

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1957</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1957</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/1957</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>COOPER TIRE & RUBBER COMPANY</u> <u>701 LIMA AVENUE</u> <u>FINDLAY, OH 45840</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-4297750</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>419-423-1321</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>326200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-4297750</u>	2c Plan Sponsor's telephone number <u>419-423-1321</u>	2d Business code (see instructions) <u>326200</u>	
2b Employer Identification Number (EIN) <u>34-4297750</u>					
2c Plan Sponsor's telephone number <u>419-423-1321</u>					
2d Business code (see instructions) <u>326200</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	MARK YOUNG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor COOPER TIRE & RUBBER COMPANY 701 LIMA AVENUE FINDLAY, OH 45840	3b Administrator's EIN 34-4297750 3c Administrator's telephone number 419-423-1321
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3885
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1213 6a(2) 1213 6b 1416 6c 851 6d 3480 6e 298 6f 3778 6g 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 COOPER TIRE & RUBBER COMPANY	D Employer Identification Number (EIN) 34-4297750

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	610685	3778	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	6631727

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year.....	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

A Name of plan <u>COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COOPER TIRE & RUBBER COMPANY</u>	D Employer Identification Number (EIN) <u>34-4297750</u>	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>		
2	Assets:		
	a Market value	2a	<u>471766195</u>
	b Actuarial value	2b	<u>485788962</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>1731</u>	<u>283371199</u>
	b For terminated vested participants.....	<u>894</u>	<u>32779788</u>
	c For active participants	<u>1303</u>	<u>100055675</u>
	d Total.....	<u>3928</u>	<u>416206662</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	<u>5.37</u> %
6	Target normal cost.....	6	<u>600000</u>

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary <u>MICHAEL E. CLARK</u> Type or print name of actuary <u>PRINCIPAL FINANCIAL GROUP</u> Firm name <u>PO BOX 9394</u> <u>DES MOINES, IA 50306-9394</u> Address of the firm	<u>09/28/2020</u> Date <u>20-06659</u> Most recent enrollment number <u>412-394-9383</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

**Schedule SB (Form 5500) 2019
v. 190130**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	11051751
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	11051751
10 Interest on line 9 using prior year's actual return of <u>-1.89</u> %	0	-208878
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		13939782
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.53</u> %		770870
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		14710652
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	10842873

Part III Funding Percentages

14 Funding target attainment percentage	14	113.86 %
15 Adjusted funding target attainment percentage	15	116.45 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	113.30 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/26/2019	4000000	0			
Totals ▶			18(b)	4000000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3799412

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 % ☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	600000	
b Excess assets, if applicable, but not greater than line 31a	31b	600000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3799412	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3799412	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)
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41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 COOPER TIRE & RUBBER COMPANY	D Employer Identification Number (EIN) 34-4297750	

Part I	Service Provider Information (see instructions)
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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
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	268754	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COOPER TIRE & RUBBER COMPANY</u>	D Employer Identification Number (EIN) <u>34-4297750</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIQUID ASSETS SEP ACCT-Z

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

c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6631727</u>
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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)
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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)
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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)
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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:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 COOPER TIRE & RUBBER COMPANY	D Employer Identification Number (EIN) 34-4297750	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	9940625
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	11000000	0
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	3220274	9010672
(2) U.S. Government securities	1c(2)	0	1896703
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	377413970	404455087
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	67441782	84730970
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	12990150	6631727
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	472066176	516665784

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	472066176	516665784
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	219920	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		219920
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	74832822	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		74832822

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		79052742

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34453134	
(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)		34453134
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		34453134

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		44599608
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) ☐ Unmodified (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: GILMORE JASION MAHLER, LTD

(2) EIN: 34-1827159

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4255943. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 COOPER TIRE & RUBBER COMPANY		D Employer Identification Number (EIN) 34-4297750
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 58
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 15.0 % Investment-Grade Debt: 85.0 % 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): AVERAGE

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Cooper Tire & Rubber Company
Spectrum Retirement Plan

Financial Statements and Supplemental Schedules
With Independent Auditor's Report

As of and for the Years Ended December 31, 2019 and 2018

Cooper Tire & Rubber Company
Spectrum Retirement Plan

Financial Statements

As of and for the Years Ended December 31, 2019 and 2018

Contents

Independent Auditor’s Report	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements.....	5
Supplemental Schedules	
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	16
Schedule H, Line 4(j) – Schedule of Reportable Transactions	17

INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Participants
Cooper Tire & Rubber Company
Spectrum Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Cooper Tire & Rubber Company Spectrum Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Northern Trust Company, the trustee, and by Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company, the custodian for certain plan assets, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee and custodian hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from the trustee and custodian as of December 31, 2019 and 2018 and for the years then ended, that the information provided to the Plan Administrator by the trustees and custodian is complete and accurate.

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Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2019 and schedule of reportable transactions for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

Gilmore Jasion Mahler, LTD

Maumee, Ohio
October 15, 2020

Cooper Tire & Rubber Company
Spectrum Retirement Plan

Statements of Net Assets Available for Benefits

December 31, 2019 and 2018

	December 31,	
	2019	2018
Cash equivalents	\$ 9,940,625	\$ -
Investments, at market	506,725,159	461,066,176
Contributions receivable	-	11,000,000
	516,665,784	472,066,176
Net assets available for benefits	\$ 516,665,784	\$ 472,066,176

See accompanying notes.

Cooper Tire & Rubber Company
Spectrum Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Additions:		
Employer contributions	\$ 4,000,000	\$ 15,000,000
Investment income:		
Net appreciation in fair value of investments	74,832,822	-
Interest and dividends	219,920	97,052
Total additions	<u>79,052,742</u>	<u>15,097,052</u>
Deductions:		
Benefit and withdrawal payments	34,453,134	35,580,091
Net depreciation in fair value of investments	-	9,271,326
Total deductions	<u>34,453,134</u>	<u>44,851,417</u>
Net increase (decrease)	44,599,608	(29,754,365)
Net assets available for benefits at beginning of year	472,066,176	501,820,541
Net assets available for benefits at end of year	<u><u>\$516,665,784</u></u>	<u><u>\$472,066,176</u></u>

See accompanying notes.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements
December 31, 2019 and 2018

1. Description of Plan

The following brief description of the Cooper Tire & Rubber Company Spectrum Retirement Plan (the “Plan”) provides only general information. Participants should refer to their specific Plan agreement for a more complete description of the plan’s provisions.

