<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d)<br>Cost         | (e)<br>Current<br>Value |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------|
| * Principal Life Insurance Company - PSA                                  | Principal Bond and Mortgage                                                                                          | \$ 1,942,223        | \$ 2,020,977            |
| * Principal Life Insurance Company - PSA                                  | Principal Partners Large - Cap Blend                                                                                 | 1,013,061           | 1,196,646               |
| * Principal Life Insurance Company - PSA                                  | Principal Partners Large - Cap Growth                                                                                | 603,634             | 677,527                 |
| * Principal Life Insurance Company - PSA                                  | Principal Partners Large - Cap Value                                                                                 | 410,707             | 509,349                 |
| * Principal Life Insurance Company - PSA                                  | Principal U.S. Property                                                                                              | 379,485             | 442,748                 |
| * Principal Life Insurance Company - PSA                                  | Principal Partners Large - Cap Value I                                                                               | 331,749             | 404,717                 |
| * Principal Life Insurance Company - PSA                                  | Principal Partners International                                                                                     | 258,159             | 333,480                 |
| * Principal Life Insurance Company - PSA                                  | Principal Large Company Growth                                                                                       | 292,782             | 332,082                 |
| * Principal Life Insurance Company - PSA                                  | Principal International Growth                                                                                       | 257,248             | 331,583                 |
| * Principal Life Insurance Company - PSA                                  | Principal Partners Small - Cap Growth                                                                                | 177,671             | 198,978                 |
| * Principal Life Insurance Company - PSA                                  | Principal Partners Small - Cap Value                                                                                 | 145,296             | 174,223                 |
| * Principal Life Insurance Company - PSA                                  | Principal Real Estate Securities                                                                                     | 108,028             | 150,753                 |
| * Principal Life Insurance Company - PSA                                  | Principal High Yield Separate Account                                                                                | 133,413             | 145,555                 |
| * Principal Life Insurance Company - PSA                                  | Principal Preferred Securities                                                                                       | 135,989             | 144,945                 |
| * Principal Life Insurance Company - PSA                                  | Principal Inflation Protection                                                                                       | 140,897             | 142,411                 |
| * Principal Life Insurance Company - PSA                                  | Principal International Emerging Markets                                                                             | 51,591              | 74,910                  |
|                                                                           |                                                                                                                      | <u>\$ 6,381,933</u> | <u>\$ 7,280,884</u>     |

COOPER-STANDARD AUTOMOTIVE INC.  
HOURLY EMPLOYEES' RETIREMENT PLAN - BOWLING GREEN HOSE  
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS  
Employer ID# 34-0549970 Plan #018  
For the Year Ended December 31, 2006

| (a)<br>Identity of<br>Party Involved                                   |  | (b)<br>Description<br>of Asset                                 | (c)<br>Purchase<br>Price | (d)<br>Cost | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred<br>with<br>Transaction | (g)<br>Cost<br>of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|------------------------------------------------------------------------|--|----------------------------------------------------------------|--------------------------|-------------|------------------------|---------------------------------------------------|----------------------------|------------------------------------------------------------|------------------------------|
| Category iii) A series of transactions in excess of 5% of Plan assets: |  |                                                                |                          |             |                        |                                                   |                            |                                                            |                              |
| Principal Life Insurance Company - PSA                                 |  | Principal Bond and Mortgage<br>7 Purchases<br>45 Sales         | \$ 993,486               | \$ 439,574  | \$ -                   | \$ -                                              | \$ 993,486                 | \$ 993,486                                                 | \$ -                         |
| Principal Life Insurance Company - PSA                                 |  | Principal Partners Large - Cap Blend<br>5 Purchases<br>2 Sales | 259,704                  | 119,448     |                        |                                                   | 259,704                    | 259,704                                                    | 11,160                       |
|                                                                        |  |                                                                |                          |             |                        |                                                   | 102,726                    | 119,448                                                    | 16,722                       |

*\*\*The commissions and fee, related to purchases and sales of investments, are included in the cost of the investment or the proceeds from the sale and are not separately identified by the trustee.*

*There were no reportable transactions under categories i), ii) or iv) during 2006.*

