Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
COOPER-STANDARD AUTOMOTIVE INC. HOURLY EMPLOYEES' RETIREMENT PLAN - BG SEAL

1b Three-digit plan number (PN) ▶ 011

1c Effective date of plan 07/13/1980

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

COOPER-STANDARD AUTOMOTIVE INC.

39550 ORCHARD HILL DRIVE
NOVI, MI 48375-5329

2b Employer Identification Number (EIN)
34-0549970

2c Sponsor's telephone number
248-596-5900

2d Business code (see instructions)
326200

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
COOPER-STANDARD AUTOMOTIVE INC.

39550 ORCHARD HILL DRIVE
NOVI, MI 48375-5329

3b Administrator's EIN
34-0549970

3c Administrator's telephone number
248-596-5900

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	540
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	400
b	Retired or separated participants receiving benefits	**6b**	18
c	Other retired or separated participants entitled to future benefits	**6c**	142
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	560
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	4
f	Total. Add lines **6d** and **6e**	**6f**	564
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	18
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
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:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006

A Name of plan
COOPER-STANDARD AUTOMOTIVE INC. HOURLY EMPLOYEES' RETIREMENT PLAN - BG SEAL

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
COOPER-STANDARD AUTOMOTIVE INC.

D Employer Identification Number (EIN)
34-0549970

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

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.

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	8-02161	564	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) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	10616411

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006

A Name of plan
COOPER-STANDARD AUTOMOTIVE INC. HOURLY EMPLOYEES' RETIREMENT PLAN - BG SEAL

B Three-digit plan number (PN) ▶ 011

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
COOPER-STANDARD AUTOMOTIVE INC.

D Employer Identification Number (EIN)
34-0549970

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)

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
42-0127290-068	P	742475

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LG CO GRWTH SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
42-0127290-018	P	484286

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL U.S. PROPERTY SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
42-0127290-027	P	645663

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN PTR INTERNATIONAL SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
42-0127290-048	P	486201

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN PREFERRED SECS SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
42-0127290-087	P	211392

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL REAL EST SEC SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
42-0127290-095	P	219896

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
42-0127290-098	P	590005

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		
c EIN-PN 42-0127290-101	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212269
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INFLATION PROT SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-099	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 207733
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL INTL EM MKT SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-013	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109202
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL INTL GROWTH SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-064	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 483447
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		
c EIN-PN 42-0127290-066	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 987789
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		
c EIN-PN 42-0127290-071	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 290279
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		
c EIN-PN 42-0127290-094	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 254055
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL BOND AND MTG SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-005	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2947174
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN PTR LG-CAP BLD I SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-017	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1744545
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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
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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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006

A Name of plan
COOPER-STANDARD AUTOMOTIVE INC. HOURLY EMPLOYEES' RETIREMENT PLAN - BG SEAL

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
COOPER-STANDARD AUTOMOTIVE INC.

D Employer Identification Number (EIN)
34-0549970

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	234982	264497
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	8915629	10616411
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9150611	10880908
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	9150611	10880908

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	828497	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		828497
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1191188
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2019685
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	247848	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		247848
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	6104	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	2808	
(4) Other	2i(4)	32628	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		41540
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		289388
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1730297
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] 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
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) **4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) **4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) **4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k**		X	
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

COOPER-STANDARD AUTOMOTIVE INC.
HOURLY EMPLOYEES' RETIREMENT PLAN – BOWLING GREEN SEAL
FINANCIAL STATEMENTS
AND INDEPENDENT AUDITOR'S 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 Seal

We were engaged to audit the financial statements and supplemental schedules of the Cooper-Standard Automotive Inc. Hourly Employees' Retirement Plan – Bowling Green Seal (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
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RSM McGladrey Network
An Independently Owned Member

COOPER-STANDARD AUTOMOTIVE INC.
HOURLY EMPLOYEES' RETIREMENT PLAN - BOWLING GREEN SEAL
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2006 and 2005

	2006	2005
Investments, at market:		
Pooled separate accounts	$ 10,616,411	$ 8,915,629
Receivables:		
Employer contribution	264,497	234,982
Net assets available for benefits	$ 10,880,908	$ 9,150,611

