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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2011</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                       |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                         |                                                                                                                                                                                          |
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| <b>Part II</b>                                                                                                                                                                                                          | <b>Basic Plan Information</b> —enter all requested information                                                                                                                           |
| <b>1a</b> Name of plan<br><u>TRW AUTOMOTIVE LAFAYETTE HOURLY PLAN A</u>                                                                                                                                                 | <b>1b</b> Three-digit plan number (PN) ► <u>006</u><br><b>1c</b> Effective date of plan <u>12/01/1955</u>                                                                                |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br><u>TRW AUTOMOTIVE US LLC</u><br><br><u>12001 TECH CENTER DRIVE</u><br><u>LIVONIA, MI 48150</u> | <b>2b</b> Employer Identification Number (EIN) <u>14-1857697</u><br><b>2c</b> Sponsor's telephone number <u>734-855-2600</u><br><b>2d</b> 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.

|                  |                                                          |                   |                                                              |
|------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>10/16/2012</u> | <u>SHELLY IACOBELLI</u>                                      |
|                  | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | <b>Signature of DFE</b>                                  | 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

|                                                                                                                                                                      |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>TRW AUTOMOTIVE US LLC<br><br>12001 TECH CENTER DRIVE<br>LIVONIA, MI 48150 | <b>3b</b> Administrator's EIN<br>14-1857697<br><br><b>3c</b> Administrator's telephone number<br>734-855-2600 |
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|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 611 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 201 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 203 |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 82  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 486 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 112 |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 598 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 3   |

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

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

1B 1G 3H

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>TRW AUTOMOTIVE LAFAYETTE HOURLY PLAN A</u>                                                                    | <b>B</b> Three-digit plan number (PN) ▶ <u>006</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>TRW AUTOMOTIVE US LLC</u>                                  | <b>D</b> Employer Identification Number (EIN)<br><u>14-1857697</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                           |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>                                                                                                                               |                                                                                    |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                    |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>22365688</u>                                                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>20562314</u>                                                          |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |                                                                                    |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b> (1) Number of participants <u>321</u> (2) Funding Target <u>12893673</u> |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b> <u>86</u> <u>911921</u>                                                  |
| <b>c</b> For active participants:                                                                                                                                                                               |                                                                                    |
| (1) Non-vested benefits .....                                                                                                                                                                                   | <b>3c(1)</b> <u>1359795</u>                                                        |
| (2) Vested benefits .....                                                                                                                                                                                       | <b>3c(2)</b> <u>3360533</u>                                                        |
| (3) Total active .....                                                                                                                                                                                          | <b>3c(3)</b> <u>205</u> <u>4720328</u>                                             |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b> <u>612</u> <u>18525922</u>                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>                                                           |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>6.19 %</u>                                                             |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> <u>361339</u>                                                             |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                            |                                        |
|----------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                           | <u>10/12/2012</u>                      |
| Signature of actuary                                                       | Date                                   |
| <u>JAMES D. KERSHNER, FSA</u>                                              | <u>11-03526</u>                        |
| Type or print name of actuary                                              | Most recent enrollment number          |
| <u>MERCER</u>                                                              | <u>313-259-5500</u>                    |
| Firm name                                                                  | Telephone number (including area code) |
| <u>600 RENAISSANCE CENTER, SUITE 1800</u><br><u>DETROIT, MI 48243-1815</u> |                                        |
| 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-SF.**

**Schedule SB (Form 5500) 2011**  
**v.012611**

| <b>Part II</b> |                                                                                                                          | <b>Beginning of year carryover and prefunding balances</b> |                        |
|----------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                          | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                          | 7690729                                                    | 0                      |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                       | 388488                                                     | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                             | 7302241                                                    | 0                      |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>13.92</u> % .....                                              | 1016472                                                    |                        |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                     |                                                            |                        |
| <b>a</b>       | Present value of excess contributions (line 38 from prior year) .....                                                    |                                                            | 0                      |
| <b>b</b>       | Interest on (a) using prior year's effective rate of <u>6.60</u> % except as otherwise provided (see instructions) ..... |                                                            | 0                      |
| <b>c</b>       | Total available at beginning of current plan year to add to prefunding balance .....                                     |                                                            | 0                      |
| <b>d</b>       | Portion of (c) to be added to prefunding balance .....                                                                   |                                                            |                        |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                  | 2577137                                                    | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                       | 5741576                                                    | 0                      |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding percentages</b> |          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 80.00 %  |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 110.99 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 122.82 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b>                  | %        |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and liquidity shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
| Totals ►                                                                                 |                                   |                                               | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

|                                                                                                                                      |                                                                     |
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| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> 0                                                        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> 0                                                        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> 0                                                        |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:                                           |                                                                     |
| Liquidity shortfall as of end of quarter of this plan year                                                                           |                                                                     |
| (1) 1st                                                                                                                              | (2) 2nd                                                             |
| 0                                                                                                                                    | 0                                                                   |
| (3) 3rd                                                                                                                              | (4) 4th                                                             |
| 0                                                                                                                                    | 0                                                                   |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                                                                                                                                                              |                       |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>3.78% | 2nd segment:<br>6.31% | 3rd segment:<br>6.57% | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                       | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                       |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 361339             |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 361339             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 361339              | 0                  | 361339        |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider 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> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2011                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011 |                                                      |     |
| A Name of plan<br>TRW AUTOMOTIVE LAFAYETTE HOURLY PLAN A                                   | B Three-digit plan number (PN) ▶                     | 006 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TRW AUTOMOTIVE US LLC            | D Employer Identification Number (EIN)<br>14-1857697 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------|

|                                                                                                           |
|-----------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|-----------------------------------------------------------------------------------------------------------|

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

FIDELITY

04-2723880

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     | NONE                                                                                              | 46594                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**(a)** Enter name and EIN or address (see instructions)

ERNST & YOUNG LLP

34-6565596

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 16430                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**(a)** Enter name and EIN or address (see instructions)

MERCER

13-2836910

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 17                  | NONE                                                                                              | 5151                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                           |                                                                                                                                                                                                                              | <b>2011</b>                                    |
|                                                                                                                                                                           |                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection.</b> |

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

|                                                                                                      |                                                                    |            |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>TRW AUTOMOTIVE LAFAYETTE HOURLY PLAN A</u>                               | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>006</u> |
|                                                                                                      |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>TRW AUTOMOTIVE US LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>14-1857697</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(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 US LLC

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>83-0349309-001</u> | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20905393</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**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)

**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

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | <b>2011</b>                                   |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2011 or fiscal plan year beginning <b>01/01/2011</b> and ending <b>12/31/2011</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>TRW AUTOMOTIVE LAFAYETTE HOURLY PLAN A</b>                                   | <b>B</b> Three-digit plan number (PN) ►                            | <b>006</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TRW AUTOMOTIVE US LLC</b>            | <b>D</b> Employer Identification Number (EIN)<br><b>14-1857697</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | <b>137963</b>         | <b>131851</b>   |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | <b>22266054</b>       | <b>20905393</b> |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 22404017              | 21037244        |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 38329 | 62939 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 38329 | 62939 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 22365688 | 20974305 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            | 342407    |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 342407    |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 1618134 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 1618134 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         |         |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 91891   |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |         |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 2382    |         |
| (4) Other .....                                                                            | <b>2i(4)</b> | 21383   |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 115656  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 1733790 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -1391383 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: 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   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |          |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 50000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |          |

