

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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>COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION 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>010</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>010</u>	1c Effective date of plan <u>01/01/2001</u>	
1b Three-digit plan number (PN) ▶	<u>010</u>				
1c Effective date of plan <u>01/01/2001</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>COMMERCIAL VEHICLE GROUP, INC.</u> <u>7800 WALTON PARKWAY</u> <u>NEW ALBANY, OH 43054</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>41-1990662</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>614-289-5168</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>336300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>41-1990662</u>	2c Plan Sponsor's telephone number <u>614-289-5168</u>	2d Business code (see instructions) <u>336300</u>	
2b Employer Identification Number (EIN) <u>41-1990662</u>					
2c Plan Sponsor's telephone number <u>614-289-5168</u>					
2d Business code (see instructions) <u>336300</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	FRANK DICESARE
	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 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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	5 547
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) 18 6a(2) 13 6b 308 6c 156 6d 477 6e 59 6f 536 6g 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 1B 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 COMMERCIAL VEHICLE GROUP, INC.	D Employer Identification Number (EIN) 41-1990662	

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	613937	0	01/01/2020	12/31/2020

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

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(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	4088513

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 ▶

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. Specify nature of costs.	10b	

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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning	01/01/2020	and ending	12/31/2020
▶ 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 COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COMMERCIAL VEHICLE GROUP, INC.	D Employer Identification Number (EIN) 41-1990662	

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2020			
2 Assets:			
a Market value	2a	40238460	
b Actuarial value	2b	38984323	
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.....	381	25156770	25156770
b For terminated vested participants.....	166	3795272	3795272
c For active participants	18	2227414	2262315
d Total.....	565	31179456	31214357
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	5.27 %	
6 Target normal cost.....	6	92000	

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 DANIEL P. NICHOLS, F.S.A. Type or print name of actuary CBIZ RETIREMENT PLAN SERVICES Firm name 6900 COLLEGE BLVD., SUITE 300 OVERLAND PARK, KS 66211 Address of the firm	05/12/2021 Date 20-03073 Most recent enrollment number 913-906-4231 Telephone number (including area code)
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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	0
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	0
10 Interest on line 9 using prior year's actual return of <u>17.71</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		797242
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>5.51</u> %		43928
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		841170
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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	124.89 %
15 Adjusted funding target attainment percentage	15	124.89 %
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	118.43 %
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
Totals ▶			18(b)	0	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	0

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: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	92000	
b Excess assets, if applicable, but not greater than line 31a	31b	92000	
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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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)

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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 COMMERCIAL VEHICLE GROUP, INC.	D Employer Identification Number (EIN) 41-1990662	

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)

CBIZ RETIREMENT PLAN SERVICES

31-1582098

(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?
11	NONE	49815	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ FINANCIAL SOLUTIONS

52-1396995

(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?
27	NONE	40000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA BANK

42-1741646

(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?
18 19 49 59 62 72 99	NONE	30297	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

MERITAGE PORTFOLIO MANAGEMENT

48-1100663

(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?
28	NONE	12145	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BMO ASSET MANAGEMENT

115 S LASALLE 11TH FLOOR
CHICAGO, IL 60603

(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?
28	NONE	8601	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:	CROWE LLP	b EIN:	35-0921680
c Position:	AUDITOR		
d Address:	231 S BEMISTON AVE STE 800 CLAYTON, MO 63105-1925	e Telephone:	314-802-2000

Explanation: AUDITOR CHANGE DUE TO NORMAL BUSINESS PRACTICES

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 2020 This Form is Open to Public Inspection.	
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020					
A Name of plan COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN				B Three-digit plan number (PN) ▶ 010	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 COMMERCIAL VEHICLE GROUP, INC.				D Employer Identification Number (EIN) 41-1990662	
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 U.S. PROPERTY SA-PG13					
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY					
c EIN-PN 42-0127290-027		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4088513		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, 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 10		

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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMERCIAL VEHICLE GROUP, INC.</u>	D Employer Identification Number (EIN) <u>41-1990662</u>	

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	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	05263133
(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)	04088513
(11) Value of interest in master trust investment accounts		1c(11)	400451900
(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)	033276267
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	40045190 42627913
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	0 22715
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 22715
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	40045190 42605198

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(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)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	1042
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	1042
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	63240
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1951235
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	2014475
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	-223628
	(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)	-223628
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(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)		997855
(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)		2234477
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5024221

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2324697	
(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)		2324697
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)	139516	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		139516
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2464213

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2560008
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **ARMANINO LLP**

(2) EIN: **94-6214841**

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
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		2000000
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4298192</u> .			

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 2020 This Form is Open to Public Inspection.
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN		B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 COMMERCIAL VEHICLE GROUP, INC.		D Employer Identification Number (EIN) 41-1990662
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): 38-6457728		
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 0
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) 2020 v. 200204		

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

**COMMERCIAL VEHICLE GROUP, INC.
MAYFLOWER LEGACY PENSION PLAN**

Financial Statements

DECEMBER 31, 2020



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Independent Auditor's Report

To the Participants and the Employees' Benefit Committee
Commercial Vehicle Group, Inc.
Mayflower Legacy Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Commercial Vehicle Group, Inc. Mayflower Legacy Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Comerica Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statements. Accordingly, we do not express an opinion on the 2020 financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedules

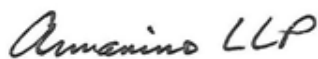
The supplemental Schedules of Assets (Held at End of Year) and Reportable Transactions as of and for the year ended December 31, 2020, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. 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 referred to above.

Other Matter – 2019 Financial Statements

The financial statements of the Plan as of December 31, 2019, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the predecessor auditors not to perform, and they did not perform, any procedures with respect to the information certified by Comerica Bank, the trustee of the Plan. Their report, dated October 2, 2020, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations 2020

The form and content of the information included in the 2020 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Armanino^{LLP}
St. Louis, Missouri

October 7, 2021

COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	December 31,	
	2020	2019
ASSETS		
Investments, at fair value	\$ 42,627,913	\$ -
Investments in Commercial Vehicle Group Master Trust	-	40,045,190
LIABILITIES		
Accrued administrative expenses	22,715	-
Total liabilities	22,715	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 42,605,198	\$ 40,045,190

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

COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

December 31, 2020 and 2019

	December 31,	
	2020	2019
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Company contributions	\$ -	\$ 805,000
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid directly to participants	2,324,697	10,310,046
Administrative expenses	139,516	236,839
Total deductions	2,464,213	10,546,885
INVESTMENT INCOME:		
Interest and dividends	2,015,517	-
Net appreciation in fair value of investments	3,008,704	-
Plan interest in Commercial Vehicle Group Master Trust investment gain	-	6,825,278
Net investment income	5,024,221	6,825,278
NET INCREASE (DECREASE) IN NET ASSETS	2,560,008	(2,916,607)
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	40,045,190	42,961,797
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	\$ 42,605,198	\$ 40,045,190

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

COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN

Notes to Financial Statements

December 31, 2020

Note 1 – Description of the Plan

The following description of the Commercial Vehicle Group, Inc. Mayflower Legacy Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined benefit pension plan established to provide for the payment of pension benefits and disability benefits for all eligible employees of the Shadyside Plant of Commercial Vehicle Group, Inc. (the “Company”) who are members of the United Steelworkers of America AFL-CIO-CLC Local 9419 and have completed 90 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective March 1, 2008, no newly hired or rehired employee shall be eligible to participate in the Plan. The amendment provided further, that any participant who was employed as of March 1, 2008 and made an irrevocable election prior to April 30, 2008 to opt out of the Plan as of May 31, 2008 shall cease to be eligible to participate in the Plan and shall not earn further accruals after May 31, 2008.