The accompanying notes are an integral part of these financial statements

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

	2006	2005
Additions:		
Employer contributions	$ 828,497	$ 997,171
Net income from pooled separate accounts	1,191,188	344,299
Net income from master trust	0	280,478
Interest income	0	5,573
Total additions	2,019,685	1,627,521
Deductions:		
Benefit and withdrawal payments	247,848	381,716
Administrative expenses	41,540	0
Total deductions	289,388	381,716
Net increase	1,730,297	1,245,805
Net assets available for benefits:		
Net assets available for benefits at beginning of year	9,150,611	7,904,806
Net assets available for benefits at end of year	$ 10,880,908	$ 9,150,611

The accompanying notes are an integral part of these financial statements

COOPER-STANDARD AUTOMOTIVE
HOURLY EMPLOYEES' RETIREMENT PLAN – BOWLING GREEN SEAL
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 Seal (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 a defined benefit pension plan covering substantially all union hourly employees of the Plan Sponsor's Bowling Green Seal 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 #1042 of the United Steelworkers of America are eligible for participation in the Plan. The current bargaining agreement was effective July 23, 2004 and expires July 23, 2009.

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 Plans' net assets to provide those benefits, the priority of those benefits, and the level of benefits guaranteed by the PBGC.

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 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 Plans 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:

	2006	2005
Principal Bond and Mortgage	$ 2,947,174	$ 2,397,716
Principal Partners – Large Cap Blend	1,744,545	1,482,932
Principal Partners – Large Cap Growth	987,789	856,278
Principal Partners – Large Cap Value	742,475	619,630
Principal U.S. Property	645,663	535,421
Principal Partners Large – Cap Value I	590,005	502,257

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.

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).

Note 6–Actuarial present value of accumulated plan benefits – continued

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

	2006	2005
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving benefits	$ 602,985	$ 503,550
Other participants	5,175,934	4,952,461
Total vested benefits	5,778,919	5,456,011
Non-vested benefits	1,204,991	77,718
Total actuarial present value of accumulated plan benefits	$ 6,983,910	$ 5,533,729

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

	2006	2005
Actuarial present value of accumulated plan benefits as of January 1, 2005 and 2004	$ 5,533,729	$ 4,975,668
Increase (decrease) during year due to:		
Change in plan benefits	0	243,277
Benefits paid	(367,042)	(167,101)
Change in discount period	442,698	398,193
Benefits accumulated	1,374,525	83,692
Actuarial present value of accumulated plan benefits as of January 1, 2006 and 2005	$ 6,983,910	$ 5,533,729

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:

	2005
Benefits paid to participants per the financial statements	$ 381,716
Less: Amounts allocated to withdrawing participants at December 31, 2005 and 2004	(14,675)
Benefits paid to participants per the Form 5500	$ 367,041

SUPPLEMENTAL SCHEDULES

COOPER-STANDARD AUTOMOTIVE INC.
HOURLY EMPLOYEES' RETIREMENT PLAN – BOWLING GREEN SEAL
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Employer ID# 34-0549970 Plan #011
December 31, 2006

(a)/(b) Identity of Issue, Borrower, Lessor or Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* Principal Life Insurance Company - PSA	Principal Bond and Mortgage	$ 2,811,070	$ 2,947,174
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Blend	1,453,963	1,744,545
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Growth	875,153	987,789
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Value	587,213	742,475
* Principal Life Insurance Company - PSA	Principal U.S. Property	544,015	645,663
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Value I	474,381	590,005
* Principal Life Insurance Company - PSA	Principal Partners International	367,604	486,201
* Principal Life Insurance Company - PSA	Principal Large Company Growth	422,342	484,286
* Principal Life Insurance Company - PSA	Principal International Growth	365,417	483,447
* Principal Life Insurance Company - PSA	Principal Partners Small - Cap Growth	255,980	290,279
* Principal Life Insurance Company - PSA	Principal Partners Small - Cap Value	207,770	254,055
* Principal Life Insurance Company - PSA	Principal Real Estate Securities	151,729	219,896
* Principal Life Insurance Company - PSA	Principal High Yield Separate Account	193,299	212,269
* Principal Life Insurance Company - PSA	Principal Preferred Securities	197,914	211,392
* Principal Life Insurance Company - PSA	Principal Inflation Protection	205,526	207,733
* Principal Life Insurance Company - PSA	Principal International Emerging Markets	72,327	109,202
		$ 9,185,703	$ 10,616,411