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

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

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

**5b(1)** Name of plan(s)

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                               |                                                                    |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>TRW AUTOMOTIVE LAFAYETTE HOURLY PLAN A</u>                        | <b>B</b> Three-digit plan number (PN) ▶<br><u>006</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TRW AUTOMOTIVE US LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>14-1857697</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>83-0349309</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>0</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                                         |
| <b>5</b> 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. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                                         |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_



FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULE

TRW Automotive Lafayette Hourly Plan A  
As of December 31, 2011 and 2010, and  
for the Year Ended December 31, 2011  
With Report of Independent Auditors

Ernst & Young LLP

 **ERNST & YOUNG**

TRW Automotive Lafayette Hourly Plan A

Financial Statements and Supplemental Schedule

As of December 31, 2011 and 2010,  
and for the Year Ended December 31, 2011

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## Report of Independent Auditors

TRW Automotive U.S. LLC,  
Plan Administrator of the  
TRW Automotive Lafayette Hourly Plan A  
Livonia, MI

We were engaged to audit the accompanying statements of net assets available for benefits of TRW Automotive Lafayette Hourly Plan A as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental 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 The Bank of New York Mellon/BNY Mellon, N.A., 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, 2011 and 2010, and for the year ended December 31, 2011, 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 these accompanying financial statements and supplemental schedule as a whole. The supplemental schedule is presented for purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental 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, 2012

# TRW Automotive Lafayette Hourly Plan A

## Statements of Net Assets Available for Benefits

|                                                                             | December 31          |                      |
|-----------------------------------------------------------------------------|----------------------|----------------------|
|                                                                             | 2011                 | 2010                 |
| <b>Assets</b>                                                               |                      |                      |
| Cash, interest-bearing                                                      | \$ 131,851           | \$ 137,963           |
| Investment in TRW Automotive<br>Master Trust, at fair value <i>(Note 4)</i> | <u>20,905,393</u>    | <u>22,266,054</u>    |
| Total assets                                                                | <u>21,037,244</u>    | <u>22,404,017</u>    |
| <b>Liabilities</b>                                                          |                      |                      |
| Accrued expenses                                                            | <u>62,939</u>        | <u>38,329</u>        |
| Total liabilities                                                           | <u>62,939</u>        | <u>38,329</u>        |
| Net assets available for benefits                                           | <u>\$ 20,974,305</u> | <u>\$ 22,365,688</u> |

*See accompanying notes.*

# TRW Automotive Lafayette Hourly Plan A

## Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2011

### Additions

Net investment gain from TRW Automotive

Master Trust (*Note 4*)

\$ 342,407

Total additions

342,407

### Deductions

Benefit payments

1,618,134

PBGC premiums

21,383

Administrative expenses

94,273

Total deductions

1,733,790

Net decrease

(1,391,383)

Net assets available for benefits at beginning of year

22,365,688

Net assets available for benefits at end of year

\$ 20,974,305

*See accompanying notes.*

# TRW Automotive Lafayette Hourly Plan A

## Notes to Financial Statements

As of December 31, 2011 and 2010,  
and for the Year Ended December 31, 2011

### **1. Description of the Plan**

The following description of the TRW Automotive Lafayette Hourly Plan A (the Plan) provides general information about the Plan's provisions. TRW Automotive U.S. LLC (the Company) is the plan sponsor. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor.

#### **General**

The Plan is a defined benefit plan, established through collective bargaining, which covers substantially all hourly employees of the Lafayette Plant of the Commercial Steering Division of the Company and provides pension benefits for such employees. The Plan provides for retirement benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Bank of New York Mellon/BNY Mellon, N.A., is the trustee of the Plan.

#### **Funding**

The Company periodically contributes amounts necessary to provide assets sufficient to meet the benefits to be paid to the Plan's members. For any plan year, the Company's contributions to the Plan are, at a minimum, equal to the amounts required to fund the Plan's actuarial normal cost and to amortize the Plan's unfunded actuarial liability in accordance with the minimum amortization requirements of the Pension Protection Act of 2006 (PPA). Contributions to the Plan have met the minimum funding requirements of ERISA, as amended by the PPA.

#### **Plan Termination**

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue such contributions for future periods and to terminate the Plan provided that such discontinuance or termination will not be undertaken in such a manner as to constitute a violation of any applicable provision of a collective bargaining agreement between the Company and a union. 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.

## TRW Automotive Lafayette Hourly Plan A

### Notes to Financial Statements (continued)

#### **1. Description of the Plan (continued)**

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.

##### **Eligibility and Vesting**

New hires have not been eligible to participate in the Plan since April 1, 2007.

Information about the plan agreement, the vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the summary plan description, which is available from the Company.

#### **2. Summary of Significant Accounting Policies**

##### **Basis of Presentation**

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

##### **Use of Estimates**

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

##### **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 on 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.

## TRW Automotive Lafayette Hourly Plan A

### Notes to Financial Statements (continued)

#### 2. Summary of Significant Accounting Policies (continued)

##### Investment Valuation and Income Recognition

The Plan's investment and those investments held in the TRW Automotive Master Trust (Master Trust) are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 5 for further discussion and disclosures of fair value measurements.

Interest-bearing cash consists of funds that were transferred from The Bank of New York Mellon/BNY Mellon, N.A., the trustee, on December 27, 2011, to the plan administrator, Fidelity, for the purpose of funding January 1, 2012, benefit payments.

Investments are stated at fair value. Investments consist primarily of units of the Master Trust at December 31, 2011 and 2010. 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.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

##### Relevant Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-06, *Improving Disclosures about Fair Value Measurements*. ASU 2010-06 amended Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, to clarify certain existing fair value disclosures and require a number of additional disclosures. The requirement to present changes in Level 3 measurements on a gross basis is effective for reporting periods beginning after December 15, 2010. Since ASU 2010-06 only affects fair value measurement disclosures, adoption of ASU 2010-06 did not have an effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

## TRW Automotive Lafayette Hourly Plan A

### Notes to Financial Statements (continued)

#### **2. Summary of Significant Accounting Policies (continued)**

In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU 2011-04 amended ASC 820 to converge the fair value measurement guidance in U.S. generally accepted accounting principles (GAAP) and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

#### **Subsequent Events**

Management had evaluated and concluded that there were no subsequent events for the Plan through October 11, 2012, the date the financial statements were available to be issued.

#### **3. Accumulated Plan Benefits**

The actuarial present value of accumulated plan benefits as calculated by the Plan's actuary, Mercer Human Resource Consulting, for the years ended December 31, 2011 and 2010, is 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.