General

The Plan entered a trust agreement with Northern Trust Company (the “Trustee”) to act as trustee of the Plan’s assets. The Plan also has an agreement with the Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company (the “Custodian”) to act as a custodian for certain plan assets. The Trustee and Custodian administer and invest the Plan’s assets and income for the benefit of the Plan’s participants.

The Plan is a defined benefit pension plan covering substantially all salaried and non-union hourly employees of Cooper Tire & Rubber Company (the “Company” or “Plan Sponsor”) with a hire date of June 30, 2009 or prior. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan’s participants may be eligible for unreduced monthly pension benefits upon attainment of 30 years of continuous credited service. The Plan’s participants may be eligible for unreduced monthly pension benefits at age 55. Participants also may retire earlier than the normal retirement age. Pension benefits for participants with less than 30 years continuous credited service are subject to a reduction based upon the time by which the retirement precedes the participant’s attainment of age 62.

The amount of any pension benefit otherwise available may be reduced by certain disability payments (but not payments under the Federal Insurance Contribution Act (FICA)). The Plan provides certain survivor and disability benefits, and various optional forms of payment, some actuarially reduced.

Funding Policy/Contributions

The Plan is funded entirely through contributions made by the Company. The Company contributes such amounts as are deemed necessary on an actuarial basis to provide the Trust with assets sufficient to meet the benefits to be paid to the Plan’s participants. The contributions are designed to fund current service costs and to fund prior service costs over periods of ten to twenty years. The Company’s contributions for 2019 and 2018 met the minimum funding requirements of ERISA.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2019 and 2018

1. Description of Plan (continued)

Eligibility

All employees, except those subject to the jurisdiction of a union, were eligible for participation in the Plan. Effective July 1, 2009, the Plan was frozen to all new participants.

Vesting

Participants are vested after five years of continuous credited service. If participants are hired after age 60, they may receive a monthly pension benefit if they later become vested.

Pension Benefits

Participants that were participants in the Plan as of December 31, 2001, who were born before 1962 and whose credited service is before 1987 (“grandfathered participants”) are entitled to a monthly “protected benefit” equal to 1.5% of the monthly average of all compensation (as defined in the Plan) during the highest five of the ten calendar years prior to the year of termination or retirement (minimum of \$20), multiplied by the years of continuous credited service.

The sum of the grandfathered participant’s retirement benefit under the plan and his/her primary social security (FICA) benefit may not exceed 90% of the monthly average of all compensation (as defined in the Plan) during the highest five of the last ten calendar years prior to the year of termination or retirement, unless the \$20 minimum would serve to exceed the above amount.

For grandfathered participants with less than 30 years of continuous credited service, the above 90% limitation and the amount of FICA benefit taken into account in computing the Plan benefit will be reduced by $1/30^{\text{th}}$ for each year of continuous credited service less than 30.

Effective January 1, 2002 the Plan established a cash balance feature under which cash balance accounts are maintained for participants that are not grandfathered participants. The cash balance account is the accumulation of interest and pay credits during a participant’s active employment. Pay credits are based upon a participant’s eligible compensation for the year and range from 3% to 10% of eligible compensation, based on the age of the participant and years of credited service. Effective July 1, 2009, benefit accruals in the form of pay credits were frozen to all participants.

For participants that are not grandfathered participants and who were participants as of December 31, 2001, their cash balance account includes an opening account balance as of January 1, 2002 which represents their accrued benefit under the provisions of the Plan prior to the establishment of the cash balance feature.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2019 and 2018

1. Description of Plan (continued)

Termination of the Plan

While the Company has not expressed any intent to terminate the Plan or its contributions thereto, it has the right to do so at any time, subject to the provisions of ERISA. In the event of partial or total termination of the Plan, participants' benefits become non-forfeitable.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits, and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC).

In the event the Plan terminates, its available net assets will be allocated to benefits as prescribed by ERISA, generally in the following order:

- a. Certain annuity benefits that former employees or their beneficiaries are receiving or that employees eligible for retirement would have been receiving had they retired.
- b. Other vested benefits insured by the PBGC as discussed below.
- c. All other vested benefits.
- d. All non-vested benefits.

The PBGC guarantees most, but not all, vested retirement benefits and certain disability and survivor's pensions. However, there is a statutory ceiling on the amount of any individual's monthly benefit that PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination, whichever comes later. For younger annuitants, or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2019 and 2018

2. Summary of Significant Accounting Policies (continued)

Cash equivalents

The Plan considers all highly liquid investments with an initial maturity of three months or less when purchased to be cash equivalents. Cash balances were held in a financial institution and at times these deposits may exceed federally insured limits. However, management monitors the soundness of these financial institutions and believes the risk of loss is negligible.

Investments

The Plan's investments are stated at fair value, which equals the quoted net asset values thereof on the last business day of the Plan's year. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded as of the ex-dividend date.

Derivatives

A futures contract is an agreement to buy or sell a security or other asset for a set price on a future date. These contracts are traded on major exchanges and are marked to market daily, thus minimizing counterparty risk. The Plan enters into futures contracts mainly to manage the duration and refine the curve positioning of the fixed income portfolios, thus, allowing the investment managers to achieve the overall investment portfolios' objectives. These contracts are priced by an exchange and the fair value is the daily mark to market, which is a function of price movements for the contract relative to the level it was originally entered into.

Administrative Expenses

The administrative expenses of the Plan are paid for by the Plan or by the Company.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Estimates and assumptions are most significantly utilized in determining the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2019 and 2018

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification Topic, Fair Value Measurement, are described on the following page.

