

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>VIASYSTEMS RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1997</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1997</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>VIASYSTEMS GROUP, INC.</u> <u>101 S. HANLEY ROAD, SUITE 1800</u> <u>ST. LOUIS, MO 63105</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>75-2668620</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>314-746-2203</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>335900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>75-2668620</u>	2c Sponsor's telephone number <u>314-746-2203</u>	2d Business code (see instructions) <u>335900</u>	
2b Employer Identification Number (EIN) <u>75-2668620</u>					
2c Sponsor's telephone number <u>314-746-2203</u>					
2d Business code (see instructions) <u>335900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	<u>07/26/2013</u> Date	<u>BAILEY C. HURLEY</u> Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 1307
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	964
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	302
d Subtotal. Add lines 6a , 6b , and 6c	6d	1267
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1267
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1226
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	24
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2S 2T 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan VIASYSTEMS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VIASYSTEMS GROUP, INC.	D Employer Identification Number (EIN) 75-2668620	

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
BANK OF AMERICA

94-1687665

(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

(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 disclosures on eligible indirect compensation

(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 disclosures on eligible indirect compensation

(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 disclosures on eligible indirect compensation

(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 disclosures on eligible indirect compensation

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

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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
15 51 52 59 60 62 63 71 72	RECORDKEEPER	33735	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

BROWN SMITH WALLACE LLC

1050 N. LINDBERGH BOULEVARD ST
ST. LOUIS, MO 63132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	14698	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☐

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

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

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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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 (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 (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 (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
(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
(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
(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
(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
(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)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2012</div> This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012
---	------------	------------	------------

A Name of plan VIASYSTEMS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN)	001
---	---------------------------------------	-----

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 VIASYSTEMS GROUP, INC.	D Employer Identification Number (EIN) 75-2668620
--	---

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: ML EQUITY INDEX TRUST
--

b Name of sponsor of entity listed in (a): BANK OF AMERICA, N.A.

c EIN-PN 22-6575237-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PUTNAM FIDUIARY TRUST COMPANY

c EIN-PN 04-3159710-202	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12282326
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S & P 500 INDEX FUND CL D

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN 90-0337987-275	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8345289
--------------------------------	------------------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan VIASYSTEMS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 VIASYSTEMS GROUP, INC.	D Employer Identification Number (EIN) 75-2668620	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	1092
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	112928	177563
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1894206	2090186
(9) Value of interest in common/collective trusts.....	1c(9)	19603487	20627615
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	50881095	55469436
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	2174440

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	702868	455004
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	73194584	80995336

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	73194584	80995336
---	-----------	----------	----------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1313407	
(B) Participants	2a(1)(B)	3869579	
(C) Others (including rollovers)	2a(1)(C)	147913	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5330899

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	80865	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		80872

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1853843	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1853843

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	98158	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	96101	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2057

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-175820	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-175820

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1358368
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		5270794
c Other income.....	2c		-332864
d Total income. Add all income amounts in column (b) and enter total.....	2d		13388149

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5419870	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		5419870
f Corrective distributions (see instructions)	2f		29240
g Certain deemed distributions of participant loans (see instructions).....	2g		97455
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	40832	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		40832
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5587397

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		7800752
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: BROWN SMITH WALLACE LLC

(2) EIN: 43-1001367

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>VIASYSTEMS RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VIASYSTEMS GROUP, INC.</u>	D Employer Identification Number (EIN) <u>75-2668620</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>94-1687665</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 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?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 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.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (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.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
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.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2012
v. 120126

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 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:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

- 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

VIASYSTEMS RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2012

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements.....	5
Supplemental Schedule	
Schedule of Assets (Held at End of Year).....	16



Independent Auditor's Report

To the Participants and the Plan Administrator
Viasystems Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Viasystems Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 information summarized in Note C, which was certified by Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, F.S.B., and Bank of America, N.A., the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the trustees as of and for the years ended December 31, 2012 and 2011, that the information provided to the Plan Administrator by the trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year), which is the responsibility of Plan management, is presented for the purpose 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BROWN SMITH WALLACE LLC

