

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 <u>01/01/2005</u> and ending <u>12/31/2005</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>TRW AUTOMOTIVE LEBANON HOURLY PLAN C</u>	1b Three-digit plan number (PN) ► <u>007</u> 1c Effective date of plan <u>01/01/1963</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>TRW AUTOMOTIVE US LLC</u> <u>12001 TECH CENTER DRIVE</u> <u>LIVONIA, MI 48150</u>	2b Employer Identification Number (EIN) <u>14-1857697</u> 2c Sponsor's telephone number <u>734-855-2600</u> 2d Business code (see instructions) <u>336300</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>04/23/2012</u>	<u>SHELLY IACOBELLI</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TRW AUTOMOTIVE US LLC 12001 TECH CENTER DRIVE LIVONIA, MI 48150	3b Administrator's EIN 14-1857697 3c Administrator's telephone number 734-855-2600
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1283
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	529
b Retired or separated participants receiving benefits.....	6b	487
c Other retired or separated participants entitled to future benefits.....	6c	189
d Subtotal. Add lines 6a , 6b , and 6c	6d	1205
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	112
f Total. Add lines 6d and 6e	6f	1317
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	16

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

1B 1G 3H

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

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

a Pension Schedules

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

<div>SCHEDULE D (Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan 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>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2011 or fiscal plan year beginning 01/01/2005 and ending 12/31/2005					
A Name of plan TRW AUTOMOTIVE LEBANON HOURLY PLAN C				B Three-digit plan number (PN) ▶ 007	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRW AUTOMOTIVE US LLC				D Employer Identification Number (EIN) 14-1857697	
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: TRW AUTOMOTIVE MASTER TRUST					
b Name of sponsor of entity listed in (a): TRW AUTOMOTIVE LLC					
c EIN-PN 83-0349309-001		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46188202	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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)	
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	

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)**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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**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**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
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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2005</u> and ending <u>12/31/2005</u>		
A Name of plan <u>TRW AUTOMOTIVE LEBANON HOURLY PLAN C</u>	B Three-digit plan number (PN) ►	<u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRW AUTOMOTIVE US LLC</u>	D Employer Identification Number (EIN) <u>14-1857697</u>	

Part I	Asset and Liability Statement
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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		413566
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		1181607
(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)		
(11) Value of interest in master trust investment accounts	1c(11)	48170595	46188202
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	48170595	47783375

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		13330
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	13330

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	48170595	47770045
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1181607	
(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)		1181607
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)		0
(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)		0
(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)		0

		(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)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		3332010
(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		4513617

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4581591	
(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)		4581591
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)	120495	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	212081	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		332576
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4914167

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-400550
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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)

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

TRW Automotive Lebanon Hourly Plan C

December 31, 2005 and 2004, and Year Ended December 31, 2005

With Report of Independent Auditors

TRW Automotive Lebanon Hourly Plan C

Financial Statements and Supplemental Schedule

December 31, 2005 and 2004, and
Year Ended December 31, 2005

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Report of Independent Auditors

TRW Automotive U.S. LLC,
Plan Administrator of the
TRW Automotive Lebanon Hourly Plan C
Livonia, Michigan

We were engaged to audit the accompanying financial statements and supplemental schedule of the TRW Automotive Lebanon Hourly Plan C as of December 31, 2005 and 2004, and for the year ended December 31, 2005, as listed in the table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4, which was certified by Mellon Global Securities Services, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2005 and 2004 and for the year ended December 31, 2005, that the information provided to the plan administrator by the 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 schedule taken as a whole. The form and content of the information included in the financial statements and schedule other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

October 11, 2006

TRW Automotive Lebanon Hourly Plan C

Statements of Net Assets Available For Benefits

	December 31	
	2005	2004
Assets		
Cash	\$ 413,566	\$ —
Investment in TRW Automotive Master Trust, at fair value <i>(Note 4)</i>	46,188,202	48,170,595
Total assets	46,601,768	48,170,595
Liabilities		
Accrued expenses	13,330	—
Total liabilities	13,330	—
Net assets available for benefits	\$ 46,588,438	\$ 48,170,595

See accompanying notes to financial statements.

TRW Automotive Lebanon Hourly Plan C

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2005

Additions

Net investment gain from TRW Automotive
Master Trust (*Note 4*)

\$ 3,332,010

Deductions

Benefit payments
PBGC premiums
Administrative expenses
Total deductions

4,581,591

212,081

120,495

4,914,167

Net decrease

(1,582,157)

Net assets available for benefits at beginning of year

48,170,595

Net assets available for benefits at end of year

\$ 46,588,438

See notes to accompanying financial statements.

TRW Automotive Lebanon Hourly Plan C

Notes to Financial Statements

December 31, 2005 and 2004, and
Year Ended December 31, 2005

1. Summary of Significant Accounting Policies

Cash is composed of funds that were transferred from the Trustee on December 27, 2005 to the plan administrator, Fidelity, for the purpose of funding January 1, 2006 benefit payments.

Investments are stated at aggregate fair value. Investments consist primarily of units of the TRW Automotive Master Trust (Master Trust) at December 31, 2005 and 2004. Investments in the Master Trust are stated at the underlying fair value of investments held by the Master Trust. Fair value is determined as follows: Investments in marketable equity securities and debt securities which are traded on national securities exchanges are valued at the last reported sale price on the last business day of the year. Securities traded in the over-the-counter market are valued at the average of the last reported bid and ask prices. Securities denominated in other than U.S. currency are classified as foreign investments and translated into U.S. dollars at current exchange rates. Cash and cash equivalents are valued at cost, which approximates fair value.

The Master Trust may have invested in indexed securities, whose value was linked either directly or inversely to foreign currencies, interest rates, commodities, indices, or other reference instruments. Index securities may be more volatile than the reference instrument itself, but any loss was limited to the amount of the original investment.

The Master Trust does not amortize premiums or discounts on debt securities because it is not the practice of the Master Trust to hold such investments until maturity. Purchases and sales of securities are recorded on the trade date. The cost of securities sold is determined by the average cost method for purposes of determining realized gains and losses. All losses and expenses incurred with regard to the purchase, sale or transfer of investments and other assets are borne by the Master Trust.

