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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>2012</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</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)                                 |

|                                                                                                                                                                                                                        |                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                         | <b>Basic Plan Information</b> —enter all requested information                                                                                                                           |
| <b>1a</b> Name of plan<br><u>TRW AUTOMOTIVE RETIREMENT SAVINGS PLAN FOR HOURLY EMPLOYEES</u>                                                                                                                           | <b>1b</b> Three-digit plan number (PN) ▶ <u>058</u><br><b>1c</b> Effective date of plan <u>08/01/1985</u>                                                                                |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>KELSEY-HAYES COMPANY</u><br><br><u>12001 TECH CENTER DRIVE</u><br><u>LIVONIA, MI 48150</u> | <b>2b</b> Employer Identification Number (EIN) <u>13-3369789</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>10/10/2013</u> | <u>SHELLY IACOBELLI</u>                                      |
|                                                                                                            | Signature of plan administrator                          | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                          |                   |                                                              |
|                                                                                                            | Signature of employer/plan sponsor                       | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                          |                   |                                                              |
|                                                                                                            | Signature of DFE                                         | Date              | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                          |                   | Preparer's telephone number (optional)                       |
|                                                                                                            |                                                          |                   |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                |                | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <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><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> 2089                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <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> 1809 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                 | <b>6b</b> 7    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                  | <b>6c</b> 381  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                           | <b>6d</b> 2197 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                          | <b>6e</b> 4    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                            | <b>6f</b> 2201 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <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> 1096 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <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> 18   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                               |                | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2R 3H 3I                                                                                                                                                                                                                            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |                | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</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>Service Provider 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>2012</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

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

|                                                                                       |                                                             |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>TRW AUTOMOTIVE RETIREMENT SAVINGS PLAN FOR HOURLY EMPLOYEES  | <b>B</b> Three-digit plan number (PN) ▶ 058                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>KELSEY-HAYES COMPANY | <b>D</b> Employer Identification Number (EIN)<br>13-3369789 |

**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

PIMCO PO BOX 8040  
BOSTON, MA 02266

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

DODGE & COX PO BOX 8480  
BOSTON, MA 02266

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

MORGAN STANLEY

13-3799749

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

LORD ABBETT

43-1581814

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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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ARTISAN

330 W. 9TH ST.  
KANSAS CITY, MO 64105

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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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DWS INVESTMENTS

02-0432775

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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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VICTORY

31-1249295

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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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ING FUNDS

PO BOX 9793  
PROVIDENCE, RI 02940

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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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AMERICAN FUNDS

95-2566717

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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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ALLIANCEBERNSTEIN

13-3211780

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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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HARTFORD MUTUAL FUNDS

41-0679409

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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

04-2647786

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64 65 71               | NONE                                                                                              | 51437                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | 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)<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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY                                                                                                                                                                                                  | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>                                                                                                |                                         |                                           |
| AF EUROPAC GROWTH R5-AMERICAN FUNDS<br><br>95-2566717                                                                                                                                                     | 0.05%                                   |                                           |
| <div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> |                                         |                                           |
|                                                                                                                                                                                                           |                                         |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>                                                                                                            |                                         |                                           |
| FIDELITY                                                                                                                                                                                                  | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>                                                                                                |                                         |                                           |
| ALL/BERN INTL VAL A<br><br>13-3211780                                                                                                                                                                     | 0.35%                                   |                                           |
| <div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> |                                         |                                           |
|                                                                                                                                                                                                           |                                         |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>                                                                                                            |                                         |                                           |
| FIDELITY                                                                                                                                                                                                  | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>                                                                                                |                                         |                                           |
| ARTISAN MID CAP INV--BOSTON FIN      330 W. 9TH ST.<br>KANSAS CITY, MO 64105                                                                                                                              | 0.40%                                   |                                           |
| <div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> |                                         |                                           |
|                                                                                                                                                                                                           |                                         |                                           |

**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 |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY                                                              | 60                                                                                                                                                                 | 0                                         |
|                                                                       |                                                                                                                                                                    |                                           |
| (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. |                                           |
| DODGE & COX BALANCED-BOSTON FINANCIAL PO BOX 8480<br>BOSTON, MA 02266 | 0.10%                                                                                                                                                              |                                           |
|                                                                       |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY                                                              | 60                                                                                                                                                                 | 0                                         |
|                                                                       |                                                                                                                                                                    |                                           |
| (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. |                                           |
| DODGE & COX INTL STK-BOSTON FINANCIAL PO BOX 8480<br>BOSTON, MA 02266 | 0.10%                                                                                                                                                              |                                           |
|                                                                       |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY                                                              | 60                                                                                                                                                                 | 0                                         |
|                                                                       |                                                                                                                                                                    |                                           |
| (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. |                                           |
| DODGE & COX STOCK-BOSTON FINANCIAL PO BOX 8480<br>BOSTON, MA 02266    | 0.10%                                                                                                                                                              |                                           |
|                                                                       |                                                                                                                                                                    |                                           |

**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY                                                                                                                                                                               | 60                                      | 0                                         |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>DWS RREEF RE SECS IS-DWS INV</p> <p>02-0432775</p>                                                       |                                         |                                           |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.10%</p> |                                         |                                           |
| <p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY</p>                                                                                                         |                                         |                                           |
| <p>(b) Service Codes<br/>(see instructions)</p> <p>60</p>                                                                                                                              |                                         |                                           |
| <p>(c) Enter amount of indirect compensation</p> <p>0</p>                                                                                                                              |                                         |                                           |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>HARTFORD MID CAP Y</p> <p>41-0679409</p>                                                                 |                                         |                                           |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.10%</p> |                                         |                                           |
| <p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY</p>                                                                                                         |                                         |                                           |
| <p>(b) Service Codes<br/>(see instructions)</p> <p>60</p>                                                                                                                              |                                         |                                           |
| <p>(c) Enter amount of indirect compensation</p> <p>0</p>                                                                                                                              |                                         |                                           |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ING SMALL COMPANY I-BNY MELLON      PO BOX 9793<br/>PROVIDENCE, RI 02940</p>                             |                                         |                                           |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.20%</p> |                                         |                                           |

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY                                                                                                   | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                         |                                           |
| LD ABBETT SMCPVAL A-DST SYS                                                                                | 0.40%                                   |                                           |
| 43-1581814                                                                                                 |                                         |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>             |                                         |                                           |
| FIDELITY                                                                                                   | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                         |                                           |
| LD ABT MID CAP STK A-DST SYS                                                                               | 0.40%                                   |                                           |
| 43-1581814                                                                                                 |                                         |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>             |                                         |                                           |
| FIDELITY                                                                                                   | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                         |                                           |
| MSIF INTL EQUITY P-MORGAN STAN                                                                             | 0.40%                                   |                                           |
| 13-3799749                                                                                                 |                                         |                                           |

**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                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY                                                            | 60                                      | 0                                                                                                                                                                  |
| (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. |
| PIMCO TOT RETURN ADM-BOSTON FIN<br>PO BOX 8480<br>BOSTON, MA 02266  | 0.27%                                   |                                                                                                                                                                    |
|                                                                     |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY                                                            | 60                                      | 0                                                                                                                                                                  |
| (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. |
| VICTORY DIVERS STK A-CITI FUND<br><br>31-1249295                    | 0.35%                                   |                                                                                                                                                                    |
|                                                                     |                                         |                                                                                                                                                                    |
| (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:

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE D</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> | <p style="text-align: center;"><b>DFE/Participating Plan Information</b></p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p> | <p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;"><b>2012</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection.</b></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                             |                                                                            |  |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|
| <p><b>A</b> Name of plan<br/><u>TRW AUTOMOTIVE RETIREMENT SAVINGS PLAN FOR HOURLY EMPLOYEES</u></p>         | <p><b>B</b> Three-digit plan number (PN) ▶ <u>058</u></p>                  |  |
| <p><b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br/><u>KELSEY-HAYES COMPANY</u></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><u>13-3369789</u></p> |  |

|        |                                                                                                                                                                                          |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <p><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)</p> |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                  |                                      |                                                                                                                           |
|--------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY MANAGED INCOME PORTFOLIO 2</u></p> |                                      |                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY</u></p>                         |                                      |                                                                                                                           |
| <p><b>c</b> EIN-PN <u>04-3022712-000</u></p>                                                     | <p><b>d</b> Entity code <u>C</u></p> | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4007019</u></p> |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:</p>                                            |                                      |                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a):</p>                                         |                                      |                                                                                                                           |
| <p><b>c</b> EIN-PN</p>                                                                           | <p><b>d</b> Entity code</p>          | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>                |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:</p>                                            |                                      |                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a):</p>                                         |                                      |                                                                                                                           |
| <p><b>c</b> EIN-PN</p>                                                                           | <p><b>d</b> Entity code</p>          | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>                |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:</p>                                            |                                      |                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a):</p>                                         |                                      |                                                                                                                           |
| <p><b>c</b> EIN-PN</p>                                                                           | <p><b>d</b> Entity code</p>          | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>                |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:</p>                                            |                                      |                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a):</p>                                         |                                      |                                                                                                                           |
| <p><b>c</b> EIN-PN</p>                                                                           | <p><b>d</b> Entity code</p>          | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>                |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:</p>                                            |                                      |                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a):</p>                                         |                                      |                                                                                                                           |
| <p><b>c</b> EIN-PN</p>                                                                           | <p><b>d</b> Entity code</p>          | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>                |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:</p>                                            |                                      |                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a):</p>                                         |                                      |                                                                                                                           |
| <p><b>c</b> EIN-PN</p>                                                                           | <p><b>d</b> Entity code</p>          | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>                |

