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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2020 or fiscal plan year beginning <u>10/01/2020</u> and ending <u>09/30/2021</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>CUBIC CORPORATION PENSION PLAN</u>                                                                                                                                                                                                                                                                                               | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>02/01/1974</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>002</u>                                                       | <b>1c</b> Effective date of plan<br><u>02/01/1974</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                      | <u>002</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>02/01/1974</u>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>CUBIC CORPORATION</u><br><br><u>9333 BALBOA AVENUE</u><br><u>SAN DIEGO, CA 92123-1515</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>95-1678055</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>858-277-6780</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>335900</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>95-1678055</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>858-277-6780</u> | <b>2d</b> Business code (see instructions)<br><u>335900</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>95-1678055</u>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>858-277-6780</u>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>335900</u>                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/12/2022 | CHRISTY CARVER                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br><b>CUBIC CORPORATION</b><br><br><b>9333 BALBOA AVENUE</b><br><b>SAN DIEGO, CA 92123-1515</b>                                                                                                                                                                                                                                                          |  | <b>3b</b> Administrator's EIN<br><b>95-1678055</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number<br><b>858-277-6780</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b> 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b> 325                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b> 294                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b> 1105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b> 441                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b> 1840                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b> 144                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b> 1984                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                                                 |  | <b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>1A 1I</b>                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                       |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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**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.

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

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**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 \_\_\_\_\_

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|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021 |                                                      |
| A Name of plan<br>CUBIC CORPORATION PENSION PLAN                                           | B Three-digit plan number (PN) ▶ 002                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CUBIC CORPORATION                | D Employer Identification Number (EIN)<br>95-1678055 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

| (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     |
| 22-1211670 | 68241         | 009533                                | 1984                                                                        | 10/01/2020              | 09/30/2021 |

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 |                       |
|                                               |                                 |             |                       |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|          |                                                                                               |          |        |
|----------|-----------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |        |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 475801 |

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

|          |                                                                                                                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 0 |
|----------|-----------------------------------------------|-----------|---|

|          |                                                              |              |  |  |
|----------|--------------------------------------------------------------|--------------|--|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> |  |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> |  |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> |  |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |  |  |
|          | ▶                                                            |              |  |  |

|                           |              |   |
|---------------------------|--------------|---|
| (6) Total additions ..... | <b>7c(6)</b> | 0 |
|---------------------------|--------------|---|

|          |                                                                              |           |   |
|----------|------------------------------------------------------------------------------|-----------|---|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 0 |
|----------|------------------------------------------------------------------------------|-----------|---|

|          |                                                                                 |              |  |  |
|----------|---------------------------------------------------------------------------------|--------------|--|--|
| <b>e</b> | Deductions:                                                                     |              |  |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |  |  |
|          | (2) Administration charge made by carrier.....                                  | <b>7e(2)</b> |  |  |
|          | (3) Transferred to separate account.....                                        | <b>7e(3)</b> |  |  |
|          | (4) Other (specify below) .....                                                 | <b>7e(4)</b> |  |  |
|          | ▶                                                                               |              |  |  |

|                            |              |   |
|----------------------------|--------------|---|
| (5) Total deductions ..... | <b>7e(5)</b> | 0 |
|----------------------------|--------------|---|

|          |                                                                                                |           |   |
|----------|------------------------------------------------------------------------------------------------|-----------|---|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

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

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

|                                                                                                      |                                                                    |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>CUBIC CORPORATION PENSION PLAN</u>                                       | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>CUBIC CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-1678055</u> |

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

|               |                          |
|---------------|--------------------------|
| <b>Part I</b> | <b>Basic Information</b> |
|---------------|--------------------------|

|                                                                                                                                                                                                                |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2020</u>                                                                                                                              |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                               |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b>                  | <u>103654522</u>          |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b>                  | <u>99604607</u>           |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <u>1261</u>                | <u>61506188</u>           | <u>61506188</u>          |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>455</u>                 | <u>10157809</u>           | <u>10157809</u>          |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>325</u>                 | <u>12929017</u>           | <u>12975989</u>          |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>2041</u>                | <u>84593014</u>           | <u>84639986</u>          |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b>                   | <u>5.28</u> %             |                          |
| <b>6</b> Target normal cost.....                                                                                                                                                                               | <b>6</b>                   | <u>354000</u>             |                          |

**Statement by Enrolled Actuary**

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

|                                                              |  |                                        |
|--------------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                             |  | <u>06/30/2022</u>                      |
| Signature of actuary                                         |  | Date                                   |
| <u>MARIO BLANCHET</u>                                        |  | <u>20-04867</u>                        |
| Type or print name of actuary                                |  | Most recent enrollment number          |
| <u>WILLIS TOWERS WATSON US LLC</u>                           |  | <u>602-787-6303</u>                    |
| Firm name                                                    |  | Telephone number (including area code) |
| <u>1144 WEST WASHINGTON STREET</u><br><u>TEMPE, AZ 85281</u> |  |                                        |
| Address of the firm                                          |  |                                        |

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

**For Paperwork Reduction Act Notice, 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 6464925               | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 6464925               | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>9.93</u> % .....                                                                                 | 641967                | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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>5.43</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 7106892               | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 109.28 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 117.68 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 115.86 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>3.64 % | 2nd segment:<br>5.21 % | 3rd segment:<br>5.94 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 2                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

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

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 354000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 354000             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2020</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021 |                                                             |     |
| <b>A</b> Name of plan<br>CUBIC CORPORATION PENSION PLAN                                    | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CUBIC CORPORATION         | <b>D</b> Employer Identification Number (EIN)<br>95-1678055 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 16 17 50            | ACTUARY/CONSULTANT                                                                                | 321735                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PRUDENTIAL INSURANCE CO.

22-1211670

| (b)<br>Service Code(s)        | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 12 13 17 18 24 26 50 51 52 | CUSTODIAN                                                                                         | 76627                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | -43227                                                                                                                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

MAYER HOFFMAN MCCAN P.C.

43-1947695

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 16 17 50            | ACCOUNTING/AUDIT                                                                                  | 25025                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

US BANK

633 WEST 5TH STREET  
24TH FLOOR  
LOS ANGELES, CA 90071

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 50                  | CUSTODIAN                                                                                         | 20155                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 19 51               | INVESTMENT MANAGER                                                                                | 5889                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 43                                                                                                                                                                              | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

|                                                                                                  |                                                                    |  |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| <b>A</b> Name of plan<br><u>CUBIC CORPORATION PENSION PLAN</u>                                   | <b>B</b> Three-digit plan number (PN) <u>002</u>                   |  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>CUBIC CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-1678055</u> |  |

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

|                                                                                           |                               |                                                                                                                     |  |  |
|-------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT TERM</u>                          |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>         |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>22-1211670-044</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>475801</u>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER ACTIVE INTER CR FIXED INCOME</u> |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>         |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>85-2621954-048</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12159286</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US LG CAP PASSIVE EQ PORTFOL</u> |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>         |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>03-0566613-005</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8114791</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US SM/MD CAP EQ PORTFOLIO</u>    |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>         |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>03-0566611-003</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2220043</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER NON US CORE EQ PORTFOLIO</u>     |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>         |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>03-0566617-009</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5046538</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER EMERGING MKTS EQ PORTFOLIO</u>   |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>         |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>32-6219484-017</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3061989</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER GLOBAL LOW VOLATILITY EQ POR</u> |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>         |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>35-7004395-018</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3387578</u>  |  |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER OPP FIXED INCOME PORTFOLIO**

**b** Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>36-7630030-020</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2694385</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER ACT LNG CORP INV PORTFOLIO**

**b** Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>45-6178743-004</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>48541327</b> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **REAL ASSET NL SERIES - CLASS A**