# TRW Automotive Lafayette Hourly Plan A

## Notes to Financial Statements (continued)

### 3. Accumulated Plan Benefits (continued)

The accumulated plan benefit information follows:

|                                                                   | December 31          |                      |
|-------------------------------------------------------------------|----------------------|----------------------|
|                                                                   | 2011                 | 2010                 |
| Actuarial present value of accumulated plan benefits:             |                      |                      |
| Vested benefits:                                                  |                      |                      |
| Participants currently receiving payments                         | \$ 13,352,831        | \$ 13,471,615        |
| Other participants                                                | 6,811,303            | 5,038,223            |
| Total vested benefits                                             | 20,164,134           | 18,509,838           |
| Non-vested benefits                                               | 1,539,001            | 1,604,141            |
| Total actuarial present value of accumulated plan benefits        | <u>\$ 21,703,135</u> | <u>\$ 20,113,979</u> |
| Changes in accumulated plan benefits:                             |                      |                      |
| Actuarial value of accumulated plan benefits at beginning of year |                      | \$ 20,113,979        |
| Change in actuarial assumptions                                   |                      | 1,653,624            |
| Benefits accumulated, including net gains or losses               |                      | 491,896              |
| Increase for interest due to the decrease in discount period      |                      | 1,061,770            |
| Benefits paid                                                     |                      | (1,618,134)          |
| Net increase                                                      |                      | <u>1,589,156</u>     |
| Actuarial value of accumulated plan benefits at end of year       |                      | <u>\$ 21,703,135</u> |

## TRW Automotive Lafayette Hourly Plan A

### Notes to Financial Statements (continued)

#### 3. Accumulated Plan Benefits (continued)

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

|                       | December 31                                                                                     |                                                                                                 |
|-----------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
|                       | 2011                                                                                            | 2010                                                                                            |
| Interest rate         | 4.75%                                                                                           | 5.50%                                                                                           |
| Mortality basis       | UP-94 Mortality Table<br>(projected to 2017)                                                    | UP-94 Mortality Table<br>(projected to 2017)                                                    |
| Employee turnover     | Rates varying by age<br>and gender                                                              | Rates varying by age<br>and gender                                                              |
| Retirement            | Rates varying by age and<br>service with 100% by age<br>65 with ten years or more<br>of service | Rates varying by age and<br>service with 100% by age<br>65 with ten years or more<br>of service |
| Actuarial cost method | Unit credit                                                                                     | Unit credit                                                                                     |

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.

#### 4. Investments

All investment information for the Plan and Master Trust disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2011 and 2010, and net appreciation in fair value of investments, interest, and dividends from the Master Trust for the year ended December 31, 2011, was obtained or derived from information supplied to the Company and certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan.

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 2.2% and 2.4% at December 31, 2011 and 2010, respectively.

# TRW Automotive Lafayette Hourly Plan A

## Notes to Financial Statements (continued)

### 4. Investments (continued)

The Master Trust assets are allocated among the participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans, in proportion to each plan's beneficial interest in the Master Trust, income and expenses resulting from the collective investment of the assets of the Master Trust.

The following table presents the fair values of net assets for the Master Trust:

|                                                                        | December 31    |                |
|------------------------------------------------------------------------|----------------|----------------|
|                                                                        | 2011           | 2010           |
| Investments at fair value:                                             |                |                |
| Cash equivalents                                                       | \$ 54,020,922  | \$ 56,953      |
| Cash equivalents – collateral received for securities loaned           | 13,437,596     | 33,522,662     |
| U.S. government securities – collateral received for securities loaned | 156,676,631    | –              |
| Corporate bonds                                                        | 396,599,741    | –              |
| Corporate bonds held as securities loaned                              | 13,117,095     | –              |
| U.S. treasuries                                                        | 56,914,159     | –              |
| U.S. treasuries held as securities loaned                              | 153,439,502    | –              |
| Synthetic equities                                                     | (21,705,871)   | –              |
| Common stock                                                           | –              | 357,785,884    |
| Common stock – held as securities loaned                               | –              | 32,351,181     |
| Common/collective trusts                                               | 292,877,730    | 531,428,834    |
| Convertible bonds                                                      | –              | 31,976         |
| Total investments at fair value                                        | 1,115,377,505  | 955,177,490    |
| Liabilities at fair value:                                             |                |                |
| Obligation to return collateral received for securities loaned         | (170,114,227)  | (33,522,662)   |
|                                                                        | 945,263,278    | 921,654,828    |
| Dividends receivable                                                   | 545,636        | 772,335        |
| Net receivables for security sales                                     | 3,471,697      | 162,386        |
| Interest receivables                                                   | 6,454,004      | 5,104          |
| Net payables for security purchases                                    | (3,059,842)    | (951,242)      |
| Total net assets                                                       | \$ 952,674,773 | \$ 921,643,411 |

## TRW Automotive Lafayette Hourly Plan A

### Notes to Financial Statements (continued)

#### 4. Investments (continued)

Net investment gain for the Master Trust is as follows for the year ended December 31, 2011:

|                                                                                                    |                      |
|----------------------------------------------------------------------------------------------------|----------------------|
| Net appreciation (depreciation) in fair value of investments<br>determined by quoted market price: |                      |
| Cash equivalents – foreign currency                                                                | \$ 19,787,936        |
| Common stock                                                                                       | (66,695,085)         |
| Common fund/collective trusts                                                                      | 61,218,728           |
| Convertible bonds                                                                                  | 2,515,786            |
| Synthetic equities                                                                                 | (12,806,305)         |
|                                                                                                    | <u>4,021,060</u>     |
|                                                                                                    |                      |
| Interest income                                                                                    | 3,703,391            |
| Class action income                                                                                | 52,488               |
| Securities lending income                                                                          | 229,097              |
| Dividend income                                                                                    | 9,763,450            |
| Short-term capital gain                                                                            | 883,174              |
| Long-term capital gain                                                                             | 335,079              |
|                                                                                                    | <u>\$ 18,987,739</u> |

#### 5. Fair Value Measurements

In accordance with ASC 820, assets and liabilities measured at fair value are categorized into the following fair value hierarchy:

Level 1 – Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access at the measurement date. The Company utilizes the market approach to determine the fair value of its assets under Level 1 of the fair value hierarchy.

## TRW Automotive Lafayette Hourly Plan A

### Notes to Financial Statements (continued)

#### 5. Fair Value Measurements (continued)

Level 2 – Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability. Classified within the Level 2 hierarchy investments by the Plan in other investments through common/collective trust funds held by the trustee, Bank of New York Mellon/BNY Mellon, N.A. Also included in the Level 2 hierarchy are investments in structured equity holdings.

Level 3 – Fair value is based on prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the investment and are based on the best available information, some of which may be internally developed. There were no investments in the Master Trust that were classified within Level 3 of the hierarchy.

The following methods and assumptions were used to determine the fair value of investments recorded at fair value in the statements of net assets available for benefits.

*Common stock:* Valued at the quoted market price reported on the active market on which the individual securities are traded on the last business day of the plan year.

*Common/collective trust fund:* The common/collective trust fund invests in commingled cash equivalent funds, commingled U.S. equity funds, and commingled U.S. debt funds. This fund is designed to deliver safety and stability by preserving principal and accumulating earnings. The Plan may be required to provide a one-year redemption notice to withdraw assets from the fund. The fair value of the fund has been estimated based on the fair value of the underlying investments, which are valued at the net unit value, as reported in the audited financial statements of the fund.

# TRW Automotive Lafayette Hourly Plan A

## Notes to Financial Statements (continued)

### 5. Fair Value Measurements (continued)

*Synthetic equities:* Investments in over-the-counter equity call and out option “collar” structures that reduce the exposure to falls in levels of underlying equity markets. The fair value of the fund has been estimated based on a Black Scholes option model.

*Corporate bonds/U.S. treasuries:* Fixed income securities of companies from diversified industries and collateral assets held in governmental bonds for structured equity. The fair value of the fund has been estimated based on the net unit value of such investments.

