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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                              |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                       |
| 1a      | Name of plan<br>TI GROUP AUTOMOTIVE SYSTEMS RETIREMENT PLAN                                                                                                                                                                                                                                                                                  |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                           |
| 1c      | Effective date of plan<br>01/01/1960                                                                                                                                                                                                                                                                                                         |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>TI GROUP AUTOMOTIVE SYSTEMS, LLC<br><br>2020 TAYLOR RD<br>AUBURN HILLS, MI 48326-1771 |
| 2b      | Employer Identification Number (EIN)<br>38-3610909                                                                                                                                                                                                                                                                                           |
| 2c      | Plan Sponsor's telephone number<br>248-296-8000                                                                                                                                                                                                                                                                                              |
| 2d      | Business code (see instructions)<br>336300                                                                                                                                                                                                                                                                                                   |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/13/2025 | MICHAEL BONVENTRE                                            |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/13/2025 | MICHAEL BONVENTRE                                            |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                             |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 2101                                                                                                                                                                                                                                                                                                                |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 292<br><b>6a(2)</b> 265<br><b>6b</b> 912<br><b>6c</b> 715<br><b>6d</b> 1892<br><b>6e</b> 205<br><b>6f</b> 2097<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                                                                                                                                                                     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1I

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                         |                                                                                                                                                  |
| ▶ 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<br>TI GROUP AUTOMOTIVE SYSTEMS RETIREMENT PLAN                                                                      | B Three-digit plan number (PN) ▶ 001                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>TI GROUP AUTOMOTIVE SYSTEMS, LLC                              | D Employer Identification Number (EIN)<br>38-3610909                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2024                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 131977308                 |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 141488777                 |                          |
| 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                                                                                                                                     | 1142                       | 107004356                 | 107004356                |
| b      | For terminated vested participants                                                                                                                                                               | 810                        | 28234580                  | 28234580                 |
| c      | For active participants                                                                                                                                                                          | 297                        | 15878090                  | 16589264                 |
| d      | Total                                                                                                                                                                                            | 2249                       | 151117026                 | 151828200                |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>                                                                                         |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 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                          | 5.13 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 0                         |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 1680000                   |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 1680000                   |                          |

**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.

|                          |                                                                                                                                                                                                                                                                      |                                                                                                                                                        |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>ERIN M. CRIST</div> <div>Type or print name of actuary</div> <div>WILLIS TOWERS WATSON US LLC</div> <div>Firm name</div> <div>26555 EVERGREEN ROAD<br/>SUITE 1600<br/>SOUTHFIELD, MI 48076</div> <div>Address of the firm</div> | <div>Date</div> <div>23-07925</div> <div>Most recent enrollment number</div> <div>248-936-7700</div> <div>Telephone number (including area code)</div> |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 278152                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 278152                 |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>12.34</u> % .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 3079                   |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 380                    |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 3459                   |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 93.19 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 90.83 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 88.31 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/15/2024               | 685000                            | 0                               |                          |                                   |                                 |
| 07/16/2024               | 685000                            | 0                               |                          |                                   |                                 |
| 10/09/2024               | 455000                            | 0                               |                          |                                   |                                 |
| 01/13/2025               | 610000                            | 0                               |                          |                                   |                                 |
| 09/09/2025               | 400000                            | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 2835000                           | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 2726408 |

**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 |
| 0                                                          | 0       | 0       | 0       |

|               |                                                                            |
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| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
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|                                                                                                                                                                                              |                        |                        |                                                                            |
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| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                                            |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>4.96 % | 3rd segment:<br>5.59 % <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        | <b>21b</b> 0                                                               |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 64                                                               |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                                            |

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

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

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                     |                    |               |
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| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          | <b>31a</b>          | 1680000            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 10339423            | 1022692            |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 2702692            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 2702692            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 2726408            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 23716              |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

|                |                                                                                             |
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| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
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|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2024</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>TI GROUP AUTOMOTIVE SYSTEMS RETIREMENT PLAN                                                                                                                                                | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TI GROUP AUTOMOTIVE SYSTEMS, LLC                                                                                                                   | <b>D</b> Employer Identification Number (EIN)<br>38-3610909                                                                                                                                                            |                                                |

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

TERRI FERDIG PENSION ADMINISTRATOR

37-8845793

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14 35 38 50            | EMPLOYEE OF EMPLOYER                                                                              | 36980                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PLANTE & MORAN

38-1357951

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE KNOWN                                                                                        | 21500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TOWERS WATSON INVESTMENT SERVICES

82-6695738

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 180000                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 17 27 50            | NONE KNOWN                                                                                        | 51292                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STATE STREET GLBL ADVISORS TRUST CO

81-4017137

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 18 19         | NONE KNOWN                                                                                        | 8462                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

DYKEMA GOSSETT, PLLC

38-1446628

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE KNOWN                                                                                        | 23393                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

STATE STREET BANK AND TRUST COMPANY

04-1867445

| (b)<br>Service Code(s)     | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 25 28<br>50 62 63<br>99 | NONE KNOWN                                                                                        | 76454                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LEGL & GENRL INV MGMT AMERICA, INC

20-8058531

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 46691                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div>       |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                            |                                                                                                                                                                                                                                   |                                                                                                       |
| A Name of plan<br>TI GROUP AUTOMOTIVE SYSTEMS RETIREMENT PLAN                                                                                                                         |                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 001                                                                  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>TI GROUP AUTOMOTIVE SYSTEMS, LLC                                                                                     |                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>38-3610909                                                  |
| Part I                                                                                                                                                                                | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)                                                         |                                                                                                       |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 25+YR KEY RATE DUR NL F                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): BLACK ROCK INSTITUTIONAL TRUST CO, NA                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 45-3856224-001                                                                                                                                                               | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2664491  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 20YR KEY RATE DUR NL FU                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): BLACK ROCK INSTITUTIONAL TRUST CO, NA                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 45-3856189-001                                                                                                                                                               | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2477173  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 15YR KEY RATE DUR NL FU                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): BLACK ROCK INSTITUTIONAL TRUST CO, NA                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 45-3856099-001                                                                                                                                                               | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3992374  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 10YR KEY RATE DUR NL FU                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): BLACK ROCK INSTITUTIONAL TRUST CO, NA                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 47-4226866-001                                                                                                                                                               | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4827146  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 5YR KEY RATE DUR NL FUN                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): BLACK ROCK INSTITUTIONAL TRUST CO, NA                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 47-4104495-001                                                                                                                                                               | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3664546  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SS DAILY MSCI ACWI EX USD IDX NL FD                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY                                                                                                 |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 90-0337987-239                                                                                                                                                               | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17485356 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GROUP TRUST LONG CREDIT FUND                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC                                                                                                     |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 82-6695738-004                                                                                                                                                               | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6410490  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                       |
| Schedule D (Form 5500) 2024 v. 240311                                                                                                                                                 |                                                                                                                                                                                                                                   |                                                                                                       |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **LEGL&GENRL TRESRY 15+ STRIPS CIT FD**

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

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>35-7085469-021</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4664943</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **LEGL&GENRL GLBL CORE INFRSTR CIT FD**

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

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>35-7085469-021</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>9657079</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **SS DAILY MSCI USA INDEX NON-LE FUND**

**b** Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>90-0337987-021</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>34911241</b> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **WTW GROUP TRST DIVERSIFIED CREDIT FD**

**b** Name of sponsor of entity listed in (a): **TOWERS WATSON INVESTMENT SERVICES, INC**

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>82-6695738-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>21351143</b> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **RESCAP COLLECTIVE INVESTMENT TRUST**

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

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>83-2153978-127</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>9666983</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **SS LONG US GOVT BOND INDEX NL FD**

**b** Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>04-0025081-142</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4078085</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2024                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|                                                                                                               |                                                                         |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>TI GROUP AUTOMOTIVE SYSTEMS RETIREMENT PLAN</div>                              | <div>B Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>TI GROUP AUTOMOTIVE SYSTEMS, LLC</div> | <div>D Employer Identification Number (EIN)</div> <div>38-3610909</div> |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 3700000               | 1010000         |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 0                     |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 2416162               | 2833908         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 125980224             | 125851050       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 132096386             | 129694958       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 132096386             | 129694958       |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 2835000    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2835000   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 107435     |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 107435    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 6889242   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 9831677   |

**Expenses**

|                                                                                             |               |          |          |
|---------------------------------------------------------------------------------------------|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 10395949 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |          |          |
| (3) Other .....                                                                             | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 10395949 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:                                                           |               |          |          |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  | 36980    |          |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |          |          |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |          |          |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 21500    |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 235700   |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 76454    |          |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 51292    |          |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 23393    |          |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |          |          |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 1391837  |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 1837156  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 12233105 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -2401428 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**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: **PLANTE & MORAN, PLLC**

(2) EIN: **33-1498605**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

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

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

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 591762.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>TI GROUP AUTOMOTIVE SYSTEMS RETIREMENT PLAN                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TI GROUP AUTOMOTIVE SYSTEMS, LLC                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>38-3610909                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                                | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 04-3581074                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 2                                                                                             |
| Part II                                                                                                                                                                                                                                                                                                                                                               | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                              | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                               | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2024 v. 240311                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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) and (b):

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

Public Equity: 56.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 29.0 %

High-Yield Debt: 12.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.0 % Other: 0.0 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☒ 15 years or more

**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.....

## **Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number\_\_\_\_\_.

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# TI Group Automotive Systems Retirement Plan

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**Financial Report**  
**December 31, 2024**

## TI Group Automotive Systems Retirement Plan

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## **Independent Auditor's Report**

To the Plan Administrator  
TI Group Automotive Systems Retirement Plan

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audits**

We have performed audits of the financial statements of TI Group Automotive Systems 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, 2024 and 2023 and the related statement of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2023 and the related statement of changes in accumulated plan benefits for the year then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's 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 audits 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 certifications from a qualified institution as of December 31, 2024 and 2023 and for the years then ended stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audits of the Financial Statements* section:

- The amounts and disclosures in the accompanying 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 (GAAP).
- The information in the accompanying 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).

### **Basis for Opinion**

We conducted our audits 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 Audits of the 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 Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 that may become due to such participants.

### ***Auditor's Responsibilities for the Audits of the Financial Statements***

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* 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 audits 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 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 audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 audits did not extend to the certified investment information except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 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 GAAP.

Accordingly, the objective of the 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 GAAP.

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

To the Plan Administrator  
TI Group Automotive Systems Retirement Plan

***Supplemental Schedules Required by ERISA***

The supplemental schedules of assets held at end of year as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental 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).

*Plante & Moran, PLLC*

Auburn Hills, Michigan  
October 8, 2025

## TI Group Automotive Systems Retirement Plan

### Statement of Net Assets Available for Benefits

|                                                           | December 31, 2024 and 2023 |                       |
|-----------------------------------------------------------|----------------------------|-----------------------|
|                                                           | 2024                       | 2023                  |
| <b>Assets</b>                                             |                            |                       |
| Investments at fair value - Common collective trust funds | \$ 128,684,958             | \$ 128,396,386        |
| Contributions receivable                                  | 1,010,000                  | 3,700,000             |
| <b>Net Assets Available for Benefits</b>                  | <b>\$ 129,694,958</b>      | <b>\$ 132,096,386</b> |

## TI Group Automotive Systems Retirement Plan

### Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

|                                                         | 2024                         | 2023                         |
|---------------------------------------------------------|------------------------------|------------------------------|
| <b>Additions</b>                                        |                              |                              |
| Contributions                                           | \$ 2,835,000                 | \$ 3,700,000                 |
| Investment income                                       | 6,996,677                    | 14,991,278                   |
| Total additions                                         | 9,831,677                    | 18,691,278                   |
| <b>Deductions</b>                                       |                              |                              |
| Benefits paid directly to participants or beneficiaries | 10,395,949                   | 10,369,011                   |
| Administrative expenses                                 | 1,837,156                    | 2,126,605                    |
| Total deductions                                        | 12,233,105                   | 12,495,616                   |
| <b>Net (Decrease) Increase</b>                          | (2,401,428)                  | 6,195,662                    |
| <b>Net Assets Available for Benefits</b>                |                              |                              |
| Beginning of year                                       | 132,096,386                  | 125,900,724                  |
| End of year                                             | <u><u>\$ 129,694,958</u></u> | <u><u>\$ 132,096,386</u></u> |

## TI Group Automotive Systems Retirement Plan

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### Statement of Accumulated Plan Benefits

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December 31, 2023

#### Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:

Participants currently receiving benefit payments

\$ 108,402,325

Other vested participants

45,419,359

Total vested benefits

153,821,684

Nonvested benefits

742,011

#### Total Actuarial Present Value of Accumulated Plan Benefits

\$ 154,563,695

## TI Group Automotive Systems Retirement Plan

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### Statement of Changes in Accumulated Plan Benefits

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**Year Ended December 31, 2023**

|                                                                                 |                              |
|---------------------------------------------------------------------------------|------------------------------|
| <b>Actuarial Present Value of Accumulated Plan Benefits - Beginning of year</b> | <b>\$ 154,850,327</b>        |
| (Decrease) increase during the year attributable to:                            |                              |
| Actuarial gains                                                                 | (1,128,329)                  |
| Interest due to the decrease in the discount period                             | 8,007,467                    |
| Changes in actuarial assumptions                                                | 3,203,241                    |
| Benefit payments to participants                                                | <u>(10,369,011)</u>          |
| Net decrease                                                                    | <u>(286,632)</u>             |
| <b>Actuarial Present Value of Accumulated Plan Benefits - End of year</b>       | <b><u>\$ 154,563,695</u></b> |

December 31, 2024 and 2023

### Note 1 - Plan Description

The following description of TI Group Automotive Systems 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 sponsor for the Plan is TI Group Automotive Systems LLC (the "Company" or the "Plan Sponsor"). The Plan is a defined benefit plan designed to provide pension and certain disability benefits to retirees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees become participants in the Plan following completion of the eligibility requirements, as described in the Plan's agreement. During 2019, TI Group Automotive Systems Master Hourly Employees' Retirement Plan (the "Hourly Plan"); TI Automotive Systems Cynthiana, Kentucky Hourly Employees' Retirement Plan (the "Cynthiana Plan"); TI Group Automotive Systems UAW Local 369 Retirement Plan (the "Warren Plan"); and TI Automotive UAW Local No. 9699 Pension Plan (the "Walbro Plan") (collectively, the "Merged Plans") were merged into TI Group Automotive Systems Retirement Plan for Salaried Employees (the "Salaried Plan"), which was subsequently renamed TI Group Automotive Systems Retirement Plan. Each employee group covered by the Merged Plans maintained benefits in the Plan, as previously provided under the Merged Plans. The benefits provided to the respective employee groups are described below.

The salaried group covers substantially all salaried employees of the Company hired prior to February 28, 2006 in the United States; hourly employees at the Winchester, Kentucky facility hired on or after January 25, 2000, with an employment or reemployment date on or before February 28, 2006; and participants in the merged plan of TI Group Automotive Systems UPGWA Local 124 Retirement Plan. Excluding the Merged Plans, to be eligible to participate in the salaried group, a participant must be a salaried employee with an employment commencement date or reemployment commencement date on or before February 28, 2006. The salaried group was frozen to new participants effective February 28, 2006 and amended effective December 31, 2008 to freeze further accrual of benefits for active participants.

The hourly group covers substantially all nonunion hourly employees of the Plan Sponsor located in the United States. Effective December 31, 2008, the hourly group can no longer enter the Plan, and the group's benefits are frozen for further accrual for active participants.

The Cynthiana group covers substantially all hourly UAW Local 1937 employees subject to collective bargaining at the Cynthiana, Kentucky plant location of the Company. Effective July 1, 2008, the Cynthiana group can no longer enter the Plan.

The Warren group covers substantially all hourly UAW Local 369 employees subject to collective bargaining at the Warren, Michigan plant location of the Company. Effective October 6, 2016, the Warren group can no longer enter the Plan, and the group's benefits are frozen for further accrual for active participants.

The Walbro group covers substantially all UAW Local 9699 employees subject to collective bargaining at the Caro, Michigan plant location of the Company. Effective November 8, 2006, the Walbro group can no longer enter the Plan. As of December 31, 2020, the Plan was amended to freeze further accrual of benefits for active participants in the Walbro group.