**Party-in-interest.*

COOPER-STANDARD AUTOMOTIVE INC.
HOURLY EMPLOYEES' RETIREMENT PLAN – BOWLING GREEN SEAL
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID# 34-0549970 Plan #011
For the Year Ended December 31, 2006

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category iii) A series of transactions in excess of 5% of Plan assets:								
Principal Life Insurance Company - PSA	Principal Bond and Mortgage							
	6 Purchases	$ 718,561	$ -	$ -	$ -	$ 718,561	$ 718,561	$ -
	41 Sales		292,001			286,931	292,001	5,070

** *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 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 ,

A Name of plan COOPER-STANDARD AUTOMOTIVE INC. HOURLY EMPLOY	**B** Three–digit plan number ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 COOPER-STANDARD AUTOMOTIVE INC.	**D** Employer Identification Number 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** 2807

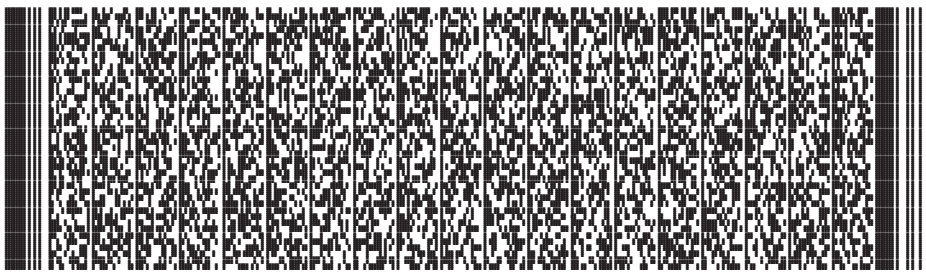
2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103–12 IEs should enter N/A in (c) 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		6105	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)



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Official Use Only

(a) Name	**(b)** Employer identification number (see instructions)	**(c)** Official plan position

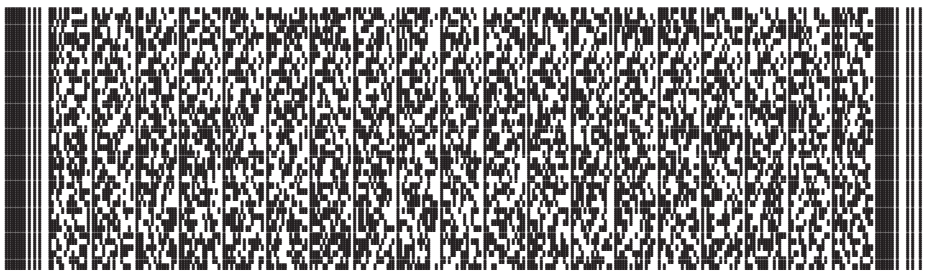
(d) Relationship to employer, employee organization, or person known to be a party–in–interest	**(e)** Gross salary or allowances paid by plan	**(f)** Fees and commissions paid by plan	**(g)** Nature of service code(s) (see instructions)

(a) Name	**(b)** Employer identification number (see instructions)	**(c)** Official plan position

(d) Relationship to employer, employee organization, or person known to be a party–in–interest	**(e)** Gross salary or allowances paid by plan	**(f)** Fees and commissions paid by plan	**(g)** Nature of service code(s) (see instructions)

(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)



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Official Use Only

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

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

(c) Position ENROLLED ACTUARY

(d) Address PO BOX 9394 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:

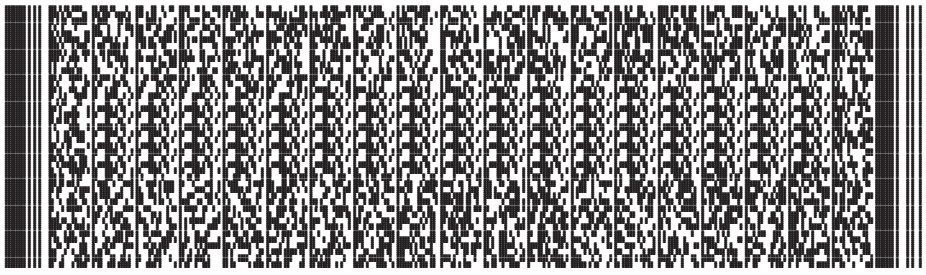
(a) Name **(b)** EIN

(c) Position

(d) Address

(e) Telephone No.

