

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558 ☒ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1957</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-4297750</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>330-796-2121</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>326200</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1957</u>		2b Employer Identification Number (EIN) <u>34-4297750</u>		2c Plan Sponsor's telephone number <u>330-796-2121</u>		2d Business code (see instructions) <u>326200</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>										
1c Effective date of plan <u>01/01/1957</u>											
2b Employer Identification Number (EIN) <u>34-4297750</u>											
2c Plan Sponsor's telephone number <u>330-796-2121</u>											
2d Business code (see instructions) <u>326200</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>COOPER TIRE & RUBBER COMPANY</u> <u>200 INNOVATION WAY</u> <u>AKRON, OH 44316-0001</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2022	EVAN SCOCOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	3639
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	1086
a(2) Total number of active participants at the end of the plan year		6a(2)	986
b Retired or separated participants receiving benefits.....		6b	1351
c Other retired or separated participants entitled to future benefits		6c	823
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3160
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	333
f Total. Add lines 6d and 6e		6f	3493
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 COOPER TIRE & RUBBER COMPANY	D Employer Identification Number (EIN) 34-4297750

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	610685	3493	01/01/2021	12/31/2021

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	

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	4478917

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		
	▶			

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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.

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

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>546689307</u>
b Actuarial value	2b <u>497480478</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>1696</u> (2) Vested Funding Target <u>267342484</u> (3) Total Funding Target <u>267342484</u>
b For terminated vested participants.....	<u>884</u> <u>32962997</u> <u>32962997</u>
c For active participants	<u>1103</u> <u>85183419</u> <u>85197593</u>
d Total.....	<u>3683</u> <u>385488900</u> <u>385503074</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.45</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>600000</u>
c Total (line 6a + line 6b)	6c <u>600000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>06/22/2022</u>
	Signature of actuary	Date
<u>MICHAEL E. CLARK</u>	Type or print name of actuary	<u>20-06659</u>
<u>PRINCIPAL FINANCIAL GROUP</u>	Firm name	Most recent enrollment number
<u>PO BOX 9394</u> <u>DES MOINES, IA 50306-9394</u>	Address of the firm	<u>412-394-9383</u>
		Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	12673150
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	12673150
10 Interest on line 9 using prior year's actual return of <u>13.47</u> %	0	1707073
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	14380223

Part III Funding Percentages

14 Funding target attainment percentage	14	125.31 %
15 Adjusted funding target attainment percentage	15	129.04 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	118.05 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) **31a** 600000**b** Excess assets, if applicable, but not greater than line 31a **31b** 600000**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0

Carryover balance Prefunding balance Total balance

35 Balances elected for use to offset funding requirement 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

AON INVESTMENTS USA, INC

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	508826	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	NONE	485523	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PARAMETRIC PORTFOLIO ASSOCIATES LLC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	258783	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	80724	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIQUID ASSETS SEP ACCT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4478917</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CF EB ISSG REAL ASSET STRATEGY FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-321</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2016</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CF AON ENHANCED LIAB DRIVEN INVEST</u>		
b Name of sponsor of entity listed in (a): <u>AON INVESTMENTS USA INC.</u>		
c EIN-PN <u>37-6543784-048</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70149600</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI COLTV GOVT STIF REGISTERD</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6830544</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COOPER TIRE & RUBBER COMPANY</u>	D Employer Identification Number (EIN) <u>34-4297750</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	23818090	22095942
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1831574	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	510709727	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	0	76982160
(10) Value of interest in pooled separate accounts	1c(10)	10329916	4478917
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	402933996
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	546689307 506491015
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	546689307 506491015

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	19041
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	19041
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		152348
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-4857
(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)		-631678
c Other income.....	2c		-1725716
d Total income. Add all income amounts in column (b) and enter total.....	2d		-2190862
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	36360620	
(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)		36360620
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)	80724	
(2) Contract administrator fees.....	2i(2)	485523	
(3) Investment advisory and management fees.....	2i(3)	767609	
(4) Other.....	2i(4)	312954	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1646810
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		38007430
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-40198292
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: GILMORE JASION MAHLER, LTD

(2) EIN: 34-1827159

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 448824.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	88

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

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: 11.0 % Investment-Grade Debt: 87.0 % High-Yield Debt: _____ % Real Estate: _____ % Other: 2.0 %

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 _____

Cooper Tire & Rubber Company
Spectrum Retirement Plan

Financial Statements and Supplemental Schedules
With Independent Auditor's Report

December 31, 2021 and 2020

Cooper Tire & Rubber Company
Spectrum Retirement Plan

Financial Statements

December 31, 2021 and 2020

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Independent Auditor's Report