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

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>90-0337987-374</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2879214</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <b>10/01/2020</b> and ending <b>09/30/2021</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>CUBIC CORPORATION PENSION PLAN</b>                                                                                                                                                                                                           | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>002</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CUBIC CORPORATION</b>                                                                                                                                                                                | <b>D</b> Employer Identification Number (EIN)<br><b>95-1678055</b>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b> 0           | -593130         |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1b(1)</b>          |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(3)</b> 0        | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(1)</b>          |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b> 9365933  | 17429436        |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(8)</b>          |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <b>1c(9)</b> 93731748 | 88105151        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b> 549581  | 475801          |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(13)</b> 10000   | 10000           |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(15)</b>         |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 103657262             | 105427258       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |   |   |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                          |           |           |           |
|----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f)..... | <b>1l</b> | 103657262 | 105427258 |
|----------------------------------------------------------|-----------|-----------|-----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 1          |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 1         |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 4207752    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 4215519    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -7767     |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 392782     |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 392782    |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 7761446   |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            | 539       |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 8147001   |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 5928544 |         |
| (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) |         | 5928544 |
| 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) | 139080  |         |
| (2) Contract administrator fees .....                                               | 2i(2) |         |         |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 289226  |         |
| (4) Other.....                                                                      | 2i(4) | 20155   |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |         | 448461  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 6377005 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 1769996 |
| 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: **MAYER HOFFMAN MCCANN P.C.**

(2) EIN: **43-1947695**

**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>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....                                                                                                     |                     |                    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                                                                                                                                 |                     |                    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                                                                                                                      |                     |                    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                             | X                   |                    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                              |                     | X                  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                                           |                     |                    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                                 |                     |                    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                                       | X                   |                    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                            | X                   |                    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                                                                                                                         | X                   |                    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                            | X                   |                    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                                  |                     | X                  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                   |                     | X                  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                         |                     |                    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                                                                                                                             |                     |                    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |         |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                                  |                     |                    |         |
| <b>5b</b> 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.)                                                                                                                                                                                                         |                     |                    |         |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                         | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |         |
| <b>5c</b> 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.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4347363</u> . |                     |                    |         |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

|                                                                                         |                                                                  |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>CUBIC CORPORATION PENSION PLAN</div>                            | <div>B Three-digit plan number (PN) ▶ 002</div>                  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>CUBIC CORPORATION</div> | <div>D Employer Identification Number (EIN)<br/>95-1678055</div> |

|        |               |
|--------|---------------|
| 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):<br><br>EIN(s): _____<br><br>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 | 14 |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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 _____<br>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? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> 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? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                        |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | 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:                                                                                                             |            |
| <b>a</b>  | The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....                                                                                                 | <b>14b</b> |
| <b>c</b>  | The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....                                                                                                                            | <b>14c</b> |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                                                                                           |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year.....                                                                                                                                                                                                                                         | <b>16a</b> |
| <b>b</b>  | If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....                                                                                                                                                           | <b>16b</b> |
| <b>17</b> | 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. .... <input type="checkbox"/>                                                                   |            |

**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: 36.9 % Investment-Grade Debt: 56.6 % High-Yield Debt: 2.4 % Real Estate: 0.0 % Other: 4.1 %

**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 \_\_\_\_\_



# **Cubic Corporation Pension Plan**

Financial Statements and  
Supplemental Schedules  
September 30, 2021 and 2020



# CUBIC CORPORATION PENSION PLAN

## Financial Statements and Supplemental Schedules

September 30, 2021 and 2020

### Table of Contents

|                                   |     |
|-----------------------------------|-----|
| Independent Auditors' Report..... | 1-2 |
|-----------------------------------|-----|

#### Financial Statements:

|                                                                 |      |
|-----------------------------------------------------------------|------|
| Statements of Net Assets Available for Benefits.....            | 3    |
| Statements of Changes in Net Assets Available for Benefits..... | 4    |
| Statements of Accumulated Plan Benefits.....                    | 5    |
| Statements of Changes in Accumulated Plan Benefits.....         | 6    |
| Notes to Financial Statements.....                              | 7-15 |

#### \* Supplemental Schedules:

|                                                                     |    |
|---------------------------------------------------------------------|----|
| Schedule H, line 4i – Schedule of Assets (Held at End of Year)..... | 17 |
| Schedule H, line 4j – Schedule of Reportable Transactions.....      | 18 |

\* Other schedules required by Section 2520.103-10 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



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## **Independent Auditors' Report**

To the Administrator and Participants of the  
**Cubic Corporation Pension Plan**  
San Diego, California

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the **Cubic Corporation Pension Plan** ("Plan"), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of September 30, 2021 and 2020, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

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

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

### **Auditors' Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Prudential Insurance Company of America and U.S. Bank National Association, the Custodians and Trustees 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 Custodians and Trustees holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Custodians and Trustees as of September 30, 2021 and 2020 and for the years then ended, that the information provided to the plan administrator by the Custodians and Trustees is complete and accurate.



### **Disclaimer of Opinion**

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

### **Other Matter**

The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) and Schedule H, line 4j – Schedule of Reportable Transactions as of and for the year ended September 30, 2021, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Custodians and Trustees, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Mayer Hoffman McCann P.C.*

San Diego, California  
July 11, 2022

CUBIC CORPORATION PENSION PLAN

**Statements of Net Assets Available for Benefits**

September 30, 2021 and 2020

|                                     | <u>2021</u>           | <u>2020</u>           |
|-------------------------------------|-----------------------|-----------------------|
| Assets:                             |                       |                       |
| Cash and equivalents                | \$ 10,000             | \$ 10,000             |
| Investments, at fair value:         |                       |                       |
| Mercer collective trust funds       | 88,105,151            | 93,731,748            |
| SSGA partnership/joint venture fund | 17,429,436            | 9,365,933             |
| Pooled separate accounts            | 475,801               | 549,581               |
| Total investments at fair value     | <u>106,010,388</u>    | <u>103,647,262</u>    |
| Total assets                        | 106,020,388           | 103,657,262           |
| Liabilities:                        |                       |                       |
| Payable for securities purchased    | <u>593,130</u>        | <u>-</u>              |
| Total liabilities                   | 593,130               | -                     |
| Net assets available for benefits   | <u>\$ 105,427,258</u> | <u>\$ 103,657,262</u> |

See the accompanying notes to these financial statements.

CUBIC CORPORATION PENSION PLAN

**Statements of Changes in Net Assets Available for Benefits**

For the years ended September 30, 2021 and 2020

|                                               | <u>2021</u>           | <u>2020</u>           |
|-----------------------------------------------|-----------------------|-----------------------|
| Additions to net assets attributed to:        |                       |                       |
| Investment income:                            |                       |                       |
| Interest and dividends                        | \$ 540                | \$ 2,003              |
| Net appreciation in fair value of investments | 8,146,461             | 9,814,677             |
| Total investment income                       | <u>8,147,001</u>      | <u>9,816,680</u>      |
| Employer additions                            | -                     | 2,165                 |
| Total additions                               | 8,147,001             | 9,818,845             |
| Deductions from net assets attributed to:     |                       |                       |
| Benefits paid to participants                 | 5,928,544             | 6,178,485             |
| Administrative expenses                       | 448,461               | 558,260               |
| Total deductions                              | <u>6,377,005</u>      | <u>6,736,745</u>      |
| Net increase                                  | 1,769,996             | 3,082,100             |
| Net assets available for benefits:            |                       |                       |
| Beginning of year                             | 103,657,262           | 100,575,162           |
| End of year                                   | <u>\$ 105,427,258</u> | <u>\$ 103,657,262</u> |

See the accompanying notes to these financial statements.

CUBIC CORPORATION PENSION PLAN

**Statements of Accumulated Plan Benefits**

September 30, 2021 and 2020

|                                                       | <b>2021</b>   | <b>2020</b>   |
|-------------------------------------------------------|---------------|---------------|
| Actuarial present value of accumulated plan benefits: |               |               |
| Vested benefits:                                      |               |               |
| Participants currently receiving benefits             | \$ 64,749,234 | \$ 60,638,999 |
| Other participants                                    | 26,681,722    | 28,618,993    |
|                                                       | 91,430,956    | 89,257,992    |
| Non-vested benefits                                   | 61,534        | 78,602        |
|                                                       | \$ 91,492,490 | \$ 89,336,594 |

See the accompanying notes to these financial statements.