Effective December 31, 2018, the Commercial Vehicle Group, Inc. Pension Plan for Mayflower Vehicle Systems Salaried Employees (“Mayflower Pension Plan”) and the Commercial Vehicle Group, Inc. Union Plan for Norwalk Assembly Plan Union Employees (“Norwalk Pension Plan”) were merged into the Plan. Subsequent to the merger, the Plan’s name changed to the Commercial Vehicle Group, Inc. Mayflower Legacy Pension Plan.

Plan Benefits

The Plan provides for retirement and disability benefits. Under the legacy Shadyside Pension Plan, employees with five or more years of credited service are entitled to monthly pension benefits beginning at normal retirement age (65), equal to the number of years of credited service multiplied by the monthly unit of benefit (\$14 up to a maximum of 30 years of credited service). The monthly unit of benefit was increased to \$20 as of January 1, 2008. Effective January 1, 2012, the monthly unit of benefit was amended to \$22 for all years of service earned after 2011. Effective January 1, 2015, the monthly unit of benefit was amended to \$25 for all years of service earned after 2014. Employees’ benefits under the Plan vest after the completion of five years of service. The Plan permits early retirement at age 60 with minimum service of 10 years. Participants whose employment continues after reaching normal retirement age are eligible to receive benefits at the late retirement date. Employees may elect to receive the value of their accumulated Plan benefits as a single life annuity or as a joint and survivor annuity payable monthly from the date of retirement.

If an active employee becomes totally and permanently disabled after accumulating 10 years of credited service, the disability benefit is equal to the amount calculated under normal retirement. If an employee dies prior to the distribution of any accumulated Plan benefits, a portion of the employee’s accumulated benefits are payable to the designated beneficiary over the life of such beneficiary.

COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note 1 – Description of the Plan (Continued)

Plan Benefits (Continued)

Under the legacy Mayflower Pension Plan, employees, other than hourly-paid employees at the Kings Mountain facility, with five or more years of credited service are entitled to monthly pension benefits beginning at normal retirement age (65), equal to the sum of (1) the accrued benefit equal to 1.25% of average monthly compensation, up to \$833.33, multiplied by the participant's total number of periods of service, not to exceed 30 years, plus (2) 1.75% of average monthly compensation in excess of \$833.33, multiplied by the participants' total number of periods of service, not to exceed 30 years. The pension benefit for those hourly-paid employees at the Kings Mountain facility is equal to \$20 for each year of service, plus \$1.67 for each additional month of service comprising a fraction of a year through October 15, 1997. Effective March 31, 2006, benefit accruals under the Plan ceased. Employees' benefits under the Plan vest after the completion of five years of service. Effective March 31, 2006, the accrued benefits of active participants were 100% vested. The Plan permits early retirement at age 55 with minimum service of 15 years. Employees may elect to receive the value of their accumulated plan benefits as a single life annuity, life annuity with guaranteed payments, or as a joint and survivor annuity, payable monthly from the date of retirement.

If an active employee, other than hourly-paid employees at the Kings Mountain facility, becomes totally and permanently disabled after accumulating 15 years of credited service, the disability benefit is equal to the amount calculated under normal retirement. The disability benefit for a participant who was an hourly-paid employee of the Kings Mountain facility is equal to a monthly annuity of \$20 for each year of credited service, through October 15, 1997. If an employee dies prior to the distribution of any accumulated Plan benefits, a portion of the employee's accumulated benefits are payable to the designated beneficiary over the life of such beneficiary.

Under the legacy Norwalk Pension Plan, employees with five or more years of credited service are entitled to monthly pension benefits beginning at normal retirement age (65), equal to the number of years of credited service multiplied by the monthly unit of benefit (\$20.02 effective May 1, 2001 and thereafter). Employees' benefits under the Plan vest after the completion of five years of service. The Plan permits early retirement at age 60 with minimum service of 10 years. Participants whose employment continues after reaching normal retirement age are eligible to receive benefits at the late retirement date. Employees may elect to receive the value of their accumulated Plan benefits as a single life annuity or as a joint and survivor annuity, payable monthly from the date of retirement. On June 14, 2007, the Plan was amended to provide limited early retirement opportunities to participants with at least 26 years of seniority and who have attained age 62 as of the end of the early retirement period(s). Participants who retire under the early retirement window shall receive benefits without consideration of the reduction in benefits described in the Plan document.

If an active employee becomes totally and permanently disabled after accumulating 10 years of credited service, the disability benefit is equal to the amount calculated under normal retirement. If an employee dies prior to the distribution of any accumulated Plan benefits, a portion of the employee's accumulated benefits are payable to the designated beneficiary over the life of such beneficiary.

COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note 1 – Description of the Plan (Continued)

Funding

The Company contributes amounts that it considers necessary to provide assets sufficient to meet the benefits to be paid. The Company's contributions for 2020 and 2019 met the minimum funding requirements of ERISA.

Administration

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain administrative expenses were paid through the Plan during 2020 and the Commercial Vehicle Group Master Trust ("Master Trust") during 2019. Investment management fees and operating expenses charged to the Plan and the Master Trust for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are estimated future periodic payments attributable under the Plan's provisions to services rendered by participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees with vested rights or their beneficiaries, and (b) present active employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the benefit rate in effect on the date of the employee's retirement. The accumulated plan benefits for active employees are based on the current benefit rate in effect. Benefits payable under all circumstances (i.e. retirement, disability and termination of employment) are included to the extent they are deemed attributable to employee services rendered as of the valuation date.

Note 2 – Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimate of the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note 2 – Summary of Accounting Policies (Continued)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. During 2019, the Plan's interest in the Master Trust was reported at estimated fair value based upon the fair values of the underlying investments in the Master Trust. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Employees' Benefits Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, and custodians. See Note 3 for discussion of fair value measurements.

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

Note 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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:

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

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

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

The 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 need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note 3 – Fair Value Measurements (Continued)

Common stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate account – Valued at the NAV of units of an insurance company pooled separate account. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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. While Plan management believes its valuation, methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020:

	December 31, 2020			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stocks	\$ 5,263,133	\$ -	\$ -	\$ 5,263,133
Mutual funds	33,276,267	-	-	33,276,267
Pooled separate account*	-	-	-	4,088,513
Total investments at fair value	<u>\$ 38,539,400</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 42,627,913</u>

*Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in Note 3.

COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note 4 – Master Trust

All of the Plan's investments during the year ended December 31, 2019 were invested within the Commercial Vehicle Group, Inc. Master Trust ("Master Trust") which was established for the investment of assets of the Plan. The Plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by Comerica Bank ("Trustee"). At December 31, 2019, the Plan's interest in the net assets of the Master Trust was 100%. The Plan held no investments in the Master Trust during 2020.

The following table presents the net assets of the Master Trust as of December 31, 2020 and 2019:

Assets	<u>2020</u>	<u>2019</u>
Investments, at fair value		
Common stocks	\$ -	\$ 4,154,125
Mutual funds	-	31,461,367
Collective trusts	-	108,124
Real estate investment trusts	-	164,982
Pooled separate account	-	4,070,054
Total investments	-	39,958,652
Cash	-	-
Accrued income	-	86,538
Total assets	-	\$ 40,045,190
Liabilities		
Due to brokers for securities purchased	\$ -	\$ -
Total liabilities	\$ -	\$ -
Net assets	\$ -	\$ 40,045,190

The following are the changes in net assets of the Master Trust for the years ended December 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Investment income		
Net appreciation in fair value of investments	\$ -	\$ 5,242,819
Interest and dividends	-	1,582,459
Total investment income	-	6,825,278
Net transfers	(45,045,090)	(9,505,046)
Administrative expenses	-	(236,839)
Decrease in net assets	(45,045,090)	(2,916,607)
Net assets:		
Beginning of year	40,045,190	42,961,797
End of year	\$ -	\$ 40,045,190

COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note 4 – Master Trust (Continued)

Assets and liabilities of the Master Trust as of December 31, 2019 measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements at December 31, 2019 Using			
	Total	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments:				
Common stocks	\$ 4,154,125	\$ 4,154,125	\$ -	\$ -
Mutual funds	31,461,367	31,461,367	-	-
Total investments at fair value hierarchy	35,615,492	35,615,492	-	-
Investments measured at net asset value*				
Collective trust	108,124	-	-	-
Real estate investment trust	164,982	-	-	-
Pooled separate account	4,070,054	-	-	-
Investments, at fair value	\$ 39,958,652	\$ 35,615,492	\$ -	\$ -

*Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in Note 4.