Investment Committee and Plan Participants
Cooper Tire & Rubber Company
Spectrum Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of Cooper Tire & Rubber Company Spectrum Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental Schedule H, line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2021 and supplemental Schedule H, line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2021, are presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 13, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Gilmore Jasion Mahler, LTD

Maumee, Ohio
September 16, 2022

Cooper Tire & Rubber Company
Spectrum Retirement Plan

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	December 31,	
	2021	2020
Cash and cash equivalents	\$ 22,095,942	\$ 23,818,090
Investments, at fair value	484,395,073	522,871,217
	506,491,015	546,689,307
Net assets available for benefits	<u>\$ 506,491,015</u>	<u>\$ 546,689,307</u>

See accompanying notes.

Cooper Tire & Rubber Company
Spectrum Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2021

Additions:

Interest and dividends	\$ 17,020
Total additions	<u>17,020</u>

Deductions:

Benefit and withdrawal payments	36,360,620
Plan administrative expenses	<u>1,646,810</u>
Total deductions	<u>38,007,430</u>

Net depreciation in fair value of investments	<u>(2,207,882)</u>
---	--------------------

Net decrease	(40,198,292)
--------------	--------------

Net assets available for benefits at beginning of year	<u>546,689,307</u>
Net assets available for benefits at end of year	<u><u>\$ 506,491,015</u></u>

See accompanying notes.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements
December 31, 2021 and 2020

Note 1. Description of Plan

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

General

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

The Plan is a defined benefit pension plan covering substantially all salaried and non-union hourly employees of Cooper Tire & Rubber Company (the “Company” or “Plan Sponsor”) with a hire date prior to July 1, 2009. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective June 7, 2021, the Plan Sponsor was acquired by The Goodyear Tire & Rubber Company. As of the date the financial statements were available to be issued, Cooper Tire & Rubber Company remains the Plan Sponsor.

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

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

Funding Policy/Contributions

The Plan is funded entirely through contributions made by the Company. The Company contributes such amounts as are deemed necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to the Plan’s participants. During the 2021 Plan years, no Company contributions were required as determined by the minimum funding requirements specified in ERISA.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2021 and 2020

Note 1. Description of Plan (continued)

Eligibility

All employees, except those covered by any collective bargaining agreement, and employees at the Cedar Rapids Warehouse location, were eligible for participation in the Plan. Effective July 1, 2009, the Plan was frozen to all new participants.

Vesting

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

Pension Benefits

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

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

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

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

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

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2021 and 2020

Note 1. Description of Plan (continued)

Termination of the Plan

The Company has the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of partial or total termination of the Plan, participants' benefits become non-forfeitable. (See Note 8).

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

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

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

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

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Cash and cash equivalents

The Plan considers all highly liquid investments with an initial maturity of three months or less when purchased to be cash equivalents. At December 31, 2021 and 2020, cash and cash equivalents consisted of investment cash and short-term investments.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2021 and 2020

Note 2. Summary of Significant Accounting Policies (continued)

Investments

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

Derivatives

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

Administrative Expenses

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

Use of Estimates

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

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2021 and 2020

Note 3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The following is a description of the three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification Topic 820, Fair Value Measurement.

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

Level 2. Inputs to the valuation methodology include:

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

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

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

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

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2021 and 2020

Note 3. Fair Value Measurements (continued)

Following is a description of the valuation methodologies used for assets measured at fair value. As of December 31, 2021, the Plan changed its analysis for some of the funds held by the Plan from collective trust funds to mutual funds. There have been no other changes in the methodologies used at December 31, 2021 and 2020.

Collective Trust Funds and Mutual Funds:	The fair value of the investments in these categories have been estimated using the net asset value per share. The net asset value (“NAV”) of these accounts is based on the market value of its underlying investments. The NAV is not a publicly quoted price in an active market.
Pooled Separate Accounts:	Valued using the NAV per unit provided by the administrator of the fund. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is not a publicly quoted price in an active market.
Futures Contracts:	Futures contracts that are exchange listed and actively traded are classified as Level 1 investments.
Cash and Cash Equivalents:	Cash on deposit and investments in money market mutual funds that invest mainly in short-term instruments and cash, both of which are valued using a market approach.