CUBIC CORPORATION PENSION PLAN

**Statements of Changes in Accumulated Plan Benefits**

For the years ended September 30, 2021 and 2020

|                                                              | <u>2021</u>          | <u>2020</u>          |
|--------------------------------------------------------------|----------------------|----------------------|
| Actuarial present value of accumulated                       |                      |                      |
| plan benefits at beginning of year                           | \$ 89,336,594        | \$ 92,116,774        |
| Net increase (decrease) attributed to:                       |                      |                      |
| Increase for interest due to decrease in the discount period | 4,166,379            | 2,323,319            |
| Assumption changes                                           | 4,165,836            | 690,649              |
| Benefits paid                                                | <u>(6,176,319)</u>   | <u>(5,794,148)</u>   |
| Net change                                                   | <u>2,155,896</u>     | <u>(2,780,180)</u>   |
| Actuarial present value of accumulated                       |                      |                      |
| plan benefits at end of year                                 | <u>\$ 91,492,490</u> | <u>\$ 89,336,594</u> |

See the accompanying notes to these financial statements.

## CUBIC CORPORATION PENSION PLAN

### Notes to Financial Statements

September 30, 2021 and 2020

#### **(1) Plan Description**

The following description of the Cubic Corporation Pension Plan (the “Plan”) provides only general information. Participants of the Plan should refer to the Plan agreement for a more complete description of the Plan’s provisions.

##### ***(a) General***

The Plan is a non-contributory defined benefit pension plan, which provides pension benefits covering eligible non-union employees of Cubic Corporation, Cubic Defense Applications, Inc., Cubic Worldwide Technical Services – Administrative Division only and Cubic Transportation Systems, Inc., (collectively, the “Company”). The Plan was established on February 1, 1974 and has been amended from time to time thereafter. The Plan is a successor to a number of other plans. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

In November 2006, the Board of Directors of the Company approved an amendment to freeze the Plan effective January 1, 2007. As a result of the Plan freeze, all eligible employees retain any benefits accumulated to the effective date but are no longer eligible to increase their benefits. Eligible employees will continue to earn vesting credit toward the Plan vesting requirements. For employees who would be eligible to retire under the early pension, disability pension or a surviving spouse’s pension, years of service will continue to be taken into account after December 31, 2006.

##### ***(b) Pension Benefits and Vesting***

A participant who has completed five years of service is fully vested and is entitled to receive benefits upon retirement based upon the length of employment and earnings as provided by the Plan. Benefits do not vest prior to completion of five years of service. Prior to the Plan freeze, participants earned monthly pension benefits equal to one-twelfth of three-fourths of 1% of the participant’s earnings for each year of service as an employee.

The normal retirement benefit is payable in a monthly straight life annuity. Optional forms of retirement benefits may be elected in advance of retirement and include the following: single life annuities with certain guaranteed periods of up to five years, survivorship life annuities, and a level income option. The benefit payable on any optional annuity form is the actuarial equivalent of the benefit that would otherwise be payable on the normal retirement benefit. A cash benefit payment is allowed if the present value of the benefit is less than \$1,000.

**Notes to Financial Statements**

September 30, 2021 and 2020

**(1) Plan Description, Continued**

***(b) Pension Benefits and Vesting, continued***

In June 2016, the Board of Directors of the Company approved an amendment to provide for a special 2016 lump sum benefit distribution program for terminated vested participants and deferred beneficiaries in the Plan. The total amount of benefits under this program was approximately \$10,426,176.

A participating employee may retire any time after age 55, if he or she has completed five years of service, and receive a reduced early retirement benefit to commence on their early retirement date.

***(c) Death and Disability Benefits***

If an active employee dies on or after his or her normal retirement date and is vested, a death benefit is paid to the employee's beneficiary. The Plan also provides for disability benefits if the disability occurs on or after the participant has attained age 55 and has completed five years of service. The monthly disability payments equal 100% of the employee's earned benefit. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits.

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

***(a) Basis of Accounting***

The accompanying financial statements are prepared under the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

***(b) Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**Notes to Financial Statements**

September 30, 2021 and 2020

**(2) Summary of Significant Accounting Policies, Continued**

**(c) *Investment Valuation and Income Recognition***

The value of the pooled separate account is reflected at fair value based on the net asset value (“NAV”) of units held at each respective year-end, as determined by Prudential Insurance Company of America, as a practical expedient to estimate fair value. The pooled separate account is comprised of short term securities which are valued initially at cost and thereafter adjusted for amortization of any discount or premium.

The value of the SSGA partnership/joint venture fund and the Mercer Collective Trust funds are valued at NAV of units held. The NAV 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 liability. 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.

Interest income is recognized when earned. Dividend income is recorded on the ex-dividend date. Realized gains and losses on investments are recognized upon the sale of the related investments and unrealized appreciation or depreciation is recognized at period end when carrying values of the related investments are adjusted to their estimated fair value. Purchases and sales of securities are reflected on a trade-date basis.

**(d) *Net Change in Fair Value of Investments***

The Plan presents in the statements of changes in net assets available for benefits the net change in the fair value of its investments, which consists of the realized gains or losses and the net unrealized increase (decrease) on those investments.

# CUBIC CORPORATION PENSION PLAN

## Notes to Financial Statements

September 30, 2021 and 2020

### (2) Summary of Significant Accounting Policies, Continued

#### (e) Fair Value Measurements

The following table summarizes investments measured at fair value based on NAV per share as of September 30, 2021, and 2020, respectively.

| September 30, 2021                                                           | Fair Value    | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|------------------------------------------------------------------------------|---------------|----------------------|----------------------|--------------------------|
| State Street Intermediate U.S. Government Bond Index Non-Lending Series Fund | \$ 17,429,436 | n/a                  | Daily                | 1 day                    |
| Mercer US Large Cap Core Passive Equity Portfolio                            | \$ 8,114,791  | n/a                  | Daily                | 1 day                    |
| Mercer US Small/Mid Cap Equity Portfolio                                     | \$ 2,220,043  | n/a                  | Daily                | 1 day                    |
| Mercer Non-US Core Equity Portfolio                                          | \$ 5,046,538  | n/a                  | Daily                | 1 day                    |
| Mercer Emerging Markets Equity Portfolio                                     | \$ 3,061,989  | n/a                  | Daily                | 1 day                    |
| Mercer Global Low Volatility Equity Portfolio                                | \$ 3,387,578  | n/a                  | Daily                | 1 day                    |
| Mercer Opportunistic Fixed Income Portfolio                                  | \$ 2,694,385  | n/a                  | Daily                | 1 day                    |
| Mercer Active Long Corporate Fixed Income Portfolio                          | \$ 48,541,327 | n/a                  | Daily                | 1 day                    |
| State Street Real Asset Non-Lending Series Fund                              | \$ 2,879,214  | n/a                  | Daily                | 1 day                    |
| Mercer Active Inter Cr Fixed Income                                          | \$ 12,159,286 | n/a                  | Daily                | 2 days                   |
| Prudential Short Term Fund                                                   | \$ 475,801    | n/a                  | Daily                | 2 days                   |

| September 30, 2020                                                           | Fair Value    | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|------------------------------------------------------------------------------|---------------|----------------------|----------------------|--------------------------|
| Mercer Active Long Corporate Fixed Income Portfolio                          | \$ 42,875,920 | n/a                  | Daily                | 1 day                    |
| Mercer US Large Cap Core Passive Equity Portfolio                            | \$ 11,944,873 | n/a                  | Daily                | 1 day                    |
| Mercer Non-US Core Equity Portfolio                                          | \$ 9,425,419  | n/a                  | Daily                | 1 day                    |
| State Street Intermediate U.S. Government Bond Index Non-Lending Series Fund | \$ 9,365,933  | n/a                  | Daily                | 1 day                    |
| Mercer Global Low Volatility Equity Portfolio                                | \$ 6,628,337  | n/a                  | Daily                | 1 day                    |
| Mercer Emerging Markets Equity Portfolio                                     | \$ 6,214,138  | n/a                  | Daily                | 1 day                    |
| Mercer Opportunistic Fixed Income Portfolio                                  | \$ 4,585,890  | n/a                  | Daily                | 1 day                    |
| State Street Real Asset Non-Lending Series Fund                              | \$ 4,226,998  | n/a                  | Daily                | 1 day                    |
| Mercer Long Strips Fixed Income Portfolio                                    | \$ 3,989,779  | n/a                  | Daily                | 1 day                    |
| Mercer US Small/Mid Cap Equity Portfolio                                     | \$ 3,840,394  | n/a                  | Daily                | 1 day                    |
| Prudential Short Term Fund                                                   | \$ 549,581    | n/a                  | Daily                | 2 days                   |