**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

**2006**

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

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

|                                                                                                  |                                                       |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>A</b> Name of plan<br>COOPER-STANDARD AUTOMOTIVE INC. HOURLY EMPLOY                           | <b>B</b> Three-digit plan number<br>018               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>COOPER-STANDARD AUTOMOTIVE INC. | <b>D</b> Employer Identification Number<br>34-0549970 |

**Part I Distributions**

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                 |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions                                                                                                                | <b>1</b> \$ |
| <b>2</b> 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).<br>42-0127290 |             |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                         |             |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year                                                                                                                      | <b>3</b> 15 |

**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.**

|                                                                                                                                            |              |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>6a</b> Enter the minimum required contribution for this plan year                                                                       | <b>6a</b> \$ |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year                                                       | <b>6b</b> \$ |
| <b>c</b> 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) | <b>6c</b> \$ |

**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

**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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.1 Schedule R (Form 5500) 2006



**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

**2006**

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

For calendar plan year 2006 or fiscal plan year beginning 01/01/2006, and ending 12/31/2006.

▶ **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.

|                                                                                                                                                                          |  |                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>COOPER-STANDARD AUTOMOTIVE INC. HOURLY EMPLOYEES                                                                                                |  | <b>B</b> Three-digit plan number ... ▶ 018                                     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ<br>COOPER-STANDARD AUTOMOTIVE INC.                                                              |  | <b>D</b> Employer Identification Number<br>34-0549970                          |
| <b>E</b> Type of plan: (1) <input type="checkbox"/> Multiemployer (2) <input checked="" type="checkbox"/> Single-employer (3) <input type="checkbox"/> Multiple-employer |  | <b>F</b> 100 or fewer participants in prior plan year <input type="checkbox"/> |

**Part I Basic Information** (To be completed by all plans)

|                                                                             |                     |
|-----------------------------------------------------------------------------|---------------------|
| <b>1a</b> Enter the actuarial valuation date: Month 01 Day 01 Year 2006     |                     |
| <b>b</b> Assets:                                                            |                     |
| (1) Current value of assets .....                                           | <b>b(1)</b> 5812906 |
| (2) Actuarial value of assets for funding standard account .....            | <b>b(2)</b> 5812906 |
| <b>c</b> (1) Accrued liability for plans using immediate gain methods ..... | <b>c(1)</b> 7826725 |
| (2) Information for plans using spread gain methods:                        |                     |
| (a) Unfunded liability for methods with bases .....                         | <b>c(2)(a)</b>      |
| (b) Accrued liability under entry age normal method .....                   | <b>c(2)(b)</b>      |
| (c) Normal cost under entry age normal method .....                         | <b>c(2)(c)</b>      |

**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

*Sept 25, 2007*

Date

TERRANCE M. MCCARTHY

**G** 05-04665

Type or print name of actuary

Most recent enrollment number

PRINCIPAL FINANCIAL GROUP

515-235-5411

Firm name

Telephone number (including area code)

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.

v9.0

Schedule B (Form 5500) 2006



7-07112 SOMVANG THAVONEKHAM 07261

**1d** Information on current liabilities of the plan:

|                                                                                                             |                |         |
|-------------------------------------------------------------------------------------------------------------|----------------|---------|
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) . . | <b>d(1)</b>    | 0       |
| (2) "RPA '94" information:                                                                                  |                |         |
| (a) Current liability . . . . .                                                                             | <b>d(2)(a)</b> | 7862993 |
| (b) Expected increase in current liability due to benefits accruing during the plan year . . . . .          | <b>d(2)(b)</b> | 994066  |
| (c) Current liability computed at highest allowable interest rate (see instructions) . . . . .              | <b>d(2)(c)</b> | 7862993 |
| (d) Expected release from "RPA '94" current liability for the plan year . . . . .                           | <b>d(2)(d)</b> | 65826   |
| (3) Expected plan disbursements for the plan year . . . . .                                                 | <b>d(3)</b>    | 65826   |