Explanation:



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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.**

OMB No. 1210–0110

2006

This Form is Open to Public Inspection.

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

A Name of plan COOPER-STANDARD AUTOMOTIVE INC. HOURLY EMPLOY	**B** Three–digit plan number ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 COOPER-STANDARD AUTOMOTIVE INC.	**D** Employer Identification Number 34-0549970

Part I Distributions

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	$
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 42-0127290		
	Profit–sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	12

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 7.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver ▶ Month Day Year

If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.

6a	Enter the minimum required contribution for this plan year	6a	$
b	Enter the amount contributed by the employer to the plan for this plan year	6b	$
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	$

If you completed line 6c, do not complete the remainder of this schedule.

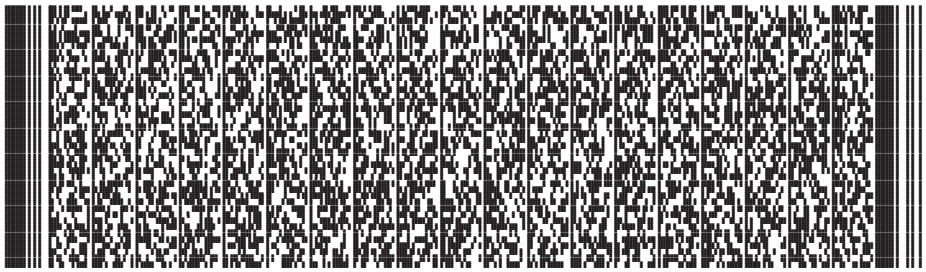
7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☒ Yes ☐ No ☐ N/A

Part III Amendments

8 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.) ☐ Increase ☐ Decrease ☒ No

Part IV Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements ☐ the ratio percentage test ☐ average benefit test



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SCHEDULE B (Form 5500)

Department of the Treasury
Internal Revenue Service

Department 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.

A Name of plan
COOPER-STANDARD AUTOMOTIVE INC. HOURLY EMPLOYEES

B Three-digit plan number ... ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ
COOPER-STANDARD AUTOMOTIVE INC.

D Employer Identification Number 34-0549970

E Type of plan: (1) [ ] Multiemployer (2) [X] Single-employer (3) [ ] Multiple-employer

F [ ] 100 or fewer participants in prior plan year

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

1a Enter the actuarial valuation date: Month 01 Day 01 Year 2006

b	Assets:		
	(1) Current value of assets	b(1)	9714611
	(2) Actuarial value of assets for funding standard account	b(2)	9714611
c	(1) Accrued liability for plans using immediate gain methods	c(1)	9658818
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	c(2)(a)	
	(b) Accrued liability under entry age normal method	c(2)(b)	
	(c) Normal cost under entry age normal method	c(2)(c)	

Statement by Enrolled Actuary (see instructions before signing):

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

SIGN HERE Terrance M. McCarthy
Signature of actuary

Sept 25, 2007
Date

TERRANCE M. MCCARTHY
Type or print name of actuary

G 05-04665
Most recent enrollment number

PRINCIPAL FINANCIAL GROUP
Firm name

515-235-5411
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.

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Schedule B (Form 5500) 2006

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1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	d(1)	0
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	10251155
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	1048315
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	10251155
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	92303
(3) Expected plan disbursements for the plan year	d(3)	92303

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions) — 2a: 9150611

b "RPA '94" current liability:

	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments	16	777361	777361
(2) For terminated vested participants	151	1013687	1013687
(3) For active participants	370	7622637	8460107
(4) Total	537	9413685	10251155

c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage — 2c: %

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

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
04/13/2007	84119	0			
07/13/2007	180378	0			
	3 Totals ▶		(b)	264497	(c) 0