St. Louis, Missouri
July 15, 2013

VIASYSTEMS RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2012 and 2011

(See Independent Auditor's Report)

	2012	2011
ASSETS		
Investments, at fair value		
Mutual funds	\$ 55,469,436	\$ 50,881,095
Common collective trusts	21,007,192	19,603,487
Common stock	455,004	702,868
Interest bearing cash	178,655	112,928
Brokerage accounts	2,174,440	-
Total investments	79,284,727	71,300,378
Receivables:		
Notes receivable from participants	2,090,186	1,894,206
Total receivables	2,090,186	1,894,206
Total assets	81,374,913	73,194,584
LIABILITIES		
Excess contributions payable	-	29,240
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	81,374,913	73,165,344
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(379,577)	(402,055)
NET ASSETS AVAILABLE FOR BENEFITS	\$ 80,995,336	\$ 72,763,289

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

VIASYSTEMS RETIREMENT SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2012 and 2011

(See Independent Auditor's Report)

	2012	2011
Additions to net assets attributed to:		
Investment activity:		
Interest and dividends	\$ 2,141,291	\$ 1,445,733
Net appreciation (depreciation) in fair value of investments	6,266,389	(2,870,589)
Total investment income (loss)	8,407,680	(1,424,856)
Contributions:		
Employer	1,313,407	1,097,286
Participant	3,869,579	3,612,723
Rollover	147,913	108,954
Total contributions	5,330,899	4,818,963
Interest on notes receivable from participants	80,865	88,829
Total additions	13,819,444	3,482,936
Deductions from net assets attributed to:		
Benefits paid to participants	5,546,565	7,767,107
Administrative expenses	40,832	9,038
Total deductions	5,587,397	7,776,145
NET INCREASE (DECREASE)	8,232,047	(4,293,209)
Net assets available for benefits at beginning of year	72,763,289	14,311,498
Net assets available for benefits, at end of year before transfer of assets to Viasystems Retirement Savings Plan	80,995,336	10,018,289
Transfer of plan assets to Viasystems Retirement Savings Plan (see Note A)	-	62,745,000
Net assets available for benefits, at end of year after transfer of assets to Viasystems Retirement Savings Plan	\$ 80,995,336	\$ 72,763,289

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

VIASYSTEMS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2012

(See Independent Auditor's Report)

Note A - Description of Plan

The following description of the Viasystems Retirement Savings Plan (the "Plan") provides general information only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering employees of Viasystems Group, Inc. (the "Company") who meet eligibility requirements of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

As of January 13, 2011, Bank of America, N.A. ("BOA") became the new recordkeeper and trustee for the Plan. Prior to this date, Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, F.S.B., ("Prudential") acted as the Plan's recordkeeper and trustee.

The Plan was amended effective January 13, 2011 to merge the assets of the Merix Corporation 401(k) Profit Sharing Plan into the Viasystems Retirement Savings Plan. Previously, participants in the Merix Corporation 401(k) Profit Sharing Plan could contribute to the Viasystems Common Stock Fund. Effective January 13, 2011, new contributions and reallocations of participant's investments into the Viasystems Common Stock Fund were no longer permitted.

Eligibility

All full and part-time employees who are residents of the United States are eligible to participate in the Plan once they have attained age 18 and completed one hour of service. Employees may enter the Plan on the date coinciding with or next following the date eligibility requirements have been satisfied.

Contributions

Each year, participants may contribute up to 50% of annual compensation, as defined in the Plan, not to exceed certain dollar limits established by the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

VIASYSTEMS RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

December 31, 2012

(See Independent Auditor's Report)

Note A - Description of Plan (Continued)

Contributions (Continued)

The Company provides matching contributions of 50% of a participant's contribution on their first 6% of compensation that a participant contributes to the Plan. Additionally, the Company may make discretionary matching and profit sharing contributions at the option of the Company's board of directors.