The Plan's interest in the Master Trust is based upon the combined market value of the Plan's proportionate share of assets in the Master Trust.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

TRW Automotive Lebanon Hourly Plan C

Notes to Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Basis of Presentation

The financial statements are presented on the accrual basis of accounting.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) 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 or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired, terminated, and active employees or their beneficiaries are determined on the basis of fixed benefit rates stipulated in the plan, and on the number of years of credited service at termination of employment. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

2. Description of the Plan

The TRW Automotive Lebanon Hourly Plan C (the Plan) is a defined benefit plan covering substantially all hourly employees of the Commercial Steering Division, Lebanon Plant of TRW Automotive U.S. LLC (the Company) and provides pension benefits for such employees. Detailed information about the Plan is contained in the booklet summarizing plan benefits which is available from the TRW Automotive Benefits Service Center.

The Company has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Company's contributions to the Plan are based upon amounts required to annually fund normal cost and to amortize the unfunded actuarial liability over 30 years from the effective date of the Plan and any subsequent amendments to the Plan, in accordance with the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Contributions to the Plan have met the minimum funding requirements of ERISA.

The Company has the right under the Plan to discontinue such contributions for future periods and to terminate the Plan at any time provided that such discontinuance or termination will not be undertaken in such a manner as to constitute a violation of any applicable provision of the collective bargaining agreement between the Company and the union.

TRW Automotive Lebanon Hourly Plan C

Notes to Financial Statements (continued)

2. Description of the Plan (continued)

Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Information about the Plan agreement, the vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the booklet summarizing plan benefits which is available from the TRW Benefits Service Center.

Administrative fees relating to accounting, actuarial, benefits administration and advisory services are paid by the Plan. All other costs of administering the Plan are paid by the Company.

3. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was calculated by the Plan's actuary, Mercer Human Resource Consulting for the years ended December 31, 2005 and 2004, as the amount that results from applying actuarial assumptions to plan participant data to determine the accumulated plan benefits earned to date by the participants. The present value reflects the time value of money (through discounts for interest) and the probability of payment recognizing decrements such as for death, disability, withdrawal, or retirement between the valuation date and the expected dates of payment.

The accumulated plan benefit information follows:

	December 31	
	2005	2004
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 51,060,462	\$ 52,002,302
Other participants	15,672,281	14,637,833
	66,732,743	66,640,135
Nonvested benefits	2,678,862	2,194,373
Total actuarial present value of accumulated plan benefits	\$ 69,411,605	\$ 68,834,508

TRW Automotive Lebanon Hourly Plan C

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

Changes in accumulated plan benefits:

Actuarial value of accumulated plan benefits at beginning of year	\$ 68,834,508
Change in actuarial assumptions	2,595,464
Benefits accumulated, including net gains/losses	(1,263,039)
Increase for interest due to the decrease in discount period	3,826,263
Benefits paid	(4,581,591)
Net increase	577,097
Actuarial value of accumulated plan benefits at end of year	<u>\$ 69,411,605</u>

The more significant assumptions underlying the actuarial computations are as follows:

	December 31	
	2005	2004
Interest rate	5.50%	5.75%
Mortality basis	UP-94 Mortality Table (Projected to 2010)	UP-94 Mortality Table (Projected to 2004)
Employee turnover	Rates varying by age and sex	Rates varying by age and sex
Actuarial cost method	Unit credit	Unit credit
Retirement	Rates varying by age and service	Rates varying by age and service

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.

TRW Automotive Lebanon Hourly Plan C

Notes to Financial Statements (continued)

4. Investments

All 2005 investment information disclosed in the accompanying financial statements and schedule including investments held at December 31, 2005, and 2004 and net investment gain from the Master Trust, net appreciation (depreciation) in fair value of investments, interest and dividend income, other income and investment expenses for the year ended December 31, 2005, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Mellon Global Securities Services, the Trustee. Such information has not been examined by independent auditors.

The Master Trust was established on February 28, 2003, to hold the investment assets of plans sponsored by TRW Automotive U.S. LLC and affiliates. Each participating retirement plan has an undivided interest in the Master Trust. The Plan's interest in the net assets of the Master Trust was approximately 5.5% and 6.3% at December 31, 2005 and 2004, respectively. Investment income and expenses are allocated to the Plan based upon its pro rata share in the net assets of the Master Trust.

The following table presents the fair values of assets for the Master Trust at December 31, 2005 and 2004:

	2005	2004
Investments:		
Cash equivalents	\$ —	\$ 325,711
Common stock	388,692,346	363,028,203
Preferred stock	1,959,687	977,130
Common/collective trusts	445,399,374	405,492,292
Registered investment companies	1,321,056	—
Total investments	837,372,463	769,823,336
Dividends receivable	385,422	521,961
Net receivables for security sales	926,774	830,309
Other assets	38,008	29,570
Net payables for security purchases	(1,745,837)	(1,229,787)
Total assets	\$ 836,976,830	\$ 769,975,389

TRW Automotive Lebanon Hourly Plan C

Notes to Financial Statements (continued)

4. Investments (continued)

Investment income for the Master Trust is as follows for the year ended December 31, 2005:

Net appreciation (depreciation) in fair value of investments determined by quoted market price:	
Cash equivalents	\$ 805,307
Common stock	40,118,677
Common/collective trusts	15,427,549
Preferred stock	629,699
	<u>56,981,232</u>
Interest income	653,899
Dividend income	5,060,849
	<u>\$ 62,695,980</u>

5. Party-in-Interest Transactions

Party-in-interest transactions included the purchase and sale of short-term investments and Master Trust units through the Trustee and the payment of services and expenses of the Trust by the Plan. Such transactions are exempt from being prohibited transactions.

There were no party-in-interest transactions which were prohibited under the Department of Labor regulations.

Other than those described above or pursuant to a certain trust agreement (see Notes 2, 3, and 4), the Plan has had no agreements or transactions with related parties.