Note 5 – Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits 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. The significant actuarial assumptions used in the valuations were (a) life expectancy of participants (Prior-2012 total dataset amount weighted mortality tables, using the MP 2019 improvement scale), (b) retirement age assumptions (rates vary by age with 100% retirement at age 65), (c) a withdrawal rate for employees who will leave before retirement and (d) long term rate of return of 5.34% per annum. The foregoing actuarial assumptions are based on the presumption 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.

COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note 5 – Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated plan benefits as of December 31, 2019 is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Retired participants and beneficiaries currently receiving payments \$ 24,486,704

Other benefits 6,227,076

30,713,780

Nonvested benefits 29,648

Total actuarial present value of accumulated plan benefits \$ 30,743,428

The change in actuarial present value of accumulated plan benefits for the year ended December 31, 2019 consists of the following:

Actuarial present value of accumulated plan benefits at beginning of year \$ 32,817,965

Increase (decrease) during the year attributable to:

Benefits paid (10,310,046)

Interest due to decrease in discount period 1,936,434

Benefits accumulated net of actuarial experience 2,211,900

Assumption changes 4,087,175

Actuarial present value of accumulated plan benefits at end of the year \$ 30,743,428

Note 6 – Certification

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

Note 7 – Plan Termination

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

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 for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note 8 – Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated February 20, 2014, that the Plan is qualified and exempt from income tax under the provisions of Section 401(a) of the Internal Revenue Code (“IRC”). Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, 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 authorities; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to federal income tax examinations for years prior to 2016.

Note 9 – Risks and Uncertainties

The Plan’s investments are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and may impact the funded position of the Plan. As a result, the Plan may require additional funding in subsequent years.

Plan contributions are made, and the actuarial present value of accumulated Plan benefits is reported, based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Note 10 – Party-In-Interest Transactions

Parties-in-interest are defined under Department of Labor (“DOL”) regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others.

The Company pays certain administrative expenses on behalf of the Plan. Also, the Company provides certain administrative services at no cost to the Plan.

Note 11 – Subsequent Events

Plan management has evaluated subsequent events for recognition and disclosure through October 7, 2021, which is the date the financial statements were available to be issued.

During July 2021, the Audit Committee approved the decision to move forward with terminating the Plan. The expected termination of the Plan is to be completed during the fourth quarter of 2022. The termination plan consists of allowing for lump sum payments to participants or having the benefits rolled into annuities to be paid by an insurance company.

Supplemental Schedules

Attachment to 2020 Schedule SB (Form 5500) – Line 26
Commercial Vehicle Group, Inc. Mayflower Legacy Pension Plan
EIN/PN: 41-1990662/010

Schedule of Active Participant Data

	Years of credited service:										<u>Total</u>
	<u>Under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>40 & up</u>	
Attained	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Age											
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	2	0	0	0	0	0	0	0	2
50 to 54	0	2	2	0	0	0	0	0	0	0	4
55 to 59	0	3	1	1	0	0	0	0	0	0	5
60 to 64	0	1	2	1	2	1	0	0	0	0	7
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total	0	6	7	2	2	1	0	0	0	0	18

Actuarial Assumptions and Methods

The following pension plans were merged as of December 31, 2018 and the single merged plan is now called the Commercial Vehicle Group, Inc. Mayflower Legacy Pension Plan:

- Commercial Vehicle Group, Inc. Pension Plan for Mayflower Vehicle Systems Salaried Employees (“Salaried Plan”)
- Commercial Vehicle Group, Inc. Pension Plan for Norwalk Assembly Plant Union Employees (“Norwalk Plan”)
- Commercial Vehicle Group, Inc. Pension Plan for Shadyside Plant Union Employees (“Shadyside Plan”)

There were no changes to the plan provisions as a result of the plan merger. In addition, the assumptions that applied to each of these prior plans were not changed as a result of the plan merger. The active participants remaining in the plan are all from the prior Salaried Plan, so the demographic assumptions shown herein are for the prior Salaried Plan.

ACTUARIAL ASSUMPTIONS

a. Economic Assumptions

(i)	Funding Interest Rates	September 2019 Segment Rates (2.79%, 3.92%, 4.38%), but for minimum funding purposes not less than HATFA 2014 Segment Rates for 2020 (based on 90% of 25-year averages = 3.64%, 5.21%, 5.94%), effective rate of 5.27% for 2020. The Plan Sponsor elected to defer the interest rate stabilization methodology as provided in the American Rescue Plan Act of 2021 to the 2021 Plan Year for all purposes.
(ii)	Salary Increases	N/A
(iii)	Expenses	Administrative expense of \$92,000 were estimated to be paid from the trust in the current Plan Year, and were included in the Normal Cost.
(iv)	Long-term Rate of Return	5.34% per year
(v)	Maximum Benefit	\$230,000 for current and future years.

Actuarial Assumptions and Methods

b. Demographic Assumptions

(i) Mortality – Not Disabled For 2020 funding purposes, the 2020 Static Mortality Tables as prescribed by the IRS (based on RP-2014 mortality tables).

Mortality – Disabled For funding purposes, same as not-disabled mortality above.

(ii) Termination of Employment See sample rates.

(iii) Disability See sample rates.

(iv) Retirement Rates are as follows (applied to active participants and terminated vested participants with at least 15 years of service):

<u>Age</u>	<u>%</u>
55 - 59	10%
60 - 61	15%
62 - 64	25%
65+	100%

<u>Form</u>	<u>% Elected</u>
Life Only	35%
5-Yr. C & L	5%
10-Yr. C & L	10%
Joint & 50% Surv.	35%
Joint & 75% Surv.	5%
Joint & 100% Surv.	10%

For terminated vested participants, benefits are assumed to commence at normal retirement age in the plan's normal form of payment.

(vi) Marital Status For valuing death benefits, 80% of Participants are assumed to be married with males 3 years older than their female spouses.

Actuarial Assumptions and Methods

(vii) Sample Rates:

Age	Termination Rates		Disablement	
	Male	Female	Male	Female
25	6.93%	9.93%	.12%	.18%
30	4.73%	6.93%	.12%	.18%
35	3.27%	4.73%	.13%	.19%
40	2.07%	3.27%	.15%	.22%
45	1.13%	2.07%	.20%	.30%
50	0.33%	1.13%	.36%	.54%
55	0.33%	0.33%	.68%	1.02%
60	0.33%	0.33%	1.38%	2.07%

Actuarial Methods

a. Funding Method

The actuarial cost method is the Unit Credit cost method.

On the initial valuation date, the benefit accrued to date and the anticipated benefit accrual during the plan year immediately following the initial valuation date are determined for each participant.

The present values of these benefit are then calculated. The sum of the present values of all benefits accruing during the plan year immediately following the valuation date is the normal cost for the initial plan year. The sum of the present values of all benefits accrued prior to the valuation date, less the plan assets, is the initial unfunded actuarial accrued liability.

In subsequent years, the normal cost and unfunded actuarial accrued liability are recalculated on the basis described above. Experience gains and losses (changes in the unfunded actuarial accrued liability which result from causes other than contributions by the plan sponsor and the accrual of interest and additional normal costs) are directly calculated under this cost method. Adjustments to the unfunded actuarial accrued liability can occur, for example, as a result of plan amendments or assumption changes; such adjustments are determined by computing the change in the initial unfunded actuarial accrued liability.