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

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2021 and 2020

Note 3. Fair Value Measurements (continued)

The following table sets forth, by level, within the fair value hierarchy, the Plan's assets that are measured at fair value at December 31, 2021:

<u>Description</u>	<u>Total</u>	<u>Level (1)</u>	<u>Level (2)</u>	<u>Level (3)</u>	<u>Offset</u>
Cash and cash equivalents	\$ 22,095,942	\$ 22,095,942	\$ -	\$ -	\$ -
Futures Contracts	-	15,980,281	-	-	(15,980,281)
Total investments in the fair value hierarchy	22,095,942	<u>\$ 38,076,223</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$(15,980,281)</u>
Investments measured at net asset value (a)	<u>484,395,073</u>				
Total investment assets at fair value	<u>\$506,491,015</u>				

The following table sets forth, by level, within the fair value hierarchy, the Plan's assets that are measured at fair value at December 31, 2020:

<u>Description</u>	<u>Total</u>	<u>Level (1)</u>	<u>Level (2)</u>	<u>Level (3)</u>	<u>Offset</u>
Cash and cash equivalents	\$ 23,818,090	\$ 23,818,090	\$ -	\$ -	\$ -
Futures Contracts	-	79,368,547	-	-	(79,368,547)
Total investments in the fair value hierarchy	23,818,090	<u>\$103,186,637</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$(79,368,547)</u>
Investments measured at net asset value (a)	<u>522,871,217</u>				
Total investment assets at fair value	<u>\$546,689,307</u>				

- (a) In accordance with Subtopic 820-10, the collective trust funds, mutual funds and pooled separate accounts that were measured at the NAV per share (or its equivalent) are not classified in the fair value hierarchy. As a result, these investments are not required to be classified in the fair value hierarchy.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2021 and 2020

Note 3. Fair Value Measurements (continued)

For investments in certain entities that calculate the NAV per share as the investment's fair value measurement, the following table provides an overview, by major classification, of the nature and risks associated with such investments as well as whether it is probable those investments could be sold at amounts different from their reported net asset value per share based on redemption restrictions, if any. Investments in pooled separate accounts which are not required to be disclosed in the following table have a fair value of \$4,478,917 and \$10,329,916 at December 31, 2021 and 2020, respectively.

Investment Category	2021 Fair Value	2020 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Period Notice
Mutual Funds:					
Equity ^(a)	\$ -	\$ 60,041,328	\$ -	Daily	1 Day
Fixed income ^(b)	402,933,996	450,666,294	-	Daily	1 Day
Collective Trust Funds:					
Equity ^(a)	2,016	2,105	-	Daily	1 Day
Fixed income ^(b)	70,149,600	-	-	Daily	1 Day
Short term securities ^(c)	6,830,544	1,831,574	-	Daily	1 Day

- a) Collective trust funds and mutual funds classified as Equity primarily invest in U.S. and non-U.S. securities in both small and large capitalization markets.
- b) Collective trust funds and mutual funds classified as Fixed income primarily invest in debt securities, U.S. treasury securities, and fixed income securities.
- c) Collective trust funds classified as Short term securities primarily invest in obligations of the U.S. government and related money market instruments.

Presented in the following tables are the fair value of derivatives within the Plan as of December 31, 2021 and 2020.

	2021	
	Asset	Liability
Fair value of derivatives:		
Futures contracts	\$ 15,980,281	\$ 15,980,281
	2020	
	Asset	Liability
Fair value of derivatives:		
Futures contracts	\$ 79,368,547	\$ 79,368,547

Total realized loss on derivatives was \$4,033,706 for the year ended December 31, 2021 and is included in net depreciation in fair value of investments on the statement of changes in net assets available for benefits.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2021 and 2020

Note 4. Investments

Certain investment information disclosed in the accompanying financial statements and supplemental schedules, including certain investments held at December 31, 2021 and 2020, net depreciation in fair value of investments and investment fees and expenses for the year ended December 31, 2021, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Trustee and Custodian. Such information has not been examined by independent auditors.

Note 5. Income Tax Status

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

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

Note 6. Related Party Transactions

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

Note 7. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired employees or their beneficiaries, (b) terminated employees with vested benefits, (c) beneficiaries of employees who have died, and (d) present employees or their beneficiaries.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2021 and 2020

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

Benefits for active employees under the Plan are based on the employees' compensation during the highest five years of the last ten years of continuous credited service prior to the valuation date, reduced in certain cases as described under Note 1. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Actuaries from WTW (December 31, 2021) and Principal Financial Group (December 31, 2020) 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 valuation of accumulated plan benefits as of December 31, 2021 and 2020 were:

- a) Life Expectancy – Scale MP-2020 modified to use a long-term rate of 0.75% (December 31, 2021) and Pri-2012 Dataset base rate mortality table using the Principal Mortality Improvement Scale (December 31, 2020).
- b) Retirement Age – Schedule of rates dependent on age in 2021 and 2020.
- c) Turnover – Based on 2003 Society of Actuaries Small Plan Age table multiplied by 60%
- d) Discount Rate - Obligations of the Plan are assumed to be settled at a rate of 2.75% (December 31, 2021) and 3.75% (December 31, 2020).