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated June 24, 2002, 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. Subsequent to this determination by the Internal Revenue Service, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

TRW Automotive Lebanon Hourly Plan C

Notes to Financial Statements (continued)

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 risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Supplemental Schedule

TRW Automotive Lebanon Hourly Plan C

EIN #14-1857697 Plan #007

Schedule H – Schedule of Assets
(Held at End of Year)

Year Ended December 31, 2005

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investments	Cost	Current Value
Fidelity*	Interest Bearing Cash	\$ 413,566	\$ 413,566

*Party in interest

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Service Provider Information

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

► File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2005

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

For calendar plan year 2005 or fiscal plan year beginning _____ and ending _____

A Name of plan TRW AUTOMOTIVE LEBANON HOURLY PLAN C	B Three-digit plan number ► 007
C Plan sponsor's name as shown on line 2a of Form 5500 TRW AUTOMOTIVE US LLC	D Employer Identification Number 14-1857697

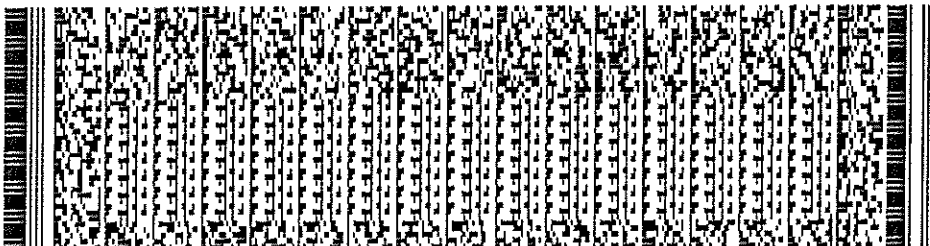
Part I Service Provider Information (see instructions)

- 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** 4974
- 2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

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

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
FIDELITY	04-2723880	ADMINISTRATION	
(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)
NONE		71107	13

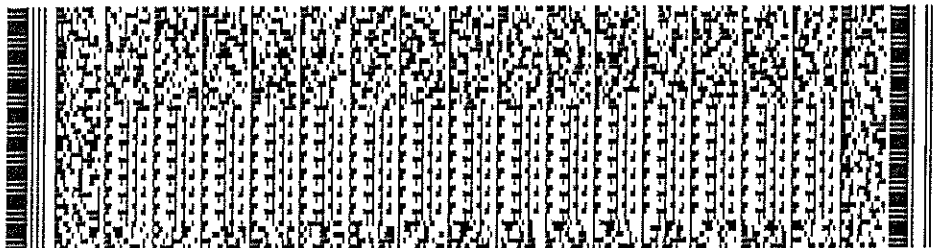
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v8.2 Schedule C (Form 5500) 2005



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
ERNST & YOUNG, LLP	34-6565596	AUDITOR	
(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)
NONE		23304	10

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
BENEFITS OUTSOURCING ADMINISTRATORS	38-3370067	ADMINISTRATION	
(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)
NONE		21110	13

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



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

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

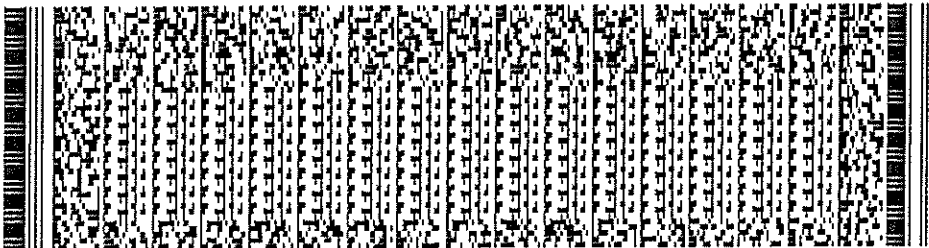
(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____



**SCHEDULE R
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► File as an Attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2005

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

For calendar year 2005 or fiscal plan year beginning and ending

A Name of plan TRW AUTOMOTIVE LEBANON HOURLY PLAN C	B Three-digit plan number 007
C Plan sponsor's name as shown on line 2a of Form 5500 TRW AUTOMOTIVE US LLC	D Employer Identification Number 14-1857697

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). 83-0349309 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 3

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, skip lines 7 and 8 and complete line 9.

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

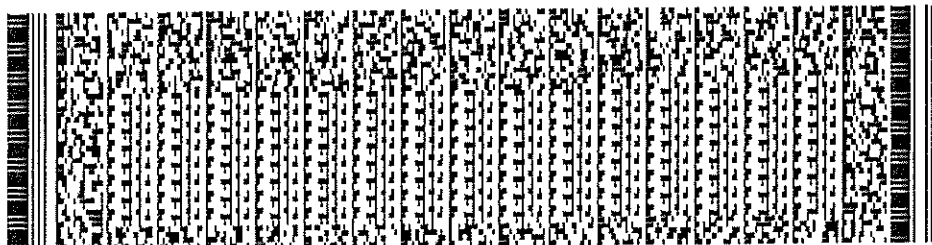
Part III Amendments

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. v8.2 Schedule R (Form 5500) 2005



**SCHEDULE P
(FORM 5500)**

**Annual Return of Fiduciary
of Employee Benefit Trust**

Official Use Only

OMB No. 1210-0110

2005

This Form is Open to
Public Inspection.

Department of the Treasury
Internal Revenue Service

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

► File as an attachment to Form 5500 or 5500-EZ.

For trust calendar year 2005 or fiscal year beginning 01/01/2005, and ending 12/31/2005

1a Name of trustee or custodian

MELLON TRUST OF NEW ENGLAND NA

b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

135 SANTILLI HIGHWAY

c City or town, state, and ZIP code

EVERETT MA 02149-1950

2a Name of trust

TRW AUTOMOTIVE MASTER TRUST

b Trust's employer identification number 83-0349309

3 Name of plan if different from name of trust

LEBANON HOURLY PLAN C

4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)?

☒ Yes ☐ No

5 Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ.

14-1857697

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

**SIGN
HERE**

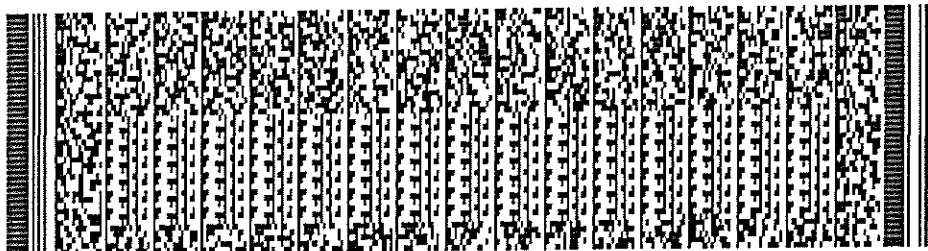
Signature of
fiduciary

Date

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

v8.2

Schedule P (Form 5500) 2005



**ATTACHMENTS TO SCHEDULE B (FORM 5500)
ACTUARIAL INFORMATION**

**Plan: TRW Automotive Lebanon Hourly Pension Plan
EIN/PN: 14-1857697/ 007**

We used and relied upon financial data submitted by the trustee without further audit. We have also used and relied on participant data supplied by the plan sponsor; these data would customarily not be verified by a plan's actuary. We have reviewed the participant data for internal consistency and reasonableness and have no reason to doubt its substantial accuracy. The plan is solely responsible for the validity and completeness of this information.