#### (f) Risk and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change.

**Notes to Financial Statements**

September 30, 2021 and 2020

**(2) Summary of Significant Accounting Policies, Continued**

***(f) Risk and Uncertainties, continued***

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.

***(g) Concentration of Credit Risk***

All of the Plan's investments are financial instruments which potentially subject the Plan to concentrations of credit risk. Management believes that Prudential Insurance Company of America and U.S. Bank National Association (collectively the "Custodians" and "Trustees") maintain the Plan's investments with high credit quality institutions and attempt to limit the credit exposure to any particular investment.

***(h) Actuarial Present Value of Accumulated Plan Benefits***

Accumulated plan benefits are the estimated future periodic pension payments, including lump-sum distributions, under the Plan's provisions attributable to the services employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present participating employees or their beneficiaries. The accumulated plan benefits are based on the sum of their annuity accrued as of December 31, 1974 under the original plan plus three-fourths of 1% of earnings from the later of January 1, 1975 or the date of participation to the date of termination.

Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided by annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

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

The significant actuarial assumptions used in the determination of accumulated plan benefits as of October 1, 2020 and 2019 were as follows:

## September 30, 2021 and 2020

#### (h) Actuarial Present Value of Accumulated Plan Benefits, continued

- **Mortality basis:** October 1, 2020: Pre-2012 Combined Healthy Collar adjusted forward with scale MP-2019 and adjusted to reflect a long-term improvement rate of 1.00% through age 85, grading to 0% at age 95  
  
October 1, 2019: RP-2014 Combined Healthy Collar adjusted backward to 2006 with MP-2014, and then projected forward with Scale MP-2018 from 2006 forward and adjusted to reflect a long-term improvement rate of 1.00% through age 85, grading to 0% at age 95
- **Interest assumptions:** 4.30% per annum compounded annually
- **Employee turnover:** Annual rate of employee termination from all causes within one year – a sliding scale decreasing from 7.00% at age 25 to 4.50% at age 50
- **Retirement:** A sliding scale increasing from 5% at age 55 to 100% at age 70+
- **Compensation increase:** Not applicable since the Plan is frozen
- **Administrative expenses:** \$354,000 is the average expense, excluding investment management fees, for the prior three plan years plus the estimated PBGC premium for the October 1, 2020 plan year.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**(i) *Payment of Benefits***

Prior to May 1, 1995, when an employee became eligible for Plan benefits, an annuity contract was purchased from Prudential Insurance Company of America (“Prudential”). Annuity contracts related to participants currently receiving benefits, which were purchased prior to May 1, 1995, and the related liabilities are excluded from the statements of net assets available for benefits. All current and future liabilities were satisfied when annuities were purchased from Prudential.

# CUBIC CORPORATION PENSION PLAN

## Notes to Financial Statements

September 30, 2021 and 2020

### (2) Summary of Significant Accounting Policies, Continued

#### (i) *Payment of Benefits, continued*

Since May 1, 1995, annuities have not been purchased when an employee has become eligible for Plan benefits. Plan benefit payments are now made on a monthly basis directly from the Plan assets and the Plan is liable for future payments to such retirees. The Plan remains liable for all future Plan benefit payments.

#### (j) *Administrative Expenses*

The Company provides certain administrative and accounting services to the Plan at no cost. Certain administrative expenses are paid directly by the Company and include legal fees and certain consulting fees. Other expenses which are paid to the Custodians, the Pension Benefit Guaranty Corporation ("PBGC"), the Trustees, the Plan's actuary, and the Plan's auditors are charged to the Plan. Investment management fees are deducted out of the Plan and are reflected as an administrative expense in the accompanying statements of changes in net assets available for benefits.

### (3) Information Certified by the Custodians and Trustees (Unaudited)

The Plan's investments are held and managed by the Plan's Custodians, including executing transactions.

The Plan Administrator has received certification of the financial information and data from the Custodians and the Trustees in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The data certified by the Custodians and the Trustees includes the following financial information reflected in the accompanying financial statements as of and for the year ended September 30:

|                                | <u>2021</u>           | <u>2020</u>           |
|--------------------------------|-----------------------|-----------------------|
| Investments, at NAV:           |                       |                       |
| Collective trust funds         | \$ 88,105,151         | \$ 93,731,748         |
| Partnership/joint venture fund | 17,429,436            | 9,365,933             |
| Pooled separate accounts       | 475,801               | 549,581               |
| Total investments              | <u>\$ 106,010,388</u> | <u>\$ 103,647,262</u> |
|                                |                       |                       |
|                                | <u>2021</u>           | <u>2020</u>           |
| Investment income:             |                       |                       |
| Interest and dividends         | \$ 540                | \$ 2,003              |
| Net change in investments      | 8,146,461             | 9,814,677             |
| Total investment income        | <u>\$ 8,147,001</u>   | <u>\$ 9,816,680</u>   |

**Notes to Financial Statements**

September 30, 2021 and 2020

**(4) Funding and Investment Policies**

The Company's funding policy is to contribute not less than the minimum required contribution under ERISA, and not more than the maximum deductible for tax purposes under Internal Revenue Service ("IRS") regulations. The Plan has met the ERISA minimum funding requirements for 2020 and 2019. Investment decisions are made with the goal of preserving the actuarial soundness of the Plan in order to meet benefit obligations. The asset allocation of the Plan is examined quarterly and allocation adjustments are considered and implemented as may be appropriate given the Plan's long-term nature and objectives.

**(5) Tax Status**

The Plan received a favorable determination letter from the Internal Revenue Service dated June 13, 2017, which states that the Plan qualifies under the applicable provisions of the Internal Revenue Code ("IRC") and that it is therefore exempt from federal income taxes. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company believes it is no longer subject to income tax examinations for years prior to 2018.

**(6) Plan Termination and Amendment**

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. To provide benefits to the extent guaranteed by the PBGC (a U.S. government agency) for participants and beneficiaries who have been receiving pension payments at least three years prior to the date of termination.
2. To provide benefits to the extent guaranteed by the PBGC for participants and beneficiaries who would have been receiving pension payments for at least three years as of the date of termination if they had elected to retire.
3. To provide benefits to the extent guaranteed by the PBGC for participants and beneficiaries not included above who have benefits guaranteed under this Plan by the PBGC.
4. To provide benefits to the extent vested and not provided for above for all participants and beneficiaries who have met the vesting requirements.
5. To provide all other accrued benefits under the Plan that have not been provided for above.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and

**Notes to Financial Statements**

September 30, 2021 and 2020

**(6) Plan Termination and Amendment, Continued**

certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2021 that ceiling is \$6,034.09 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later).

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 Company and the level of benefits guaranteed by the PBGC.