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

Level 2. Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Collective Trust Funds: The fair value of the investments in these categories have been estimated using the net asset value per share. The net asset value ("NAV") of these accounts is based on the market value of its underlying investments. The NAV is not a publicly quoted price in an active market.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2019 and 2018

3. Fair Value Measurements (continued)

Pooled Separate Accounts:	Valued using the NAV per unit provided by the administrator of the fund. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is not a publicly quoted price in an active market.
Futures Contracts:	Futures contracts that are exchange listed and actively traded as classified as Level 1 investments.
U.S. Government Securities:	Valued using pricing models maximizing the use of observable inputs for similar securities.

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

The following table set forth, by level, within the fair value hierarchy, the Plan's assets that are measured at fair value at December 31, 2019:

<u>Description</u>	<u>Total</u>	<u>Level (1)</u>	<u>Level (2)</u>	<u>Level (3)</u>	<u>Offset</u>
U.S. Government Securities	\$ 1,896,703	\$ 1,896,703	\$ 0	\$ 0	\$ 0
Futures Contracts	0	79,130,813			(79,130,813)
Total investments in the fair value hierarchy	1,896,703	<u>\$ 81,027,516</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ (79,130,813)</u>
Investments measured at net asset value (a)	<u>504,828,456</u>				
Total investment assets at fair value	<u>\$ 506,725,159</u>				

- (a) In accordance with Subtopic 820-10, the collective trust funds and pooled separate accounts that were measured at the NAV per share (or its equivalent) are not classified in the fair value hierarchy. As a result, there are no investments required to be classified in the fair value hierarchy at December 31, 2019.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2019 and 2018

3. Fair Value Measurements (continued)

For investments in certain entities that calculate the NAV per share as the investment's fair value measurement, the following table provides an overview, by major classification, of the nature and risks associated with such investments as well as whether it is probable those investments being sold at amounts different from their reported net asset value per share based on redemption restrictions, if any. Total investments that are direct filing entities and are not required to be disclosed in the following table are \$6,631,727 and \$12,990,150 at December 31, 2019 and 2018, respectively.

<u>Investment Category</u>	<u>2019 Fair Value</u>	<u>2018 Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Period Notice</u>
Collective Trust Funds:					
Equity ^(a)	\$ 84,732,908	\$ 67,443,938	\$ —	Daily	1 Day
Fixed income ^(b)	413,463,821	380,632,088	—	Daily	1 Day

- a) Collective trust funds classified as Equity primarily invest in U.S. and non-U.S. securities in both small and large capitalization markets.
- b) Collective trust funds classified as Fixed income primarily invest in debt securities, U.S. treasury securities, and fixed income securities.

Presented in the following table is the fair value of derivatives within the Plan as of December 31, 2019. There were no derivatives within the Plan as of December 31, 2018.

		<u>Asset</u>	<u>Liability</u>
Fair value of derivatives:			
Futures Contracts		<u>\$ 79,130,813</u>	<u>\$ 79,130,813</u>
	Total	<u>\$ 79,130,813</u>	<u>\$ 79,130,813</u>

Total realized gain (loss) on derivatives was \$1,617,233 for the year ended December 31, 2019 and is included in net appreciation in fair value of investments on the statements of changes in net assets available for benefits.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2019 and 2018

4. Investments

Certain investment information disclosed in the accompanying financial statements and schedules, including certain investments held at December 31, 2019 and 2018, net appreciation (depreciation) in fair value of investments and investment fees and expenses for the years ended December 31, 2019 and 2018, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Trustee and Custodian. Such information has not been examined by independent auditors.

For the years ended December 31, 2019 and 2018, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2019	2018
Interest and dividend income	\$ 219,920	\$ 97,052
Net appreciation (depreciation) in fair value of investments determined at quoted market prices:	74,832,822	(9,271,326)
Net investment income (loss)	\$ 75,052,742	\$ (9,174,274)

5. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated July 21, 2016, stating that the written form at the underlying prototype document is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Although amended since receiving the determination letter, the Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2019 and 2018

6. Related Party Transactions

Certain Plan investments are managed by the Trustee and the Custodian; therefore, these transactions qualify as party-in-interest transactions. There have been no known prohibited transactions with a party-in-interest.

7. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired employees or their beneficiaries, (b) terminated employees with vested benefits, (c) beneficiaries of employees who have died, and (d) present employees or their beneficiaries. Benefits for active employees under the Plan are based on the employees' compensation during the highest five years of the last ten years of continuous credited service prior to the valuation date, reduced in certain cases as described under Note 1. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

An actuary from Principal Financial Group estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions used in performing the valuations include: (1) interest rate of 3.75% and 5.00% in 2019 and 2018, respectively; (2) mortality based on the Pri-2012 Dataset base rate mortality table using the Principal Mortality Improvement Scale in 2019 and the IRS Prescribed Mortality – Static Annuitant and IRS Prescribed Mortality – Static Non-annuitant in 2018; (3) retirement is based on a schedule of rate dependent on age in 2019 and 2018; (4) employee turnover calculated based on 2003 Society of Actuaries Small Plan Age Table multiplied by 60% in 2019 and 2018; (5) disability pension is based upon 50% of the 1985 Pension Disability Table and (6) 85% of the population was considered to be married in 2019 and 2018.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits (see Note 1).

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2019 and 2018

7. Actuarial Present Value of Accumulated Plan Benefits (continued)

The actuary has determined the present value of the accumulated plan benefits to be as follows:

	December 31,	
	2019	2018
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving benefits	\$ 313,073,724	\$ 291,040,474
Other participants	147,705,951	139,538,183
Total vested benefits	460,779,675	430,578,657
Non-vested benefits	34,635	130,555
Total actuarial present value of accumulated plan benefits	\$ 460,814,310	\$ 430,709,212

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

	December 31,	
	2019	2018
Actuarial present value of accumulated plan benefits as of January 1, 2019 and 2018	\$ 430,709,212	\$ 397,846,887
Increase (decrease) during year due to:		
Benefits paid	(34,453,134)	(35,580,091)
Change in discount period	20,684,638	23,770,403
Benefits accumulated	(3,933,574)	2,189,609
Change in assumptions	47,807,168	42,482,404
Actuarial present value of accumulated plan benefits as of December 31, 2019 and 2018	\$ 460,814,310	\$ 430,709,212

The increase in the change in assumptions noted above is due to the mortality table that was used in 2019. In October 2019, the Society of Actuaries, an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales, released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The dataset base rate table was selected based on information provided by the Plan Sponsor.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2019 and 2018

8. Subsequent events

The Plan has evaluated subsequent events through October 15, 2020, the date the financial statements were available to be issued, and has determined there are no subsequent events that require disclosure except for the following.