The following separate exhibits are attached:

- Schedule B, Line 6 – Summary of Plan Provisions
- Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods
- Schedule B, Line 6b – Description of Weighted Average Retirement Age
- Schedule B, Line 8c – Schedule of Active Participant Data
- Schedule B, Lines 9c and 9j –Schedule of Funding Standard Account Bases
- Schedule B, Line 11 – Justification for Change in Actuarial Assumptions

Schedule B, Line 6 – Summary of Plan Provisions

<i>Effective date</i>	January 1, 1963.
<i>Covered employees</i>	Hourly paid employees of the Lebanon Plant of the TRW Commercial Steering Division who are members of the UAW Local 342.
<i>Participation date</i>	Date of becoming a covered employee.

Definitions

<i>Vesting service</i>	One year for each 1,000-hour calendar year of service.
<i>Benefit service</i>	One year for each calendar year with the required number of hours of service, shown below.

<u>Year</u>	<u>Hours of Service</u>
Prior to 1987	1,700
After 1/1/87	2,280

<i>Normal retirement date (NRD)</i>	First of month following the attainment of age 65 with five years of vesting service.
<i>Monthly pension benefit</i>	For employees hired before November 1, 1997 - \$32.00 times benefit service, effective January 1, 2003; for employees hired on or after November 1, 1997 - \$24.00 times benefit service, effective January 1, 2003.
<i>Special age 65 benefit</i>	\$60.00 per month, effective for 2004, payable after age 65 to all retired employees or surviving spouses unless the participant had retired from deferred vested status; \$65.00 effective for 2005; \$70.00 effective for 2006; \$75.00 effective for 2006.
<i>Supplemental benefit</i>	A \$475 monthly supplement payable to age 62 for employees who retire early (\$500 effective as of January 1, 2005).

Eligibility for Benefits

<i>Normal retirement</i>	Retirement at NRD
<i>Early retirement</i>	Retirement before NRD and on or after both attaining age 55 and completing ten years of benefit service, or after attaining age 55 and the sum of age and benefit service equals or exceeds 85.
<i>Postponed retirement</i>	Retirement after NRD.
<i>Disability</i>	Totally and permanently disabled, after ten years of benefit service.
<i>Deferred vested</i>	Termination for reasons other than death or retirement after completing five years of vesting service.
<i>Pre-retirement spouse</i>	Death while eligible for normal, early, postponed or deferred vested retirement benefits benefit having been married at least one year.

Schedule B, Line 6 – Summary of Plan Provisions

Monthly Benefits Paid Upon the Following Events	
<i>Normal retirement</i>	Monthly pension benefit determined as of NRD.
<i>Early retirement</i>	<p>Monthly pension benefit determined as of early retirement date, reduced by 7.2% for each year of payment before age 60. There is no deduction for employees who retire with age plus years of benefit service greater than or equal to 85 ("85 points").</p> <p>A supplemental benefit of \$475 (\$500 effective January 1, 2007) per month for early retirement with less than 30 years of benefit service is payable between age 55 and 62, reduced 3.3% for each year less than 30 years. There is no reduction for employees with more than 30 years of benefit service.</p>
<i>Postponed retirement</i>	Monthly pension benefit determined as of actual retirement date.
<i>Disability</i>	Monthly pension benefit determined as of disability date, payable immediately.
<i>Termination with deferred vested benefit</i>	Monthly pension benefit determined as of termination date and deferred to age 65. If a participant elects to receive benefit after early retirement age, it will be reduced 7.2% per year under age 62.
<i>Death with pre-retirement spouse benefits</i>	If an employee dies after attaining age 55 with ten years of benefit service, his spouse receives the spouse benefit assuming the employee had retired early and elected the 50% joint and survivor option the day before his death. If an employee dies before age 55, the benefit is calculated as if the employee terminated his employment on his date of death, survived to his earliest retirement date and elected the 50% joint and survivor option.
<i>Normal form of payment</i>	Life annuity if the participant has no spouse as of the date payments begin. If married, benefits are paid in the form of a 66-2/3% joint and survivor annuity. However, if termination is due to disability prior to age 55, benefits are paid in the form of a 50% joint and survivor annuity.
<i>Other forms of payment</i>	If the participant elects and the spouse consents (if applicable), another actuarially equivalent optional form is offered by the plan. Optional forms are a 25%, 50%, 75% or 100% contingent annuitant, or a ten-year certain and life annuity, or (for married participants) a life annuity.
<i>Maximum on benefits</i>	All benefits for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. If necessary, the defined benefit plan is reduced.
Changes in Plan Provisions Since Prior Year	Plan provisions have not changed since prior year, except to reflect the actual Code maximums on benefits and increases in basic and ancillary benefits as a result of 2002 negotiations.

Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods

Cost Method Used for Funding

Actuarial cost method: Liabilities and contributions shown in this report are computed using the individual entry age normal method of funding.

Changes in actuarial cost method since prior valuation: None.

Current liability: The current liability is a present value of accrued benefits determined in accordance with IRC Section 412(l). The accrued benefits, including benefits accruing during the year, are valued under as many as three different measures:

- The RPA '94 current liability is computed using an interest rate between 90% and 100% of the weighted four-year average corporate bond rate. However, solely for purposes of the alternate maximum deductible limit under Code Section 404, employers may elect to use a rate in the range of 90% – 105% of the weighted four-year average of the 30-year Treasury rates. The required mortality table is the 1983 Group Annuity Mortality Table, however for disabled participants, different IRS mandated tables may be used, as specified in Revenue Ruling 96-7.
- The gateway current liability is computed using an interest rate equal to the highest interest rate allowed in the RPA '94 permissible range and the same mortality tables as the RPA '94 current liability.

Financial and census data: We used financial data submitted by the trustee as of January 1, 2005 without further audit and participant data as supplied by the plan sponsor. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

IRC Section 415(b): The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.

Participants included: The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities. No actuarial liability is included for participants who terminated nonvested prior to the valuation date.