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>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>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2012</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2012 or fiscal plan year beginning <b>01/01/2012</b> and ending <b>12/31/2012</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>TRW AUTOMOTIVE RETIREMENT SAVINGS PLAN FOR HOURLY EMPLOYEES</b>              | <b>B</b> Three-digit plan number (PN) ►                                | <b>058</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>KELSEY-HAYES COMPANY</b>             | <b>D</b> Employer Identification Number (EIN)<br><br><b>13-3369789</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>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 2251                  | 4558            |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       | 6731            |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 1341                  | 1475            |
| <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>    | 1644996               | 1992979         |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 4580135               | 4007019         |
| <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>(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>   | 16861881              | 20629657        |
| <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> | 5057042               | 7748926         |
| (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>    | 28147646              | 34391345        |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 75663 | 73773 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |       |       |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 75663 | 73773 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 28071983 | 34317572 |
|-----------------------------------------------------------|-----------|----------|----------|

**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: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 677368     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 2506932    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 1037528    |           |
| (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>    |            | 4221828   |

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

|                                                                                                      |                 |       |       |
|------------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 6     |       |
| <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> | 57393 |       |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |       |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 57399 |

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (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> | 780301 |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 780301 |

|                                                                                           |                 |         |        |
|-------------------------------------------------------------------------------------------|-----------------|---------|--------|
| (3) Rents .....                                                                           | <b>2b(3)</b>    |         |        |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 1530806 |        |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> | 1160785 |        |
| <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> |         | 370021 |

|                                                                                                       |                 |         |         |
|-------------------------------------------------------------------------------------------------------|-----------------|---------|---------|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                    | <b>2b(5)(A)</b> |         |         |
| <b>(B)</b> Other .....                                                                                | <b>2b(5)(B)</b> | 2800098 |         |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | <b>2b(5)(C)</b> |         | 2800098 |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | 56737     |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (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) |            | 1893073   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 10179457  |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....     | 2e(1) | 3766272 |         |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) |         |         |
| (3) Other .....                                                                     | 2e(3) |         |         |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |         | 3766272 |
| f Corrective distributions (see instructions) .....                                 | 2f    |         | 68567   |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |         | 47569   |
| h Interest expense.....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) |         |         |
| (2) Contract administrator fees .....                                               | 2i(2) | 51460   |         |
| (3) Investment advisory and management fees .....                                   | 2i(3) |         |         |
| (4) Other .....                                                                     | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 51460   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 3933868 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 6245589 |
| l Transfers of assets:                                  |       |  |         |
| (1) To this plan.....                                   | 2l(1) |  |         |
| (2) From this plan .....                                | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☐ Yes ☒ No

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

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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

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

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <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. ....                                     |     |    |          |

**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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <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>2012</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                              |                                                                    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>TRW AUTOMOTIVE RETIREMENT SAVINGS PLAN FOR HOURLY EMPLOYEES</u>  | <b>B</b> Three-digit plan number (PN) ▶<br><u>058</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>KELSEY-HAYES COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>13-3369789</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>            |
| <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>04-3797206</u> |                     |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |                     |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> <u>160</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 type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <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>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <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 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 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 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <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 line 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 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): \_\_\_\_\_



AUDITED FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULE

TRW Automotive Retirement Savings Plan for Hourly  
Employees  
As of December 31, 2012 and 2011, and for the  
Year Ended December 31, 2012  
With Report of Independent Auditors

Ernst & Young LLP



TRW Automotive  
Retirement Savings Plan for Hourly Employees

Audited Financial Statements and Supplemental Schedule

As of December 31, 2012 and 2011, and  
for the Year Ended December 31, 2012

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## Report of Independent Auditors

The Pension Administrative Committee of the  
TRW Automotive Retirement Savings Plan for Hourly Employees

We have audited the accompanying financial statements of TRW Automotive Retirement Savings Plan for Hourly Employees, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the TRW Automotive Retirement Savings Plan for Hourly Employees at December 31, 2012 and 2011, and the changes in its net assets available for benefits for the year ended December 31, 2012, in conformity with U.S. generally accepted accounting principles.

## Supplemental Schedule

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2012 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Ernst & Young LLP*

June 26, 2013

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Statements of Net Assets Available for Benefits

|                                                                                                 | <b>December 31</b>          |                             |
|-------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
|                                                                                                 | <b>2012</b>                 | <b>2011</b>                 |
| <b>Assets</b>                                                                                   |                             |                             |
| Notes receivable from participants                                                              | \$ 1,992,979                | \$ 1,644,996                |
| Employer contribution receivable                                                                | 4,558                       | 2,251                       |
| Other receivables                                                                               | 6,731                       | □                           |
| Total receivables                                                                               | <u>2,004,268</u>            | <u>1,647,247</u>            |
| Investments at fair value:                                                                      |                             |                             |
| Interest-bearing cash                                                                           | 1,475                       | 1,341                       |
| Mutual funds□                                                                                   | 20,629,657                  | 16,861,881                  |
| Common/collective trust fund                                                                    | 4,007,019                   | 4,580,135                   |
| TRW Common Stock Fund                                                                           | 7,748,926                   | 5,057,042                   |
| Total investments                                                                               | <u>32,387,077</u>           | <u>26,500,399</u>           |
| Total assets reflecting investments at fair value                                               | <u>34,391,345</u>           | <u>28,147,646</u>           |
| <b>Liabilities</b>                                                                              |                             |                             |
| Excess contributions payable                                                                    | <u>(73,773)</u>             | <u>(75,663)</u>             |
| Total liabilities                                                                               | <u>(73,773)</u>             | <u>(75,663)</u>             |
| Adjustments from fair value to contract value for fully benefit-responsive investment contracts | <u>(108,669)</u>            | <u>(111,282)</u>            |
| Net assets available for benefits                                                               | <u><u>\$ 34,208,903</u></u> | <u><u>\$ 27,960,701</u></u> |

*See accompanying notes to financial statements.*

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2012

**Additions**

|                                                       |                  |
|-------------------------------------------------------|------------------|
| Interest and dividends                                | \$ 780,307       |
| Interest income on notes receivable from participants | 57,393           |
| Employer contributions                                | 677,368          |
| Employee contributions                                | 2,506,932        |
| Employee rollovers                                    | 1,037,528        |
| Total additions                                       | <u>5,059,528</u> |

**Deductions**

|                                                                       |                  |
|-----------------------------------------------------------------------|------------------|
| Benefit payments                                                      | 3,882,408        |
| Administrative expenses                                               | 51,460           |
| Total deductions                                                      | <u>3,933,868</u> |
| Net realized and unrealized appreciation in fair value of investments | <u>5,122,542</u> |

|                                                        |                             |
|--------------------------------------------------------|-----------------------------|
| Net increase                                           | 6,248,202                   |
| Net assets available for benefits at beginning of year | 27,960,701                  |
| Net assets available for benefits at end of year       | <u><u>\$ 34,208,903</u></u> |

*See accompanying notes to financial statements.*

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements

December 31, 2012

**1. Description of Plan**

The following description of the TRW Automotive Retirement Savings Plan for Hourly Employees (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

**General**

The Plan is a defined-contribution benefit plan designed to provide eligible employees of a participating plant, division, subsidiary, or affiliate of Kelsey-Hayes Company, the sponsor of the Plan, with a vehicle to systematically save funds to supplement their retirement benefits. Kelsey-Hayes Company (the Company) is a wholly owned subsidiary of TRW Automotive Inc. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

**Eligibility**

Hourly employees covered by collective bargaining agreements are eligible to participate in the Plan based on the terms of the applicable collective bargaining agreements, generally after one year of service.