December 31, 2024 and 2023

### Note 1 - Plan Description (Continued)

#### ***Benefits and Vesting***

The Plan provides benefit payments to participants for disability, death, termination, retirement, early retirement, and delayed retirement. The salaried group benefits are generally calculated based on a percentage of compensation and a factor of credited years of service, as defined in the plan agreement. The hourly, Cynthiana, Warren, and Walbro groups' benefits are calculated based on the participants' credited years of service multiplied by a factor defined by the plan agreement. Both annuity payments and lump-sum payments are made out of the Plan. Participants may elect to receive a lump-sum payment if their vested balances are less than \$10,000. Participants are fully vested for normal retirement benefits after five years of service.

#### ***Death Benefits***

In certain circumstances, if an active or terminated employee who has a vested interest in the Plan dies prior to his or her normal retirement age, the surviving spouse or designated beneficiary shall receive a survivor benefit, as defined in the Plan's agreement.

#### ***Funding***

The Plan is funded by the Plan Sponsor. The Plan Sponsor intends to contribute such amounts to the Plan as necessary to provide assets sufficient to fund pension plan costs accrued, including amortization of past service costs. The Plan has met the ERISA minimum funding requirements for the plan years ended December 31, 2024 and 2023.

#### ***Party-in-interest Transactions***

Certain assets of the Plan are in investment funds managed by State Street Bank & Trust Company or its affiliates. State Street Bank & Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

### Note 2 - Summary of Significant Accounting Policies

#### ***Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value.

The common collective trust funds are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' underlying assets. See Note 4 for additional information.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

#### ***Benefit Payments***

Benefits are recorded when paid.

#### ***Actuarial Present Value of Accumulated Plan Benefits***

Accumulated plan benefits are those future periodic payments that are attributable, under the plan provisions, to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The present value of accumulated plan benefits is actuarially determined and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment due to death, disability, or retirement between the valuation date and the expected date of payment.

December 31, 2024 and 2023

### Note 2 - Summary of Significant Accounting Policies (Continued)

#### ***Actuarial Assumptions***

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2023 were (a) life expectancy of healthy and disabled participants based upon the Pri-2012 Mortality Table with white collar and blue collar adjustments projected with Scale MP-2021, (b) average retirement age of 61, (c) discount rate of 5.05 percent, and (d) actuarial cost method of present value of accrued benefits (unit credit method).

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

The increase in the accumulated plan benefits due to a change in actuarial assumptions in 2023 was primarily the result of the change in discount rate from 5.35 percent and change in mortality tables from the unmodified Scale MP-2021.

#### ***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

#### ***Risks and Uncertainties***

Contributions to the Plan and the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

#### ***Administrative Expenses***

Various administrative costs are paid by the Plan unless the Plan Sponsor elects to pay them, in which case the Plan is alleviated from paying the expenses. During 2024 and 2023, the Plan Sponsor elected to pay certain expenses. These transactions qualify as party-in-interest transactions.

#### ***Subsequent Events***

The financial statements and related disclosures include evaluation of events up through and including October 8, 2025, which is the date the financial statements were available to be issued.

### Note 3 - Certified Information

State Street Bank & Trust Company (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements, schedule of assets held at end of year, and schedule of reportable transactions are based solely on information certified by the Trustee.

December 31, 2024 and 2023

### Note 4 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

The following valuation methodologies have been used to value the Plan's investments at December 31, 2024 and 2023:

|                                                              | 2024                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                              | Investments<br>(at Fair Value)                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Investments measured at NAV - Common collective trust funds: |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Fixed-income investments (2)                                 | \$ 108,365,694                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Equity (1)                                                   | 17,485,356                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Short-term investments (3)                                   | 2,833,908                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Total investments at fair value                              | <u>\$ 128,684,958</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                              | 2023                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                              | Investments<br>(at Fair Value)                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Investments measured at NAV - Common collective trust funds: |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Fixed-income investments (2)                                 | \$ 107,452,588                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Equity (1)                                                   | 18,527,636                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Short-term investments (3)                                   | 2,416,162                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Total investments at fair value                              | <u>\$ 128,396,386</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (1)                                                          | This class represents investments in actively managed common collective trust funds that invest primarily in equity securities, which may include common stocks, options, and futures.                                                                                                                                                                                                                                                                       |
| (2)                                                          | This class represents investments in actively managed common collective trust funds that invest in a variety of fixed-income investments, which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.                                                                                                                                                                                         |
| (3)                                                          | This class represents investments in actively managed common collective trust funds that invest primarily in fixed-income securities, including, but not limited to, bonds, notes, or other investments, such as government securities, commercial paper, certificates of deposit, master notes, or variable amount notes, with the objective of providing high current income consistent with the preservation of capital and the maintenance of liquidity. |

There were no unfunded commitments or redemption restrictions on the investments described above.

The fair value of the Plan's investment income as of December 31, 2024 and 2023 are as follows:

|                                                                      | 2024                | 2023                 |
|----------------------------------------------------------------------|---------------------|----------------------|
| Net realized and unrealized appreciation on fixed-income investments | \$ 5,891,616        | \$ 12,041,904        |
| Interest and dividends from fixed-income investments                 | 107,435             | 118,533              |
| Net realized and unrealized appreciation on other investments        | 997,626             | 2,830,841            |
| Total investment income                                              | <u>\$ 6,996,677</u> | <u>\$ 14,991,278</u> |

December 31, 2024 and 2023

### Note 5 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

### Note 6 - Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Provide benefits for all participants or beneficiaries whose benefits have been, or could have been, in pay status for the entire three-year period prior to termination, based on the plan provisions in effect during the five-year period ending on such date under which such benefit would be the least.
2. Provide all other benefits guaranteed under Title IV of the Employee Retirement Income Security Act of 1974 (without regard to the limitation of Section 4022(b)(3) or the limitation on benefits payable to "substantial owners" of Section 4022(b)(5)).
3. Provide all other vested benefits other than those becoming nonforfeitable solely on account of the termination of the Plan.
4. Provide all other benefits under the Plan.

The Pension Benefit Guaranty Corporation (PBGC) guarantees the payment of all nonforfeitable basic benefits subject to certain limitations prescribed by ERISA. Whether all participants receive their benefits should a plan terminate at some future time will depend on the sufficiency, at that time, of the plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

# TI Group Automotive Systems Retirement Plan

## Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i  
 EIN 38-3610909, Plan No. 001  
 December 31, 2024

| (a)(b)<br>Identity of Issuer     | (c)<br>Description of Investment                                     | (d)<br>Cost           | (e)<br>Current Value  |
|----------------------------------|----------------------------------------------------------------------|-----------------------|-----------------------|
|                                  | Common collective trust funds:                                       |                       |                       |
| Resolution Capital               | Resolution Capital Global Property Securities Fund                   | \$ 8,462,918          | \$ 9,666,983          |
| Willis Towers Watson Group Trust | Willis Towers Watson Group Trust Long Credit Fund                    | 6,340,791             | 6,410,490             |
|                                  | Willis Towers Watson Global Trust Diversified Credit Fund            | 16,096,965            | 21,351,143            |
| Legal & General                  | Legal & General Global Core Infrastructure Index & Fund              | 7,337,321             | 9,657,079             |
|                                  | Legal & General Treasury 15+ Strips Collective Investment Trust Fund | 7,450,206             | 4,664,943             |
| State Street Global Advisors     | State Street Daily MSCI USA Index Non-Lending Fund                   | 16,883,353            | 34,911,241            |
|                                  | State Street Global Advisors U.S. Long Government Bond Index Fund    | 4,819,358             | 4,078,085             |
|                                  | State Street Daily MSCI ACWI Ex USA Index Non-Lending Fund           | 13,224,631            | 17,485,356            |
| State Street Bank & Trust        | State Street Bank and Trust Company Short Term Investment Fund       | 2,843,467             | 2,833,908             |
| BlackRock                        | BlackRock Treasury U.S. 5 Year Key Rate Duration Non-Lendable Fund   | 3,900,000             | 3,664,546             |
|                                  | BlackRock Treasury U.S. 25+ Year Key Rate Duration Non-Lendable Fund | 3,100,000             | 2,664,491             |
|                                  | BlackRock Treasury U.S. 20 Year Key Rate Duration Non-Lendable Fund  | 2,800,000             | 2,477,173             |
|                                  | BlackRock Treasury U.S. 10 Year Key Rate Duration Non-Lendable Fund  | 5,550,000             | 4,827,146             |
|                                  | BlackRock Treasury U.S. 15 Year Key Rate Duration Non-Lendable Fund  | 4,650,000             | 3,992,374             |
|                                  | Total                                                                | <u>\$ 103,459,010</u> | <u>\$ 128,684,958</u> |

## TI Group Automotive Systems Retirement Plan

### Schedule of Reportable Transactions

**Form 5500, Schedule H, Line 4j**  
**EIN 38-3610909, Plan No. 001**  
**Year Ended December 31, 2024**

| (a)<br>Identity of Party Involved                                                                                                                                                           | (b)<br>Description of Asset                                                                   | (c)<br>Purchase Price | (d)<br>Selling Price | (g)<br>Cost of Asset   | (h)<br>Current Value of<br>Asset on<br>Transaction Date | (i)<br>Net (Loss) Gain |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------|----------------------|------------------------|---------------------------------------------------------|------------------------|
| Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets: |                                                                                               |                       |                      |                        |                                                         |                        |
| Legal & General                                                                                                                                                                             | Legal & General Treasury 15+ Strips Collective<br>Investment Trust Fund<br>Sales - 7          | \$ -                  | \$ 18,467,825        | \$ 27,679,498          | \$ 18,467,825                                           | \$ (9,211,673)         |
| State Street Global Advisors                                                                                                                                                                | State Street Daily MSCI ACWI Ex USA Index Non-<br>Lending Fund<br>Purchases - 4<br>Sales - 11 | 1,537,000<br>-        | -<br>5,007,757       | 1,537,000<br>2,546,861 | 1,537,000<br>5,007,757                                  | -<br>2,460,896         |

There were no Category (i), (ii), or (iv) reportable transactions during the year.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total      |
|-----------|---------------------|--------------------------------|-----------------------------------------------------------|------------|
| 2024      | 190,184             | 366,976                        | 10,287,887                                                | 10,845,047 |
| 2025      | 449,616             | 816,054                        | 10,036,254                                                | 11,301,924 |
| 2026      | 591,124             | 1,051,469                      | 9,774,159                                                 | 11,416,752 |
| 2027      | 735,088             | 1,258,705                      | 9,510,720                                                 | 11,504,513 |
| 2028      | 851,995             | 1,445,419                      | 9,230,375                                                 | 11,527,789 |
| 2029      | 939,616             | 1,609,345                      | 8,936,626                                                 | 11,485,587 |
| 2030      | 1,037,183           | 1,756,966                      | 8,632,152                                                 | 11,426,301 |
| 2031      | 1,118,560           | 1,875,529                      | 8,313,735                                                 | 11,307,824 |
| 2032      | 1,167,380           | 1,974,891                      | 7,981,667                                                 | 11,123,938 |
| 2033      | 1,213,396           | 2,068,313                      | 7,636,395                                                 | 10,918,104 |
| 2034      | 1,251,334           | 2,142,778                      | 7,278,605                                                 | 10,672,717 |
| 2035      | 1,283,334           | 2,206,821                      | 6,909,267                                                 | 10,399,422 |
| 2036      | 1,311,877           | 2,253,505                      | 6,529,688                                                 | 10,095,070 |
| 2037      | 1,331,049           | 2,278,496                      | 6,141,562                                                 | 9,751,107  |
| 2038      | 1,346,362           | 2,286,859                      | 5,746,958                                                 | 9,380,179  |
| 2039      | 1,352,104           | 2,285,211                      | 5,348,304                                                 | 8,985,619  |
| 2040      | 1,352,032           | 2,288,929                      | 4,948,350                                                 | 8,589,311  |
| 2041      | 1,344,095           | 2,280,605                      | 4,550,071                                                 | 8,174,771  |
| 2042      | 1,326,901           | 2,249,453                      | 4,156,599                                                 | 7,732,953  |
| 2043      | 1,306,628           | 2,209,491                      | 3,771,116                                                 | 7,287,235  |
| 2044      | 1,277,504           | 2,160,211                      | 3,396,766                                                 | 6,834,481  |
| 2045      | 1,243,045           | 2,100,766                      | 3,036,555                                                 | 6,380,366  |
| 2046      | 1,207,258           | 2,035,591                      | 2,693,228                                                 | 5,936,077  |
| 2047      | 1,166,784           | 1,963,713                      | 2,369,172                                                 | 5,499,669  |
| 2048      | 1,121,639           | 1,884,109                      | 2,066,399                                                 | 5,072,147  |
| 2049      | 1,073,670           | 1,798,889                      | 1,786,503                                                 | 4,659,062  |
| 2050      | 1,023,032           | 1,709,654                      | 1,530,586                                                 | 4,263,272  |
| 2051      | 970,260             | 1,616,873                      | 1,299,244                                                 | 3,886,377  |
| 2052      | 915,370             | 1,521,064                      | 1,092,546                                                 | 3,528,980  |

Plan Name: TI Group Automotive Systems Retirement Plan  
EIN / PN: 38-3610909/001  
Plan Sponsor: TI Group Automotive Systems, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total     |
|-----------|---------------------|--------------------------------|-----------------------------------------------------------|-----------|
| 2053      | 858,459             | 1,423,107                      | 910,056                                                   | 3,191,622 |
| 2054      | 800,297             | 1,323,699                      | 750,876                                                   | 2,874,872 |
| 2055      | 741,405             | 1,223,650                      | 613,687                                                   | 2,578,742 |
| 2056      | 682,344             | 1,123,848                      | 496,856                                                   | 2,303,048 |
| 2057      | 623,705             | 1,025,227                      | 398,528                                                   | 2,047,460 |
| 2058      | 566,069             | 928,719                        | 316,741                                                   | 1,811,529 |
| 2059      | 509,989             | 835,226                        | 249,495                                                   | 1,594,710 |
| 2060      | 455,986             | 745,580                        | 194,815                                                   | 1,396,381 |
| 2061      | 404,506             | 660,510                        | 150,835                                                   | 1,215,851 |
| 2062      | 355,934             | 580,619                        | 115,826                                                   | 1,052,379 |
| 2063      | 310,571             | 506,363                        | 88,231                                                    | 905,165   |
| 2064      | 268,635             | 438,049                        | 66,692                                                    | 773,376   |
| 2065      | 230,276             | 375,837                        | 50,024                                                    | 656,137   |
| 2066      | 195,557             | 319,755                        | 37,234                                                    | 552,546   |
| 2067      | 164,470             | 269,718                        | 27,500                                                    | 461,688   |
| 2068      | 136,944             | 225,525                        | 20,150                                                    | 382,619   |
| 2069      | 112,846             | 186,893                        | 14,647                                                    | 314,386   |
| 2070      | 91,994              | 153,474                        | 10,561                                                    | 256,029   |
| 2071      | 74,168              | 124,861                        | 7,553                                                     | 206,582   |
| 2072      | 59,115              | 100,621                        | 5,358                                                     | 165,094   |
| 2073      | 46,562              | 80,302                         | 3,770                                                     | 130,634   |

Plan Name: TI Group Automotive Systems Retirement Plan  
 EIN / PN: 38-3610909/001  
 Plan Sponsor: TI Group Automotive Systems, LLC  
 Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2024**

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1. Shortfall | 01/01/2024       | (7,131,659)    | 15.00000                              | (7,131,659)         | (651,805)            |
| 2. Shortfall | 01/01/2023       | 18,284,380     | 14.00000                              | 17,471,082          | 1,674,497            |
| Total        |                  |                |                                       | 10,339,423          | 1,022,692            |

Plan Name: TI Group Automotive Systems Retirement Plan  
EIN / PN: 38-3610909/001  
Plan Sponsor: TI Group Automotive Systems, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                             |
|--------------------------|---------------------------------------------|
| <b>Plan Sponsor</b>      | TI Group Automotive Systems, LLC            |
| <b>EIN/PN</b>            | 38-3610909/001                              |
| <b>Plan Name</b>         | TI Group Automotive Systems Retirement Plan |
| <b>Valuation Date</b>    | January 1, 2024                             |
| <b>Enrolled Actuary</b>  | Erin M Crist                                |
| <b>Enrollment Number</b> | 23-07925                                    |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

- Applicable month January 2024
- Interest rate basis 3-Segment Rates

#### Interest rates:

|                           | Reflecting Stabilization | Not Reflecting Stabilization |
|---------------------------|--------------------------|------------------------------|
| • First segment rate      | 4.75%                    | 4.37%                        |
| • Second segment rate     | 4.96%                    | 4.96%                        |
| • Third segment rate      | 5.59%                    | 4.95%                        |
| • Effective interest rate | 5.13%                    | 4.91%                        |

**Discount rate for ASC 960:** 5.05%

**Inflation for Warren Special Age 65 Benefit** 2.50%

**Administrative expenses** \$1,680,000, equal to prior year expenses plus the estimated change in PBGC premiums, rounded to the nearest five thousand dollars

### Demographic Assumptions

#### Mortality

- Healthy Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- Disabled Same as described above for healthy mortality.