**2** Operational information as of beginning of this plan year:

|                                                                                                                                        |                    |                     |                    |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|--------------------|
| <b>a</b> Current value of the assets (see instructions) . . . . .                                                                      |                    | <b>2a</b>           | 5544594            |
| <b>b</b> "RPA '94" current liability:                                                                                                  |                    |                     |                    |
|                                                                                                                                        | (1) No. of Persons | (2) Vested Benefits | (3) Total Benefits |
| (1) For retired participants and beneficiaries receiving payments . . . . .                                                            | 10                 | 728020              | 728020             |
| (2) For terminated vested participants . . . . .                                                                                       | 13                 | 97043               | 97043              |
| (3) For active participants . . . . .                                                                                                  | 384                | 6078789             | 7037930            |
| (4) Total . . . . .                                                                                                                    | 407                | 6903852             | 7862993            |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage. . . . . |                    | <b>2c</b>           | %                  |

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

| (a)<br>Month-Day-Year | (b)<br>Amount paid by<br>employer | (c)<br>Amount paid by<br>employees | (a)<br>Month-Day-Year | (b)<br>Amount paid by<br>employer | (c)<br>Amount paid by<br>employees |
|-----------------------|-----------------------------------|------------------------------------|-----------------------|-----------------------------------|------------------------------------|
| 04/17/2006            | 391000                            | 0                                  |                       |                                   |                                    |
| 07/14/2006            | 391000                            | 0                                  |                       |                                   |                                    |
| 10/13/2006            | 333283                            | 0                                  |                       |                                   |                                    |
| 01/16/2007            | 217849                            | 0                                  |                       |                                   |                                    |
| 04/13/2007            | 399940                            | 0                                  |                       |                                   |                                    |
| 07/13/2007            | 399940                            | 0                                  |                       |                                   |                                    |
| 09/14/2007            | 224655                            | 0                                  |                       |                                   |                                    |
| <b>3 Totals ▶ (b)</b> |                                   |                                    |                       | 2357667                           | <b>(c)</b> 0                       |

**4** Quarterly contributions and liquidity shortfall(s):

|                                                                                                                                         |           |        |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>a</b> Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions). . . . . | <b>4a</b> | 63.2 % |
| <b>b</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       |

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**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** 5.77 % ☐ N/A
- b** Weighted average retirement age **6b** 63 ☐ N/A
- c** Rates specified in insurance or annuity contracts ☐ N/A
- |             |                                                                                                | Pre-retirement   |    | Post-retirement                               |    |
|-------------|------------------------------------------------------------------------------------------------|------------------|----|-----------------------------------------------|----|
|             |                                                                                                | Yes              | No | Yes                                           | No |
| <b>d</b>    | Mortality table code for valuation purposes:                                                   |                  |    |                                               |    |
| (1) Males   | <b>d(1)</b> 8M                                                                                 |                  |    |                                               |    |
| (2) Females | <b>d(2)</b> 8F                                                                                 |                  |    |                                               |    |
| <b>e</b>    | Valuation liability interest rate                                                              | <b>6e</b> 8.00 % |    | 8.00 % <input type="checkbox"/> N/A           |    |
| <b>f</b>    | Expense loading                                                                                | <b>6f</b> 0.0 %  |    | 0.0 % <input checked="" type="checkbox"/> N/A |    |
| <b>g</b>    | Annual withdrawal rates:                                                                       |                  |    |                                               |    |
| (1) Age 25  | <b>g(1)</b> U 6.80 %                                                                           |                  |    | U 6.80 %                                      |    |
| (2) Age 40  | <b>g(2)</b> U 3.25 %                                                                           |                  |    | U 3.25 %                                      |    |
| (3) Age 55  | <b>g(3)</b> U 0.00 %                                                                           |                  |    | U 0.00 %                                      |    |
| <b>h</b>    | Salary scale                                                                                   | <b>6h</b> %      |    | % <input checked="" type="checkbox"/> N/A     |    |
| <b>i</b>    | Estimated investment return on actuarial value of assets for year ending on the valuation date | <b>6i</b> 12.4 % |    |                                               |    |
| <b>j</b>    | Estimated investment return on current value of assets for year ending on the valuation date   | <b>6j</b> 8.3 %  |    |                                               |    |

**7** New amortization bases established in the current plan year:

| (1) Type of Base | (2) Initial Balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -35227              | -8169                          |
| 5                | -23278              | -3212                          |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**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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7-07112