**Employee Contributions**

Each year, participants may contribute a percentage of pretax annual compensation not to exceed the applicable Internal Revenue Code (IRC) limitations (\$17,000 for 2012 and \$16,500 for 2011). Participants may also contribute amounts representing distributions from other qualified defined-benefit or defined-contribution plans. For 2012 and 2011, a participant who was 50 years old on or before the last day of the plan year-end was eligible to make an additional catch-up contribution of \$5,500.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

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

Upon enrollment, a participant may direct contributions in 1% increments to any of the Plan's investment options. Participants may change their investment options or transfer assets between investment options at any time during the year.

**Employer Contributions**

The Company matches an amount equal to 50% of the participant's pretax contribution up to 6% of the participant's compensation for the vast majority of hourly participants. The Company also contributes to the following bargaining groups:

*Fayette hourly participants:* The Company contributes 50% of the participant's pretax contributions up to 4% of the participant's compensation for employees under the Fayette collective bargaining agreement.

*Saginaw hourly participants:* The Company contributes to the Plan an amount equal to 30% of the first 7% of the employee's elective deferral contributions for certain hourly employees of TRW Integrated Chassis Systems LLC.

Matching contributions made in TRW Automotive Holdings Corp. stock become diversifiable after the calendar year in which the contributions are made.

**Participant Accounts**

Each participant's account is credited with the participant's contributions, the Company's contribution, if applicable, and the earnings on invested contributions. The benefit to which a participant is entitled cannot exceed the participant's vested account balance.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

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

**Vesting**

Participants are immediately vested in their contributions plus actual earnings thereon. For Company matching contributions, vesting is 20% each year beginning with the second year of employment, and a participant will be 100% vested after six years of credited service. Full vesting also occurs upon retirement, permanent disability, or death.

For Saginaw hourly employees, 100% vesting in Company matching contributions occurs after three years of service.

**Forfeitures**

Nonvested employer contributions of terminated employees become forfeitures after a one-year break in service and shall be used to reduce future employer contributions or administrative expenses. Forfeited funds are transferred to the Fidelity Managed Income Portfolio II fund. At December 31, 2012 and 2011, respectively, \$5 and \$3,096 of forfeited funds were available.

**Notes Receivable From Participants**

Participants may borrow an amount limited to the lesser of 50% of their vested account balance or \$50,000. The loan terms range from 1 to 5 years or up to 10 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a prime interest rate on the last business day of the preceding quarter plus one percentage point. Principal and interest are paid ratably through regular payroll deductions.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

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

**Payment of Benefits**

Upon retirement, disability, or death, the entire balance of the participant's account becomes payable to the participant or the participant's beneficiary. Upon any other termination of employment, the participant receives the vested portion of his or her account. Financial hardship withdrawals and in-service withdrawals are permitted as defined by the Plan.

Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan. Hardship withdrawals are strictly regulated by the IRC, and a participant must exhaust all available loan options and available distributions prior to requesting a hardship withdrawal.

In-service withdrawals are available either from the participant's after-tax contributions and/or rollover contributions or upon attainment of age 59 1/2 under certain provisions of the Plan.

**Administrative Expenses**

Certain administrative expenses of the Plan related to loan setup, withdrawals, and qualified domestic relations orders are paid by the participants. All other administrative expenses are paid for by the Company.

**Plan Termination**

The Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA and the respective collective bargaining agreements. In the event of the Plan's termination, participants will become 100% vested in their accounts, and distributions to participants and beneficiaries will be made at such time after termination of the Plan as provided by the plan agreement.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

**2. Summary of Significant Accounting Policies**

**Use of Estimates**

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

**Excess Contributions Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the IRC are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2012 and 2011 excess contributions to the applicable participants by March 15, 2013 and 2012, respectively.

**Notes Receivable From Participants**

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2012 or 2011. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded.

**Valuation of Investments and Income Recognition**

Investments held by the Plan 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 4 for further discussion and disclosures related to fair value measurements.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

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

One investment option of the Plan includes investment contracts through a common-collective trust (Fidelity Managed Income Portfolio II). This fund invests in fully benefit-responsive investment contracts. This fund is recorded at fair value (see Note 4); however, since these contracts are fully benefit-responsive, an adjustment is reflected in the statements of net assets available for benefits to present these investments at contract value. Contract value is the relevant measurement 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 contract value represents contributions plus earnings, less participant withdrawals and administrative expenses. The statements of net assets available for benefits present the fair value of the investment in the common collective trust as well as the adjustment from fair value to contract value for fully benefit-responsive investment contracts. The fair value of the Plan's interest in the Fidelity Managed Income Portfolio II is based on information reported by the issuer of the common-collective trust at year-end. The contract value of the Fidelity Managed Income Portfolio II represents contributions plus earnings, less participant withdrawals and administrative expenses.

The common/collective trust fund is designed to preserve principal and accumulate earnings. This fund is primarily invested in guaranteed investment contracts and synthetic investment contracts. Participant-directed redemptions have no restrictions; however, the Plan is required to provide a one-year redemption notice to liquidate its entire share in the fund.

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

**Relevant Accounting Pronouncements**

In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS* (ASU 2011-04). 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 (IFRS). 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.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

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

Adoption of ASU 2011-04 did not have an effect on the Plan's net assets available for benefit or its changes in net assets available for benefits.

**3. Investments**

During the year ended December 31, 2012, the Plan's investments (including investments purchased and sold, as well as held, during the year) appreciated in fair value as determined by quoted market prices as follows:

|                                           | <b>Net Realized and<br/>Unrealized<br/>Appreciation in Fair<br/>Value of Investments</b> |
|-------------------------------------------|------------------------------------------------------------------------------------------|
| Mutual funds/common-collective trust fund | \$ 1,952,550                                                                             |
| TRW Common Stock Fund                     | 3,169,992                                                                                |
|                                           | <u>\$ 5,122,542</u>                                                                      |

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

**3. Investments (continued)**

The December 31<sup>st</sup> fair value of individual investments that represented 5% or more of the Plan's beginning of the year net assets available for benefits at fair value is as follows:

|                                               | <b>December 31</b> |              |
|-----------------------------------------------|--------------------|--------------|
|                                               | <b>2012</b>        | <b>2011</b>  |
| Fidelity Managed Income Portfolio II          | \$ 4,007,019       | \$ 4,580,135 |
| Hartford MidCap Fund                          | 1,922,184          | 1,642,325    |
| ING Small Company Fund                        | 1,672,034          | 1,537,666    |
| PIMCO Total Return Fund □Administrative Class | 3,157,458          | 2,759,336    |
| TRW Common Stock Fund*                        | 7,748,926          | 5,057,042    |
| Victory Diversified Stock □Class A            | 1,901,433          | 2,005,656    |

\* Participant- or nonparticipant-directed

**Nonparticipant-Directed Investments**

The TRW Common Stock Fund is participant- and nonparticipant- directed. Information about the net assets and the significant components of changes in net assets related to this fund is as follows:

|                       | <b>December 31</b> |              |
|-----------------------|--------------------|--------------|
|                       | <b>2012</b>        | <b>2011</b>  |
| TRW Common Stock Fund | \$ 7,748,926       | \$ 5,057,042 |

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

**3. Investments (continued)**

|                                                        | <b>Year Ended<br/>December 31,<br/>2012</b> |
|--------------------------------------------------------|---------------------------------------------|
| Change in TRW Common Stock Fund:                       |                                             |
| Contributions                                          | \$ 739,756                                  |
| Net realized and unrealized appreciation in fair value | 3,169,992                                   |
| Exchange in                                            | 273,722                                     |
| Distributions                                          | (503,656)                                   |
| Exchange out                                           | (1,010,448)                                 |
| Other                                                  | 22,518                                      |
|                                                        | <u><u>\$ 2,691,884</u></u>                  |

**4. Fair Value Measurements**

The fair value hierarchy 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 □ Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical or comparable assets and liabilities. The Company utilized the market approach to determine the fair value of its assets under Level 1 of the fair value hierarchy.

Level 2 □ The fair values determined through Level 2 of the fair value hierarchy are derived principally from or corroborated by observable market data under the market approach. Inputs include quoted prices for similar assets and liabilities (risk adjusted) and market-corroborated inputs, such as market comparables, interest rates, yield curves, and other items that allow value to be determined.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

**4. Fair Value Measurements (continued)**

Level 3 □ The Company would utilize the income approach or the cost approach, as appropriate, to determine the fair value of its assets and liabilities under Level 3 of the fair value hierarchy. The fair value would be derived principally from unobservable inputs from the Company's own assumptions about market risk, developed based on the best information available, subject to cost-benefit analysis, and may include the Company's own data. When there are no observable comparables, inputs used to determine value are derived from company-specific inputs, such as projected financial data and the Company's own views about the assumption that market participant would use.