As of January 13, 2011, all employees who have never enrolled to make elective deferral contributions shall be deemed to have elected to make a salary deferral of 3% of compensation, generally effective 30 days after the date of hire or January 13, 2011, unless the employee files an election to contribute a different amount than the 3% automatic deferral percentage before this date.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contribution and Plan earnings, and charged with an allocation of certain administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. Participants vest 25% after one year of eligible service and an additional 25% for each of the next three years of service.

Forfeited Accounts

Benefits forfeited by participants are used to defray any expenses associated with the Plan or to reduce future Company contributions to the Plan. Forfeitures utilized during the years ended December 31, 2012 and 2011 amounted to \$55,519 and \$121,607, respectively. At December 31, 2012 and 2011, forfeited non-vested accounts totaled \$27,413 and \$40,249, respectively.

Payments of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or monthly, quarterly, or annual installments.

VIASYSTEMS RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

December 31, 2012

(See Independent Auditor's Report)

Note A - Description of Plan (Continued)

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates based upon prevailing market rates for loans of similar purpose and duration as determined by the Plan Administrator. Principal and interest is paid ratably through monthly payroll deductions.

Administrative Expenses

The Plan's administrative expenses such as trustee, custodial, audit, and legal fees are paid from the assets of the Plan to the extent not paid by the Plan Sponsor. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is 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. See Note D for discussion of fair value measurements.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

VIASYSTEMS RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

December 31, 2012

(See Independent Auditor's Report)

Note B - Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed all 2011 excess contributions to the applicable participants prior to March 15, 2012.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator and management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Reclassifications

Certain reclassifications have been made to the 2011 financial statements to conform to the 2012 financial statements presentation. These reclassifications had no effect on the results of operations.

Subsequent Events

The Plan has evaluated subsequent events through July 15, 2013, the date the financial statements were available to be issued.

VIASYSTEMS RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

December 31, 2012

(See Independent Auditor's Report)

Note C - Investments

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certification from BOA that all the information provided by BOA included in the accompanying financial statements and supplemental schedule is complete and accurate. Information as to the investments in the accounts of BOA, investment income, and all information appearing in the accompanying statements and supplemental schedule are presented in reliance solely upon these certifications.

The following investments represent 5% or more of the Plan's net assets at December 31:

	<u>2012</u>	<u>2011</u>
SSgA S&P 500 Index Fund D	\$ 8,345,289	\$ -
Prudential Jennison Mid-Cap Z	4,807,187	4,074,657
Prudential Total Return Bond	5,716,212	4,850,589
Vanguard Intermediate Term Bond Fund	6,897,776	6,788,888
American Funds Europacific Growth R4	5,778,960	5,530,172
American Funds Growth Fund of America R4	-	4,932,168
JP Morgan Small Cap Value Fund A	-	7,968,207
Putnam Stable Value Fund*	12,282,326	11,782,595
Merrill Lynch Equity Index Trust I	-	7,418,837
Wells Fargo Small Cap A	9,051,636	-
Prudential Jennison Growth Z	4,935,703	-

* - Represents contract value

During the years ended December 31, 2012 and 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in fair value by \$6,266,389 and \$(2,870,589), respectively.

Note D - Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

VIASYSTEMS RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

December 31, 2012

(See Independent Auditor's Report)

Note D - Fair Value Measurements (Continued)

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology included:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The assets or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

Mutual funds: Valued at the net asset value ("NAV") of shares as reported on nationally recognized stock exchange.

Viasystems common stock: Valued at the closing price reported on the active market on which the securities are traded, the New York Stock Exchange, on the last business day of the Plan year.

Interest bearing cash: Valued at cost which approximates fair value.

Collective trusts: Valued at NAV at year-end, based on the fair value of the underlying investments (See Note E).