Actuarial Assumptions and Methods

b. Asset Valuation Method

The actuarial value of assets is defined as the smoothed market value of assets. The smoothed market value will be the market value of assets adjusted by the applicable percentage of the gain or loss calculated in each year during the smoothing period. The gain or loss is the difference between the current year's market value and prior year's market value brought forward with contributions, benefit payments, and administrative expenses, all adjusted for interest to the valuation date. The applicable percentage is 66-2/3% for the year preceding the valuation date and 33-1/3% for the second year preceding of the valuation date. The actuarial value of assets will be adjusted to be no greater than 110% and no less than 90% of the current (market) value of assets. For funding purposes, accrued contributions and expenses are included in the market value.

c. Valuation Procedures

No actuarial liability is accrued for non-vested terminated employees, even if a break in service had not occurred as of the actuarial valuation date. An actuarial liability is accrued for all other terminated employees, even if a claim for benefits has not been made.

COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN
EIN#13-0794380 PLAN 002

Schedule of Reportable Transactions
Form 5500 - Schedule H, Part IV, Line 4i
December 31, 2020

a)	b)		c)	d)	e)	f)	g)	h)	i)
Identity of party involved	Description of asset (include interest rate and maturity in case of loan)	Number of Transactions	Purchase Price	Selling Price	Lease Rental	Expenses incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<u>SERIES IN SAME SECURITY</u>									
Comerica Bank	Comerica Short Term Fund	293	\$ 3,091,863	\$ -	\$ -	\$ -	\$ -	\$ 3,091,863	\$ -
	Comerica Short Term Fund	106	-	3,043,689	-	-	3,043,689	3,043,689	-
<u>Aggregate by Broker</u>									
Capital Institutional Services	Various	138	2,167,422	-	-	-	-	2,167,422	-
	Various	112	-	2,160,712	-	-	2,383,458	2,160,712	(222,746)

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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

► 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 COMMERCIAL VEHICLE GROUP, INC. MAYFLOWER LEGACY PENSION PLAN	B Three-digit plan number (PN) ► <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COMMERCIAL VEHICLE GROUP, INC.	D Employer Identification Number (EIN) 41-1990662
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>2020</u>		
2	Assets:		
	a Market value.....	2a	40,238,460
	b Actuarial value.....	2b	38,984,323
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	381	25,156,770
	b For terminated vested participants	166	3,795,272
	c For active participants.....	18	2,227,414
	d Total.....	565	31,214,357
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	5.27%
6	Target normal cost.....	6	92,000

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>05/12/2021</u> Date
	DANIEL P. NICHOLS, F.S.A. Type or print name of actuary	<u>2003073</u> Most recent enrollment number
	CBIZ RETIREMENT PLAN SERVICES Firm name	<u>913-906-4231</u> Telephone number (including area code)
	6900 COLLEGE BLVD., SUITE 300 OVERLAND PARK KS 66211 Address of the firm	

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

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

Schedule SB (Form 5500) 2020
v. 200204

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	0
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	0
10	Interest on line 9 using prior year's actual return of <u>17.71%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		797,242
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>5.51%</u>		43,928
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.....		841,170
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	0

14	Funding target attainment percentage.....	14	124.89%
15	Adjusted funding target attainment percentage.....	15	124.89%
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	118.43%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

[illegible]

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	0

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
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Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	92,000	
b Excess assets, if applicable, but not greater than line 31a	31b	92,000	
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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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)

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

Summary of Plan Provisions

The following pension plans were merged as of December 31, 2018 and the single merged plan is now called the Commercial Vehicle Group, Inc. Mayflower Legacy Pension Plan:

- Commercial Vehicle Group, Inc. Pension Plan for Mayflower Vehicle Systems Salaried Employees ("Salaried Plan")
- Commercial Vehicle Group, Inc. Pension Plan for Norwalk Assembly Plant Union Employees ("Norwalk Plan")
- Commercial Vehicle Group, Inc. Pension Plan for Shadyside Plant Union Employees ("Shadyside Plan")

There were no changes to the plan provisions as a result of the plan merger. The provisions for each of these prior plans is described separately.

SUMMARY OF PLAN PROVISIONS FOR THE SALARIED PLAN

1. **Effective Date of Plan**

The Plan was effective as of August 1, 1989. The plan was amended to freeze accruals and participation effective March 31, 2006. The Plan was most recently restated as of January 1, 2013.

2. **Eligibility**

First of the month following age 21 and one year of service. Employees include the following:

Salaried employees at:

- Detroit, MI
- Kings Mountain – North Carolina
- Norwalk Assembly – Norwalk, OH
- Hurricane, WV
- So. Charleston, WV

Hourly employees at:

- Kings Mountain – North Carolina who were eligible to participate prior to October 15, 1997.

Participation was frozen effective March 31, 2006.

3. **Service**

For vesting purposes, a year of service is based on elapsed time. For benefit accrual purposes, elapsed time but no credit for service prior to January 1, 2000 for SCSM salaried employees. Benefit accruals for Kings Mountain hourly employees ceased on October 15, 1997. Benefit accrual service was frozen for all participants as of March 31, 2006.

SUMMARY OF PLAN PROVISIONS FOR THE SALARIED PLAN (CONTINUED)

4. Compensation

Compensation includes base pay in a calendar year plus overtime and salary reductions under a qualified 401(k), 132(f) or 125 plan, but excludes bonuses, income from stock options and other forms of special remuneration.

Average Monthly Earnings is the average Compensation of an employee during the highest 5 consecutive calendar years out of the last 10 calendar years of Compensation. Average Monthly Earnings was frozen as of March 31, 2006.

5. Monthly Pension Benefit

Benefits were frozen as of March 31, 2006. Prior to that date, benefits were determined according to the following:

Salaried employees:

A monthly life annuity with 60 payments guaranteed equal to:

- a) Years of service to a maximum of 30; times
- b) $1.25\% \times \text{Average Monthly Earnings up to } \$833.33$, plus $1.75\% \times \text{Average Monthly Earnings in excess of } \$833.33$.

Hourly employees:

A monthly life annuity with 60 payments guaranteed equal to \$20 times years of service. Service frozen as of October 15, 1997.

6. Normal Retirement

The Normal Retirement Date is the first of the month coinciding with or next following the date on which the Participant attains age 65 or, if later, the fifth anniversary of the employee's date of plan entry.

7. Early Retirement

A Participant may retire early on or after attaining age 55 and completing fifteen years of Vesting Service. The Monthly Pension Benefit is determined as of that early retirement date with payments commencing at age 65. Alternatively, the Participant may choose to commence payments earlier, with such monthly benefit reduced by 1/3 of 1% for each year that benefits begin prior to age 65.

8. Postponed Retirement

A Participant may postpone retirement beyond his normal retirement date and be eligible to receive a Monthly Pension Benefit determined as of such postponed date. The benefit is equal to the formula benefit determined at the later retirement date.

SUMMARY OF PLAN PROVISIONS FOR THE SALARIED PLAN (CONTINUED)

9. Vested Benefit

A Participant who terminates employment for any reason other than retirement, death, or disability, and after completing five years of Vesting Service, is entitled to a Monthly Pension Benefit deferred to age 65 determined as of the date of termination. Active participants in the plan on March 31, 2006 became vested as part of the plan freeze amendment.

10. Death Benefit

No death benefit is provided other than to the spouse of a Participant. The spouse of a Vested Participant is entitled to a monthly benefit commencing at the earliest date the Participant could have retired. The amount of the spouse's benefit is one half of the 50% joint-and-survivor benefit that the Participant would have been entitled to on such retirement date.

11. Disability Benefit

A Participant is eligible for a disability benefit under this Plan if he is totally and permanently disabled and has at least fifteen years of service. Benefits commence after six months of disability. The benefit amount is equal to the Participant's accrued benefit.

12. Forms of Payment

The Monthly Pension Benefit is payable as a monthly five year certain and life annuity to the Participant. If a Participant is married, such benefit is automatically converted to an actuarially equivalent 50% joint-and-survivor annuity, unless the Participant elects and the spouse consents to an alternative form of benefit allowed by the Plan.