**(7) Party-In-Interest**

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. The Plan's investments in pooled separate accounts are held and managed by The Prudential Insurance Company of America. The Plan's investments in the common collective trust accounts are held and managed by The Prudential Trust Company. The Prudential Insurance Company of America is a Custodian and The Prudential Trust Company is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan's investments in the partnerships/joint venture fund and collective trust funds are managed by Mercer and held and reported by U.S Bank National Association, who is also a Custodian and a Trustee as defined by the Plan and, therefore, these transactions also qualify as party-in-interest transactions. Two members of the Plan's Benefits Committee ("Committee") are currently participants in the Plan and the Benefits Committee serves as the Trustee and Plan Administrator of the Plan; therefore, these transactions also qualify as party-in-interest transactions.

**(8) Form 5500**

There were no differences between the accompanying financial statements as of September 30, 2021 and 2020 and the financial information reported on the Form 5500.

**(9) Subsequent Events**

The Company has evaluated subsequent events through July 11, 2022, which is the date the financial statements were issued.

## **SUPPLEMENTAL SCHEDULES**

## CUBIC CORPORATION PENSION PLAN

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

September 30, 2021

EIN #95-1678055

Plan #002

| (a) | (b)<br>Identity of issue, borrower,<br>lessor, or similar party                    |                                                                                       | (d)<br>Cost          | (e)<br>Current<br>value |
|-----|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------|-------------------------|
| *   | State Street Intermediate U.S.<br>Government Bond Index<br>Non-Lending Series Fund | Partnership/joint venture<br>Govt/Credit Bd Indx NI 96MSC70P0 Asset Minor<br>Code 7   | \$ 16,861,604        | \$ 17,429,436           |
| *   | Mercer US Large Cap Core Passive<br>Equity Portfolio                               | Collective investment fund<br>Cap Passive Eq Ct 9SPMTJFG2 Asset Minor Code<br>17      | 4,579,321            | 8,114,791               |
| *   | Mercer US Small/Mid Cap Equity<br>Portfolio                                        | Collective investment fund<br>Sm/Md Cap Eq Port 9SPMTJFH0 Asset Minor Code<br>17      | 1,269,522            | 2,220,043               |
| *   | Mercer Non-US Core Equity Portfolio                                                | Collective investment fund<br>Core Eq Ct 9SPMTJFJ6 Asset Minor Code 17                | 3,364,785            | 5,046,538               |
| *   | Mercer Emerging Markets Equity<br>Portfolio                                        | Collective investment fund<br>Emerging Mkts Eq Ct 9SPMTJFK3 Asset Minor<br>Code 17    | 2,235,734            | 3,061,989               |
| *   | Mercer Global Low Volatility Equity<br>Portfolio                                   | Collective investment fund<br>Low Volatility Eq 9SPMTJFL1 Asset Minor Code 17         | 2,315,993            | 3,387,578               |
| *   | Mercer Opportunistic Fixed Income<br>Portfolio                                     | Collective investment fund<br>Fixed Income Ct 9SPMTJFM9 Asset Minor Code 17           | 2,338,652            | 2,694,385               |
| *   | Mercer Active Long Corporate Fixed<br>Income Portfolio                             | Collective investment fund<br>Lng Corp Inv Port 9SPMTJFN7 Asset Minor Code<br>17      | 40,301,660           | 48,541,327              |
| *   | State Street Real Asset Non-Lending<br>Series Fund                                 | Collective investment fund<br>Asset Non Lending Cl A 9SPMTJFQ0 Asset Minor<br>Code 17 | 2,165,104            | 2,879,214               |
| *   | Mercer Active Inter Cr Fixed Income                                                | Pooled Separate Account<br>Inter Cr Fixed Income 9SPMTK0L4 Asset Minor<br>Code 17     | 11,990,575           | 12,159,286              |
| *   | U.S. Bank National Association                                                     | Money Market<br>US Bank Money Market (Mmda) It&c                                      | 10,000               | 10,000                  |
|     |                                                                                    |                                                                                       | <u>\$ 87,432,950</u> | <u>\$ 105,544,587</u>   |

\* Party-in-interest

## CUBIC CORPORATION PENSION PLAN

## Schedule H, line 4j – Schedule of Reportable Transactions

For the year ended September 30, 2021

EIN #95-1678055

Plan #002

| (a)<br>Identity of party involved                                                 | (b)<br>Description of asset                                                     | (c)<br>Purchase Price | (d)<br>Selling price | (g)<br>Cost of asset | (i)<br>Net gain<br>or (loss) |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------|----------------------|----------------------|------------------------------|
| Category (iii) - Series of transactions in excess of 5% of beginning plan assets: |                                                                                 |                       |                      |                      |                              |
| * The Prudential Insurance Company of America                                     | Money Market Short Term                                                         | \$ 3,687,278          | \$ 3,687,278         | \$ 3,687,278         | \$ -                         |
| * U.S. Bank National Association                                                  | Common/Collective Trust<br>Mercer US Large Cap Core Passive Equity Portfolio    | -                     | 6,427,945            | 4,181,077            | 2,246,870                    |
| * U.S. Bank National Association                                                  | Common/Collective Trust<br>Mercer Non-US Core Equity Portfolio                  | -                     | 6,020,787            | 4,456,300            | 1,564,485                    |
| * U.S. Bank National Association                                                  | Common/Collective Trust<br>Mercer Active Long Corporate Fixed Income Portfolio  | 20,518,993            | 14,721,683           | 12,695,922           | 2,025,762                    |
| * U.S. Bank National Association                                                  | Common/Collective Trust<br>Mercer Active Inter Cr Fixed Income Portfolio        | 11,990,575            | -                    | -                    | -                            |
| * U.S. Bank National Association                                                  | Common/Collective Trust<br>State Street Intermediate U.S. Government Bond Index | 8,793,780             | 520,472              | 505,175              | 15,298                       |
|                                                                                   |                                                                                 | <u>\$ 44,990,626</u>  | <u>\$ 31,378,165</u> | <u>\$ 25,525,752</u> | <u>\$ 5,852,415</u>          |

\* Party-in-interest

There were no category (i), (ii), or (iv) transactions during the plan year

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 - Schedule of Active Participant Data as of October 1, 2020

Number distributed by attained age and attained years of credited service

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | Total |
|--------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|
|              | Under 1                                         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |
| Under 25     | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 25-29        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 30-34        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 35-39        | 0                                               | 0   | 0   | 0     | 11    | 0     | 0     | 0     | 0     | 0         | 11    |
| 40-44        | 0                                               | 0   | 0   | 0     | 18    | 6     | 0     | 0     | 0     | 0         | 24    |
| 45-49        | 0                                               | 0   | 0   | 0     | 17    | 14    | 5     | 0     | 0     | 0         | 36    |
| 50-54        | 0                                               | 0   | 0   | 1     | 23    | 9     | 11    | 1     | 2     | 0         | 47    |
| 55-59        | 0                                               | 0   | 0   | 0     | 23    | 20    | 19    | 11    | 10    | 1         | 84    |
| 60-64        | 0                                               | 0   | 0   | 1     | 10    | 16    | 17    | 13    | 24    | 10        | 91    |
| 65-69        | 0                                               | 0   | 0   | 0     | 0     | 5     | 3     | 3     | 5     | 6         | 22    |
| 70 & over    | 0                                               | 0   | 0   | 0     | 0     | 2     | 3     | 0     | 1     | 4         | 10    |
| Total        | 0                                               | 0   | 0   | 2     | 102   | 72    | 58    | 28    | 42    | 21        | 325   |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Cubic Corporation Pension Plan  
 EIN / PN: 95-1678055 / 002  
 Plan Sponsor: Cubic Corporation  
 Valuation Date: October 1, 2020

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis

- Applicable month August
- Interest rate basis Segment rate from the second month preceding valuation date

#### Interest rates

|                           | Reflecting HATFA<br>Stabilization | Not reflecting HATFA<br>Stabilization |
|---------------------------|-----------------------------------|---------------------------------------|
| ■ First segment rate      | 3.64%                             | 2.33%                                 |
| ■ Second segment rate     | 5.21%                             | 3.46%                                 |
| ■ Third segment rate      | 5.94%                             | 3.98%                                 |
| ■ Effective interest rate | 5.28%                             | 3.56%                                 |

#### Annual rates of increase

- Compensation<sup>1</sup> N/A
- Statutory limits on compensation N/A

**Administrative expenses <sup>2</sup>** \$354,000

<sup>1</sup> A plan freeze was adopted effective January 1, 2007.