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions) — 4a: 80.4 %

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
		Pre-retirement	Post-retirement	
c Rates specified in insurance or annuity contracts ☐ N/A	**6c**	☐ Yes ☒ No	☐ Yes ☒ No	☐ N/A
d Mortality table code for valuation purposes:				
(1) Males	**d(1)**	8M	8M	
(2) Females	**d(2)**	8F	8F	
e Valuation liability interest rate ☐ N/A	**6e**	8.00 %	8.00 %	☐ N/A
f Expense loading ☐ N/A	**6f**	0.0 %	%	☒ N/A
		Male	Female	
g Annual withdrawal rates:		Rate Code	Rate Code	
(1) Age 25	**g(1)**	U 6.80 %	U 6.80 %	
(2) Age 40	**g(2)**	U 3.25 %	U 3.25 %	
(3) Age 55	**g(3)**	U 0.00 %	U 0.00 %	
h Salary scale ☒ N/A	**6h**	%	%	☒ N/A
i Estimated investment return on actuarial value of assets for year ending on the valuation date	**6i**		13.3 %	
j Estimated investment return on current value of assets for year ending on the valuation date	**6j**		4.8 %	

7 New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
1	-126320	-29294

8 Miscellaneous information:

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

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8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶ _____

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule . . . . . ☒ Yes ☐ No

9	Funding standard account statement for this plan year:				
	Charges to funding standard account:				
a	Prior year funding deficiency, if any			**9a**	0
b	Employer's normal cost for plan year as of valuation date			**9b**	265600
c	Amortization charges as of valuation date:	Outstanding Balance			
	(1) All bases except funding waivers	▶ ($ 3431276)		**c(1)**	523592
	(2) Funding waivers	▶ ($ 0)		**c(2)**	0
d	Interest as applicable on lines 9a, 9b, and 9c			**9d**	63137
e	Additional interest charge due to late quarterly contributions, if applicable			**9e**	0
f	Adjusted additional funding charge from Part II, line 12q, if applicable		☐ N/A	**9f**	0
g	Total charges. Add lines 9a through 9f			**9g**	852329
	Credits to funding standard account:				
h	Prior year credit balance, if any			**9h**	757195
i	Employer contributions. Total from column (b) of line 3			**9i**	264497
		Outstanding Balance			
j	Amortization credits as of valuation date	▶ ($ 454812)		**9j**	121126
k	Interest as applicable to end of plan year on lines 9h, 9i, and 9j			**9k**	70267
l	Full funding limitation (FFL) and credits				
	(1) ERISA FFL (accrued liability FFL)	**l(1)**	1044362		
	(2) "RPA '94" override (90% current liability FFL)	**l(2)**	275050		
	(3) FFL credit			**l(3)**	0
m	(1) Waived funding deficiency			**m(1)**	0
	(2) Other credits			**m(2)**	0
n	Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)			**9n**	1213085
o	Credit balance: If line 9n is greater than line 9g, enter the difference			**9o**	360756
p	Funding deficiency: If line 9g is greater than line 9n, enter the difference			**9p**	0
	Reconciliation account:				
q	Current year's accumulated reconciliation account:				
	(1) Due to additional funding charges as of the beginning of the plan year	**q(1)**	2219269		
	(2) Due to additional interest charges as of the beginning of the plan year	**q(2)**	0		
	(3) Due to waived funding deficiencies:				
	(a) Reconciliation outstanding balance as of valuation date	**q(3)(a)**	0		
	(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	**q(3)(b)**	0		
	(4) Total as of valuation date			▶ **q(4)**	2219269
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 94.8 %

b "RPA '94" current liability. Enter line 1d(2)(a) 12b

c Adjusted value of assets (see instructions) 12c

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

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

f Liability attributable to any unpredictable contingent event benefit 12f

g Outstanding balance of unfunded old liability 12g

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

i Unfunded new liability amount (_____ % of line 12h) 12i

j Unfunded old liability amount 12j

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

l Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero 12l

m Unpredictable contingent event amount:

(1)	Benefits paid during year attributable to unpredictable contingent event . . .	m(1)	
(2)	Unfunded current liability percentage. Subtract the percentage on line 12d from 100%	m(2)	%
(3)	Enter the product of lines 12m(1) and 12m(2)	m(3)	
(4)	Amortization of all unpredictable contingent event liabilities	m(4)	
(5)	"RPA '94" additional amount (see instructions)	m(5)	
(6)	Enter the greatest of lines 12m(3), 12m(4), or 12m(5)		m(6)