13. Limitations

No benefit for any calendar year may exceed the maximum limitation for that year as defined in Internal Revenue Code Section 415. Compensation in any calendar year is limited as required by Internal Revenue Code Section 401(a)(17). The plan provides for increasing both dollar limits automatically as such changes become effective.

14. Contributions

No contributions to the Plan by employees are required or permitted. The full cost of the Plan is borne by the employer.

SUMMARY OF PLAN PROVISIONS FOR THE NORWALK PLAN

1. Effective Date of Plan

The Plan was effective May 1, 1975, and last amended effective May 1, 2006. The Plan was most recently restated as of January 1, 2013.

2. Plan Year

Prior to 2006, the Plan Year began on October 1 each year and ended on the following September 30. The Plan Year was amended to start on January 1 as of January 1, 2006.

3. Eligibility

Employees hired in UAW Local 1379 and other hourly-paid employees at the Norwalk, OH assembly plant who have been employed at least 90 days. Any employee hired or rehired after May 1, 2006 is not eligible for the plan.

4. Retirement Date

The normal retirement date is the last day of the calendar month coincident with or immediately following the participant's 65th birthday. Early retirement may be elected after attaining age 60 and completing 10 years of vesting service.

5. Service

a. Credited Service: Full credit for 1,800 or more hours, one-tenth credit for each 180 hours or major fraction thereof.

b. Vesting Service: One year credit for 1,000 or more hours.

6. Normal Retirement Benefit

The Normal Retirement Benefit shall be equal to the number of years and fractional years of Credited Service multiplied by the benefit rate in effect at the date the employee retires or terminates covered employment. The benefit rate has been \$20.02 since May 1, 2001 (lower rates applied before that date).

7. Accrued Benefit

The Accrued Benefit shall be determined at any time using the Normal Retirement Benefit formula, based on the number of years of Credited Service and the benefit rate in effect at the date of determination.

8. Early Retirement Benefit

The Early Retirement benefit shall be equal to the Accrued Benefit. Such benefit shall not be reduced if payments begin after age 65, but will be reduced 0.6% for each month by which payments begin prior to age 65.

Several Early Retirement Windows have been provided in prior years that provided unreduced retirement benefits if the retiring member was at least age 62 and had completed at least 26 years of senior

SUMMARY OF PLAN PROVISIONS FOR THE NORWALK PLAN (CONTINUED)

9. Normal Form of Benefits

If a participant is married on the date his retirement benefits are to commence, the retirement benefits will be paid in the form of a Qualified 55% Joint-and-Survivor Pension. Such benefits are 95% (adjusted for more than a five-year age difference) of the benefits which would have been payable on the single-life basis. If a participant is not married at the date his retirement benefits are to commence, the benefits will be paid on the basis of a single-life benefit.

10. Death Benefits

If a participant dies after eligibility for Early Retirement, the surviving spouse will receive a monthly benefit equal to 55% of the amount that would have been payable if the participant had elected Early Retirement on the day preceding his death and began receiving benefits under a Qualified 55% Joint-and-Survivor Annuity.

If a participant dies before eligibility for Early Retirement, but after becoming vested, the surviving spouse shall be entitled to a benefit beginning at the time the participant would have first been eligible for Retirement benefits. The benefit shall be equal to 55% of the benefit determined as if the participant had terminated employment just prior to death, and instead survived to the date first eligible for Retirement benefits, and retired with a Qualified 55% Joint-and-Survivor Annuity.

11. Termination of Employment

Accrued benefits vest according to the following schedule:

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
Less than 5	0%
5 or more	100%

12. Disability Benefits

If a participant becomes totally and permanently disabled after completing ten years of Credited Service, his accrued benefit (unreduced for commencement prior to normal retirement) shall be paid after four weeks of incapacity.

13. Cost of Plan

The entire cost of the Plan is paid by the employer.

SUMMARY OF PLAN PROVISIONS FOR THE SHADYSIDE PLAN

1. Effective Date of Plan

The Plan was effective January 1, 2001. The last amendment included in this valuation was the fifth amendment, generally effective as of January 1, 2015.

2. Eligibility

Employees in USW Local 9419 and at the Shadyside, Ohio assembly plant. Employees hired on or after March 2, 2008 are not eligible. Participants employed on March 1, 2008 made an irrevocable election prior to April 30, 2008 to stay in or opt out of the plan as of May 31, 2008. Participants employed on March 1, 2008 made an irrevocable election between December 19, 2011 and January 16, 2012 to stay in or opt out of the plan as of February 29, 2012.

3. Retirement Date

The plan's normal retirement date is age 65. Early retirement may be elected after attaining age 60 and completing 10 years of vesting service.

4. Service

- a. Credited Service: Full credit for 1,800 or more hours, one-tenth credit for each 180 hours or major fraction thereof. No credit before 12/1/2000.
- b. Vesting Service: One year credit for every full employment year.

5. Normal Retirement Benefit

The Normal Retirement Benefit shall be equal to the number of years and fractional years of Credited Service (maximum of 30 years) multiplied by the benefit rate in effect at the date the employee retires or terminates covered employment. The benefit rate is \$14.00. The benefit rate increased to \$20.00 for years of Credited Service earned after January 1, 2008 and before January 1, 2012 for those participants who did not make an irrevocable election to opt out of the plan as of May 31, 2008. The benefit rate increased to \$22.00 for years of Credited Service earned after January 1, 2012 for those participants who did not make an irrevocable election to opt out of the plan as of February 29, 2012. The benefit rate increased to \$25.00 for years of Credited Service earned after January 1, 2015 for those who have not previously opted out of the plan.

6. Accrued Benefit

For participants who made an irrevocable election to opt out of the plan as of May 31, 2008, the Accrued Benefit shall be determined using the Normal Retirement Benefit formula, based on the number of years of Credited Service multiplied by a benefit rate of \$14.00. The Accrued Benefit for other participants shall be determined at any time using the Normal Retirement Benefit formula, based on the number of years of Credited Service earned prior to 2008, using the \$14.00 benefit rate, the number of years of Credited Service earned after 2007 and before 2012, using the \$20.00 benefit rate, the number of years of Credited Service earned after 2011 and before 2015, using the \$22.00 benefit rate and the number of years of Credited Service earned after 2014 using the \$25.00 benefit rate.

SUMMARY OF PLAN PROVISIONS FOR THE SHADYSIDE PLAN (CONTINUED)

7. Early Retirement Benefit

The Early Retirement benefit shall be equal to the Accrued Benefit. Such benefit shall not be reduced if payments begin after age 65, but will be reduced 0.6% for each month by which payments begin prior to age 65.

8. Normal Form of Benefits

If a participant is married on the date his retirement benefits are to commence, the retirement benefits will be paid in the form of a Qualified 55% Joint-and-Survivor Pension. Such benefits are 95% (adjusted for more than a five-year age difference) of the benefits which would have been payable on the single-life basis. If a participant is not married at the date his retirement benefits are to commence, the benefits will be paid on the basis of a single-life benefit.

9. Death Benefits

If a participant dies after eligibility for Early Retirement, the surviving spouse will receive a monthly benefit equal to 55% of the amount that would have been payable if the participant had elected Early Retirement on the day preceding his death and began receiving benefits under a Qualified Joint-and-Survivor Annuity.

If a participant dies before eligibility for Early Retirement, but after becoming vested, the surviving spouse shall be entitled to a benefit beginning at the time the participant would have first been eligible for Retirement benefits. The benefit shall be equal to 55% of the benefit determined as if the participant had terminated employment just prior to death, and instead survived to the date first eligible for Retirement benefits, and retired with a Qualified Joint-and-Survivor Annuity.