These actuarial assumptions are based on the presumption that the Plan will continue. Under Plan termination, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits (see Note 8).

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2021 and 2020

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

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

	December 31,	
	2021	2020
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving benefits	\$ 316,678,916	\$ 303,029,885
Current employees	95,096,070	94,647,395
Former employees	<u>48,891,578</u>	<u>43,750,601</u>
Total vested benefits	<u>460,666,564</u>	441,427,881
Non-vested benefits	-	14,784
Total actuarial present value of accumulated plan benefits	<u><u>\$ 460,666,564</u></u>	<u><u>\$ 441,442,665</u></u>

A reconciliation of the changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2021 is summarized as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2021	\$ 441,442,665
Increase (decrease) during year due to:	
Benefits paid	(36,360,620)
Change in discount period	15,872,338
Change in assumptions	38,914,846
Actuarial losses	<u>797,335</u>
Actuarial present value of accumulated plan benefits as of December 31, 2021	<u><u>\$ 460,666,564</u></u>

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2021 and 2020

Note 8. Subsequent Events

The Plan has evaluated subsequent events through September 16, 2022, the date the financial statements were available to be issued and has determined there are no subsequent events that require recognition or disclosure, except as described below.

In the first quarter of 2022, the Plan Sponsor communicated the termination of the Plan to applicable participants. The termination of the Plan is expected to be completed in the first half of 2023, and any surplus will be used to fund future eligible employer contributions into a defined contribution plan which includes active participants of the Plan.

SUPPLEMENTAL SCHEDULES

Cooper Tire & Rubber Company
Spectrum Retirement Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Employer Identification No. 34-4297750 Plan No: 003
December 31, 2021

(a)/(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par and Maturity Value	(d) Cost	(e) Current Value
Collective trust funds:			
Invested in Equities			
EB Investments	CF EB ISSG REAL ASSET STRATEGY FUND	\$ 1,793	\$ 2,016
Invested in Fixed Income			
Aon Hewitt	CF AON ENHANCED LIABILITY DRIVEN INVESTING FUND - CL I	37,400,000	37,549,600
Aon Hewitt	CF AON ENHANCED LIABILITY DRIVEN INVESTING FUND - CL I APL	32,600,000	32,600,000
Invested in Short Term Securities			
Northern Trust	NTGI COLTV GOVT STIF REGISTERED	6,830,544	6,830,544
Mutual Funds:			
Invested in Fixed Income			
Aon Hewitt	MFO AON COLLECTIVE INVT TR US INTERMEDIATE GOVERNMENT BOND INDEX	65,168,749	64,110,477
Aon Hewitt	MFO AON COLLECTIVE INVT TR US LONG GOVERNMENT BOND INDEX FD	14,069,108	13,126,251
Aon Group Trust	MFO AGT US INT ACTIVE CREDIT	158,509,028	159,044,148
Aon Group Trust	MFO AGT US LONG FIXED ACTIVE CREDIT	161,195,907	166,653,120
Pooled separate accounts:			
* Principal	Liquid Assets Sep Account-Z	4,479,610	4,478,917
Cash:		22,095,942	<u>22,095,942</u>
		Total	<u><u>\$ 506,491,015</u></u>