The level in the fair value hierarchy within which the fair value measurement is classified is determined based the lowest-level input that is significant to the fair value measure in its entirety.

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.

*Mutual funds:* Valued at quoted market prices, which represent net asset value (NAV) of shares held by the Plan at year-end.

*Equity securities:* 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.

The TRW Common Stock Fund invests in TRW Automotive Holdings Corp. common stock. A small portion of the fund may also be invested in short-term reserves to accommodate daily transactions; however, no such reserves existed as of December 31, 2012 and 2011. TRW common stock is valued at the closing price on the New York Stock Exchange on the last business day of the year, which represents the value of the fund as of December 31, 2012 and 2011.

*Common-collective trust fund:* Valued at NAV provided by the administrators of the funds. The NAV is based on underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

**4. Fair Value Measurements (continued)**

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2012 and 2011:

|                                                  | Assets at Fair Value as of December 31, 2012 |              |         |               |
|--------------------------------------------------|----------------------------------------------|--------------|---------|---------------|
|                                                  | Level 1                                      | Level 2      | Level 3 | Total         |
| Interest-bearing cash                            | \$ 1,475                                     | \$ □         | \$ □    | \$ 1,475      |
| Mutual funds:                                    |                                              |              |         |               |
| Money market                                     | □                                            | □            | □       | □             |
| Domestic equities                                | 9,800,775                                    | □            | □       | 9,800,775     |
| International equities                           | 1,400,690                                    | □            | □       | 1,400,690     |
| Lifecycle funds                                  | 6,261,542                                    | □            | □       | 6,261,542     |
| Bond fund                                        | 3,157,458                                    | □            | □       | 3,157,458     |
| Self directed brokerage accounts □ mutual funds: | 2,202                                        | □            | □       | 2,202         |
| Money market                                     |                                              |              |         |               |
| Domestic equities                                | 6,990                                        | □            | □       | 6,990         |
| Common fund/collective trust                     | □                                            | 4,007,019    | □       | 4,007,019     |
| TRW Common Stock Fund                            | 7,748,926                                    | □            | □       | 7,748,926     |
| Total investments at fair value                  | \$ 28,380,058                                | \$ 4,007,019 | \$ □    | \$ 32,387,077 |

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

**4. Fair Value Measurements (continued)**

|                                 | Assets at Fair Value as of December 31, 2011 |              |         |               |
|---------------------------------|----------------------------------------------|--------------|---------|---------------|
|                                 | Level 1                                      | Level 2      | Level 3 | Total         |
| Interest-bearing cash           | \$ 1,341                                     | \$ □         | \$ □    | \$ 1,341      |
| Mutual funds:                   |                                              |              |         |               |
| Money market                    | 833                                          | □            | □       | 833           |
| Domestic equities               | 9,038,737                                    | □            | □       | 9,038,737     |
| International equities          | 1,216,739                                    | □            | □       | 1,216,739     |
| Lifecycle funds                 | 3,846,236                                    | □            | □       | 3,846,236     |
| Bond fund                       | 2,759,336                                    | □            | □       | 2,759,336     |
| Common fund/collective trust    | □                                            | 4,580,135    | □       | 4,580,135     |
| TRW Common Stock Fund           | 5,057,042                                    | □            | □       | 5,057,042     |
| Total investments at fair value | \$ 21,920,264                                | \$ 4,580,135 | \$ □    | \$ 26,500,399 |

**5. Related-Party Transactions**

Certain plan investments are units of participation in a common trust fund and shares of mutual funds managed by Fidelity. Fidelity is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Likewise, TRW Automotive U.S. LLC is the plan sponsor and, therefore, transactions in shares of its Parent TRW Automotive Holdings Corp.'s stock also qualify as party-in-interest transactions. These transactions are exempt from the prohibited transactions rules under ERISA.

**6. Risks and Uncertainties**

The Plan allows for investments in various investment securities. Investment securities are exposed to various risks such as interest rate, foreign exchange, 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 that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

**7. Income Tax Status**

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated June 5, 2012, stating that the Plan is qualified under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. The Plan is required to operate in conformity with the IRC to maintain its qualification. The plan sponsor believes the Plan is being operated in compliance with applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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, 2012, 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 2009.

**8. Difference Between the Financial Statements and Form 5500**

The following is a reconciliation of net assets available for benefits pursuant to the financial statements to the Form 5500:

|                                                                                                 | <b>December 31</b>   |               |
|-------------------------------------------------------------------------------------------------|----------------------|---------------|
|                                                                                                 | <b>2012</b>          | <b>2011</b>   |
| Net assets available for benefits as reported in the Plan's financial statements                | <b>\$ 34,208,903</b> | \$ 27,960,701 |
| Adjustments from contract value to fair value for fully benefit-responsive investment contracts | <b>108,669</b>       | 111,282       |
| Net assets available for the benefits pursuant to the Form 5500                                 | <b>\$ 34,317,572</b> | \$ 28,071,983 |

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

**8. Difference Between the Financial Statements and Form 5500 (continued)**

The following is a reconciliation of net gains from investments:

|                                                                                                 | <b>Year Ended<br/>December 31,<br/>2012</b> |
|-------------------------------------------------------------------------------------------------|---------------------------------------------|
| Interest and dividends from investment                                                          | \$ 780,307                                  |
| Net realized/unrealized depreciation from investment accounts                                   | <u>5,122,542</u>                            |
| Net investment gain from investments as reported in the financial statements                    | 5,902,849                                   |
| Adjustments from fair value to contract value for fully benefit-responsive investment contracts | <u>(2,613)</u>                              |
| Net investment gain from investments as reported in the Form 5500                               | <u>\$ 5,900,236</u>                         |

**9. Subsequent Events**

Management had evaluated and concluded that there were no subsequent events for the Plan through June 26, 2013, the date the financial statements were available to be issued.

# Supplemental Schedule

# TRW Automotive Retirement Savings Plan for Hourly Employees

EIN: 13-3369789 Plan Number: 058

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

December 31, 2012

| Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investments                                                               | Historical<br>Cost             | Current<br>Value |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------|------------------|
| American Funds                                            | American Funds EuroPacific Growth Fund <input type="checkbox"/> Class R5                 | \$ <input type="checkbox"/> \$ | 1,156,243        |
| Brokerage Accounts                                        | Self Directed Brokerage Account                                                          |                                | 9,192            |
| Fidelity*                                                 | Fidelity Capital Appreciation Fund                                                       |                                | 907,920          |
|                                                           | Fidelity Freedom Income Fund                                                             |                                | 94,196           |
|                                                           | Fidelity Freedom 2000 Fund                                                               |                                | 21,878           |
|                                                           | Fidelity Freedom 2005 Fund                                                               |                                | 164,724          |
|                                                           | Fidelity Freedom 2010 Fund                                                               |                                | 161,652          |
|                                                           | Fidelity Freedom 2015 Fund                                                               |                                | 313,666          |
|                                                           | Fidelity Freedom 2020 Fund                                                               |                                | 1,104,630        |
|                                                           | Fidelity Freedom 2025 Fund                                                               |                                | 1,052,537        |
|                                                           | Fidelity Freedom 2030 Fund                                                               |                                | 988,488          |
|                                                           | Fidelity Freedom 2035 Fund                                                               |                                | 763,129          |
|                                                           | Fidelity Freedom 2040 Fund                                                               |                                | 1,190,920        |
|                                                           | Fidelity Freedom 2045 Fund                                                               |                                | 202,734          |
|                                                           | Fidelity Freedom 2050 Fund                                                               |                                | 194,112          |
|                                                           | Fidelity Freedom 2055 Fund                                                               |                                | 8,876            |
|                                                           | Fidelity Managed Income Portfolio II                                                     |                                | 4,007,019        |
|                                                           | Spartan 500 Index Institutional Class                                                    |                                | 801,030          |
| PIMCO                                                     | PIMCO Total Return Fund <input type="checkbox"/> Administrative Class                    |                                | 3,157,458        |
| Dodge & Cox                                               | Dodge & Cox Balanced Fund                                                                |                                | 1,140,393        |
|                                                           | Dodge & Cox Stock Fund                                                                   |                                | 1,103,166        |
|                                                           | Dodge & Cox International Stock Fund                                                     |                                | 244,447          |
| ING                                                       | ING Small Company Fund                                                                   |                                | 1,672,034        |
| Hartford                                                  | Hartford MidCap Fund                                                                     |                                | 1,922,184        |
| TRW Automotive*                                           | TRW Common Stock Fund                                                                    | 3,439,100                      | 7,748,926        |
| Victory                                                   | Victory Diversified Stock <input type="checkbox"/> Class A                               |                                | 1,901,433        |
| DWS                                                       | DWS RREEF Real Estate Securities Fund                                                    |                                | 352,615          |
|                                                           |                                                                                          | 3,439,100                      | 32,385,602       |
| Other                                                     | Interest-bearing cash                                                                    |                                | 1,475            |
| Participants*                                             | Participant loans, interest rates range from 3.25% to 9.25%, with various maturity dates |                                | 1,992,979        |
| Total assets held                                         |                                                                                          | \$ 3,439,100 \$                | 34,380,056       |

\*Parties in interest

Note: Historical cost information is disclosed for the TRW Stock Fund since investments can be either participant- or nonparticipant-directed. Historical cost information is not disclosed for all other investments since they are solely participant-directed.