10. Termination of Employment

Accrued benefits vest according to the following schedule:

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
Less than 5	0%
5 or more	100%

11. Disability Benefits

If a participant becomes totally and permanently disabled after completing ten years of Credited Service, his accrued benefit (unreduced for commencement prior to normal retirement) shall be paid after four weeks of incapacity.

12. Cost of Plan

The entire cost of the Plan is paid by the employer.

ACCOUNT STATEMENT

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UNITS	ASSET DESCRIPTION	COST	UNIT PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	YIELD AT MARKET
OPEN END MF - FIXED INC TAX						
1,247,732.629	PIMCO INVESTMENT GRADE CREDIT BOND FUND INST 722005816 ACCOUNT 1050008961 1,247,732.629	13,319,664.41	11.29	14,086,901.38	767,236.97	3.127
916,879.547	PIMCO LONG DURATION TOTAL RETURN 72201F623 ACCOUNT 1050008961 916,879.547	10,173,382.82	11.09	10,168,194.18	5,188.64-	3.535
133,712.381	PIMCO LONG-TERM CREDIT BOND FUND INST 72201P647 ACCOUNT 1050008961 133,712.381	1,657,522.77	13.54	1,810,465.64	152,942.87	4.247
	TOTAL OPEN END MF - FIXED INC TAX	25,150,570.00		26,065,561.20	914,991.20	
EQUITY SECURITIES						
COMMON STOCK						
359	AGCO CORP 001084102 ACCOUNT 1050008943 359	25,163.77	103.09	37,009.31	11,845.54	0.621
2,243	AES CORP 00130H105 ACCOUNT 1050008943 2,243	30,251.39	23.50	52,710.50	22,459.11	2.562
136	ADOBE SYS INC 00724F101 ACCOUNT 1050008952 136	29,806.76	500.12	68,016.32	38,209.56	0.000
266	ALEXION PHARMACEUTICALS INC 015351109 ACCOUNT 1050008943 266	29,097.03	156.24	41,559.84	12,462.81	0.000
968	ALLISON TRANSMISSION HLDGS INC 01973R101 ACCOUNT 1050008943 968	41,604.87	43.13	41,749.84	144.97	1.577
478	ALLSTATE CORP 020002101 ACCOUNT 1050008943 478	40,332.10	109.93	52,546.54	12,214.44	1.965
69	ALPHABET INC CL A 02079K305 ACCOUNT 1050008952 69	80,722.00	1752.64	120,932.16	40,210.16	0.000

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UNITS	ASSET DESCRIPTION		COST	UNIT PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	YIELD AT MARKET
63	AMAZON COM INC 023135106 ACCOUNT 1050008952	63	56,274.25	3256.93	205,186.59	148,912.34	0.000
148	AMEDISYS INC 023436108 ACCOUNT 1050008952	148	17,321.59	293.33	43,412.84	26,091.25	0.000
176	AMERICAN EXPRESS CO 025816109 ACCOUNT 1050008943	176	15,282.19	120.91	21,280.16	5,997.97	1.423
172	AMERIPRISE FINL INC 03076C106 ACCOUNT 1050008943	172	26,497.65	194.33	33,424.76	6,927.11	2.141
587	AMETEK INC 031100100 ACCOUNT 1050008952	587	28,520.08	120.94	70,991.78	42,471.70	0.595
2,152	APPLE INC 037833100 ACCOUNT 1050008952	2,152	49,068.36	132.69	285,548.88	236,480.52	0.618
375	AVANGRID INC 05351W103 ACCOUNT 1050008943	375	16,811.96	45.45	17,043.75	231.79	3.872
454	BAXTER INTL INC 071813109 ACCOUNT 1050008943	454	37,330.49	80.24	36,428.96	901.53-	1.221
825	BEST BUY 086516101 ACCOUNT 1050008952	825	63,658.34	99.79	82,326.75	18,668.41	2.205
112	BIO RAD LABORATORIES INC CL A 090572207 ACCOUNT 1050008952	112	42,137.19	582.94	65,289.28	23,152.09	0.000
108	BROADCOM INC 11135F101 ACCOUNT 1050008952	108	34,801.36	437.85	47,287.80	12,486.44	3.289
147	CDW CORP 12514G108 ACCOUNT 1050008943	147	16,811.88	131.79	19,373.13	2,561.25	1.214
157	CIGNA CORP 125523100		30,708.11	208.18	32,684.26	1,976.15	0.019

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EIN #13-0794380 PLAN #002
Schedule of Assets Held
Form 5500 Schedule H Part IV Line 4j

UNITS	ASSET DESCRIPTION		COST	UNIT PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	YIELD AT MARKET
	ACCOUNT 1050008943	157					
1,295	CABOT OIL & GAS CORP 127097103		26,187.44	16.28	21,082.60	5,104.84-	2.457
	ACCOUNT 1050008943	1,295					
66	CACI INTL INC CL A 127190304		17,688.59	249.33	16,455.78	1,232.81-	0.000
	ACCOUNT 1050008943	66					
290	CAPITAL ONE FINL CORP 14040H105		26,989.87	98.85	28,666.50	1,676.63	0.405
	ACCOUNT 1050008943	290					
204	CARLISLE COMPANIES INC 142339100		25,056.44	156.18	31,860.72	6,804.28	1.345
	ACCOUNT 1050008943	204					
208	CARTER'S INC 146229109		17,355.52	94.07	19,566.56	2,211.04	0.000
	ACCOUNT 1050008943	208					
207	CERNER CORP 156782104		12,169.59	78.48	16,245.36	4,075.77	1.121
	ACCOUNT 1050008943	207					
434	CISCO SYS INC 17275R102		10,203.16	44.75	19,421.50	9,218.34	3.218
	ACCOUNT 1050008943	434					
1,127	CITIGROUP INC 172967424		56,829.09	61.66	69,490.82	12,661.73	3.308
	ACCOUNT 1050008943	1,127					
1,261	CITIZENS FINL GROUP INC 174610105		51,172.25	35.76	45,093.36	6,078.89-	4.362
	ACCOUNT 1050008943	1,261					
286	CLEAN HARBORS INC 184496107		16,059.17	76.10	21,764.60	5,705.43	0.000
	ACCOUNT 1050008943	286					
915	COMCAST CORP CL A 20030N101		31,719.22	52.40	47,946.00	16,226.78	1.756
	ACCOUNT 1050008943	915					
453	CONAGRA FOODS INC 205887102		15,698.67	36.26	16,425.78	727.11	3.034
	ACCOUNT 1050008943	453					

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294	DANAHER CORP 235851102		40,545.95	222.14	65,309.16	24,763.21	0.324
	ACCOUNT 1050008952	294					
194	DAVITA INC 23918K108		16,652.96	117.40	22,775.60	6,122.64	0.000
	ACCOUNT 1050008943	194					
118	DECKERS OUTDOOR CORP 243537107		16,711.73	286.78	33,840.04	17,128.31	0.000
	ACCOUNT 1050008943	118					
820	DIGITAL TURBINE, INC. 25400W102		36,036.87	56.56	46,379.20	10,342.33	0.000
	ACCOUNT 1050008952	820					
1,372	DISCOVERY COMMUNICATIONS INC NEW SER A 25470F104		40,208.67	30.09	41,283.48	1,074.81	0.000
	ACCOUNT 1050008943	1,372					
267	DOLBY LABORATORIES INC CL A 25659T107		16,546.54	97.13	25,933.71	9,387.17	0.906
	ACCOUNT 1050008943	267					
415	EOG RESOURCES INC 26875P101		19,313.39	49.87	20,696.05	1,382.66	3.008
	ACCOUNT 1050008943	415					
215	ELECTRONIC ARTS 285512109		24,395.99	143.60	30,874.00	6,478.01	0.474
	ACCOUNT 1050008943	215					
400	ENTERGY CORP NEW 29364G103		33,422.52	99.84	39,936.00	6,513.48	3.806
	ACCOUNT 1050008943	400					
187	ETSY INC 29786A106		27,181.53	177.91	33,269.17	6,087.64	0.000
	ACCOUNT 1050008952	187					
187	EURONET SVCS INC 298736109		15,967.59	144.92	27,100.04	11,132.45	0.000
	ACCOUNT 1050008943	187					
1,114	EXELIXIS INC 30161Q104		22,295.89	20.07	22,357.98	62.09	0.000
	ACCOUNT 1050008943	1,114					