* Party-in interest

Cooper Tire & Rubber Company
Spectrum Retirement Plan

SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS

Employer Identification No. 34-4297750 Plan No: 003

December 31, 2021

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category i) An individual transaction in excess of 5% of Plan assets:								
Aon Hewitt	CF AON ENHANCED LIABILITY DRIVEN INVESTING FUND	\$37,400,000				\$37,400,000	\$ 37,400,000	
Aon Hewitt	CF AON ENHANCED LIABILITY DRIVEN INVESTING FUND	32,600,000				32,600,000	32,600,000	
Aon Group Trust	MFO AGT US INT ACTIVE CREDIT	45,000,000				45,000,000	45,000,000	
Aon Group Trust	MFO AGT US INT ACTIVE CREDIT	38,000,000				38,000,000	38,000,000	
Aon Group Trust	MFO AGT US LONG FIXED ACTIVE CREDIT		\$35,000,000			34,179,688	35,000,000	\$ 820,313
Aon Group Trust	MFO AGT US LONG FIXED ACTIVE CREDIT		30,500,000			29,554,264	30,500,000	945,736
Aon Hewitt	MFO AON COLLECTIVE INVT TR US INTERMEDIATE GOVERNMENT BOND INDEX		43,000,000			43,709,801	43,000,000	(709,801)
Category iii) A series of transactions in excess of 5% of Plan assets:								
Principal	POOLED SEPARATE ACCOUNTS							
	64 Purchases	\$31,125,202				\$31,125,202	\$ 31,125,202	
	164 Sales		\$36,971,345			36,975,393	36,971,345	\$ (4,048)
Aon Group Trust	MFO AGT US INT ACTIVE CREDIT							
	4 Purchases	108,000,000				108,000,000	108,000,000	
	1 Sales		5,000,000			4,901,961	5,000,000	98,039
Aon Group Trust	MFO AGT US LONG FIXED ACTIVE CREDIT							
	1 Purchases	5,000,000				5,000,000	5,000,000	
	3 Sales		90,500,000			88,340,250	90,500,000	2,159,750
Aon Hewitt	MFO AON COLLECTIVE INVT TR LARGE CAP EQUITY INDEX FD							
	4 Sales		34,612,651			26,745,338	34,612,651	7,867,313
Aon Hewitt	MFO AON COLLECTIVE INVT TR NON US EQUITY INDEX							
	4 Sales		32,029,297			25,692,140	32,029,297	6,337,157
Aon Hewitt	MFO AON COLLECTIVE INVT TR US INTERMEDIATE GOVERNMENT BOND INDEX							
	1 Purchases	25,000,000				25,000,000	25,000,000	
	4 Sales		83,000,000			84,337,884	83,000,000	(1,337,884)
Northern Trust	NTGI COLTV GOVT STIF REGISTERED							
	8 Purchases	37,142,147				37,142,147	37,142,147	
	15 Sales		32,143,178			32,143,178	32,143,178	-

There were no reportable transactions under categories (ii) or (iv) during the year ended December 31, 2021.

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

Form 5500 - Schedule of Active Participation Data											Valuation Date 01/01/2021									
YEARS OF CREDITED SERVICE																				
Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	Average Acc. No.	Average Ben. Ben.	Average Acc. No.	Average Ben. Ben.	Average Acc. No.	Average Ben. Ben.	Average Acc. No.	Average Ben. Ben.	Average Acc. No.	Average Ben. Ben.	Average Acc. No.	Average Ben. Ben.	Average Acc. No.	Average Ben. Ben.	Average Acc. No.	Average Ben. Ben.	Average Acc. No.	Average Ben. Ben.	Average Acc. No.	Average Ben. Ben.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		0		0		0		0		0		0		0		0	
30 to 34	0		5		0		0		0		0		0		0		0		0	
35 to 39	1		28	1,422	14		0		0		0		0		0		0		0	
40 to 44	0		43	1,349	40	3,588	21	5,544	0		0		0		0		0		0	
45 to 49	0		38	1,600	45	3,011	73	6,061	17		1		0		0		0		0	
50 to 54	0		42	1,265	57	3,367	64	6,102	94	9,102	30	11,126	0		0		0		0	
55 to 59	1		21	1,269	42	2,674	46	5,377	77	8,819	95	12,698	13		0		0		0	
60 to 64	0		12		10		24	5,319	37	8,745	63	15,617	16		10		0		0	
65 to 69	0		1		2		2		2		9		2		2		0		0	
70 & up	0		0		2		0		0		0		0		0		1		0	

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

Assumptions prescribed by law

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

Assumptions selected by actuary

Inflation	2.25% increase per year. See Long-Term Capital Market Assumptions link.
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Asset return	4.00% for the current plan year. The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.
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Expected expense	The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets, with an updated estimate of PBGC premiums. This is the best estimate available of upcoming year's expenses.
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Retirement	Active participants			
	Age	Probability of retirement	Age	Probability of retirement
	55-57	6%	62	30%
	58	7%	63-64	15%
	59	8%	65	50%
	60	11%	66	25%
	61	15%	67	100%

Inactive participants are assumed to retire at age 62.