Plan Name: TI Group Automotive Systems Retirement Plan  
EIN / PN: 38-3610909/001  
Plan Sponsor: TI Group Automotive Systems, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Termination

Rates varying by age. Sample rates:

### ***Legacy Salaried, Master Hourly, Caro***

Percentage leaving during the year

| Attained Age | Rate  |
|--------------|-------|
| 20           | 0.249 |
| 25           | 0.149 |
| 30           | 0.099 |
| 35           | 0.069 |
| 40           | 0.049 |
| 45           | 0.028 |
| 50           | 0.017 |
| 55           | 0.004 |

### ***Legacy Cynthia, Warren***

N/A

## Disability

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

### ***Legacy Salaried***

Percentage becoming disabled during the year

| Age | Males  | Females |
|-----|--------|---------|
| 30  | 0.0009 | 0.0011  |
| 40  | 0.0021 | 0.0024  |
| 50  | 0.0055 | 0.0057  |

### ***Legacy Master Hourly, Caro***

Percentage becoming disabled during the year

| Age | Males  | Females |
|-----|--------|---------|
| 30  | 0.0013 | 0.0017  |
| 40  | 0.0031 | 0.0038  |
| 50  | 0.0083 | 0.0085  |

### ***Legacy Cynthia, Warren***

N/A

Plan Name: TI Group Automotive Systems Retirement Plan  
EIN / PN: 38-3610909/001  
Plan Sponsor: TI Group Automotive Systems, LLC  
Valuation Date: January 1, 2024

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## Retirement

All participants are assumed to retire no later than their normal retirement age (immediately if at or over). All actives and TVs age 65+ are valued assuming actuarial increases based on the plan's actuarial equivalence of 6%/GAR94. Rates of retirement (actives and TVs) before normal retirement age vary by age. Sample rates:

### **Legacy Salaried**

Percentage retiring during the year

| Age | Rate | Assumed Average Age |
|-----|------|---------------------|
| 55  | 0.10 |                     |
| 60  | 0.15 |                     |
| 62  | 0.30 |                     |
|     |      | 61                  |

### **Legacy Cynthia, Caro**

Percentage retiring during the year

| Age | Rate | Assumed Average Age |
|-----|------|---------------------|
| 60  | 0.10 |                     |
| 62  | 0.30 |                     |
|     |      | 63                  |

### **Legacy Master Hourly**

Percentage retiring during the year

| Age | Rate | Assumed Average Age |
|-----|------|---------------------|
| 60  | 0.00 |                     |
| 62  | 0.00 |                     |
|     |      | 65                  |

### **Legacy Warren**

Percentage retiring during the year

| Age | Rate | Assumed Average Age |
|-----|------|---------------------|
| 55  | 0.10 |                     |
| 60  | 0.12 |                     |
| 62  | 0.40 |                     |
|     |      | 61                  |

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**Benefit commencement date:**

- Preretirement death benefit      Surviving spouse benefits commence at the later of the death of the active participant or the date the participant would have attained early retirement age.
- Deferred vested benefit      The later of early retirement age or termination of employment.
- Disability benefit      Immediately upon assumed disablement.
- Retirement benefit      Upon termination of employment.

**Form of payment**

Automatic qualified joint & survivor annuity per plan provisions for those assumed married at benefit commencement; otherwise single life annuity.

**Percent married**

80% of active participants, terminated vested participants, and transfers out group originating from active status are assumed to be married at benefit commencement and elect the plan's qualified joint and survivor annuity. All other inactive participants' forms of payment reflect actual elections made at commencement or termination.

**Spouse age**

For active participants, wives are assumed to be three years younger than husband. Actual ages apply for inactive participants.

**Social Security Disability Benefits**

Active participants assumed to become disabled are assumed to qualify for Social Security Disability Benefits.

**Loads**

No loading is applied for benefits payable upon death between termination or disability and actual benefit commencement.

**At-risk assumptions**

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year. In addition, these participants are assumed to elect a life annuity.

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## Methods

|                                  |                                                                                                                                                                                                                                 |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>            | First day of plan year                                                                                                                                                                                                          |
| <b>Funding target</b>            | Present value of accrued benefits as required by regulations under IRC §430.                                                                                                                                                    |
| <b>Target normal cost</b>        | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.                               |
| <b>Actuarial value of assets</b> | The actuarial value of assets (AVA) is equal to the average of Market Values (adjusted for contributions, benefit/expense payments and expected investment returns) as of the valuation date and the prior two valuation dates. |
| <b>Benefits not valued</b>       | WTW has reviewed the plan provisions with TI Fluid Systems, PLC and, based on that review, is not aware of any significant benefits required to be valued that were not.                                                        |

## Sources of Data and Other Information

TI Fluid Systems, PLC furnished participant data as of January 1, 2024 and information on plan provisions. Information on assets and contributions was supplied by the trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data was not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. There were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale – Significant Economic Assumptions

|                                           |                                                                                                                                                                      |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Discount rate</b>                      | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time. |
| <b>Assumed return for asset smoothing</b> | The assumed return of 6.00% used for asset smoothing was selected by the plan sponsor based on their asset allocation.                                               |

|                 |                                             |
|-----------------|---------------------------------------------|
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## Administrative expenses

Plan-related expenses are estimated by determining the actual expenses paid from the trust the preceding year and then adjusting for any expected changes in PBGC premiums from the preceding year to the current year and rounding the amount to the nearest five thousand.

## Assumptions Rationale – Significant Demographic Assumptions

### Healthy and Disabled Mortality

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

### Termination

Assumed termination rates differ by age because of expected differences in termination rates by age.

### Disability

Assumed disability rates differ by age and gender because of expected differences in disability rates by age and gender.

### Retirement

Assumed retirement rates differ by age because of expected differences in retirement rates by age.

### Benefit commencement date for deferred benefits

Deferred vested participants are assumed to begin benefits at the earliest retirement age (or current age if later) because the plan's experience is not considered to be credible, but it has been observed and it is expected that many participants will retire and begin benefits when they are first available.

### Form of payment

The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on expected experience.

### Marital Assumptions

- Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

- Spouse age

The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

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## Source of Prescribed Methods

### Funding methods

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

## Changes in Assumptions and Methods

### Changes in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of January 2023 to January 2024 as required by IRC §430.
- The mortality table used to calculate the funding target was updated to reflect the latest mortality table and modified improvement scale, as required by guidance issued by IRS under IRC §430 and was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.
- The assumed plan-related expenses added to the target normal cost were updated from \$1,995,000 for 2023 to \$1,680,000 for 2024.

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## Schedule SB, Part V Summary of Plan Provisions

### Legacy Salaried

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective date</b>    | Originally established January 1, 1960, as amended effective January 1, 2023.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Eligibility</b>       | All salaried basis employees of the Automotive Systems group on the U.S. payroll (including some highly skilled technicians from tool room and prototype units). Employees hired after February 28, 2006 are not eligible to participate in this plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Normal retirement</b> | <p>Later of age 65 or five years of participation. The normal pension is the sum of the following:</p> <p>Service prior to March 1, 2006:</p> <p>1-2/3% of Highest Average Total Pay (highest 5 years out of last ten) multiplied by years of Credited Service to a maximum of 30 years; plus 2/3% of such Highest Average Total Pay for each year of Credited Service in excess of 30 years; less 1-2/3% of an estimated Primary Social Security Benefit multiplied by years of Credited Service to a maximum of 30 years.</p> <p>Service after February 28, 2006:</p> <p>1% of Highest Average Total Pay (highest 5 years out of last ten) multiplied by years of Credited Service.</p> <p>Benefits are frozen as of December 31, 2008.</p> |

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | TI Group Automotive Systems Retirement Plan |
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## Early retirement

Age 55 with 10 years of Service. Benefit is determined the same as under Normal Retirement, based on Highest Average Total Pay and Credited Service at Early Retirement Date. The benefit is reduced as follows:

Service prior to March 1, 2006:

The benefit is unreduced if retiree has attained age 60 at Early Retirement Date. The Social Security Offset is delayed (payable like supplement) for retirements under age 62 and is reduced 5/9 of 1% for each month (up to 36) for which benefits commence prior to Normal Retirement Date. The net benefit and delayed offset based on Credited Service prior to January 1, 2000 are not reduced for early commencement. Both the net benefit and delayed offset are reduced 1/2 of 1% for each full month the Early Retirement benefit based on Credited Service after December 31, 1999 is payable before age 60, unless the retiree was hired before January 1, 1994 and has 30 or more years of continuous service at retirement.

Service after February 28, 2006:

The benefit is reduced 5/12 of 1% for each full month the Early Retirement benefit is payable before age 65.

## Disability retirement

On termination due to disability at any age with at least 5 years of Continuous Service, and not eligible for Early Retirement, the accrued normal pension remains payable commencing at age 65, or between ages 55 and 65 subject to reduction by 1/2 of 1% for each month up to 60, and 4/10 of 1% for months over 60 by which benefit commencement precedes age 65. The accrued benefit is a pro-rata portion of the projected benefit at Normal Retirement Date determined assuming that the most recent Highest Average Total Pay continues to retirement and there is no change in Social Security law.

## Vesting

On termination at any age with at least 5 years of Continuous Service, and not eligible for Early Retirement, the accrued normal pension remains payable commencing at age 65, or between ages 55 and 65 subject to reduction by 1/2 of 1% for each month up to 60, and 4/10 of 1% for months over 60 by which benefit commencement precedes age 65. The accrued benefit is a pro-rata portion of the projected benefit at Normal Retirement Date determined assuming that the most recent Highest Average Total Pay continues to retirement and there is no change in Social Security law.

|                 |                                             |
|-----------------|---------------------------------------------|
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|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Payment of pensions</b>      | <p>Service prior to March 1, 2006:</p> <p>Automatic 55% Spouse Benefit and preretirement survivor annuity are payable to married employees. The spouse will receive 55% of the benefit payable to the employee (subject to reduction for Early Retirement or early commencement of a Deferred Vested Benefit) following the death of the active vested employee or terminated vested as early as when the employee would have been age 55. The 55% is subject to reduction if the spouse is more than 5 years younger than the employee but will not be less than 50%. The employee's benefit is not reduced to provide for the payment of the spouse's benefit.</p> <p>Service after February 28, 2006:</p> <p>Automatic Life Annuity is payable to single employees. Automatic 55% Spouse Benefit and preretirement survivor annuity are payable to married employees. For the 55% the employee's benefit is reduced to provide for the payment of the spouse's benefit. Upon death or divorce of the spouse, the Survivor Option charge will be restored effective the first of the 3<sup>rd</sup> month following written notification.</p> |
| <b>Optional Form of Payment</b> | <p>Actuarially equivalent 75% Joint and Survivor annuity</p> <p>A lump-sum benefit if total benefit is \$10,000 or less</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Death in service</b>         | <p>Except for the automatic survivor option and the automatic preretirement survivor annuity, no other death benefits are paid from the plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Prior benefit structures</b> | <p>Participants covered under prior benefit structures or new participants as a result of prior mergers into this plan and Merged Plans retain the right to specific benefits, rights or features as outlined in the plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

## Plan Changes

The plan was amended and restated, effective January 1, 2023, to comply with the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019 and the SECURE 2.0 Act.

- Required age for RMD beginning date increases to age 72 for individuals who reach age 70.5 after December 31, 2019 and age 72 before January 1, 2023.
- Required age for RMD beginning date increases to age 73 for individuals who reach age 72 after December 31, 2022.
- Involuntary cash-out limit increased from \$5,000 to \$7,000 for distributions made after December 31, 2023.

|                 |                                             |
|-----------------|---------------------------------------------|
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# SCHEDULE SB ATTACHMENTS

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## Legacy Master Hourly

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective date</b>        | Originally established January 1, 1987, as amended and restated effective January 1, 2023.                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Eligibility</b>           | Non-represented hourly paid automotive operations U.S. payroll employees. Employees hired after December 31, 2008 are not eligible to participant in this plan.                                                                                                                                                                                                                                                                                                  |
| <b>Credited service</b>      | Frozen as of December 31, 2008.                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Normal retirement</b>     | Later of age 65 or 5 years of participation. Normal monthly pension is \$24.00 per year of Credited Service. Effective January 1, 2005, the monthly pension multiplier increased to \$26.00 per year of Credited Service.                                                                                                                                                                                                                                        |
| <b>Early retirement</b>      | Age 60 with 10 years of Vesting Service. Accrued normal pension benefit determined as of early retirement date commencing unreduced at Normal Retirement Date or reduced 0.6% for each complete calendar month that the Early Retirement Benefit Commences prior to the participant's attainment of age 65.                                                                                                                                                      |
| <b>Disability retirement</b> | Total and permanent disability after 10 years of Vesting Service, prior to age 65. Twice the employee's accrued normal pension benefit is paid until the participant is eligible for a Social Security Age or Disability Benefit; thereafter the accrued normal pension benefit is paid.                                                                                                                                                                         |
| <b>Vesting</b>               | On termination at any age with at least 5 years of Vesting Service, the accrued normal pension benefit remains payable commencing at age 65. Earlier commencement may be elected at age 60 subject to reduction by 6/10 of 1% for each month by which commencement precedes the Normal Retirement Date.                                                                                                                                                          |
| <b>Payment of pensions</b>   | Actuarially equivalent 50% Survivor Benefit Option is payable to married employees, with the joint annuitant being the employee's spouse. Payment in this form may be rejected in writing by the employee and the spouse. Upon death or divorce of the spouse, the Survivor Option charge will be restored effective the first of the 3 <sup>rd</sup> month following written notification. For single employees, benefits are normally payable on a life basis. |

|                 |                                             |
|-----------------|---------------------------------------------|
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|                                 |                                                                                                                  |
|---------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>Optional Form of Payment</b> | Actuarially equivalent 75% Joint and Survivor annuity<br>A lump-sum benefit if total benefit is \$10,000 or less |
|---------------------------------|------------------------------------------------------------------------------------------------------------------|

|                         |                                                                                                                                            |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Death in service</b> | Except for the automatic survivor option and the automatic preretirement survivor annuity, no other death benefits are paid from the plan. |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|

### Plan Changes

The plan was amended and restated, effective January 1, 2023, to comply with the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019 and the SECURE 2.0 Act.