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119	FACEBOOK INC 30303M102 ACCOUNT 1050008952	119	19,921.42	273.16	32,506.04	12,584.62	0.000
181	F5 NETWORKS INC 315616102 ACCOUNT 1050008943	181	24,445.98	175.94	31,845.14	7,399.16	0.000
472	FORTINET INC 34959E109 ACCOUNT 1050008952	472	38,951.40	148.53	70,106.16	31,154.76	0.000
372	GENERAC HLDGS INC 368736104 ACCOUNT 1050008952	372	40,243.01	227.41	84,596.52	44,353.51	0.000
319	GENERAL MILLS INC 370334104 ACCOUNT 1050008943	319	17,974.61	58.80	18,757.20	782.59	3.469
146	GOLDMAN SACHS GROUP INC 38141G104 ACCOUNT 1050008943	146	30,506.93	263.71	38,501.66	7,994.73	1.896
50	GRAINGER W W INC 384802104 ACCOUNT 1050008943	50	16,101.47	408.34	20,417.00	4,315.53	1.499
334	HERSHEY CO COMMON STOCK 427866108 ACCOUNT 1050008943 ACCOUNT 1050008952	129 205	37,675.03	152.33	50,878.22	13,203.19	2.111
352	HOLOGIC INC 436440101 ACCOUNT 1050008952	352	24,314.12	72.83	25,636.16	1,322.04	0.000
193	HOME DEPOT INC 437076102 ACCOUNT 1050008952	193	16,907.67	265.62	51,264.66	34,356.99	2.259
82	HUBBELL INC 443510607 ACCOUNT 1050008943	82	11,585.12	156.79	12,856.78	1,271.66	2.500
673	HUNTSMAN CORP 447011107 ACCOUNT 1050008943	673	12,372.70	25.14	16,919.22	4,546.52	2.586

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155	IDEX CORP 45167R104 ACCOUNT 1050008952	22,556.39	199.20	30,876.00	8,319.61	1.004
108	ILLUMINA INC 452327109 ACCOUNT 1050008952	34,568.03	370.00	39,960.00	5,391.97	0.000
188	INPHI CORP 45772F107 ACCOUNT 1050008952	21,397.75	160.47	30,168.36	8,770.61	0.000
1,018	INTEL CORP 458140100 ACCOUNT 1050008943	50,848.20	49.82	50,716.76	131.44-	2.650
405	JABIL CIRCUIT INC 466313103 ACCOUNT 1050008943	13,352.85	42.53	17,224.65	3,871.80	0.752
669	JOHNSON & JOHNSON 478160104 ACCOUNT 1050008943 ACCOUNT 1050008952	89,863.97	157.38	105,287.22	15,423.25	2.567
245	KLA-TENCOR CORP 482480100 ACCOUNT 1050008952	42,258.20	258.91	63,432.95	21,174.75	1.390
130	KANSAS CITY SOUTHERN 485170302 ACCOUNT 1050008943	18,184.47	204.13	26,536.90	8,352.43	0.862
2,158	KEYCORP 493267108 ACCOUNT 1050008943	35,224.04	16.41	35,412.78	188.74	4.509
244	KEYSIGHT TECHNOLOGIES INC - W/I 49338L103 ACCOUNT 1050008952	22,398.68	132.09	32,229.96	9,831.28	0.000
74	LAM RESH CORP 512807108 ACCOUNT 1050008952	20,485.32	472.27	34,947.98	14,462.66	1.101
193	LILLY ELI & CO 532457108 ACCOUNT 1050008943	15,959.73	168.84	32,586.12	16,626.39	2.014

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UNITS	ASSET DESCRIPTION	COST	UNIT PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	YIELD AT MARKET
157	LOWES COS INC 548661107 ACCOUNT 1050008943	21,779.02	160.51	25,200.07	3,421.05	1.495
157						
657	MASCO CORP 574599106 ACCOUNT 1050008943	30,493.55	54.93	36,089.01	5,595.46	1.019
657						
163	MASTERCARD INC 57636Q104 ACCOUNT 1050008952	10,703.91	356.94	58,181.22	47,477.31	0.493
163						
260	MEDPACE HLDGS INC 58506Q109 ACCOUNT 1050008952	26,450.55	139.20	36,192.00	9,741.45	0.000
260						
446	MERCK & CO INC NEW 58933Y105 ACCOUNT 1050008943	35,057.61	81.80	36,482.80	1,425.19	3.178
446						
1,131	MICROSOFT CORP 594918104 ACCOUNT 1050008943 ACCOUNT 1050008952	82,572.79	222.42	251,557.02	168,984.23	1.007
171						
960						
1,335	MICRON TECHNOLOGY INC 595112103 ACCOUNT 1050008952	59,415.18	75.18	100,365.30	40,950.12	0.000
1,335						
345	MONSTER BEVERAGE CORP NEW 61174X109 ACCOUNT 1050008952	19,074.39	92.48	31,905.60	12,831.21	0.000
345						
987	MORGAN STANLEY 617446448 ACCOUNT 1050008943	42,298.54	68.53	67,639.11	25,340.57	2.043
987						
87	NORTHROP GRUMMAN CORP 666807102 ACCOUNT 1050008943	31,196.39	304.72	26,510.64	4,685.75-	1.903
87						
455	ORACLE CORPORATION 68389X105 ACCOUNT 1050008943	24,811.02	64.69	29,433.95	4,622.93	1.484
455						
197	OWENS CORNING NEW 690742101 ACCOUNT 1050008943	13,433.43	75.76	14,924.72	1,491.29	1.373
197						

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UNITS	ASSET DESCRIPTION		COST	UNIT PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	YIELD AT MARKET
585	PERFICIENT INC 71375U101		25,894.62	47.65	27,875.25	1,980.63	0.000
	ACCOUNT 1050008952	585					
240	POLARIS INDUSTRIES INC 731068102		17,280.74	95.28	22,867.20	5,586.46	2.603
	ACCOUNT 1050008943	240					
375	PROCTER & GAMBLE CO 742718109		46,651.21	139.14	52,177.50	5,526.29	2.273
	ACCOUNT 1050008943	375					
177	QORVO INC 74736K101		26,253.17	166.27	29,429.79	3,176.62	0.000
	ACCOUNT 1050008952	177					
448	QUANTA SVCS INC 74762E102		16,882.94	72.02	32,264.96	15,382.02	0.333
	ACCOUNT 1050008943	448					
274	QUIDEL CORP 74838J101		52,258.80	179.65	49,224.10	3,034.70-	0.000
	ACCOUNT 1050008952	274					
213	RAYMOND JAMES FINL INC 754730109		16,029.40	95.67	20,377.71	4,348.31	1.631
	ACCOUNT 1050008943	213					
2,020	REGIONS FINL CORP 7591EP100		28,100.37	16.12	32,562.40	4,462.03	3.846
	ACCOUNT 1050008943	2,020					
224	ROBERT HALF INTL INC 770323103		14,822.66	62.48	13,995.52	827.14-	2.177
	ACCOUNT 1050008943	224					
156	ROCKWELL AUTOMATION INC 773903109		29,953.08	250.81	39,126.36	9,173.28	1.706
	ACCOUNT 1050008952	156					
750	ROLLINS INC 775711104		21,750.10	39.07	29,302.50	7,552.40	0.545
	ACCOUNT 1050008952	750					
136	S&P GLOBAL INC 78409V104		26,000.67	328.73	44,707.28	18,706.61	0.815
	ACCOUNT 1050008952	136					
391	STEEL DYNAMICS INC 858119100		10,893.75	36.87	14,416.17	3,522.42	2.712