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

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

Withdrawal	2003 Society of Actuaries Small Plan Age Table, multiplied by 0.60. We rely on a publicly published table due to the limited size of the plan. The SOA Small Plan Age Table is the most recent withdrawal experience table published by the Society of Actuaries. A multiplier of 0.60 is applied to this table to reflect the results of the most recent experience analysis and anticipated future experience.
Form of benefit and basis	100% of exiting participants, who are not grandfathered, will elect a benefit paid in a lump sum. Active participants who have grandfathered status who retire prior to normal retirement are assumed to elect benefits in the form of a life annuity for Cooper Tire members and Life Annuity with period certain of 5 years for Standard Products members. Participants who are already terminated on the valuation date are assumed to receive their benefit in the form of a life annuity for Cooper Tire members and Life Annuity with period certain of 5 years for Standard Products members starting at the assumed retirement age. 50% of the grandfathered active participants and who retire at age 65 are assumed to elect a lump sum. The lump sum benefit is based on the applicable mortality projected to decrement and the plan's funding target using non-stabilized interest rates, as prescribed.
Cash balance interest crediting rate	4.50% compounded annually.
Methods prescribed by law	
Lump sum payments	Lump sum payments are valued using the plan's funding target interest rates as required, per IRS guidance. These rates are currently higher than the actual rates used to determine lump sum distributions. Therefore, plan liabilities do not currently recognize this additional cost and this may result in the plan not accumulating adequate assets. You may wish to consider additional contributions.
HCE benefit payment restrictions	A ratio of the plan assets and accrued liability is used to determine if restrictions apply. Assets and accrued liability are as of the valuation date and are reduced by: - any retiree benefit index or floor - amounts for HCEs who were previously restricted - an amount for the retiring HCE The estimated HCE ratio illustrated in this report is based on the market value of plan assets (excluding late deposits) and funding target as of the valuation date. The funding target uses the non-stabilized interest rates as defined in IRC §430(h)(2)(C)(iv). Other assumptions or methods could be used.

Methods selected by plan sponsor

Asset method

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

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

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

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

Segment rates

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

PBGC premium basis

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

Segment 1	Segment 2	Segment 3
years 0-5	years 5-20	years 20+
0.51%	2.26%	3.01%

Methods elected by actuary

Retirees

Assets and liabilities for current and future retirees are included.

Vested benefits

A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.

The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.

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

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

Mortality

Based on Pri-2012 Total dataset base rate mortality table projected generationally using the Principal Mortality Improvement Scale (Principal 2016-7).

Base rates

Before benefit payment period

Employee amount-weighted, male and female

During benefit payment period

Retiree amount-weighted, male and female

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

Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We have used "Approach 2".

Mortality improvement (MI)

Principal 2016-7 MI scale: this scale is based on MP-2020 study and model issued by SOA with the exception of the following user-selected assumptions:

- 7-year convergence period on age and cohort
- Long-term rates (LTR) assumptions using sex-distinct and age-based rates developed from Social Security Trustees Reports.

See [Mortality Documentation](#) for rationale and additional information.

Interest rate used to value liabilities

3.75%

The interest rate used to value ASC 960 liabilities is developed as long-term expected geometric return on plan assets. Arithmetic expected return is calculated as the weighted average of broad asset classes' arithmetic returns of the plan's target asset allocation, and then converted to the geometric under lognormal distribution assumption. For details, see Long-Term Capital Market Assumptions link.

Treatment of administrative expenses

No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses.

Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer.

Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.

Basis for lump sums

Interest rate

Based on the three segment yield curve: 3.05%/3.45%/4.35%

The plan document defines the lump sum interest rate based on IRC §417(e) rates which closely tie to the high quality corporate bond yields. According to our most recent study, the long-term expected yields for short/intermediate/long corporate bonds are 3.05%/3.45%/4.35%. For details, see Corporate AA yield in Figure 4 of Long-Term Capital Market Assumptions link.

Mortality

IRS Prescribed lump sum mortality through 2022. Future years are projected to decrement date with SOA mortality improvement scale MP-2019.

This assumption reflects current law as provided by the IRS.

COOPER TIRE & RUBBER COMPANY
SPECTRUM RETIREMENT PLAN

SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2021
Employer Identification No. 34-4297750 Plan No: 003

The required Schedule of Reportable Transactions is included in the Accountant Opinion attachment.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2021**This Form is Open to Public
Inspection**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ 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.