Transferred participants: The liabilities for employees who have transferred into another plan of the plan sponsor have been included with the liabilities for terminated vested participants.

Disabled participants: The liabilities for participants on long-term disability have been included with the liabilities for terminated vested participants.

Estimated benefits: We estimated benefits for terminated vested participants, since exact termination calculations were not provided to us.

Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods

The actuarial value of assets is determined on a smoothed basis that recognizes the market value of assets at the valuation date. Under the specific method employed, the actuarial value of assets is determined according to the following procedure date:

1. An expected actuarial value of assets at the valuation is determined from the actuarial value at the prior valuation date, by adding contributions made for the prior year; subtracting actual benefits and plan expenses paid from plan assets for the prior year; and adding interest at the prior year's valuation rate of interest.
2. The final actuarial value is determined as the expected actuarial value, plus 25% of the difference between the market value of assets and the expected actuarial value. (The final value thus determined cannot exceed 120% of the market value, and cannot be less than 80% of the market value.)

Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods

A. Economic Assumptions	
<i>Interest Rates</i>	
- ERISA funding determinations	8.00%
- Lump sum determinations	6.00%
- Current Liability determinations	6.10%
<i>Increase in Other Economic Rates</i>	
- Salaries	4.50%
- Future Social Security wage bases	3.00%
- Indexed limits on compensation and benefits	N/A

B. Demographic Assumptions**Mortality**

- | | |
|----------------|--|
| - Healthy (a) | UP 94 (1994 uninsured pensioner mortality table projected to 2004 for males and females) |
| - Disabled (b) | 1977 Railroad Retirement Board Fully Disabled Mortality Table (males and females) |
| - Disabled (c) | PBGC Disability Mortality Table
(a) 1983 Group Annuity Mortality Table used for all Current Liability measurements
(b) Only applicable to Brighton, Detroit, Fayette, Fremont, Gunite, Jackson, Kingsway, Milford, Mt. Vernon and K-H benefit structure within LRA Plan
(c) Only applicable to the Lucas cash balance benefit structure within LRA Plan |

Schedule B, Line 6 – Statement of Actuarial Assumptions/Method

Termination						
Salaried Plan		Rates varying by age and service. Sample rates:				
Completed years of service:		<3	5	10	15	25
Age 25		0.2400	0.1950	0.1500	0.0700	0.0300
Age 35		0.2000	0.1625	0.1250	0.0700	0.0300
Age 45		0.1600	0.1300	0.1000	0.0700	0.0300
Age 55		0.0000	0.0000	0.0000	0.0000	0.0000
LRA Plan		Rates varying by group and sex. Sample rates:				
		Lucas Group		Kelsey-Hayes Group		
		Male	Female	Both Sexes		
Age 20		0.1380	0.1870	0.1160		
Age 30		0.0480	0.0560	0.0760		
Age 40		0.0147	0.0158	0.0440		
Age 50		0.0021	0.0021	0.0280		
Age 60		0.0000	0.0000	0.0040		
Brighton, Fayette, Gunite, Jackson, Kingsway, Mt. Vernon		Rates varying by age.				
		Sample rates:				
		Age	Rate			
		20	0.116			
		30	0.076			
		40	0.044			
		50	0.028			
		60	0.004			
Complemental, ICWU Local 192 Auburn, Lafayette, Lebanon		Rates varying by age and sex.				
		Sample rates:				
		Age	Male	Female		
		20	0.1495	0.2496		
		30	0.0691	0.0994		
		40	0.0282	0.0488		
		50	0.0399	0.0167		
		60	0.0000	0.0000		
Fasteners		Rates varying by age and sex (the termination rate is .250 in the first year of employment regardless of age or sex).				
		Sample rates:				
		Age	Male	Female		
		20	0.0860	0.1170		
		30	0.0520	0.0660		
		40	0.0315	0.0405		
		50	0.0000	0.0000		
		60	0.0000	0.0000		

Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods

<i>Sterling</i>	Rates varying by age and sex.		
	Sample rates:		
	Age	Male	Female
	20	0.0860	0.1170
	30	0.0520	0.0660
	40	0.0315	0.0405
	50	0.0195	0.0260
	60	0.0000	0.0000
<i>Disability</i>			
<i>Salaried Plan</i>	Rates varying by age and sex. Sample rates:		
	Age	Male	Female
	20	0.00060	0.00090
	30	0.00060	0.00090
	40	0.00074	0.00110
	50	0.00179	0.00268
	60	0.00690	0.01035
<i>LRA Plan – Kelsey-Hayes, Brighton, Fayette, Gunite, Jackson, Kingsway, Mt. Vernon</i>			
Rates varying by age.			
Sample rates:			
	Age	Rate	
	20	0.00105	
	30	0.00115	
	40	0.00215	
	50	0.00587	
	60	0.02098	
<i>LRA Plan – Lucas group, Complemental and Fasteners</i>			
Do not have disability benefits.			
<i>ICWU Local 192 Auburn, Lafayette, Lebanon, Sterling</i>			
Rates varying by age and sex.			
Sample rates:			
	Age	Male	Female
	20	0.000600	0.000900
	30	0.000600	0.000900
	40	0.000735	0.001102
	50	0.001785	0.002677
	60	0.006900	0.010350

Schedule B, Line 6 – Statement of Actuarial Assumptions/Method

Retirement		
<i>Salaried Plan</i>	Rates varying by age. Rates:	
	<u>Age</u>	<u>Rate</u>
	55	0.20
	56 – 59	0.05
	60 – 61	0.20
	62	0.30
	63	0.25
	64	0.30
	65	0.50
	66 – 69	0.40
	70	1.00
<i>LRA Plan</i>	For Lucas group: age 63, if eligible for early retirement; otherwise later of age 65 and 5 years of participation. For Kelsey-Hayes group: Rates varying by age. Rates:	
	<u>Age</u>	<u>Rate</u>
	55 – 58	0.04
	59 – 61	0.07
	62	0.25
	63 – 64	0.15
	65	1.00
<i>Brighton, Kingsway, Mt. Vernon</i>	Rates varying by age. Rates:	
	<u>Age</u>	<u>Rate</u>
	55 – 61	0.02
	62 – 64	0.30
	65	1.00

Schedule B, Line 6 – Statement of Actuarial Assumptions/Method*Complemental*

Rates varying by age after attaining 10 years of service. Rates:

Age	Danville	Louisville
58	N/A	0.00
59	N/A	0.00
60	N/A	0.05
61	N/A	0.05
62	N/A	0.20
63	N/A	0.20
64	N/A	0.40
65	N/A	1.00

Gunite, Jackson

Rates varying by age and service. Sample rates:

Age	With <30 Years of Service	With 30 Years of Service
55 – 61	0.02	0.30
62 – 64	0.30	0.50
65	1.00	1.00

Fasteners

Rates varying by age.