<sup>2</sup> Average of the administrative expenses, excluding the investment management fees and the PBGC premiums, for the prior three plan years, plus the PBGC premium for the plan year beginning October 1, 2020.

Plan Name: Cubic Corporation Pension Plan  
EIN / PN: 95-1678055 / 002  
Plan Sponsor: Cubic Corporation  
Valuation Date: October 1, 2020

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

### Mortality

- **Healthy:** Separate rates for non-annuitants (based on RP-2006 “Employees” table without collar or amount adjustments, projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2006 “Healthy Annuitants” table without collar or amount adjustments, projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018)
- **Disabled:** Same as the healthy mortality tables shown above.

**Termination** The rates at which participants are assumed to terminate employment by age are shown below:

Representative Termination Rates:

| Percentage leaving during the year |              |
|------------------------------------|--------------|
| <u>Age</u>                         | <u>Rates</u> |
| 25-29                              | 7.00%        |
| 30-39                              | 6.00%        |
| 40-49                              | 5.00%        |
| 50+                                | 4.50%        |

Plan Name: Cubic Corporation Pension Plan  
EIN / PN: 95-1678055 / 002  
Plan Sponsor: Cubic Corporation  
Valuation Date: October 1, 2020

## SCHEDULE SB ATTACHMENTS

### Disability

1987 Standard Disability Table

The rates at which participants become disabled by age and gender are shown below:

| Percentage becoming disabled during the year |       |         |
|----------------------------------------------|-------|---------|
| Age                                          | Males | Females |
| 55-59                                        | 0.96% | 0.85%   |
| 60-64                                        | 1.47% | 1.09%   |
| 65-69                                        | 1.86% | 1.27%   |
| 70+                                          | 2.06% | 1.37%   |

### Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

| Percentage retiring during the year |       |
|-------------------------------------|-------|
| Age                                 | Rates |
| 55-57                               | 5%    |
| 58-60                               | 7.5%  |
| 61-63                               | 10%   |
| 64-65                               | 20%   |
| 66-69                               | 30%   |
| 70+                                 | 100%  |

### Assumed retirement age for employee with vested deferred benefits

Age 59 or age on valuation date, if greater.

### Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit Age 59 or age on valuation date, if greater.
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

### Form of payment

Life annuity if single, and 75% Joint & Survivor annuity if married

Plan Name: Cubic Corporation Pension Plan  
EIN / PN: 95-1678055 / 002  
Plan Sponsor: Cubic Corporation  
Valuation Date: October 1, 2020

## SCHEDULE SB ATTACHMENTS

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|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Percent married</b>                                          | 85% of males; 85% of females. These assumptions are used to value pre-retirement surviving spouse benefits and in determining the 75% Joint & Survivor annuity option expected to be elected at commencement.                                                                                                                                                                                                                                                                                 |
| <b>Spouse age</b>                                               | Wife three years younger than husband                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Covered pay</b>                                              | Covered pay is not applicable because the plan was frozen effective January 1, 2007.                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Plan-related expenses included in the target normal cost</b> | The plan-related expenses included in the target normal cost are the average of the actual administrative expenses, excluding investment management fees, for the prior three plan years, plus the PBGC premium for the current plan year, rounded to the nearest \$1,000. The assumed plan-related expenses included in the 2020 and 2019 target normal costs are \$354,000, and \$336,000, respectively.                                                                                    |
| <b>At-risk assumptions</b>                                      | For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan. |
| <b>Timing of benefit payments</b>                               | Annuity payments are payable monthly at the beginning of the month.                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Funding Policy</b>                                           | Cubic's funding policy is to contribute an amount equal to the minimum required contribution. Cubic considers each year whether to contribute an additional amount (e.g., to reach certain funded status, thresholds to avoid benefit restrictions, at risk status, ERISA 4010 filings or other requirements).                                                                                                                                                                                |

|                 |                                |
|-----------------|--------------------------------|
| Plan Name:      | Cubic Corporation Pension Plan |
| EIN / PN:       | 95-1678055 / 002               |
| Plan Sponsor:   | Cubic Corporation              |
| Valuation Date: | October 1, 2020                |

# SCHEDULE SB ATTACHMENTS

## Methods

|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>                                                             | First day of plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Funding target</b>                                                             | Present value of accrued benefits as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Target normal cost</b>                                                         | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Decrement timing</b>                                                           | The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements, the age is generally the participant's rounded age at the middle of the year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Actuarial value of assets [for determining minimum required contributions]</b> | <p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p> |

Plan Name: Cubic Corporation Pension Plan  
EIN / PN: 95-1678055 / 002  
Plan Sponsor: Cubic Corporation  
Valuation Date: October 1, 2020

# SCHEDULE SB ATTACHMENTS

## Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits with a present value up to \$1,000 in a single lump sum payment. Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

## Sources of Data and Other Information

The plan sponsor furnished participant data as of 10/01/2020. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with Cubic Corporation, the following assumptions were made for missing or apparently inconsistent data elements:

- Retirees provided as deceased with dates of death prior to 10/1/2019 are assumed to no longer be in payment.
- Unreported beneficiaries from the prior valuation are assumed to no longer be in payment.
- For deceased retirees with joint and survivor forms but without beneficiary reported, their spouses are assumed to have pre-deceased them and have no further benefits owed.
- Records provided under the status "Expiration of Benefits" are assumed to have no further benefits owed.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale – Significant Economic Assumptions

### Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

### Administrative expenses

The plan-related expenses are the average of the actual administrative expenses, excluding the investment management fee and the PBGC premiums, for the preceding 3 years, plus the PBGC premium for the current plan year, rounded to the nearest \$1,000.

Plan Name: Cubic Corporation Pension Plan  
EIN / PN: 95-1678055 / 002  
Plan Sponsor: Cubic Corporation  
Valuation Date: October 1, 2020

## SCHEDULE SB ATTACHMENTS

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**Rate of increase in assumed return for asset smoothing**

The assumed return of 4.90% is the expected return on assets assumption chosen by the client for the 2020 plan year under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

### Assumptions Rationale - Significant Demographic Assumptions

**Mortality**

Assumptions used for funding purposes are as prescribed by IRC §430(h).

**Termination**

Termination rates were based on an experience study conducted in 2015, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

**Disability**

Disability rates are from a table assumed to be reasonable for the plan's population based on an experience study conducted in 2015, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

**Retirement**

Retirement rates were based on an experience study conducted in 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

### Source of Prescribed Methods

**Funding methods**

The methods used for funding purposes as described herein, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Plan Name: Cubic Corporation Pension Plan  
EIN / PN: 95-1678055 / 002  
Plan Sponsor: Cubic Corporation  
Valuation Date: October 1, 2020

# SCHEDULE SB ATTACHMENTS

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## Changes in Assumptions and Methods

- Change in assumptions since prior valuation**
- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
  - The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430.
  - The assumed plan-related expenses added to the target normal cost were changed from \$336,000 for the prior valuation to \$354,000 for the current valuation.