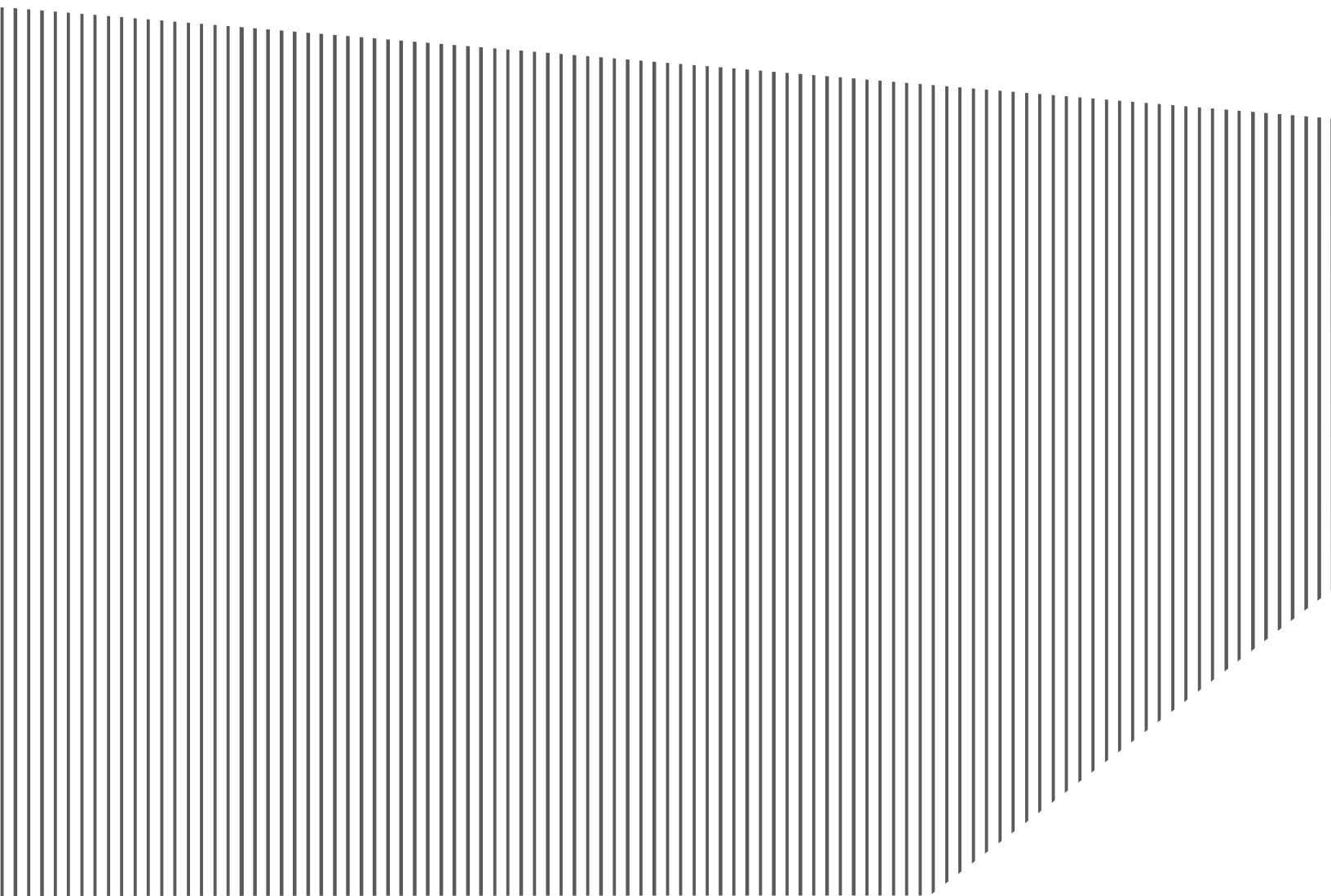
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AUDITED FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULE

TRW Automotive Retirement Savings Plan for Hourly  
Employees  
As of December 31, 2012 and 2011, and for the  
Year Ended December 31, 2012  
With Report of Independent Auditors

Ernst & Young LLP



TRW Automotive  
Retirement Savings Plan for Hourly Employees

Audited Financial Statements and Supplemental Schedule

As of December 31, 2012 and 2011, and  
for the Year Ended December 31, 2012

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## Report of Independent Auditors

The Pension Administrative Committee of the  
TRW Automotive Retirement Savings Plan for Hourly Employees

We have audited the accompanying financial statements of TRW Automotive Retirement Savings Plan for Hourly Employees, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the TRW Automotive Retirement Savings Plan for Hourly Employees at December 31, 2012 and 2011, and the changes in its net assets available for benefits for the year ended December 31, 2012, in conformity with U.S. generally accepted accounting principles.

## Supplemental Schedule

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2012 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Ernst & Young LLP*

June 26, 2013

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Statements of Net Assets Available for Benefits

|                                                                                                 | <b>December 31</b>          |                             |
|-------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
|                                                                                                 | <b>2012</b>                 | <b>2011</b>                 |
| <b>Assets</b>                                                                                   |                             |                             |
| Notes receivable from participants                                                              | \$ 1,992,979                | \$ 1,644,996                |
| Employer contribution receivable                                                                | 4,558                       | 2,251                       |
| Other receivables                                                                               | 6,731                       | □                           |
| Total receivables                                                                               | <u>2,004,268</u>            | <u>1,647,247</u>            |
| Investments at fair value:                                                                      |                             |                             |
| Interest-bearing cash                                                                           | 1,475                       | 1,341                       |
| Mutual funds□                                                                                   | 20,629,657                  | 16,861,881                  |
| Common/collective trust fund                                                                    | 4,007,019                   | 4,580,135                   |
| TRW Common Stock Fund                                                                           | 7,748,926                   | 5,057,042                   |
| Total investments                                                                               | <u>32,387,077</u>           | <u>26,500,399</u>           |
| Total assets reflecting investments at fair value                                               | <u>34,391,345</u>           | <u>28,147,646</u>           |
| <b>Liabilities</b>                                                                              |                             |                             |
| Excess contributions payable                                                                    | <u>(73,773)</u>             | <u>(75,663)</u>             |
| Total liabilities                                                                               | <u>(73,773)</u>             | <u>(75,663)</u>             |
| Adjustments from fair value to contract value for fully benefit-responsive investment contracts | <u>(108,669)</u>            | <u>(111,282)</u>            |
| Net assets available for benefits                                                               | <u><u>\$ 34,208,903</u></u> | <u><u>\$ 27,960,701</u></u> |

*See accompanying notes to financial statements.*

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2012

**Additions**

|                                                       |                  |
|-------------------------------------------------------|------------------|
| Interest and dividends                                | \$ 780,307       |
| Interest income on notes receivable from participants | 57,393           |
| Employer contributions                                | 677,368          |
| Employee contributions                                | 2,506,932        |
| Employee rollovers                                    | 1,037,528        |
| Total additions                                       | <u>5,059,528</u> |

**Deductions**

|                                                                       |                  |
|-----------------------------------------------------------------------|------------------|
| Benefit payments                                                      | 3,882,408        |
| Administrative expenses                                               | 51,460           |
| Total deductions                                                      | <u>3,933,868</u> |
| Net realized and unrealized appreciation in fair value of investments | <u>5,122,542</u> |

|                                                        |                             |
|--------------------------------------------------------|-----------------------------|
| Net increase                                           | 6,248,202                   |
| Net assets available for benefits at beginning of year | 27,960,701                  |
| Net assets available for benefits at end of year       | <u><u>\$ 34,208,903</u></u> |

*See accompanying notes to financial statements.*

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements

December 31, 2012

**1. Description of Plan**

The following description of the TRW Automotive Retirement Savings Plan for Hourly Employees (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

**General**

The Plan is a defined-contribution benefit plan designed to provide eligible employees of a participating plant, division, subsidiary, or affiliate of Kelsey-Hayes Company, the sponsor of the Plan, with a vehicle to systematically save funds to supplement their retirement benefits. Kelsey-Hayes Company (the Company) is a wholly owned subsidiary of TRW Automotive Inc. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

**Eligibility**

Hourly employees covered by collective bargaining agreements are eligible to participate in the Plan based on the terms of the applicable collective bargaining agreements, generally after one year of service.