**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:**

|                                                                                                                          |                     |         |
|--------------------------------------------------------------------------------------------------------------------------|---------------------|---------|
| <b>a</b> Prior year funding deficiency, if any . . . . .                                                                 | <b>9a</b>           | 0       |
| <b>b</b> Employer's normal cost for plan year as of valuation date . . . . .                                             | <b>9b</b>           | 252412  |
| <b>c</b> Amortization charges as of valuation date:                                                                      | Outstanding Balance |         |
| (1) All bases except funding waivers . . . . . <b>▶</b> (\$ 3861029 )                                                    | <b>c(1)</b>         | 593116  |
| (2) Funding waivers . . . . . <b>▶</b> (\$ 0 )                                                                           | <b>c(2)</b>         | 0       |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c . . . . .                                                        | <b>9d</b>           | 67641   |
| <b>e</b> Additional interest charge due to late quarterly contributions, if applicable . . . . .                         | <b>9e</b>           | 45      |
| <b>f</b> Adjusted additional funding charge from Part II, line 12q, if applicable . . . . . <input type="checkbox"/> N/A | <b>9f</b>           | 698881  |
| <b>g</b> Total charges. Add lines 9a through 9f . . . . .                                                                | <b>9g</b>           | 1612095 |

**Credits to funding standard account:**

|                                                                                                 |           |         |
|-------------------------------------------------------------------------------------------------|-----------|---------|
| <b>h</b> Prior year credit balance, if any . . . . .                                            | <b>9h</b> | 0       |
| <b>i</b> Employer contributions. Total from column (b) of line 3. . . . .                       | <b>9i</b> | 2357667 |
| <b>j</b> Amortization credits as of valuation date . . . . . <b>▶</b> (\$ 58505 )               | <b>9j</b> | 11381   |
| <b>k</b> Interest as applicable to end of plan year on lines 9h, 9i, and 9j . . . . .           | <b>9k</b> | 42882   |
| <b>l</b> Full funding limitation (FFL) and credits:                                             |           |         |
| (1) ERISA FFL (accrued liability FFL) . . . . . <b>l(1)</b>                                     | 2447530   |         |
| (2) "RPA '94" override (90% current liability FFL) . . . . . <b>l(2)</b>                        | 2160868   |         |
| (3) FFL credit . . . . . <b>l(3)</b>                                                            |           | 0       |
| <b>m</b> (1) Waived funding deficiency . . . . . <b>m(1)</b>                                    |           | 0       |
| (2) Other credits . . . . . <b>m(2)</b>                                                         |           | 0       |
| <b>n</b> Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2) . . . . .              | <b>9n</b> | 2411930 |
| <b>o</b> Credit balance: If line 9n is greater than line 9g, enter the difference . . . . .     | <b>9o</b> | 799835  |
| <b>p</b> Funding deficiency: If line 9g is greater than line 9n, enter the difference . . . . . | <b>9p</b> | 0       |

**Reconciliation account:**

|                                                                                                   |         |         |
|---------------------------------------------------------------------------------------------------|---------|---------|
| <b>q</b> Current year's accumulated reconciliation account:                                       |         |         |
| (1) Due to additional funding charges as of the beginning of the plan year . . . . . <b>q(1)</b>  | 1788705 |         |
| (2) Due to additional interest charges as of the beginning of the plan year . . . . . <b>q(2)</b> | 0       |         |
| (3) Due to waived funding deficiencies:                                                           |         |         |
| (a) Reconciliation outstanding balance as of valuation date . . . . . <b>q(3)(a)</b>              | 0       |         |
| (b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a) . . . . . <b>q(3)(b)</b>        | 0       |         |
| (4) Total as of valuation date . . . . . <b>▶ q(4)</b>                                            |         | 1788705 |

**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

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**Part II Additional Information for Certain Plans Other Than Multiemployer Plans**Please 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. ....

**12a** 73.9 %

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

**12b** 7862993

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

**12c** 5812906

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

**12d** 73.93 %

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

**12e** 2050087

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

**12f** 0

- g**
- Outstanding balance of unfunded old liability .....

**12g** 0

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

**12h** 2050087

- i**
- Unfunded new liability amount ( 24.43 % of line 12h) .....