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2021			
2 Assets:			
a Market value	2a	546689307	
b Actuarial value	2b	497480478	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1696	267342484	267342484
b For terminated vested participants	884	32962997	32962997
c For active participants	1103	85183419	85197593
d Total	3683	385488900	385503074
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.45 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	600000	
c Total (line 6a + line 6b)	6c	600000	

Statement by Enrolled Actuary

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

SIGN HERE		
	Signature of actuary	Date
Michael E. Clark	Type or print name of actuary	2006659
		Most recent enrollment number
Principal Financial Group	Firm name	412-394-9383
PO Box 9394 Des Moines, IA 50306-9394		Telephone number (including area code)
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) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	12673150
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	12673150
10 Interest on line 9 using prior year's actual return of <u>13.47</u> %	0	1707073
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	14380223

Part III Funding Percentages

14 Funding target attainment percentage	14	125.31 %
15 Adjusted funding target attainment percentage	15	129.04 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	118.05 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c).....**31a**

600000

b Excess assets, if applicable, but not greater than line 31a**31b**

600000

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

36 Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected☐ 2 plus 7 years☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made☐ 2008☐ 2009☐ 2010☐ 2011

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

Active participants are expected to retire at the plan's assumed retirement age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	515.0119	0.0594	30.6026	1,683.1452
56	549.3051	0.0592	32.5439	1,822.4570
57	571.0210	0.0597	34.0885	1,943.0470
58	587.7203	0.0699	41.0704	2,382.0845
59	596.8939	0.0796	47.5138	2,803.3166
60	593.9907	0.1093	64.9053	3,894.3197
61	572.1563	0.1487	85.0903	5,190.5091
62	521.7673	0.3000	156.5302	9,704.8726
63	384.0430	0.1500	57.6065	3,629.2064
64	343.4702	0.1500	51.5205	3,297.3134
65	304.1449	0.5000	152.0724	9,884.7091
66	155.4515	0.2500	38.8629	2,564.9500
67	115.0390	1.0000	115.0390	7,707.6115
68	2.0000	1.0000	2.0000	136.0000
69	2.0000	1.0000	2.0000	138.0000
70	1.0000	1.0000	1.0000	70.0000
71	1.0000	1.0000	1.0000	71.0000
72	1.0000	1.0000	1.0000	72.0000
Total			914.4464	56,994.5420
Average				62.33

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

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

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report is based on the collective bargaining agreement as in effect on 01/01/2021.

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

All benefit accruals ceased as of June 30, 2009.

Cash Balance Benefits

Plan eligibility

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

Normal retirement benefit

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

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

Early retirement benefit

Eligibility (a) Attainment of age 62 and ten years of Eligibility Service.

(b) Attainment of age 55 and 15 years of Eligibility Service.

Form Same as normal retirement benefit.

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

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

Late retirement benefit

Eligibility	Employment termination after age 65.
Form	Same as normal retirement benefit.
Amount	The monthly annuity for life starting immediately following retirement which is the Actuarial Equivalent of the Cash Balance Account as of the date of termination. A one-time payment of the Cash Balance Account may be elected in lieu of the monthly annuity.

Termination benefit

Eligibility	Three years of Eligibility Service.
Amount	The Annuity Benefit is payable at age 65. Participants with 10 years of Eligibility Service at termination who later attain age 62 may elect a monthly annuity based on the Annuity Benefit amount and reduced as described at Early Retirement to commence the first of any month after age 62. Participants with 15 years of Eligibility Service at termination who later attain age 55 may elect a monthly annuity based on the Annuity Benefit amount and reduced as described at Early Retirement to commence the first of any month after age 55.
Cash out option	The Cash Balance Account is payable at the direction of the participant; (1) in cash, (2) to his/her Individual Retirement Account/Annuity or (3) to a successor employer tax qualified retirement plan that accepts such transfers. The cash out option must be chosen and disbursement made within one year of employment termination. If the participant has an opening account balance as of January 1, 2002 and cumulative Interest Credits from then until separation of employment are less than at a 5.32% per annum compound rate, a protection against wear away amount is added to the Cash Balance Account.

Disability benefit

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

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

Pre-retirement survivor annuity

Eligibility	Any vested participant.
Amount	The spouse, or alternate beneficiary, is entitled to the Cash Balance Account of the participant as of the date of death. When a spouse exists, the designation of an alternate beneficiary by the participant must be ratified by the spouse. The beneficiary may elect to receive the death benefit in the form of an annuity. The election may defer benefit commencement to any month up to and including the month when the participant would have attained Normal Retirement.