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UNITS	ASSET DESCRIPTION		COST	UNIT PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	YIELD AT MARKET
	ACCOUNT 1050008943	391					
191	TAKE-TWO INTERACTIVE SOFTWARE 874054109		33,897.15	207.79	39,687.89	5,790.74	0.000
	ACCOUNT 1050008952	191					
268	TARGET CORP 87612E106		23,538.73	176.53	47,310.04	23,771.31	1.541
	ACCOUNT 1050008943	268					
2,628	TEMPUR-PEDIC INTL INC 88023U101		45,586.83	27.00	70,956.00	25,369.17	0.000
	ACCOUNT 1050008952	2,628					
404	THOR IND INC 885160101		45,906.18	92.99	37,567.96	8,338.22-	1.764
	ACCOUNT 1050008952	404					
430	TIMKEN CO 887389104		24,722.65	77.36	33,264.80	8,542.15	1.499
	ACCOUNT 1050008943	430					
335	TRAVELERS COS INC 89417E109		41,610.00	140.37	47,023.95	5,413.95	2.422
	ACCOUNT 1050008943	335					
342	TYSON FOODS INC CLASS A 902494103		25,647.57	64.44	22,038.48	3,609.09-	2.762
	ACCOUNT 1050008943	342					
133	UNITED RENTALS INC 911363109		17,969.01	231.91	30,844.03	12,875.02	0.000
	ACCOUNT 1050008943	133					
194	UNIVERSAL HEALTH SVCS INC CL B 913903100		22,985.53	137.50	26,675.00	3,689.47	0.000
	ACCOUNT 1050008943	194					
1,001	VERIZON COMMUNICATIONS 92343V104		58,432.12	58.75	58,808.75	376.63	4.272
	ACCOUNT 1050008943	1,001					
361	VOYA FINL INC 929089100		17,844.84	58.81	21,230.41	3,385.57	1.020
	ACCOUNT 1050008943	361					
507	WAL-MART STORES INC 931142103		39,563.59	144.15	73,084.05	33,520.46	1.498
	ACCOUNT 1050008943	507					

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UNITS	ASSET DESCRIPTION		COST	UNIT PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	YIELD AT MARKET
283	WILLIAMS SONOMA INC 969904101		16,562.51	101.84	28,820.72	12,258.21	2.082
	ACCOUNT 1050008943	283					
299	WYNDHAM DESTINATIONS, INC 98310W108		12,990.00	44.86	13,413.14	423.14	2.675
	ACCOUNT 1050008943	299					
195	ZEBRA TECHNOLOGIES CORP CL A 989207105		32,038.34	384.33	74,944.35	42,906.01	0.000
	ACCOUNT 1050008943	46					
	ACCOUNT 1050008952	149					
411	ZIONS BANCORP 989701107		16,546.52	43.44	17,853.84	1,307.32	3.131
	ACCOUNT 1050008943	411					
	TOTAL COMMON STOCK		3,212,606.56		4,858,573.49	1,645,966.93	
	FOREIGN STOCK						
335	NOVANTA INC 67000B104		21,733.76	118.22	39,603.70	17,869.94	0.000
	ACCOUNT 1050008952	335					
165	EVEREST RE GROUP LTD G3223R108		37,630.25	234.09	38,624.85	994.60	2.649
	ACCOUNT 1050008943	165					
213	JAZZ PHARMACEUTICALS PLC G50871105		27,052.87	165.05	35,155.65	8,102.78	0.000
	ACCOUNT 1050008943	213					
373	MEDTRONIC PLC G5960L103		42,181.48	117.14	43,693.22	1,511.74	1.981
	ACCOUNT 1050008943	373					
685	PENTAIR PLC G7S00T104		29,302.52	53.09	36,366.65	7,064.13	1.507
	ACCOUNT 1050008952	685					
	TOTAL FOREIGN STOCK		157,900.88		193,444.07	35,543.19	
	OPEN END MF - EQUITY						
75,802.126	EUROPAC GROWTH FD AMERICAN 298706821		3,335,456.57	69.30	5,253,087.33	1,917,630.76	0.405
	ACCOUNT 1050008961	75,802.126					

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UNITS	ASSET DESCRIPTION	COST	UNIT PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	YIELD AT MARKET
128,965.605	VIRTUS KAR EMERGING MARKETS OPPORTUNITIES FUND R6 92828W353 ACCOUNT 1050008961 128,965.605	1,489,798.78	13.31	1,716,532.20	226,733.42	0.736
	TOTAL OPEN END MF - EQUITY	4,825,255.35		6,969,619.53	2,144,364.18	
	CLOSED END MF - EQUITY					
350	SELECT SECTOR SPDR CONSUMER STAPLES 81369Y308 ACCOUNT 1050008952 350	17,957.92	67.45	23,607.50	5,649.58	2.504
1,185	VANECK VECTORS RARE EARTH STRATEGIC METALS ETF 92189H805 ACCOUNT 1050008952 1,185	49,165.46	65.82	77,996.70	28,831.24	0.813
	TOTAL CLOSED END MF - EQUITY	67,123.38		101,604.20	34,480.82	
	REAL ESTATE INVESTMENT TRUSTS					
1,921	BRIXMOR PPTY GROUP INC 11120U105 ACCOUNT 1050008943 1,921	38,613.78	16.55	31,792.55	6,821.23-	5.196
247	CAMDEN PPTY TR 133131102 ACCOUNT 1050008943 247	22,562.88	99.92	24,680.24	2,117.36	3.323
463.833	GAMING & LEISURE PPTYS INC 36467J108 ACCOUNT 1050008943 463.833	22,884.37	42.40	19,666.52	3,217.85-	5.660
401	LAMAR ADVERTISING CO NEW - A 512816109 ACCOUNT 1050008943 401	26,940.10	83.22	33,371.22	6,431.12	2.403
	TOTAL REAL ESTATE INVESTMENT TRUSTS	111,001.13		109,510.53	1,490.60-	
	TOTAL EQUITY SECURITIES	8,373,887.30		12,232,751.82	3,858,864.52	
	OTHER INVESTMENTS					
	CIF - OTHER					

COMMERCIAL VEHICLE GROUP, INC
MAYFLOWER LEGACY PENSION PLAN
CONSOLIDATED

EIN #13-0794380 PLAN #002
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UNITS	ASSET DESCRIPTION	COST	UNIT PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	YIELD AT MARKET
71,794.6924	U S PROPERTY SEPERATE ACCOUNT PRINCIPAL REAL ESTATE INV CIFO01495 ACCOUNT 1050008961 71,794.6924	1,986,298.29	56.9473	4,088,513.46	2,102,215.17	0.000
SHORT TERM INVESTMENTS						
SHORT TERM INVESTMENTS						
* 156,298.36	COMERICA SHORT TERM FUND 20035Y102 ACCOUNT 1050008943 23,341.22 ACCOUNT 1050008952 91,603.86 ACCOUNT 1050008961 41,353.28	156,298.36	1.00	156,298.36	0.00	0.180
	ACCRUED INCOME	84,788.26		84,788.26	0.00	0.000
	TOTAL SHORT TERM INVESTMENTS	241,086.62		241,086.62	0.00	
	Total Assets	35,751,842.21		42,627,913.10	6,876,070.89	

* Represents a party-in-interest

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ATTACHMENT TO 2020 SCHEDULE SB (FORM 5500) – Line 24

Change in Actuarial Assumptions

Commercial Vehicle Group, Inc. Mayflower Legacy Pension Plan

EIN: 41-1990662

Plan Number: 010

The administrative expense assumption was changed from \$56,950 in 2019 to \$92,000 in 2020 to better reflect future expectations.

The expected return on assets assumption used in the calculation of the Actuarial Value of Assets was updated from 7.00% to 5.34% to better reflect future expectations.