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

o Contributions needed to increase current liability percentage to 100% (see instructions) 12o

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

q Adjusted additional funding charge. (.0 % of line 12p) 12q 0

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Actuarial Valuation Assumptions

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

Withdrawal

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

Selected rates of withdrawal are shown below:

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

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

Selected rates of withdrawal are shown below:

Age	Rate of withdrawal	Age	Rate of withdrawal
20	9.30%	40	3.25%
25	6.80%	45	2.75%
30	5.05%	50	2.25%
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

	01/01/2006	01/01/2005
Actuarial cost method	Entry age normal	Entry age normal
Actuarial value of assets		
Principal Life Insurance Company accounts		
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.
Retirees	Assets and liabilities for retirees whose benefits are not guaranteed by your contract are included in your valuation.	Assets and liabilities for retirees whose benefits are not guaranteed by your contract are included in your valuation.

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

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

Plan Eligibility

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. (optional forms may be elected in advance of retirement)
Accrued Benefit:	Effective July 23, 2004, $36 multiplied by years of accrual service. Effective July 23, 2005, $37 multiplied by years of accrual service. Effective July 23, 2006, $39 multiplied by years of accrual service. Effective July 23, 2007, $41 multiplied by years of accrual service. Effective July 23, 2008, $42 multiplied by years of accrual service.

Early Retirement Benefit

Age & Service:	Earlier of (a) Attained age 55 and completion of ten years of accrual service. (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: ➢ Monthly annuity payable for life ➢ Monthly annuity payable as a survivorship life annuity with survivorship percentage of 50 or 100 ➢ Certain and life with 5, 10, or 15 years

Significant Event

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

Changes in Principal Eligibility or Benefit Provisions

The actuarial valuation for this plan year recognized the following eligibility and/or benefit changes:

- This report reflects changes in maximum benefit limits under Internal Revenue Code (IRC) Section 415 and in maximum compensation limits under IRC Section 401.

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.

Date Created	Reason	Remaining Period (Years)	Outstanding Balance	Minimum Annual Amortization	Maximum Unfunded Balance	Maximum Annual Amortization
01/01/1980	Benefit change	4.00	$2,838	$794	$N/A	$N/A
01/01/1981	Benefit change	5.00	6,022	1,397	N/A	N/A
01/01/1983	Benefit change	7.00	6,362	1,132	N/A	N/A
01/01/1984	Benefit change	8.00	19,205	3,094	N/A	N/A
01/01/1986	Benefit change	10.00	29,138	4,021	N/A	N/A
01/01/1987	Benefit change	11.00	11,191	1,452	N/A	N/A
01/01/1988	Benefit change	12.00	37,589	4,618	N/A	N/A
01/01/1988	Benefit change	4.00	8,049	2,250	N/A	N/A
01/01/1989	Benefit change	13.00	30,873	3,617	N/A	N/A
01/01/1990	Benefit change	14.00	42,282	4,749	N/A	N/A
01/01/1991	Benefit change	15.00	48,130	5,206	N/A	N/A
01/01/1992	Benefit change	16.00	72,008	7,533	N/A	N/A
01/01/1993	Benefit change	17.00	51,270	5,204	N/A	N/A
01/01/1995	Benefit change	19.00	192,695	18,579	N/A	N/A
01/01/1998	Benefit change	22.00	572,426	51,959	N/A	N/A
01/01/2000	Benefit change	24.00	510,954	44,935	N/A	N/A
01/01/2002	Experience gain/loss	1.00	49,195	49,195	N/A	N/A
01/01/2003	Experience gain/loss	2.00	293,638	152,466	N/A	N/A
01/01/2004	Benefit change	28.00	1,301,795	109,072	N/A	N/A
01/01/2004	Experience gain/loss	3.00	145,616	52,319	N/A	N/A
01/01/2005	Experience gain/loss	4.00	(328,492)	(91,832)	N/A	N/A
01/01/2006	Experience gain/loss	5.00	(126,320)	(29,294)	N/A	N/A
01/01/2006	Fresh start	N/A	N/A	N/A	508,207	70,128
	Total		$2,976,464	$402,466	$508,207	$70,128