**Employee Contributions**

Each year, participants may contribute a percentage of pretax annual compensation not to exceed the applicable Internal Revenue Code (IRC) limitations (\$17,000 for 2012 and \$16,500 for 2011). Participants may also contribute amounts representing distributions from other qualified defined-benefit or defined-contribution plans. For 2012 and 2011, a participant who was 50 years old on or before the last day of the plan year-end was eligible to make an additional catch-up contribution of \$5,500.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

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

Upon enrollment, a participant may direct contributions in 1% increments to any of the Plan's investment options. Participants may change their investment options or transfer assets between investment options at any time during the year.

**Employer Contributions**

The Company matches an amount equal to 50% of the participant's pretax contribution up to 6% of the participant's compensation for the vast majority of hourly participants. The Company also contributes to the following bargaining groups:

*Fayette hourly participants:* The Company contributes 50% of the participant's pretax contributions up to 4% of the participant's compensation for employees under the Fayette collective bargaining agreement.

*Saginaw hourly participants:* The Company contributes to the Plan an amount equal to 30% of the first 7% of the employee's elective deferral contributions for certain hourly employees of TRW Integrated Chassis Systems LLC.

Matching contributions made in TRW Automotive Holdings Corp. stock become diversifiable after the calendar year in which the contributions are made.

**Participant Accounts**

Each participant's account is credited with the participant's contributions, the Company's contribution, if applicable, and the earnings on invested contributions. The benefit to which a participant is entitled cannot exceed the participant's vested account balance.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

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

**Vesting**

Participants are immediately vested in their contributions plus actual earnings thereon. For Company matching contributions, vesting is 20% each year beginning with the second year of employment, and a participant will be 100% vested after six years of credited service. Full vesting also occurs upon retirement, permanent disability, or death.

For Saginaw hourly employees, 100% vesting in Company matching contributions occurs after three years of service.

**Forfeitures**

Nonvested employer contributions of terminated employees become forfeitures after a one-year break in service and shall be used to reduce future employer contributions or administrative expenses. Forfeited funds are transferred to the Fidelity Managed Income Portfolio II fund. At December 31, 2012 and 2011, respectively, \$5 and \$3,096 of forfeited funds were available.

**Notes Receivable From Participants**

Participants may borrow an amount limited to the lesser of 50% of their vested account balance or \$50,000. The loan terms range from 1 to 5 years or up to 10 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a prime interest rate on the last business day of the preceding quarter plus one percentage point. Principal and interest are paid ratably through regular payroll deductions.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

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

**Payment of Benefits**

Upon retirement, disability, or death, the entire balance of the participant's account becomes payable to the participant or the participant's beneficiary. Upon any other termination of employment, the participant receives the vested portion of his or her account. Financial hardship withdrawals and in-service withdrawals are permitted as defined by the Plan.

Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan. Hardship withdrawals are strictly regulated by the IRC, and a participant must exhaust all available loan options and available distributions prior to requesting a hardship withdrawal.

In-service withdrawals are available either from the participant's after-tax contributions and/or rollover contributions or upon attainment of age 59 1/2 under certain provisions of the Plan.

**Administrative Expenses**

Certain administrative expenses of the Plan related to loan setup, withdrawals, and qualified domestic relations orders are paid by the participants. All other administrative expenses are paid for by the Company.

**Plan Termination**

The Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA and the respective collective bargaining agreements. In the event of the Plan's termination, participants will become 100% vested in their accounts, and distributions to participants and beneficiaries will be made at such time after termination of the Plan as provided by the plan agreement.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

**2. Summary of Significant Accounting Policies**

**Use of Estimates**

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

**Excess Contributions Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the IRC are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2012 and 2011 excess contributions to the applicable participants by March 15, 2013 and 2012, respectively.

**Notes Receivable From Participants**

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2012 or 2011. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded.

**Valuation of Investments and Income Recognition**

Investments held by the Plan 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 4 for further discussion and disclosures related to fair value measurements.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

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

One investment option of the Plan includes investment contracts through a common-collective trust (Fidelity Managed Income Portfolio II). This fund invests in fully benefit-responsive investment contracts. This fund is recorded at fair value (see Note 4); however, since these contracts are fully benefit-responsive, an adjustment is reflected in the statements of net assets available for benefits to present these investments at contract value. Contract value is the relevant measurement 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 contract value represents contributions plus earnings, less participant withdrawals and administrative expenses. The statements of net assets available for benefits present the fair value of the investment in the common collective trust as well as the adjustment from fair value to contract value for fully benefit-responsive investment contracts. The fair value of the Plan's interest in the Fidelity Managed Income Portfolio II is based on information reported by the issuer of the common-collective trust at year-end. The contract value of the Fidelity Managed Income Portfolio II represents contributions plus earnings, less participant withdrawals and administrative expenses.

The common/collective trust fund is designed to preserve principal and accumulate earnings. This fund is primarily invested in guaranteed investment contracts and synthetic investment contracts. Participant-directed redemptions have no restrictions; however, the Plan is required to provide a one-year redemption notice to liquidate its entire share in the fund.

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

**Relevant Accounting Pronouncements**

In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS* (ASU 2011-04). 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 (IFRS). 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.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

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

Adoption of ASU 2011-04 did not have an effect on the Plan's net assets available for benefit or its changes in net assets available for benefits.

**3. Investments**

During the year ended December 31, 2012, the Plan's investments (including investments purchased and sold, as well as held, during the year) appreciated in fair value as determined by quoted market prices as follows:

|                                           | <b>Net Realized and<br/>Unrealized<br/>Appreciation in Fair<br/>Value of Investments</b> |
|-------------------------------------------|------------------------------------------------------------------------------------------|
| Mutual funds/common-collective trust fund | \$ 1,952,550                                                                             |
| TRW Common Stock Fund                     | 3,169,992                                                                                |
|                                           | <u>\$ 5,122,542</u>                                                                      |

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

**3. Investments (continued)**

The December 31<sup>st</sup> fair value of individual investments that represented 5% or more of the Plan's beginning of the year net assets available for benefits at fair value is as follows:

|                                               | <b>December 31</b> |              |
|-----------------------------------------------|--------------------|--------------|
|                                               | <b>2012</b>        | <b>2011</b>  |
| Fidelity Managed Income Portfolio II          | \$ 4,007,019       | \$ 4,580,135 |
| Hartford MidCap Fund                          | 1,922,184          | 1,642,325    |
| ING Small Company Fund                        | 1,672,034          | 1,537,666    |
| PIMCO Total Return Fund □Administrative Class | 3,157,458          | 2,759,336    |
| TRW Common Stock Fund*                        | 7,748,926          | 5,057,042    |
| Victory Diversified Stock □Class A            | 1,901,433          | 2,005,656    |

\* Participant- or nonparticipant-directed

**Nonparticipant-Directed Investments**

The TRW Common Stock Fund is participant- and nonparticipant- directed. Information about the net assets and the significant components of changes in net assets related to this fund is as follows:

|                       | <b>December 31</b> |              |
|-----------------------|--------------------|--------------|
|                       | <b>2012</b>        | <b>2011</b>  |
| TRW Common Stock Fund | \$ 7,748,926       | \$ 5,057,042 |

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

**3. Investments (continued)**

|                                                        | <b>Year Ended<br/>December 31,<br/>2012</b> |
|--------------------------------------------------------|---------------------------------------------|
| Change in TRW Common Stock Fund:                       |                                             |
| Contributions                                          | \$ 739,756                                  |
| Net realized and unrealized appreciation in fair value | 3,169,992                                   |
| Exchange in                                            | 273,722                                     |
| Distributions                                          | (503,656)                                   |
| Exchange out                                           | (1,010,448)                                 |
| Other                                                  | 22,518                                      |
|                                                        | <u><u>\$ 2,691,884</u></u>                  |

**4. Fair Value Measurements**

The fair value hierarchy 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 □ Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical or comparable assets and liabilities. The Company utilized the market approach to determine the fair value of its assets under Level 1 of the fair value hierarchy.