- Required age for RMD beginning date increases to age 72 for individuals who reach age 70.5 after December 31, 2019 and age 72 before January 1, 2023.
- Required age for RMD beginning date increases to age 73 for individuals who reach age 72 after December 31, 2022.
- Involuntary cash-out limit increased from \$5,000 to \$7,000 for distributions made after December 31, 2023.

|                 |                                             |
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## Legacy Caro

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective date</b>        | Originally established September 1, 1972, as amended and restated effective January 1, 2023.                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Eligibility</b>           | Walbro hourly employees located in Caro, MI and represented by International and UAW Local 9699. Employees hired after November 8, 2006 are not eligible to participant in this plan. As a result of negotiated changes benefit accruals will freeze as of December 31, 2020.                                                                                                                                                                                       |
| <b>Normal retirement</b>     | Later of age 65 or 5 years of participation. Normal monthly pension is \$18.00 per year of Credited Service. Effective January 1, 2004, the monthly pension multiplier increased to \$23.00 per year of Credited Service applicable only to service after January 1, 2004.                                                                                                                                                                                          |
| <b>Early retirement</b>      | Age 60 with 10 years of Vesting Service: Accrued normal pension benefit determined as of early retirement date commencing unreduced at Normal Retirement Date or reduced by 6% for each year Payment Date precedes age 65. If a participant has terminated for reasons other than death or disability on or after age 62, there is no reduction for early commencement.                                                                                             |
| <b>Disability retirement</b> | Total and permanent disability under Federal Social Security Act after 10 years of Vesting Service, prior to age 65. Twice the employee's accrued normal pension is paid to the earlier of date disability ceases or age 65; thereafter the employees' accrued normal pension is paid.                                                                                                                                                                              |
| <b>Vesting</b>               | On termination at any age with at least 5 years of Vesting Service, the accrued normal benefit remains payable commencing at age 65. Earlier commencement may be elected subject to reduction by 1/2 of 1% for each month by which commencement precedes age 65 the Normal Retirement Date                                                                                                                                                                          |
| <b>Payment of pensions</b>   | Actuarially equivalent 50% Joint and Survivor annuity is payable to married employees, with the joint annuitant being the employee's spouse. Payment in this form may be rejected in writing by the employee and the spouse. Upon death or divorce of the spouse, the Survivor Option charge will be restored effective the first of the 3 <sup>rd</sup> month following written notification. For single employees, benefits are normally payable on a life basis. |

|                 |                                             |
|-----------------|---------------------------------------------|
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|                                 |                                                                                                                                                    |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Optional Form of Payment</b> | Actuarially equivalent 75% Joint and Survivor annuity<br>10 year Certain and Continuous<br>A lump-sum benefit if total benefit is \$10,000 or less |
| <b>Death in service</b>         | Except for the automatic survivor option and the automatic preretirement survivor annuity, no other death benefits are paid from the plan.         |

### Plan Changes

The plan was amended and restated, effective January 1, 2023, to comply with the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019 and the SECURE 2.0 Act.

- Required age for RMD beginning date increases to age 72 for individuals who reach age 70.5 after December 31, 2019 and age 72 before January 1, 2023.
- Required age for RMD beginning date increases to age 73 for individuals who reach age 72 after December 31, 2022.
- Involuntary cash-out limit increased from \$5,000 to \$7,000 for distributions made after December 31, 2023.

|                 |                                             |
|-----------------|---------------------------------------------|
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## Legacy Cynthiana

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective date</b>           | Originally established January 1, 1968, as amended and restated effective January 1, 2023.                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Eligibility</b>              | Hourly employees represented by UAW Local 1937. Employees hired after July 1, 2008 are not eligible to participate in this plan.                                                                                                                                                                                                                                                                                                                                 |
| <b>Normal retirement</b>        | Later of age 65 or 5 years of participation in the plan. Normal monthly pension is \$31.50 per year of Credited Service. Pension increased to \$32.50 effective March 9, 2004. New hires after March 9, 2004 will accrue benefit based on a \$26.00 pension multiplier.                                                                                                                                                                                          |
| <b>Early retirement</b>         | Age 60 with 10 years of Credited Service. Accrued normal pension benefit determined as of early retirement date commencing unreduced at age 62 or reduced by 0.6% for each complete calendar month that the Early Retirement Benefit commences prior to the participant's attainment of age 62.                                                                                                                                                                  |
| <b>Disability retirement</b>    | Total and permanent disability after 10 years of Credited Service, prior to age 65. Twice the employee's accrued normal pension benefit is paid until the participant is eligible for a Social Security Age or Disability Benefit; thereafter the accrued normal pension benefit is paid.                                                                                                                                                                        |
| <b>Vesting</b>                  | On termination at any age with at least 5 years of Vesting Service, the accrued normal pension benefit remains payable commencing at age 65. Earlier commencement may be elected at age 60 subject to reduction by 6/10 of 1% for each month by which commencement precedes the Normal Retirement Date.                                                                                                                                                          |
| <b>Payment of pensions</b>      | Actuarially equivalent 50% Survivor Benefit Option is payable to married employees, with the joint annuitant being the employee's spouse. Payment in this form may be rejected in writing by the employee and the spouse. Upon death or divorce of the spouse, the Survivor Option charge will be restored effective the first of the 3 <sup>rd</sup> month following written notification. For single employees, benefits are normally payable on a life basis. |
| <b>Optional Form of Payment</b> | Actuarially equivalent 75% Joint and Survivor annuity<br>A lump-sum benefit if total benefit is \$10,000 or less                                                                                                                                                                                                                                                                                                                                                 |

|                 |                                             |
|-----------------|---------------------------------------------|
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|                               |                                                                                                                                            |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Special age 65 benefit</b> | Fixed \$40.00 per month benefit payable to pensioner at age 65 under Normal, Early, Delayed and Disability retirement.                     |
| <b>Death in service</b>       | Except for the automatic survivor option and the automatic preretirement survivor annuity, no other death benefits are paid from the plan. |

### Plan Changes

The plan was amended and restated, effective January 1, 2023, to comply with the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019 and the SECURE 2.0 Act.

- Required age for RMD beginning date increases to age 72 for individuals who reach age 70.5 after December 31, 2019 and age 72 before January 1, 2023.
- Required age for RMD beginning date increases to age 73 for individuals who reach age 72 after December 31, 2022.
- Involuntary cash-out limit increased from \$5,000 to \$7,000 for distributions made after December 31, 2023.

|                 |                                             |
|-----------------|---------------------------------------------|
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## Legacy Warren

**Effective date** Originally established August 24, 1955, as amended and restated effective January 1, 2023.

**Eligibility** Warren hourly employees represented by UAW Local 369.

**Normal retirement** Later of age 65 or 5 years of participation. Normal monthly pension is \$32.00 per year of Credited Service. Effective May 15, 2004, the monthly pension multiplier increased to \$33.50 per year of Credited Service.

**Early retirement** Age 60 with 10 years of Credited Service; or age 55 with combined and age plus Credited Service at least equal to 85. Accrued normal pension benefit determined as of early retirement date reduced for early commencement according to the following percentages:

| Early Retirement Age | Percentage of Normal Retirement Benefit Payable |
|----------------------|-------------------------------------------------|
| 55                   | 57.9%                                           |
| 56                   | 63.5%                                           |
| 57                   | 69.4%                                           |
| 58                   | 75.2%                                           |
| 59                   | 80.8%                                           |
| 60                   | 86.7%                                           |
| 61                   | 93.3%                                           |
| 62                   | 100.0%                                          |
| 63                   | 100.0%                                          |
| 64                   | 100.0%                                          |
| 65                   | 100.0%                                          |

*Note: For each additional full month of attained age when benefits commence, the applicable percentage shall be determined by a straight-line interpolation from the percentage applicable to the next higher age in the above table, to the nearest 1/10 of one percent (0.1%). For Early Retirement on or after age 55 with 30 or more years of Credited Service, the above reduction percentages will not be applied.*

**Disability retirement** Total and permanent disability under Federal Social Security Act after 10 years of Vesting Service, prior to age 65. Twice the employee's accrued

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normal pension is paid to the earlier of date disability ceases or age 65; thereafter the employees' accrued normal pension is paid.

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vesting</b>                  | On termination at any age with at least 5 years of Vesting Service, the accrued normal pension benefit remains payable commencing at age 65. Earlier commencement may be elected at age 60 (or age 55 with 85 "points"), subject to reduction by 6/10 of 1% for each month by which commencement precedes the Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Payment of pensions</b>      | Actuarially equivalent 55% Survivor Benefit Option is payable to vested married employees, with the joint annuitant being the employee's spouse. Payment in this form may be rejected in writing by the employee and the spouse. Upon death or divorce of the spouse, the Survivor Option charge will be restored when TI Fluid Systems is notified retroactive to the 1st of the month after notification of death (in the case the spouse predeceases the pensioner). For single employees, benefits are normally payable on a life basis.                                                                                                                                                                                                      |
| <b>Optional Form of Payment</b> | Actuarially equivalent 75% Joint and Survivor annuity<br>A lump-sum benefit if total benefit is \$10,000 or less                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Death in service</b>         | Except for the automatic survivor option and the automatic preretirement survivor annuity, no other death benefits are paid from the plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Special age 65 benefits</b>  | Medicare Part B prevailing rate per month payable to a pensioner on Normal, Early, or Disability Retirement who has attained age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Supplemental allowance</b>   | <p>Early and Disability pensions for employees who have completed 30 years of Credited Service are supplemented to \$2,400 monthly prior to age 62 (before adjustment in the basic pension for form of payment). With fewer than 30 years of Credited Service, the employee can receive the foregoing supplement prorated in the ratio that his service at retirement bears to 30 years, and further adjusted (if he is under age 60 at retirement) by the fraction 60/number of months that retirement precedes age 65.</p> <p>The supplemental allowance is reduced by 25 times the applicable regular Normal Retirement rate in effect on date of retirement for any month in respect of which the employee would qualify for an unreduced</p> |

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | TI Group Automotive Systems Retirement Plan |
| EIN / PN:       | 38-3610909/001                              |
| Plan Sponsor:   | TI Group Automotive Systems, LLC            |
| Valuation Date: | January 1, 2024                             |

## SCHEDULE SB ATTACHMENTS

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Social Security Benefit. It is also subject to a maximum of 70% of final base pay, and to an earned income test.

### Plan Changes

The plan was amended and restated, effective January 1, 2023, to comply with the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019 and the SECURE 2.0 Act.

- Required age for RMD beginning date increases to age 72 for individuals who reach age 70.5 after December 31, 2019 and age 72 before January 1, 2023.
- Required age for RMD beginning date increases to age 73 for individuals who reach age 72 after December 31, 2022.
- Involuntary cash-out limit increased from \$5,000 to \$7,000 for distributions made after December 31, 2023.

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | TI Group Automotive Systems Retirement Plan |
| EIN / PN:       | 38-3610909/001                              |
| Plan Sponsor:   | TI Group Automotive Systems, LLC            |
| Valuation Date: | January 1, 2024                             |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | Total |
|--------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|
|              | Under 1                                         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |
| Under 25     | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 25-29        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 30-34        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 35-39        | 0                                               | 1   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 1     |
| 40-44        | 1                                               | 2   | 4   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 7     |
| 45-49        | 0                                               | 8   | 16  | 14    | 0     | 0     | 0     | 0     | 0     | 0         | 38    |
| 50-54        | 2                                               | 7   | 24  | 22    | 12    | 2     | 0     | 0     | 0     | 0         | 69    |
| 55-59        | 2                                               | 13  | 19  | 14    | 18    | 9     | 3     | 6     | 5     | 0         | 89    |
| 60-64        | 1                                               | 3   | 25  | 14    | 10    | 7     | 3     | 1     | 9     | 0         | 73    |
| 65-69        | 0                                               | 2   | 3   | 8     | 0     | 3     | 2     | 0     | 1     | 0         | 19    |
| 70 & over    | 0                                               | 0   | 1   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 1     |
| Total        | 6                                               | 36  | 92  | 72    | 40    | 21    | 8     | 7     | 15    | 0         | 297   |

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

Plan Name: TI Group Automotive Systems Retirement Plan

EIN / PN: 38-3610909/001

Plan Sponsor: TI Group Automotive Systems, LLC

Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 15**  
**Reconciliation of differences between valuation results and amounts used to**  
**calculate AFTAP**  
**as of January 1, 2024**

The AFTAP reported on line 15 is the final certified AFTAP for the plan year and does not correspond to the valuation results reported on this SB.

The AFTAP reported on line 15 was certified on 3/29/2024 and only reflects discounted contributions for the prior plan year deposited as of the certification date.

| Date of AFTAP<br>certification/<br>recertification | AFTAP  | Description and the amount of each<br>adjustment to the funding target, AVA,<br>carryover balance, prefunding balance                                      |
|----------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 03/29/2024                                         | 90.83% | Both the Market Value of Assets and the<br>Actuarial Value of Assets (AVA) were adjusted<br>for discounted contributions of \$3,571,273 as of<br>1/1/2024. |

Plan Name: TI Group Automotive Systems Retirement Plan  
EIN / PN: 38-3610909/001  
Plan Sponsor: TI Group Automotive Systems, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

**Schedule SB, Line 19**  
**Discounted Employer Contributions**  
**as of January 1, 2024**

| Date       | Applicable Plan Year | Contribution | Interest Rate Used to Discount During Timely Contribution Period | Timely Contribution Period | Interest Rate Used to Discount During Late Contribution Period | Late Contribution Period | Interest Adjusted Contribution |
|------------|----------------------|--------------|------------------------------------------------------------------|----------------------------|----------------------------------------------------------------|--------------------------|--------------------------------|
| 04/15/2024 | 2024                 | 685,000      | 5.13%                                                            | 0.288889                   | N/A                                                            | N/A                      | 675,171                        |
| 07/16/2024 | 2024                 | 685,000      | 5.13%                                                            | 0.541667                   | 10.13%                                                         | 0.002778                 | 666,621                        |
| 10/09/2024 | 2024                 | 455,000      | 5.13%                                                            | 0.772222                   | N/A                                                            | N/A                      | 437,757                        |
| 01/13/2025 | 2024                 | 610,000      | 5.13%                                                            | 1.033333                   | N/A                                                            | N/A                      | 579,267                        |
| 09/9/2025  | 2024                 | 400,000      | 5.13%                                                            | 1.688889                   | N/A                                                            | N/A                      | 367,592                        |
| Total      |                      | 2,835,000    |                                                                  |                            |                                                                |                          | 2,726,408                      |

Plan Name: TI Group Automotive Systems Retirement Plan  
EIN / PN: 38-3610909/001  
Plan Sponsor: TI Group Automotive Systems, LLC  
Valuation Date: January 1, 2024

## **SCHEDULE SB ATTACHMENTS**

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**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2024**

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | TI Group Automotive Systems Retirement Plan |
| EIN / PN:       | 38-3610909/001                              |
| Plan Sponsor:   | TI Group Automotive Systems, LLC            |
| Valuation Date: | January 1, 2024                             |

TI AUTOMOTIVE GROUP  
COMPOSITE  
SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

THIS IS A COMPOSITE REPORT FOR:

- 0F00 WTW GT LONG CREDIT FUND
- 0F02 LGIM GLOBAL CORE INFRASTRUCTUR
- 0F03 LGIM STRIPS 15+
- 0F04 SSGA ACWI
- 0F05 SSGA LONG GOV
- 0F07 WTW GT DIVERSIFIED CREDIT FUND
- 0F08 TI AUTO RESCAP GLOBAL
- 00FJ BLACKROCK TURF
- 00F2 TI AUTOMOTIVE
- 00F3 TI AUTOMOTIVE

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TI AUTOMOTIVE GROUP

PAGE: 2

PLAN YEAR ENDING: 12/31/24

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

| (A)<br>FUND           | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE  | MAT DATE<br>(D) COST | (E) CURRENT<br>VALUE |
|-----------------------|------------------------|---------------------------------------------|-------|----------------------|----------------------|
| INTEREST BEARING CASH |                        |                                             |       |                      |                      |
| EURO CURRENCY         |                        |                                             |       |                      |                      |
| 00F3                  | EUR                    | 194.54                                      |       | 208.03               | 201.45               |
|                       |                        | 194.54                                      |       | 208.03               | 201.45               |
| 00F2                  | STIF 25 BPS            | STIF 25 BPS                                 | 1.000 | 12/31/2050           |                      |
|                       |                        | 2,843,258.54                                |       | 2,843,258.54         | 2,843,258.54         |
|                       | 928HVNI10              | 2,843,258.54                                |       | 2,843,258.54         | 2,843,258.54         |
|                       |                        | 2,843,453.08                                |       | 2,843,466.57         | 2,843,459.99         |

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TI AUTOMOTIVE GROUP  
COMPOSITE  
SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