Schedule B, line 8c - Schedule of Active Participant Data
Cooper-Standard Automotive Inc. Hourly Employees' Retirement Plan - BG Seal
EIN 340549970 Plan No. 011

802161 Valn Date 1/01/2006

Form 5500 - Schedule of Active Participant Data

Attained Age	YEARS OF CREDITED SERVICE																	
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 and up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		8		0		0		0		0		0		0		0		0	
25 to 29	0		7		32		0		0		0		0		0		0			
30 to 34	0		7		48		13		0		0		0		0		0		0	
35 to 39	0		4		43		17		3		0		0		0		0		0	
40 to 44	0		3		31		15		7		16		3		0		0		0	
45 to 49	0		2		21		5		5		10		21		0		0		0	
50 to 54	0		2		11		7		2		4		5		0		0		0	
55 to 59	0		1		0		4		0		3		7		0		0		0	
60 to 64	0		0		0		1		0		0		1		0		0		0	
65 to 69	0		0		0		0		0		0		1		0		0		0	
70 & up	0		0		0		0		0		0		0		0		0		0	

Schedule B, line 5i - Change in Funding Method
Cooper-Standard Automotive Inc. Hourly Employees' Retirement Plan - BG Seal
EIN 340549970 Plan No. 011

A change in funding method has occurred due to a change in the asset valuation method. This change is for the plan year beginning 01/01/2006. IRS approval is required for this funding method change.

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

Schedule B, line 2a - Explanation of Assets
Cooper-Standard Automotive Inc. Hourly Employees' Retirement Plan - BG Seal
EIN 340549970 Plan No. 011

Assets shown on line 2a differ from those on line 1b(1) by $564,000 due to a contribution made after December 31, 2005 that was reflected on the 2005 Schedule B.

Schedule B, line 11 -- Justification for Change in Actuarial Assumptions
Cooper-Standard Automotive Inc. Hourly Employees' Retirement Plan - BG Seal
EIN 34 0549970 Plan 011

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

COOPER-STANDARD AUTOMOTIVE INC.
HOURLY EMPLOYEES' RETIREMENT PLAN – BOWLING GREEN SEAL
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Employer ID# 34-0549970 Plan #011
December 31, 2006

(a)/(b) Identity of Issue, Borrower, Lessor or Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* Principal Life Insurance Company - PSA	Principal Bond and Mortgage	$ 2,811,070	$ 2,947,174
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Blend	1,453,963	1,744,545
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Growth	875,153	987,789
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Value	587,213	742,475
* Principal Life Insurance Company - PSA	Principal U.S. Property	544,015	645,663
* Principal Life Insurance Company - PSA	Principal Partners Large - Cap Value I	474,381	590,005
* Principal Life Insurance Company - PSA	Principal Partners International	367,604	486,201
* Principal Life Insurance Company - PSA	Principal Large Company Growth	422,342	484,286
* Principal Life Insurance Company - PSA	Principal International Growth	365,417	483,447
* Principal Life Insurance Company - PSA	Principal Partners Small - Cap Growth	255,980	290,279
* Principal Life Insurance Company - PSA	Principal Partners Small - Cap Value	207,770	254,055
* Principal Life Insurance Company - PSA	Principal Real Estate Securities	151,729	219,896
* Principal Life Insurance Company - PSA	Principal High Yield Separate Account	193,299	212,269
* Principal Life Insurance Company - PSA	Principal Preferred Securities	197,914	211,392
* Principal Life Insurance Company - PSA	Principal Inflation Protection	205,526	207,733
* Principal Life Insurance Company - PSA	Principal International Emerging Markets	72,327	109,202
		$ 9,185,703	$ 10,616,411

**Party-in-interest.*

COOPER-STANDARD AUTOMOTIVE INC.
HOURLY EMPLOYEES' RETIREMENT PLAN – BOWLING GREEN SEAL
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer ID# 34-0549970 Plan #011
For the Year Ended December 31, 2006

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category iii) A series of transactions in excess of 5% of Plan assets:								
Principal Life Insurance Company - PSA	Principal Bond and Mortgage							
	6 Purchases	$ 718,561	$ -	$ -	$ -	$ 718,561	$ 718,561	$ -
	41 Sales		292,001			286,931	292,001	5,070

** *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.