The following table set forth by level, within the fair value hierarchy, the plan assets held outside of the Master Trust at fair value:

| Assets at Fair Value as of December 31, 2011 |            |         |         |            |
|----------------------------------------------|------------|---------|---------|------------|
|                                              | Level 1    | Level 2 | Level 3 | Total      |
| Cash, interest-bearing                       | \$ 131,851 | \$ –    | \$ –    | \$ 131,851 |
| Total assets at fair value                   | \$ 131,851 | \$ –    | \$ –    | \$ 131,851 |

| Assets at Fair Value as of December 31, 2010 |            |         |         |            |
|----------------------------------------------|------------|---------|---------|------------|
|                                              | Level 1    | Level 2 | Level 3 | Total      |
| Cash, interest-bearing                       | \$ 137,963 | \$ –    | \$ –    | \$ 137,963 |
| Total assets at fair value                   | \$ 137,963 | \$ –    | \$ –    | \$ 137,963 |

# TRW Automotive Lafayette Hourly Plan A

## Notes to Financial Statements (continued)

### 5. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Master Trust assets and liabilities at fair value:

| Assets and Liabilities at Fair Value as of<br>December 31, 2011        |                |                |         |                |
|------------------------------------------------------------------------|----------------|----------------|---------|----------------|
|                                                                        | Level 1        | Level 2        | Level 3 | Total          |
| <b>Assets</b>                                                          |                |                |         |                |
| Cash equivalents                                                       | \$ 54,020,922  | \$ —           | \$ —    | \$ 54,020,922  |
| Cash equivalents – collateral received for securities loaned:          |                |                |         |                |
| Domestic                                                               | 13,437,596     | —              | —       | 13,437,596     |
| U.S. government securities – collateral received for securities loaned | 156,676,631    | —              | —       | 156,676,631    |
| Corporate bonds                                                        | 396,599,741    | —              | —       | 396,599,741    |
| Corporate bonds held as securities loaned                              | 13,117,095     | —              | —       | 13,117,095     |
| U.S. treasuries                                                        | 56,914,159     | —              | —       | 56,914,159     |
| U.S. treasuries held as securities loaned                              | 153,439,502    | —              | —       | 153,439,502    |
| Common/collective trust                                                | —              | 292,877,730    | —       | 292,877,730    |
| Synthetic equities                                                     | —              | 61,061,564     | —       | 61,061,564     |
| <b>Liabilities</b>                                                     |                |                |         |                |
| Obligation to return collateral received for securities loaned:        |                |                |         |                |
| Domestic                                                               | 170,114,227    | —              | —       | 170,114,227    |
| Synthetic equities                                                     | —              | 82,767,435     | —       | 82,767,435     |
| Total assets and liabilities at fair value                             | \$ 674,091,419 | \$ 271,171,859 | \$ —    | \$ 945,263,278 |

TRW Automotive Lafayette Hourly Plan A

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

| Assets and Liabilities at Fair Value as of<br>December 31, 2010       |                |                |         |                |
|-----------------------------------------------------------------------|----------------|----------------|---------|----------------|
|                                                                       | Level 1        | Level 2        | Level 3 | Total          |
| <b>Assets</b>                                                         |                |                |         |                |
| Cash equivalents                                                      | \$ 56,953      | \$ —           | \$ —    | \$ 56,953      |
| Cash equivalents – collateral<br>received for securities<br>loaned:   |                |                |         |                |
| Domestic                                                              | 20,750,447     | —              | —       | 20,750,447     |
| International                                                         | 12,772,215     | —              | —       | 12,772,215     |
| Common stock – domestic                                               | 98,253,204     | —              | —       | 98,253,204     |
| Common stock –<br>international                                       | 259,532,680    | —              | —       | 259,532,680    |
| Common stock – held as<br>securities loaned:                          |                |                |         |                |
| Domestic                                                              | 20,254,375     | —              | —       | 20,254,375     |
| International                                                         | 12,096,806     | —              | —       | 12,096,806     |
| Common/collective trusts                                              | —              | 531,428,834    | —       | 531,428,834    |
| Convertible bonds                                                     | —              | 31,976         | —       | 31,976         |
| <b>Liabilities</b>                                                    |                |                |         |                |
| Obligation to return collateral<br>received for securities<br>loaned: |                |                |         |                |
| Domestic                                                              | 20,750,447     | —              | —       | 20,750,447     |
| International                                                         | 12,772,215     | —              | —       | 12,772,215     |
| Total assets and liabilities at<br>fair value                         | \$ 390,194,018 | \$ 531,460,810 | \$ —    | \$ 921,654,828 |

## TRW Automotive Lafayette Hourly Plan A

### Notes to Financial Statements (continued)

#### **6. Derivatives**

In the normal course of operations, the Plan's assets and liabilities may include derivative financial instruments (futures, options, and foreign currency contracts). These derivatives involve, in varying degrees, elements of credit and market volatility risks in excess of more traditional investment holdings such as equity and debt instruments. The contract or notional amounts provide a measure of the Plan's involvement in such instruments but are not indicative of potential loss. The intent is to use derivative financial instruments as economic hedges to manage market volatility risk, foreign currency exchange rate risk, or credit risk associated with the Plan's investment assets. The Plan's fiduciaries do not anticipate any material adverse effect on the Plan's financial position resulting from its involvement in these instruments. The Plan only holds one type of derivative as of December 31, 2011. There were no derivatives held as of December 31, 2010.

#### **Option Contracts**

The primary risk managed by the Plan using option contracts is the price risk associated with investments. On behalf of the Plan, investment managers have purchased and written various option contracts, which are agreements between two parties giving the buyer the right, but not the obligation, to buy or sell a specified item at a fixed price (exercise or strike) during a specified period, and giving the seller the obligation to sell or buy a specified item at a fixed price. These option contracts are intended by the Plan to economically hedge and manage its price exposures with respect to investments in foreign and domestic securities. When the investment manager buys or writes an option contract, a nonrefundable fee (the premium) is paid or received by the Plan and is recorded as an asset or liability and is subsequently adjusted to the current market value of the option purchased or written. The premiums paid or received from buying or writing options are recorded as realized gains or losses when the options expire. The difference between the premium and the amount paid or received on affecting a closing purchase or sale transaction is also treated as a realized gain or loss. If an option is exercised, the premium paid or received is recorded as a realized gain or loss if sold or an adjustment to cost of the underlying if acquired upon exercise.

The following tables present the total number of purchased options and written options held by the Plan at December 31, 2011.

# TRW Automotive Lafayette Hourly Plan A

## Notes to Financial Statements (continued)

### 6. Derivatives (continued)

| Type of Contract              | Cost<br>(Premium<br>Received) | Number of<br>Contracts | Notional       | Fair Value    |
|-------------------------------|-------------------------------|------------------------|----------------|---------------|
| Derivative assets:            |                               |                        |                |               |
| Call and put options contract | \$ —                          | \$ 1                   | \$ 148,000,000 | \$ 61,061,564 |
| Derivative liabilities:       |                               |                        |                |               |
| Call and put options contract | —                             | 1                      | 297,000,000    | (82,767,435)  |

### 7. Securities Lending

The Master Trust is authorized to engage in the lending of certain investments. Securities lending is a temporary exchange of portfolio assets for acceptable collateral between a lender and an approved borrower. The market value of securities on loan in the Master Trust was approximately \$166.6 million and \$32.4 million, and the collateral held was approximately \$170.1 million and \$33.5 million at December 31, 2011 and 2010, respectively. In return for the loaned securities, the agent, prior to or simultaneous with delivery of the loan securities to the borrower, received collateral in the form of cash, U.S. government securities, or letters of credit as a safeguard against possible default of any borrower on the return of the loan. Each loan is initially collateralized in the case of (a) loaned securities denominated in U.S. dollars or whose primary trading market is located in the U.S. at 102% of the market value of the loaned securities or (b) loaned securities not denominated in U.S. dollars or whose primary trading market is located in the U.S. to the extent of 105% of the market value of the loaned securities. The collateral is marked to market on a daily basis. The Master Trust maintains full ownership rights to the securities loaned (except for the right to vote proxy whereas the customer can request that the security be returned at a best efforts basis and consideration of normal settlement cycle) and, accordingly, classifies loaned securities as investments. Securities lending income earned by the Master Trust was approximately \$0.2 million for the year ended December 31, 2011.