**12i** 500836

- j**
- Unfunded old liability amount .....

**12j** 0

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

**12k** 1494902

- l**
- Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero. ....

**12l** 834147**m** Unpredictable contingent event amount:

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

**m(1)** 0

- (2)**
- Unfunded current liability percentage. Subtract the percentage on line 12d from 100%. ....

**m(2)** 26.07 %

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

**m(3)** 0

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

**m(4)** 0

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

**m(5)** 0

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

**m(6)** 0

- 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 .....

**12n** 698881

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

**12o** 2190241

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

**12p** 698881

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

**12q** 698881

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### Actuarial Valuation Assumptions

|                                                           | <u>01/01/2006</u>                                                                                                          | <u>01/01/2005</u>                                                                                                          |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation Interest</b><br>(net of investment expenses) |                                                                                                                            |                                                                                                                            |
| <b>Preretirement</b>                                      | 8.00%                                                                                                                      | 8.00%                                                                                                                      |
| <b>Postretirement</b>                                     | 8.00%                                                                                                                      | 8.00%                                                                                                                      |
| <b>Current Liability Interest</b>                         |                                                                                                                            |                                                                                                                            |
| <b>RPA</b>                                                | 5.77%                                                                                                                      | 6.10%                                                                                                                      |
| <b>Mortality</b>                                          |                                                                                                                            |                                                                                                                            |
| <b>Normal</b>                                             | UP-1994 Mortality Table (setback 0 for males, 0 for females).                                                              | UP-1994 Mortality Table (setback 0 for males, 0 for females).                                                              |
| <b>Disabled</b>                                           | 1985 Pension Disability Table (DP-85) CAPP Vol. XXXVI (1986)                                                               | 1985 Pension Disability Table (DP-85) CAPP Vol. XXXVI (1986)                                                               |
| <b>Expenses</b>                                           | Expenses are billed and paid separately.                                                                                   | Expenses are billed and paid separately.                                                                                   |
| <b>Retirement Age</b>                                     | Actives: The latest of attained age 63 with ten years of service or current age.<br><br>Inactives: Normal retirement date. | Actives: The latest of attained age 63 with ten years of service or current age.<br><br>Inactives: Normal retirement date. |
| <b>Disability</b>                                         | 1985 Pension Disability Table (DP-85) Class 1 Incidence Rates                                                              | 1985 Pension Disability Table (DP-85) Class 1 Incidence Rates                                                              |
| <b>Marriage</b>                                           | 80% married; male is 3 years older than the female.                                                                        | 80% married; male is 3 years older than the female.                                                                        |

Schedule B, line 6 - Statement of Actuarial Assumptions/Methods  
 Cooper-Standard Automotive Inc. Hourly Employees' Retirement Plan - BG Hose  
 EIN 340549970 Plan No. 018

**Withdrawal**

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

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

Selected rates of withdrawal are shown below:

Selected rates of withdrawal are shown below:

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

With the exception of the current liability interest rate, the actuarial valuation assumptions used in this report are the same as those used in the previous valuation. The current liability interest rate is within the acceptable range.

### Actuarial Methods

|                                  | <u>01/01/2006</u>                                                                                                           | <u>01/01/2005</u>                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Actuarial cost method</b>     | Entry age normal                                                                                                            | Entry age normal                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Actuarial value of assets</b> |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Total Valuation Assets           | Market value is adjusted by spreading the expected value minus the actual value over four years.                            | A nominal value of assets is determined from the market value three years prior to the current valuation date and increasing at a growth rate and by net new principal, the cash contributions each year minus benefit payments. One-third of the accumulated value of the difference between actual market value and the nominal value at each year end is added to the nominal value as of the valuation date. |
| 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.                                                                                                                                                                                                                                                                                      |
| <b>Retirees</b>                  | 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**

|          |                                                                |
|----------|----------------------------------------------------------------|
| Service: | One year of service.                                           |
| 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 five-years certain and life thereafter.<br>(optional forms may be elected in advance of retirement)                                                                                                                                                                                                              |
| Accrued Benefit: | \$36 multiplied by accrual service, effective September 1, 2004.<br>\$38 multiplied by accrual service, effective September 1, 2005<br>\$40 multiplied by accrual service, effective September 1, 2006<br>\$41 multiplied by accrual service, effective September 1, 2007<br>\$42 multiplied by accrual service, effective September 1, 2008 |