Level 2 □ The fair values determined through Level 2 of the fair value hierarchy are derived principally from or corroborated by observable market data under the market approach. Inputs include quoted prices for similar assets and liabilities (risk adjusted) and market-corroborated inputs, such as market comparables, interest rates, yield curves, and other items that allow value to be determined.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

**4. Fair Value Measurements (continued)**

Level 3 □ The Company would utilize the income approach or the cost approach, as appropriate, to determine the fair value of its assets and liabilities under Level 3 of the fair value hierarchy. The fair value would be derived principally from unobservable inputs from the Company's own assumptions about market risk, developed based on the best information available, subject to cost-benefit analysis, and may include the Company's own data. When there are no observable comparables, inputs used to determine value are derived from company-specific inputs, such as projected financial data and the Company's own views about the assumption that market participant would use.

The level in the fair value hierarchy within which the fair value measurement is classified is determined based the lowest-level input that is significant to the fair value measure in its entirety.

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.

*Mutual funds:* Valued at quoted market prices, which represent net asset value (NAV) of shares held by the Plan at year-end.

*Equity securities:* 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.

The TRW Common Stock Fund invests in TRW Automotive Holdings Corp. common stock. A small portion of the fund may also be invested in short-term reserves to accommodate daily transactions; however, no such reserves existed as of December 31, 2012 and 2011. TRW common stock is valued at the closing price on the New York Stock Exchange on the last business day of the year, which represents the value of the fund as of December 31, 2012 and 2011.

*Common-collective trust fund:* Valued at NAV provided by the administrators of the funds. The NAV is based on underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

**4. Fair Value Measurements (continued)**

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2012 and 2011:

|                                                  | Assets at Fair Value as of December 31, 2012 |              |         |               |
|--------------------------------------------------|----------------------------------------------|--------------|---------|---------------|
|                                                  | Level 1                                      | Level 2      | Level 3 | Total         |
| Interest-bearing cash                            | \$ 1,475                                     | \$ □         | \$ □    | \$ 1,475      |
| Mutual funds:                                    |                                              |              |         |               |
| Money market                                     | □                                            | □            | □       | □             |
| Domestic equities                                | 9,800,775                                    | □            | □       | 9,800,775     |
| International equities                           | 1,400,690                                    | □            | □       | 1,400,690     |
| Lifecycle funds                                  | 6,261,542                                    | □            | □       | 6,261,542     |
| Bond fund                                        | 3,157,458                                    | □            | □       | 3,157,458     |
| Self directed brokerage accounts □ mutual funds: | 2,202                                        | □            | □       | 2,202         |
| Money market                                     |                                              |              |         |               |
| Domestic equities                                | 6,990                                        | □            | □       | 6,990         |
| Common fund/collective trust                     | □                                            | 4,007,019    | □       | 4,007,019     |
| TRW Common Stock Fund                            | 7,748,926                                    | □            | □       | 7,748,926     |
| Total investments at fair value                  | \$ 28,380,058                                | \$ 4,007,019 | \$ □    | \$ 32,387,077 |

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

**4. Fair Value Measurements (continued)**

|                                 | Assets at Fair Value as of December 31, 2011 |              |         |               |
|---------------------------------|----------------------------------------------|--------------|---------|---------------|
|                                 | Level 1                                      | Level 2      | Level 3 | Total         |
| Interest-bearing cash           | \$ 1,341                                     | \$ □         | \$ □    | \$ 1,341      |
| Mutual funds:                   |                                              |              |         |               |
| Money market                    | 833                                          | □            | □       | 833           |
| Domestic equities               | 9,038,737                                    | □            | □       | 9,038,737     |
| International equities          | 1,216,739                                    | □            | □       | 1,216,739     |
| Lifecycle funds                 | 3,846,236                                    | □            | □       | 3,846,236     |
| Bond fund                       | 2,759,336                                    | □            | □       | 2,759,336     |
| Common fund/collective trust    | □                                            | 4,580,135    | □       | 4,580,135     |
| TRW Common Stock Fund           | 5,057,042                                    | □            | □       | 5,057,042     |
| Total investments at fair value | \$ 21,920,264                                | \$ 4,580,135 | \$ □    | \$ 26,500,399 |

**5. Related-Party Transactions**

Certain plan investments are units of participation in a common trust fund and shares of mutual funds managed by Fidelity. Fidelity is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Likewise, TRW Automotive U.S. LLC is the plan sponsor and, therefore, transactions in shares of its Parent TRW Automotive Holdings Corp.'s stock also qualify as party-in-interest transactions. These transactions are exempt from the prohibited transactions rules under ERISA.

**6. Risks and Uncertainties**

The Plan allows for investments in various investment securities. Investment securities are exposed to various risks such as interest rate, foreign exchange, 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 that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

**7. Income Tax Status**

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated June 5, 2012, stating that the Plan is qualified under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. The Plan is required to operate in conformity with the IRC to maintain its qualification. The plan sponsor believes the Plan is being operated in compliance with applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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, 2012, 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 2009.

**8. Difference Between the Financial Statements and Form 5500**

The following is a reconciliation of net assets available for benefits pursuant to the financial statements to the Form 5500:

|                                                                                                 | <b>December 31</b>   |               |
|-------------------------------------------------------------------------------------------------|----------------------|---------------|
|                                                                                                 | <b>2012</b>          | <b>2011</b>   |
| Net assets available for benefits as reported in the Plan's financial statements                | <b>\$ 34,208,903</b> | \$ 27,960,701 |
| Adjustments from contract value to fair value for fully benefit-responsive investment contracts | <b>108,669</b>       | 111,282       |
| Net assets available for the benefits pursuant to the Form 5500                                 | <b>\$ 34,317,572</b> | \$ 28,071,983 |

TRW Automotive  
Retirement Savings Plan for Hourly Employees

Notes to Financial Statements (continued)

**8. Difference Between the Financial Statements and Form 5500 (continued)**

The following is a reconciliation of net gains from investments:

|                                                                                                 | <b>Year Ended<br/>December 31,<br/>2012</b> |
|-------------------------------------------------------------------------------------------------|---------------------------------------------|
| Interest and dividends from investment                                                          | \$ 780,307                                  |
| Net realized/unrealized depreciation from investment accounts                                   | <u>5,122,542</u>                            |
| Net investment gain from investments as reported in the financial statements                    | 5,902,849                                   |
| Adjustments from fair value to contract value for fully benefit-responsive investment contracts | <u>(2,613)</u>                              |
| Net investment gain from investments as reported in the Form 5500                               | <u>\$ 5,900,236</u>                         |

**9. Subsequent Events**

Management had evaluated and concluded that there were no subsequent events for the Plan through June 26, 2013, the date the financial statements were available to be issued.

# Supplemental Schedule

# TRW Automotive Retirement Savings Plan for Hourly Employees

EIN: 13-3369789 Plan Number: 058

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

December 31, 2012

| Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investments                                                               | Historical<br>Cost             | Current<br>Value |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------|------------------|
| American Funds                                            | American Funds EuroPacific Growth Fund <input type="checkbox"/> Class R5                 | \$ <input type="checkbox"/> \$ | 1,156,243        |
| Brokerage Accounts                                        | Self Directed Brokerage Account                                                          |                                | 9,192            |
| Fidelity*                                                 | Fidelity Capital Appreciation Fund                                                       |                                | 907,920          |
|                                                           | Fidelity Freedom Income Fund                                                             |                                | 94,196           |
|                                                           | Fidelity Freedom 2000 Fund                                                               |                                | 21,878           |
|                                                           | Fidelity Freedom 2005 Fund                                                               |                                | 164,724          |
|                                                           | Fidelity Freedom 2010 Fund                                                               |                                | 161,652          |
|                                                           | Fidelity Freedom 2015 Fund                                                               |                                | 313,666          |
|                                                           | Fidelity Freedom 2020 Fund                                                               |                                | 1,104,630        |
|                                                           | Fidelity Freedom 2025 Fund                                                               |                                | 1,052,537        |
|                                                           | Fidelity Freedom 2030 Fund                                                               |                                | 988,488          |
|                                                           | Fidelity Freedom 2035 Fund                                                               |                                | 763,129          |
|                                                           | Fidelity Freedom 2040 Fund                                                               |                                | 1,190,920        |
|                                                           | Fidelity Freedom 2045 Fund                                                               |                                | 202,734          |
|                                                           | Fidelity Freedom 2050 Fund                                                               |                                | 194,112          |
|                                                           | Fidelity Freedom 2055 Fund                                                               |                                | 8,876            |
|                                                           | Fidelity Managed Income Portfolio II                                                     |                                | 4,007,019        |
|                                                           | Spartan 500 Index Institutional Class                                                    |                                | 801,030          |
| PIMCO                                                     | PIMCO Total Return Fund <input type="checkbox"/> Administrative Class                    |                                | 3,157,458        |
| Dodge & Cox                                               | Dodge & Cox Balanced Fund                                                                |                                | 1,140,393        |
|                                                           | Dodge & Cox Stock Fund                                                                   |                                | 1,103,166        |
|                                                           | Dodge & Cox International Stock Fund                                                     |                                | 244,447          |
| ING                                                       | ING Small Company Fund                                                                   |                                | 1,672,034        |
| Hartford                                                  | Hartford MidCap Fund                                                                     |                                | 1,922,184        |
| TRW Automotive*                                           | TRW Common Stock Fund                                                                    | 3,439,100                      | 7,748,926        |
| Victory                                                   | Victory Diversified Stock <input type="checkbox"/> Class A                               |                                | 1,901,433        |
| DWS                                                       | DWS RREEF Real Estate Securities Fund                                                    |                                | 352,615          |
|                                                           |                                                                                          | 3,439,100                      | 32,385,602       |
| Other                                                     | Interest-bearing cash                                                                    |                                | 1,475            |
| Participants*                                             | Participant loans, interest rates range from 3.25% to 9.25%, with various maturity dates |                                | 1,992,979        |
| Total assets held                                         |                                                                                          | \$ 3,439,100 \$                | 34,380,056       |