**Change in method since prior valuation**    None

Plan Name:           Cubic Corporation Pension Plan  
EIN / PN:            95-1678055 / 002  
Plan Sponsor:       Cubic Corporation  
Valuation Date:     October 1, 2020

## CUBIC CORPORATION PENSION PLAN

## Schedule H, line 4j – Schedule of Reportable Transactions

For the year ended September 30, 2021

EIN #95-1678055

Plan #002

| (a)<br>Identity of party involved                                                 | (b)<br>Description of asset                                                        | (c)<br>Purchase Price | (d)<br>Selling price | (g)<br>Cost of asset | (i)<br>Net gain<br>or (loss) |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------|----------------------|----------------------|------------------------------|
| Category (iii) - Series of transactions in excess of 5% of beginning plan assets: |                                                                                    |                       |                      |                      |                              |
| * The Prudential Insurance Company of America                                     | Money Market<br>Short Term                                                         | \$ 3,687,278          | \$ 3,687,278         | \$ 3,687,278         | \$ -                         |
| * U.S. Bank National Association                                                  | Common/Collective Trust<br>Mercer US Large Cap Core Passive<br>Equity Portfolio    | -                     | 6,427,945            | 4,181,077            | 2,246,870                    |
| * U.S. Bank National Association                                                  | Common/Collective Trust<br>Mercer Non-US Core Equity<br>Portfolio                  | -                     | 6,020,787            | 4,456,300            | 1,564,485                    |
| * U.S. Bank National Association                                                  | Common/Collective Trust<br>Mercer Active Long Corporate<br>Fixed Income Portfolio  | 20,518,993            | 14,721,683           | 12,695,922           | 2,025,762                    |
| * U.S. Bank National Association                                                  | Common/Collective Trust<br>Mercer Active Inter Cr Fixed<br>Income Portfolio        | 11,990,575            | -                    | -                    | -                            |
| * U.S. Bank National Association                                                  | Common/Collective Trust<br>State Street Intermediate U.S.<br>Government Bond Index | 8,793,780             | 520,472              | 505,175              | 15,298                       |
|                                                                                   |                                                                                    | <u>\$ 44,990,626</u>  | <u>\$ 31,378,165</u> | <u>\$ 25,525,752</u> | <u>\$ 5,852,415</u>          |

\* Party-in-interest

There were no category (i), (ii), or (iv) transactions during the plan year

|                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                |                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

▶ Round off amounts to nearest dollar.

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

|                                                                                                                                           |                                                                                                                                                         |     |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>Cubic Corporation Pension Plan                                                                                   | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                 | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Cubic Corporation                                             | <b>D</b> Employer Identification Number (EIN)<br>95-1678055                                                                                             |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |     |

|                                                                                                                                                                                                          |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                          |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2020</u>                                                                                                                        |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                         |                            |                           |                          |
| a Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 103,654,522               |                          |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 99,604,607                |                          |
| <b>3</b> 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 .....                                                                                                                                     | 1,261                      | 61,506,188                | 61,506,188               |
| b For terminated vested participants .....                                                                                                                                                               | 455                        | 10,157,809                | 10,157,809               |
| c For active participants .....                                                                                                                                                                          | 325                        | 12,929,017                | 12,975,989               |
| d Total .....                                                                                                                                                                                            | 2,041                      | 84,593,014                | 84,639,986               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                         |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>                   | 5.28%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                        | <b>6</b>                   | 354,000                   |                          |

**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.

|                                                                                                                                                                     |                                            |                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                    | Mario Blanchet<br><br>Signature of actuary | <div style="text-align: right;"> <br/>         Date <u>June 30, 2022</u><br/>         2004867       </div> <div style="text-align: right;">         Most recent enrollment number<br/>         602-787-6303       </div> <div style="text-align: right;">         Telephone number (including area code)       </div> |
| Mario Blanchet<br>Type or print name of actuary<br>Willis Towers Watson US LLC<br>Firm name<br>1144 West Washington Street<br>Tempe AZ 85281<br>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 ☐

## SCHEDULE SB ATTACHMENTS

**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of October 1, 2020**

| Age                     | Retirement<br>Rate | 1.00 -<br>Retirement<br>Rate | Probability of<br>Remaining<br>Active | Percentage<br>Retiring<br>at Age | Age Times<br>Percentage<br>Retiring |
|-------------------------|--------------------|------------------------------|---------------------------------------|----------------------------------|-------------------------------------|
| 55                      | 5.00%              | 95.00%                       | 95.00%                                | 5.00%                            | 2.75                                |
| 56                      | 5.00%              | 95.00%                       | 90.25%                                | 4.75%                            | 2.66                                |
| 57                      | 5.00%              | 95.00%                       | 85.74%                                | 4.51%                            | 2.57                                |
| 58                      | 7.50%              | 92.50%                       | 79.31%                                | 6.43%                            | 3.73                                |
| 59                      | 7.50%              | 92.50%                       | 73.36%                                | 5.95%                            | 3.51                                |
| 60                      | 7.50%              | 92.50%                       | 67.86%                                | 5.50%                            | 3.30                                |
| 61                      | 10.00%             | 90.00%                       | 61.07%                                | 6.79%                            | 4.14                                |
| 62                      | 10.00%             | 90.00%                       | 54.96%                                | 6.11%                            | 3.79                                |
| 63                      | 10.00%             | 90.00%                       | 49.47%                                | 5.50%                            | 3.46                                |
| 64                      | 20.00%             | 80.00%                       | 39.57%                                | 9.89%                            | 6.33                                |
| 65                      | 20.00%             | 80.00%                       | 31.66%                                | 7.91%                            | 5.14                                |
| 66                      | 30.00%             | 70.00%                       | 22.16%                                | 9.50%                            | 6.27                                |
| 67                      | 30.00%             | 70.00%                       | 15.51%                                | 6.65%                            | 4.45                                |
| 68                      | 30.00%             | 70.00%                       | 10.86%                                | 4.65%                            | 3.16                                |
| 69                      | 30.00%             | 70.00%                       | 7.60%                                 | 3.26%                            | 2.25                                |
| 70                      | 100.00%            | 0.00%                        | 0.00%                                 | 7.60%                            | 5.32                                |
|                         |                    |                              |                                       | 100.00%                          |                                     |
| Average Retirement Age: |                    |                              |                                       |                                  | 63                                  |

Plan Name: Cubic Corporation Pension Plan  
 EIN / PN: 95-1678055 / 002  
 Plan Sponsor: Cubic Corporation  
 Valuation Date: October 1, 2020

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on August 16, 2016 and effective on June 1, 2016.

**Covered Employees** Employees of the Company, except for employees of CWTS who are not employed at Division A, non-resident aliens with no U.S. earned income, employees under a collective bargaining agreement, unless the collective bargaining agreement provides for plan coverage, leased employees, or employees of a group, division, or other classification designated by the board as ineligible to participate in the plan.

**Participation Date** First of month coinciding with or following the later of the completion of one year of service or the date the employee reaches age 21. Effective December 31, 2006, the plan was closed to new entrants.

A plan freeze was adopted effective January 1, 2007. No additional active employees will become participants in the plan.

### Definitions

**Plan Year** October 1 to September 30

**Year of service** A 12-month period beginning on an employee's employment date or an anniversary thereof during which he has completed at least 1,000 hours of service, except if he incurred a permanent break in service.

**Earnings** Basic compensation prior to December 31, 2006 while a participant including overtime and bonuses for the plan year.

**Normal retirement data (NRD)** First of month coinciding with or next following the attainment of age 65.

Plan Name: Cubic Corporation Pension Plan  
EIN / PN: 95-1678055 / 002  
Plan Sponsor: Cubic Corporation  
Valuation Date: October 1, 2020

## SCHEDULE SB ATTACHMENTS

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**Monthly pension benefit**

One-twelfth of the sum of (1) and (2) below payable as a life annuity from NRD:

- 1) Annuity accrued as of December 31, 1974 under the original plan;
- 2) 3/4% of earnings from the later of January 1, 1975 or date of participation to the earlier of December 31, 2006 or date of termination.