PAGE: 3  
PLAN YEAR ENDING: 12/31/24

| (A)<br>FUND                | (B)<br>IDENTITY OF ISSUER | (C)<br>DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE  | MAT DATE<br>(D) COST | (E)<br>CURRENT<br>VALUE |
|----------------------------|---------------------------|------------------------------------------------|-------|----------------------|-------------------------|
| U.S. GOVERNMENT SECURITIES |                           |                                                |       |                      |                         |
| -----                      |                           |                                                |       |                      |                         |
|                            | TSY INFL IX N/B           | 04/29 3.875                                    | 3.875 | 04/15/2029           |                         |
| 00F3                       | 912810FH6                 |                                                | 0.01  | 0.00                 | 0.00                    |
|                            |                           |                                                | 0.01  | 0.00                 | 0.00                    |
|                            |                           |                                                | 0.01  | 0.00                 | 0.00                    |
|                            |                           |                                                |       |                      |                         |

| (A)<br>FUND                         | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE | MAT DATE      | (D) COST | (E) CURRENT<br>VALUE |
|-------------------------------------|------------------------|---------------------------------------------|------|---------------|----------|----------------------|
| -----                               |                        |                                             |      |               |          |                      |
| CORPORATE STOCKS - COMMON           |                        |                                             |      |               |          |                      |
| -----                               |                        |                                             |      |               |          |                      |
| DAILY MSCI ACWI EX USA INDX NL ZVBP |                        |                                             |      |               |          |                      |
| 0F04                                | 973ZPD905              | 546,212.538                                 |      | 13,224,631.38 |          | 17,485,355.77        |
|                                     |                        | 546,212.538                                 |      | 13,224,631.38 |          | 17,485,355.77        |
|                                     |                        | -----                                       |      | -----         |          | -----                |
|                                     |                        | 546,212.538                                 |      | 13,224,631.38 |          | 17,485,355.77        |

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TI AUTOMOTIVE GROUP  
COMPOSITE  
SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

PAGE: 5  
PLAN YEAR ENDING: 12/31/24

| (A)<br>FUND                  | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR                                   | RATE   | MAT DATE<br>(D) COST               | (E) CURRENT<br>VALUE |
|------------------------------|------------------------|-------------------------------------------------------------------------------|--------|------------------------------------|----------------------|
| LOANS SECURED BY MTGS-RESID. |                        |                                                                               |        |                                    |                      |
| 00F3                         | 589962D16              | MERIT SECURITIES CORPORATION<br>MESC 112A 3A1 144A<br>-0.00<br>-0.00<br>-0.00 | 1.0000 | 04/28/2027<br>0.00<br>0.00<br>0.00 | 0.00<br>0.00<br>0.00 |

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

| (A)<br>FUND              | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE          | MAT DATE | (E) CURRENT<br>VALUE |
|--------------------------|------------------------|---------------------------------------------|---------------|----------|----------------------|
| COMMON/COLLECTIVE TRUSTS |                        |                                             |               |          |                      |
| -----                    |                        |                                             |               |          |                      |
|                          |                        | LONG US GOVT INDEX FUND                     |               |          |                      |
|                          |                        | FUND CM1D                                   |               |          |                      |
| 0F05                     | 54299B953              | 111,134.613                                 | 4,819,358.05  |          | 4,078,084.62         |
|                          |                        | 111,134.613                                 | 4,819,358.05  |          | 4,078,084.62         |
|                          |                        | WTW GT LONG CREDIT FUND                     |               |          |                      |
| 0F00                     | 933KCI900              | 568,108.801                                 | 6,340,791.40  |          | 6,410,489.72         |
|                          |                        | 568,108.801                                 | 6,340,791.40  |          | 6,410,489.72         |
|                          |                        | WTW GT DCF                                  |               |          |                      |
| 0F07                     | 934KTN901              | 1,566,360.639                               | 16,096,965.11 |          | 21,351,143.32        |
|                          |                        | 1,566,360.639                               | 16,096,965.11 |          | 21,351,143.32        |
|                          |                        | TREAS USSVR KEY RT DUR                      |               |          |                      |
| 00RJ                     | 935IUV904              | 536,839.288                                 | 3,900,000.00  |          | 3,664,545.51         |
|                          |                        | 536,839.288                                 | 3,900,000.00  |          | 3,664,545.51         |
|                          |                        | MUTUAL FUND                                 |               |          |                      |
| 0F03                     | 935KRS907              | 61,405.068                                  | 7,450,206.02  |          | 4,664,943.02         |
|                          |                        | 61,405.068                                  | 7,450,206.02  |          | 4,664,943.02         |
|                          |                        | LEGAL GENERAL TREASURY 15 S                 |               |          |                      |
| 00FJ                     | 936RZJ902              | 678,575.298                                 | 3,100,000.00  |          | 2,664,491.05         |
|                          |                        | 678,575.298                                 | 3,100,000.00  |          | 2,664,491.05         |
|                          |                        | TSY U.S.25+ YR KEY RATE DUR N               |               |          |                      |
| 0F08                     | 937AAZ909              | 757,007.252                                 | 8,462,917.75  |          | 9,666,982.61         |
|                          |                        | 757,007.252                                 | 8,462,917.75  |          | 9,666,982.61         |
|                          |                        | RESCAP GBL REAL ESTATE SEC CIT              |               |          |                      |
| 00FJ                     | 937TW2904              | 692,074.878                                 | 2,800,000.00  |          | 2,477,172.68         |
|                          |                        | 692,074.878                                 | 2,800,000.00  |          | 2,477,172.68         |
|                          |                        | TSY US 20 YR KEY RATE DUR NL                |               |          |                      |
| 0F02                     | 939DBC901              | 60,458.768                                  | 7,337,320.62  |          | 9,657,079.01         |
|                          |                        | 60,458.768                                  | 7,337,320.62  |          | 9,657,079.01         |
|                          |                        | LEGAL GENERAL GLOBAL CORE IN                |               |          |                      |
| 00FJ                     | 965FPF901              | 1,058,974.176                               | 5,550,000.00  |          | 4,827,146.34         |
|                          |                        | 1,058,974.176                               | 5,550,000.00  |          | 4,827,146.34         |
|                          |                        | TSY US10 YR KEY RATE DUR NL FD MUTUAL FUND  |               |          |                      |
| 00FJ                     | 965FPF909              | 1,148,664.054                               | 4,650,000.00  |          | 3,992,373.75         |
|                          |                        | 1,148,664.054                               | 4,650,000.00  |          | 3,992,373.75         |
|                          |                        | TSY U.S. 15 YR KEY RATE DUR NL MUTUAL FUND  |               |          |                      |

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TI AUTOMOTIVE GROUP  
COMPOSITE  
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

PAGE: 7  
PLAN YEAR ENDING: 12/31/24

| (A)<br>FUND | (B) IDENTITY OF ISSUER | (C) DESCRIPTION OF INVESTMENT<br>SHARES/PAR | RATE          | MAT DATE | (D) COST | (E) CURRENT<br>VALUE |
|-------------|------------------------|---------------------------------------------|---------------|----------|----------|----------------------|
|             |                        | DAILY MSCI US INDEX NL FUND                 |               |          |          |                      |
|             |                        | CMEU MUTUAL FUND                            |               |          |          |                      |
| 0F04        | 980RUG901              | 388,243.464                                 | 16,883,353.01 |          |          | 34,911,240.53        |
|             |                        | 388,243.464                                 | 16,883,353.01 |          |          | 34,911,240.53        |
|             |                        | 7,627,846.299                               | 87,390,911.96 |          |          | 108,365,592.16       |



TI AUTOMOTIVE GROUP  
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

THIS IS A COMPOSITE REPORT FOR:

|      |                                |
|------|--------------------------------|
| 0F00 | WTW GT LONG CREDIT FUND        |
| 0F02 | LGIM GLOBAL CORE INFRASTRUCTUR |
| 0F03 | LGIM STRIPS 15+                |
| 0F04 | SSGA ACWI                      |
| 0F05 | SSGA LONG GOV                  |
| 0F07 | WTW GT DIVERSIFIED CREDIT FUND |
| 0F08 | TI AUTO RESCAP GLOBAL          |
| 00FJ | BLACKROCK TURF                 |
| 00F2 | TI AUTOMOTIVE                  |
| 00F3 | TI AUTOMOTIVE                  |

TY AUTOMOTIVE GROUP

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

BEGINNING NET ASSET VALUE: 128,406,034.60

5% OF ASSET VALUE: 6,420,301.73

| (A) IDENTITY OF PARTY        |                 | (B) DESCRIPTION OF ASSET |                       | RATE                 |               | MNT DATE   |               | (I) GAIN/LOSS |  |
|------------------------------|-----------------|--------------------------|-----------------------|----------------------|---------------|------------|---------------|---------------|--|
| #PUR (C)                     | PRICE #SALE (D) | SELLING PRICE (E)        | EXPENSES INCURRED (G) | COST OF ASSET #TOTAL | (H)           | CURR VALUE |               |               |  |
| INTEREST BEARING CASH        |                 |                          |                       |                      |               |            |               |               |  |
| 928HVNII0                    | STIP 25 BPS     |                          | STIP 25 BPS           | 1.000                | 12/31/2050    |            |               |               |  |
| 17                           | 15,407,125.60   | 47                       | 14,972,595.56         | 0.00                 | 14,972,595.56 | 64         | 30,379,721.16 | 0.00          |  |
| INTEREST BEARING CASH TOTALS |                 |                          |                       |                      |               |            |               |               |  |
| 17                           | 15,407,125.60   | 47                       | 14,972,595.56         | 0.00                 | 14,972,595.56 | 64         | 30,379,721.16 | 0.00          |  |

## TI AUTOMOTIVE GROUP

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

BEGINNING NET ASSET VALUE: 128,406,034.60

5% OF ASSET VALUE: 6,420,301.73

| (A) IDENTITY OF PARTY            | (B) DESCRIPTION OF ASSET | (F) EXPENSES INCURRED | (G) COST OF ASSET | RATE | MAT DATE | (H) CURR VALUE | (I) GAIN/LOSS |
|----------------------------------|--------------------------|-----------------------|-------------------|------|----------|----------------|---------------|
| CORPORATE STOCKS - COMMON        |                          |                       |                   |      |          |                |               |
| -----                            |                          |                       |                   |      |          |                |               |
| CORPORATE STOCKS - COMMON TOTALS |                          |                       |                   |      |          |                |               |
| 0                                | 0.00                     | 0                     | 0.00              | 0    | 0.00     | 0.00           | 0.00          |

TI AUTOMOTIVE GROUP

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

BEGINNING NET ASSET VALUE: 128,406,034.60

5% OF ASSET VALUE: 6,420,301.73

| -----                                           |                                                |                |               |               |    |               |               |  |  |
|-------------------------------------------------|------------------------------------------------|----------------|---------------|---------------|----|---------------|---------------|--|--|
| (A) IDENTITY OF PARTY                           | (B) DESCRIPTION OF ASSET                       | RATE           |               | MAT DATE      |    |               |               |  |  |
| #PUR (C) PURCHASE PRICE #SALE (D) SELLING PRICE | (F) EXPENSES INCURRED (G) COST OF ASSET #TOTAL | (H) CURR VALUE | (I) GAIN/LOSS |               |    |               |               |  |  |
| -----                                           |                                                |                |               |               |    |               |               |  |  |
| COMMON/COLLECTIVE TRUSTS                        |                                                |                |               |               |    |               |               |  |  |
| -----                                           |                                                |                |               |               |    |               |               |  |  |
| 935KRS907                                       | LEGAL GENERAL TREASURY 15 S                    |                |               |               |    |               |               |  |  |
| 0                                               | 0.00 7                                         | 18,467,824.96  | 0.00          | 27,679,498.31 | 7  | 18,467,824.96 | -9,211,673.35 |  |  |
| 980RUG901                                       | DAILY MSCI US INDEX NL FUND                    |                |               |               |    |               |               |  |  |
| 4                                               | 1,537,000.00 11                                | 5,007,756.88   | 0.00          | 2,546,861.14  | 15 | 6,544,756.88  | 2,460,895.74  |  |  |
| COMMON/COLLECTIVE TRUSTS TOTALS                 |                                                |                |               |               |    |               |               |  |  |
| -----                                           |                                                |                |               |               |    |               |               |  |  |
| 4                                               | 1,537,000.00 18                                | 23,475,581.84  | 0.00          | 30,226,359.45 | 22 | 25,012,581.84 | -6,750,777.61 |  |  |

PLAN YEAR ENDING: 12/31/24

TI AUTOMOTIVE GROUP  
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

BEGINNING NET ASSET VALUE: 128,406,034.60

5% OF ASSET VALUE: 6,420,301.73

| (A) IDENTITY OF PARTY          | (B) DESCRIPTION OF ASSET | (C) PURCHASE PRICE | (D) SALE PRICE | (E) SELLING PRICE | (F) EXPENSES INCURRED | (G) COST OF ASSET | (H) TOTAL     | (I) CURR VALUE | (J) GAIN/LOSS |
|--------------------------------|--------------------------|--------------------|----------------|-------------------|-----------------------|-------------------|---------------|----------------|---------------|
| INTEREST BEARING CASH          |                          |                    |                |                   |                       |                   |               |                |               |
| 17                             | 15,407,125.60            | 47                 | 14,972,595.56  | 0.00              | 14,972,595.56         | 64                | 30,379,721.16 | 0.00           | 0.00          |
| CERTIFICATES OF DEPOSIT        |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| U.S. GOVERNMENT SECURITIES     |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| CORP. DEBT INSTR. - PREFERRED  |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| CORP. DEBT INSTR. - ALL OTHER  |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| CORPORATE STOCKS - PREFERRED   |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| CORPORATE STOCKS - COMMON      |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| PARTN./JOINT VENTURE INTERESTS |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| REAL ESTATE-INCOME PRODUCING   |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| REAL ESTATE-NON INC. PRODUCING |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| LOANS SECURED BY NTGES-RESID.  |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| LOANS SECURED BY NTGES-COM'L   |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| LOANS TO PARTIC. - MORTGAGES   |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| LOANS TO PARTICIPANTS - OTHER  |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| OTHER                          |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| COMMON/COLLECTIVE TRUSTS       |                          |                    |                |                   |                       |                   |               |                |               |
| 4                              | 1,537,000.00             | 18                 | 23,475,581.84  | 0.00              | 30,226,359.45         | 22                | 25,012,581.84 | -5,750,777.61  |               |
| POOLED SEPARATE ACCOUNTS       |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| 103-12 INVESTMENTS             |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| REGISTERED INVESTMENT COMPANY  |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| INSURANCE CO. GENERAL ACCOUNT  |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |
| ** ASSET CATEGORY NOT FOUND ** |                          |                    |                |                   |                       |                   |               |                |               |
| 0                              | 0.00                     | 0                  | 0.00           | 0.00              | 0.00                  | 0                 | 0.00          | 0.00           | 0.00          |

## REPORTABLE TRANSACTION TOTALS

|    |               |    |               |      |               |    |               |               |
|----|---------------|----|---------------|------|---------------|----|---------------|---------------|
| 21 | 16,944,125.60 | 65 | 38,448,177.40 | 0.00 | 45,198,955.01 | 86 | 55,392,303.00 | -6,750,777.61 |
|----|---------------|----|---------------|------|---------------|----|---------------|---------------|

## NON-REPORTABLE TRANSACTION TOTALS

|   |               |    |              |      |              |    |               |              |
|---|---------------|----|--------------|------|--------------|----|---------------|--------------|
| 8 | 20,826,000.00 | 26 | 5,905,843.13 | 0.00 | 4,405,637.22 | 34 | 26,731,843.13 | 1,500,205.91 |
|---|---------------|----|--------------|------|--------------|----|---------------|--------------|

RUN DATE: 01/22/25



TI AUTOMOTIVE GROUP  
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

THIS IS A COMPOSITE REPORT FOR:

|      |                                |
|------|--------------------------------|
| 0F00 | WTW GT LONG CREDIT FUND        |
| 0F02 | LGIM GLOBAL CORE INFRASTRUCTUR |
| 0F03 | LGIM STRIPS 15+                |
| 0F04 | SSGA ACWI                      |
| 0F05 | SSGA LONG GOV                  |
| 0F07 | WTW GT DIVERSIFIED CREDIT FUND |
| 0F08 | TI AUTO RESCAP GLOBAL          |
| 00FJ | BLACKROCK TURF                 |
| 00F2 | TI AUTOMOTIVE                  |
| 00F3 | TI AUTOMOTIVE                  |