As a result of the spread of the COVID-19 coronavirus during 2020, economic uncertainties have arisen as of the date of the financial statements. The extent of the impact of COVID-19 on the Plan's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak, and the impact on the Plan Sponsor, participants and investments, all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact the Plan's financial condition or results of operations is uncertain.

SUPPLEMENTAL SCHEDULES

Cooper Tire & Rubber Company
Spectrum Retirement Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Employer Identification No. 34-4297750 Plan No: 003
December 31, 2019

(a)/(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par and Maturity Value	(d) Cost	(e) Current Value
	Collective trust funds:		
Aon Hewitt	Long-term Credit Bond Fund	\$ 163,378,599	\$ 196,055,396
Aon Hewitt	US Intermediate Government Bond Index Fund	144,479,311	151,505,006
Aon Hewitt	Intermediate-term Credit Bond Fund	48,415,220	52,356,922
AGT	US Large Cap Passive Equity Fund	32,291,591	42,858,191
AGT	ACWI-EX Passive Equity Fund	36,977,950	41,872,779
Northern Trust	Short-Intermediate US Government	9,002,860	9,010,672
* Aon Hewitt	Long-term Government Bond	2,873,497	3,360,027
Aon Hewitt	Mid Duration Long Credit Fund	1,034,337	1,175,798
EB Investments	Real Asset Strategy Fund	1,793	1,938
			498,196,729
	Government securities:		
U.S. Treasury	U.S. Treasury Bill due 02-13-2020	1,883,194	1,896,703
	Pooled separate accounts:		
* Principal	Liquid Assets Sep Account-Z	6,593,997	6,631,727
	Total		\$ 506,725,159
* Party-in interest			

Cooper Tire & Rubber Company
Spectrum Retirement Plan

SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer Identification No. 34-4297750 Plan No: 003
For the Year Ended December 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction**	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category i) An individual transaction in excess of 5% of Plan assets:								
Aon Hewitt	US Intermediate Government Bond Index	\$ 56,000,000	\$ -	\$ -	\$ -	\$ 56,000,000	\$ 56,000,000	\$ -
Aon Hewitt	US Large Government Bond Fund	-	76,480,000	-	-	76,480,000	76,480,000	-
Category iii) A series of transactions in excess of 5% of Plan assets:								
Aon Hewitt	US Large Government Bond Fund							
	2 Sales	-	81,480,000	-	-	73,178,716	81,480,000	8,301,284
Aon Hewitt	US Intermediate Government Bond Index							
	3 Purchases	65,000,000	-	-	-	65,000,000	65,000,000	-
Aon Hewitt	Long-term Credit Bond Fund							
	3 Sales	-	42,000,000	-	-	40,867,555	42,000,000	1,132,445
* Principal	Liquid Assets Sep Account-Z							
	4 Purchases	28,500,000	-	-	-	28,500,000	28,500,000	-
	122 Sales	-	35,033,007	-	-	35,033,007	35,033,007	-

* Party-in interest

There were no reportable transactions under categories (ii) or (iv) during the year ended December 31, 2019.

Schedule SB, Line 26 - Schedule of Active Participant Data
COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN
EIN 34-4297750 Plan No. 003

Form 5500 - Schedule of Active Participation Data											Valuation Date 01/01/2019									
YEARS OF CREDITED SERVICE																				
Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	0		1		0		0		0		0		0		0		0		0	
30 to 34	1		17		1		0		0		0		0		0		0		0	
35 to 39	0		45	1,781	29	3,887	2		0		0		0		0		0		0	
40 to 44	0		46	1,598	56	4,238	51	6,692	3		0		0		0		0		0	
45 to 49	0		52	1,715	54	3,871	75	7,351	46	10,666	12		0		0		0		0	
50 to 54	0		35	1,838	51	3,842	67	7,082	106	10,688	65	14,342	2		0		0		1	
55 to 59	1		23	1,379	33	2,950	38	6,770	74	10,886	100	16,113	26	30,002	6		0		0	
60 to 64	0		7		14		16		28	9,815	73	16,936	8		13		1		0	
65 to 69	0		2		4		6		2		7		1		1		1		0	
70 & up	0		0		0		0		0		0		0		0		0		0	

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN
EIN 34-4297750 Plan No. 003

Assumptions prescribed by law

Mortality	<u>During benefit payment period</u>
	IRS Prescribed Mortality - Static Annuitant, male and female.
	<u>Before benefit payment period</u>
	IRS Prescribed Mortality - Static Non-annuitant, male and female.

Assumptions selected by actuary

Inflation	2.25% increase per year.
	See Long-Term Capital Market Assumptions link.

Asset return	5.00% for the current plan year.
	The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.

Expected expense	The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets, with an updated estimate of PBGC premiums. This is the best estimate available of upcoming year's expenses.
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Retirement	Active participants			
	Age	Probability of retirement	Age	Probability of retirement
	55-57	6%	62	30%
	58	7%	63-64	15%
	59	8%	65	50%
	60	11%	66	25%
	61	15%	67	100%

Inactive participants are assumed to retire at age 62.

This assumption is based on the results of recent experience analysis and anticipated future experience.

Disability	50% of Pension Disability Table (DP-85) Class 1 Incidence Rates.
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Marriage	85% married; husbands are 3 years older than wives.
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This assumption does not have material impact on the results of this report and has been selected based on our best estimate of active workforce.