**Monthly preretirement spouse benefit**

50% of the monthly pension benefit which would have been paid to the participant:

1. from the first of the month following his death if eligible for early retirement at death, assuming he had retired and commenced payments on the first of the month in which he died under the 50% joint and survivor option with his spouse as the survivor
2. from the earliest retirement age if not eligible for early retirement at death, assuming he had terminated on the day he died, survived to the earliest retirement age, retired and commenced payments under the 50% joint and survivor option with his spouse as the survivor, and died the day after retirement.

### Eligibility for Benefits

**Normal retirement**

Retirement on NRD

**Early retirement**

Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service

**Postponed retirement**

Retirement after NRD

**Vested termination**

Termination for reasons other than death or retirement after completing five years of vesting service

**Disability**

Retirement before NRD and on or after both attaining age 55 and completing five years of service.

**Preretirement death benefit**

Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Plan Name: Cubic Corporation Pension Plan  
EIN / PN: 95-1678055 / 002  
Plan Sponsor: Cubic Corporation  
Valuation Date: October 1, 2020

# SCHEDULE SB ATTACHMENTS

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## Benefits Paid Upon the Following Events

|                                                 |                                                                                                                                                                                                                             |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                               |
| <b>Early retirement</b>                         | Monthly pension benefit determined as of early retirement date, unreduced if the sum of age and service is at least 85. Otherwise the monthly pension benefit will be reduced by factors equal to age plus service over 85. |
| <b>Postponed retirement</b>                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                            |
| <b>Disability</b>                               | Monthly pension benefit determined as of the disablement, payable immediately without reduction for early commencement.                                                                                                     |
| <b>Termination with deferred vested benefit</b> | Monthly pension benefit determined as of termination date, reduced for commencement of payments preceding the participant's NRD in accordance with the provisions for early retirement.                                     |
| <b>Death with preretirement spouse benefits</b> | Monthly preretirement spouse benefit is payable.                                                                                                                                                                            |

Plan Name: Cubic Corporation Pension Plan  
EIN / PN: 95-1678055 / 002  
Plan Sponsor: Cubic Corporation  
Valuation Date: October 1, 2020

# SCHEDULE SB ATTACHMENTS

## Other Plan Provisions

### Forms of payment

Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are actuarially reduced and paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms consist of a 75% joint and survivor annuity, a 100% joint and survivor annuity for benefit accrued as of 09/30/1987, a ten-year certain and life annuity, a level income option; and for married participants, a life annuity.

All annuity options are converted from the normal form of benefit using the 1983 Unisex Group Annuity Mortality Table and an 8.00% interest rate.

In addition, the following lump sum options are offered:

- (1) Small pensions: Benefits with a lump sum value of \$1,000 or less, or a monthly Normal Retirement benefit of \$125 or less are payable as a lump sum. The lump sum is determined using the applicable mortality table under Section 417(e)(3) and the applicable interest rate under Section 417(e)(3) for the fifth calendar month preceding the first day of the plan year.
- (2) ATS Grandfathered benefits: For former participants in the Automatic Toll Systems, Inc. Pension Plan, a lump sum benefit is offered for benefits accrued as of 09/30/1988.

The lump sum value is the greater of (a), or (b) below:

- a. lump sum determined using an interest rate of 7.00% and mortality rates as issued under the UP-84 Mortality Table,
  - b. lump sum determined using the applicable mortality table under Section 417(e)(3) and the applicable interest rate under Section 417(e)(3) for the fifth calendar month preceding the first day of the plan year.
- (3) Aikido Grandfathered benefits: For former participants in the Aikido computer Systems, Ltd. Pension Plan, a lump sum benefit is offered for benefits accrued as of 09/30/1991. The lump sum value is the greater of (a), or (b) below:
    - a. lump sum determined using an interest rate of 6.00% and mortality rates as issued under the UP-84 Mortality Table,

Plan Name: Cubic Corporation Pension Plan  
EIN / PN: 95-1678055 / 002  
Plan Sponsor: Cubic Corporation  
Valuation Date: October 1, 2020

## SCHEDULE SB ATTACHMENTS

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- b. lump sum determined using the applicable mortality table under Section 417(e)(3) and the applicable interest rate under Section 417(e)(3) for the fifth calendar month preceding the first day of the plan year.

### **Maximum on benefits and pay**

All benefits and pay for any plan year may not exceed the maximum limitations effective at the beginning of the plan year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases the dollar limits are assumed for determining pension cost but not for determining contributions.

### **Future Plan Changes**

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

### **Changes in Benefits Valued Since Prior Year**

There have been no changes in benefits valued since the prior year.

Plan Name: Cubic Corporation Pension Plan  
EIN / PN: 95-1678055 / 002  
Plan Sponsor: Cubic Corporation  
Valuation Date: October 1, 2020

## CUBIC CORPORATION PENSION PLAN

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

September 30, 2021

EIN #95-1678055

Plan #002

| (a) | (b)<br>Identity of issue, borrower,<br>lessor, or similar party                    |                                                                                       | (d)<br>Cost          | (e)<br>Current<br>value |
|-----|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------|-------------------------|
| *   | State Street Intermediate U.S.<br>Government Bond Index<br>Non-Lending Series Fund | Partnership/joint venture<br>Govt/Credit Bd Indx NI 96MSC70P0 Asset Minor<br>Code 7   | \$ 16,861,604        | \$ 17,429,436           |
| *   | Mercer US Large Cap Core Passive<br>Equity Portfolio                               | Collective investment fund<br>Cap Passive Eq Ct 9SPMTJFG2 Asset Minor Code<br>17      | 4,579,321            | 8,114,791               |
| *   | Mercer US Small/Mid Cap Equity<br>Portfolio                                        | Collective investment fund<br>Sm/Md Cap Eq Port 9SPMTJFH0 Asset Minor Code<br>17      | 1,269,522            | 2,220,043               |
| *   | Mercer Non-US Core Equity Portfolio                                                | Collective investment fund<br>Core Eq Ct 9SPMTJFJ6 Asset Minor Code 17                | 3,364,785            | 5,046,538               |
| *   | Mercer Emerging Markets Equity<br>Portfolio                                        | Collective investment fund<br>Emerging Mkts Eq Ct 9SPMTJFK3 Asset Minor<br>Code 17    | 2,235,734            | 3,061,989               |
| *   | Mercer Global Low Volatility Equity<br>Portfolio                                   | Collective investment fund<br>Low Volatility Eq 9SPMTJFL1 Asset Minor Code 17         | 2,315,993            | 3,387,578               |
| *   | Mercer Opportunistic Fixed Income<br>Portfolio                                     | Collective investment fund<br>Fixed Income Ct 9SPMTJFM9 Asset Minor Code 17           | 2,338,652            | 2,694,385               |
| *   | Mercer Active Long Corporate Fixed<br>Income Portfolio                             | Collective investment fund<br>Lng Corp Inv Port 9SPMTJFN7 Asset Minor Code<br>17      | 40,301,660           | 48,541,327              |
| *   | State Street Real Asset Non-Lending<br>Series Fund                                 | Collective investment fund<br>Asset Non Lending Cl A 9SPMTJFQ0 Asset Minor<br>Code 17 | 2,165,104            | 2,879,214               |
| *   | Mercer Active Inter Cr Fixed Income                                                | Pooled Separate Account<br>Inter Cr Fixed Income 9SPMTK0L4 Asset Minor<br>Code 17     | 11,990,575           | 12,159,286              |
| *   | U.S. Bank National Association                                                     | Money Market<br>US Bank Money Market (Mmda) It&c                                      | 10,000               | 10,000                  |
|     |                                                                                    |                                                                                       | <u>\$ 87,432,950</u> | <u>\$ 105,544,587</u>   |

\* Party-in-interest

# **SCHEDULE SB ATTACHMENTS**

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

The assumed plan-related expenses added to the target normal cost were changed from \$336,000 for the prior valuation to \$354,000 for the current valuation.

Plan Name: Cubic Corporation Pension Plan  
EIN / PN: 95-1678055 / 002  
Plan Sponsor: Cubic Corporation  
Valuation Date: October 1, 2020