VIASYSTEMS RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

December 31, 2012

(See Independent Auditor's Report)

Note D - Fair Value Measurements (Continued)

The preceding methods used to arrive at a fair value calculation may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2012:

Investments at Fair Value As of December 31, 2012				
Description	Total	Level 1	Level 2	Level 3
Mutual funds:				
Bond	\$ 15,889,376	\$ 15,889,376	\$ -	\$ -
International	6,251,325	6,251,325	-	-
Small Cap	9,720,277	9,720,277	-	-
Mid Cap	5,964,839	5,964,839	-	-
Large Cap	16,219,424	16,219,424	-	-
Natural Resources	128,093	128,093	-	-
Real Estate	1,296,102	1,296,102	-	-
Total mutual funds	55,469,436	55,469,436	-	-
Collective Trusts:				
Stable Value Fund	12,661,903	-	12,661,903	-
Large Cap Equity	8,345,289	-	8,345,289	-
Total collective trusts	21,007,192	-	21,007,192	-
Viasystems Common Stock	455,004	455,004	-	-
Interest Bearing Cash	178,655	178,655	-	-
Brokerage accounts	2,174,440	2,174,440	-	-
Total	\$ 79,284,727	\$ 58,277,535	\$ 21,007,192	\$ -

VIASYSTEMS RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

December 31, 2012

(See Independent Auditor's Report)

Note D -Fair Value Measurements (Continued)

Investment Type	Fair Value	2012		
		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Stable Value Fund (a)	\$ 12,661,903	\$ -	Immediate	12 months
Large Cap Equity (b)	\$ 8,345,289	\$ -	Immediate	None

(a) This fund seeks to provide a competitive yield with minimal market-related risk through investing in a variety of GIC's, SBICs, and money market instruments.

(b) This trust invests primarily in a portfolio of equity securities (stocks) designed to substantially equal or match the performance of the Standard & Poor's 500 composite Stock Price Index.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2011:

Investments at Fair Value As of December 31, 2011

Description	Total	Level 1	Level 2	Level 3
Mutual funds:				
Bond	\$ 14,367,877	\$ 14,367,877	\$ -	\$ -
International	5,692,009	5,692,009	-	-
Small Cap	8,558,174	8,558,174	-	-
Mid Cap	4,959,675	4,959,675	-	-
Large Cap	15,718,182	15,718,182	-	-
Natural Resources	565,082	565,082	-	-
Real Estate	1,020,096	1,020,096	-	-
Total mutual funds	50,881,095	50,881,095	-	-
Collective Trusts:				
Stable Value Fund	12,184,650	-	12,184,650	-
Large Cap Equity	7,418,837	-	7,418,837	-
Total collective trusts	19,603,487	-	19,603,487	-
Viasystems Common Stock	702,868	702,868	-	-
Interest Bearing Cash	112,928	112,928	-	-
Total	\$ 71,300,378	\$ 51,696,891	\$ 19,603,487	\$ -

VIASYSTEMS RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

December 31, 2012

(See Independent Auditor's Report)

Note D - Fair Value Measurements (Continued)

Investment Type	2011			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Stable Value Fund (a)	\$ 12,184,650	\$ -	Immediate	12 months
Large Cap Equity (b)	\$ 7,418,837	\$ -	Immediate	None

(a) This fund seeks to provide a competitive yield with minimal market-related risk through investing in a variety of GIC's, SBICs, and money market instruments.

(b) This trust invests primarily in a portfolio of equity securities (stocks) designed to substantially equal or match the performance of the Standard & Poor's 500 composite Stock Price Index.

Note E - Investment in Stable Value Fund

The Putnam Stable Value Fund (the "Fund"), a collective trust fund, invests in guaranteed investment contracts and similar contracts issued by insurance companies, banks and other financial institutions. The Fund primarily holds investments in fully benefit-responsive investment contracts that provide that the Plan may make withdrawals at contract value for benefit-responsive requirements.

The interest crediting rate is the periodic interest rate accrued to participants and is either set at the beginning of the contract and held constant, or reset periodically to reflect the performance of the underlying securities. Variables impacting future credited rates include current yield and duration of the assets backing the contracts, existing differences between the market values of assets backing the contracts and the contract values of the contracts.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment in the Fund at contract value. Certain events, such as termination of the Plan or a material adverse change in the provisions of the Plan, may limit the ability of the Plan to transact at contract value with the issuer. The Plan Administrator does not believe the occurrence of any such event is probable. The average yield and crediting interest rates were 2.36% and 3.11% for the years ended December 31, 2012 and 2011, respectively.