## TRW Automotive Lafayette Hourly Plan A

### Notes to Financial Statements (continued)

#### **8. Administrative Expenses**

The Plan incurs administrative expenses directly related to the Plan that consist primarily of benefit administration, advisory, actuarial, and auditing fees. These expenses are reported on the statement of changes in net assets available for benefits as administrative expenses. Investment-related expenses for the Master Trust are allocated to the Plan and are reflected in the net investment gains/losses from the Master Trust. All other costs of administering the Plan are paid by the Company.

#### **9. 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 Master Trust by the Plan. Party-in-interest transactions also include transactions between the Plan and Fidelity, the plan administrator. Such transactions are exempt from being prohibited transactions.

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

Other than those described above or pursuant to a certain trust agreement (see Notes 1, 3, and 4), the Plan has had no agreements or transactions with related parties.

#### **10. Income Tax Status**

The Plan has received a determination letter from the Internal Revenue Service dated June 1, 2009, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the IRC) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the Internal Revenue Service (IRS), the Plan was amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualified status. The plan sponsor believes the Plan is operating in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust and Master Trust are tax-exempt.

## TRW Automotive Lafayette Hourly Plan A

### Notes to Financial Statements (continued)

#### **10. Income Tax Status (continued)**

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

#### **11. Risks and Uncertainties**

The Plan and the Master Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, 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 Lafayette Hourly Plan A

EIN #14-1857697 Plan #006

Schedule H, Line 4i – Schedule of Assets  
(Held at End of Year)

Year Ended December 31, 2011

| <b>Identity of Issuer, Borrower,<br/>Lessor, or Similar Party</b> | <b>Description of<br/>Investments</b> | <b>Cost</b> | <b>Current<br/>Value</b> |
|-------------------------------------------------------------------|---------------------------------------|-------------|--------------------------|
| Fidelity*                                                         | Interest-bearing cash                 | \$ 131,851  | \$ 131,851               |

\*Party in interest

Ernst & Young LLP

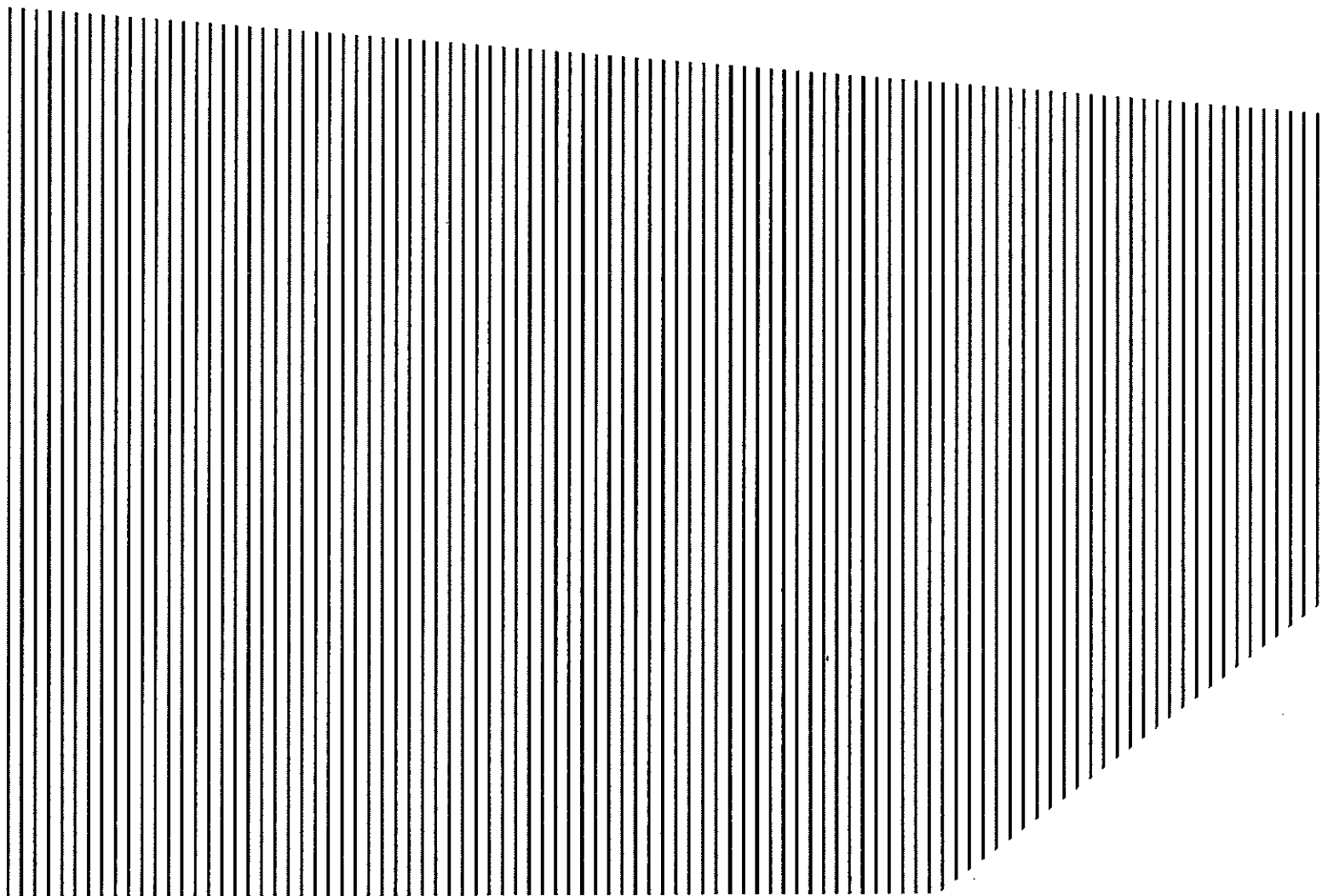
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**Schedule SB, Line 22 — Description of Weighted Average Retirement Age**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

| <b>A</b> |              |                 | <b>B</b>                  |                           | <b>C</b>                               |             |
|----------|--------------|-----------------|---------------------------|---------------------------|----------------------------------------|-------------|
| Age      | Active Group | Average Service | Retirement Rate (<30 YOS) | Retirement Rate (>30 YOS) | Number of Employees Expected to Retire | (A) x (B)   |
| 55       | 1000         | 20              | 0                         | 0.20                      | 0                                      | 0           |
| 56       | 1000         | 21              | 0                         | 0.20                      | 0                                      | 0           |
| 57       | 1000         | 22              | 0                         | 0.20                      | 0                                      | 0           |
| 58       | 1000         | 23              | 0                         | 0.20                      | 0                                      | 0           |
| 59       | 1000         | 24              | 0                         | 0.20                      | 0                                      | 0           |
| 60       | 1000         | 25              | 0.22                      | 0.22                      | 220                                    | 13200       |
| 61       | 780          | 26              | 0.26                      | 0.26                      | 203                                    | 12371       |
| 62       | 577          | 27              | 0.35                      | 0.35                      | 202                                    | 12525       |
| 63       | 375          | 28              | 0.49                      | 0.49                      | 184                                    | 11582       |
| 64       | 191          | 29              | 0.71                      | 0.71                      | 136                                    | 8695        |
| 65       | 55           | 30              | 1.00                      | 1.00                      | <u>55</u>                              | <u>3607</u> |
| Total    |              |                 |                           |                           | 1000                                   | 61979       |
| Average  |              |                 |                           |                           |                                        | 61.97921092 |