### **Early Retirement Benefit**

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age & Service: | Earlier of<br>(a) Attained age 55 and completion of ten years of accrual service.<br>(b) Completion of thirty years of accrual service.                                                                                                                                                                                                                                                                                                                                                                         |
| Form:          | Same as normal retirement benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Amount:        | Participants eligible under (a) may elect to receive the unreduced accrued benefit commencing at age 62, or the accrued benefit reduced for each month prior to age 62 that benefits commence. Participants eligible under (b) will receive the accrued benefit commencing at the early retirement date. To those retiring under (b), and attained age 55, a supplement will be paid based on age and service. This supplement is paid until the earlier of age 62 or commencement of Social Security Benefits. |

### **Disability Retirement Benefit**

|          |                                                                                                                                |
|----------|--------------------------------------------------------------------------------------------------------------------------------|
| Service: | Ten years of accrual service.                                                                                                  |
| Form:    | Monthly income payable until death or recovery. If the participant has attained age 55, benefits are guaranteed for 60 months. |
| 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. |

### **Postretirement Survivor Annuity**

|              |                                                  |
|--------------|--------------------------------------------------|
| Eligibility: | Qualified married participants who have retired. |
| Form:        | Lump sum payable to the spouse.                  |
| Amount:      | \$2,000 at the death of the participant.         |

### **Definitions**

|                                    |                                                                                                                                                                                                                                                                                              |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Optional Forms of Benefit Payments | The optional forms of benefit payments are: <ul style="list-style-type: none"><li>➤ Monthly annuity payable for life</li><li>➤ Monthly annuity payable as a survivorship life annuity with survivorship percentage of 50 or 100</li><li>➤ Certain and life with 5, 10, or 15 years</li></ul> |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### **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<br/>Created</u> | <u>Reason</u>        | <u>Remaining<br/>Period<br/>(Years)</u> | <u>Outstanding<br/>Balance</u> | <u>Minimum<br/>Annual<br/>Amortization</u> | <u>Maximum<br/>Unfunded<br/>Balance</u> | <u>Maximum<br/>Annual<br/>Amortization</u> |
|-------------------------|----------------------|-----------------------------------------|--------------------------------|--------------------------------------------|-----------------------------------------|--------------------------------------------|
| 01/01/1994              | Benefit change       | 18.00                                   | \$261,049                      | \$25,791                                   | \$N/A                                   | \$N/A                                      |
| 01/01/1996              | Benefit change       | 20.00                                   | 245,911                        | 23,191                                     | N/A                                     | N/A                                        |
| 01/01/1999              | Benefit change       | 23.00                                   | 731,945                        | 65,348                                     | N/A                                     | N/A                                        |
| 01/01/2002              | Benefit change       | 26.00                                   | 725,629                        | 62,154                                     | N/A                                     | N/A                                        |
| 01/01/2002              | Experience gain/loss | 1.00                                    | 87,166                         | 87,166                                     | N/A                                     | N/A                                        |
| 01/01/2003              | Experience gain/loss | 2.00                                    | 164,264                        | 85,290                                     | N/A                                     | N/A                                        |
| 01/01/2004              | Experience gain/loss | 3.00                                    | 220,825                        | 79,340                                     | N/A                                     | N/A                                        |
| 01/01/2005              | Benefit change       | 19.00                                   | 1,186,918                      | 98,491                                     | N/A                                     | N/A                                        |
| 01/01/2005              | Experience gain/loss | 4.00                                    | 237,322                        | 66,345                                     | N/A                                     | N/A                                        |
| 01/01/2006              | Experience gain/loss | 5.00                                    | (35,227)                       | (8,169)                                    | N/A                                     | N/A                                        |
| 01/01/2006              | Asset method         | 10.00                                   | (23,278)                       | (3,212)                                    | N/A                                     | N/A                                        |
| 01/01/2006              | Fresh start          | N/A                                     | N/A                            | N/A                                        | 2,013,819                               | 277,887                                    |
|                         | Total                |                                         | \$3,802,524                    | \$581,735                                  | \$2,013,819                             | \$277,887                                  |

Schedule B, line 2a - Explanation of Assets

Cooper-Standard Automotive Inc. Hourly Employees' Retirement Plan - BG Hose

EIN 340549970 Plan No. 018

Assets shown on line 2a differ from those on line 1b(1) by the \$268,312 due to a contribution made after December 31, 2005 and reflected on the 2005 Schedule B.