VIASYSTEMS RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

December 31, 2012

(See Independent Auditor's Report)

Note F - Tax Status

The IRS has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax exempt.

The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. 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 2009.

Note G - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their accounts.

Note H - Risks and Uncertainties

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

Note I - Related Party Transactions

Certain Plan investments are shares of mutual funds and a collective trust managed by BOA. BOA is the trustee, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for services amounted to \$33,735 and \$6,010 for the years ended December 31, 2012 and 2011, respectively.

The Company is the Plan sponsor and therefore, Viasystems Group, Inc. common stock ("Stock") transactions qualify as party-in-interest transactions. Plan investments at December 31, 2012 include 37,295 units of the Stock with a fair value of \$455,004.

VIASYSTEMS RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

December 31, 2012

(See Independent Auditor's Report)

Note J - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements for the years ended December 31, 2012 and 2011, to Form 5500:

	<u>2012</u>	<u>2011</u>
Net assets available for benefits per the financial statements	\$80,995,336	\$72,763,289
Plus: Contract to fair value adjustment – collective trust	-	402,055
Plus: Corrective distribution payable	<u>-</u>	<u>29,240</u>
Net assets available for benefits per Form 5500	<u>\$80,995,336</u>	<u>\$73,194,584</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements for the year ended December 31, 2012, to Form 5500:

Change in net assets available for benefits per the financial statements	\$ 8,232,047
Less: 2011 contract to fair value adjustment – collective trust	(402,055)
Less: Corrective distribution payable at December 31, 2011	<u>(29,240)</u>
Change in net assets available for benefits per Form 5500	<u>\$ 7,800,752</u>

Note K - Plan Amendment

Effective July 1, 2013, the Plan was amended to add an automatic increase feature for pre-tax contributions only. Each July, participants will receive an automatic 1% increase to their current deferral, unless the participant selects otherwise, up to a maximum of 10%.

Supplemental Schedule

VIASYSTEMS RETIREMENT SAVINGS PLAN
EIN # 75-2668620 PLAN 001

Schedule of Assets (Held at End of Year)
Form 5500 - Schedule H - Item 4i

December 31, 2012

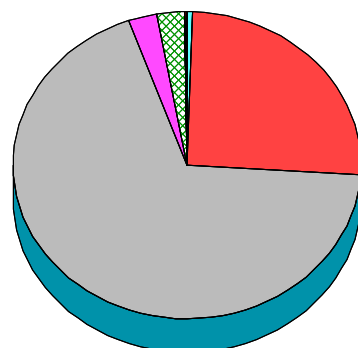
(See Independent Auditor's Report)

Identity of Issue, Borrower, Lessor, or					
a) b)	Similar Party	c)	Description of investment	d) Cost	e) Current Value
Mutual Funds					
	American Funds		Europacific Growth R4	**	\$ 5,778,960
	American Funds		New Perspective R4	**	2,659,151
	BlackRock		Global Allocation I	**	2,364,261
	BlackRock		Latin America I	**	53,315
	ING		Real Estate Fund I	**	1,296,102
	JP Morgan		Mid Value Inst	**	1,157,652
	MFS		Massachusetts Investors R4	**	1,223,671
	Oakmark		International Fund Class I	**	346,294
	Oppenheimer		Developing Markets	**	828,304
	PIMCO		Total Return Port Instl	**	2,037,234
	Prudential		Total Return Bond	**	5,716,212
	Prudential		Jennison Mid-Cap Z	**	4,807,187
	Prudential		High Yield Fund Z	**	1,238,154
	Prudential		Jennison Growth Z	**	4,935,703
	Prudential		Jennison Natural RE	**	128,093
	Sentinel		Small Company I	**	668,641
	T. Rowe Price		Equity Income Fund	**	3,982,709
	Vanguard		Intermediate Term Bond Fund	**	6,897,776
	Wells Fargo		Advantage	**	298,381
	Wells Fargo		Small Cap A		9,051,636
			Total mutual funds		55,469,436
Common Collective Trusts					
	Putnam		Stable Value Fund	**	12,661,903
	State Street Global Advisors		S&P 500 Index D	**	8,345,289
			Total common collective trusts		21,007,192
*	Viasystems Group, Inc.		Common stock	**	455,004
	Cash		Interest bearing cash	**	178,655
	Brokerage accounts		Brokerage	**	2,174,440
			Total Investments		79,284,727
*	Notes Receivable from Participants		Interest rates 3.25% to 9.00%; maturities through 2037	-	2,090,186
					\$ 81,374,913
*	Party-in-interest as defined by ERISA				
**	Represents participant directed investments				