Withdrawal	2003 Society of Actuaries Small Plan Age Table, multiplied by 0.60. We rely on a publicly published table due to the limited size of the plan. The SOA Small Plan Age Table is the most recent withdrawal experience table published by the Society of Actuaries. A multiplier of 0.60 is applied to this table to reflect the results of the most recent experience analysis and anticipated future experience.
Form of benefit and basis	100% of exiting participants, who are not grandfathered, will elect a benefit paid in a lump sum. Active participants who have grandfathered status who retire prior to normal retirement are assumed to elect benefits in the form of a life annuity for Cooper Tire members and Life Annuity with period certain of 5 years for Standard Products members. Participants who are already terminated on the valuation date are assumed to receive their benefit in in the form of a life annuity for Cooper Tire members and Life Annuity with period certain of 5 years for Standard Products members starting at the assumed retirement age. 50% of the grandfathered active participants and who retire at age 65 are assumed to elect a lump sum. The lump sum benefit is based on the applicable mortality projected to decrement and the plan's funding target using non-stabilized interest rates, as prescribed.
Cash balance interest crediting rate	4.50% compounded annually.
Methods prescribed by law	
Lump sum payments	Lump sum payments are valued using the plan's funding target interest rates as required, per IRS guidance. These rates are currently higher than the actual rates used to determine lump sum distributions. Therefore, plan liabilities do not currently recognize this additional cost and this may result in the plan not accumulating adequate assets. You may wish to consider additional contributions.

HCE benefit payment restrictions A ratio of the plan assets and accrued liability is used to determine if restrictions apply. Assets and accrued liability are as of the valuation date and are reduced by:

- § any retiree benefit index or floor
- § amounts for HCEs who were previously restricted
- § an amount for the retiring HCE

The estimated HCE ratio illustrated in this report is based on the market value of plan assets (excluding late deposits) and funding target as of the valuation date. The funding target uses the non-stabilized interest rates as defined in IRC §430(h)(2)(C)(iv). Other assumptions or methods could be used.

Methods selected by plan sponsor

Asset method The asset valuation method is prescribed by law for plans that elect to use a value other than market value.

For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years.

The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the maximum allowable rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.

When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.

Segment rates 24-month average with no weighting to prior law basis. Use rates where August is the last month included in the average.

PBGC premium basis Variable rate premiums are calculated using census, market value of assets and the one-month average of corporate bond rates in effect on the valuation date. You elected this Standard interest method for the 01/01/2014 plan year and the method must be used for five years before a change can be made.

Segment 1 years 0-5	Segment 2 years 5-20	Segment 3 years 20+
3.38%	4.32%	4.69%

Methods elected by actuary

Retirees	Assets and liabilities for current and future retirees are included.
Vested benefits	A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date. The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.

Assumptions and methods elected by actuary - plan accounting (ASC 960)

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular funding target and target normal cost.

Mortality	Based on RP-2006 total dataset mortality table projected to future years with historical and assumed mortality improvement (MI) rates using the Principal Mortality Improvement Scale (PFG2014-10). RP-2006 is a baseline mortality rates table underlying the SOA RP-2014 experience study as of central year of the experience data for 2004-2008 years. The Principal Mortality Improvement scale is based on the SOA MI model RPEC_2014_v2018 and Principal-selected assumption set published November 2018. For detailed rationale please see full Mortality documentation.
Interest rate used to value liabilities	5.00% The expected long-term interest rate used to value ASC 960 liabilities is developed as a weighted average based on the target asset allocation of the plan.
Treatment of administrative expenses	No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses. Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer. Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.

Basis for lump sums

Interest rate

Based on the three segment yield curve: 4.05%/4.45%/5.35%.

The plan document defines the lump sum interest rate based on IRC §417(e) rates which closely tie to the high quality corporate bond yields. According to our most recent study, the long-term expected yields for short/intermediate/long corporate bonds are 4.05%/4.45%/5.35%. For details, see Corporate AA yield in Figure 4 of Long-Term Capital Market Assumptions link.

Mortality

IRS Prescribed lump sum mortality for 2018 and 2019. Future years are projected to decrement date with SOA mortality improvement scale MP-2017. This assumption reflects current law as provided by the IRS.

Cooper Tire & Rubber Company
Spectrum Retirement Plan

SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Employer Identification No. 34-4297750 Plan No: 003
For the Year Ended December 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction**	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category i) An individual transaction in excess of 5% of Plan assets:								
Aon Hewitt	US Intermediate Government Bond Index	\$ 56,000,000	\$ -	\$ -	\$ -	\$ 56,000,000	\$ 56,000,000	\$ -
Aon Hewitt	US Large Government Bond Fund	-	76,480,000	-	-	76,480,000	76,480,000	-
Category iii) A series of transactions in excess of 5% of Plan assets:								
Aon Hewitt	US Large Government Bond Fund							
	2 Sales	-	81,480,000	-	-	73,178,716	81,480,000	8,301,284
Aon Hewitt	US Intermediate Government Bond Index							
	3 Purchases	65,000,000	-	-	-	65,000,000	65,000,000	-
Aon Hewitt	Long-term Credit Bond Fund							
	3 Sales	-	42,000,000	-	-	40,867,555	42,000,000	1,132,445
* Principal	Liquid Assets Sep Account-Z							
	4 Purchases	28,500,000	-	-	-	28,500,000	28,500,000	-
	122 Sales	-	35,033,007	-	-	35,033,007	35,033,007	-

* Party-in interest

There were no reportable transactions under categories (ii) or (iv) during the year ended December 31, 2019.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

A Name of plan <u>COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COOPER TIRE & RUBBER COMPANY</u>	D Employer Identification Number (EIN) <u>34-4297750</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>471766195</u>
b Actuarial value	2b <u>485788962</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>1731</u> <u>283371199</u> <u>283371199</u>
b For terminated vested participants.....	<u>894</u> <u>32779788</u> <u>32779788</u>
c For active participants	<u>1303</u> <u>100055675</u> <u>100979866</u>
d Total.....	<u>3928</u> <u>416206662</u> <u>417130853</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.37</u> %
6 Target normal cost.....	6 <u>600000</u>

Statement by Enrolled Actuary

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

SIGN HERE		9/28/2020
<u>Michael E. Clark</u>	Signature of actuary	Date
<u>Principal Financial Group</u>	Type or print name of actuary	<u>2006659</u>
<u>PO Box 9394 Des Moines, IA 50306-9394</u>	Firm name	Most recent enrollment number
	Address of the firm	<u>412-394-9383</u>
		Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2019 v. 190130