TI AUTOMOTIVE GROUP  
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE  
BEGINNING NET ASSET VALUE: 128,406,034.60  
5% OF ASSET VALUE: 6,420,301.73

| (A) IDENTITY OF PARTY        |                   | (B) DESCRIPTION OF ASSET |                   | RATE           |  | MAT DATE |  | (I) GAIN/LOSS |  |
|------------------------------|-------------------|--------------------------|-------------------|----------------|--|----------|--|---------------|--|
| (C) PURCHASE PRICE           | (D) SELLING PRICE | (E) EXPENSES INCURRED    | (G) COST OF ASSET | (H) CURR VALUE |  |          |  |               |  |
| INTEREST BEARING CASH        |                   |                          |                   |                |  |          |  |               |  |
| INTEREST BEARING CASH TOTALS |                   |                          |                   |                |  |          |  |               |  |
|                              |                   | 0.00                     | 0.00              | 0.00           |  |          |  | 0.00          |  |

## TI AUTOMOTIVE GROUP

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 128,406,034.60

5% OF ASSET VALUE: 6,420,301.73

| (A) IDENTITY OF PARTY                   | (B) DESCRIPTION OF ASSET | (F) EXPENSES INCURRED | (G) COST OF ASSET | RATE | (H) CURR VALUE | (I) GAIN/LOSS |
|-----------------------------------------|--------------------------|-----------------------|-------------------|------|----------------|---------------|
| <hr/>                                   |                          |                       |                   |      |                |               |
| <b>CORPORATE STOCKS - COMMON</b>        |                          |                       |                   |      |                |               |
| <hr/>                                   |                          |                       |                   |      |                |               |
| <b>CORPORATE STOCKS - COMMON TOTALS</b> |                          |                       |                   |      |                |               |
| <hr/>                                   |                          |                       |                   |      |                |               |
|                                         |                          | 0.00                  | 0.00              |      | 0.00           | 0.00          |

TY AUTOMOTIVE GROUP

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 128,406,034.60

5% OF ASSET VALUE: 6,420,301.73

| (A) IDENTITY OF PARTY           | (B) DESCRIPTION OF ASSET | (C) PURCHASE PRICE    | (D) SELLING PRICE | (F) EXPENSES INCURRED | (G) COST OF ASSET | RATE | (H) CURR VALUE | (I) GAIN/LOSS |
|---------------------------------|--------------------------|-----------------------|-------------------|-----------------------|-------------------|------|----------------|---------------|
| COMMON/COLLECTIVE TRUSTS        |                          |                       |                   |                       |                   |      |                |               |
| 935KRS907                       | LEGAL                    | GENERAL TREASURY 15 S |                   |                       |                   |      |                |               |
|                                 |                          | 18,450,000.00         |                   | 0.00                  | 27,653,084.65     |      | 18,450,000.00  | -9,203,084.65 |
| COMMON/COLLECTIVE TRUSTS TOTALS |                          |                       |                   |                       |                   |      |                |               |
|                                 |                          |                       |                   | 0.00                  | 27,653,084.65     |      | 18,450,000.00  | -9,203,084.65 |

PLAN YEAR ENDING: 12/31/24

TI AUTOMOTIVE GROUP  
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 128,406,034.50

5% OF ASSET VALUE: 6,420,301.73

| (A) IDENTITY OF PARTY          | (B) DESCRIPTION OF ASSET | (C) PURCHASE PRICE | (D) SELLING PRICE | (F) EXPENSES INCURRED | (G) COST OF ASSET | RATE | (H) CURR VALUE | MAT DATE | (I) GAIN/LOSS |
|--------------------------------|--------------------------|--------------------|-------------------|-----------------------|-------------------|------|----------------|----------|---------------|
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| INTEREST BEARING CASH          |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| CERTIFICATES OF DEPOSIT        |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| U.S. GOVERNMENT SECURITIES     |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| CORP. DEBT INSTR. - PREFERRED  |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| CORP. DEBT INSTR. - ALL OTHER  |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| CORPORATE STOCKS - PREFERRED   |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| CORPORATE STOCKS - COMMON      |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| PARTN./JOINT VENTURE INTERESTS |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| REAL ESTATE-INCOME PRODUCING   |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| REAL ESTATE-NON INC. PRODUCING |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| LOANS SECURED BY MTGES-RESID.  |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| LOANS SECURED BY MTGES-COM'L   |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| LOANS TO PARTIC. - MORTGAGES   |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| LOANS TO PARTICIPANTS - OTHER  |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| OTHER                          |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| COMMON/COLLECTIVE TRUSTS       |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| POOLED SEPARATE ACCOUNTS       |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| 103-12 INVESTMENTS             |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| REGISTERED INVESTMENT COMPANY  |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| INSURANCE CO. GENERAL ACCOUNT  |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| ** ASSET CATEGORY NOT FOUND ** |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |
| REPORTABLE TRANSACTION TOTALS  |                          |                    |                   |                       |                   |      |                |          |               |
| -----                          |                          |                    |                   |                       |                   |      |                |          |               |

RUN DATE: 01/22/25

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>TI GROUP AUTOMOTIVE SYSTEMS RETIREMENT PLAN                                                                      | <b>B</b> Three-digit plan number (PN) ▶ 001                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>TI GROUP AUTOMOTIVE SYSTEMS, LLC                              | <b>D</b> Employer Identification Number (EIN)<br>38-3610909                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                 |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2024                                                                                                                                                    |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     |                            | <b>2a</b>                 | 131,977,308              |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  |                            | <b>2b</b>                 | 141,488,777              |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 1,142                      | 107,004,356               | 107,004,356              |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 810                        | 28,234,580                | 28,234,580               |
| <b>c</b> For active participants .....                                                                                                                                                                          | 297                        | 15,878,090                | 16,589,264               |
| <b>d</b> Total .....                                                                                                                                                                                            | 2,249                      | 151,117,026               | 151,828,200              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       |                            | <b>4a</b>                 |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... |                            | <b>4b</b>                 |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          |                            | <b>5</b>                  | 5.13%                    |
| <b>6</b> Target normal cost                                                                                                                                                                                     |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....                                                                                                                                                      |                            | <b>6a</b>                 | 0                        |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   |                            | <b>6b</b>                 | 1,680,000                |
| <b>c</b> Target normal cost .....                                                                                                                                                                               |                            | <b>6c</b>                 | 1,680,000                |

**Statement by Enrolled Actuary**

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

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b><br>Erin M. Crist <i>Emc</i><br>Signature of actuary             | 10-8-2025<br>Date<br>2307925<br>Most recent enrollment number<br>248-936-7700<br>Telephone number (including area code) |
| Erin M. Crist<br>Type or print name of actuary                                   |                                                                                                                         |
| Willis Towers Watson US LLC<br>Firm name                                         |                                                                                                                         |
| 26555 Evergreen Road<br>Suite 1600<br>Southfield MI 48076<br>Address of the firm |                                                                                                                         |

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

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

**Schedule SB (Form 5500) 2024**  
**v. 240311**

## Part II

| Part II     |                                                                                                                                                         | Beginning of Year Carryover and Prefunding |                        |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------|
|             |                                                                                                                                                         | (a) Carryover balance                      | (b) Prefunding balance |
| <b>7</b>    | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                         | 0                                          | 278,152                |
| <b>8</b>    | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                      | 0                                          | 278,152                |
| <b>9</b>    | Amount remaining (line 7 minus line 8) .....                                                                                                            | 0                                          | 0                      |
| <b>10</b>   | Interest on line 9 using prior year's actual return of <u>12.34%</u> .....                                                                              | 0                                          | 0                      |
| <b>11</b>   | Prior year's excess contributions to be added to prefunding balance:                                                                                    |                                            |                        |
| <b>a</b>    | Present value of excess contributions (line 38a from prior year) .....                                                                                  |                                            | 3,079                  |
| <b>b(1)</b> | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21%</u> ..... |                                            | 0                      |
| <b>b(2)</b> | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                                            | 380                    |
| <b>c</b>    | Total available at beginning of current plan year to add to prefunding balance .....                                                                    |                                            | 3,459                  |
| <b>d</b>    | Portion of (c) to be added to prefunding balance .....                                                                                                  |                                            | 0                      |
| <b>12</b>   | Other reductions in balances due to elections or deemed elections .....                                                                                 | 0                                          | 0                      |
| <b>13</b>   | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                      | 0                                          | 0                      |

## Part III

|           |                                                                                                                                                                 |           |         |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 93.19 % |
| <b>15</b> | Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 90.83 % |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 88.31 % |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %       |

## Part IV

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

| 13 Contributions made to the plan for the plan year by employer(s) and employee(s) |                                   |                                 |                          |                                   |                                 |         |
|------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|---------|
| (a) Date<br>(MM-DD-YYYY)                                                           | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |         |
| 04/15/2024                                                                         | 685,000                           | 0                               |                          |                                   |                                 |         |
| 07/16/2024                                                                         | 685,000                           | 0                               |                          |                                   |                                 |         |
| 10/09/2024                                                                         | 455,000                           | 0                               |                          |                                   |                                 |         |
| 01/13/2025                                                                         | 610,000                           | 0                               |                          |                                   |                                 |         |
| 09/09/2025                                                                         | 400,000                           | 0                               |                          |                                   |                                 |         |
|                                                                                    |                                   |                                 |                          |                                   |                                 |         |
|                                                                                    |                                   |                                 |                          |                                   |                                 |         |
|                                                                                    |                                   |                                 |                          |                                   |                                 |         |
|                                                                                    |                                   |                                 |                          |                                   |                                 |         |
|                                                                                    |                                   |                                 |                          |                                   |                                 |         |
|                                                                                    |                                   |                                 |                          |                                   |                                 |         |
|                                                                                    |                                   |                                 |                          |                                   |                                 |         |
|                                                                                    |                                   |                                 |                          |                                   |                                 |         |
|                                                                                    |                                   |                                 |                          |                                   |                                 |         |
|                                                                                    |                                   |                                 |                          |                                   |                                 |         |
|                                                                                    |                                   |                                 | Totals ▶                 | 18(b)                             | 2,835,000                       | 18(c) 0 |

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

|                                                                                                                        |            |           |
|------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 2,726,408 |

## 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 |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>4.96 % | 3rd segment:<br>5.59 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          |                   | <b>31a</b>          | 1,680,000     |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   | 10,339,423          | 1,022,692     |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                   | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         |                   | <b>34</b>           | 2,702,692     |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                 | 0                   | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |                   | <b>36</b>           | 2,702,692     |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  |                   | <b>37</b>           | 2,726,408     |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                   | <b>38a</b>          | 23,716        |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                   | <b>40</b>           | 0             |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## SCHEDULE SB ATTACHMENTS

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### Schedule SB – Statement by Enrolled Actuary

|                          |                                             |
|--------------------------|---------------------------------------------|
| <b>Plan Sponsor</b>      | TI Group Automotive Systems, LLC            |
| <b>EIN/PN</b>            | 38-3610909/001                              |
| <b>Plan Name</b>         | TI Group Automotive Systems Retirement Plan |
| <b>Valuation Date</b>    | January 1, 2024                             |
| <b>Enrolled Actuary</b>  | Erin M Crist                                |
| <b>Enrollment Number</b> | 23-07925                                    |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

## SCHEDULE SB ATTACHMENTS

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### Schedule SB, Line 15

#### Reconciliation of differences between valuation results and amounts used to calculate AFTAP as of January 1, 2024

The AFTAP reported on line 15 is the final certified AFTAP for the plan year and does not correspond to the valuation results reported on this SB.

The AFTAP reported on line 15 was certified on 3/29/2024 and only reflects discounted contributions for the prior plan year deposited as of the certification date.

| Date of AFTAP<br>certification/<br>recertification | AFTAP  | Description and the amount of each<br>adjustment to the funding target, AVA,<br>carryover balance, prefunding balance                                      |
|----------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 03/29/2024                                         | 90.83% | Both the Market Value of Assets and the<br>Actuarial Value of Assets (AVA) were adjusted<br>for discounted contributions of \$3,571,273 as of<br>1/1/2024. |

Plan Name: TI Group Automotive Systems Retirement Plan  
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Plan Sponsor: TI Group Automotive Systems, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

**Schedule SB, Line 19**  
**Discounted Employer Contributions**  
**as of January 1, 2024**

| Date       | Applicable Plan Year | Contribution | Interest Rate Used to Discount During Timely Contribution Period | Timely Contribution Period | Interest Rate Used to Discount During Late Contribution Period | Late Contribution Period | Interest Adjusted Contribution |
|------------|----------------------|--------------|------------------------------------------------------------------|----------------------------|----------------------------------------------------------------|--------------------------|--------------------------------|
| 04/15/2024 | 2024                 | 685,000      | 5.13%                                                            | 0.288889                   | N/A                                                            | N/A                      | 675,171                        |
| 07/16/2024 | 2024                 | 685,000      | 5.13%                                                            | 0.541667                   | 10.13%                                                         | 0.002778                 | 666,621                        |
| 10/09/2024 | 2024                 | 455,000      | 5.13%                                                            | 0.772222                   | N/A                                                            | N/A                      | 437,757                        |
| 01/13/2025 | 2024                 | 610,000      | 5.13%                                                            | 1.033333                   | N/A                                                            | N/A                      | 579,267                        |
| 09/9/2025  | 2024                 | 400,000      | 5.13%                                                            | 1.688889                   | N/A                                                            | N/A                      | 367,592                        |
| Total      |                      | 2,835,000    |                                                                  |                            |                                                                |                          | 2,726,408                      |

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Plan Sponsor: TI Group Automotive Systems, LLC  
Valuation Date: January 1, 2024

## **SCHEDULE SB ATTACHMENTS**

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**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2024**

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | TI Group Automotive Systems Retirement Plan |
| EIN / PN:       | 38-3610909/001                              |
| Plan Sponsor:   | TI Group Automotive Systems, LLC            |
| Valuation Date: | January 1, 2024                             |

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

- Applicable month January 2024
- Interest rate basis 3-Segment Rates

| Interest rates:           | Reflecting Stabilization | Not Reflecting Stabilization |
|---------------------------|--------------------------|------------------------------|
| • First segment rate      | 4.75%                    | 4.37%                        |
| • Second segment rate     | 4.96%                    | 4.96%                        |
| • Third segment rate      | 5.59%                    | 4.95%                        |
| • Effective interest rate | 5.13%                    | 4.91%                        |

**Discount rate for ASC 960:** 5.05%

**Inflation for Warren Special Age 65 Benefit** 2.50%

**Administrative expenses** \$1,680,000, equal to prior year expenses plus the estimated change in PBGC premiums, rounded to the nearest five thousand dollars

### Demographic Assumptions

#### Mortality

- Healthy Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- Disabled Same as described above for healthy mortality.

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## SCHEDULE SB ATTACHMENTS

### Termination

Rates varying by age. Sample rates:

#### **Legacy Salaried, Master Hourly, Caro**

Percentage leaving during the year

| Attained Age | Rate  |
|--------------|-------|
| 20           | 0.249 |
| 25           | 0.149 |
| 30           | 0.099 |
| 35           | 0.069 |
| 40           | 0.049 |
| 45           | 0.028 |
| 50           | 0.017 |
| 55           | 0.004 |

#### **Legacy Cynthia, Warren**

N/A

### Disability

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

#### **Legacy Salaried**

Percentage becoming disabled during the year

| Age | Males  | Females |
|-----|--------|---------|
| 30  | 0.0009 | 0.0011  |
| 40  | 0.0021 | 0.0024  |
| 50  | 0.0055 | 0.0057  |

#### **Legacy Master Hourly, Caro**

Percentage becoming disabled during the year

| Age | Males  | Females |
|-----|--------|---------|
| 30  | 0.0013 | 0.0017  |
| 40  | 0.0031 | 0.0038  |
| 50  | 0.0083 | 0.0085  |

#### **Legacy Cynthia, Warren**

N/A

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## SCHEDULE SB ATTACHMENTS

### Retirement

All participants are assumed to retire no later than their normal retirement age (immediately if at or over). All actives and TVs age 65+ are valued assuming actuarial increases based on the plan's actuarial equivalence of 6%/GAR94. Rates of retirement (actives and TVs) before normal retirement age vary by age. Sample rates:

#### ***Legacy Salaried***

Percentage retiring during the year

| Age | Rate | Assumed Average Age |
|-----|------|---------------------|
| 55  | 0.10 |                     |
| 60  | 0.15 |                     |
| 62  | 0.30 |                     |
|     |      | 61                  |

#### ***Legacy Cynthia, Caro***

Percentage retiring during the year

| Age | Rate | Assumed Average Age |
|-----|------|---------------------|
| 60  | 0.10 |                     |
| 62  | 0.30 |                     |
|     |      | 63                  |

#### ***Legacy Master Hourly***

Percentage retiring during the year

| Age | Rate | Assumed Average Age |
|-----|------|---------------------|
| 60  | 0.00 |                     |
| 62  | 0.00 |                     |
|     |      | 65                  |

#### ***Legacy Warren***

Percentage retiring during the year

| Age | Rate | Assumed Average Age |
|-----|------|---------------------|
| 55  | 0.10 |                     |
| 60  | 0.12 |                     |
| 62  | 0.40 |                     |
|     |      | 61                  |

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## SCHEDULE SB ATTACHMENTS

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### Benefit commencement date:

- Preretirement death benefit      Surviving spouse benefits commence at the later of the death of the active participant or the date the participant would have attained early retirement age.
- Deferred vested benefit      The later of early retirement age or termination of employment.
- Disability benefit      Immediately upon assumed disablement.
- Retirement benefit      Upon termination of employment.