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial assumptions****Discount rate sponsor elections**

|                                     |         |
|-------------------------------------|---------|
| ▪ Segment rates or full yield curve | Segment |
| ▪ Look-back months                  | 4       |
| ▪ First 5 years                     | 3.78%   |
| ▪ Next 15 years                     | 6.31%   |
| ▪ Over 20 years                     | 6.57%   |

**Mortality sponsor elections**

|                         |                                                                                                                                                                                                                                                    |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ▪ Healthy participants  | Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA. |
| ▪ Disabled participants | Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits                                                                                                                 |

**Other economic assumptions**

|                              |                                             |
|------------------------------|---------------------------------------------|
| ▪ Social Security wage base  | N/A                                         |
| ▪ Inflation                  | N/A                                         |
| ▪ Expected investment return | 8.50% per year for 2009 and 2010            |
| ▪ Expenses                   | \$180,000 added to current year normal cost |

**Demographic assumptions**

Withdrawal Rates varying by age and service. See table of sample rates.

Disability incidence Rates varying by age and service. See table of sample rates.

Retirement age Rates varying by age. Sample rates:

| <u>Age</u> | <u>With 10 - 30<br/>Years of<br/>Service</u> | <u>With 30+<br/>Years of<br/>Service</u> |
|------------|----------------------------------------------|------------------------------------------|
| 55 – 59    | 0%                                           | 20%                                      |
| 60         | 22%                                          | 22%                                      |
| 61         | 26%                                          | 26%                                      |
| 62         | 35%                                          | 35%                                      |
| 63         | 49%                                          | 49%                                      |
| 64         | 71%                                          | 71%                                      |
| 65         | 100%                                         | 100%                                     |

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

Benefit commencement age for

- Future vested deferred 65
- Current vested deferred 65

Spouse assumptions

**Male participants****Female participants**

- Percentage married 80% 50%
- Spouse age difference 3 years younger 3 years older

**Form of payment****Single life****55% J&S**

- Active retirements 50% 50%
- Future vested deferred 50% 50%
- Future disabilities 50% 50%
- Future deaths 50% 50%
- Current vested deferred 50% 50%

**Return from laid-off status**

Layoffs are presumed to not return; nonvested forfeitures are not assessed until TRW personnel status is reported as terminated.

**Unpredictable contingent event assumptions**

Not applicable

**Table of sample rates**

| Attained age | Percentage |        |                      |         |
|--------------|------------|--------|----------------------|---------|
|              | Withdrawal |        | Disability incidence |         |
|              | Male       | Female | Male                 | Female  |
| 20           | 14.95%     | 24.96% | 0.0600%              | 0.0900% |
| 25           | 9.94       | 14.95  | 0.0600               | 0.0900  |
| 30           | 6.91       | 9.94   | 0.0600               | 0.0900  |
| 35           | 4.88       | 6.71   | 0.0640               | 0.9600  |
| 40           | 2.82       | 4.88   | 0.0735               | 0.1102  |
| 45           | 1.67       | 2.82   | 0.0990               | 0.1485  |
| 50           | 0.40       | 1.67   | 0.1785               | 0.2677  |
| 55           | 0.00       | 0.40   | 0.3405               | 0.5107  |
| 60           | 0.00       | 0.00   | 0.6900               | 1.0350  |
| 65           | 0.00       | 0.00   | 0.0000               | 0.0000  |

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial methods****Asset methods**

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

**Participant methods**

Participants or former participants are included or excluded from the valuation as described below:

- **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.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

### Minimum funding method

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- This plan provides benefits that are not a function of a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the ratio of the participant's service at the beginning of the plan year to their service at each decrement age and is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- The plan's **target normal cost** is the sum of the individual target normal costs and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

### Maximum deductible contribution method

Calculations of maximum deductible contributions include the excess of the funding target computed using the projected unit credit method over the minimum funding target. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future benefit increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected funding target** is the present value of benefits based on credited service as of the beginning of the plan year and projected benefit that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the projected funding target for an individual is the sum of the component projected funding targets associated with the various anticipated separation dates.
- The plan's **projected funding target** is the sum of the projected funding targets for all participants under the plan. The excess of the plan's projected funding target over the plan's funding target is included in the "cushion amount".

## Schedule SB, Part V — Summary of Plan Provisions

### Plan provisions

#### Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Plan amendments:** Plan amendments, if any, adopted after January 1, 2011 are not reflected in this valuation.
- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation does not include increases for current participants over age 70.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued with their accrued benefit as of normal retirement age.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy accruals.

**Schedule SB, Part V — Summary of Plan Provisions****Summary of major plan provisions**

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

| Effective date and plan year                     | Original plan: December 1, 1955<br>Plan year: the calendar year                                                                                                                                                           |             |                         |             |       |             |       |                |       |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|-------------|-------|-------------|-------|----------------|-------|
| Status of the plan                               | The plan has ongoing benefit accruals and no new employees are eligible to participate in the plan on or after March 31, 2007.                                                                                            |             |                         |             |       |             |       |                |       |
| Significant events that occurred during the year | None                                                                                                                                                                                                                      |             |                         |             |       |             |       |                |       |
| <b>Definitions</b>                               |                                                                                                                                                                                                                           |             |                         |             |       |             |       |                |       |
| ▪ Covered employees                              | Hourly paid employees of the Lafayette Plant of the TRW Commercial Steering Division who are members of the UAW Local 531.                                                                                                |             |                         |             |       |             |       |                |       |
| ▪ Participation date                             | Date of becoming a covered employee. No new entrants on or after March 31, 2007.                                                                                                                                          |             |                         |             |       |             |       |                |       |
| ▪ Employee contributions                         | No employee shall be required to make any contributions under the Plan.                                                                                                                                                   |             |                         |             |       |             |       |                |       |
| ▪ Vesting service                                | One year for each 1,000 hour calendar year of service.                                                                                                                                                                    |             |                         |             |       |             |       |                |       |
| ▪ Credited service                               | One year for each calendar year with the required number of hours of service, shown below.                                                                                                                                |             |                         |             |       |             |       |                |       |
|                                                  | <table> <tr> <th><u>Year</u></th><th><u>Hours of Service</u></th></tr> <tr> <td>1956 – 1970</td><td>1,700</td></tr> <tr> <td>1971 – 1976</td><td>1,500</td></tr> <tr> <td>1977 and later</td><td>1,000</td></tr> </table> | <u>Year</u> | <u>Hours of Service</u> | 1956 – 1970 | 1,700 | 1971 – 1976 | 1,500 | 1977 and later | 1,000 |
| <u>Year</u>                                      | <u>Hours of Service</u>                                                                                                                                                                                                   |             |                         |             |       |             |       |                |       |
| 1956 – 1970                                      | 1,700                                                                                                                                                                                                                     |             |                         |             |       |             |       |                |       |
| 1971 – 1976                                      | 1,500                                                                                                                                                                                                                     |             |                         |             |       |             |       |                |       |
| 1977 and later                                   | 1,000                                                                                                                                                                                                                     |             |                         |             |       |             |       |                |       |
| ▪ Accrued benefit                                | \$25.00 times benefit service; \$26.00, effective March 1, 2004; \$27.00, effective January 1, 2005.                                                                                                                      |             |                         |             |       |             |       |                |       |
| <b>Normal retirement</b>                         |                                                                                                                                                                                                                           |             |                         |             |       |             |       |                |       |
| ▪ Eligibility                                    | First of month following the attainment of age 65, if hired before January 1, 1988. First of the month following the attainment of age 65 with five years of vesting service, if hired after January 1, 1988 (NRD).       |             |                         |             |       |             |       |                |       |
| ▪ Benefit                                        | The accrued benefit                                                                                                                                                                                                       |             |                         |             |       |             |       |                |       |
| ▪ Special pension benefit                        | \$22.50 per month payable after age 65 to all retired employees or surviving spouses unless the participant had retired from deferred vested status.                                                                      |             |                         |             |       |             |       |                |       |