\*Parties in interest

Note: Historical cost information is disclosed for the TRW Stock Fund since investments can be either participant- or nonparticipant-directed. Historical cost information is not disclosed for all other investments since they are solely participant-directed.

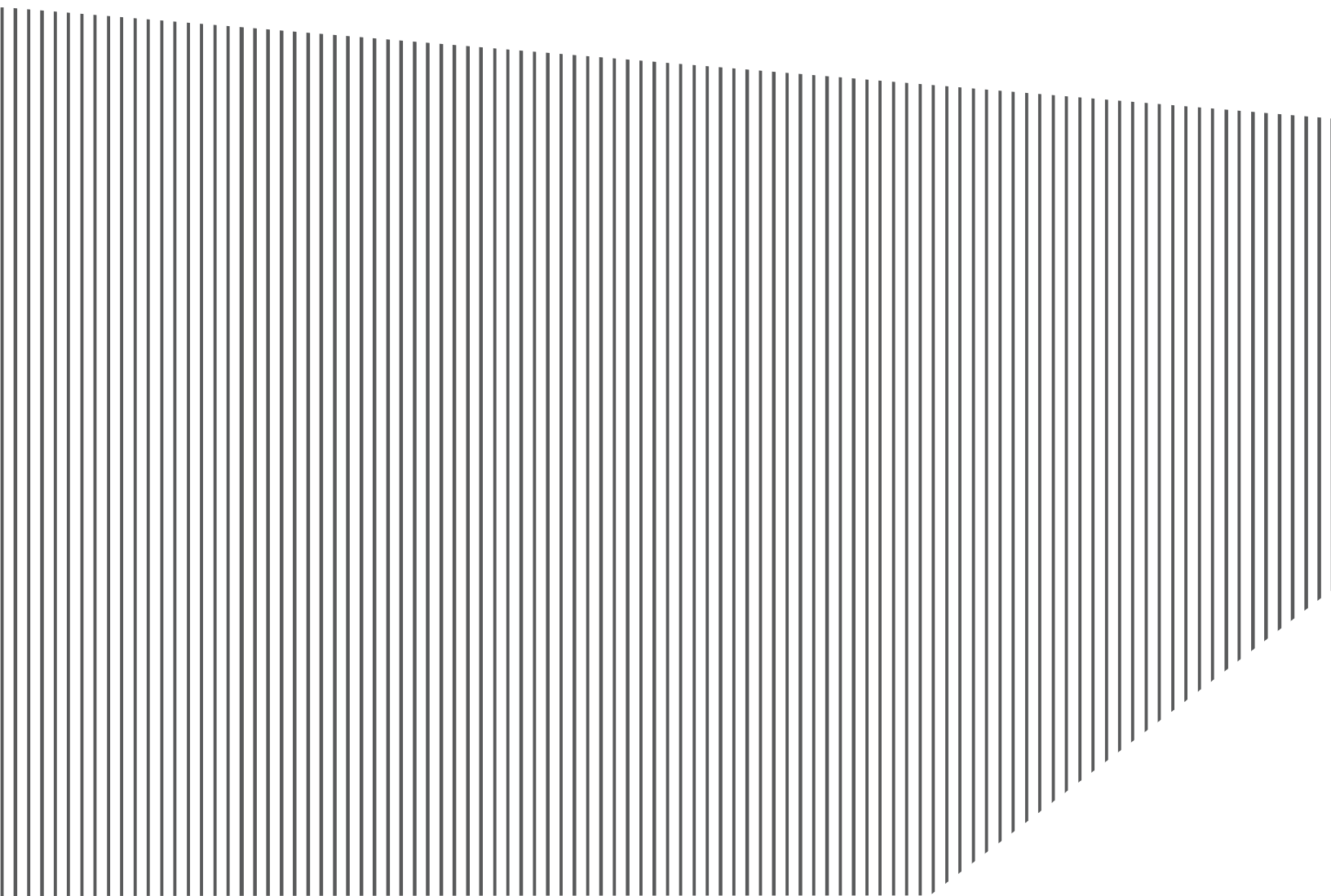
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# TRW Automotive Retirement Savings Plan for Hourly Employees

EIN: 13-3369789 Plan Number: 058

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

December 31, 2012

| Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investments                                                               | Historical<br>Cost             | Current<br>Value |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------|------------------|
| American Funds                                            | American Funds EuroPacific Growth Fund <input type="checkbox"/> Class R5                 | \$ <input type="checkbox"/> \$ | 1,156,243        |
| Brokerage Accounts                                        | Self Directed Brokerage Account                                                          |                                | 9,192            |
| Fidelity*                                                 | Fidelity Capital Appreciation Fund                                                       |                                | 907,920          |
|                                                           | Fidelity Freedom Income Fund                                                             |                                | 94,196           |
|                                                           | Fidelity Freedom 2000 Fund                                                               |                                | 21,878           |
|                                                           | Fidelity Freedom 2005 Fund                                                               |                                | 164,724          |
|                                                           | Fidelity Freedom 2010 Fund                                                               |                                | 161,652          |
|                                                           | Fidelity Freedom 2015 Fund                                                               |                                | 313,666          |
|                                                           | Fidelity Freedom 2020 Fund                                                               |                                | 1,104,630        |
|                                                           | Fidelity Freedom 2025 Fund                                                               |                                | 1,052,537        |
|                                                           | Fidelity Freedom 2030 Fund                                                               |                                | 988,488          |
|                                                           | Fidelity Freedom 2035 Fund                                                               |                                | 763,129          |
|                                                           | Fidelity Freedom 2040 Fund                                                               |                                | 1,190,920        |
|                                                           | Fidelity Freedom 2045 Fund                                                               |                                | 202,734          |
|                                                           | Fidelity Freedom 2050 Fund                                                               |                                | 194,112          |
|                                                           | Fidelity Freedom 2055 Fund                                                               |                                | 8,876            |
|                                                           | Fidelity Managed Income Portfolio II                                                     |                                | 4,007,019        |
|                                                           | Spartan 500 Index Institutional Class                                                    |                                | 801,030          |
| PIMCO                                                     | PIMCO Total Return Fund <input type="checkbox"/> Administrative Class                    |                                | 3,157,458        |
| Dodge & Cox                                               | Dodge & Cox Balanced Fund                                                                |                                | 1,140,393        |
|                                                           | Dodge & Cox Stock Fund                                                                   |                                | 1,103,166        |
|                                                           | Dodge & Cox International Stock Fund                                                     |                                | 244,447          |
| ING                                                       | ING Small Company Fund                                                                   |                                | 1,672,034        |
| Hartford                                                  | Hartford MidCap Fund                                                                     |                                | 1,922,184        |
| TRW Automotive*                                           | TRW Common Stock Fund                                                                    | 3,439,100                      | 7,748,926        |
| Victory                                                   | Victory Diversified Stock <input type="checkbox"/> Class A                               |                                | 1,901,433        |
| DWS                                                       | DWS RREEF Real Estate Securities Fund                                                    |                                | 352,615          |
|                                                           |                                                                                          | 3,439,100                      | 32,385,602       |
| Other                                                     | Interest-bearing cash                                                                    |                                | 1,475            |
| Participants*                                             | Participant loans, interest rates range from 3.25% to 9.25%, with various maturity dates |                                | 1,992,979        |
| Total assets held                                         |                                                                                          | \$ 3,439,100 \$                | 34,380,056       |

\*Parties in interest

Note: Historical cost information is disclosed for the TRW Stock Fund since investments can be either participant- or nonparticipant-directed. Historical cost information is not disclosed for all other investments since they are solely participant-directed.