### Form of payment

Automatic qualified joint & survivor annuity per plan provisions for those assumed married at benefit commencement; otherwise single life annuity.

### Percent married

80% of active participants, terminated vested participants, and transfers out group originating from active status are assumed to be married at benefit commencement and elect the plan's qualified joint and survivor annuity. All other inactive participants' forms of payment reflect actual elections made at commencement or termination.

### Spouse age

For active participants, wives are assumed to be three years younger than husband. Actual ages apply for inactive participants.

### Social Security Disability Benefits

Active participants assumed to become disabled are assumed to qualify for Social Security Disability Benefits.

### Loads

No loading is applied for benefits payable upon death between termination or disability and actual benefit commencement.

### At-risk assumptions

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year. In addition, these participants are assumed to elect a life annuity.

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Plan Sponsor:        TI Group Automotive Systems, LLC  
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## SCHEDULE SB ATTACHMENTS

### Methods

|                                  |                                                                                                                                                                                                                                 |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>            | First day of plan year                                                                                                                                                                                                          |
| <b>Funding target</b>            | Present value of accrued benefits as required by regulations under IRC §430.                                                                                                                                                    |
| <b>Target normal cost</b>        | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.                               |
| <b>Actuarial value of assets</b> | The actuarial value of assets (AVA) is equal to the average of Market Values (adjusted for contributions, benefit/expense payments and expected investment returns) as of the valuation date and the prior two valuation dates. |
| <b>Benefits not valued</b>       | WTW has reviewed the plan provisions with TI Fluid Systems, PLC and, based on that review, is not aware of any significant benefits required to be valued that were not.                                                        |

### Sources of Data and Other Information

TI Fluid Systems, PLC furnished participant data as of January 1, 2024 and information on plan provisions. Information on assets and contributions was supplied by the trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data was not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. There were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

### Assumptions Rationale – Significant Economic Assumptions

|                                           |                                                                                                                                                                      |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Discount rate</b>                      | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time. |
| <b>Assumed return for asset smoothing</b> | The assumed return of 6.00% used for asset smoothing was selected by the plan sponsor based on their asset allocation.                                               |

|                 |                                             |
|-----------------|---------------------------------------------|
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## SCHEDULE SB ATTACHMENTS

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### Administrative expenses

Plan-related expenses are estimated by determining the actual expenses paid from the trust the preceding year and then adjusting for any expected changes in PBGC premiums from the preceding year to the current year and rounding the amount to the nearest five thousand.

### Assumptions Rationale – Significant Demographic Assumptions

#### Healthy and Disabled Mortality

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

#### Termination

Assumed termination rates differ by age because of expected differences in termination rates by age.

#### Disability

Assumed disability rates differ by age and gender because of expected differences in disability rates by age and gender.

#### Retirement

Assumed retirement rates differ by age because of expected differences in retirement rates by age.

#### Benefit commencement date for deferred benefits

Deferred vested participants are assumed to begin benefits at the earliest retirement age (or current age if later) because the plan's experience is not considered to be credible, but it has been observed and it is expected that many participants will retire and begin benefits when they are first available.

#### Form of payment

The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on expected experience.

### Marital Assumptions

- Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

- Spouse age

The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

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## SCHEDULE SB ATTACHMENTS

### Source of Prescribed Methods

#### Funding methods

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

### Changes in Assumptions and Methods

#### Changes in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of January 2023 to January 2024 as required by IRC §430.
- The mortality table used to calculate the funding target was updated to reflect the latest mortality table and modified improvement scale, as required by guidance issued by IRS under IRC §430 and was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.
- The assumed plan-related expenses added to the target normal cost were updated from \$1,995,000 for 2023 to \$1,680,000 for 2024.

Plan Name: TI Group Automotive Systems Retirement Plan  
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Plan Sponsor: TI Group Automotive Systems, LLC  
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# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Legacy Salaried

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective date</b>    | Originally established January 1, 1960, as amended effective January 1, 2023.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Eligibility</b>       | All salaried basis employees of the Automotive Systems group on the U.S. payroll (including some highly skilled technicians from tool room and prototype units). Employees hired after February 28, 2006 are not eligible to participate in this plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Normal retirement</b> | <p>Later of age 65 or five years of participation. The normal pension is the sum of the following:</p> <p>Service prior to March 1, 2006:</p> <p>1-2/3% of Highest Average Total Pay (highest 5 years out of last ten) multiplied by years of Credited Service to a maximum of 30 years; plus 2/3% of such Highest Average Total Pay for each year of Credited Service in excess of 30 years; less 1-2/3% of an estimated Primary Social Security Benefit multiplied by years of Credited Service to a maximum of 30 years.</p> <p>Service after February 28, 2006:</p> <p>1% of Highest Average Total Pay (highest 5 years out of last ten) multiplied by years of Credited Service.</p> <p>Benefits are frozen as of December 31, 2008.</p> |

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | TI Group Automotive Systems Retirement Plan |
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| Valuation Date: | January 1, 2024                             |

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### Early retirement

Age 55 with 10 years of Service. Benefit is determined the same as under Normal Retirement, based on Highest Average Total Pay and Credited Service at Early Retirement Date. The benefit is reduced as follows:

Service prior to March 1, 2006:

The benefit is unreduced if retiree has attained age 60 at Early Retirement Date. The Social Security Offset is delayed (payable like supplement) for retirements under age 62 and is reduced 5/9 of 1% for each month (up to 36) for which benefits commence prior to Normal Retirement Date. The net benefit and delayed offset based on Credited Service prior to January 1, 2000 are not reduced for early commencement. Both the net benefit and delayed offset are reduced ½ of 1% for each full month the Early Retirement benefit based on Credited Service after December 31, 1999 is payable before age 60, unless the retiree was hired before January 1, 1994 and has 30 or more years of continuous service at retirement.

Service after February 28, 2006:

The benefit is reduced 5/12 of 1% for each full month the Early Retirement benefit is payable before age 65.

### Disability retirement

On termination due to disability at any age with at least 5 years of Continuous Service, and not eligible for Early Retirement, the accrued normal pension remains payable commencing at age 65, or between ages 55 and 65 subject to reduction by ½ of 1% for each month up to 60, and 4/10 of 1% for months over 60 by which benefit commencement precedes age 65. The accrued benefit is a pro-rata portion of the projected benefit at Normal Retirement Date determined assuming that the most recent Highest Average Total Pay continues to retirement and there is no change in Social Security law.

### Vesting

On termination at any age with at least 5 years of Continuous Service, and not eligible for Early Retirement, the accrued normal pension remains payable commencing at age 65, or between ages 55 and 65 subject to reduction by ½ of 1% for each month up to 60, and 4/10 of 1% for months over 60 by which benefit commencement precedes age 65. The accrued benefit is a pro-rata portion of the projected benefit at Normal Retirement Date determined assuming that the most recent Highest Average Total Pay continues to retirement and there is no change in Social Security law.

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | TI Group Automotive Systems Retirement Plan |
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| Plan Sponsor:   | TI Group Automotive Systems, LLC            |
| Valuation Date: | January 1, 2024                             |

## SCHEDULE SB ATTACHMENTS

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|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Payment of pensions</b>      | <p>Service prior to March 1, 2006:</p> <p>Automatic 55% Spouse Benefit and preretirement survivor annuity are payable to married employees. The spouse will receive 55% of the benefit payable to the employee (subject to reduction for Early Retirement or early commencement of a Deferred Vested Benefit) following the death of the active vested employee or terminated vested as early as when the employee would have been age 55. The 55% is subject to reduction if the spouse is more than 5 years younger than the employee but will not be less than 50%. The employee's benefit is not reduced to provide for the payment of the spouse's benefit.</p> <p>Service after February 28, 2006:</p> <p>Automatic Life Annuity is payable to single employees. Automatic 55% Spouse Benefit and preretirement survivor annuity are payable to married employees. For the 55% the employee's benefit is reduced to provide for the payment of the spouse's benefit. Upon death or divorce of the spouse, the Survivor Option charge will be restored effective the first of the 3<sup>rd</sup> month following written notification.</p> |
| <b>Optional Form of Payment</b> | <p>Actuarially equivalent 75% Joint and Survivor annuity</p> <p>A lump-sum benefit if total benefit is \$10,000 or less</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Death in service</b>         | <p>Except for the automatic survivor option and the automatic preretirement survivor annuity, no other death benefits are paid from the plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Prior benefit structures</b> | <p>Participants covered under prior benefit structures or new participants as a result of prior mergers into this plan and Merged Plans retain the right to specific benefits, rights or features as outlined in the plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

### Plan Changes

The plan was amended and restated, effective January 1, 2023, to comply with the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019 and the SECURE 2.0 Act.

- Required age for RMD beginning date increases to age 72 for individuals who reach age 70.5 after December 31, 2019 and age 72 before January 1, 2023.
- Required age for RMD beginning date increases to age 73 for individuals who reach age 72 after December 31, 2022.
- Involuntary cash-out limit increased from \$5,000 to \$7,000 for distributions made after December 31, 2023.

|                 |                                             |
|-----------------|---------------------------------------------|
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| Valuation Date: | January 1, 2024                             |

## SCHEDULE SB ATTACHMENTS

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### Legacy Master Hourly

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective date</b>        | Originally established January 1, 1987, as amended and restated effective January 1, 2023.                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Eligibility</b>           | Non-represented hourly paid automotive operations U.S. payroll employees. Employees hired after December 31, 2008 are not eligible to participant in this plan.                                                                                                                                                                                                                                                                                                  |
| <b>Credited service</b>      | Frozen as of December 31, 2008.                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Normal retirement</b>     | Later of age 65 or 5 years of participation. Normal monthly pension is \$24.00 per year of Credited Service. Effective January 1, 2005, the monthly pension multiplier increased to \$26.00 per year of Credited Service.                                                                                                                                                                                                                                        |
| <b>Early retirement</b>      | Age 60 with 10 years of Vesting Service. Accrued normal pension benefit determined as of early retirement date commencing unreduced at Normal Retirement Date or reduced 0.6% for each complete calendar month that the Early Retirement Benefit Commences prior to the participant's attainment of age 65.                                                                                                                                                      |
| <b>Disability retirement</b> | Total and permanent disability after 10 years of Vesting Service, prior to age 65. Twice the employee's accrued normal pension benefit is paid until the participant is eligible for a Social Security Age or Disability Benefit; thereafter the accrued normal pension benefit is paid.                                                                                                                                                                         |
| <b>Vesting</b>               | On termination at any age with at least 5 years of Vesting Service, the accrued normal pension benefit remains payable commencing at age 65. Earlier commencement may be elected at age 60 subject to reduction by 6/10 of 1% for each month by which commencement precedes the Normal Retirement Date.                                                                                                                                                          |
| <b>Payment of pensions</b>   | Actuarially equivalent 50% Survivor Benefit Option is payable to married employees, with the joint annuitant being the employee's spouse. Payment in this form may be rejected in writing by the employee and the spouse. Upon death or divorce of the spouse, the Survivor Option charge will be restored effective the first of the 3 <sup>rd</sup> month following written notification. For single employees, benefits are normally payable on a life basis. |

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | TI Group Automotive Systems Retirement Plan |
| EIN / PN:       | 38-3610909/001                              |
| Plan Sponsor:   | TI Group Automotive Systems, LLC            |
| Valuation Date: | January 1, 2024                             |

## SCHEDULE SB ATTACHMENTS

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**Optional Form of  
Payment**

Actuarially equivalent 75% Joint and Survivor annuity  
A lump-sum benefit if total benefit is \$10,000 or less

**Death in service**

Except for the automatic survivor option and the automatic preretirement survivor annuity, no other death benefits are paid from the plan.

### Plan Changes

The plan was amended and restated, effective January 1, 2023, to comply with the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019 and the SECURE 2.0 Act.

- Required age for RMD beginning date increases to age 72 for individuals who reach age 70.5 after December 31, 2019 and age 72 before January 1, 2023.
- Required age for RMD beginning date increases to age 73 for individuals who reach age 72 after December 31, 2022.
- Involuntary cash-out limit increased from \$5,000 to \$7,000 for distributions made after December 31, 2023.

Plan Name: TI Group Automotive Systems Retirement Plan  
EIN / PN: 38-3610909/001  
Plan Sponsor: TI Group Automotive Systems, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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### Legacy Caro

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective date</b>        | Originally established September 1, 1972, as amended and restated effective January 1, 2023.                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Eligibility</b>           | Walbro hourly employees located in Caro, MI and represented by International and UAW Local 9699. Employees hired after November 8, 2006 are not eligible to participate in this plan. As a result of negotiated changes benefit accruals will freeze as of December 31, 2020.                                                                                                                                                                                       |
| <b>Normal retirement</b>     | Later of age 65 or 5 years of participation. Normal monthly pension is \$18.00 per year of Credited Service. Effective January 1, 2004, the monthly pension multiplier increased to \$23.00 per year of Credited Service applicable only to service after January 1, 2004.                                                                                                                                                                                          |
| <b>Early retirement</b>      | Age 60 with 10 years of Vesting Service: Accrued normal pension benefit determined as of early retirement date commencing unreduced at Normal Retirement Date or reduced by 6% for each year Payment Date precedes age 65. If a participant has terminated for reasons other than death or disability on or after age 62, there is no reduction for early commencement.                                                                                             |
| <b>Disability retirement</b> | Total and permanent disability under Federal Social Security Act after 10 years of Vesting Service, prior to age 65. Twice the employee's accrued normal pension is paid to the earlier of date disability ceases or age 65; thereafter the employees' accrued normal pension is paid.                                                                                                                                                                              |
| <b>Vesting</b>               | On termination at any age with at least 5 years of Vesting Service, the accrued normal benefit remains payable commencing at age 65. Earlier commencement may be elected subject to reduction by 1/2 of 1% for each month by which commencement precedes age 65 the Normal Retirement Date                                                                                                                                                                          |
| <b>Payment of pensions</b>   | Actuarially equivalent 50% Joint and Survivor annuity is payable to married employees, with the joint annuitant being the employee's spouse. Payment in this form may be rejected in writing by the employee and the spouse. Upon death or divorce of the spouse, the Survivor Option charge will be restored effective the first of the 3 <sup>rd</sup> month following written notification. For single employees, benefits are normally payable on a life basis. |

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | TI Group Automotive Systems Retirement Plan |
| EIN / PN:       | 38-3610909/001                              |
| Plan Sponsor:   | TI Group Automotive Systems, LLC            |
| Valuation Date: | January 1, 2024                             |

## SCHEDULE SB ATTACHMENTS

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|                                 |                                                                                                                                                    |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Optional Form of Payment</b> | Actuarially equivalent 75% Joint and Survivor annuity<br>10 year Certain and Continuous<br>A lump-sum benefit if total benefit is \$10,000 or less |
| <b>Death in service</b>         | Except for the automatic survivor option and the automatic preretirement survivor annuity, no other death benefits are paid from the plan.         |

### Plan Changes

The plan was amended and restated, effective January 1, 2023, to comply with the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019 and the SECURE 2.0 Act.