Definitions

Continuous credited service (CCS)	Generally CCS is all years of service from the participant's date of employment to the earlier of termination or retirement, with fractional years of 1/12 of a year credited for each completed month after the last anniversary of the service date. The CCS of participants who were not participants in a predecessor plan begins with the later of the date of hire, or the acquisition date by the Company. The acquisition date for The Standard Products Company is October 27, 1999 and for Siebe Automotive is January 28, 2000.
Age credit	All years from the participant's date of birth, with fractional years of 1/12 of a year credited for each completed month after the last anniversary of the birth date.
Compensation	Compensation is the participant's income subject to federal taxation plus any elective deferrals. Calendar year compensation is limited and future years will be limited as regulated.
Protected accrued benefit	The Protected Benefit is the monthly amount of the Accrued Benefit under the prior plan as if the participant's last day of employment was December 31, 2001. At a participant's option, the Protected Benefit is payable under the terms and conditions of the prior plan. If this prior plan option is chosen, the Annuity Benefit is reduced by the Protected Benefit amount for purposes of the benefits described in this outline.
Cash balance account	The Cash Balance Account is the accumulation of Interest Credit and Pay Credits during the period of active employment as an eligible plan participant. An opening account balance was established for participants (not grandfathered) of the predecessor plans, based on the actuarial equivalent of their Protected Accrued Benefit as of January 1, 2002.
Interest credit	At each plan year-end, each participant's cash balance account as of the prior year-end will be increased by an interest rate for each plan year. The rate is the minimum of 4.50% or the yield statistic for the U.S. Treasury 30 year bond published by the Internal Revenue Service for the October prior to the start of the plan year.

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

**Pay credit
(frozen June 30,
2009)**

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

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

Actuarial equivalent

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

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

**Annuity benefit (see
also Protected
accrued benefit)**

The Annuity Benefit is a monthly payment for life starting at age 65, which is the Actuarial Equivalent at age 65 of the projected Cash Balance Account. The Cash Balance Account is projected for the years and completed months for the period of time from termination to Normal Retirement Date using the Interest Credit rate applicable in the plan year of determination. The annuity amount must be at least equal to the Protected Accrued Benefit. The benefit amount is limited to the maximum allowable under section 415 of the Internal Revenue Code.

Grandfathered Benefits

Plan eligibility

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

Normal retirement benefit (Frozen June 30, 2009)

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

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

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

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

(b) \$20 multiplied by Accrual Service.

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

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

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

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

Early retirement benefit

Eligibility Cooper Tire – Attainment of age 55 and 15 years of Vesting Service.
Standard Products – Attainment of age 55 and 10 years of Vesting Service.

Form Same as normal retirement benefit.

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

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

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

Special early retirement benefit

Eligibility	Cooper Tire – Requirements (a), (b), or (c) below: (a) Attainment of age 62 and completed 10 years of Vesting Service. (b) Attainment of age 55 and completed 30 years of Vesting Service. (c) Pilot employment terminated as of result of attainment of age 60 but after the earlier of (i) 5 years of plan participation and (ii) complete 5 years of Vesting Service. Standard Products – N/A.
Form	Same as normal retirement benefit.
Amount	Cooper Tire – Unreduced benefit. Standard Products – N/A.

Late retirement benefit

Eligibility	Employment termination after age 65.
Form	Same as normal retirement benefit.
Amount	Greater of (a) or (b) below: (a) Accrued benefit to late retirement. (b) Later of (i) Normal Retirement Date benefit or (ii) January 1, 2007 benefit multiplied by the late retirement factor.

Termination benefit

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

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

Disability benefit

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

Pre-retirement survivor annuity

Eligibility	Any vested participant.
Amount	Cooper Tire – For death on or after reaching Early Retirement Eligibility, the surviving spouse is entitled to 50% of a benefit determined as if the participant had retired one day prior to death and elected the Qualified Joint and 50% Survivor Annuity. For death prior to reaching Early Retirement Eligibility, the surviving spouse is entitled to 50% of a benefit determined as if the participant had separated from service on date of death, survived to the earliest retirement date, elected the Qualified Joint and 50% Survivor Annuity, and died the following day. Standard Products – For death on or after reaching Early Retirement Eligibility, the surviving spouse is entitled to 55% of a benefit determined as if the participant had retired one day prior to death and elected the Qualified Joint and 55% Survivor Annuity with 5 year certain and life. For death prior to reaching Early Retirement Eligibility, the surviving spouse is entitled to 55% of a benefit determined as if the participant had separated from service on date of death, survived to the earliest retirement date, elected the Qualified Joint and 55% Survivor Annuity with 5 year certain and life, and died the following day.

Definitions

Continuous credited service (CCS)

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

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

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

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

Changes in Principal Eligibility or Benefit Provisions

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

Significant Event

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

COOPER TIRE & RUBBER COMPANY
SPECTRUM RETIREMENT PLAN

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

Employer Identification Number 34-4297750 Plan No: 003

The required Schedule of Assets is included in the Accountant Opinion attachment.