Sample rates:

Age	Rate
55 – 59	0.05
60 – 61	0.20
62	0.30
63	0.25
64	0.30
65	1.00

Fayette

Rates varying by age.

Sample rates

Age	Rate
55	0.0250
56	0.0300
57	0.0350
58	0.0425
59	0.0550
60	0.0675
61	0.0900
62	0.2250
63	0.1750
64	0.2350
65	1.0000

ICWU Local 192 Auburn

Rates varying by age.

Sample rates:

Age	Rate
60 – 61	0.05
62 – 63	0.20
64	0.40
65	1.00

Schedule B, Line 6 – Statement of Actuarial Assumptions/Method*Lafayette*

Rates varying by age and service.

Sample rates:

Age	With 10 Years of Service	With 30 Years of Service
55 – 59	0.00	0.20
60	0.22	0.22
61	0.26	0.26
62	0.35	0.35
63	0.49	0.49
64	0.71	0.71
65	1.00	1.00

Lebanon

Rates varying by age and service.

Sample rates:

Age	With 10 Years of Service	With (Age + Service) at Least 85
55	0.00	0.30
56	0.00	0.25
57 – 59	0.00	0.20
60	0.05	0.20
61	0.10	0.20
62	0.20	0.25
63	0.30	0.35
64	0.50	0.50
65	1.00	1.00

Schedule B, Line 6 – Statement of Actuarial Assumptions/Method*Sterling*

Rates varying by age.

Sample rates:

Age	Rate
55 – 61	0.06
62	0.40
63 – 64	0.30
65	0.75
66 – 69	0.50
70	1.00

Form of Payment	
<i>Salaried Plan</i>	85% are assumed to take lump sum. Balance assumed to take life annuity.
<i>LRA Plan</i>	For Lucas Retirement Account group, 15% of all active participants are assumed to elect a life annuity, and 85% are assumed to elect a life annuity. 100% of vested terminated participants are assumed to elect annuities. The conversion basis from a lump sum to an annuity is 4.75% with Revenue Ruling 2001-62 mortality (50% male, 50% female). For Kelsey-Hayes group, 70% of males and 10% of females elect postretirement survivorship coverage; the balance are assumed to elect a life annuity.
<i>TRW Hourly Plans</i> ¹	Life annuity
<i>Varity Plans</i> ²	70% of males and 20% of females elect post-retirement survivorship coverage. The rest elect life annuity.
<i>Loadings</i>	Benefit liabilities for current deferred terminated vested participants have been loaded 2% to reflect the estimated value of the REA preretirement death benefit for the following plans: Brighton, Detroit, Fremont, Gunite, Jackson, Kingsway, Milford, Mt. Vernon and the K-H benefit structure within the LRA Plan.

¹ TRW Plans: Complemental Danville, Fasteners, ICWU Local 192 Auburn, Lafayette, Lebanon, Sterling, UAW Local 2400 Cleveland² Varity Plans: Brighton, Fayette, Fremont, Gunite, Jackson, Kingsway, Milford, Mt. Vernon, Detroit

Schedule B, Line 6 – Statement of Actuarial Assumptions/Method

Administrative expense	An explicit provision for plan administrative expenses that is expected to be incurred and paid by the plan during 2005.			
	Expense Load Assumptions for 2005 Valuations			
			Expense Loadings	
	Salaried Plan		\$	6,520,000
	Brighton		\$	60,000
	Complemental		\$	110,000
	Fasteners		\$	170,000
	Local 192		\$	70,000
	Lafayette		\$	20,000
	Lebanon		\$	200,000
	Sterling		\$	220,000
	Fayette		\$	30,000
	Jackson		\$	160,000
	Kingsway		\$	80,000
	Mount Vernon		\$	70,000
Percentage married	Salaried plan 80%. Hourly plans – 80% males, 50% females			
Spouse age	Wife three years younger than husband			
Return from Laid-Off Status				
Variety Plans ¹	No layoffs return. Appropriate service creep (additional service with a maximum of 1.9 years) is added to benefit and vesting service for participants in the collectively bargained plans that provide for it. Individuals are then treated as vested or nonvested terminations in valuation based on vesting service (including creep, if applicable).			

¹ Variety Plans: Brighton, Fayette, Fremont, Gunite, Jackson, Kingsway, Milford, Mt. Vernon, Detroit

C. General Information	
<i>Benefits Not Valued</i>	All benefits described in the Plan Provisions section of this report were valued except the \$15 supplemental disability benefit for Sterling due to the assumption that all disabled employees will receive Social Security disability payments and the qualified Social Security Supplement for the Salaried Plan due to the assumption that deferred vested employees are assumed to retire at age 65.
<i>Change in Assumptions and Methods Since Prior Valuation</i>	Effective January 1, 2005 the interest rate for ERISA decreased from 8.5% to 8.0%. Also, the interest rate for valuing current liability decreased from 6.55% to 6.10%. The salary increase assumption changed from 5.0% to 4.5% and there was the addition of an explicit provision for plan administrative expenses expected to be incurred and paid by each of the plans during 2005.
<i>Data Sources</i>	Participant data was provided by TRW Automotive directly with respect to certain locations, and by TRW Automotive's administrative designates (Citistreet, Mercer Human Resource Consulting, and Benefits Outsourcing Solutions) with respect to the locations for which those organizations provided postretirement benefits administrative services during 2004.