**Schedule SB, Part V — Summary of Plan Provisions****Early retirement**

- |                           |                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ▪ Eligibility             | Retirement before NRD and on or after attaining age 60 and completing ten years of benefit service, or after attaining age 55, if age plus benefit service equals or exceeds 85, or after completing 30 years of benefit service.                                                                                                                                                                            |
| ▪ Benefit                 | Accrued benefit based on service at the early retirement date. If benefits commence prior to NRD, the benefit amount is reduced by 0.5% for each completed calendar month by which the commencement date precedes his 62 <sup>nd</sup> birthday.                                                                                                                                                             |
| ▪ “30 and out” retirement | <p>An employee may retire at any time after 30 years of benefit service and receive the sum of:</p> <p>(a) \$25.00 per month times benefit service (\$26.00, effective March 1, 2004; \$27.00, effective January 1, 2005)</p> <p>(b) A \$600.00 monthly supplement (\$625.00 as of March 1, 2005; \$650, effective January 1, 2006) payable to age 62 for pensioners who retired after attaining age 55.</p> |

**Late retirement**

- |               |                                                         |
|---------------|---------------------------------------------------------|
| ▪ Eligibility | Retirement after NRD                                    |
| ▪ Benefit     | Accrued benefit determined as of actual retirement date |

**Deferred vested**

- |               |                                                                                                                                                                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ▪ Eligibility | Termination for reasons other than disability, death or retirement after completing at least five years of vesting service.                                                                                                                                                                                                      |
| ▪ Benefit     | Accrued benefit based on service at the date of termination. If benefits commence prior to NRD, the benefit amount is reduced by 0.5% for each full calendar month by which the participant's commencement date precedes his 65 <sup>th</sup> birthday. No benefit is payable if service at termination is less than five years. |

**Disability**

- |               |                                                                                                               |
|---------------|---------------------------------------------------------------------------------------------------------------|
| ▪ Eligibility | Retirement after completing ten years of service, and after twelve months of total and permanent disablement. |
|---------------|---------------------------------------------------------------------------------------------------------------|

**Schedule SB, Part V — Summary of Plan Provisions**

|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ▪ Benefit                                                                                                                                                                                                                                                                                                                                                                                                                     | An immediate monthly pension equal to the normal retirement benefit. A monthly supplement, payable to age 62 or approval for Social Security benefits, equal to the lesser of \$600 (\$575 prior to January 1, 2003) or the unreduced accrued benefit is also payable. Further, a monthly benefit of \$22.50 if eligible for Social Security Disability.                            |
| <b>Pre-retirement death</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                     |
| ▪ Eligibility                                                                                                                                                                                                                                                                                                                                                                                                                 | Death while eligible for deferred vested benefit, or while actively employed and eligible for retirement.                                                                                                                                                                                                                                                                           |
| ▪ Benefit                                                                                                                                                                                                                                                                                                                                                                                                                     | Monthly pre-retirement survivor benefit is payable to the surviving spouse. The benefit is calculated as if the employee had terminated his employment on the date of his death, had elected to have his pension commence on his earliest retirement date, had elected the 50% joint and survivor option, had survived to his earliest retirement date and died the following day.. |
| <b>Form of benefits</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                     |
| Pre-retirement survivor benefits are payable only as described above. Monthly pension benefits are payable as a life annuity if the participant has no spouse or if the participant and spouse so elect. Otherwise, the benefit is paid as an actuarially equivalent 55% survivor annuity. Other forms available with spousal consent:<br>(a) Straight life annuity.<br>(b) 75% Joint and Survivor annuity payable to spouse. |                                                                                                                                                                                                                                                                                                                                                                                     |
| ▪ Automatic form for unmarried participants                                                                                                                                                                                                                                                                                                                                                                                   | Life annuity                                                                                                                                                                                                                                                                                                                                                                        |
| ▪ Automatic form for married participants                                                                                                                                                                                                                                                                                                                                                                                     | Actuarially equivalent 55% survivor annuity                                                                                                                                                                                                                                                                                                                                         |
| ▪ Optional forms                                                                                                                                                                                                                                                                                                                                                                                                              | Other forms available with spousal consent:<br>▪ Straight life annuity.<br>▪ 75% Joint and Survivor annuity payable to spouse                                                                                                                                                                                                                                                       |

**Schedule SB, Part V — Summary of Plan Provisions**

- 
- |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ▪ Optional form conversion factors | If a retirement benefit is paid as a joint and survivor benefit, the monthly single life benefit shall be reduced by an amount determined by multiplying the monthly basic benefit otherwise payable to the Employee by 95% if the Employee's age and his eligible spouse's age are the same. Such percentage shall be increased by .5% (up to a maximum of 100%) for each twelve months in excess of five years that the spouse's age exceeds the Employee's age and shall be decreased by .5% for each twelve months in excess of five years that the spouse's age is less than the Employee's age. |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- 

**Miscellaneous**

- 
- |                    |                                                                                                                                 |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------|
| ▪ Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2011, the limit is \$195,000. |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------|
- 

**Plan provision changes since prior valuation**

- Maximum benefits were updated from 2010 to 2011.

## **Schedule SB, Line 24 — Change in Actuarial Assumptions**

- The expense assumption increased from \$110,000 to \$180,000 to reflect expectations for the current plan year.