Schedule B, line 5i - Change in Funding Method  
Cooper-Standard Automotive Inc. Hourly Employees' Retirement Plan - BG Hose  
EIN 340549970 Plan No. 018

A change in funding method occurred due to the change in asset valuation method. This change is for the plan year beginning 01/01/2006.

The new asset method will help smooth the effect of market fluctuations on the actuarial value of assets and on your contribution levels.

The actuarial value of assets is equal to the market value in the first year. To determine the actuarial value of assets in following years we'll:

- Calculate the difference between actual and expected market value of assets, and
- Spread the difference over 4 years rather than recognize the full amount in one year.

IRS approval is required for all funding method changes. Automatic approval is granted under Revenue Procedure 2000-40 because there were no funding method changes in the prior four years.

Schedule B, line G - Notice of Change in Enrolled Actuary  
Cooper-Standard Automotive Inc. Hourly Employees' Retirement Plan - BG Hose  
EIN 340549970 Plan No. 018

The Employee Retirement Income Security Act of 1974, Section 103(c)(4), requires the plan administrator to furnish an explanation of a change in the enrolled actuary as part of the annual report.

The actuarial valuation work continues to be done by Principal Life Insurance Company. However, the individual involved with this plan as the enrolled actuary has changed due to a change in the plan assignment among enrolled actuaries at Principal Life Insurance Company.

Schedule B, line 11 -- Justification for Change in Actuarial Assumptions  
Cooper-Standard Automotive Inc. Hourly Employees' Retirement Plan - BG Hose  
EIN 34 0549970 Plan 018

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

**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

**2006**

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

|                                                                                                  |                                                       |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| For calendar plan year 2006 or fiscal plan year beginning , and ending ,                         |                                                       |
| <b>A</b> Name of plan<br>COOPER-STANDARD AUTOMOTIVE INC. HOURLY EMPLOY                           | <b>B</b> Three-digit plan number ► 018                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>COOPER-STANDARD AUTOMOTIVE INC. | <b>D</b> Employer Identification Number<br>34-0549970 |

**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** 1756
- 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            |                                                  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------|--------------------------------------------------|
| STEVENSON KEPPELMAN ASSOCIATES                                                                 | 38-2736182                                            | 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) |
| ATTORNEY                                                                                       |                                                       | 7477                                  | 12                                               |

| (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) |
|                                                                                                |                                                       |                                       |                                                  |

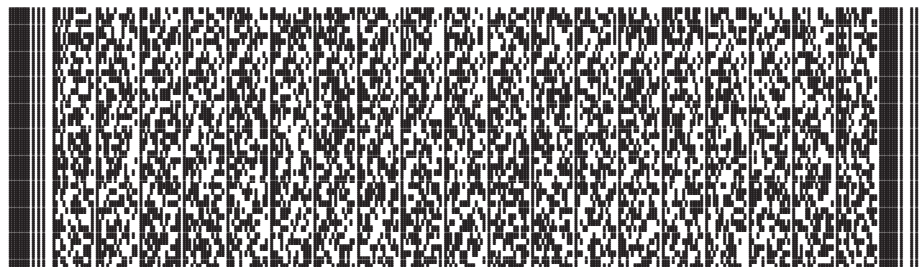
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.1 Schedule C (Form 5500) 2006



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

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

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



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

(a) Name RICHARD H. HERCHENROETHER (b) EIN 42-0127290

(c) Position ENROLLED ACTUARY  
PO BOX 9394

(d) Address DES MOINES IA 50306-9394

(e) Telephone No. 515-247-5111

Explanation: REASSIGNMENT OF WORKLOAD WITHIN  
COMPANY

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