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	11051751
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	11051751
10 Interest on line 9 using prior year's actual return of <u>-1.89</u> %	0	-208878
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		13939782
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.53</u> %		770870
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		14710652
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	10842873

Part III Funding Percentages

14 Funding target attainment percentage	14	113.86 %
15 Adjusted funding target attainment percentage	15	116.45 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	113.30 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/26/2019	4000000	0			
Totals ▶			18(b)	4000000	18(c) style="text-align: right;">0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3799412

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
---------------	--

21 Discount rate:			
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
-----------------	--

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	600000	
b Excess assets, if applicable, but not greater than line 31a	31b	600000	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	3799412
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	3799412
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)
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41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age
 COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN
 EIN 34-4297750 Plan No. 003

The weighted average retirement age is weighted by the expected percentage of active participants retiring at each age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	652.8919	0.0587	38.3022	2,106.6201
56	670.5163	0.0590	39.5462	2,214.5853
57	690.4043	0.0593	40.9641	2,334.9538
58	703.3292	0.0692	48.6833	2,823.6331
59	707.8965	0.0783	55.4617	3,272.2377
60	693.9194	0.1082	75.0642	4,503.8548
61	648.9042	0.1478	95.9108	5,850.5561
62	587.8981	0.3000	176.3694	10,934.9054
63	431.6662	0.1500	64.7499	4,079.2458
64	385.4123	0.1500	57.8118	3,699.9582
65	338.2716	0.5000	169.1358	10,993.8286
66	171.0618	0.2500	42.7655	2,822.5205
67	128.5236	1.0000	128.5236	8,611.0810
68	2.0000	1.0000	2.0000	136.0000
69	4.0000	1.0000	4.0000	276.0000
70	1.0000	1.0000	1.0000	70.0000
Total			1,040.2885	64,729.9805
Average				62.22

Schedule SB, Line 2a - Explanation of Assets

COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN

EIN 34-4297750 Plan No. 003

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF. Schedule H, Schedule I and Form 5500-SF use the full value of contributions received after plan year end. Line 2a includes the value of \$11,000,000 contributions received after the plan year end with a discounted value of \$10,700,020.

Schedule SB, Part V - Summary of Plan Provisions
COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN
EIN 34-4297750 Plan No. 003

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report is based on the collective bargaining agreement as in effect on 01/01/2019.

No employee shall become a Participant after June 30, 2009.

All benefit accruals ceased as of June 30, 2009.

Cash Balance Benefits

Plan eligibility

Class New employees, except those subject to the jurisdiction of a union, participate after completing one year of service. Participants as of December 31, 2001 in either the Cooper Tire & Rubber Company Salaried Retirement Plan or The Standard Products Company Salaried Employees Retirement Plan (the predecessor plans) who were born before 1962 and whose credited service date (usually the date of hire) is before 1987 will continue to participate in the benefit structures of those plans. These continuing participants are referred to as "grandfathered" employees. The benefit amounts, rights and features of the prior plans continue to apply to these grandfathered employees. All other employees, except those subject to the jurisdiction of a union, of Cooper Tire & Rubber Company are entitled to the benefit amounts, rights and features outlined in this Section II.

Normal retirement benefit

Age Attained age 65 and completion of three years of Eligibility Service by the participant.

Form The Annuity Benefit is payable monthly commencing at the Normal Retirement Date. A one-time payment equal to the Cash Balance Account may be elected in lieu of the monthly annuity.

Schedule SB, Part V - Summary of Plan Provisions
COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN
EIN 34-4297750 Plan No. 003

Early retirement benefit

Eligibility

- (a) Attainment of age 62 and ten years of Eligibility Service.
- (b) Attainment of age 55 and 15 years of Eligibility Service.

Form

Same as normal retirement benefit.

Amount

An eligible participant may elect either the Annuity Benefit reduced for each month prior to 65 that payments commence, or the unreduced Annuity Benefit payable at 65. The reduction formula is 6/10 of 1% (0.006) for each of the first 36 months (to age 62) and then 4/10 of 1% (0.004) for each of the next 84 months early. A one-time payment of the Cash Balance Account may be elected in lieu of either the immediate or deferred monthly annuity.

Late retirement benefit

Eligibility

Employment termination after age 65.

Form

Same as normal retirement benefit.

Amount

The monthly annuity for life starting immediately following retirement which is the Actuarial Equivalent of the Cash Balance Account as of the date of termination. A one-time payment of the Cash Balance Account may be elected in lieu of the monthly annuity.

Termination benefit

Eligibility

Three years of Eligibility Service.

Amount

The Annuity Benefit is payable at age 65.

Participants with 10 years of Eligibility Service at termination who later attain age 62 may elect a monthly annuity based on the Annuity Benefit amount and reduced as described at Early Retirement to commence the first of any month after age 62.

Participants with 15 years of Eligibility Service at termination who later attain age 55 may elect a monthly annuity based on the Annuity Benefit amount and reduced as described at Early Retirement to commence the first of any month after age 55.

Cash out option The Cash Balance Account is payable at the direction of the participant; (1) in cash, (2) to his/her Individual Retirement Account/Annuity or (3) to a successor employer tax qualified retirement plan that accepts such transfers. The cash out option must be chosen and disbursement made within one year of employment termination.

If the participant has an opening account balance as of January 1, 2002 and cumulative Interest Credits from then until separation of employment are less than at a 5.32% per annum compound rate, a protection against wear away amount is added to the Cash Balance Account.

Disability benefit

Eligibility Disablement after completing ten years of Eligibility Service, which is determined to be total and permanent.

Amount The Annuity Benefit monthly amount (determined as of age 65) is payable monthly for life commencing the first of the month following five months of disablement. The benefit amount is offset by any State or Federal Disability or Unemployment Compensation benefits, except Social Security or military disability payments. Payments continue as long as the Disability continues prior to age 65 and for life following attainment of age 65.

Pre-retirement survivor annuity

Eligibility Any vested participant.