- Required age for RMD beginning date increases to age 72 for individuals who reach age 70.5 after December 31, 2019 and age 72 before January 1, 2023.
- Required age for RMD beginning date increases to age 73 for individuals who reach age 72 after December 31, 2022.
- Involuntary cash-out limit increased from \$5,000 to \$7,000 for distributions made after December 31, 2023.

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | TI Group Automotive Systems Retirement Plan |
| EIN / PN:       | 38-3610909/001                              |
| Plan Sponsor:   | TI Group Automotive Systems, LLC            |
| Valuation Date: | January 1, 2024                             |

## SCHEDULE SB ATTACHMENTS

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### Legacy Cynthiana

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective date</b>           | Originally established January 1, 1968, as amended and restated effective January 1, 2023.                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Eligibility</b>              | Hourly employees represented by UAW Local 1937. Employees hired after July 1, 2008 are not eligible to participate in this plan.                                                                                                                                                                                                                                                                                                                                 |
| <b>Normal retirement</b>        | Later of age 65 or 5 years of participation in the plan. Normal monthly pension is \$31.50 per year of Credited Service. Pension increased to \$32.50 effective March 9, 2004. New hires after March 9, 2004 will accrue benefit based on a \$26.00 pension multiplier.                                                                                                                                                                                          |
| <b>Early retirement</b>         | Age 60 with 10 years of Credited Service. Accrued normal pension benefit determined as of early retirement date commencing unreduced at age 62 or reduced by 0.6% for each complete calendar month that the Early Retirement Benefit commences prior to the participant's attainment of age 62.                                                                                                                                                                  |
| <b>Disability retirement</b>    | Total and permanent disability after 10 years of Credited Service, prior to age 65. Twice the employee's accrued normal pension benefit is paid until the participant is eligible for a Social Security Age or Disability Benefit; thereafter the accrued normal pension benefit is paid.                                                                                                                                                                        |
| <b>Vesting</b>                  | On termination at any age with at least 5 years of Vesting Service, the accrued normal pension benefit remains payable commencing at age 65. Earlier commencement may be elected at age 60 subject to reduction by 6/10 of 1% for each month by which commencement precedes the Normal Retirement Date.                                                                                                                                                          |
| <b>Payment of pensions</b>      | Actuarially equivalent 50% Survivor Benefit Option is payable to married employees, with the joint annuitant being the employee's spouse. Payment in this form may be rejected in writing by the employee and the spouse. Upon death or divorce of the spouse, the Survivor Option charge will be restored effective the first of the 3 <sup>rd</sup> month following written notification. For single employees, benefits are normally payable on a life basis. |
| <b>Optional Form of Payment</b> | Actuarially equivalent 75% Joint and Survivor annuity<br>A lump-sum benefit if total benefit is \$10,000 or less                                                                                                                                                                                                                                                                                                                                                 |

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | TI Group Automotive Systems Retirement Plan |
| EIN / PN:       | 38-3610909/001                              |
| Plan Sponsor:   | TI Group Automotive Systems, LLC            |
| Valuation Date: | January 1, 2024                             |

## SCHEDULE SB ATTACHMENTS

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|                               |                                                                                                                                            |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Special age 65 benefit</b> | Fixed \$40.00 per month benefit payable to pensioner at age 65 under Normal, Early, Delayed and Disability retirement.                     |
| <b>Death in service</b>       | Except for the automatic survivor option and the automatic preretirement survivor annuity, no other death benefits are paid from the plan. |

### Plan Changes

The plan was amended and restated, effective January 1, 2023, to comply with the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019 and the SECURE 2.0 Act.

- Required age for RMD beginning date increases to age 72 for individuals who reach age 70.5 after December 31, 2019 and age 72 before January 1, 2023.
- Required age for RMD beginning date increases to age 73 for individuals who reach age 72 after December 31, 2022.
- Involuntary cash-out limit increased from \$5,000 to \$7,000 for distributions made after December 31, 2023.

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | TI Group Automotive Systems Retirement Plan |
| EIN / PN:       | 38-3610909/001                              |
| Plan Sponsor:   | TI Group Automotive Systems, LLC            |
| Valuation Date: | January 1, 2024                             |

## SCHEDULE SB ATTACHMENTS

### Legacy Warren

**Effective date** Originally established August 24, 1955, as amended and restated effective January 1, 2023.

**Eligibility** Warren hourly employees represented by UAW Local 369.

**Normal retirement** Later of age 65 or 5 years of participation. Normal monthly pension is \$32.00 per year of Credited Service. Effective May 15, 2004, the monthly pension multiplier increased to \$33.50 per year of Credited Service.

**Early retirement** Age 60 with 10 years of Credited Service; or age 55 with combined and age plus Credited Service at least equal to 85. Accrued normal pension benefit determined as of early retirement date reduced for early commencement according to the following percentages:

| Early Retirement Age | Percentage of Normal Retirement Benefit Payable |
|----------------------|-------------------------------------------------|
| 55                   | 57.9%                                           |
| 56                   | 63.5%                                           |
| 57                   | 69.4%                                           |
| 58                   | 75.2%                                           |
| 59                   | 80.8%                                           |
| 60                   | 86.7%                                           |
| 61                   | 93.3%                                           |
| 62                   | 100.0%                                          |
| 63                   | 100.0%                                          |
| 64                   | 100.0%                                          |
| 65                   | 100.0%                                          |

*Note: For each additional full month of attained age when benefits commence, the applicable percentage shall be determined by a straight-line interpolation from the percentage applicable to the next higher age in the above table, to the nearest 1/10 of one percent (0.1%). For Early Retirement on or after age 55 with 30 or more years of Credited Service, the above reduction percentages will not be applied.*

**Disability retirement** Total and permanent disability under Federal Social Security Act after 10 years of Vesting Service, prior to age 65. Twice the employee's accrued

Plan Name: TI Group Automotive Systems Retirement Plan  
EIN / PN: 38-3610909/001  
Plan Sponsor: TI Group Automotive Systems, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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normal pension is paid to the earlier of date disability ceases or age 65; thereafter the employees' accrued normal pension is paid.

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vesting</b>                  | On termination at any age with at least 5 years of Vesting Service, the accrued normal pension benefit remains payable commencing at age 65. Earlier commencement may be elected at age 60 (or age 55 with 85 "points"), subject to reduction by 6/10 of 1% for each month by which commencement precedes the Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Payment of pensions</b>      | Actuarially equivalent 55% Survivor Benefit Option is payable to vested married employees, with the joint annuitant being the employee's spouse. Payment in this form may be rejected in writing by the employee and the spouse. Upon death or divorce of the spouse, the Survivor Option charge will be restored when TI Fluid Systems is notified retroactive to the 1st of the month after notification of death (in the case the spouse predeceases the pensioner). For single employees, benefits are normally payable on a life basis.                                                                                                                                                                                                      |
| <b>Optional Form of Payment</b> | Actuarially equivalent 75% Joint and Survivor annuity<br>A lump-sum benefit if total benefit is \$10,000 or less                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Death in service</b>         | Except for the automatic survivor option and the automatic preretirement survivor annuity, no other death benefits are paid from the plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Special age 65 benefits</b>  | Medicare Part B prevailing rate per month payable to a pensioner on Normal, Early, or Disability Retirement who has attained age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Supplemental allowance</b>   | <p>Early and Disability pensions for employees who have completed 30 years of Credited Service are supplemented to \$2,400 monthly prior to age 62 (before adjustment in the basic pension for form of payment). With fewer than 30 years of Credited Service, the employee can receive the foregoing supplement prorated in the ratio that his service at retirement bears to 30 years, and further adjusted (if he is under age 60 at retirement) by the fraction 60/number of months that retirement precedes age 65.</p> <p>The supplemental allowance is reduced by 25 times the applicable regular Normal Retirement rate in effect on date of retirement for any month in respect of which the employee would qualify for an unreduced</p> |

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | TI Group Automotive Systems Retirement Plan |
| EIN / PN:       | 38-3610909/001                              |
| Plan Sponsor:   | TI Group Automotive Systems, LLC            |
| Valuation Date: | January 1, 2024                             |

## SCHEDULE SB ATTACHMENTS

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Social Security Benefit. It is also subject to a maximum of 70% of final base pay, and to an earned income test.

### Plan Changes

The plan was amended and restated, effective January 1, 2023, to comply with the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019 and the SECURE 2.0 Act.

- Required age for RMD beginning date increases to age 72 for individuals who reach age 70.5 after December 31, 2019 and age 72 before January 1, 2023.
- Required age for RMD beginning date increases to age 73 for individuals who reach age 72 after December 31, 2022.
- Involuntary cash-out limit increased from \$5,000 to \$7,000 for distributions made after December 31, 2023.

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | TI Group Automotive Systems Retirement Plan |
| EIN / PN:       | 38-3610909/001                              |
| Plan Sponsor:   | TI Group Automotive Systems, LLC            |
| Valuation Date: | January 1, 2024                             |

## SCHEDULE SB ATTACHMENTS

### Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | Total |
|--------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|
|              | Under 1                                         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |
| Under 25     | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 25-29        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 30-34        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 35-39        | 0                                               | 1   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 1     |
| 40-44        | 1                                               | 2   | 4   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 7     |
| 45-49        | 0                                               | 8   | 16  | 14    | 0     | 0     | 0     | 0     | 0     | 0         | 38    |
| 50-54        | 2                                               | 7   | 24  | 22    | 12    | 2     | 0     | 0     | 0     | 0         | 69    |
| 55-59        | 2                                               | 13  | 19  | 14    | 18    | 9     | 3     | 6     | 5     | 0         | 89    |
| 60-64        | 1                                               | 3   | 25  | 14    | 10    | 7     | 3     | 1     | 9     | 0         | 73    |
| 65-69        | 0                                               | 2   | 3   | 8     | 0     | 3     | 2     | 0     | 1     | 0         | 19    |
| 70 & over    | 0                                               | 0   | 1   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 1     |
| Total        | 6                                               | 36  | 92  | 72    | 40    | 21    | 8     | 7     | 15    | 0         | 297   |

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

Plan Name: TI Group Automotive Systems Retirement Plan  
 EIN / PN: 38-3610909/001  
 Plan Sponsor: TI Group Automotive Systems, LLC  
 Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

### Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total      |
|-----------|---------------------|--------------------------------|-----------------------------------------------------------|------------|
| 2024      | 190,184             | 366,976                        | 10,287,887                                                | 10,845,047 |
| 2025      | 449,616             | 816,054                        | 10,036,254                                                | 11,301,924 |
| 2026      | 591,124             | 1,051,469                      | 9,774,159                                                 | 11,416,752 |
| 2027      | 735,088             | 1,258,705                      | 9,510,720                                                 | 11,504,513 |
| 2028      | 851,995             | 1,445,419                      | 9,230,375                                                 | 11,527,789 |
| 2029      | 939,616             | 1,609,345                      | 8,936,626                                                 | 11,485,587 |
| 2030      | 1,037,183           | 1,756,966                      | 8,632,152                                                 | 11,426,301 |
| 2031      | 1,118,560           | 1,875,529                      | 8,313,735                                                 | 11,307,824 |
| 2032      | 1,167,380           | 1,974,891                      | 7,981,667                                                 | 11,123,938 |
| 2033      | 1,213,396           | 2,068,313                      | 7,636,395                                                 | 10,918,104 |
| 2034      | 1,251,334           | 2,142,778                      | 7,278,605                                                 | 10,672,717 |
| 2035      | 1,283,334           | 2,206,821                      | 6,909,267                                                 | 10,399,422 |
| 2036      | 1,311,877           | 2,253,505                      | 6,529,688                                                 | 10,095,070 |
| 2037      | 1,331,049           | 2,278,496                      | 6,141,562                                                 | 9,751,107  |
| 2038      | 1,346,362           | 2,286,859                      | 5,746,958                                                 | 9,380,179  |
| 2039      | 1,352,104           | 2,285,211                      | 5,348,304                                                 | 8,985,619  |
| 2040      | 1,352,032           | 2,288,929                      | 4,948,350                                                 | 8,589,311  |
| 2041      | 1,344,095           | 2,280,605                      | 4,550,071                                                 | 8,174,771  |
| 2042      | 1,326,901           | 2,249,453                      | 4,156,599                                                 | 7,732,953  |
| 2043      | 1,306,628           | 2,209,491                      | 3,771,116                                                 | 7,287,235  |
| 2044      | 1,277,504           | 2,160,211                      | 3,396,766                                                 | 6,834,481  |
| 2045      | 1,243,045           | 2,100,766                      | 3,036,555                                                 | 6,380,366  |
| 2046      | 1,207,258           | 2,035,591                      | 2,693,228                                                 | 5,936,077  |
| 2047      | 1,166,784           | 1,963,713                      | 2,369,172                                                 | 5,499,669  |
| 2048      | 1,121,639           | 1,884,109                      | 2,066,399                                                 | 5,072,147  |
| 2049      | 1,073,670           | 1,798,889                      | 1,786,503                                                 | 4,659,062  |
| 2050      | 1,023,032           | 1,709,654                      | 1,530,586                                                 | 4,263,272  |
| 2051      | 970,260             | 1,616,873                      | 1,299,244                                                 | 3,886,377  |
| 2052      | 915,370             | 1,521,064                      | 1,092,546                                                 | 3,528,980  |

Plan Name: TI Group Automotive Systems Retirement Plan  
EIN / PN: 38-3610909/001  
Plan Sponsor: TI Group Automotive Systems, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

| Plan Year | Active<br>Participants | Terminated<br>Vested<br>Participants | Retired<br>Participants and<br>Beneficiaries<br>Receiving<br>Payments | Total     |
|-----------|------------------------|--------------------------------------|-----------------------------------------------------------------------|-----------|
| 2053      | 858,459                | 1,423,107                            | 910,056                                                               | 3,191,622 |
| 2054      | 800,297                | 1,323,699                            | 750,876                                                               | 2,874,872 |
| 2055      | 741,405                | 1,223,650                            | 613,687                                                               | 2,578,742 |
| 2056      | 682,344                | 1,123,848                            | 496,856                                                               | 2,303,048 |
| 2057      | 623,705                | 1,025,227                            | 398,528                                                               | 2,047,460 |
| 2058      | 566,069                | 928,719                              | 316,741                                                               | 1,811,529 |
| 2059      | 509,989                | 835,226                              | 249,495                                                               | 1,594,710 |
| 2060      | 455,986                | 745,580                              | 194,815                                                               | 1,396,381 |
| 2061      | 404,506                | 660,510                              | 150,835                                                               | 1,215,851 |
| 2062      | 355,934                | 580,619                              | 115,826                                                               | 1,052,379 |
| 2063      | 310,571                | 506,363                              | 88,231                                                                | 905,165   |
| 2064      | 268,635                | 438,049                              | 66,692                                                                | 773,376   |
| 2065      | 230,276                | 375,837                              | 50,024                                                                | 656,137   |
| 2066      | 195,557                | 319,755                              | 37,234                                                                | 552,546   |
| 2067      | 164,470                | 269,718                              | 27,500                                                                | 461,688   |
| 2068      | 136,944                | 225,525                              | 20,150                                                                | 382,619   |
| 2069      | 112,846                | 186,893                              | 14,647                                                                | 314,386   |
| 2070      | 91,994                 | 153,474                              | 10,561                                                                | 256,029   |
| 2071      | 74,168                 | 124,861                              | 7,553                                                                 | 206,582   |
| 2072      | 59,115                 | 100,621                              | 5,358                                                                 | 165,094   |
| 2073      | 46,562                 | 80,302                               | 3,770                                                                 | 130,634   |

Plan Name: TI Group Automotive Systems Retirement Plan  
EIN / PN: 38-3610909/001  
Plan Sponsor: TI Group Automotive Systems, LLC  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2024**

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1. Shortfall | 01/01/2024       | (7,131,659)    | 15.00000                              | (7,131,659)         | (651,805)            |
| 2. Shortfall | 01/01/2023       | 18,284,380     | 14.00000                              | 17,471,082          | 1,674,497            |
| Total        |                  |                |                                       | 10,339,423          | 1,022,692            |

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | TI Group Automotive Systems Retirement Plan |
| EIN / PN:       | 38-3610909/001                              |
| Plan Sponsor:   | TI Group Automotive Systems, LLC            |
| Valuation Date: | January 1, 2024                             |