**Schedule SB, Line 26 — 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+ |       |
| <b>Under 25</b> |                  |     |     |       |       |       |       |       |       |     | 0     |
| <b>25 - 29</b>  | 1                | 8   | 3   |       |       |       |       |       |       |     | 12    |
| <b>30 - 34</b>  | 2                | 5   | 5   | 3     |       |       |       |       |       |     | 15    |
| <b>35 - 39</b>  |                  | 5   | 5   | 3     | 1     |       |       |       |       |     | 14    |
| <b>40 - 44</b>  | 4                | 8   | 5   | 15    | 8     | 4     |       |       |       |     | 44    |
| <b>45 - 49</b>  | 1                | 9   | 8   | 10    | 3     | 5     |       |       |       |     | 36    |
| <b>50 - 54</b>  | 1                | 11  | 7   | 15    |       | 4     |       | 1     |       |     | 39    |
| <b>55 - 59</b>  |                  | 3   | 6   | 5     | 3     | 7     |       | 1     |       |     | 25    |
| <b>60 - 64</b>  |                  | 5   | 5   | 3     | 1     | 3     |       | 1     |       |     | 18    |
| <b>65 - 69</b>  |                  |     |     |       |       |       |       |       |       |     | 0     |
| <b>70+</b>      |                  |     |     | 1     |       |       |       |       |       | 1   | 2     |
| <b>Total</b>    | 9                | 54  | 44  | 55    | 16    | 23    | 0     | 3     | 0     | 1   | 205   |

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

**2011****This Form is Open to Public  
Inspection**For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                                         |  |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>TRW Automotive Lafayette Hourly Plan A                                                                                     |  | <b>B</b> Three-digit plan number (PN) ▶<br><br>006              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>TRW Automotive US LLC                                                   |  | <b>D</b> Employer Identification Number (EIN)<br><br>14-1857697 |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |  |                                                                 |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |  |                                                                 |

**Part I Basic Information**

|                                                                                                                                                                                                                |  |                                               |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|----------------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>                                                                                                                                |  |                                               |                |
| <b>2</b> Assets:                                                                                                                                                                                               |  |                                               |                |
| <b>a</b> Market value .....                                                                                                                                                                                    |  | <b>2a</b>                                     | 22,365,688     |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 |  | <b>2b</b>                                     | 20,562,314     |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                           |  | (1) Number of participants (2) Funding Target |                |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     |  | <b>3a</b>                                     | 321 12,893,673 |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               |  | <b>3b</b>                                     | 86 911,921     |
| <b>c</b> For active participants:                                                                                                                                                                              |  |                                               |                |
| (1) Non-vested benefits.....                                                                                                                                                                                   |  | <b>3c(1)</b>                                  | 1,359,795      |
| (2) Vested benefits.....                                                                                                                                                                                       |  | <b>3c(2)</b>                                  | 3,360,533      |
| (3) Total active.....                                                                                                                                                                                          |  | <b>3c(3)</b>                                  | 205 4,720,328  |
| <b>d</b> Total.....                                                                                                                                                                                            |  | <b>3d</b>                                     | 612 18,525,922 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                               |  |                                               |                |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      |  | <b>4a</b>                                     |                |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... |  | <b>4b</b>                                     |                |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         |  | <b>5</b>                                      | 6.19 %         |
| <b>6</b> Target normal cost .....                                                                                                                                                                              |  | <b>6</b>                                      | 361,339        |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN  
HERE**

Signature of actuary

JAMES D. KERSHNER, FSA

Type or print name of actuary

MERCER

600 RENAISSANCE CENTER, SUITE 1800

DETROIT

MI 48243-1815

Address of the firm

10/12/12

Date

11-03526

Most recent enrollment number

(313) 259-5500

Telephone number (including area code)

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-SF.

Schedule SB (Form 5500) 2011  
v.012611

| <b>Part II Beginning of year carryover and prefunding balances</b>                                                               |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                  | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                          | 7,690,729             | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                      | 388,488               | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                             | 7,302,241             | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>13.92</u> %.....                                             | 1,016,472             |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                   |                       |                        |
| <b>a</b> Present value of excess contributions (line 38 from prior year) .....                                                   |                       | 0                      |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.60</u> % except as otherwise provided (see instructions)..... |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                     |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                   |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                 | 2,577,137             | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                      | 5,741,576             | 0                      |

| <b>Part III Funding percentages</b>                                                                                                                                       |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 80.00 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 110.99 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 122.82 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and liquidity shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals •</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    |
|                                                                                          |                                   |                                 |                          |                                   | 0                               |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                        |            |   |
|------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                   | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☒ Yes ☐ No

**b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☒ Yes ☐ No

**c** If 20a is "Yes," 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       |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                 |                                                |                                                           |                                                     |
|-------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                |                                                           |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.78 %                         | 2nd segment:<br>6.31 %                                    | 3rd segment:<br>6.57 %                              |
|                                                 |                                                |                                                           | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                |                                                           | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                |                                                           | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                 |

**Part VI Miscellaneous items**

|                                                                                                                                                                       |                                         |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                     | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                           | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment .....                 | <b>27</b>                               |                                        |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                     |                     |                    |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                  |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                          | <b>31a</b>          | 361,339            |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                               | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                | 0                   |                    | 0             |
| <b>b</b> Waiver amortization installment.....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                           | <b>34</b>           | 361,339            |               |
|                                                                                                                                                                                     | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                              | 361,339             | 0                  | 361,339       |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                 | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                 |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                      | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                               | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                     | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                                                           |                               |                                                             |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                           |                               |                                                             |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years |                               |                                                             |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008                                             | <input type="checkbox"/> 2009 | <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                 |                               |                                                             |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                 |                               |                                                             |

**MERCER****Government Forms** Send To Printer]**Status History**

| EIN       | PN  | Plan Id | Plan Year | Plan                                   | Status    | UserName        | IFASStatus            | Date                   | FIREStatus | IRSFileName |
|-----------|-----|---------|-----------|----------------------------------------|-----------|-----------------|-----------------------|------------------------|------------|-------------|
| 141857697 | 006 |         | 2011      | TRW Automotive Lafayette Hourly Plan A | Completed | Eric_Sorenson   | Retrieved             | 10/16/2012 12:10:03 PM |            |             |
| 141857697 | 006 |         | 2011      | TRW Automotive Lafayette Hourly Plan A |           | Eric_Sorenson   | Signatures Cleared    | 10/16/2012 8:26:55 AM  |            |             |
| 141857697 | 006 |         | 2011      | TRW Automotive Lafayette Hourly Plan A |           | shellyiacobelli | FILING_UNPROCESSABLE  | 10/16/2012 4:50:23 AM  |            |             |
| 141857697 | 006 |         | 2011      | TRW Automotive Lafayette Hourly Plan A |           | shellyiacobelli | PROCESSING            | 10/16/2012 3:45:38 AM  |            |             |
| 141857697 | 006 |         | 2011      | TRW Automotive Lafayette Hourly Plan A |           | shellyiacobelli | Submitted             | 10/15/2012 1:23:34 PM  |            |             |
| 141857697 | 006 |         | 2011      | TRW Automotive Lafayette Hourly Plan A |           | shellyiacobelli | Signature Saved (ADM) | 10/15/2012 1:23:05 PM  |            |             |
| 141857697 | 006 |         | 2011      | TRW Automotive Lafayette Hourly Plan A |           | Eric_Sorenson   | Signatures Cleared    | 10/15/2012 12:47:00 PM |            |             |
| 141857697 | 006 |         | 2011      | TRW Automotive Lafayette Hourly Plan A | Published | Eric_Sorenson   | Not_Filed             | 10/12/2012 6:41:12 PM  | Not Filed  |             |

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|                            |                                        |             |            |
|----------------------------|----------------------------------------|-------------|------------|
| <b>Plan Name</b>           | TRW Automotive Lafayette Hourly Plan A | <b>EIN:</b> | 14-1857697 |
| <b>Plan Sponsor's Name</b> | TRW Automotive US LLC                  | <b>PN:</b>  | 006        |

[illegible]