Amount The spouse, or alternate beneficiary, is entitled to the Cash Balance Account of the participant as of the date of death. When a spouse exists, the designation of an alternate beneficiary by the participant must be ratified by the spouse.

The beneficiary may elect to receive the death benefit in the form of an annuity. The election may defer benefit commencement to any month up to and including the month when the participant would have attained Normal Retirement.

Definitions

Continuous credited service (CCS)

Generally CCS is all years of service from the participant's date of employment to the earlier of termination or retirement, with fractional years of 1/12 of a year credited for each completed month after the last anniversary of the service date. The CCS of participants who were not participants in a predecessor plan begins with the later of the date of hire, or the acquisition date by the Company. The acquisition date for The Standard Products Company is October 27, 1999 and for Siebe Automotive is January 28, 2000.

Age credit

All years from the participant's date of birth, with fractional years of 1/12 of a year credited for each completed month after the last anniversary of the birth date.

Compensation

Compensation is the participant's income subject to federal taxation plus any elective deferrals. Calendar year compensation is limited and future years will be limited as regulated.

Protected accrued benefit

The Protected Benefit is the monthly amount of the Accrued Benefit under the prior plan as if the participant's last day of employment was December 31, 2001. At a participant's option, the Protected Benefit is payable under the terms and conditions of the prior plan. If this prior plan option is chosen, the Annuity Benefit is reduced by the Protected Benefit amount for purposes of the benefits described in this outline.

Cash balance account

The Cash Balance Account is the accumulation of Interest Credit and Pay Credits during the period of active employment as an eligible plan participant. An opening account balance was established for participants (not grandfathered) of the predecessor plans, based on the actuarial equivalent of their Protected Accrued Benefit as of January 1, 2002.

Interest credit

At each plan year-end, each participant's cash balance account as of the prior year-end will be increased by an interest rate for each plan year. The rate is the minimum of 4.50% or the yield statistic for the U.S. Treasury 30 year bond published by the Internal Revenue Service for the October prior to the start of the plan year.

Pay credit (frozen June 30, 2009)

At each plan year-end, each participant's cash balance account (after adding the Interest Credit) will be also increased by a Pay Credit based on Qualified Compensation for that year multiplied by the applicable percentage from the table below. Points are the sum of the participant's Age Credit and Continuous Credited Service as of the beginning of the plan year. When any fractional points remain after the addition, the next higher integer is used to determine the Pay Credit.

<u>Points</u>	<u>Pay Credit</u>
up to 35	3.0%
36-50	4.0%
51-65	5.5%
66-80	7.5%
over 80	10.0%

Actuarial equivalent When determining the Annuity Benefit from the Cash Balance Account, each plan year is a stability period for setting the assumptions under which actuarial equivalence will be determined. A look back period of three months is used for determining the interest rate assumption. Mandatory interest rates are published by the Internal Revenue Service for three periods. These are (1) the first five years following the valuation date, (2) the next 15 years and (3) all years after the next 20 years. Mortality rates are taken from the table published in Revenue Ruling 2001-62.

Optional annuity forms of payment are determined using the UP-84 mortality table and 8% interest. Some optional forms relating to the Protected Accrued Benefits under the Standard Products Company Plan are determined using the UP-84 mortality table (age setbacks; participant one year, beneficiary two years) and 6.5% interest.

Annuity benefit (see also Protected accrued benefit) The Annuity Benefit is a monthly payment for life starting at age 65, which is the Actuarial Equivalent at age 65 of the projected Cash Balance Account. The Cash Balance Account is projected for the years and completed months for the period of time from termination to Normal Retirement Date using the Interest Credit rate applicable in the plan year of determination. The annuity amount must be at least equal to the Protected Accrued Benefit.

The benefit amount is limited to the maximum allowable under section 415 of the Internal Revenue Code.

Grandfathered Benefits

Plan eligibility

Class Participants of the Cooper Tire/Standard Products plans prior to 01/01/ 2002 who had attained age 40 and had at least 15 years of Accrual Service.

Normal retirement benefit (Frozen June 30, 2009)

Age Attained age 65 and completion of five years of Eligibility Service by the participant.

Form The Annuity Benefit is payable monthly commencing at the Normal Retirement Date. Cooper Tire – Life Annuity, Standard Products – 5 CC.

Amount Cooper Tire – The greater of (a) or (b) below:

(a) 1.50% of Average Monthly Compensation multiplied by Accrual Service.

(b) \$20 multiplied by Accrual Service.

Standard Products – For Participants who were Employees on 06/30/1976, the greater of (a), (b) or (c) below. For Participants who become Employees after 06/30/1976, the greater of (b) or (c) below:

(a) A percentage of Average Compensation multiplied by Accrued Benefit Adjustment. The percentage is determined by Accrual Service at the time of Retirement starting at 40% with 25 or more years of Accrual Service then reduced 0.75% for each year below 25 years. Lowest percentage is 22%.

(b) $1 \frac{1}{15}\%$ of Average Compensation not in excess of his Integration Level plus $1 \frac{2}{3}\%$ of Average Compensation in excess of his Integration Level multiplied by Accrual Service (maximum 30 years).

(c) \$13 multiplied by his full years of Accrual Service.

Early retirement benefit

Eligibility Cooper Tire – Attainment of age 55 and 15 years of Vesting Service.

Standard Products – Attainment of age 55 and 10 years of Vesting Service.

Form Same as normal retirement benefit.

Schedule SB, Part V - Summary of Plan Provisions
COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN
EIN 34-4297750 Plan No. 003

Amount Cooper Tire – An eligible participant may elect either the Annuity Benefit reduced for each month prior to 65 that payments commence, or the unreduced Annuity Benefit payable at 65. The reduction formula is 0.4% for each month Early Retirement Date precedes age 62.

Standard Products – Actuarial equivalent of age 65 benefit. Minimum benefit is \$10 multiplied by full years of Accrual Service for members on or after age 62 on Early Retirement Date.