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2012 - 12/31/2012

VIASYSTEMS RETIREMENT SAVINGS
PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



0.00% CERT OF DEPOSIT / BANK DEPOSIT	0.56% COMMON STOCK
25.47% COMMON / COLLECTIVE TRUSTS	68.48% MUTUAL FUNDS
2.68% OTHER ASSETS	2.58% LOANS
0.00% PENDING SETTLEMENT FUNDS	0.00% ACCRUED INCOME
0.22% CASH	

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>CERT OF DEPOSIT / BANK DEPOSIT</u>					
RETIREMENT BANK ACCOUNT	0.4700	1.000	0.47	0.47	0.00%
<u>COMMON STOCK</u>					
VIASYSTEMS GROUP INC NEW	37,295.4199	12.200	2,750,629.35	455,004.12	0.56%
<u>COMMON / COLLECTIVE TRUSTS</u>					
PUTNAM STABLE VALUE FUND	11,171,787.6900	1.000	11,171,787.69	11,171,787.69	13.79%
PUTNAM STABLE VALUE FUND GM	1,110,537.8627	1.000	1,110,537.88	1,110,537.86	1.37%
SSGA S&P 500 INDEX FUND CL D	659,810.9777	12.648	8,077,062.96	8,345,289.25	10.30%
TOTAL COMMON / COLLECTIVE TRUSTS			20,359,388.53	20,627,614.80	25.47%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2012 - 12/31/2012

VIASYSTEMS RETIREMENT SAVINGS
PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>MUTUAL FUNDS</u>					
OAKMARK INTL FUND CLASS I	16,545.3478	20.930	317,003.17	346,294.13	0.43%
PIMCO TOTAL RETURN PORT. INSTL	181,247.4374	11.240	1,996,684.03	2,037,221.20	2.52%
PIMCO TOT RET PORT INSTL-GM	1.1483	11.240	12.66	12.91	0.00%
WELLS FARGO SMALL CAP CL A	279,182.4270	31.710	8,887,807.01	8,852,874.76	10.93%
WELLS FARGO SMALL CAP CL A GM	6,268.0978	31.710	199,284.92	198,761.38	0.25%
PRUDENTIAL JENNISON MID-CAP Z	133,290.8696	32.420	3,884,407.42	4,321,289.99	5.34%
PRUDENTIAL JENNISON MID-CAP Z	14,987.5545	32.420	487,765.40	485,896.52	0.60%
PRUDENTIAL HIGH YIELD FD CL Z	216,460.5676	5.720	1,206,870.42	1,238,154.45	1.53%
PRUDENTIAL JENNISON GROWTH Z	150,680.5962	21.800	3,339,353.76	3,284,837.00	4.06%
PRUDENTIAL JENNISON GRTH Z GM	75,727.7849	21.800	1,663,570.31	1,650,865.71	2.04%
PRUDENTIAL JENNISON NATURAL RE	2,730.0768	46.510	152,828.48	126,975.87	0.16%
PRUDENTIAL JENNISON NATURAL GM	24.0261	46.510	1,384.63	1,117.45	0.00%
PRUDENTIAL TOTAL RETURN BOND	15,658.8896	14.630	223,620.24	229,089.55	0.28%
PRUDENTIAL TOTAL RETURN BD GM	375,059.6305	14.630	5,380,898.95	5,487,122.39	6.77%
VANGUARD INTER TERM BD FD	576,737.0932	11.960	6,545,794.61	6,897,775.63	8.52%
AMERICAN EUROPACIFIC GR R4	142,479.7934	40.480	5,791,316.14	5,767,582.04	7.12%
AMERICAN EUROPACIFIC R4-GM	281.0795	40.480	10,671.16	11,378.10	0.01%
AMERICAN NEW PERSPECTIVE R4	85,945.4258	30.940	2,456,177.95	2,659,151.47	3.28%
WELLS FARGO ADVANTAGE	4,612.4698	64.690	364,793.36	298,380.67	0.37%
ING REAL ESTATE FUND CL I	74,574.3498	17.380	1,114,535.67	1,296,102.20	1.60%