Schedule B, Line 6 b– Description of Weighted Average Retirement

Schedule B, Line 6B--Description of Weighted Average Retirement Age

Service Breakpoint: 30
 Average Age at 1/1/2005: 40.3054
 Average Service at 1/1/2005: 9.0456

A					B	C
Age	Active Group	Average Service	Retirement Rate (<30 YOS)	Retirement Rate (>30 YOS)	Number of Employees Expected to Retire	(A) x (B)
55	1000	24	0	0.30	0	0
56	1000	25	0	0.25	0	0
57	1000	26	0	0.20	0	0
58	1000	27	0	0.20	0	0
59	1000	28	0	0.20	0	0
60	1000	29	0.05	0.20	50	3000
61	950	30	0.10	0.20	190	11590
62	760	31	0.20	0.25	190	11780
63	570	32	0.30	0.35	200	12569
64	371	33	0.50	0.50	185	11856
65	185	34	1.00	1.00	<u>185</u>	<u>12041</u>
Total					1000	62836
Average						62.83575

Schedule B, Line 8c – Schedule of Active Participant Data

Age	Years of Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25		23	3								26
25 - 29		39	25	2							66
30 - 34		43	47	21							111
35 - 39		25	32	15							72
40 - 44		26	24	13							63
45 - 49		20	22	10		2					54
50 - 54		20	16	13		2	9	12	9		81
55 - 59		5	1	3	1	2	6	7	17		42
60 - 64		1	2				1		4	2	10
65 - 69											0
70 +											0
Total	0	202	172	77	1	6	16	19	30	2	525

Schedule B, Lines 9c and 9j –Schedule of Funding Standard Account Bases**Amortization Schedule for Minimum Funding Standard**

Charge	Amortization Period			Balances		Beginning-of-Year Payment
	Date Created	Initial Years	Years Left	Initial	Outstanding	
1984 plan change	01/01/1984	30	9	\$ 330,064	\$ 186,520	\$ 27,646
1985 plan change	01/01/1985	30	10	179,583	108,857	15,021
1987 plan change	01/01/1987	30	12	1,540,100	1,045,634	128,473
1988 plan change	01/01/1988	30	13	600,000	426,695	49,987
1989 plan change	01/01/1989	30	14	942,000	698,410	78,440
1990 plan change	01/01/1990	30	15	7,040,800	5,417,186	586,007
1994 plan change	01/01/1994	30	19	3,343,600	2,881,146	277,784
1986 assumption change	01/01/1986	30	11	1,142,900	736,057	95,467
1997 method change	01/01/1997	10	2	1,683,702	454,488	235,984
1998 plan change	01/01/1998	30	23	4,506,820	4,178,080	373,018
2000 assumption change	01/01/2000	10	5	1,372,554	824,333	191,166
2001 actuarial loss	01/01/2002	5	2	630,614	283,429	147,165
2002 actuarial loss	01/01/2003	5	3	4,459,482	2,890,295	1,038,455
2003 plan change	01/01/2003	30	28	1,306,798	1,284,864	107,654
2003 actuarial loss	01/01/2004	5	4	1,183,407	983,688	274,996
2004 actuarial loss	01/01/2005	5	5	1,138,585	1,138,585	264,043
2005 assumption change	01/01/2005	10	10	2,436,066	2,436,066	336,153
Total					\$ 25,974,333	\$ 4,227,459

Amortization Schedule for Minimum Funding Standard

Credit	Amortization Period			Balances		Beginning-of-Year Payment
	Date Created	Initial Years	Years Left	Initial	Outstanding	
1990 method change	01/01/1990	30	15	\$ 790,500	\$ 608,209	\$ 65,793
1996 method change	01/01/1996	10	1	293,600	41,246	41,246
1997 assumption change	01/01/1997	10	2	316,581	85,462	44,374
2000 actuarial gain	01/01/2001	5	1	496,335	116,083	116,083
Total					\$ 851,000	\$ 267,496

Schedule B, Lines 9c and 9j –Schedule of Funding Standard Account Bases

Reconciliation Account	January 1, 2005
1. Accumulated additional funding charges	\$ 3,584,030
2. Accumulated interest charges on late quarterly payments	0
3. Accumulated adjustment for waived funding deficiencies	0
4. Reconciliation account balance at end of prior plan year <i>(1. + 2. + 3.)</i>	\$ 3,584,030

Equation of Balance	
1. Net amount of amortization bases outstanding on January 1, 2005	\$ 25,123,333
2. Credit balance in funding standard account on January 1, 2005	12,947,047
3. Reconciliation account balance on January 1, 2005	3,584,030
4. Unfunded actuarial accrued liability on January 1, 2005 <i>(1. – 2. – 3., not less than \$0)</i>	\$ 8,592,256

Schedule B, Line 11 – Justification for Change in Actuarial Assumptions

Effective January 1, 2005 the interest rate for ERISA decreased from 8.5% to 8.0%. Also, the interest rate for valuing current liability decreased from 6.55% to 6.10%. The salary increase assumption changed from 5.0% to 4.5% and there was the addition of an explicit provision for plan administrative expenses expected to be incurred and paid by each of the plans during 2005.

**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

2005

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

For calendar plan year 2005 or fiscal plan year beginning _____ and ending _____

▶ 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 TRW AUTOMOTIVE LEBANON HOURLY PLAN C		B Three-digit plan number ... ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ TRW AUTOMOTIVE US LLC		D Employer Identification Number 14-1857697
E Type of plan: (1) ☐ Multiemployer (2) ☒ Single-employer (3) ☐ Multiple-employer		F 100 or fewer participants in prior plan year ☐

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

1a Enter the actuarial valuation date: Month 01 Day 01 Year 2005

b Assets:

(1) Current value of assets	b(1)	48170595
(2) Actuarial value of assets for funding standard account	b(2)	49179866
c (1) Accrued liability for plans using immediate gain methods	c(1)	57772122
(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**

Signature of actuary

JAMES D. KERSHNER, FSA

Type or print name of actuary

MERCER

Firm name

600 RENAISSANCE CENTER, SUITE 1800

DETROIT

MI

48243-1815

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.

v8.2

Schedule B (Form 5500) 2005



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)	64788010
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	880356
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	64788010
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	5281718
(3) Expected plan disbursements for the plan year	d(3)	5285526

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)		2a	48170595	
b "RPA '94" current liability:		(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments		597	49429439	49429439
(2) For terminated vested participants		161	2895118	2895118
(3) For active participants		525	10398439	12463453
(4) Total		1283	62722996	64788010
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:

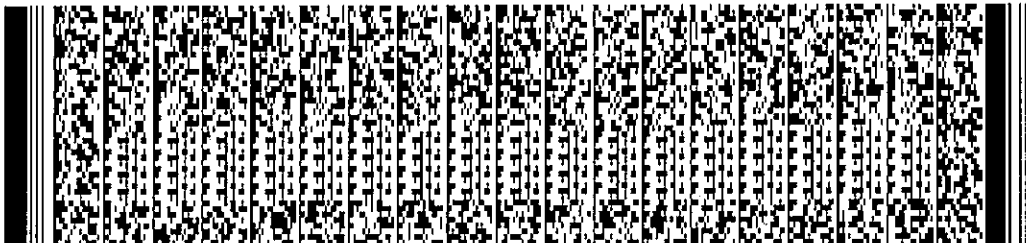
(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
07/14/2006	1181607				
3 Totals ▶ (b)				1181607	(c)
					0

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)	4a	82.3 %
--	-----------	--------

b If line 4a is less than 100%, see instructions, and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0



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

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

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

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

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

6 Checklist of certain actuarial assumptions:

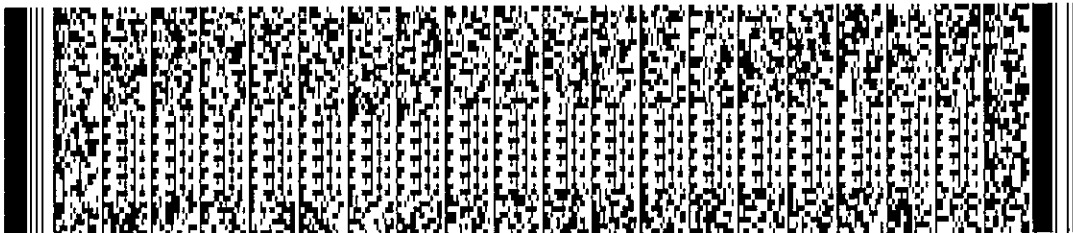
- | a Interest rate for "RPA '94" current liability. | 6a | 6.10 % | ☐ N/A | | | | | | | | |
|---|--|---|---|--|-----------------|--|---|---|---|---|------------------------------|
| b Weighted average retirement age | 6b | 63 | ☐ N/A | | | | | | | | |
| c Rates specified in insurance or annuity contracts . . . ☐ N/A | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Pre-retirement</th> <th colspan="2">Post-retirement</th> </tr> <tr> <td>☐ Yes ☒ No</td> <td>☐ Yes ☒ No</td> <td>☐ Yes ☒ No</td> <td>☐ Yes ☒ No</td> </tr> </table> | | Pre-retirement | | Post-retirement | | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ N/A |
| Pre-retirement | | Post-retirement | | | | | | | | | |
| ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | | | | | | | | |
| d Mortality table code for valuation purposes: | | | | | | | | | | | |
| (1) Males | d(1) | 8P04 | 8P04 | | | | | | | | |
| (2) Females | d(2) | 8FP04 | 8FP04 | | | | | | | | |
| e Valuation liability interest rate | 6e | 8.00 % | 8.00 % ☐ N/A | | | | | | | | |
| f Expense loading | 6f | 51.4 % | % ☒ N/A | | | | | | | | |
| g Annual withdrawal rates: | | | | | | | | | | | |
| (1) Age 25. | g(1) | U 9.94 % | U 14.95 % | | | | | | | | |
| (2) Age 40. | g(2) | U 2.82 % | U 4.88 % | | | | | | | | |
| (3) Age 55. | g(3) | U 0.00 % | U 0.40 % | | | | | | | | |
| h Salary scale | 6h | % | % ☒ N/A | | | | | | | | |
| i Estimated investment return on actuarial value of assets for year ending on the valuation date | 6i | 7.8 % | | | | | | | | | |
| j Estimated investment return on current value of assets for year ending on the valuation date . . | 6j | 11.4 % | | | | | | | | | |

7 New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
1	1138585	264043
4	2436066	336153

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



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	589358
c Amortization charges as of valuation date:		
(1) All bases except funding waivers. ▶ (\$ 25974333)	c(1)	4227459
(2) Funding waivers ▶ (\$ 0)	c(2)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	385345
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	5196345
g Total charges. Add lines 9a through 9f	9g	10398507

Credits to funding standard account:

h Prior year credit balance, if any.	9h	12947047
i Employer contributions. Total from column (b) of line 3.	9i	1181607
j Amortization credits as of valuation date ▶ (\$ 851000)	9j	267496
k Interest as applicable to end of plan year on lines 9h, 9i, and 9j	9k	1057163
l Full funding limitation (FFL) and credits		
(1) ERISA FFL (accrued liability FFL). l(1)		24988967
(2) "RPA '94" override (90% current liability FFL). l(2)		10193396
(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	15453313
o Credit balance: If line 9n is greater than line 9g, enter the difference	9o	5054806
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)	3584030
(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)	3584030

10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable **10** 0

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



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

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

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

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

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

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

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

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

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

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

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

- g**
- Outstanding balance of unfunded old liability

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

- i**
- Unfunded new liability amount (
- 30.00
- % of line 12h)

- j**
- Unfunded old liability amount

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

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

a negative number if less than zero.

- m**
- Unpredictable contingent event amount:

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

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

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

- (4) Amortization of all unpredictable contingent event liabilities

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

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

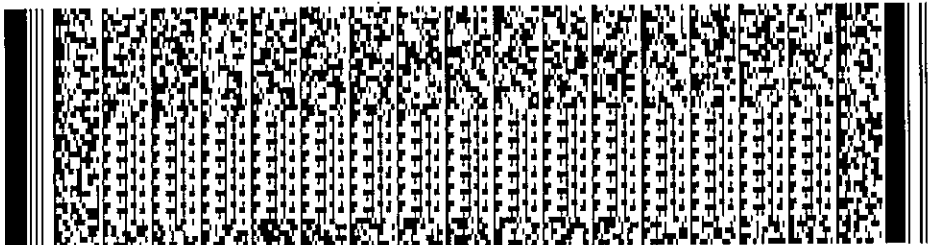
- n**
- Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6),
-
- adjusted to end of year with interest

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

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

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

12a	75.9 %
12b	64788010
12c	36232819
12d	55.93 %
12e	28555191
12f	0
12g	0
12h	28555191
12i	8566557
12j	0
12k	9446913
12l	4549321
m(1)	0
m(2)	44.07 %
m(3)	0
m(4)	0
m(5)	0
m(6)	0
12n	5196345
12o	25685463
12p	5196345
12q	5196345



Plan Name	TRW Automotive Lebanon Hourly Plan C	EIN:	14-1857697
Plan Sponsor's Name	TRW Automotive US LLC	PN:	007

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