Special early retirement benefit

Eligibility Cooper Tire – Requirements (a), (b), or (c) below:

- (a) Attainment of age 62 and completed 10 years of Vesting Service.
- (b) Attainment of age 55 and completed 30 years of Vesting Service.
- (c) Pilot employment terminated as of result of attainment of age 60 but after the earlier of (i) 5 years of plan participation and (ii) complete 5 years of Vesting Service.

Standard Products – N/A.

Form Same as normal retirement benefit.

Amount Cooper Tire – Unreduced benefit.

Standard Products – N/A.

Late retirement benefit

Eligibility Employment termination after age 65.

Form Same as normal retirement benefit.

Amount Greater of (a) or (b) below:

- (a) Accrued benefit to late retirement.
- (b) Later of (i) Normal Retirement Date benefit or (ii) January 1, 2007 benefit multiplied by the late retirement factor.

Schedule SB, Part V - Summary of Plan Provisions
COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN
EIN 34-4297750 Plan No. 003

Termination benefit

Eligibility	Five years of Eligibility Service.
Form	Same as normal retirement benefit.
Amount	The Annuity Benefit is payable at age 65. Accrued Benefit at date of termination multiplied by the vested percentage payable at Normal Retirement.

Disability benefit

Eligibility	Cooper Tire – Disablement after completing ten years of Eligibility Service, which is determined to be total and permanent. Standard Products – Disablement after completing ten years of Accrual Service, eligible for Social Security benefits, and temporary disability benefits have expired.
Amount	Cooper Tire – The Annuity Benefit monthly amount (determined as of age 65) is payable monthly for life commencing the first of the month following five months of disablement. The benefit amount is offset by any State or Federal Disability or Unemployment Compensation benefits, except Social Security or military disability payments. Payments continue as long as the Disability continues prior to age 65 and for life following attainment of age 65. Standard Products – Benefit as of the date of disability reduced by (i) amount of state disability payment or (ii) amount of any company disability payments. Payments continue until the earlier of (i) Normal Retirement date, (ii) Death, (iii) refuses medical exam by Employer, (iv) able to return to work and refuses an offer of employment by Employer, or (v) able to engage in regular employment.

Pre-retirement survivor annuity

Eligibility	Any vested participant.
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Amount Cooper Tire – For death on or after reaching Early Retirement Eligibility, the surviving spouse is entitled to 50% of a benefit determined as if the participant had retired one day prior to death and elected the Qualified Joint and 50% Survivor Annuity. For death prior to reaching Early Retirement Eligibility, the surviving spouse is entitled to 50% of a benefit determined as if the participant had separated from service on date of death, survived to the earliest retirement date, elected the Qualified Joint and 50% Survivor Annuity, and died the following day.

Standard Products – For death on or after reaching Early Retirement Eligibility, the surviving spouse is entitled to 55% of a benefit determined as if the participant had retired one day prior to death and elected the Qualified Joint and 55% Survivor Annuity with 5 year certain and life. For death prior to reaching Early Retirement Eligibility, the surviving spouse is entitled to 55% of a benefit determined as if the participant had separated from service on date of death, survived to the earliest retirement date, elected the Qualified Joint and 55% Survivor Annuity with 5 year certain and life, and died the following day.

Definitions

**Continuous
credited service
(CCS)**

Generally CCS is all years of service from the participant's date of employment to the earlier of termination or retirement, with fractional years of 1/12 of a year credited for each completed month after the last anniversary of the service date. The CCS of participants who were not participants in a predecessor plan begins with the later of the date of hire, or the acquisition date by the Company. The acquisition date for The Standard Products Company is October 27, 1999 and for Siebe Automotive is January 28, 2000.

Actuarial equivalent Actuarial equivalent of Normal Form of Payment available as:

Cooper Tire – Life Annuity with periods certain of five years; Joint and Survivor Annuity with 50% or 75% continuing to surviving spouse, or 50% survivorship with five year certain and life; Lump Sum on or after Normal Retirement Date. Optional annuity forms of payment are determined using the UP-84 mortality table and 8% interest.

Standard Products – Life Annuity with periods certain of ten years; Joint and Survivor Annuity with 75% or 100% continuing to surviving spouse, or 55% survivorship with five year certain and life with Pop- Up option; Lump Sum on or after Normal Retirement Date . Optional annuity forms of payment are determined using the UP-84 mortality table (age setbacks; participant one year, beneficiary two years) and 6.5% interest.

Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Significant Event

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

Cooper Tire & Rubber Company
Spectrum Retirement Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Employer Identification No. 34-4297750 Plan No: 003
December 31, 2019

(a)/(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par and Maturity Value	(d) Cost	(e) Current Value
	Collective trust funds:		
Aon Hewitt	Long-term Credit Bond Fund	\$ 163,378,599	\$ 196,055,396
Aon Hewitt	US Intermediate Government Bond Index Fund	144,479,311	151,505,006
Aon Hewitt	Intermediate-term Credit Bond Fund	48,415,220	52,356,922
AGT	US Large Cap Passive Equity Fund	32,291,591	42,858,191
AGT	ACWI-EX Passive Equity Fund	36,977,950	41,872,779
Northern Trust	Short-Intermediate US Government	9,002,860	9,010,672
* Aon Hewitt	Long-term Government Bond	2,873,497	3,360,027
Aon Hewitt	Mid Duration Long Credit Fund	1,034,337	1,175,798
EB Investments	Real Asset Strategy Fund	1,793	1,938
			498,196,729
	Government securities:		
U.S. Treasury	U.S. Treasury Bill due 02-13-2020	1,883,194	1,896,703
	Pooled separate accounts:		
* Principal	Liquid Assets Sep Account-Z	6,593,997	6,631,727
	Total		\$ 506,725,159
* Party-in interest			

Schedule SB, Line 24 – Change in Actuarial Assumptions
COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN
EIN 34-4297750 Plan No. 003

Certain non-prescribed assumptions have been changed since last year. These assumptions were changed to better reflect the anticipated experience of your plan. See the attachment, Part V – Statement of Actuarial Assumptions/Methods, for the rationale for each assumption.

- § The inflation assumption has increased from 2.00% to 2.25%.
- § The assumed asset return for the current year has decreased from 6.25% to 5.00%. This rate is used in the calculation of the actuarial value of plan assets.