Balances include the effect of pending trades

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2012 - 12/31/2012

VIASYSTEMS RETIREMENT SAVINGS
PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
JP MORGAN:MID VALUE;INST	23,959.9498	27.990	596,379.85	670,638.99	0.83%
JP MORGAN:MID VALUE;INST GM	17,399.5264	27.990	426,519.41	487,012.74	0.60%
MFS MASSACHUSETTS INVESTORS R4	56,625.1979	21.610	1,122,810.53	1,223,670.53	1.51%
OPPENHEIMER DEVELOPING MARKETS	14,189.1137	34.880	490,260.50	494,916.29	0.61%
OPPENHEIMER GM DEVELOPING MKTS	9,558.1329	34.880	321,306.33	333,387.68	0.41%
SENTINEL SMALL COMPANY CL I	71,288.0556	6.590	555,478.83	469,788.29	0.58%
SENTINEL SMALL COMPANY GM I	30,174.8928	6.590	231,946.04	198,852.54	0.25%
BLACKROCK LATIN AMERIC I	866.9123	61.500	56,646.20	53,315.11	0.07%
T ROWE PRICE EQUITY INCOME FD	88,440.8154	26.450	2,155,966.71	2,339,259.57	2.89%
T ROWE PRICE EQUITY INC GM FD	62,134.1842	26.450	1,508,500.91	1,643,449.17	2.03%
BLACKROCK GLOBAL ALLOC I	35,438.4350	19.830	691,026.68	702,744.17	0.87%
BLACKROCK GLOBAL ALLOC I GM	83,788.0967	19.830	1,633,481.87	1,661,517.96	2.05%
TOTAL MUTUAL FUNDS			53,815,104.15	55,469,436.46	68.48%
<u>OTHER ASSETS</u>					
SELF-DIRECT ACCT	679,364.5100	1.000	679,364.51	679,364.51	0.84%
SELF-DIRECT ACCT	1,495,075.2700	1.000	1,495,075.27	1,495,075.27	1.85%
TOTAL OTHER ASSETS			2,174,439.78	2,174,439.78	2.68%
<u>LOANS</u>					
LOAN FUND	2,090,185.5700	1.000	2,090,185.57	2,090,185.57	2.58%
<u>PENDING SETTLEMENT FUNDS</u>					
PENDING SETTLEMENT FUND	1,091.8100	1.000	1,091.81	1,091.81	0.00%

Balances include the effect of pending trades

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2012 - 12/31/2012

VIASYSTEMS RETIREMENT SAVINGS
PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
INVESTMENT TOTAL			81,190,839.66	80,817,773.01	99.78%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			16.03	16.03	0.00%
CASH			177,546.31	177,546.31	0.22%
TOTAL ASSETS			81,368,402.00	80,995,335.35	100.00%

The balance in the cash fund may be temporarily invested in the BIF Money Fund. Additional amounts not reported as cash may also be invested in the BIF Money Fund pending settlement of trades.

Balances include the effect of pending trades